

APPENDIX A
(ATTACHMENT I-A to ARC Contract)

Development and Implementation Process for Aging Resource Centers (ARC)
(Revised November 21, 2006)

The department will utilize a three-phase process to transition the remaining eight area agencies on aging (AAAs) to ARCs. In establishing the new transition process, the department has considered lessons learned from the three aging and disability resource center pilot sites. Recognizing that the needs, resources and challenges may vary greatly from one planning and service area (PSA) to another, the department will give each AAA the flexibility to move through the transition process at its own pace, as opposed to setting a pre-determined schedule. Under this approach, each AAA will work with its local partners and stakeholders to develop a transition timeline that offers the highest possibility of success for that planning and service area.

Phase I. Preparation

1. Understanding the ARC concept (systems change requirements)
2. Understanding and identifying the AAA role and responsibilities in the ARC concept – includes flowcharting of AAA vs. ARC functions
3. Identifying and describing the need for an ARC within the PSA
4. Understanding the functions of the ARC
5. Understanding the value of the active involvement and oversight of volunteer leadership of board and advisory council
6. Exploring the capacity for provision of information and referral, including addressing the needs of individuals requesting private pay resources
7. Exploring the capacity for (physical or virtual) collocation of eligibility determination functions
8. Negotiating with Department of Elder Affairs/Comprehensive Assessment and Review for Long-Term Care Services (DOEA/CARES) and Department of Children and Families, Economic Self-sufficiency Services (DCF-ESS) related to eligibility determination functions
9. Evaluating the capacity or need to subcontract ARC functions
10. Re-establishing the local coalition workgroup, in accordance with statutory and department membership requirements, and involving key stakeholders, including Community Care for the Elderly lead agencies and other service providers within the PSA
11. Developing a work plan for the local coalition workgroup
12. Developing a budget plan for use of the ARC funding, with detailed line item budget for activities associated with ARC preparation and transition
13. Reviewing and revising the ARC transition plan.

Phase II. Transition - The department will provide on-going technical assistance, as needed on the following AAA activities:

1. Determining how the ARC will sustain itself

2. Determining how the utilization of public funds will impact the aging resource center (ARC)
3. Collaborating with health and human service agencies
4. Establishing linkages and agreements with major pathways to long-term care
5. Executing memoranda of understanding (agreements) with Department of Elder Affairs/Comprehensive Assessment and Review for Long-Term Care Services (DOEA/CARES) and Department of Children and Families, Economic Self-sufficiency Services (DCF-ESS), and Adult Services
6. Developing ARC operational policies and procedures
7. Tracking progress of ARC transition plan activities
8. Developing an ARC staff organizational chart with clear delineation of roles and responsibilities, including staffing patterns, qualifications and position descriptions and defining the levels of authority for the performance of all functions
9. Compliance with the department's readiness assessment process
10. Revising transition plan based on feedback from formal evaluation and direction from DOEA

Phase III. Implementation – The department will evaluate area agency on aging progress regarding the following activities:

1. Developing and implementing a training plan for staff, partners and stakeholders
2. Enhancing data management capability
3. Developing and implementing outreach and marketing strategies, which demonstrate increased targeting effectiveness
4. Demonstrating methods for assuring cultural competency
5. Developing and implementing a plan for streamlined access to long-term supports
6. Developing and implementing performance and quality assurance standards
7. Demonstrating compliance with performance standards established by the department
8. Reviewing and adjusting (as necessary) procedures related to disaster response and continuing operations
9. Reviewing and adjusting grievance procedures for consumers and ARC staff
10. Preparing for a mock exercise to demonstrate ARC operations

APPENDIX B
(ATTACHMENT 1-B to ARC contract)

Aging Resource Center (ARC) Functions

The ARC functions must be available in every county in the planning and service area and are defined as follows:

- A. Access: The recipient will develop a multi-access system to allow individuals to access ARC activities through the no-wrong-door approach.
1. The recipient will identify and develop referral agreements with entities that provide access to ARC functions.
 2. The recipient will develop and implement an ongoing program of public education to increase awareness of ARC services. The public education program will target elders, caregivers, persons with Alzheimer's disease or related dementias. The program will include strategies to reach low income and multi-cultural populations, and the broader group of individuals who may or may not require state- or federally-funded services, including those interested in private pay options.
- B. Information and Referral/Assistance: The recipient will provide elders, caregivers, persons with Alzheimer's disease or related dementias with consistent and uniform information, referral and access to services, regardless of where they first enter the system. Follow-up is a mandatory part of referral/assistance and is conducted with the referred person or the resource to determine the outcome of the referral/assistance within 14 business days of the referral.
1. Information and referral services must be provided in accordance with the Alliance for Information and Referral Systems (AIRS) Standards for Professional Information and Referral.
 2. The recipient must utilize the department's statewide, Web-based information, referral and eligibility determination system. All entities performing the ARC functions of information and referral during regular business hours must use this system. Regular business hours are 8 a.m. to 5 p.m., Monday through Friday, excluding state and national holidays.
 3. The recipient must comply with the department's inclusion/exclusion criteria for entering providers in the information and referral system database. In addition, the recipient must ensure resources entered into the statewide database are maintained and updated regularly.
 4. The recipient must identify local community organizations, volunteer associations and other similar organizations to serve as ARC access points to improve assistance to individuals who do not need or desire to be enrolled in state- or federally-funded programs.

- C. Intake/Screening: The recipient shall administer standard intake and screening instruments for the purpose of gathering information about an applicant for services. Intake/screening also encompasses the follow-up of individuals on the assessed priority consumer list to review any changes in their situations and ensure prioritization for services.
- D. Triaging: The recipient shall triage access to services based on uniform criteria set by the department and the Agency for Health Care Administration for persons requiring publicly-funded services to ensure that state- and federally-funded services are targeted to individuals with the most urgent need for time-critical intervention.
- E. Eligibility Determination: The recipient shall integrate, either physically or virtually, its ARC staff and services with staff of the department's local Comprehensive Assessment and Review for Long-Term Care Services (CARES) unit and the Department of Children and Families' Economic Self-Sufficiency Services (ESS) unit to conduct eligibility determination for Medicaid and public assistance programs.

Physical collocation means the actual presence of area agency on aging (AAA), CARES and ESS aging resource center (ARC) designated staff operating from a single site in the same location to perform ARC functions. This organizational structure provides for ongoing face-to-face communications in the performance of ARC functions.

Virtual collocation means the performance of ARC functions by AAA, CARES and ESS ARC designated staff operating from more than one location in the planning and service area. The performance of ARC functions in this organizational structure is facilitated through the use of technology, such as shared computer access, facsimile machines and teleconferencing, as well as frequent face-to-face contact.

The recipient shall maintain and adhere to the following:

1. The terms of its Memorandum of Understanding with the Department of Children and Families for the collocation of the ESS component to accomplish financial and technical eligibility determination for Medicaid and other appropriate public assistance programs.
2. The terms of its Memorandum of Understanding with the department for the collocation of the CARES component to accomplish medical eligibility determination for the home and community-based Medicaid waiver programs and nursing home care.

The recipient shall also perform the following activities:

1. Screen for eligibility for non-Medicaid and non-public assistance services in accordance with existing contractual requirements and program policies and procedures.
2. Establish and document the baseline indicating the number of days between application for services and the determination of eligibility.
3. Demonstrate improved performance in streamlining the eligibility determination process by the end of the contract period as compared to the beginning baseline.

B. Long-Term Care Options Counseling: The recipient shall conduct long-term care options counseling designed to allow persons accessing the aging resource center (ARC) to determine the best and most appropriate selection of services and programs. Long-term care options counseling must be performed by organizations and individuals who can provide impartial, unbiased information about services that are available and can be offered and provided at various steps and as part of other ARC functions. Persons contacting the ARC for information and referral assistance can receive information on available long-term care options including private pay options. Long-term care options counseling is also provided following eligibility determination to assist persons eligible for publicly-funded programs to select the most appropriate program, to discuss options for services if an individual must be placed on the assessed priority consumer list for services and to discuss alternative options for those determined not eligible for publicly-funded programs.

C. Fiscal Control:

1. The recipient shall manage the availability of financial resources for the programs and services administered pursuant to its contract with the department.
 - a. Community Care for the Elderly
 - b. Home Care for the Elderly
 - c. Contracted Services
 - d. Alzheimer's Disease Initiative
 - e. Aged and Disabled Adult Medicaid Waiver
 - f. Assisted Living for the Frail Elderly Medicaid Waiver
 - g. Older Americans Act
2. The recipient will prioritize clients for state- and federally-funded long-term care services based on initial screening and funding available to serve new clients.
3. The recipient will be responsible for managing the assessed priority consumer list that includes periodically re-evaluating individuals on the list to keep priority rankings current in accordance with department policy.
4. The recipient will conduct regular utilization/care plan review services for clients enrolled in publicly-funded long-term care service programs including the Aged and Disabled Adult Medicaid Waiver and Assisted Living for the Frail Elderly Medicaid Waiver to ensure the optimal use of long-term care resources. The reviews will follow protocols authorized by the department.
5. The recipient will promote effective utilization of resources and ensure efficiency in expenditures of funds in programs administered by the ARC, so as to reduce surplus/deficit spending.

D. Quality Assurance:

1. The recipient will develop and implement written policies and procedures to address all aging resource center (ARC) functions, including those provided directly by the recipient or outsourced to other entities.
2. The recipient will implement quality assurance policies and procedures and systematic action, consistent with the department's guidelines, for maintaining optimal service standards, performance management and client satisfaction. Quality assurance policies shall reflect a concern for ensuring that long-term care services are cost-effective, of high quality and responsive to assessed needs.
3. The recipient will monitor service providers at least annually to ensure adherence to state and federal laws, regulations and program guidelines.

MEMORANDUM OF UNDERSTANDING TEMPLATE

Between
The Area Agency on Aging, Planning and Service Area ____ Aging Resource Center and
The Department of Elder Affairs, Planning and Service Area ____
Comprehensive Assessment and Review for Long-Term Care Services (CARES)

This agreement represents a mutual understanding and establishes a partnership for assisting elders and their families in accessing publicly funded long term care services for elders, services provided by community organizations and other public assistance programs. The Aging Resource Center (ARC) and CARES partnership will expedite the Medicaid eligibility determination process for applicants of home and community-based services, target Medicaid funded services to the most frail applicants and clarify the specific roles and responsibilities of each party.

PARTIES

The parties to this understanding are the Planning and Service Area ____ Aging Resource Center operating under the auspices of the ____ Area Agency on Aging, hereinafter referred to as the ARC and the Department of Elder Affairs, Planning and Service Area ____ Comprehensive Assessment and Review for Long-Term Care Services, hereinafter referred to as CARES.

BACKGROUND AND PURPOSE

The 2004 Florida Legislature amended Chapter 430 Florida Statutes 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.

The intent of providing services through an ARC is to provide services in an individual's best interest while reducing the use of and cost of nursing home care, achieving the highest possible amount in public savings per public dollar spent.

The purposes of an ARC are to enhance ease of access and utilization of aging and long-term care services, reduce system fragmentation and offer a supported decision making process for consumers. The ARC will provide 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. The ARC will provide easier access by creating multiple access points to the long-term care network that flow through one established entity with wide community recognition.

AUTHORITIES

ARC – The aging resource center (ARC) provides information, referral, triaging, eligibility determination and other services and functions under the authority of Section 430.2053 Florida Statutes and Chapter 58B-1 Florida Administrative Code.

CARES – Comprehensive Assessment and Review of Long-Term Care Services (CARES) provides federally mandated pre-admission screening for nursing home applicants, conducts client assessments to identify long-term care needs, establishes level of care and recommends the least restrictive most appropriate placement under authority of Title XIX of the Social Security Act; Title 42 Code of Federal Regulations 456 and 483; Title 45 Code of Federal Regulations 205.10; Section 409.919 Florida Statutes; and Chapter 59G Florida Administrative Code.

GENERAL RESPONSIBILITIES OF BOTH PARTIES

The parties will work together to accelerate the eligibility process and avoid duplicative paperwork and administrative overhead through the integration of staff and services necessary to determine eligibility for public services.

Each party will assign a liaison(s) to serve as the single point of contact for purposes of this understanding.

Each party will be responsible for scheduling, hosting and participating in local stakeholder and cross training meetings.

Each party will participate in initial, and as needed, cross training activities. *(If desired local agreement can include details of training.)*

In accordance with Section 430.2053 (14), Florida Statutes, each party will assign appropriate and adequate staff and resources to carry out responsibilities outlined in this memorandum.

The parties will collaborate to develop, implement, maintain and monitor activities established to meet the statutory intent of the integration of staff and services. The collaboration will include developing and implementing standards, policies, procedures and protocols related to staffing and staff supervision, physical plant, provision of services, operations and maintenance of required technology (hardware and software); sharing and processing information; consultation on cases, process, and/or systems issues, training and technical assistance required by each party.

The parties will meet together, at least monthly, to discuss issues related to eligibility determination, enrollment, staff capacity, coordination, communication and operations. When there is a dispute or complaint regarding ARC functions and activities performed by CARES or ARC staff, the direct, supervising entity will be responsible for resolving the complaint. Resolution will be handled at escalating authority levels by the employer as appropriate.

SPECIFIC ROLES AND RESPONSIBILITIES OF EACH PARTY

By entering this agreement, the aging resource center (ARC) agrees to: *(Add detailed localized information. Following are some examples.) (Note: Florida Statutes requires that the MOU specify the staff person responsible for each function/activity.)*

- a. Provide adequate space and facilities for Comprehensive Assessment and Review for Long-Term Care Services (CARES) staff that will be physically collocated at a designated ARC facility. *(Can add detailed localized information regarding space, rent agreements, etc)*
- b. Provide Medicaid outreach designed to increase the targeting efficiency of designated Medicaid programs and benefits, identify and ensure that target populations are aware of Medicaid programs and benefits and improve the cost efficiency of intervention.
- c. Employ an information and referral specialist(s) to provide information to all persons accessing the center regarding the programs and services available in the community. Information may be provided via a website, telephone or in person.
- d. Ensure ARC staff are available to perform intake, screening and triaging. Staff will utilize a standardized screening instrument to provide initial screening to determine how persons would be most appropriately served including the need for crisis intervention, private pay, community services, Medicaid or other publicly funded services. Screenings not conducted at the time of first contact should be conducted within _____ of initial contact from applicants.
- e. Ensure availability of ARC staff to perform Medicaid enrollment activities of intake, screening and triaging. Screening will be conducted using the HelpWorks system which will calculate a prioritization score.
- f. Ensure ARC staff availability to perform Medicaid enrollment activities of intake or long-term care options counseling and, at the time of contact, provide individuals with the list of documents that will be needed for eligibility determination. The ARC will assist individuals in acquiring required documentation with the goal of obtaining documentation within 30 days of application for financial and/or medical eligibility determination.
- g. Ensure ARC staff perform Medicaid enrollment long-term care options counseling, within _____, for persons requesting eligibility determination for programs administered through the ARC. This activity will assist persons in selecting the most appropriate program and/or service provider.
- h. When Medicaid and service enrollment screening or long-term care options counseling results in a person expressing an interest in publicly funded programs, ARC staff will:

- Inform person of ability to apply for State Plan Medicaid Services electronically or refer that person to the Department of Children and Families Economic Self Sufficiency (ESS) staff in accordance with instructions and criteria specified in the aging resource center (ARC)/ESS Memorandum of Understanding.
- Send person a: Physician Referral form (3008); Informed Consent (2040); and HIPAA form, with instructions to return the completed forms to the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Unit, and refer person to the CARES Unit when appropriate regardless of funding availability. This includes those who express interest in the Nursing Home Diversion Program or appear medically complex based upon screening.
- Prioritize for Department of Elder Affairs (DOEA) funded programs.

i. When Medicaid enrollment screening or long-term care options counseling results in a person expressing an interest in a specific publicly funded program, ARC staff will, at that time, determine if funding is available.

j. If applicant is requesting Medicaid Waiver Services [Aged and Disabled Adult (ADA) or Assisted Living for the Frail Elderly (ALE)] and funding is not available, ARC staff will:

- Complete a 2515 form indicating funding is not available and notify the person of the possibility of applying for State Plan Medicaid Services.
- Forward the 2515 form to ESS indicating the individuals' request for Medicaid Services.
- Place the individual on a prioritized wait list and provide information on other available options.

k. When funding becomes available for Medicaid Waiver Services (ADA or ALE), ARC staff will, based on Medicaid enrollment long-term care options counseling, determine the appropriate Case Management Agency to refer the client. ARC staff or the Case Management Agency will assist individuals in acquiring required documentation for financial and/or medical/functional eligibility determination.

Referral Package Forms to be provided to the applicant are:

- The Patient Transfer and Continuity of Care (CF-MED 3008),
- The Informed Consent (CF-ES Form 2040),
- The Health Insurance Portability and Accountability Act (HIPAA) Privacy Form, and
- Other forms as may be necessary.

l. As part of the ARC Medicaid enrollment activities of intake/screening/triaging, staff will assist the applicant in completing the forms. Completed forms will be forwarded to CARES (for Nursing Home Diversion) or to the Case Management agency (ADA or ALE). If this function is not provided directly by ARC staff, it can be handled through

referral to Comprehensive Assessment and Review for Long-Term Care Services (CARES) for Nursing Home Diversion Program applicants or through referral to the appropriate Case Management Agency for assistance, according to the terms of the sub-contract with the aging resource center (ARC) as approved by the department.

By entering into this agreement, CARES agrees to: *(Add detailed localized information. Here are some examples.)*

- a. Perform the medical/functional eligibility determination function through the outstationing of staff at the ARC *(add specifics of outstationing or other local process for either the physical or virtual collocation/integration of staff)*.
- b. Prior to the operational begin date of the ARC, provide technical assistance and training to ARC staff and community partners on the medical/functional eligibility determination process. On-going technical assistance and training will be provided as determined necessary by the ARC and CARES.
- c. Perform medical/functional eligibility determination, staffing, level of care determination, enrollment choice counseling and paper work transfer in accordance with established CARES policies, procedures and regulations as directed in the CARES handbook and the attached CARES flow chart. Level of Care will be determined according to the CARES Policy Manual following receipt of the completed referral package. *(Agreements can include details of local paper work transfer protocols.)*
- d. Refer persons back to ARC triage for additional long-term care options counseling as soon as it is determined that persons are not eligible for Medicaid programs or no programs are available at the time of determination.
- e. Follow up with individuals in accordance with established CARES policies, procedures and regulations as directed in the CARES handbook.
- f. Enter data regarding functional eligibility determination and program services on a centralized data base as soon as one is established by the Department of Elder Affairs. Collect and maintain data on the CMS data base until CIRT and CMS data is integrated.
- g. For customers who come directly to CARES for the Nursing Home Diversion program, CARES will perform services in accordance with the CARES Nursing Home Diversion Handbook and process the individual through the ARC by entering data on the ARC centralized or appropriate data base.
- h. Customers identified by CARES who are either in a hospital (upstreaming) or nursing home setting (nursing home transitioning) will be entered into the DOEA integrated data base.

TERMS OF MEMORANDUM

If any activity described in this Memorandum of Understanding is outsourced, the contract executing the outsourcing shall mandate that the contractor or subcontractors shall execute the provisions of this memorandum.

This Memorandum of Understanding is effective on the date of the last agency signature. The Memorandum has no expiration date. This Memorandum of Understanding will be reviewed annually by the signing parties. Amendments will be made as deemed necessary and agreed to by the signing parties.

Area Agency on Aging/Aging Resource Center

**Comprehensive Assessment and Review
for Long-Term Care Services**

Signature/ Board President or Designee

Signature/ Division Director

Printed Name

Printed Name

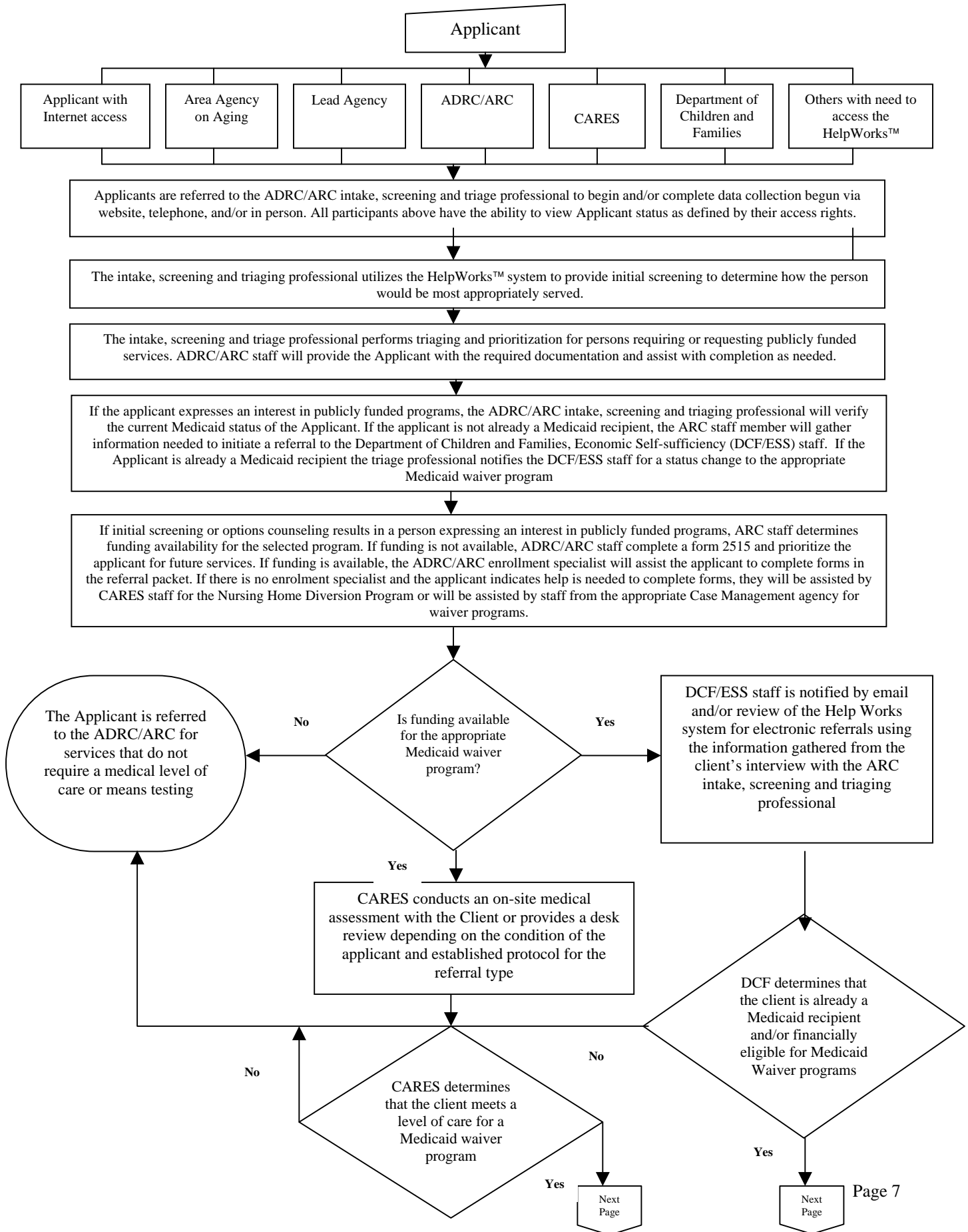
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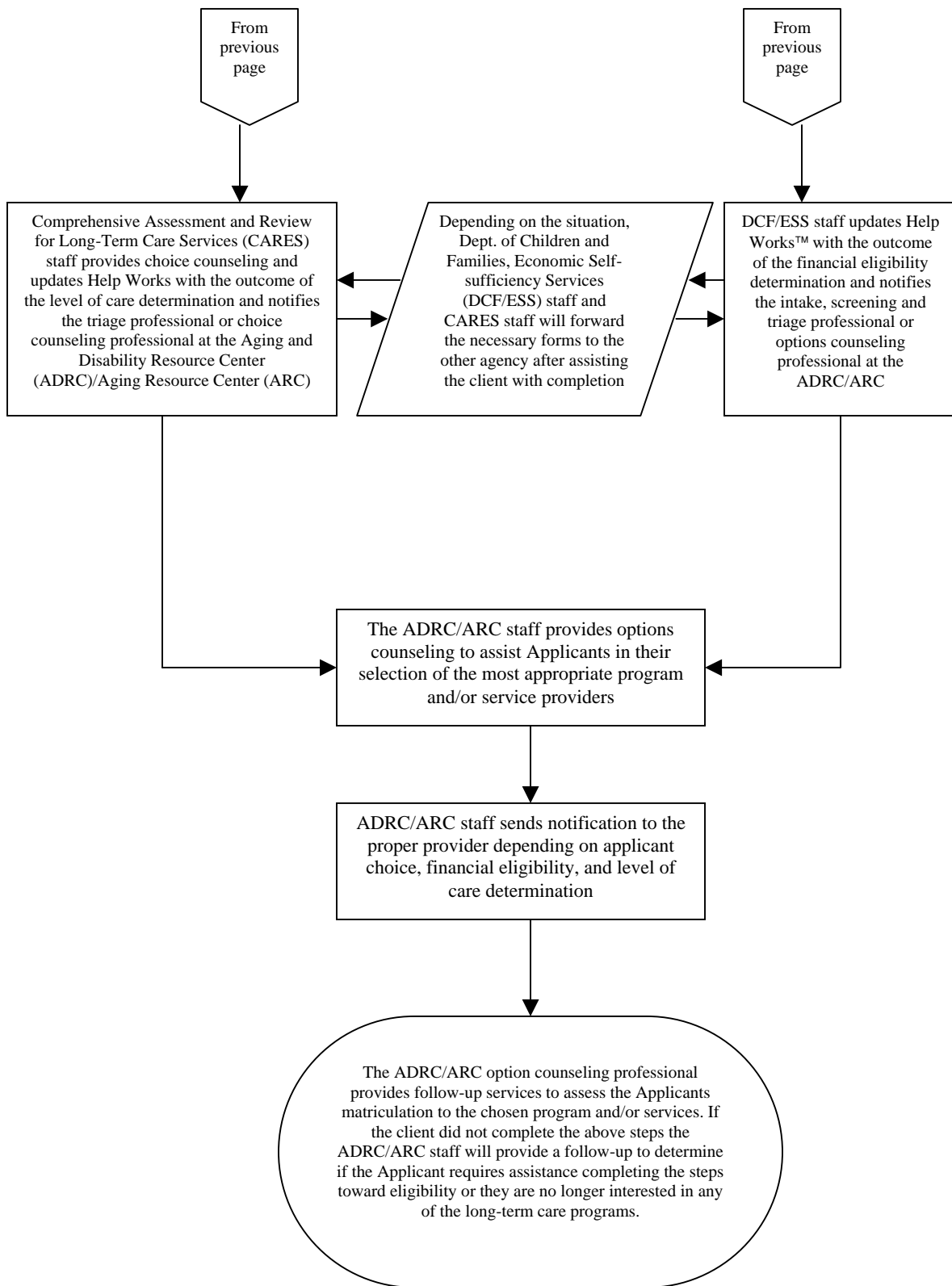
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Date

AGING AND DISABILITY RESOURCE CENTER (ADRC)/AGING RESOURCE CENTER (ARC) APPLICANT INTAKE PROCESS AND INFORMATION FLOW FOR COMPREHENSIVE ASSESSMENT AND REVIEW FOR LONG-TERM CARE SERVICES (CARES)





**Memorandum of Understanding
Between the Area Agency on Aging of _____
Acting as the
Aging Resource Center (ARC)
And the
Department of Children and Families’
Economic Self-sufficiency Services (DCF ESS)
Zone or District/Regional Office
Regarding
Eligibility Determination for Public Assistance Programs
(Template)**

I. Parties

The parties are the Area Agency on Aging of _____ acting as the Aging Resource Center (hereinafter referred to as “ARC”), PSA _____ under the auspices of the Department of Elder Affairs (hereinafter referred to as “DOEA”) and the Economic Self-sufficiency Services (ESS) Zone or District/Regional Office _____ under the auspices of the Department of Children and Families (hereinafter referred to as “DCF”).

II. Purpose

This Memorandum of Understanding (MOU) sets forth the role and responsibilities of each party in implementing the functions of the ARC in ensuring multiple entry point access to publicly funded long-term care and other public assistance programs such as Medicaid, Food Stamps and Temporary Cash Assistance. This MOU establishes the level of involvement of the ARC and ESS Zone or District/Regional Office and each party’s local community partners and/or service providers.

III. Summary of the Aging Resource Centers Initiative

A. Aging Resource Center Legislation

The Florida Legislature passed Senate Bill 1226 that was signed into law by Governor Bush in 2004. The legislation amended Chapter 430, Florida Statutes, requiring and authorizing DOEA, in consultation with DCF and the Agency for Health Care Administration, to develop Aging Resource Centers. Section 430.2053, F.S. identifies the Area Agencies on Aging (AAA) as the entity to be designated as an ARC in each of the DOEA’s eleven planning and service areas.

B. General Role and Responsibilities of the Aging Resource Center

The role of an ARC is to provide elders and those assisting them with client friendly, seamless, and efficient access to long-term care services that are appropriate, adequate and cost effective. The ARC will offer multiple access points to a single point unified system for comprehensive and standardized information and referral services regarding aging and long-term care resources. The ARC’s information and referral services can be accessed by telephone, direct contact with an Information and Referral (I&R) Specialist or through a Web-based portal. Other ARC functions will include intake, screening, triage, resource counseling, as well as eligibility determination processes for access to specific publicly funded long-term care and public assistance programs.

IV. Summary of Department of Children and Families (DCF) Economic Self-sufficiency Services (ESS) Program Initiative.

DCF's ESS Program is updating its 1960's service delivery model to respond to changes in customer base through service system redesign, policy simplification and technology upgrades. The new model promotes customer self-service through use of phone, internet or mail, and improves efficiencies through the use of digital document management. The new model also enhances program access through a network of community partners that offers their customers public assistance program access in addition to the partner's own community service. Core eligibility services, such as determining and re-determining eligibility, processing changes that affect eligibility, and other eligibility related case maintenance functions remain the responsibility of DCF's ESS eligibility staff. These functions include accountability for program integrity for all individuals applying for and receiving Medicaid, Food Stamps, Optional State Supplementation and Temporary Cash Assistance. The newer model helps to ensure decreased travel of public assistance clients to a DCF office or service center and a decrease in the amount of time invested by DCF's clients to apply for benefits. This model also streamlines program operations and reduces the amount of paper documentation required to complete the public assistance eligibility process.

V. Specific Roles and Responsibilities of Each Party

A. Aging Resource Center (ARC)

(Add detailed information relevant and pertinent to each party's roles and responsibilities to develop and carryout the local ARC initiative. Section 430.2053, F.S., requires that the MOU specify the staff person(s) responsible for or qualified to perform a function/activity.)

1. Administrative

- a. Assign a liaison(s) to serve as the single point of contact. Develop and establish points of contact and contact protocols for administrative issues, training and staff development, and eligibility application and determination processes;
- b. Execute referral agreements with community entities that will function as ARC access points and that establish an access point's role and responsibilities in providing information and referral services regarding long-term care and public assistance programs;
- c. Involve ESS in relevant ARC workgroups;
- d. In accordance with section 430.2053, F.S., physically or virtually collocate with ESS staff to efficiently and effectively expedite an individual's determination of eligibility for public assistance, including Medicaid, Food Stamps and other financial assistance programs. The ARC will collaborate with ESS to develop, implement, maintain and monitor activities established to meet the intent of section 430.2053, F.S., concerning collocation, including Comprehensive Assessment and Review for Long-Term Care Services (CARES), as outlined in the ARC's MOU with CARES. The collaboration will include:
 - educating the appropriate zone/district office and ESS staff regarding the ARC organizational structure, staffing and systems in order to determine the most effective and efficient method of collocation;
 - developing and implementing standards, policies, procedures and protocols related to staffing and staff supervision, physical plant, provision of services, operations and maintenance of required technology (hardware and software), sharing and processing

information, consultation on individual cases, the eligibility process, and/or systems issues, and training and technical assistance required by each party;

- providing adequate space and facilities for physically collocated Economic Self-sufficiency Services (ESS) staff;
- collecting and providing data to ESS for collocation monitoring and evaluation purposes such as, but not limited to, the number of individuals referred to ESS for eligibility determination, number of individuals served by the Aging Resource Center (ARC) in conducting an ESS eligibility determination function or activity, and processing timeframes;

e. Conduct ARC management conferences, in person or by phone, at least quarterly with designated ESS management to address current operations, the status of the partnership, as well as challenges and opportunities that arise as a result of the partnership;

f. Provide training to ESS staff and related service providers initially and on an as-needed basis. Training will include, at a minimum:

- information on the programs, benefits and services available through the ARC system;
- eligibility criteria for each of the ARC programs;
- access to ARC programs with emphasis on the integral role and functions of ESS in the process, as well as the ARC role in serving persons with minimal or no financial resources;
- an overview of the ARC system including its functions, single gatekeeping through multiple access points, Web-based portal and applications, as well as the integral role, responsibilities and functions of Comprehensive Assessment and Review for Long-Term Care Services (CARES) and lead agencies;
- effective utilization of the ARC Web-based information, referral and initial screening system to assist individuals with accessing information regarding community resources;

g. Provide telephone access to individuals to contact the toll-free ESS Customer Call Center;

h. Provide computer and copier access to individuals to complete and/or copy forms and verification documents required for ESS to determine an individual's eligibility for Medicaid and other public assistance programs under its authority;

i. Collaborate with ESS to negotiate financial and other support, through Department of Children and Families (DCF), for services provided by the ARC to assist individuals accessing Medicaid and other public assistance programs for which ESS determines eligibility (pending DCF's development of a fee-based Automated Community Connection to Economic Self-Sufficiency (ACCESS) Florida Partnership agreement);

j. Facilitate the coordination of ARC staff and partners' participation in mutually agreed upon Medicaid and other public assistance outreach efforts;

k. When there is a dispute or complaint regarding ARC functions and activities performed by ESS or ARC staff, the direct, supervising entity will be responsible for resolving the complaint. Resolution will be handled at escalating authority levels by the employer as appropriate.

2. Information and Referral

- a. Provide general information to individuals via the website, telephone or face-to-face regarding ESS programs, benefits and services relevant to Medicaid and other public assistance programs;
- b. Provide qualified Aging Resource Center (ARC) staff or designees pursuant to Chapter 58B-1, Florida Administrative Code, to perform information and referral services to individuals;
- c. Perform Medicaid enrollment activities such as counseling on long-term care options to individuals regarding Medicaid and other public assistance programs for which Economic Self-sufficiency Services (ESS) determines eligibility following guidelines developed by the partnership or provided by ESS;
- d. Assist individuals, as requested, in applying for Medicaid and other public assistance programs for which ESS determines eligibility, including long-term care programs, using the Web-based Department of Children and Families (DCF) Automated Community Connection to Economic Self-Sufficiency (ACCESS) system, DCF paper forms and/or the designated Department of Elder Affairs (DOEA) Web-based system. Persons interested in long-term care programs will need to be referred to staff conducting Medicaid enrollment activities such as intake, screening and triage;
- e. Assist interested individuals in accessing more detailed information regarding Medicaid and other public assistance programs' benefits, eligibility requirements, and application procedures of those programs of interest to the consumer;
- f. Refer individuals interested in long-term care services to the Intake/Screening/Triage Professional or qualified designee to conduct the Medicaid enrollment activities of intake, screening, and triage;
- g. Record the action taken after the information and referral process using the designated case database and status tracking system.

3. Medicaid and Other Public Assistance Programs Enrollment

- a. Provide qualified ARC staff or designees pursuant to Chapter 58B-1, Florida Administrative Code, to perform intake, screening and triage activities required for enrollment in Medicaid and other public assistance programs;
- b. Collect an individual's information and data, using a standardized screening instrument to determine an individual's prioritized need for long term care services, preliminary risk level for institutional placement, potential eligibility for Medicaid and other public assistance, and the need for a comprehensive long-term care client assessment;
- c. Confirm an individual's ESS programs eligibility history and utilization using the system or protocol set forth by the two parties;
- d. Determine the potential appropriateness and eligibility for designated Medicaid and public assistance programs for which ESS determines eligibility;
- e. Provide counseling on Medicaid and other long-term care options to these individuals;

f. Following protocols developed and established through this Memorandum of Understanding (MOU), and in conjunction with ARC/Comprehensive Assessment and Review for Long-Term Care Services (CARES) MOU, refer interested persons to appropriate ESS staff to apply for Medicaid, Food Stamps and other financial assistance programs for which ESS determines eligibility (*insert and reference language protocol/process and flow chart for this ARC and ESS District/Regional Office*);

g. Record the action taken after performing the Medicaid enrollment activities of intake, screening and triage using the designated case database and status tracking system;

4. Enrollment Related to Applying for Medicaid and Other Public Assistance Programs for which Economic Self-sufficiency Services (ESS) Determines Eligibility

a. As an activity of the Medicaid and other public assistance enrollment process, help the individual access the appropriate ESS eligibility determination forms either online or by providing hard copies;

b. Assist the individual, as needed, to complete the online or hard copy ESS eligibility determination forms;

c. Following protocols pursuant to the Aging Resource Center (ARC)/Comprehensive Assessment and Review for Long-Term Care Services (CARES) Memorandum of Understanding (MOU), refer interested persons to CARES to complete the functional assessment activities required for designated Medicaid and Medicaid waiver programs. If appropriate, simultaneously inform or assist the individual to access and complete the forms necessary for the financial and technical ESS eligibility determination;

d. As part of the Medicaid enrollment process, review the forms, as needed and requested, with the individual for accuracy and completeness;

e. Assist the individual in compiling the verification information required to determine eligibility for Medicaid and other public assistance programs;

f. Make copies of the eligibility determination forms and verification documentation for the individual and send to ESS via fax, mail, or in-person delivery;

g. Assist the individual in accessing and/or providing additional information required for ESS eligibility determination of Medicaid and other public assistance programs;

h. Receive a copy of the eligibility determination or redetermination notice of case action from ESS and notify case management agencies/providers for Medicaid waiver programs and other long-term care programs;

i. Assist and provide counseling on long-term care to individuals not determined eligible for the ARC designated Medicaid programs for which ESS determines eligibility;

j. Record the action taken after the eligibility determination process is finalized using the designated case database and status tracking system.

B. Economic Self-sufficiency Services (ESS) District/Regional Office

Pursuant to the ARC Memorandum of Agreement between Department of Elder Affairs and Department of Children and Families, if any activity described in this Memorandum of Understanding is outsourced, the contract effecting the outsourcing shall mandate that the contractor or its subcontractors shall incorporate, adopt and ratify the terms of this agreement.

1. Administrative

a. Assign a liaison(s) to serve as the single point of contact. Develop and establish points of contact and contact protocols for administrative issues, training and staff development, and eligibility application and determination processes;

b. In accordance with section 430.2053, F.S., physically or virtually collocate with Aging Resource Center (ARC) staff to efficiently and effectively expedite an individual's determination of eligibility for public assistance, including Medicaid, Food Stamp, and other financial assistance programs. Economic Self-sufficiency Services (ESS) will collaborate with the ARC to develop, implement, maintain, and monitor activities established to meet the intent of section 430.2053, F. S., concerning collocation, as well as with Comprehensive Assessment and Review for Long-Term Care Services (CARES) as outlined in the ARC's Memorandum of Understanding (MOU) with CARES. The collaboration will include:

- educating the ARC about the ESS organizational structure, staffing and systems in order to determine the most effective and efficient method of collocation;
- developing and implementing standards, policies, procedures and protocols related to staffing and staff supervision, physical plant, provision of services, operations and maintenance of required technology (hardware and software), sharing and processing information, consultation on individual cases, the eligibility process, and/or systems issues, training and technical assistance required by each party;
- collecting and providing data to the ARC for monitoring and evaluation purposes such as, but not limited to, data regarding number of applications received from an access site and how many applications are pending, approved, or denied, and the associated processing timeframes, and functions and activities conducted by the ESS collocated staff;

c. Participate in relevant ARC workgroups;

d. Participate in a management conference, in person or by phone, at least quarterly with designated ARC management to address current operations, status of the partnership, as well as related challenges and opportunities that arise as a result of the partnership;

e. Provide training initially and on an as-needed basis to ARC staff and partners within its system. Training will include at a minimum:

- information on programs, benefits and services available through the ESS system;
- eligibility criteria for each of the programs that require ESS final determination;
- the application and eligibility determination process including required forms and verification information;
- an overview of the Automated Community Connection to Economic Self-Sufficiency (ACCESS) system including the Web-based information portal and applications, as well as the telephone call center;

- using the Web-based component of the ACCESS system to assist individuals;
- f. Supply paper applications, ESS program literature, and related hard copy materials to the ARC and the designated ARC access sites;
 - g. Provide telephone access for ESS customers to call the ARC toll-free telephone line for information, referral and to make ARC related inquiries;
 - h. Refer individuals requesting long-term care services to the ARC for intake, screening and triage;
 - i. Collaborate with the Aging Resource Center (ARC) to negotiate financial and other support, through Department of Children and Families (DCF), for services provided by the ARC to assist individuals accessing programs for which Economic Self-sufficiency Services (ESS) determines eligibility (pending DCF's development of a fee-based Automated Community Connection to Economic Self-Sufficiency (ACCESS) Florida Partnership agreement);
 - j. Facilitate coordination and ESS staff participation in mutually agreed upon and developed outreach efforts to inform target consumer populations, community groups, service providers, and/or the general public regarding the role of the ARC;
 - k. When there is a dispute or complaint regarding ARC functions and activities performed by ESS or ARC staff, the direct, supervising entity will be responsible for resolving the complaint. Resolution will be handled at escalating authority levels by the employer as appropriate.
2. Activities Related to ESS Eligibility Determination
 - a. Help the individual access the appropriate ESS eligibility determination forms either online or by providing hard copies;
 - b. Assist the individual, as needed, to complete the online or hard copy ESS eligibility determination forms;
 - c. Review forms with the individual for accuracy and completeness;
 - d. Assist the individual, if necessary and requested, in compiling the verification information required to determine ESS eligibility;
 - e. Make copies of the eligibility determination forms and verification documentation for the individual, if necessary and requested;
 - f. Provide confirmation of receipt of eligibility determination forms;
 - g. Contact the designated ARC professional if more information is required to complete the review and determination.
 3. Eligibility Determination and Notification
 - a. Review and process eligibility determination data and information, as required, for initial and on-going eligibility;

- b. Provide the individual with a Notice of Case Action upon completion of the eligibility determination or re-determination and provide a copy of such notices to the ARC for Medicaid waiver programs and other long-term care programs with which the ARC has assisted;
- c. Provide for client fair hearings through the DCF Office of Appeal Hearing.

VI. Confidentiality

Both parties shall protect the confidentiality of information received in the implementation of this Memorandum of Understanding. The use of confidential information is confined to the activities that are essential for providing services governed by this agreement. Client information must be protected in accordance with state and federal laws governing the Food Stamps, Cash Assistance, and Medicaid programs and with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. If it is determined by the parties that this Memorandum of Understanding requires the sharing of personal health information all parties agree to execute the necessary Business Associate Agreements as required by HIPAA or its implementing regulations.

VII. Liability

The Department of Children and Families (DCF) remains the designated state agency to make final public assistance eligibility determination for program services/benefits and therefore DCF maintains associated liability for such final determinations.

Liability issues related to the physical Aging Resource Center (ARC) access site remain with the entity responsible for that site.

VIII. Timelines

This Memorandum of Understanding shall become effective with the signature of the ARC, either a Director, Chief Executive Officer, or equivalent position of authority with the Area Agency on Aging of _____, and the Zone or District/Regional Administrator for Economic Self-sufficiency Services District/Region _____ and will continue unless terminated by either party in writing. This Memorandum of Understanding will be reviewed annually, and may be amended by the written request of either agency. Any proposed amendment or modifications may be submitted by either party.

IX. Signatures

 Zone/ or District/Regional Administrator
 Zone/or District _____
 Department of Children and Families

 Executive Director
 Area Agency on Aging of _____

 Date Signed

 Date Signed

**(DRAFT) AGING RESOURCE CENTER
REFERRAL AGREEMENT**

This Referral Agreement is made effective this ____ day of _____, 200_, between _____, the Aging Resource Center for Planning and Service Area _____ (“ARC”) and _____, having its principal place of business at _____ (“Access Point”). The term of this Referral Agreement shall be for thirty-six (36) months commencing upon the date indicated above unless earlier terminated.

RECITALS

WHEREAS, the purpose of this agreement is to set forth the specific actions to be performed by each party in ensuring that elders and their families are able to obtain information and services in the most efficient and least cumbersome manner possible when contacting an access point prior to contacting the ARC;

WHEREAS, an access point is a local community service organization that will provide information and access to available resources;

WHEREAS, the Florida Department of Elder Affairs (“DOEA”) is implementing a statewide Web-based information, referral, and eligibility system for the ARC to use in providing a coordinated and locally focused approach to integrating information and referral functions with eligibility screening and determination for state and federally funded long term care services;

NOW THEREFORE, in consideration of the mutual duties and responsibilities contained in this Referral Agreement, the parties agree as follows:

I. The Access Point agrees to perform the following duties and responsibilities:

- A. Provide, through the DOEA statewide Web-based information, referral, and eligibility determination System, consistent and uniform information and referral services, regardless of geographical location.
- B. Provide, through the DOEA statewide Web-based information, referral, and eligibility determination system, information on the most appropriate and cost efficient service alternatives, including private pay and community organizations.
- C. Ensure all employees that perform information and referral services complete required training on DOEA’s statewide Web-based information, referral, and eligibility determination system and training on the ARC operational policies and procedures, including all continuing education training.
- D. Adhere to policies and procedures as outlined in the ARC operational procedures and protocol manual, including attachments or updates.
- E. Provide services in a manner that complies with all applicable state and federal laws and is culturally appropriate.
- F. Safeguard individual’s confidentiality in compliance with state and federal law, and comply with all requirements of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), as applicable. Except as provided for ARC monitoring purposes, the Access Point agrees not to use or disclose any information

concerning an individual who receives services or is referred under this Agreement for any purpose not in conformity with state and federal regulations or this Referral Agreement, except upon written consent of the individual, or the individual's authorized representative.

- G.** Permit persons duly authorized by the Aging Resource Center (ARC) to monitor and inspect any records, papers, documents, facilities, or goods and services of the Access Point and to interview both individuals served by the Access Point and employees of the Access Point be assured of satisfactory performance of the terms and conditions of this agreement.
- H.** Refer individuals seeking long-term care services to the ARC.
- I.** In consultation with the ARC, implement a policy to govern self-referrals. Minimally, the policy must address when self-referral is appropriate and when referral outside of the access point is most appropriate, including the provision of long-term care options counseling.
- J.** Log and track referrals, including follow up as required.
- K.** Provide the ARC with a monthly report of referrals, follow-up contacts made, and other statistical data as requested by the ARC.
- L.** In the event this agreement is terminated, develop a transition plan, in consultation with the ARC, that provides for the uninterrupted provision of information and referral services. The transition plan must be executed and effective 30 days prior to any termination of this agreement.
- M.** Complete the Access Point Activities Matrix (Attachment I), as applicable.

II. The ARC agrees to perform the following duties and responsibilities:

- A.** Provide for easier access to long-term care services for elders and their families by facilitating the participation of entities as access points.
- B.** Provide technical assistance and training to the Access Point.
- C.** Provide on-site monitoring of the Access Point as follows:
 - 1.** Monitor all Access Point referrals and follow-up contacts to ensure appropriate provision of information and referral services and to ensure appropriate handling of calls. In addition to federal and state funded resources, monitoring will be conducted on Adult Protective Services referrals and referrals to private pay sources.
 - 2.** Monitor the Access Point's provision of consistent and uniform information regardless of geographical location.
 - 3.** Monitor the Access Point's process (information and referral activities and intake/screening/triage activities, if applicable) for efficiency.
- D.** Provide the Access Point with written policies and procedures that have been developed in consultation with DOEA, that address the provision of information and referral, intake, screening and triaging activities.

III. Termination

In the event a notice of intent to terminate is delivered and the agreement is terminated, the ARC and the Access Point agree to submit a transition plan to the department to be executed and in effect for 30 days. The transition plan must identify procedures to ensure the continued provision of information and referral services.

A. Termination at Will

The Aging Resource Center (ARC) shall have the right to terminate this Referral Agreement in the ARC's sole discretion, without any cause or reason, at any time upon giving no less than thirty (30) days written notice to the Access Point. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

B. Termination for Breach

The ARC shall have the right to terminate this Referral Agreement upon twenty-four (24) hours prior written notice to the Access Point if the Access Point fails to cure a breach of the Referral Agreement within the time and manner specified by the ARC. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The ARC may terminate the Referral Agreement even if the breach is cured, upon giving no less than thirty (30) days written notice to the Access Point.

IV. Assignment

The Access Point shall not assign or otherwise transfer its duties or responsibilities under this Referral Agreement to any entity without the prior written approval of the ARC.

V. Amendments

Any modifications or amendments to this Referral Agreement shall be in writing and signed by both parties.

IN WITNESS WHEREOF, the parties have executed this _____ page Referral Agreement as of the date specified below. Each party represents and warrants that its respective signatory is duly authorized to execute this Referral Agreement on its behalf.

ARC

Access Point

Signature

Signature

Print name

Print name

Title

Title

Date

Date

Access Point Activities Matrix

Access Point:		Assigned Access Level (Optional): _____
Projected number of customers to be served monthly:		
Potential activities or functions to be offered at the Access Point	Place an X for activities or functions to be provided	Description of Activities/ Functions to be Performed
Information		
Trained Intake/Screening/Triaging staff		
Access to telephone to contact Aging Resource Center (ARC)		
Access to telephone with Telecommunications Device for the Deaf (TDD)/Florida Relay to contact ARC		
Trained staff or volunteer to assist consumers with telephone		
Access to computers to access the department's statewide Web-based information, referral, and eligibility determination system		
Physical Accessibility		
Trained staff or volunteer to assist consumers with computer and access to the department's statewide Web-based information, referral, and eligibility determination system		
Trained multi-lingual staff or volunteer to assist consumers with computer and access to the department's statewide Web-based information, referral, and eligibility determination system		
Access to printer		
Access to fax machine		
Access to copy machine		

Access Point Initials _____

ADRC Initials _____

Access Point Levels (Optional):

Access Point Level 1

Information

Access to telephone to contact Aging Resource Center (ARC)

Access Point Level 2

Information

Access to telephone with Telecommunications Device for the Deaf (TDD)/Florida Relay to contact ARC

Trained staff or volunteer to assist consumers with telephone

Access Point Level 3

Information

Access to telephone with TDD/Florida Relay to contact ARC

Trained staff or volunteer to assist consumers with telephone

Access to computers to access the department's statewide Web-based information, referral, and eligibility determination system

Physical Accessibility

Trained staff or volunteer to assist consumers with computer and the department's statewide Web-based information, referral, and eligibility determination system

Access to printer

Full Access Point

Information

Access to telephone with TDD/Florida Relay to contact ARC

Trained staff or volunteer to assist consumers with telephone

Access to computers to access the department's statewide Web-based information, referral, and eligibility determination system

Physical Accessibility

Trained multi-lingual staff or volunteer to assist consumers with computer and the department's statewide Web-based information, referral, and eligibility determination system

Access to printer

Access to fax machine

Access to copy machine

APPENDIX F

REVISED AGING RESOURCE CENTER (ARC) TRANSITION PLAN CHECKLIST

PSA # _____ Date received: _____		YES	NO	Page	Comments/ Recommendations
Format & Copies					
	The Revised ARC Transition Plan was submitted in the required format.				
	The required number of complete copies was submitted (three hard copies; one electronic copy).				
Table of Contents					
	Each page is sequentially numbered.				
	The location of each item is listed in the appropriate section of the Table of Contents.				
Certification Page					
	The Certification Page is completed as indicated.				
	The Certification Page is signed by the area agency on aging (AAA) Board President and Executive Director.				
Section I: Preparation					
1.1	Indicate the actions the ARC will take to initiate the systems change fundamental to achieving the purposes of an ARC.				
1.2	Describe the involvement and oversight of the AAA volunteer board and advisory council leadership in the ARC development process.				
1.3	Identify key stakeholders and collaborators. Describe their role in the planning, implementation and on-going evaluation of the ARC. Report on status of Local Coalition Workgroup activities since submission of the work plan and involvement of Community Care for the Elderly lead agencies.				
1.4	Identify and delineate AAA role and responsibilities in the ARC concept.				
1.5	Describe the status of transitioning all direct services, including Older Americans Act Title III-D, to other				

	providers.				
1.6	Describe the need for an aging resource center (ARC) within the planning and service area (PSA). Provide a general description of the long-term care support system within the PSA. Include an account of how the current system limits or facilitates individual choice and access for both public and private pay individuals. Identify current and proposed partnerships and collaborative steps necessary to address current problems.				
1.7	Describe how each ARC function will be performed at the local level				
1.7.a	In the description of information and referral, include an analysis of the area agency on aging's (AAA's) capacity to provide information and referral services throughout the PSA. Indicate any plans for system expansion or replacement. Include specific reference to how the needs of individuals requesting private pay resources will be addressed.				
1.7.b	In the description of eligibility determination, indicate how the ARC will comply with statutory requirements for ARC collocation with state eligibility determination staff. Outline plans for collocating Dept. of Elder Affairs/Comprehensive Assessment and Review for Long-Term Care Services (DOEA/CARES) and Dept. of Children and Families, Economic Self-sufficiency Services (DCF-ESS) staff with AAA ARC staff. Indicate whether physical or virtual collocation is planned. If virtual, describe how communication will be enhanced to facilitate eligibility determination.				
1.7.c	Clearly define the proposed roles and responsibilities of staff, consultants, subcontractors and other partner organizations in performing ARC functions				

1.7.d	If the aging resource center (ARC) is proposing to contract with individuals, with for-profit entities, and with not-for-profit entities to provide some or all ARC functions, include the following: (1) Description of each function to be outsourced;				
	(2) Identification of the entity proposed to perform the function, including the entity's qualifications and work performance for providing the outsourced function(s);				
	(3) Justification for outsourcing the function based on measurable factors that address how individuals will be better served by outsourcing the function(s); and				
	(4) Analysis of the potential for conflict of interest and inappropriate self-referrals by entities performing outsourced functions.				
1.8	Indicate the status of negotiations with the local Dept. of Elder Affairs/Comprehensive Assessment and Review for Long-Term Care Services (DOEA/CARES) and Dept. of Children and Families, Economic Self-sufficiency Services (DCF-ESS) offices concerning collocation and eligibility determination functions.				
Section II: Transition					
2.1	Describe how the ARC will effectively utilize public funds to maximize existing resources.				
2.2	Report on plans to collaborate with health support and human service agencies, including housing and employment programs.				
2.3	Describe plans to establish linkages and agreements with major pathways to long-term care, including hospital discharge planners, nursing home social workers, physicians and their staff, and other professionals that serve the target population including				

	those working in rehabilitation facilities and home health agencies.				
2.4	Describe the plan for aging resource center (ARC) sustainability, addressing alternative funding scenarios, including one that anticipates no additional state funding specifically appropriated for ARC operations.				
Section III: Implementation					
3.1	Identify proposed strategies for outreach and marketing, which demonstrate increased targeting effectiveness.				
3.2	Identify plans for implementing local training for all ARC staff, partner organizations and stakeholders.				
3.3	Update the Area Plan section on cultural and ethnic diversity to reflect the ARC's planned efforts to assure cultural competency.				
3.4	Update the Area Plan section on disaster preparedness to reflect the ARC's planned efforts to respond to disasters and continue ARC operations during a natural disaster.				
Section IV: Other Information					
4.1	Document methodology for establishing baseline data to track the timeliness of eligibility determination.				
4.2	Establish a proposed time line for completion of the steps in Phases II and III.				
4.3					
4.4					
Section V: Appendices					
5.1	Flow chart of area agency on aging (AAA) vs. ARC functions				
5.2	Proposed ARC Organizational Chart				