

DEPARTMENT OF



**ELDER  
AFFAIRS**

STATE OF FLORIDA

**CHARLIE CRIST**  
GOVERNOR

October 2, 2009

Ms. Kathy DuBose, Staff Director  
Joint Legislative Auditing Committee  
111 West Madison St., Room 876  
Tallahassee, Florida 32399-1400

**E. DOUGLAS BEACH, PH.D.**  
SECRETARY

Dear Ms. DuBose:

Pursuant to section 20.055(5)(h), Florida Statutes please find attached a copy of the six-month status for the following report:

- OPPAGA Report No. 09-15, Transition to Aging Resource Centers Complete; Enhancement of Elder Service System Continues

If you have any questions, please contact me at 414-2117.

Sincerely,



Tony Hernandez, CISA, CIA  
Director of Internal Audit

TH/ah

Enclosure

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JLAC  
Rec'd 10/6/2009

**DOEA Six Month Follow-up Status for  
 OPPAGA Report No. 09-15, Transition to Aging Resource Centers Complete;  
 Enhancement of Elder Service System Continues**

**INSTRUCTIONS: WRITE YOUR RESPONSE ONLY IN THE HIGHLIGHTED AREAS.**

<b>Comment #</b>	<b>Comment No. 1:</b>
<b>Comment Title</b>	<b>The Aging Resource Centers are implementing a common system to provide centralized and uniform information and referral.</b>
<b>Status Date</b>	September 2009
<b>Report Date</b>	March 2009
<b>Contact Person</b>	Mary Hodges
<b>Program/Unit</b>	Community and Support Services
<b>Phone Number</b>	414-2184
<b>OPPAGA Comment</b>	<p>The centers have each purchased the Refer information and referral software system, which was designed to record information about callers and provide information about available services. Currently, eight of the centers are using the system fully and the remaining three centers expect to add information on available services by March 2009. The centers are currently developing a search engine to enable the public to access information about services in the system via the Internet, which center administrators expect to implement by December 2009. The department also has contracted with two companies to develop an interface to transmit case information from Refer to the department's data system, the Client Information and Registration Tracking System (CIRTS). The department expects its contractors to complete this interface by September 2009.</p>
<b>CURRENT STATUS on comment</b>	<p>All 11 of the ARCs are using the ReferNet Information and referral (I&amp;R) software system to record caller-specific data. Access to the statewide Refer resource database is now available to the public through a link on the ARC web page on the Department of Elder Affairs (DOEA) website. In July and August 2009, three meetings of the Refer/I&amp;R Workgroup were funded by the DOEA to assist the ARCs in determining how to uniformly collect and report the I&amp;R data in the Refer system that the DOEA needs on a routine basis.</p> <p>The DOEA has been working with RTM Designs and a contract programmer to develop an interface for transmitting client data from ReferNet to the Client Information and Registration Tracking System (CIRTS). Only data from clients referred for intake at the ARC will be transferred. The contracted programmer has completed the CIRTS form to process the intake data, and DOEA staff have created the necessary CIRTS modification to accommodate this process. RTM Designs has added the intake button and created a secure interface for data transfer. The changes are in the RTM Designs test environment and DOEA staff is testing this process before moving it to production in the next software release. We anticipate that the interface will be in operation by September 30.</p>

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<b>Comment #</b>	<b>Comment No. 2:</b>
<b>Comment Title</b>	<b>The Aging Resource Centers are taking a more active role in helping seniors apply for the Nursing Home Diversion program.</b>
<b>Status Date</b>	September 2009
<b>Report Date</b>	March 2009
<b>Contact Person</b>	Mary Hodges
<b>Program/Unit</b>	Community and Support Services
<b>Phone Number</b>	414-2184
<b>OPPAGA Comment</b>	<p>Previously, the Nursing Home Diversion application process differed from the process used for other long-term care Medicaid waiver programs. The Aging Resource Centers coordinated the application process for the Aged and Disabled Adult and the Assisted Living for the Elderly Medicaid waiver programs as well as Medicaid healthcare. However, the centers referred Nursing Home Diversion applicants to the CARES program, which completed required medical and functional eligibility determinations, helped seniors apply for financial eligibility, and coordinated the paperwork and referrals for seniors enrolling in the program.</p> <p>To reduce fragmentation and make it easier for seniors to navigate the complex aging service network, the department is expanding the centers' role by making them the central point of contact for the Nursing Home Diversion program. In addition to coordinating applications for the other Medicaid long-term care waivers; the centers are starting to coordinate paperwork and referrals for most Nursing Home Diversion waiver applicants. CARES will continue to be responsible for providing choice counseling, conducting assessments of medical and functional eligibility, and assisting with enrollment, as specified in the Nursing Home Diversion program's Medicaid waiver.</p>
<b>CURRENT STATUS on comment</b>	The ARCs have collaborated with their CARES and DCF partners as well as the CCE lead agencies to assign responsibility for key steps in the transitioning of elders out of nursing homes. Placement options for elders in the nursing home transition project include the ADA, ALE and Nursing Home Diversion (NHD) waivers. These relationships form the basis for ongoing efforts to expand the ARC role with NHD.

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<b>Comment #</b>	<b>Comment No. 3:</b>
<b>Comment Title</b>	<b>The Aging Resource Centers are developing a standard method to measure how long the Medicaid waiver eligibility determination process takes.</b>
<b>Status Date</b>	September 2009
<b>Report Date</b>	March 2009
<b>Contact Person</b>	Mary Hodges
<b>Program/Unit</b>	Community and Support Services
<b>Phone Number</b>	414-2184
<b>OPPAGA Comment</b>	<p>While the department has required each center to measure how long the eligibility determination process takes for Medicaid waiver services, the measures the centers developed are not uniform and thus cannot be used to make comparisons across the state. The department has established a workgroup to develop a standard measure. As a starting point, the department compiled a list of steps in the eligibility determination process, and the workgroup will develop a uniform way to measure the time required to complete each step, such as having doctors complete medical eligibility forms and the Department of Children and Families completing the financial eligibility determination process.</p> <p>Once the workgroup has completed this effort, the department plans to modify its CIRTS data system to capture the required case data. When completed, this measure will allow the department to evaluate the centers' success in performing one of their primary functions, streamlining the Medicaid eligibility determination process, and help centers identify best practices and ways to improve their performance. The centers and department do not have a timeframe for completing this effort.</p>
<b>CURRENT STATUS on comment</b>	<p>The above-mentioned workgroup, which was a subset of the bi-monthly CIRTS/ARC Workgroup, has identified the steps in the Medicaid eligibility determination process that the ARCs will uniformly report in CIRTS. The key dates for measuring performance are the beginning and ending date for an individual in the Applicant status on the CIRTS enrollment screen; this status is assigned to an individual for whom the ARC has authorized Medicaid waiver funding. Additional elements to be tracked include: completion of the 701B comprehensive assessment, the date the ARC receives the 3008, the date the ARC issues the 2515 to DCF, and the date DCF makes its eligibility determination. Several of these data elements are currently collected in different locations in CIRTS. Future modifications to CIRTS will be designed to allow all of this data to be recorded on a single screen.</p>

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<b>Comment #</b>	<b>Comment No. 4:</b>
<b>Comment Title</b>	<b>The department expects to spend most of the funds appropriated for fiscal year 2008-09 on Aging Resource Centers.</b>
<b>Status Date</b>	September 2009
<b>Report Date</b>	March 2009
<b>Contact Person</b>	Mary Hodges
<b>Program/Unit</b>	Community and Support Services
<b>Phone Number</b>	414-2184
<b>OPPAGA Comment</b>	The Legislature appropriated \$3.27 million in annual recurring funding, including \$1.63 million in federal Medicaid funding and \$1.63 million in matching state general revenue. ...By January 2009, the department allocated \$3.03 million to the centers. The department had not allocated the remaining \$238,056 due to anticipated budget reductions and the centers not requesting all available dollars. However, subsequent to the Governor's veto of budget reductions in January 2009, the department gave the centers the option of requesting additional funds and expects to finish its review and approval of these requests in March.
<b>CURRENT STATUS on comment</b>	The Department offered the remaining unallocated appropriation to all 11 ARCs, one of which declined the additional funds. In March 2009, the Department initiated amendments to increase the ARC budgets by \$21,641 each for the remainder of the fiscal year. PSA 4 did not request additional funding.

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<b>Comment #</b>	<b>Comment No. 5:</b>
<b>Comment Title</b>	<b>The department and centers are seeking federal approval for a methodology to support using Medicaid funds for staff that spend a portion of their time on Medicaid-related activities.</b>
<b>Status Date</b>	September 2009
<b>Report Date</b>	March 2009
<b>Contact Person</b>	Mary Hodges
<b>Program/Unit</b>	Community and Support Services
<b>Phone Number</b>	414-2184
<b>OPPAGA Comment</b>	<p>If approved, the increased Medicaid funding would provide centers with more staffing flexibility and enable them to organize staff activities based on workload rather than funding sources. Federal approval will be contingent on the department developing a methodology for calculating the federal reimbursement rate.</p> <p>The department has identified specific activities that may be federally reimbursable and is hiring a consultant to develop the methodology and assist with obtaining federal approval. Once developed, the methodology must be approved by the Agency for Health Care Administration, which must submit the proposal to the federal Centers for Medicare and Medicaid Services for approval. The department expects to hire a consultant by May 2009 to develop the proposal by December 30, 2009. The Centers for Medicare and Medicaid Services has no requirement to respond within a specified timeframe.</p>
<b>CURRENT STATUS on comment</b>	<p>The Department initiated the Invitation to Negotiate (ITN) bid process as planned, but prior to selection of a consultant to perform the work as outlined above, the Department was approached by the AAAs with a request that Medicaid administrative claiming be extended to all AAA activities and not limited to the ARCs. As a result, the Department is now working with an AAA workgroup to begin another ITN process to select a consultant to complete an expanded project to secure CMS approval of proportional Medicaid administrative claiming. This new ITN should be posted on the Vendor Bid System this month.</p>