Summarizing the Department of Elder Affairs’ Monitoring Activities of Area Agencies on Aging

Charlie Crist, Governor
E. Douglas Beach, PhD, Secretary
MISSION STATEMENT

To foster optimal quality of life for elder Floridians.

VISION: GOLDEN CHOICES

Foster a social, economic and intellectual environment for all ages, and especially for those age 60 years of age and older, where all can enjoy Florida's unparalleled amenities in order to thrive and prosper.

VALUES

• Elder Rights • Compassion
• Accountability • Caregiver Support
• Volunteerm • Quality
• Diversity • Intergenerational Partnerships
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EXECUTIVE SUMMARY

The Department of Elder Affairs (DOEA) is required by Section 430.0401, Florida Statutes, to submit to the Governor and the Legislature an annual report describing the results of its monitoring activities of the area agencies on aging (AAAs). AAAs are monitored to ensure adherence to federal and state rules, compliance with standards of good practice within the industry and production of outcomes consistent with the Department’s mission, contract requirements and legislatively-mandated performance outcome measures. This report also provides an overview of the nature and scope of the Department’s monitoring and review procedures as well as background information on the framework of the state’s long-term care network. The Department considers monitoring a vital function in the effective administration of elder services in Florida.

The Older Americans Act (OAA) of 1965, as amended, requires each state unit on aging (SUA) to establish regional planning and service areas (PSAs) under the direction of an Area Agency on Aging. The Area Agencies operate as 501(c)(3) public and/or privately funded nonprofit corporations, with administrative governance and oversight of their programs and affairs residing with the organization’s board of directors and officers. As Florida’s SUA, pursuant to Sections 20.41(5) and 430.101, Florida Statutes, DOEA has established 11 PSAs to serve Florida’s 67 counties. The Department contracts with each AAA to plan and coordinate services for elder Floridians residing within its respective service area. Programs funding services generally fall within one of the following four categories:

- OAA Entitlement Programs
- State General Revenue Programs
- Other Federal, Non-OAA Programs
- Joint Federal and State Programs (Medicaid).

OAA programs include Title III-B (Supportive Services), Title III-C1 & III-C2 (Congregate Meals and Home Delivered Meals), Title III-D (Health Promotion), Title III-E (National Family Caregiver Support) and Title VII (Elder Abuse Prevention). Other federal, non-OAA programs include Nutrition Services Incentive Program (NSIP), Emergency Home Energy Assistance for the Elderly Program (EHEAEP), Senior Companions and Serving Health Insurance Needs of Elders (SHINE). State general revenue programs include Alzheimer’s Disease Initiative (ADI), Community Care for the Elderly (CCE), Home Care for the Elderly (HCE), Respite for Elders Living in Everyday Families (RELIEF), Local Service Programs (LSP) and Sunshine for Seniors. Joint federal and state programs include two Medicaid Waiver programs, the Aged and Disabled Adult Waiver (ADA) and the Assisted Living for the Frail Elderly Waiver (ALE).

To deliver a broad array of supportive services and ensure uniformity in programs, the Department uses a multi-tiered network of private, mostly nonprofit human service organizations, consisting of AAAs, lead agencies and service providers. Program and administrative requirements (see page 3 for listing of services) are delineated in contractual agreements between the Department and the AAAs that comprise approximately 94 percent of the Department’s budget, specifying how services will be delivered to elders. Pursuant to Section 430.203(9)(c), Florida Statutes, AAAs contract with “Community Care System Lead Agencies” to provide case management and other services, such as homemaking, home health, respite, meals and personal care. AAAs execute agreements primarily with lead agencies, and lead agencies contract with local service providers within the aging services network. Lead agencies provide services directly, or through sub-contracts with over 1,100 local service providers.

Within the 12-month period from January 1, 2007, through December 31, 2007, programs for which the AAAs had administrative and fiscal oversight responsibilities (including Medicaid spending authority) totaled approximately $288 million in annual contract awards. During the 2007-2008 state fiscal year (SFY), the Florida Legislature appropriated over $391 million to the Department, with state funds accounting for 48 percent of the total appropriations, and federal funds accounting for 52 percent. The difference between the
amount contracted with AAAs and the Department’s budget appropriation includes direct contracts with non-AAA organizations that provide services to elder Floridians.

In completing their fieldwork, the department’s monitors noted a number of repeat findings. Recurring issues observed throughout the monitoring reviews included the following:

- Failure to serve APS High-Risk Referrals within the 72-hour mandated time frame;
- Meal site and home-delivered meal temperature deficiencies;
- Emergency Home Energy Assistance for the Elderly Program guidelines not followed;
- Medicaid Waiver Aged and Disabled Adult (ADA) and Assisted Living for the Elderly (ALE) non-compliance issues; and
- Pre-established program co-payment goals for providers not achieved or enforced.

Staff provided technical assistance and effective program monitoring during the on-site monitoring visits. The need for statewide training was indicated for program areas where recurring findings were identified for all AAAs and these needs were discussed with appropriate Department staff. In response to technical assistance needs identified during the 2007 monitoring year, the Department took the following actions:

- Developed interpretive guidelines citing the authority for monitored items, describing required activities, and giving examples of documentary evidence monitors are seeking for confirmation of required activities;
- Provided training to AAAs for nutrition requirements in October 2008;
- Conducted fiscal training for all AAAs in December 2007;
- Hosted a fiscal accountability workshop provided by the Department of Financial Services to AAA fiscal staff in November 2008; and
- Conducted an extensive case narrative training workshop for Medicaid Waiver Specialists in November 2008 that was used to develop working guidelines to be replicated for use by Area Agencies on Aging in training providers.

The Department’s monitoring was conducted in accordance with industry-wide techniques and procedures commonly used for monitoring subrecipients of federal and state grants, contracts and subawards. The objectives are based on requirements of Office of Management and Budget (OMB) Circulars, the Code of Federal Regulations (CFR), federal and state guidelines, and other governing authorities. In addition to monitoring each AAA’s operations and activities for the 2007 calendar year, the scope of this year’s engagement included follow-up testing of prior year findings to verify implementation of appropriate corrective actions.

The Area Agencies on Aging were tasked with transitioning to Aging Resource Centers, as legislatively mandated in Chapter 430.2053, Florida Statutes, for the purpose of providing easier access to long-term-care services by Florida’s elders and their families, and integrating and coordinating information and referral for all available services for elders. The scope of monitoring was expanded in 2008 to include review of three Aging Resource Centers that were designated as pilot sites for the Federally-funded Aging and Disability Resource Centers. These sites have been fully operational for more than a year.

Except for those matters generally noted in the Synopsis of Common Findings - Statewide, and the specific observations highlighted within each Area Agency’s section summary, the AAAs are compliant with most important federal, state and DOEAA contract requirements related to the AAAs’ role as major subrecipients of federal and state funds. Overall, the Area Agencies are meeting the mission of creating an environment that provides choices, promotes independence and enables older Floridians to remain in their communities without compromising their health and safety.
ASSESSMENT, ANALYSES AND RESULTS OF STATEWIDE MONITORING

Introduction

The Department of Elder Affairs (DOEA) is the primary state agency charged with administering programs for the elderly and developing long-term care policy recommendations. The Department, created by a constitutional amendment approved by Florida voters in 1988, began operations in 1992. The Department’s purposes include combating ageism, creating public awareness and understanding of the contributions and needs of elders, advocating on behalf of elders and serving as an information clearinghouse. For a complete list of the Department's purposes and responsibilities, please refer to Section 20.41, Florida Statutes, and Chapter 430, Florida Statutes.

DOEA employs 427.5 full-time equivalents throughout the state, while providing direct services to approximately 188,000 consumers during the last state fiscal year (SFY). An estimated additional 490,000 elders received services through information and referral and other outreach efforts. To serve such a high number of consumers with a relatively small workforce, the Department sponsors a variety of programs to assist elders in remaining independent. These programs include the Long-Term Care Community Diversion Pilot Project, the Consumer-Directed Care Plus Program, Volunteer Programs, the Assisted Living for the Frail Elderly Medicaid Waiver and the Aged and Disabled Adult Medicaid Waivers, the Alzheimer’s Disease Initiative and the Home Care for the Elderly and Community Care for the Elderly programs. In addition to helping improve the lives of Florida's elders and their caregivers, these programs result in significant cost savings for the State of Florida because home- and community-based and managed long-term care services are provided at an average annual cost per client between $2,483 and $22,027, compared to an average annual cost of $46,074 to provide this care in a skilled nursing facility.

As Florida’s state unit on aging (SUA), the Department is responsible for planning, coordinating, funding, administering and evaluating programs and services for the state’s older residents under the organizational mandates of the federal Older Americans Act of 1965, as amended. The OAA establishes a network of federal, state and local agencies to plan and provide a variety of programs to meet the needs of older persons in our communities. Chapter 430, Florida Statutes, further expands the network of providers for the community-based programs funded and operated outside of the OAA Title III and Title VII mandates.

The principal goal of all programs funded by DOEAl and administered through AAAs is to help elders remain safely in their own homes and communities in the least restrictive and most appropriate setting, thereby preventing unnecessary or premature nursing home or institutional placement. The Department fulfills its goals by ensuring the availability and provision of supportive services to older individuals and their caregivers. Some of the services funded by both federal and state resources include the following:

- Abuse Information/Prevention
- Alzheimer’s Screening/Support
- Caregiver Support
- Chore/Homemaker
- Emergency Home Repair
- Health Risk Screenings
- Legal Aid/Assistance
- Medical Transportation
- Nutrition Counseling
- Personal Care
- Advocacy/Disease Prevention
- Adult Day Care
- Case Management
- Companion/Escort Services
- Health Insurance Counseling
- Information and Referral
- Meals: Congregate and Home Delivered
- Medication Management
- Outreach
- Hurricane Disaster Relief
In addition to client and service eligibility requirements of the 18-plus programs administered covering the above categories, DOEA is required to monitor its funded subrecipients. These requirements, established by the OMB Circular A-133 and Florida’s Single Audit Act, must be met on an annual basis.

This report has been compiled by the Department’s Division of Statewide Community-Based Services (DSCBS), Bureau of Community Support Services, Monitoring and Quality Assurance (MQA) unit as part of the legislative requirements enacted under SB 1226 (2004). Under this legislation the Department of Elder Affairs is required to submit to the Governor, the President of the Senate and the Speaker of the House of Representatives an annual summary of the results of the Department’s monitoring activities of AAAs. While the Department has routinely monitored the AAAs since being established in 1992, it was not required to report on these activities to the Governor and Legislature until this legislative mandate.

**Mission, Purpose and Methodology**

The primary mission and purpose of the Department’s monitoring of the AAAs is to ensure that the administration of state and federal programs and the delivery of services to elders adhere to federal and state rules, comply with standards of good practice within the industry and produce outcomes consistent with the Department’s mission, contract requirements and legislatively-mandated performance measures. DOEA’s contract requirements embody a myriad of federal and state rules and regulations. These rules and regulations apply to all recipients and subrecipients of state and/or federal funds (for a detailed listing of major rules and regulations, please refer to the appendix).

The Department’s monitoring function is crucial to ensuring the quality and integrity of programs and services delivered to Florida’s elders. The department supports continual training and professional development of monitoring staff to ensure the quality and usefulness of the Department’s monitoring activities continue to improve. Additionally, staff is encouraged to “job shadow” professionals on site within the network to gain practical knowledge of service delivery and its challenges from the subrecipient’s viewpoint. This initiative is expected to aid in providing recommendations to DOEA and AAAs for systemic issues and to improve communications and service delivery throughout the network.

The current monitoring approach and methodology begins with a letter sent to the AAA director confirming agreed-upon dates for a site visit. The letter formalizes the time of the visit, the scope of the review, key areas of emphasis, requested documentation, and approximate time frame for completing the review and confirming the pre-visit conference call. As a prelude to each monitoring visit, monitoring staff conducts a pre-deployment planning meeting with DOEA contract management staff to receive program updates and to discuss various risk assessment considerations. At the end of the pre-deployment meeting, staff holds a conference call with the AAA to discuss the visit and clarify expectations. Each on-site monitoring visit begins with an entrance conference involving members of the AAA’s management team, including board of directors and advisory council members, and concludes with an exit conference summarizing preliminary findings and recommendations. Each AAA’s DOEA contract manager accompanies the monitoring staff to the site visit to gain understanding of the issues and provide technical assistance. During the monitoring visit, monitoring staff conduct an end-of-the-day debriefing to relay observations and to provide AAA staff every opportunity to refute, resolve or eliminate a potential finding. AAA senior management and staff are afforded an additional opportunity during the exit conference to ask questions, give further input or contest conclusions or areas of concern. All findings and observations are treated as preliminary until a final report is issued.

Upon completion of fieldwork and the review of any outstanding documentation, a monitoring report is prepared with recommendations addressing the conditions and/or findings noted. Before releasing the
report to the AAA, the document is subjected to a rigorous internal review at various levels within the Department. Once the report is released, the AAA is given a specified time frame in which to respond.

Nature and Scope of Monitoring and Review Procedures

The Department of Elder Affairs conducted a fiscal and programmatic review of each AAA’s operations during a nine-month period from April 2008 through December 2008. The period of review generally covered the 12-month period from January 1, 2007, through December 31, 2007. Selected client files were also reviewed for the period of January 1, 2008, through the completion date of the fieldwork for the Medicaid Waiver programs, Emergency Home Energy Assistance for the Elderly program (EHEAEP) and Imminent Risk and Adult Protective Services (APS) referrals.

In April 2004, the Department received a federal grant from the Administration on Aging and the Centers for Medicare and Medicaid Services to establish at least two pilot Aging and Disability Resource Centers (ADRCs). As a result, three Aging and Disability Resource Centers began providing services to caregivers, elders and those adults with severe and persistent mental illnesses (SPMI) in the Orlando, St. Petersburg and Ft. Lauderdale areas, beginning June 30, August 1 and September 15, 2005, respectively.

The Department expanded monitoring in 2008 to include the review of ADRC functions of the three AAAs (PSAs 5, 7 and 10) that have been operating for more than a year. The Department’s monitoring of ADRC functions and activities revealed the ADRCs are effective in providing access to information and referrals for individuals in need of services and ADRCs have effectively streamlined eligibility determination and prioritization of elders most in need of services.

In accordance with the provisions of s. 430.2053, Florida Statutes, DOEA implemented Aging Resource Centers built upon the same premise as the ADRCs, but supported by state general revenue funds. Augmenting the Department’s annual monitoring of Area Agencies on Aging, contract management staff performed operational reviews of the eight AAAs (PSAs 1, 2, 3, 4, 6, 8, 9 and 11) in their roles as Aging Resource Centers (ARCs). The Department’s operational reviews of the ARC functions and activities revealed the AAAs are fully functioning Aging Resource Centers.

The Department’s monitoring of the AAAs was conducted in accordance with industry-wide techniques and procedures commonly used for monitoring federal and state programs, and included an examination of selected records, inquiries of the AAA’s staff, observation of practices, client visits, satisfaction surveys and a review of service providers’ documentation and maintenance of client files. Additionally, the review focused on several interrelated areas that form the basis of effective systems of internal controls. These areas included a review of the AAAs’ systems of governance, service delivery, use of resources, consumer satisfaction, due process/grievance procedures and data integrity. Also included as part of the review was an examination of the independent auditor’s reports and accompanying management letters for compliance with OMB Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations and Florida’s Single Audit Act.

In addition to the compliance and operational aspects of the AAA’s monitoring, DOEA views the monitoring process as a “value-added” extension of the Department’s quality assurance. Consequently, DOEA’s monitoring and review procedures are continuously updated to accommodate expanded program and service delivery and to build upon experiences gained from prior monitoring reviews.
Florida’s eleven AAAs encompass a wide range of geographical areas ranging from large, urban metropolitan cities such as Miami, Orlando and West Palm Beach to smaller, more rural communities such as Pensacola and Gainesville. All of these areas, like most of the state, continue to experience rapid population growth. The Department's statewide monitoring of the AAAs’ operations and programs are recapped under one of the six major business processes. These categories summarized in the Synopsis of Common Findings - Statewide section of this report are as follows:

- Organization Governance, Leadership and Administration;
- Financial Management, Internal Controls, and Subrecipient Monitoring;
- Regulatory/Contractual Compliance - Federal and State Programs;
- Grantee Operation - Effectiveness, Efficiency and Appropriateness of Service Delivery;
- Information Management and Data Integrity; and,
- Medicaid Waiver Management/Compliance.

Because of the findings cited during this monitoring cycle, the Department has provided technical assistance and training to AAAs throughout the reporting period and will continue to provide focused technical assistance with specific emphasis on those areas where repeat findings were identified during monitoring reviews. Training and technical assistance will be provided in other areas, as needed.

Synopsis of Common Findings - Statewide

**Organization Governance, Leadership and Administration**

The deficiency noted in Organization Governance, Leadership and Administration was at one Area Agency; this deficiency involved low attendance by the governing board at one or more meetings required by its by-laws. A prior year’s finding at one AAA – the inability to present a full set of financial statements to the agency’s board – has been resolved.

**Financial Management, Internal Controls and Subrecipient Monitoring**

Deficiencies noted in the area of Financial Management, Internal Controls and Subrecipient Monitoring, were not widespread across the 11 AAAs. Findings noted that were not common throughout the AAAs included the lack of enforcement and achievement of subrecipient co-payment goals and ineffectual monitoring and oversight of subrecipients.

**Regulatory/Contractual Compliance - Federal and State Programs**

Regulatory and/or Contractual Compliance deficiencies in federal and state programs were noted in two areas, EHEAEP and Nutrition. The two most common findings noted throughout the area agencies for EHEAEP were applications either illegible or incomplete, and inconsistencies in or missing documentation of income eligibility. These concerns included the failure to initiate appropriate follow-up and corrective action for improper food temperatures; lack of signed, dated and approved menus by a dietician independent of the caterer; and frequent menu substitutions.
Grantee Operations - Effectiveness, Efficiency and Appropriateness of Service Delivery

One program in the Grantee Operations - Effectiveness, Efficiency and Appropriateness of Service Delivery area, Adult Protective Services (APS), had the single most consistent and uniform finding. Deficiencies noted for APS referrals were noted throughout the state. The major issue identified was insufficient documentation to evidence APS high-risk referred clients had been served within the statutorily mandated 72-hour time period. A less common finding was that services billed in the automated system (CIRTS) were inconsistent with case narratives and care plans, and were not fully supported by worker logs. Additional APS concerns included the following: 1) inconsistent documentation between the automated system (CIRTS) and case narratives and/or other case information for services provided, and 2) failure to notify the Department of Children and Families when services could not be provided or other barriers existed.

Medicaid Waiver Management/Compliance

Findings in Medicaid Waiver Management generally fell within the following two general areas: ADA case file deficiencies and ALE case file deficiencies.

Case file deficiencies in the ADA and ALE Waivers included missing or gaps in Levels of Care, missing or incorrect fair hearing notification forms and lack of comprehensive case narratives. Other case file deficiencies included missing semiannual updates for care plan documentation for the ADA Waiver, care plan not legible or maintained in detail, documentation did not support intensive case management, and missing documentation of quarterly reviews for care plans for the ALE Waiver.
ISSUES AND OBSERVATIONS BY AREA AGENCY

During the 2007 review period, the Department did not monitor achievement of the nine Legislatively-Mandated Performance Outcome Measures because of an upgrade in its tracking application that made data unavailable to the AAAs for a period of the 2006-2007 fiscal year. The Department provided achievement analysis to the AAAs of the four legislatively mandated outcome measures for this period that indicated most AAAs achieved or exceeded their goals. The Department is achieving Legislatively-Mandated Performance Outcome Measures statewide and will continue to analyze, track and work to minimize the variances between actual performance measures versus goals established by legislative standards.

Overall, client file documentation improved compared to the prior year review of client files, although this area remains problematic. The Department focused in 2008 on updating and linking assessment forms and databases that track client and service information to improve the consistency of information recorded in client files. In 2008, the Department provided analyses of data anomalies in the various databases where client information and services are recorded to each AAA, advising it to inquire and investigate the causes of erroneous information, and to provide technical assistance to providers to improve accuracy of data. This area of concern will be reviewed as part of the quality assurance initiative being developed by the Department.

PSA 1 - Northwest Florida Area Agency on Aging, Inc. (NWFAAA)

The department's monitoring and review of the Northwest Florida Area Agency on Aging, Inc., (NWFAAA) confirmed that except for certain programmatic-related deficiencies noted and summarized in the Synopsis of Common Findings - Statewide, the AAA had no isolated or other significant findings that could potentially compromise the quality of services to Florida's elders. NWFAAA is one of the eight AAA's legislatively mandated to transition into Aging Resource Centers (ARCs). An operational review indicated NWFAAA has successfully transitioned to an ARC and is fully operational.

The NWFAAA serves the four-county area of Escambia, Santa Rosa, Okaloosa and Walton. All of the four counties are considered primarily rural, with some urban mix in Escambia. The PSA has a population of 701,835 individuals, of which approximately 19 percent are age 60 and older.

PSA 2 - Area Agency on Aging for North Florida, Inc. (AAANF)

The Department's monitoring and review of the Area Agency on Aging for North Florida, Inc., (AAANF) confirmed that except for certain programmatic-related deficiencies noted and summarized in the Synopsis of Common Findings - Statewide, the AAA had no isolated or other significant findings that could potentially compromise the quality of services to Florida elders. AAANF is one of the eight AAAs legislatively mandated to transition into Aging Resource Centers (ARCs). An operational review indicated AAANF has successfully transitioned to an ARC and is fully operational.

The AAANF is headquartered in Florida's capital city of Tallahassee that is located in Leon County. The area agency serves the 14-county area of Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla and Washington. All of the counties, with the exception of Leon and Bay, are considered primarily rural. The PSA has a population of 706,563 individuals, of which approximately 17 percent are age 60 and older.
PSA 3 - Mid-Florida Area Agency on Aging, Inc. (MFAAA)

The Department’s monitoring and review of the Mid-Florida Area Agency on Aging, Inc., confirmed that except for certain programmatic-related deficiencies noted and summarized in the Synopsis of Common Findings - Statewide, the AAA had no isolated or other significant findings that could potentially compromise the quality of services to Florida elders. MFAAA is one of the eight AAAs legislatively mandated to transition into Aging Resource Centers (ARCs). An operational review indicated MFAAA has successfully transitioned to an ARC and is fully operational.

The MFAAA serves the 16-county area of Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Lake, Levy, Putnam, Sumter, Suwannee, Union, Alachua, Marion and Hernando. The PSA has a population of 1,495,054 individuals, of which approximately 28 percent are age 60 and older.

PSA 4 – Northeast Florida Area Agency on Aging, Inc. (NEFAAA)

The Department’s monitoring and review of the Northeast Florida Area Agency on Aging, Inc., (NEFAAA) confirmed that except for certain programmatic-related deficiencies noted and summarized in the Synopsis of Common Findings – Statewide, the AAA had no isolated or other significant findings that could potentially compromise the quality of services to Florida elders. NEFAAA is one of the eight AAAs legislatively mandated to transition into Aging Resource Centers (ARCs). An operational review indicated NEFAAA has successfully transitioned to an ARC and is fully operational.

Reviews of prior significant audit findings disclosed in NEFAAA’s independent audit report for the 2006 calendar year and subsequent independent audit report for 2007 indicated the findings were resolved.

The NEFAAA serves the seven-county area of Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia. The PSA has a population of 1,872,896 individuals, of which approximately 20 percent are age 60 and older.

PSA 5 - Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP)

The Department’s monitoring and review of the Area Agency on Aging of Pasco-Pinellas, Inc., (AAAPP) confirmed that except for certain programmatic-related deficiencies noted and summarized in the Synopsis of Common Findings – Statewide, the AAA had no isolated or other significant findings that could potentially compromise the quality of services to Florida elders. The AAAPP is one of three PSAs selected by DOEA to transition to an Aging and Disability Resource Centers (ADRCs) in Florida. AAAPP physically collocated Comprehensive Assessment and Review for Long-Term Care Services (CARES) and the Department of Children and Families within its offices and opened a second office in Pinellas County in an effort to improve access to services and streamline the eligibility approval process. Overall, AAAPP’s ADRC operation is substantially compliant with the requirements and conditions set forth in the contract, grant award and applicable federal and state laws.

Located on Florida’s west coast, AAAPP serves the two-county region of Pasco and Pinellas. The PSA has a population of 1,364,160 individuals, of which approximately 28 percent are age 60 and older.
PSON 6 - West Central Florida Area Agency on Aging Inc. (WCFAAA)

The department’s monitoring and review of the West Central Florida Area Agency on Aging, Inc., confirmed that except for certain programmatic-related deficiencies noted and summarized in the Synopsis of Common Findings – Statewide, the AAA had no isolated or other significant findings that could potentially compromise the quality of services to Florida elders. WCFAAA is one of the eight AAAs legislatively mandated to transition into Aging Resource Centers (ARCs). An operational review indicated WCFAAA has successfully transitioned to an ARC and is fully operational.

The WCFAAA serves the five-county region of Hardee, Highlands, Manatee, Hillsborough and Polk. The PSA has a population of 2,135,541 individuals, of which approximately 21 percent are age 60 and older.

PSON 7 - Area Agency on Aging of Central Florida, Inc., d/b/a Senior Resource Alliance (SRA)

The Department’s monitoring and review of the Area Agency on Aging of Central Florida, Inc., d/b/a Senior Resource Alliance (SRA) confirmed that except for certain programmatic-related deficiencies noted and summarized in the Synopsis of Common Findings – Statewide, the AAA had no isolated or other significant findings that could potentially compromise the quality of services to Florida elders. SRA is one of three PSAs selected by DOEA to participate in a three-year pilot program to establish Aging and Disability Resource Centers (ADRCs) in Florida. Overall, SRA’s ADRC operation is substantially compliant with the requirements and conditions set forth in the contract, grant award and applicable federal and state laws.

SRA serves the four-county area of Brevard, Orange, Osceola and Seminole. The planning and service area has a population of 2,277,687 individuals, of which approximately 17 percent are age 60 and older.

PSON 8 – Area Agency on Aging for Southwest Florida, Inc. (AAASWF)

The Department’s monitoring and review of the Area Agency on Aging for Southwest Florida, Inc., confirmed that except for certain programmatic-related deficiencies noted and summarized in the Synopsis of Common Findings – Statewide, the AAA had no isolated or other significant findings that could potentially compromise the quality of services to Florida elders. AAASWF is one of the eight AAAs legislatively mandated to transition into Aging Resource Centers (ARCs). An operational review indicated AAASWF has successfully transitioned to an ARC and is fully operational.

AAASWF serves the seven-county area of Sarasota, Charlotte, DeSoto, Lee, Glades, Collier and Hendry. The PSA has a population of 1,506,656 individuals, of which approximately 33 percent are age 60 and older.

PSON 9 - Area Agency on Aging of Palm Beach/Treasure Coasts, Inc. (AAAPB/TC)

The Department’s monitoring and review of the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., confirmed that except for certain related programmatic deficiencies noted and summarized in the Synopsis of Common Findings – Statewide, the AAA had no isolated or other significant findings that could potentially compromise the quality of services to Florida elders. AAAPB/TC is one of the eight AAAs legislatively mandated to transition into Aging Resource Centers (ARCs). An operational review indicated AAAPB/TC has successfully transitioned to an ARC and is fully operational.
The AAAPB/TC serves the five-county region of Palm Beach, Indian River, Martin, Okeechobee and St. Lucie. The PSA has a population of 1,852,797 individuals, of which approximately 28 percent are age 60 and older.

**PSA 10 – Areawide Council on Aging of Broward County, Inc. (ACABC)**

The Department's monitoring and review of the Areawide Council on Aging of Broward County, Inc., confirmed that except for certain programmatic-related deficiencies noted and summarized in the *Synopsis of Common Findings – Statewide*, the AAA had no isolated or other significant findings that could potentially compromise the quality of services to Florida elders. Like PSAs 5 and 7, ACABC was awarded funds in 2005 and 2006 to develop its operations for transitioning to an ADRC. The monitoring review indicated ACABC's ADRC operation is substantially compliant with the requirements and conditions set forth in the contract, grant award and applicable federal and state laws.

PSA 10 serves one county in its region, which is Broward County. The PSA has a population of 1,788,597 individuals, of which approximately 20 percent are age 60 and older.

**PSA 11 - Alliance for Aging, Inc. (AFA)**

The Department's monitoring and review of the Alliance for Aging, Inc., (AFA) confirmed that except for certain programmatic-related deficiencies noted and summarized in the *Synopsis of Common Findings – Statewide*, the AAA had no isolated or other significant findings that could potentially compromise the quality of services to Florida elders. AFA is one of the eight AAAs legislatively mandated to transition into Aging Resource Centers (ARCs). An operational review indicated AFA has successfully transitioned to an ARC and is fully operational.

The AFA serves the two-county region of Dade and Monroe. The PSA has a population of 2,527,060 individuals, of which approximately 18 percent are age 60 and older.
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SECTION I - OVERVIEW — AGING SERVICES NETWORK

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Genesis of Current Aging Services System

The current aging services system originated nearly four decades ago when Congress enacted the Older Americans Act (OAA). This legislation, signed into law the same year Medicare and Medicaid were established (1965), marked two important milestones. It formalized the federal government’s role as the primary vehicle for organizing and delivering community-based services through a coordinated system of care at the state level. It also established the Administration on Aging (AoA) as the federal focal point for addressing aging issues and program planning within the federal-state-local aging service hierarchy. AoA, as the lead agency for elder concerns within the U.S. Department of Health and Human Services (DHHS), is responsible for formulating all major policy initiatives on aging issues. The OAA was enacted to improve the quality of life for older Americans as it relates to income, health, housing, employment, long-term care and opportunities for community service. The initial emphasis of the OAA was to provide state agencies on aging small grants to fund social services. Over time, the act required that certain vulnerable population groups be given a higher prioritization of services. These groups include frail elders, low-income elders, minorities, rural elders and an increasing number of the oldest of the old (those age 80 and above). The OAA encourages states to develop and implement comprehensive and coordinated systems of care. These programs include supportive services, information and referral, transportation, case management, adult day care, homemaker/chore assistance, personal care, respite and family caregiver support, home repair, congregate and home-delivered meals, wellness and health promotion, and elder rights, including long-term care ombudsman programs.

DOEA’s Role as the State Unit on Aging

Sections 20.41(5) and 430.101, Florida Statutes (2004), designate the Department of Elder Affairs (DOEA) as the State Unit on Aging (SUA) under the OAA. The Department, which began operations in January 1992, is responsible for developing policy recommendations for long-term care; combating ageism; advocating on behalf of elders; as well as promoting public awareness and an understanding of the contributions and needs of elders. Under the policy framework of the Older Americans Act, each state must establish a State Unit on Aging as its principal administrative entity for overseeing OAA programs. There are 57 SUAs within the OAA operating infrastructure; one representing each of the 50 states and seven U.S. territories. One of the first organizational responsibilities of a SUA is the designation of local agencies to plan, fund, coordinate and administer aging services at the community level. Area Agencies on Aging are assigned multi-county planning and service areas. Florida is partitioned into 11 planning and service areas (PSAs) encompassing all 67 counties (see exhibit 1 for planning and service area map) within the state. An Area Agency on Aging is designated for each of the 11 PSAs. Area agency offices are located in Pensacola, Tallahassee, Gainesville, Jacksonville, Saint Petersburg, Tampa, Orlando, Fort Myers, Palm Beach, Fort Lauderdale and Miami (please refer to exhibit 2 for a complete listing). Each AAA is required to submit an annual plan for review and approval to the Department detailing its service priorities for the upcoming program year. DOEA, in turn, is required to submit a state plan every three years to AoA setting forth Florida’s priorities and strategic initiatives for serving elder Floridians.

In addition to its oversight role as a pass-through entity for managing federal funds, DOEA is also responsible for administering various wholly state-funded and joint state/federal funded programs that augment or mirror federal programs. These programs include Community Care for the Elderly (CCE), Home Care for the Elderly (HCE), Alzheimer’s Disease Initiative (ADI), RELIEF (Respite for Elders Living in Everyday Families), Aged and Disabled Adult (ADA) Medicaid Waiver and Assisted Living for the Elderly (ALE) Medicaid Waiver.
Statewide Planning and Service Area Map for 11 Area Agencies by County Composition

1 - Escambia, Okaloosa, Santa Rosa, Walton
2 - Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, Washington
3 - Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union
4 - Baker, Clay, Duval, Flagler, Nassau, St. Johns, Volusia
5 - Pasco, Pinellas
6 - Hardee, Highlands, Hillsborough, Manatee, Polk
7 - Brevard, Orange, Osceola, Seminole
8 - Charlotte, Collier, De Soto, Glades, Hendry, Lee, Sarasota
9 - Indian River, Martin, Okeechobee, Palm Beach, St. Lucie
10 - Broward
11 - Miami-Dade, Monroe
Area Agencies on Aging as Local Planners, Coordinators and Administrators

Area Agencies on Aging (AAAs) are nonprofit private entities designated by DOE to implement provisions of the OAA and comparable programs under Chapter 430, Florida Statutes. These programs include Community Care for the Elderly (Sections 430.201-.207, Florida Statutes), Home Care for the Elderly (Sections 430.601-.608, Florida Statutes) and the Alzheimer's Disease Initiative (Sections 430.501-.504, Florida Statutes). By design, the AAAs provide aging services support at the regional and local levels. In addition to developing area plans, funding service providers and serving as an advocate and focal point for older adults, the AAAs must also monitor and manage subrecipient contracts. Under Title III of the OAA, the AAAs must plan and coordinate programs and services for seniors and are required to do the following:

- Administer a Nutrition Program:
  - Congregate and Home-Delivered Meals
  - Nutrition Education Activities
- Offer Access and Support Services:
  - Transportation
  - In-Home Services
  - Information and Referral Assistance
  - Outreach/Advocacy
  - Case Management
  - Legal Services
  - Family Caregiver Support
- Provide Disease Prevention/Health Promotion Activities
- Provide Information/Education About the Prevention of Elder Abuse

State funds appropriated for the Community Care for the Elderly (CCE) program provide for such core services as adult day care, chore services, counseling, emergency home repair, home health aide and personal care. Core services provided under Florida’s Home Care for the Elderly (HCE) program include case management and subsidy payments for families to provide care for low-income frail elders. The Alzheimer's Disease Initiative (ADI) program provides funding for memory disorder clinics, model day care projects, respite care, a brain bank and a registry. Each of these state funded programs is designed to work in concert with federally-funded programs to provide elder Floridians with a continuum of services that allows them to remain in their homes in the least restrictive environment. The AAAs have a crucial role in administering and implementing these programs. In most cases, AAAs do not provide direct services, but they are required to provide administrative oversight of programs. The actual delivery of client services is typically procured through subcontractors in a competitive bid process.

Under the provisions of the OAA, each AAA is responsible for developing a coordinated system of community-based services for older adults within their designated planning and service area. This includes responsibility for developing area plans, identifying the service needs of older Americans within the service area and setting specific objectives and methodologies for providing services to meet identified needs. Several mediums are used to ensure community input into the area plan, including public hearings, town hall meetings, advisory committees, and customer needs and satisfaction surveys.
FLORIDA DEPARTMENT OF ELDER AFFAIRS

PRIVATIZATION OF SERVICES

Florida’s Aging Services Network

As one of the fastest growing states in the nation in total population (ranked number four), as well as the percentage of elder residents within its total population (ranked number one), Florida is unique among the 50 states. With a cluster of rural and urban counties stretching from the northwest panhandle to its southernmost tip, the state's large geographic land mass poses special challenges in delivering services to elders. To ensure a high level of responsiveness in delivering services throughout its 11 planning and service areas, DOEA partners with a large network of private, nonprofit human service organizations. Contracts are used as the governance and compliance instruments to ensure services are delivered in accordance with specified terms and conditions for each respective program; the contracts are executed on three levels. The first level reflects the execution of annual contracts between DOEA and respective AAAs for each major program. A second level of contracting exists between the AAAs and lead agencies, and finally a third level of contracting exists between lead agencies and service providers. Currently, there are 58 lead agencies offering services such as case management, respite care, home health aides, personal care and homemaker services, either directly or through subcontracts with providers. Of the 58 lead agencies, 10 are county governments and the remaining 48 are private nonprofit agencies. There are approximately 1,100 local service providers that are currently delivering most of the state's direct services to elders. These services include transportation, congregate and home-delivered meals, counseling and adult day care.

Contracting System

In managing its programs, the Department of Elder Affairs relies upon a multi-layer contracting system to procure the delivery of services to clients, and the majority of programs administered by the department are privatized. Approximately 94 percent of the department's direct service programs are privatized through the use of a network of service providers. Under this arrangement, the department essentially outsources the delivery of services and other program functions to a third party, usually on a more economical and effective basis, under the structure of a formal contract. The privatization of elder services provides the department with greater flexibility in streamlining and tailoring programs to meet the needs of clients in each local area.

Descriptive Overview of Major Programs and Services

Approximately $382 million in federal and state funding is administered by DOE for service delivery to elders. These programs are mandated under both federal and state laws. Descriptive overviews of the major programs funded through the department are summarized as follows:

Older Americans Act - Federally-funded Older Americans Act programs provide a variety of home and community-based services, such as congregate meals, nutrition and health education, home-delivered meals, homemaker services, chore services, home health aides, abuse prevention education, respite for caregivers, adult day care, transportation, and information and referral.

Emergency Home Energy Assistance for the Elderly (EHEAEP) - Federally-funded energy assistance program provides vendor payments to assist low-income households confronted with an energy emergency, such as the receipt of a pending shut off notice, lack of fuel, or an unusually high utility bill. Program requires that at least one person in the residence be age 60 or older.
Serving Health Insurance Needs of Elders (SHINE) - Federally-funded statewide volunteer-based health insurance education and counseling and assistance program. Provides assistance with Medicare/Medicaid issues, long-term care insurance and the new federal prescription drug assistance program.

Sunshine for Seniors – State-funded statewide volunteer-based discount drug assistance program designed to help low-income seniors obtain free and/or low-cost prescription drugs from manufacturers’ pharmaceutical assistance programs and other prescription benefits programs.

Medicaid Aged/Disabled Adult (ADA) Waiver - Program jointly funded through federal and state resources, utilizes Medicaid funds to provide services to frail elders, severely impaired elders and disabled adults who are unable to care for themselves and are eligible for nursing home placement. Various services are made available to clients, such as homemaker services, personal care, medical supplies and adult day care, which allow clients to remain in their homes instead of nursing homes. The Department of Elder Affairs administers the portion of the waiver program for those age 60 or older.

Medicaid Assisted Living for the Frail Elderly (ALE) Waiver - Program jointly funded through federal and state resources allows for the payment of additional services for individuals in assisted living facilities. Needs and services funded include personal care, physical therapy and intermittent nursing services.

Alzheimer's Disease Initiative (ADI) – State-funded program that provides a continuum of services to meet the needs of individuals with Alzheimer's disease and other memory-related disorders and their caregivers. Services include caregiver respite and day care. The program also funds and supports the state's memory disorder clinics.

Home Care for the Elderly (HCE) – State-funded program that gives relatives or other caregivers a monthly subsidy to assist them in keeping frail elders in their own home or the homes of caregivers. The program may also provide special subsidies to purchase additional services or supplies, such as respite care and medical supplies.

Community Care for the Elderly (CCE) – State-funded program that offers services and case management to frail elders, assisting them to live independently. Services include homemaker services, personal care and respite. Some services such as home repair, counseling and medical therapeutic are offered depending upon the availability of funds.
Federal Rules and Regulations

Approximately 52 percent of the Department of Elder Affairs' total budget is funded through federal entitlement and discretionary grant programs. In addition to statutory guidelines associated with the receipt of federal funds, the department, AAAs and service providers are required to comply with certain program and fiscal guidelines prescribed by the funding source. The most prominent of these regulations are identified below:

- Older Americans Act of 1965, as amended.
- Services to be directed to older Americans (60 years and older).
- No requirement of means or income testing for eligibility.
- AAAs must submit formal plan for service area.
- Prioritization of services must be given to those with the greatest social/economic need.

OMB Circulars and Treasury Regulations prescribes applicable federal grant cost principles:

- OMB Circular A-87, Cost Principles for State, Local and Indian Tribal Governments.
- OMB Circular A-102, Grants and Cooperative Agreements with State and Local Governments.
- OMB Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations.
- Single Audit Act Amendments of 1996, OMB Circular A-133: establishes requirements of single audit act for grantees that spend or receive $300,000 ($500,000 or more after 2003).

Social Security Act, Section 1915c - Medicaid Waiver Programs, allows states to "waive" requirements of the original Medicaid legislation and create waiver programs that provide care in the home and in the community and are an alternative to institutional care:

- Recipient must meet Medicaid guidelines.
- Recipient would require institutionalization in the absence of the waiver.
- Waiver cost plus other Medicaid services cannot exceed total cost to Medicaid for serving recipient in an appropriate institutional setting.

Federal Grant and Cooperative Agreement Act of 1977 (31 U.S.C. 6301-08) provision establishes criteria for whether a transaction is procurement or financial assistance.

Other Federal Requirements

- OMB Standard Form 424-B Assurances (compliance certification with other federal laws).
- Certifications Regarding Debarment/Suspension, Drug-Free Workplace and Lobbying.
- Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- Civil Rights Act of 1964, as amended.
State Rules/Regulations and Contract Requirements

Several state rules and regulations as provided in Florida Statutes apply to programs funded through federal and state appropriations. As federal funds are received by the state, the state's additional statutory requirements are attached to the use and receipt of the funds. State rules and regulations applicable to AAAs and service providers are listed below. The Department's contract with Area Agencies embodies federal and state rules by reference and/or through recital of applicable statutes.

**Chapter 287, Florida Statutes**
- Procurement of Goods and Services
- Supplier Diversity
- Payment of Vendors (7-Day Rule)
- Exclusion of Public Entity Crime Violators

**Chapter 415, Florida Statutes**
- Reporting of Elder Abuse (72-Hour Rule)

**Chapter 427, Florida Statutes**
- Transportation Disadvantaged

**Section 430.07, Florida Statutes**
- Volunteers

**Section 430.08, Florida Statutes**
- Rulemaking

**Sections 430.201-207, Florida Statutes**
- Community Care for the Elderly Program (CCE)

**Sections 430.501-504, Florida Statutes**
- Alzheimer's Disease Initiative (ADI)

**Sections 430.601-608, Florida Statutes**
- Home Care for the Elderly (HCE)

**Section 215.97(3), Florida Statutes**
- State Single Audit Act

**Department of Financial Services**
- State Projects Compliance Supplement
- Reference Guide for State Expenditures
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<th>Outcome Measure</th>
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<td>1</td>
<td>Percentage of customers who are at imminent risk of nursing home placement who are served with community-based services</td>
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<tr>
<td>2</td>
<td>Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours</td>
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<tr>
<td>3</td>
<td>Percentage of elders assessed with high or moderate risk environments who improved their environment score</td>
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<tr>
<td>4</td>
<td>Percentage of new service recipients with high-risk nutrition scores whose nutritional status improved</td>
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<td>5</td>
<td>Percentage of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved</td>
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<tr>
<td>6</td>
<td>Percentage of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved</td>
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<tr>
<td>7</td>
<td>Percentage of family and family-assisted caregivers who self-report they are very likely to provide care</td>
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<tr>
<td>8</td>
<td>Percent of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)</td>
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<tr>
<td>9</td>
<td>Average time in the Community Care for the Elderly (CCE) Program for Medicaid Waiver probable customers decreases</td>
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