AGING RESOURCE CENTER TRANSITION PLAN

INSTRUCTIONS

DEPARTMENT OF

ELDER AFFAIRS

STATE OF FLORIDA
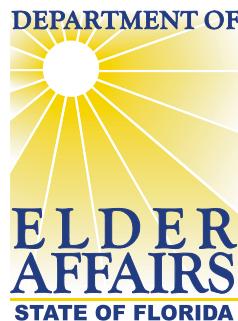
INSTRUCTIONS FOR COMPLETING ARC TRANSITION PLAN

In keeping with §430.2053(2), F.S., each Area Agency on Aging shall develop, in consultation with the existing Community Care for the Elderly lead agencies within their planning and service areas, a plan to transition to an Aging Resource Center prior to July 1, 2005. The Area Agency on Aging plans must be submitted to the Department prior to December 31, 2004. The Department shall evaluate all proposals for readiness and, prior to March 1, 2005, shall select three Area Agencies on Aging, which meet the requirements to begin the transition to Aging Resource Centers.

Table of Contents. Each page must be sequentially numbered and the location of each section must be listed in the Table of Contents.

Certification Page. The Certification Page is to be completed as indicated and signed by the Board President and AAA Executive Director.

Section I. To be considered for transition to ARCs, plans must meet, at a minimum, the criteria set forth in Section 6.1.1 of the Implementation Plan. These criteria include:
1.   AAA plan to acquire the qualifications for designation as an Aging Resource Center, as listed in Sections 4.0 through 4.4.3 of the Implementation Plan. These qualifications relate to the organization and governance of an ARC, capacity standards, the personnel and accounting systems, information management, recordkeeping, confidentiality of information, staffing patterns and qualifications of staff, and liability insurance coverage. Please complete the checklist at the end of the ARC Template by indicating the page number within the ARC Transition Plan where the qualifications for designation as an ARC are located.
2.   Evidence of consultation with existing Community Care for the Elderly lead agencies and other service providers within the Planning & Service Area.
3.   Expertise in the needs of each target population the center proposes to serve and a thorough knowledge of the providers that serve these populations.
4.   Strong connections to service providers, volunteer agencies, and community institutions.
5.   Expertise in information and referral activities.
6.   Knowledge of long-term-care resources, including resources designed to provide services in the least restrictive setting.
7.   Financial solvency and stability.
8.   Ability to collect, monitor, and analyze data in a timely and accurate manner, along with systems that meet the Department's standards.
9   Commitment to adequate staffing by qualified personnel to effectively perform all functions.
10.   Ability to meet all performance standards established by the Department.

Section II. Further criteria identified in Section 6.1.2 of the Implementation Plan is also critical to demonstrate readiness for successful operation of an ARC. In addition, DOEA will include in its considerations of pilot sites the demonstrated need for an ARC within the PSA. These criteria include:

1. Capacity to collocate, physically or virtually, staff from DOEA CARES and DCF Economic-Self-Sufficiency performing technical, financial and functional eligibility determination; unless technical proficiency of virtual collocation is established, preference will be given to AAAs proposing physical collocation of eligibility staff.
2. Effective utilization of public funds to maximize existing resources.
3. Capacity to contract with individuals, with for-profit entities, and with not-for-profit entities to provide some or all Aging Resource Center functions.
4. Compliance with state and federal complaint/grievance procedures.
5. Plan for streamlined access to long-term supports so that intake, screening, and financial, technical and functional eligibility determination are closely coordinated in a seamless process for the consumer.
6. Linkages with major pathways to long-term care, including hospital discharge planning.
7. Involvement of key stakeholders including letters of commitment from key participating organizations and agencies.
8. Collaboration between health support and human service agencies, including housing and employment programs.
9. Strategies for outreach and marketing, which demonstrate increased targeting effectiveness.
10. Clear delineation of roles and responsibilities of staff, consultants, subcontractors and other partner organizations.
11. Plan for implementing local training of information and referral staff.
12. Method for assuring cultural competency.
13. Comprehensive plan for responding to disasters and continuing operations during a natural disaster.
14. Plan for sustainability, which shall address alternative funding scenarios, one of these shall contemplate no additional state funding specifically appropriated for Aging Resource Center operations.
15. Demonstrated need for an ARC within the PSA. Provide a general description of the long-term care support system within the PSA, including 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.

Section III. There are additional requirement for proposals to transition to ADRCs. These include:

1. Expertise in the needs of adults with severe mental illness
2. A thorough knowledge of the providers that serve this population.
3. Detailed line-item budget for $150,000 in ADRC funding from March 1 – June 30, 2005. Indicate how each line-item amount was computed and provide narrative, where necessary, to explain use of funds.

Those AAAs proposing to operate pilot projects as ADRCs may request a maximum funding of $150,000 for the period of March 1, 2005 through June 30, 2005. Of this amount, $100,000 will be CSS funds, designated for use in pilot projects.

The remaining $50,000 will be from AoA/CMS grant funds, which are limited in use to the following conditions:
   A. Proposals must demonstrate that the proposed project:
      i   Establishes new capacity or significantly enhances existing capabilities;
      ii   Does not duplicate existing work or supplant existing funding; and
      iii Devotes all funding under the new proposal to endeavors that advance the goal and vision of the Resource Center program.
   B. Design activities may include, but are not limited to:
      i   Obtaining and analyzing stakeholder input.
      ii   Conducting a feasibility and planning study.
   C. Implementation activities may include, but are not limited to:
      i   Hiring or contracting for staff dedicated to the administration and operation of the Resource Center program; this does not include using these grant funds to pay for staff to perform functions that are mandated and reimbursable under other funding sources.
      ii   Purchasing computers and computer software compatible with DOEA specifications used specifically for the operation and administration of the center, as well as collecting, analyzing, reporting, and disseminating Resource Center data.
      iii Performing public awareness and outreach activities to inform individuals of the information and assistance offered at the Resource Center.
      iv   Initial and continuous training, particularly for staff that directly serve individuals.
      v   Evaluation activities.

Section IV. Other information:
1.   Any additional information the Area Agency on Aging would like to provide relating to its plan to transition to an ARC. Identify subject on Table of Contents.
2.   Any future requirements for the ARC transition plan established by the Florida Legislature, the Administration on Aging/Centers for Medicare & Medicaid Services or the Department of Elder Affairs.

Section V. Items to be included in the Appendix:
1.   Letters of commitment from key organizations and agencies to confirm commitments made by collaborating organizations and agencies. Any organization that is specifically named to have a significant role in the operation of the Aging Resource Center should be considered an essential collaborator.
2.   Checklist to assure qualifications for designation as an ADRC/ARC, included in Template.