DEPARTMENT OF ELDER AFFAIRS
STATE OF FLORIDA

Aging Resource Center Implementation Guidelines

December 1, 2004

Terry F. White, Secretary
Jeb Bush, Governor

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1.0 INTRODUCTION

In 2004, the Florida Legislature amended §430 F.S. requiring that the current system of public provision of home and community-based services for older persons or persons with Alzheimer's disease or related dementias, be replaced with one that is based on the concept of Aging Resource Centers (ARC). Such a system shall:

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

B. Provide Florida's elders and their families with a locally focused, coordinated approach to integrating information and referral for all available services for elders with eligibility determination for state and federally funded long-term care services.

C. Provide for easier access to long-term care services by Florida's elders and their families by creating multiple access points to the long-term care network that flow through one established entity with wide community recognition.

D. Optimize information and referral, by providing consistent information regardless of geographical location or access point and by providing referrals to the most appropriate and cost efficient service alternative, including private pay and community organizations.

E. Improve program targeting by triaging access based on need, thereby maximizing the use of fiscal resources and nursing home diversions.

F. Control costs by approving care plan costs based on individual risk profiles.

G. Expedite eligibility processes to maximize nursing home diversion and reduce applicant burden.

H. Provide a true "one-stop shop" for all elders for state public assistance services that require eligibility determination. These include, in addition to long-term care programs, Medicaid, Food Stamps, Optional State Supplementation, and Temporary Cash Assistance.

To improve entry into the system, the Aging Resource Center will be accessible through a number of local providers, including senior centers, lead agencies, health care providers, and other community agencies. Additionally, citizens will be able to access ARC services by telephone or through the Internet. ARC affiliated agencies and organizations that are normally an elder's first point of contact will be trained in a unified, computer-based, web-

accessible protocol for information and referral. It is anticipated that approximately 80 percent of questions and service needs will be handled through individualized, self-directed or personally assisted information and referral to the community, faith-based, charitable, for profit and public non-long-term care programs.

1.1 Functions of an Aging Resource Center

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

The primary functions of an Aging Resource Center are:

A. Information and Referral;
B. Eligibility determination;
C. Triaging, and
D. Managing availability of financial resources for programs listed in Section 3.2.F.

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

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

1.1.1 Information and Referral

To assist consumers with the challenge of fragmentation, the Aging Resource Center will be a seamless one-stop shop, using statewide uniform information and referral (I&R) protocols. Elders will be able to receive consistent and uniform information and referral and service access regardless of where they first enter the system. As part of the quality assurance process, the ARC will have I&R follow-up protocols in place to ensure that the information provided meets customer needs. They will have more options and choices: from self-directed information and referral searches to face-to-face assessments and from private pay and faith-based service providers to Medicaid and state-funded programs.

1.1.2 Screening and Triaging

The Aging Resource Center will use a triaging model of access by screening all individuals seeking long-term care services, whether through the Aging Resource Center directly, a community agency, a health care provider, or a nursing home for eligibility and appropriateness of home and community-based services. Currently, only customers entering through some community agencies are screened. Increased screening and triaging will ensure optimal targeting, because referrals will be matched to need. Higher need customers will receive priority in access and funding therefore reducing more costly long-term care nursing home placement. Accessing services through this system will provide a means to receive services for those who choose to and can afford to pay for services. Since all customers access the service network through the same referral system, there is not a "wrong door".

1.1.3 Eligibility Determination

In this system, duplication of application will be reduced and eligibility processes streamlined. To accomplish these efficiencies, the Aging Resource Center shall integrate, either physically or virtually, the staff and services of the Area Agency on Aging with the staff of the Department's local CARES unit and staff from the Department of Children and Family Services' Economic Self Sufficiency Unit. To achieve this collocation, the Aging Resource Center shall establish, with prior approval from DOEA, the following Memoranda of Understanding:

A. A memorandum of understanding with the Department for collaboration with the CARES unit staff, outlining the staff person(s) responsible for each function and providing the staffing levels necessary to carry out the functions of the Aging Resource Center.

B. A memorandum of understanding with the Department of Children and Family Services for collaboration with the appropriate units within DCF, outlining which staff person(s) are responsible for which functions and providing the staffing levels necessary to carry out the functions of the Aging Resource Center.

DCF is currently undergoing an ESS modernization effort. That effort includes proposed expansion of client intake at non-traditional DCF service centers to make it more convenient and faster for elders to initiate eligibility determination. Aging Resource Centers will provide excellent outlets for the continuation of the modernization efforts currently being undertaken at DCF.

Coordination of Medicaid level of care determination and other long-term support and the Medicaid eligibility process will be achieved through physical or virtual collocation and technical enhancement. Simply stated, CARES/DOEA staff, that performs level of care determination, will be collocated with DCF public assistance eligibility personnel, thereby facilitating greater interaction. Technical enhancements could include the sharing of electronic data between state agencies in a Health Insurance Portability and Accountability

Act (HIPAA) compliant fashion. For example, with programmatic and interface enhancements, it could be possible for Aging Resource Center systems to transfer the information collected during the screening process to the needed forms for the different kinds of eligibility determination.

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

Additionally, the Aging Resource Center will provide, to the extent possible, Medicaid enrollment services to its collocated DCF/CARES partners. These Medicaid enrollment services, such as providing help to customers to properly document the need for public assistance, or to coordinate the work of CARES, DCF and other entities, will be key to further expedite the public assistance eligibility processes.

1.2 Aging and Disability Resource Center Grant Issues

A grant was awarded to DOEA in April of 2004 for the purpose of establishing at least two pilot projects as Aging and Disability Resource Centers (ADRC), with the target populations of elders and adults with severe and persistent mental health problems. The differences in ARC design features and timeframes between the grant and the statute have been resolved by approved modifications to the grant, which more closely align the grant efforts with the statutory requirements.

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

1.3 Additional Services To Be Provided by ADRC

Under the terms of the grant, the ADRC must provide adults with severe and persistent mental illness with information and referral services by the first quarter of year two of the grant. It is contemplated that between April and June of 2005, designated ADRCs and DCF will draw a memorandum of understanding outlining how the ADRC will provide screening, eligibility and other access services to adults with severe mental illness. As per the terms of the grant, the intent of the ADRC is to provide single point of entry services to this population either directly or through agreements with providers that may be better positioned to provide them. Because the adequacy of single point of access to services for persons with severe and persistent mental health problems varies considerably from county to county, each ADRC will

face different situations to ensure "single point of entry" services to this population. In areas where an existing entity is effectively providing these services, a referral agreement with the existing provider(s) may be all that is needed. In other cases, the ADRC may have to do more extensive work to develop a "single point of entry" for this population. In any case, it is not expected that the ADRC will supplant or replace providers that may be providing such services effectively.

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

The inherent merits of Aging Resource Centers, such as better targeting of public resources, more efficient eligibility processing and a more streamlined mechanism for information dissemination has the potential for substantial savings to the state.

The savings from Aging Resource Centers are realized because:

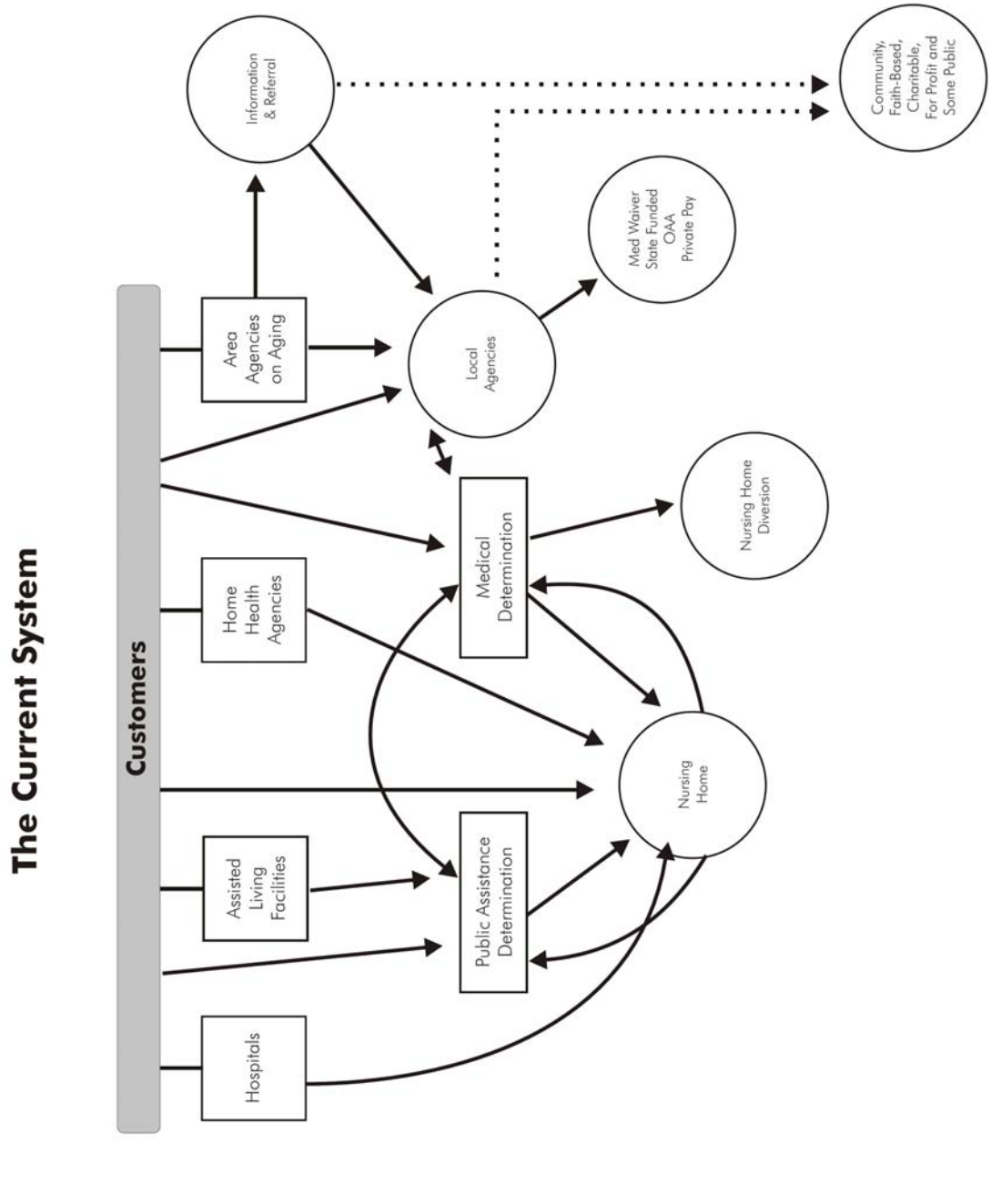
A. Mandatory screening by the Aging Resource Centers diverts persons seeking nursing home care to the community. Long-term care services in the community are anywhere from 50 to 75 percent less expensive than in the nursing home, depending on the type and intensity of the services required.

B. The triaging process will improve the targeting efficiency of the system. Currently, many low risk clients are being served with programs that are designed for higher risk clients. Triaging will help ensure that only high-risk customers are prioritized to Medicaid waiver services and that the program intensity is in keeping with client need.

C. Aging Resource Centers will control budgets by controlling care plan costs at the client level, rather than at an aggregate level and will have no conflict of interest in the administration of care plan protocols.

1.5 Technical Assistance and Training

To better assist Area Agencies on Aging with their transition to ARC, the Department created an ARC technical assistance team staffed with personnel with extensive experience on service delivery operations and programs contracting. This team will provide extensive technical assistance. In addition the Department has access to the services of a national consultant that has been retained by the Centers for Medicare and Medicaid and the U.S. Administration on Aging, to provide states with the technical assistance needed to successfully implement the Aging Resource Centers.


The Current System
Customers
Area Agencies on Aging
Home Health Agencies
Assisted Living Facilities
Hospitals
Information & Referral
Local Agencies
Medical Determination
Public Assistance Determination
Nursing Home
Nursing Home Diversion
Med Waiver State Funded OAA Private Pay
Community, Faith-Based, Charitable, For Profit and Some Public
Source: Department of Elder Affairs, Planning and Evaluation Unit October 22, 2004

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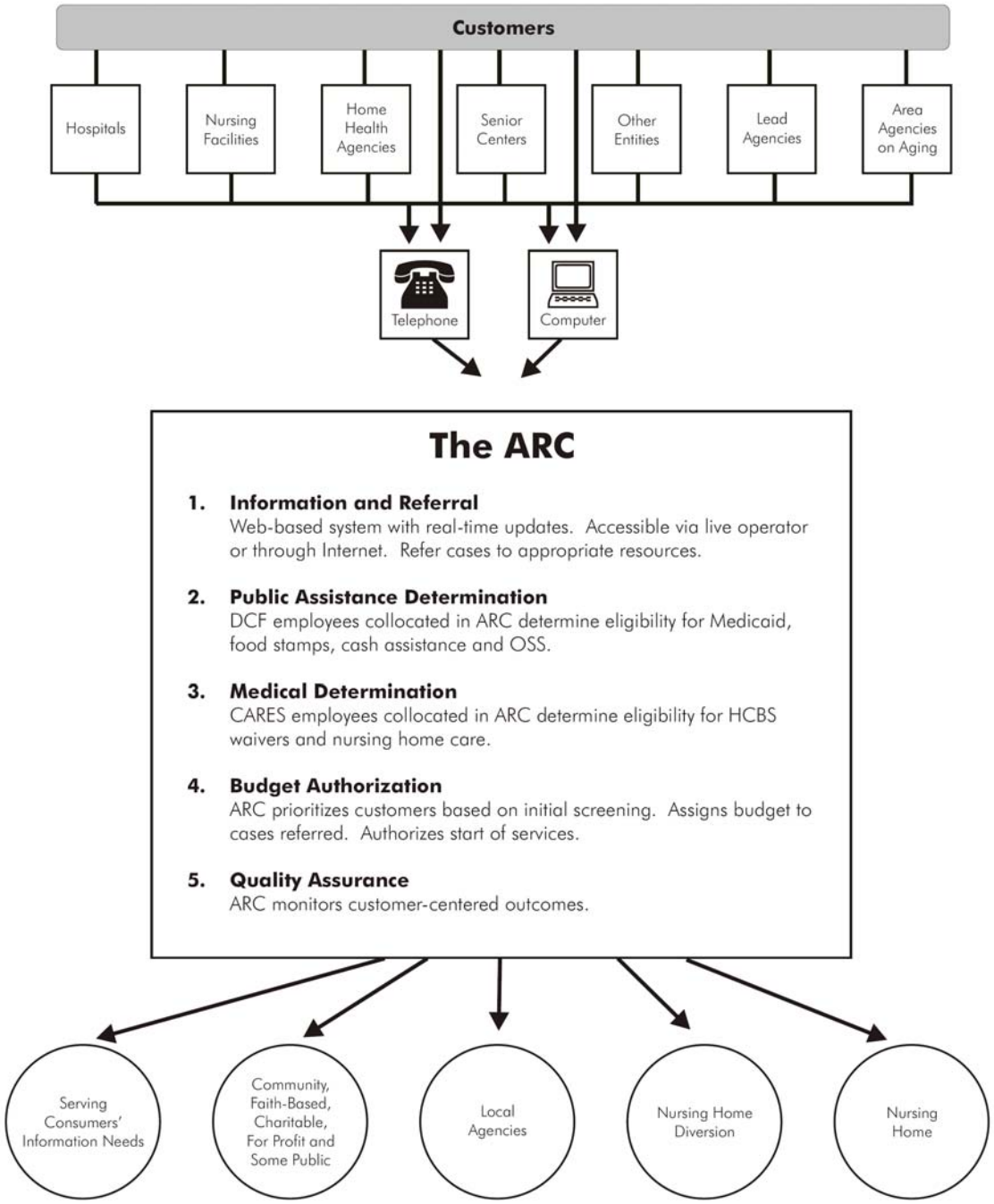
The ARC System

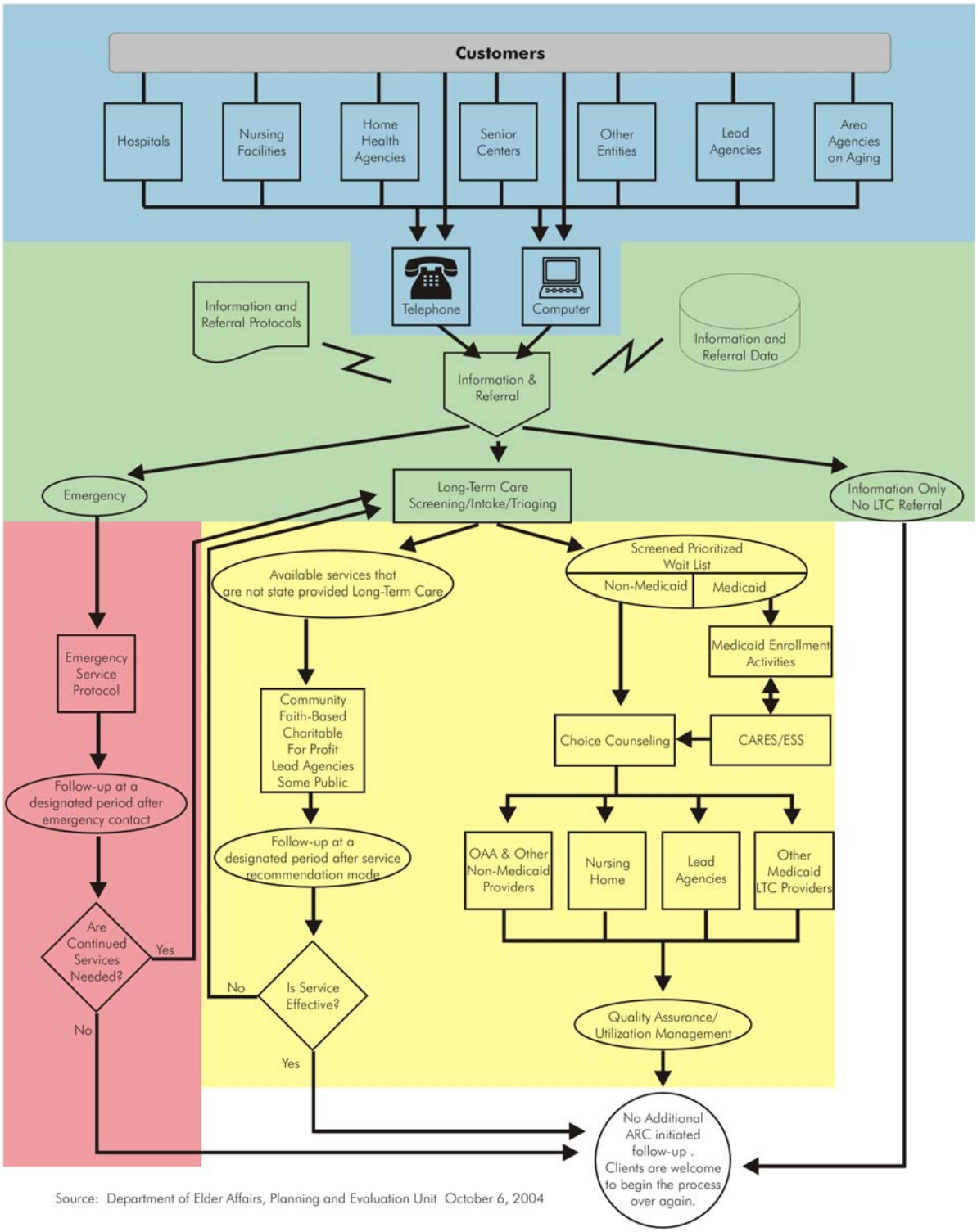


Note: At any step in this process, a consumer would be able to meet with an ARC specialist.

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

The ARC Flow

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



Source: Department of Elder Affairs, Planning and Evaluation Unit October 6, 2004

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2.0 LEGAL AUTHORITY AND DEFINITIONS

The Aging Resource Center System consists of Aging Resource Centers, representing Planning and Service Areas throughout the state, for the purpose of enabling persons in need of long-term care to access appropriate long-term care services.

2.1 Legal Authority

Pursuant to s. 430.2053, F.S., the Florida Department of Elder Affairs is authorized to provide for a statewide Aging Resource Center System.

2.2 Definitions

A. Adults with severe and persistent mental illness are persons 18 years of age and older who have a diagnosis of a major mental disorder[1] and meet the following criteria: documented evidence of long-term psychiatric disability; income due to psychiatric disability (SSI, SSDI, Veterans or other); inability to perform independently in day-to-day living if over age of 59.

B. Agency Applicant means an Area Agency on Aging seeking designation as the provider of Aging Resource Center functions within a Planning and Service Area.

C. Aging Resource Center (ARC) is an Area Agency on Aging that performs functions in accordance with §430.2053(5), F.S. with the eligibility determination functions of CARES/DOEA and the Department of Children and Families Economic-Self Sufficiency programs integrated through collocation of DOEA and DCF staff, either physically or virtually.

D. Aging and Disability Resource Center (ADRC) is an Aging Resource Center that also provides a one-stop link to long-term care services for adults with severe and persistent mental illness.

E. Aging Resource Center client means an individual currently receiving services through any of the programs administered by the Aging Resource Center. This definition includes customers, who were referred by the ARC to a private provider on the basis of ARC screening and intake activities.

F. Assessment means a comprehensive evaluation with the client and appropriate collaterals (such as family members, advocates, friends and/or caregivers) by the case manager to determine the client's level of functioning, service needs, available resources, and potential funding resources.

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

G. Care Planning means the process of identifying with the client and appropriate collaterals, goals and client choices for the care needed, services needed, appropriate service providers, and client ability to pay, based on the client assessment and knowledge of the client and of community resources.

H. Care Plan Protocol means a mechanism for ensuring that quality services are provided in the most cost effective and efficient manner possible. By establishing statewide guidelines for care plan expenditures, the ability to predict programmatic expenditures will improve.

I. CARES means the State of Florida Comprehensive Assessment and Review for Long-term Care Services federally mandated pre-admission screening program for Medicaid-subsidized long-term care applicants. CARES is part of the Florida Department of Elder Affairs.

J. Case Management means a person centered service that assists individuals in identifying physical and emotional needs and problems through an interview and assessment process; discussing and developing a plan for services which addresses those needs; arranging and coordinating agreed upon services; and monitoring the quality and effectiveness of the services. Case management is a service for actively enrolled clients that provides continuing support and addresses the changing needs of clients.

K. Choice counseling means activities such as answering questions and providing information (in an unbiased manner) on available long-term care delivery system options, and advising on what factors to consider when selecting a program or provider. Choice counseling is a service provided to long term care customers, by the ARC, prior to enrollment, with the aim of selecting the most appropriate program. Choice counseling is also offered after enrollment in a Medicaid funded program, and according to Medicaid rules, by the case management agency of record, to assist the consumer in the selection of individual service providers.

L. Corrective Action Plan means a written plan that includes the specific actions that the Aging Resource Center shall take to correct its non-compliance with standards, and that stipulates the date by which each action shall be completed.

M. Customers means persons receiving Aging Resource Center Information and Referral Services. This term should not be confused with persons eligible to receive other services under specific programs administered through the center (*see: eligible population*), nor with *Aging Resource Center clients*.

N. Department shall mean the Florida Department of Elder Affairs.

O. Eligible Population includes:

i. Persons eligible for services through programs administered by the Florida Department of Elder Affairs--including programs, such as CARES, operated under memorandums of understanding with other agencies-- that meet individual program eligibility requirements as listed in §430.2053(11) or, in the case of Medicaid funded programs, in program specific waiver requirements;

ii. Persons age sixty or older that are served by the Department of Children and Families through their eligibility services; and,

iii. In the case of Aging and Disability Resource Centers the customer population also includes persons age eighteen or older with severe and persistent mental illness.

P. Eligibility Screen means the screening instrument used for Intake/Screening/Triaging by staff of the ARC. It will contain elements for service prioritization and Medicaid eligibility determination. Throughout the guidelines, the instrument is referred to as DOEA Form 701A or its substitute.

Q. Failure To Satisfy The Scope Of Work means incorrect or improper activities or inactions by the Aging Resource Center in terms of its contract with the Department. This would be determined through DOEA review and monitoring of agency performance.

R. Functional Needs Determination means an evaluation with the client and appropriate collaterals (such as family members, friends and/or caregivers) on a state prescribed form by a CARES worker with supporting diagnostic information from the client's medical provider, to determine the client's level of functioning and medical necessity for admission or continued stay in certain long-term care programs. A Functional Needs Determination is synonymous with a "CARES Assessment."

S. Gate keeping means activities that include eligibility screening, referral, triaging, choice counseling, and enrollment authorization that have as the primary purpose to give or deny applicants access to specific public long-term care services. Gate keeping activities shall adhere to standard protocols approved by DOEA. A primary objective of gate keeping is to ensure that resources are allocated, with due fiscal discipline, in the most efficient manner.

T. Information and Referral are activities undertaken to make optimal use of available community resources. In particular:

i. Information means responding to an inquiry from a person, or on behalf of a person, regarding public and private resources and available services.

ii. A referral means directing a person to a resource. Based on the identification of the person's expressed needs, a referral is made, by the ARC, to the resources most capable of meeting those needs. If a referral is made, follow up is a mandatory activity for referral and is conducted with the referred person or the referral resource to determine the outcome and adequacy of the referral.

U. Intake/Screening/Triaging means the activities undertaken by the Aging Resource Center to determine whether an initial inquiry, by an individual, about the appropriateness of receiving home and community based services, shall be referred to a provider of such services. These activities are an integral part of the eligibility determination process and the overall administration of publicly funded long term care programs, and shall include, but not be limited to a preliminary eligibility screening in the following areas:

i. The individual's prioritized need for long-term care services;

ii. A preliminary determination of an individual's risk level for institutional placement;

iii. An individual's eligibility for financial and program assistance;

iv. A statistical determination of the potential cost of the care plan; and,

v. The need for a comprehensive long-term care client assessment.

V. Lead Agency shall have the same meaning as defined in §430.203(9), F.S.

W. Long-Term Care is the spectrum of services provided to support individuals who, by reason of extended illness, mental, or physical, need assistance to maximize independent and efficient performance of those activities necessary for daily life and well being in all care settings.

X. Local Coalition Work Group means a local work group consisting of representatives from agencies and organizations serving elders and individuals with severe mental illness, consumers, Alzheimer's Association chapters, housing authorities, Serving Health Insurance Needs of Elders (SHINE) volunteers, local government, and selected community-based organizations, including social services organizations, advocacy groups and any other such individuals or groups as determined by DOEA. The purpose of the group is to advise in the planning, implementation and development of Aging Resource Center activities and a

coordinated long-term care service delivery system (pertaining to §430.2053(5)(f), F.S.).

Y. Medicaid Enrollment Services means administrative activities that facilitate and expedite the Medicaid enrollment process. Examples of these activities are assisting customers and eligibility determination professionals in completing forms and other required documentation, or coordinating the work of the different eligibility components to expedite access to persons at the highest levels of need. Medicaid enrollment activities facilitate but do not determine eligibility.

Z. Medicaid Outreach means activities that are designed to increase the targeting efficiency of Medicaid programs. The purpose of Medicaid Outreach shall not be to increase caseloads, but to improve the cost efficiency of intervention by reaching those individuals that are at highest risk of adverse outcomes. Cost effectiveness refers to achieving the highest possible amount in public savings per public dollar spent. An example of these activities includes increasing the awareness about home and community based options among hospital discharge planners that have been identified as sources of referrals to nursing homes.

AA. Planning and Service Area means a geographic service area established by the Department, in which the programs of the Department are administered and services are delivered and where one agency serves as the Aging Resource Center for persons in need of publicly or privately financed long-term care services.

BB. Private Pay Client means an individual for whom reimbursement for long-term care services is received from sources other than a state administered program, including the individual's own financial resources.

CC. Program means a publicly funded service delivery resource including, but not limited to, Community Care for the Elderly, Home Care for the Elderly, Contracted Services, Alzheimer's Disease Initiative, Aged and Disabled Adult Medicaid Waiver, Assisted Living for the Elderly Medicaid Waiver, Alzheimer's Disease Medicaid Waiver, Long Term Care Community Options Nursing Home Diversion Waiver, Adult Day Health Care Waiver, and Older Americans Act Programs.

DD. Public assistance eligibility means an individual meets the eligibility criteria for a publicly funded program, based on the criteria required for specific programs.

EE. Quality assurance means a set of activities to ensure that standards, procedures, and protocols are adhered to and that delivered services meet performance requirements. Quality assurance policies, procedures, and systematic actions must be established in an Aging Resource Center for the purpose of providing and maintaining a high degree of public confidence in the performance of the public long-term care system in the Planning and Service Area.

FF. Reassessment means a comprehensive evaluation with the client and appropriate collaterals and an evaluation by the case manager, to determine the client's level of functioning, service needs, available resources, and potential funding resources. A reassessment is an update of the initial assessment.

GG. Resource Development means the study, establishment, and implementation of additional resources or services, which will extend the capabilities of community long-term care systems to better serve long-term care clients and clients likely to need long-term care in the future.

HH. State Designated Agency means an Aging Resource Center, or an Area Agency on Aging, designated, by contract, memorandum of understanding, or any other legal means, by a state agency to perform specified functions that would otherwise be performed by a state agency.

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

JJ. Utilization Management shall mean the use of techniques designed to manage services provided in publicly funded long-term care programs, based on the clinical necessity, amount and scope, appropriateness, efficacy, or efficiency of long-term care services, procedures, or settings. Techniques applicable to this definition include prospective review/prior authorization, certification, concurrent review, or retrospective review. A protocol providing expenditure/service guidelines based on customer assessed need is an example of utilization management (*see* Care Plan Protocol.)

2.3 Aging Resource Center Clients

Persons in the eligible population, as defined in §O in the "Definitions" section of these guidelines, shall access all publicly supported long-term care programs through the Aging Resource Center that serves the single PSA in which they reside.

2.3.1 Client Characteristics

An individual who desires access to public long-term care services shall meet the following criteria:

A. The individual shall require skilled, maintenance and/or supportive services; or

B. The individual has functional impairment in activities of daily living (ADL), and/or a need for supervision, necessitating long-term care services provided in a nursing facility, a residential alternative, or the individual's home; or

C. The individual receives or is eligible to receive medical assistance (Medicaid) and/or Supplemental Security Income, or Assistive Care Services (Optional State Supplementation), or eligible at 300% or higher of the federal poverty level under Medicaid Home and Community Based Services Waiver programs, or receiving long-term care services in a nursing facility or through any of the following home and community-based services programs: Community Care for the Elderly, Home Care for the Elderly, Contracted Services, Local Services Program, Alzheimer's Disease Initiative, Aged and Disabled Adult Medicaid Waiver, Assisted Living for the Frail Elderly Medicaid Waiver and Older Americans Act. Alzheimer's Disease Medicaid Waiver, Program for All Inclusive Care for the Elderly, Channeling, Frail Elder Option, Long-term Care Community Diversion Program.

D. Notwithstanding A through C above, individuals requesting access to public long-term care services through Older American Act programs shall have no economic/financial means tests.

E. Notwithstanding A through C above, individuals requesting access to public long-term care services through the Alzheimer's Disease Initiative, Local Services Program, Contracted Services, and Community Care for the Elderly shall only have to meet program specific criteria as set in rule, policy, or public law.

2.3.2 Case Management for Clients of Publicly Funded Programs

Case management agencies shall provide case management to clients of publicly funded long-term care programs, except for long-term care provided through programs that integrate case management into a single all-inclusive rate that covers other home and community based services.

2.4 Utilization/Care Plan Review Activities

To ensure the optimal use of public long term care resources, Aging Resource Centers shall provide utilization/care plan review services, to clients of publicly funded long-term care services including, but not limited to those provided in the Community Care for the Elderly, Home Care for the Elderly, Contracted Services, Alzheimer's Disease Initiative, Aged and Disabled Adult Medicaid Waiver, Assisted Living for the Frail Elderly Medicaid Waiver and Older Americans Act programs. Utilization and care plan review services will be provided following protocols authorized by the Department or the Agency.

2.5 Program-Specific Eligibility Criteria

Authorization to receive services through a publicly funded program shall be in accordance with the program's eligibility criteria.

3.0 AGING RESOURCE CENTER ORGANIZATION AND GOVERNANCE

3.1 Purpose

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

3.2 Organization and Governance

Aging Resource Centers shall meet the following requirements:

A. An Aging Resource Center is an Area Agency on Aging that performs functions in accordance with §430.2053(5), F.S. with the eligibility determination functions of CARES/DOEA and the Department of Children and Families Economic-Self Sufficiency programs integrated through collocation of DOEA and DCF staff, either physically or virtually.

B. Designated Aging Resource Centers, prior to start of operations, must establish a Local Coalition Work Group to advise in the planning, implementation and development of project activities and a coordinated long-term care service delivery system. The local coalition work group will consist of representatives of agencies and organizations serving elders, stakeholders, consumers, Alzheimer's Association, housing authorities, Serving Health Insurance Needs of Elders (SHINE) volunteers, local government, selected community-based organizations, including social services organizations and advocacy groups, and any other persons or groups as determined by the Department. For ADRCs, the Local Coalition Work Group will also include representatives of agencies and organizations serving individuals with severe and persistent mental illness.

C. The Aging Resource Center shall consult with the Local Coalition Work Group in the development of the Aging Resource Center annual improvement plan.

D. The Aging Resource Center shall have a Governing body which shall be the same entity described in §20.41(7), F.S.[2]. The governing body shall annually evaluate the performance of the executive director.

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

E. The governing body shall hire an executive director who may be the same person as described in §20.41(8), F.S.[3].

F. In keeping with §430.2053(11), F.S., the Aging Resource Center shall not provide direct consumer services other than information and referral services, which includes choice counseling, and screening. Aging Resource Center activities such as public awareness campaigns that are intended to enhance the visibility of the center are not considered consumer services. This provision applies to the following programs:

1. Community Care for the Elderly
2. Home Care for the Elderly
3. Contracted Services
4. Alzheimer's Disease Initiative
5. Aged and Disabled Adult Medicaid Waiver
6. Assisted Living for the Frail Elderly Medicaid Waiver
7. Older Americans Act

G. The governing body shall allow the Department to review any financial information necessary for monitoring or reporting purposes, including financial relationships.

3.3 Capacity Standards

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

A. The Aging Resource Center shall have the capacity to serve customers in all counties in the Planning and Service Area.

B. The Aging Resource Center shall have the capacity to accept multiple funding source public dollars and payment from private sources.

C. With prior approval from DOEA, the Aging Resource Center shall have the capacity to contract with individuals, with for-profit entities, and with not-for-profit entities to provide some or all Aging Resource Center functions. All contractors must adhere to the same standards and policies, including maintaining confidentiality and HIPAA compliance and the use of the common information and referral system and maintaining and updating data in accordance to the Department's contract with the Aging Resource Center.

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

D. The Aging Resource Center shall have the capacity to receive funds from public or private foundations and corporations.

E. The Aging Resource Center shall comply with performance standards established by DOEA.

F. The Aging Resource Center shall have the capability to protect the confidentiality of its applicant and recipient records in accordance with state and federal laws.

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

1. Service standards;
2. Performance management;
3. Client satisfaction.

H. An Aging Resource Center shall not restrict, manage or impede the local fund-raising activities of service providers.

3.3.1 Personnel System

The governing body of the Aging Resource Center shall ensure that there is a system for recruiting, hiring, evaluating, and terminating employees.

A. The governing body of the Aging Resource Center shall ensure that all employment policies and practices comply with federal and state affirmative action and civil rights requirements.

B. The governing body of the Aging Resource Center shall ensure that written job descriptions are maintained for all positions.

C. The governing body of the Aging Resource Center shall ensure that annual performance reviews of all employees are performed.

3.3.2 Accounting System

The governing body shall ensure that the Aging Resource Center will follow generally accepted accounting practices and comply with all rules and regulations for accounting practices set forth by the state and federal governments.

In addition, the Governing body shall ensure that the Aging Resource Center will comply with the following:

A. Funds are used solely for authorized purposes;

B. All financial documents are filed in a systematic manner to facilitate audits;

C. All prior years' expenditure documents are maintained for use in the budgeting process and for audits;

D. Records and source documents are made available to the Department, its representative, or an independent auditor for inspection, audit, or reproduction during normal business hours.

E. The Aging Resource Center shall be audited annually and shall submit the final report of the audit to the Department within six months after the end of the state's fiscal year. The Governing body shall ensure that the Aging Resource Center provides timely and appropriate resolution of audit findings and recommendations

3.3.3 Information Management

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

A. The Aging Resource Center shall have computer hardware, software, and computer systems expertise, with such capacity and capabilities as prescribed by the Department.

B. The Aging Resource Center shall have staff with the technical expertise needed to support and maintain a computerized information system in accordance with the Department's requirements.

C. The Aging Resource Center shall have information technology staff with the expertise needed to produce the reports, whether, routine or ad-hoc that are needed for efficient managerial decision making. At a minimum the expertise shall include the ability to produce reports using standard query software.

D. The Aging Resource Agency shall utilize the DOEA standard information and referral system.

3.3.4 Recordkeeping/Retention

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

3.3.5 Confidentiality of Information

The Aging Resource Center shall protect the confidentiality of all applicant and recipient records in accordance with §430.105 F.S. and HIPAA rules and regulations. Release of information consent forms obtained from the client must be in compliance with HIPAA rules and regulations. Fiscal data, budgets, financial statements and reports, which do not identify clients by name or number, are subject to §119 F.S.

3.4 Staffing Standards

3.4.1 Staffing Patterns

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

A. The receptionist/clerical function shall include, but not be limited to, answering incoming telephone calls, assisting Aging Resource Center staff with clerical duties, and entering data into an information management system.

B. The administrative/supervisory function of the Aging Resource Center shall include, but not be limited to, supervision of staff, training and development of agency staff, fiscal management, operational management, quality assurance, case record reviews on at least a sample basis, ensuring that eligibility processes are as expeditious as possible, resource development, marketing, liaison with the Department.

C. The public awareness; information; referral and assistance; choice counseling, eligibility screening and determination; and triaging function shall include, but not be limited to, the functions as defined for Aging Resource Center in §2.2 and §§4.1-4.6 and 4.10-4.14 of this document, as well as resource development and attendance at staff development and training sessions.

D. The contracted medical consultant services functions shall include, but not be limited to, an employed or contracted physician who shall provide consultation to CARES staff collocated within the Aging Resource Center regarding medical and diagnostic concerns and long-term home health prior authorizations.

3.4.2 Qualifications of Staff

The Aging Resource Center staff shall meet minimum standards for education and/or experience and be able to demonstrate competency in job knowledge pertinent to their areas of responsibility. The ARC must comply with the following criteria for staff qualifications

and ensure that the functions, whether handled individually or in combination by staff members, are conducted as outlined below.

3.4.2.1 Information and Referral Specialist Qualifications

A. The Aging Resource Center's Information and Referral Specialist(s) shall meet minimum standards for education and/or experience.

1. Have a high school diploma or GED and three (3) years of experience in Information and Referral.

2. An individual who does not meet the minimum educational and experience requirement may qualify as an ARC Information and Referral Specialist under one of the following conditions:

    a. An Associate of Arts degree in a human service related field and a minimum of two (2) years of experience in Information and Referral.

    b. A bachelor's degree or higher in a human service related field and a minimum of one (1) year of experience in Information and Referral.

3. All Information and Referral Specialists must have one year of Information and Referral experience to be qualified.

4. For ADRC Information and Referral Specialist staff, additional qualifications in crisis counseling or crisis intervention are required.

B. The ARC Information and Referral Specialists(s) shall be required to demonstrate competency in all of the following areas:

1. Clear and effective communication.

2. Accurate identification of the problems and needs of persons making information and referral inquiries.

3. Effective utilization of the resource system to locate resources appropriate to meet the needs of the person making inquiries.

4. Accurate and suitable response when making resource referrals.

5. Appropriate use of crisis-handling techniques when required.

6. Demonstrated ability to work with diverse populations, including elders, the disability community, individuals from all cultural/ethnic backgrounds.

7. Computer literacy.

C. The Aging Resource Center Information and Referral Specialist Supervisor shall meet all qualifications for Information and Referral Specialists and have a minimum of two (2) years of supervisory experience in the field of long-term care.

D. Under exceptional circumstances, the Aging Resource Center can request from the Department a waiver of criteria A, B, or C. The Department can, at its discretion, approve such waiver. Examples of situations that would justify a waiver include:

1. There is a documented shortage of qualified personnel. This shall be documented by proof that a good faith effort has been made to recruit qualified personnel, or

2. Fiscal constraints prevent hiring personnel at the average local market wages for persons with the desired qualifications.

When requesting a waiver, the Aging Resource Center will document a plan to comply with conditions set in A, B, and C, within a two year period.

3.4.2.2 Intake, Screening and Triaging

A. The Aging Resource Center Intake, Screening, and Triaging Professional(s) shall meet minimum standards for education and/or experience.

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

2. An individual who does not meet the minimum educational requirement may qualify as an Aging Resource Center Intake, Screening, and Triaging Professional under the following conditions:

a. The determination as to the qualification as an Intake, Screening, and Triaging Professional shall be made jointly by the Aging Resource Center and the Department;

b. Experience as a caseworker or case manager with the long-term care client population, in a private or public social services agency may substitute for the required education on a year-for-year basis; and

c. When using a combination of experience and education to qualify, the education must have a strong emphasis in a human behavioral science field.

3. The Intake, Screening, and Triaging Professional shall be required to demonstrate competency in all of the following areas:

a. Knowledge of and ability to relate to populations served by the Aging Resource Center;

b. Client interviewing and assessment skills;

c. Knowledge of the policies and procedures regarding public assistance programs;

d. Knowledge of long-term care programs and community resources; and

e. Negotiation, intervention, and interpersonal communication skills.

f. Computer literacy.

B. The Aging Resource Center supervisory level staff shall meet all qualifications for Intake, Screening, and Triaging Professionals and have demonstrated supervisory experience in the field of long-term care.

3.4.2.3 Choice Counseling

The Aging Resource Center choice counseling function shall be performed by personnel that meet the same minimum standards for education and/or experience that are required for an Intake/Screening/Triaging professional.

3.4.2.4 Fiscal Officer

The Aging Resource Center must have the services of a fiscal officer that shall be required to demonstrate competency by:

A. Being currently certified as a CPA with two years of cost accounting experience in a non-profit setting; or

B. Having at least two years of experience with Medicaid fiscal regulations and two years with state accounting procedures; and

C. Having working knowledge of cost principles and procedures for grants and contracts with the federal government for non-profit organizations (OMB circular A-87 January 1981 and USDHHS A-122.)

3.4.3 Functions of the Information and Referral Specialist

The Aging Resource Center's Information and Referral Specialist(s) shall be responsible for all information and referral services provided by the ARC including, but not limited to:

A. Provide information and make appropriate referrals concerning local service providers to individuals or organizations making inquiries.

B. Ascertain the needs of individuals or organizations making inquiries when not clearly stated.

C. Contribute to maintaining an accurate and up-to-date resource system.

D. Maintain complete and accurate documentation of inquiries.

3.4.4 Functions of the Intake, Screening, and Triaging Professional

The Aging Resource Center's Intake, Screening, and Triaging Professional(s) functions shall include: data capture in standard intake forms; screening; and triaging, for long term care services.

The following criteria may be used by the Intake, Screening, and Triaging Professional to determine the client's level of need for service intervention:

A. Availability of family, volunteer, or other support,

B. Overall level of functioning,

C. Duration of disabilities,

D. Whether the client is in a crisis or acute situation,

E. The client's perception of need and dependency on services, and

F. The client's move to a new housing alternative, if applicable.

3.4.5 Training of Aging Resource Center Staff

Aging Resource Center staff, including supervisors, shall attend training sessions as directed and/or provided by the Department or its designee.

A. Prior to agency start-up, the Aging Resource Center staff shall receive training provided by the Department or its designee, which will include, but not be limited to, the following content areas:

1. Background information on the development and implementation of the Aging Resource Center System;

2. Mission, goals, and objectives of the Aging Resource Center System;

3. Regulatory requirements and changes or modifications in federal and state programs;

4. Contracting guidelines, quality assurance mechanisms, and certification requirements; and

5. Federal and state requirements for the Aging Resource Center.

B. In addition to an agency's own continuous training, the Department or its designee will provide, at least once a year, in-service and skill development training for Aging Resource Center staff.

3.5 Liability Insurance and Bonding Coverage

The governing body of the Aging Resource Center shall ensure that adequate liability insurance (including automobile insurance, professional liability insurance and general liability insurance) that meets the Department's minimum requirements for contract agencies is maintained. Liability insurance coverage shall be in keeping with the Department's Master Agreement.

3.6 Client Rights

Pursuant to state and federal law, the Aging Resource Center shall assure the protection of the client's rights as defined by the Department under applicable programs.

A. The governing body of the Aging Resource Center shall assure directly or through contract that the following rights are preserved for all clients of the Aging Resource Center, whether the client is a recipient of a state administered program or a private pay client:

1. The client and/or the client's representative is fully informed of the client's rights and responsibilities;

2. The client and/or the client's representative participates in the development and approval, and is provided a copy, of the client's care plan;

3. The client and/or the client's representative has access to a uniform complaint system, as required in the Master Agreement, provided for all clients of the Aging Resource Center; and

B. In addition the governing body of the Aging Resource Center shall assure directly or through contract that the following rights are preserved for persons served under Medicaid funded programs:

1. The Medicaid Waiver client and/or the client's representative selects service providers from among available and appropriate providers in the client's Planning and Service Area;

2. The Medicaid applicant or client who applies for or receives publicly funded benefits and/or the applicant's or client's representative has access to a Medicaid Fair Hearing process, which meets the requirements of §42 CFR, 431 Subpart E, when benefits or services are suspended, reduced, or terminated.

C. At least annually, the Aging Resource Center shall survey a random sample of clients to determine their level of satisfaction with services provided by the agency.

1. The random sample of clients shall constitute ten (10) clients or ten percent (10%) of the Aging Resource Center's average monthly caseload, whichever is higher.

2. If the Aging Resource Center's average monthly caseload is less than ten (10) clients, all clients shall be included in the survey.

3. The client satisfaction survey shall conform to guidelines provided by the Department.

4. The results of the client satisfaction survey shall be made available to the Department and shall be utilized for the Aging Resource Center's quality assurance and resource development efforts.

D. The Aging Resource Center shall assure that consumer information regarding long-term care services is available for all clients at the local level.

3.7 Access

There shall be no physical barriers which prohibit client participation, in accordance with the Americans with Disabilities Act, 42 U.S.C. 12101 et. seq.

A. The Aging Resource Center shall not require clients to come to the agency's office in order to receive assessments; utilization management services; or education and awareness; information; referral and assistance; Medicaid outreach; eligibility screening and determination; and triaging services.

B. The Aging Resource Center shall comply with anti-discriminatory provisions, as defined by federal and Department rules.

C. The functions to be performed by an Aging Resource Center shall be based on a triaging model of service delivery.

3.8 Resource Development

The Aging Resource Center shall assume a leadership role in facilitating the development of local resources to meet the long-term care needs of clients who reside within the Planning and Service Area served by the Aging Resource Center. These resource development efforts shall not restrict, manage or impede the local fund-raising activities of service providers.

4.0 SERVICE FUNCTIONS OF AN AGING RESOURCE CENTER

A. The Aging Resource Center functions include: education and awareness about community resources targeted to the Aging Resource Center eligible population; information; referral and assistance; Medicaid enrollment services, eligibility screening, intake and triaging and, if applicable, utilization management services in compliance with standards established by the Department.

B. The Aging Resource Center shall provide sufficient staff to meet all performance standards. Subject to DOEA approval, an Aging Resource Center can sub-contract with an individual or entity to provide some or all service functions of the Aging Resource Center. Subcontractors must abide by the terms of the Aging Resource Center's contract with the Department, and are obligated to follow all applicable federal and state rules and regulations. The Aging Resource Center is responsible for subcontractor performance.

C. If at any time, any Aging Resource Center employee suspects an individual to be a victim of abuse, neglect or exploitation, such employee shall, directly or through a supervisor, report to the Florida Abuse Hotline (1-800-96ABUSE).

4.1 Information/Referral

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

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

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

4.2 Intake/Screening/ Triaging

4.2.1 Intake/Screening

A. The Aging Resource Center shall provide initial screenings for the customers in its service area that requests long-term care services to determine whether the person would be most appropriately served through any combination of federally-funded programs, state-funded programs, locally funded or community volunteer programs, or private funding for services. For persons requiring publicly funded services, the Aging Resource Center shall triage access based on uniform criteria set by DOEA in consultation with AHCA.

B. In an area in which DOEA has designated an Aging Resource Center, DOEA and AHCA shall not make payments for the services listed in Section 3.2.F. and the Long-Term Care Community Diversion Project for such persons who were not screened and enrolled through the ARC.

C. The intake/screening functions of an Aging Resource Center shall include, but shall not be limited to, completion of the eligibility screen (DOEA Form 701A or its substitute) in accordance with instructions provided by the Department.

1. DOEA Form 701A or its substitute shall be completed for individuals being screened for eligibility to receive services through any the following programs: Community Care for the Elderly, Home Care for the Elderly, Contracted Services, Alzheimer's Disease Initiative, Aged and Disabled Adult Medicaid Waiver, Assisted Living for the Frail Elderly Medicaid Waiver, Alzheimer's Waiver, Adult Day Health Care Waiver, Channeling, Nursing Home Diversion, Frail Elder Option and Older Americans Act Programs.

2. DOEA Form 701A or its substitute may be completed for clients who are able to pay for case management services with private resources. Any completed DOEA Form 701A or its substitute shall be kept on file, either paper or digital at the ARC, but copies need not be sent to the Department unless specifically requested.

3. If any updates are made to DOEA's 701 series of forms, or if another form supplants or complements these forms, the ARC shall perform the tasks listed above using the new forms

4.2.2 Triaging

The triaging functions of an Aging Resource Center shall include, but shall not be limited to, the following activities:

A. The determination of the appropriateness of a referral for a comprehensive long-term care client assessment;

B. The identification of potential payment source(s), including the availability of private funding resources; and

C. The implementation of an Aging Resource Center procedure for prioritizing urgent inquiries.

D. When long-term care services are to be reimbursed through one or more of the publicly funded long-term care programs, the Aging Resource Center staff shall review the applicant's current financial status and based upon the need and availability of long-term care program resources:

1. Refer potential Medicaid waiver applicants to the Department of Children and Families economic eligibility workers collocated within the Aging Resource Center for financial and technical eligibility determination.

2. If resources are available, refer the applicant to a lead agency, other community service providers, or voluntary resources as appropriate.

3. If resources are not available, place the applicant on the prioritized wait list. Once resources become available, refer the applicant to a lead agency, other community service providers, or voluntary resources as appropriate, strictly adhering to Department policies regarding customer prioritization.

E. Medicaid waiver applicants will be notified at the time of their application for publicly funded long-term care services that they have the right to appeal actions or decisions that have an adverse impact on services. The notification shall include the right to request a fair hearing before a Hearing Officer.

4.2.3 Referral Agreements and Protocols

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

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

4.2.4 Wait List Management (Assessed Prioritized Consumer List)

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

B. When financial resources become available for programs listed in Section 3.2.F,the Long-term Care Community Options Nursing Home Diversion Program, or other long-term care programs for which CARES determines functional need, the Aging Resource Center shall refer a potentially eligible client according to program funding source:

1. For non-Medicaid funded programs, the Aging Resource Center shall make referrals pursuant to §415.104(3)(b) F.S., §430.205(5)(a) F.S. and §430.205(5)(b) F.S.

2. For Medicaid funded programs, the Aging Resource Center will make referrals to ESS and CARES who will complete the Medicaid eligibility determination process.

C. Management of the wait list will be the responsibility of the Aging Resource Center. Individuals on this list will be periodically re-evaluated to keep triage priority rankings current. The frequency of the re-evaluations will be made in accordance to DOEA set policies.

4.3 Eligibility Determination

A. DCF shall determine financial and technical eligibility for Medicaid funded long-term care programs. The ARC will determine eligibility for non-Medicaid programs and services[4] for the eligible population[5] residing within the geographic area served by the Aging Resource Center. The Aging Resource Center shall assign a priority ranking (triage) for services that is based upon DOEA protocols, policies, and rules.

B. In order to accelerate the eligibility process and to avoid duplicative paperwork and administrative overhead, the Aging Resource Center may provide Medicaid enrollment services and shall integrate, either physically or virtually, the staff and

[4] Community Care for the Elderly, Home Care for the Elderly, Contracted Services, Alzheimer's Disease Initiative, Local Services, and the Older Americans Act
[5] The eligible population for the ARC is defined in Section 2.

services of the Area Agency on Aging with the staff of the Department's local CARES Medicaid nursing home preadmission screening unit and staff from the Department of Children and Family Services' Economic Self-Sufficiency Unit necessary to determine the eligibility for public services for the target population[6] residing within the area served by the Aging Resource Center. To achieve this collocation the Aging Resource Center shall establish, with prior approval from DOEA, the following Memorandums of Understanding:

1. A memorandum of understanding with the Department for collaboration with the CARES unit staff, outlining the staff person(s) responsible for each function and providing the staffing levels necessary to carry out the functions of the Aging Resource Center.

2. A memorandum of understanding with the Department of Children and Family Services for collaboration with the appropriate units within DCF, outlining which staff person(s) are responsible for which functions and providing the staffing levels necessary to carry out the functions of the Aging Resource Center.

C. If any of the state activities described in this section are outsourced, either in part or in whole, the contract executing the outsourcing shall mandate that the contractor or its subcontractors shall, either physically or virtually, execute the provisions of the memorandum of understanding instead of the state entity whose function the contractor or subcontractor now performs.

4.4 Care Plan Utilization Review Protocol

A. To ensure that quality services are provided in the most cost effective and efficient manner possible, the Aging Resource Center will:

1. Establish and maintain at least one Care Plan Review Team in the Planning and Service Area (PSA). The team will be comprised of at least an Area Agency on Aging Medicaid Waiver Specialist and a lead agency case management staff person who complies with applicable requirements and qualification established for the Aged or Disabled Adult Services Waiver. If the team determines a need for further deliberation or technical assistance, the area CARES office may be consulted.

2. Ensure that care plans are developed based upon the assessed needs of the client and that the cost of a client's care plan is determined based upon the statewide guidelines.

[6] Ibid.

3. Ensure that care plans initially developed and updated are within the statewide guidelines in Aged and Disabled Adult Medicaid Waiver-funded services for the client's risk level. Care plans that exceed the statewide target values for the clients' risk levels are to be reviewed based on client's identified needs and, if appropriate, approved or returned to the lead agency for further review.

4. Conduct client file reviews on a monthly basis. Client files will be reviewed to ensure utilization of non-DOEA funded community resources.

5. Conduct cost of care plan reviews at the aggregate level for the Community Care for the Elderly program, to ensure that average monthly expenditures per customer conform to guidelines set by DOEA.

B. The ARC shall on a monthly basis, send the Department a surplus/deficit report for programs listed under 3.2.F.

C. The ARC shall authorize all client enrollments into the programs as listed in Section 3.2.F and the Long-term Care Community Nursing Home Diversion Program.

D. The ARC shall authorize monthly expenditures for care plans that each Lead Agency cannot exceed without approval from the AAA or the Care Plan Review Team.

E. Once an Aging Resource Center is operational, the Department, in consultation with the Agency for Health Care Administration (AHCA) may develop capitation rates for any of the programs administered through the ARC. Capitation rates for programs shall be based on the historical cost experience of the state in providing those same services to the population age 60 or older residing within each area served by an aging resource center. Each capitated rate may vary by geographic area as determined by the department.

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

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

4.5 Functional Needs Determination

The CARES unit collocated within the Aging Resource Center shall begin and complete the functional needs determination process in compliance with all existing program rules, policies, and regulations.

4.6 Care Planning

A. For the Aged and Disabled Adult and Assisted Living for the Elderly waiver programs, the ARC shall refer the client to a case management agency. The case manager at that agency shall develop the care plan after completing the client comprehensive assessment (701B or successor) and prior to the arrangement for services. Where there is more than one provider for the appropriate program the client or his/her collateral will select a choice of provider. The case manager shall complete the care plan (including all required paperwork) in compliance with all prescribed guidelines.

B. For the Nursing Home Diversion Program, Frail Elder Option, PACE, Alzheimer's Disease Waiver, Adult Day Health Care Waiver and Channeling programs, the ARC shall refer the client to the appropriate program provider/contractors. Where there is more than one provider for the appropriate program, the client or his/her collateral will select a choice of provider. The provider shall develop the care plan after completing the client comprehensive assessment and prior to the arrangement for services. The provider shall complete the care plan (including all required paperwork) in compliance with all prescribed guidelines.

C. For the ADI, CCE, HCE, and Contracted Services programs, the ARC shall refer the clients requiring case management, to a case management agency. The agency case manager shall develop the care plan after completing the client comprehensive assessment (701 or its successor) and prior to the arrangement for services. Where there is more than one provider for the appropriate program the client or his/her collateral will select a choice of provider. The case manager shall complete the care plan (including all required paperwork) in compliance with all prescribed guidelines. Referrals for OAA funded programs will be made to Older Americans Act providers according to standards and rules contained in the Area Master Agreement.

D. The nursing facility shall be responsible for developing a care plan for a nursing facility client.

E. Prudent purchase of services:

1. The care plan shall be developed to meet the client's needs, with consideration of the client's choices, using the most cost effective methods available.

2. Services available to the client at no cost from family, friends, volunteers, or others, shall be utilized before the purchase of services, providing these services meet the client's needs.

3. The care plan shall not duplicate services provided by Aging Resource Center programs and any other public or privately funded services.

4.7 Quality Assurance

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

A. Service standards;
B. Performance management; and
C. 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.

4.7.1 Quality Assurance Standards

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

4.8 Records/Documentation

A. The Aging Resource Center, or its subcontractors, shall maintain records, including a paper or digital copy of the eligibility screen (DOEA Form 701A or its substitute) on every individual for whom a screening was completed. The records must indicate the dates on which the referral was first received, and the dates of all actions taken by the Aging Resource Center. Reasons for all functional needs assessment decisions and program targeting decisions must be clearly stated in the records.

B. The Aging Resource Center or its subcontractors shall maintain records related to each person who receives services through the Aging Resource Center.

C. The case record shall include:

1. For customers applying for, or receiving services through Medicaid funded programs, CCE, ADI, HCE, or OAA registered services (as defined for OAA reporting purposes in the most current NAPIS instructions) identifying information, including the client's state identification (Medicaid) number and Social Security number (SSN);

2. For customers receiving information, referral, and services such as caregiver training or health education, where a unit of service reaches many consumers the Aging Resource Center will collect contact information such as name, address, and telephone number.

3. For Aging Resource Center customers receiving congregate meals the same standards used for OAA registered services will apply. For individuals who occasionally receive congregate meals sponsored under the Older Americans Act, the standards used for customers receiving information and referral will apply.

4. All state-required forms; and

5. Documentation of all information; referral and assistance; Medicaid education and awareness, eligibility screening and determination; and triaging activity required by Medicaid program regulations.

D. Eligibility screening and determination; and triaging documentation shall meet all applicable state and federal standards.

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5.0 ACCOUNTABILITY MECHANISMS FOR AGING RESOURCE CENTERS

5.1 Monitoring of Aging Resource Centers

An Aging Resource Center shall be monitored, at least once a year, in accordance with quality assurance standards and requirements set forth in the Department's rules and in the contract between the ARC and the Department.

Public Home and Community Based Long Term Care Functions by Provider Type

ARC FUNCTION [1]	AAA/ARC	CARES [4]	ESS [4]	Case Mgt. Agency	Other Provider [8]
1. Information/Referral [2]	✓				
2. Intake/Screening/Triaging	✓				
3. Wait List Management [3]	✓				
4a. Eligibility Determination –Functional Needs Assmt.		✓			
4b. Eligibility Determination-Technical and Economic			✓		
5. Enrollment Authorization [5]	✓				
6. Options Counseling	✓			✓	
7a. Case Management				✓	
7b. Care Planning				✓	
7c. Assessment/Reassessment				✓	
8. Care Plan/Utilization Review [6]	✓				
9. Quality Assurance	✓				
10. Records/Documentation	✓	✓	✓	✓	✓
11. Medicaid Outreach [7]	✓				
12. All Other Direct Services				✓	✓

See Notes in next page

Notes:

1. Functions are as defined in the implementation guidelines.
2. Information and referral will be according to standard I&R DOEA protocols and software.
3. Wait List Management includes periodic reassessments and referral to appropriate providers.
4. CARES and ESS will operate through memorandums of understanding with DOEA and DCF. CARES and ESS workers will coordinate their work with the ARC director, but they will still report to their DOEA and DCF supervisors.
5. Enrollment activities are to provide assistance to the eligibility determination and the provider referral function. Typical enrollment activities include collection of documents, assistance in the completion of eligibility forms, and interaction with CARES and ESS workers to assure that eligibility is expedited.
6. Care plan review and quality assurance have as their main purpose the most efficient use of program dollars. These functions are often subcontracted to qualified providers that receive Medicaid FFP reimbursement on a 75% basis.
7. The purpose of outreach is not necessarily to increase the number of persons served through Medicaid, but to ensure that those served are the most at risk for adverse outcomes and that persons are served with Medicaid rather than fully state funded programs when possible.
8. Some Medicaid providers, other than case management agencies can perform case management activities when such are part of the capitated rate.