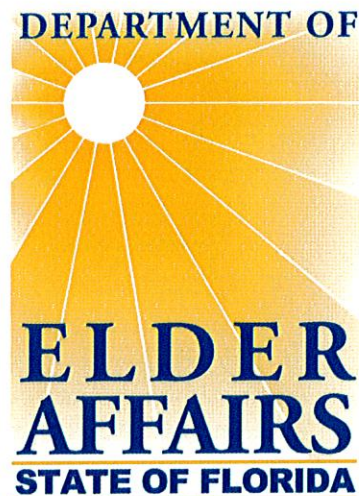


Department of Elder Affairs

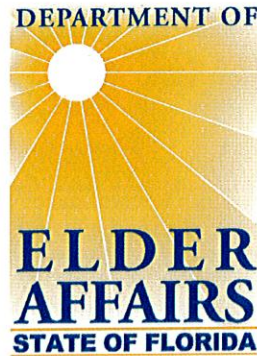
**Division of Statewide Community-Based Services
Monitoring and Quality Assurance**

2009 Annual Report



**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 |
| • Volunteerism | • 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 entitlement 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 Serving Health Insurance Needs of Elders (SHINE) and the American Recovery and Reinvestment Act (ARRA). **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 to 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 specifying how services will be delivered to elders are delineated in contractual agreements between the Department and the AAAs (see page 3 for services list). The AAA contractual agreements comprise approximately 94 percent of the Department's budget. 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 contract primarily with lead agencies, and lead agencies contract with local service providers within each planning and service area in the aging services network. Lead agencies provide services directly, or through sub-contracts with over 1,100 local service providers statewide.

FLORIDA DEPARTMENT OF ELDER AFFAIRS

Programs and services for which the AAAs had administrative and fiscal oversight responsibilities (including Medicaid spending authority) totaled approximately \$292 million in annual contract awards in calendar year 2009. During the 2008-2009 state fiscal year (SFY), the Florida Legislature appropriated over \$376 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 from the monitoring reviews included the following:

- Failure to serve Adult Protective Services (APS) High-Risk Referrals within the 72-hour mandated time frame;
- Congregate meal site and home-delivered meal temperature deficiencies;
- Emergency Home Energy Assistance for the Elderly Program requirements not followed;
- Medicaid Waiver Aged and Disabled Adult (ADA) and Assisted Living for the Elderly (ALE) non-compliance issues; and
- Elder abuse prevention deficiencies.

Staff conducted effective program monitoring during the on-site monitoring visits and provided technical assistance. The need for statewide training was indicated for program areas where recurring findings were identified for AAAs and these needs were discussed with appropriate Department staff. In response to technical assistance needs identified during the 2009-monitoring year, the Department took the following actions:

- Reviewed and revised the interpretive guidelines based on continuous quality improvement efforts and feedback from the AAAs, citing the authority for monitored items, describing required activities, and giving examples of documentary evidence monitors are seeking for confirmation of required activities;
- Developed training materials for case narrative requirements, which will be distributed in February 2010.
- Continued the practice of contract management staff accompanying monitors on site to provide technical assistance and ensure awareness of future training needs.

The Department's monitoring was conducted in accordance with techniques and procedures commonly used for monitoring sub-recipients of federal and state grants, contracts and sub-awards. The monitoring 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 2008 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 have transitioned to Aging Resource Centers, as legislatively mandated in Chapter 430.2053, Florida Statutes, for the purpose of providing Florida's elders and their families easier access to long-term-care services, and integrating and coordinating information and referral for all available services for elders. The scope of monitoring was expanded in 2009 to include review of all

Aging Resource Centers and 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 DOE contract requirements related to the AAAs' role as major sub-recipients 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 employed 427 full-time equivalents throughout the state, and provided direct services to more than 190,848 consumers during the last state fiscal year (SFY). Approximately 608,422 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 administers a variety of programs and services to assist elders in remaining independent. These programs include the Long-Term Care Community Diversion Program; Consumer-Directed Care Plus Program; Assisted Living for the Frail Elderly and Aged and Disabled Adult Medicaid Waivers; Alzheimer's Disease Initiative; Home Care for the Elderly; Community Care for the Elderly; Older Americans Act, and Volunteer programs. In addition to helping improve the lives of Florida's elders, caregivers, and families, 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 \$2,140 and \$22,006, compared to an average annual cost of \$46,074 to provide 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 and services funded through and administered by DOEA 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 contracting with the AAAs to ensure the availability and provision of supportive services to older individuals and 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
- Advocacy/Disease Prevention
- Adult Day Care
- Case Management
- Companion/Escort Services
- Health Insurance Counseling

- Health Risk Screenings
- Legal Aid/Assistance
- Medical Transportation
- Nutrition Counseling
- Personal Care
- Information and Referral
- Meals: Congregate and Home Delivered
- Medication Management
- Outreach
- Hurricane Disaster Relief

In addition to client and service eligibility requirements for programs administered, DOEA is required to monitor its funded sub recipients. 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 and 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 sub-recipients 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 sub recipient'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.

Interpretive guidelines and correlating monitoring instruments are developed and sent to the AAAs prior to the start of the monitoring visit schedule. The guidelines include compliance requirements citing the authoritative references, the Department's interpretation of what actions or activities are expected of the AAAs to demonstrate compliance, and examples of documentation or evidence that would confirm their compliance. The AAAs are given the opportunity to review these guidelines and respond if they have a different interpretation of the requirements or dispute them and the guidelines and instruments are modified according to the validity of the responses and distributed to the AAAs.

The current monitoring approach and methodology begins with a letter sent to each 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 the approximate time frame for completing the review and confirms 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 pre-visit 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 director members 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 conducts 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 identifying the conditions and findings noted and the authoritative citation. 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.

At the conclusion of the monitoring schedule, the Department conducts a Monitoring Summit attended by the AAAs to discuss in general the most common findings and their possible causes and solutions, reveal best practices observed by monitors that could be helpful to other AAAs, and discuss how the monitoring process could be improved to make the results more useful toward increasing the effectiveness and performance of the Department and its contractors.

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 2009 through December 2009. The period of review generally covered the 12-month period from January 1, 2008, through December 31, 2008. A baseline was established for the accuracy of client data within the Client Information and Referral Tracking System (CIRTS) in 2008 and other databases, and information was re-evaluated for 2009 to determine if data accuracy had improved. Selected client files were also reviewed for the period of January 1, 2009, through the completion date of the fieldwork for the Medicaid Waiver programs, Emergency Home Energy Assistance for the Elderly program (EHEAEP), Imminent Risk and Adult Protective Services (APS) referrals, and general revenue funded programs.

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 AAAs became ADRCs and 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.

In accordance with the provisions of s. 430.2053, Florida Statutes, DOEA implemented Aging Resource Centers (ARCs) built upon the same premise as the ADRCs, but supported by state general revenue funds. As a result, eight AAAs (PSAs 1, 2, 3, 4, 6, 8, 9 and 11) began operating as ARCs and were fully functional in performing ARC functions and activities by the end of 2008.

The Department monitored the three operating ADRCs in 2008 and expanded the review in 2009 to include the eight PSAs operating as ARCs. The Department's monitoring of ADRC and ARC functions and activities revealed the ADRCs and ARCs are effective in providing access to information and referrals for individuals in need of services and have effectively streamlined eligibility determination and prioritization of elders most in need of services.

The Department's monitoring of the AAAs was conducted in accordance with techniques and procedures commonly used for monitoring federal and state programs, and included an examination of selected records, inquiries of the AAAs' 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 internal control systems. 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 AAAs' 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.

Presentation and Summary of Monitoring Activities

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. Results of the Department's statewide monitoring of the AAAs' operations and programs are recapped in one of six major categories. 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 Sub recipient 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.

Continuous Quality Assurance

During the 2008 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 during the 2006-2007 fiscal year. The Department provided AAAs achievement analyses 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 2009 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 2009, the Department provided analyses to each AAA, including prior year comparative information, of data anomalies in the various databases where client information and services are recorded, advising AAAs to inquire and investigate the causes of erroneous information, and to provide technical assistance to providers to improve accuracy of data. This area will continue to be monitored and direction given as appropriate as part of this quality assurance initiative.

Summary of Compliance Issues Requiring Corrective Action Plans

The following list summarizes the categories and the type of deficiencies cited, and identifies which AAAs were cited for each. AAAs are required to submit corrective action plans to address deficiencies. Approved corrective action plans are available from the Department upon request.

Organization Governance, Leadership and Administration

The deficiency noted in this area was regarding compliance with board member term limits. Compliance with the term limits established in the by-laws could not be confirmed because of documentation inaccuracies and inconsistencies. This deficiency was noted in AAA 9.

Financial Management, Internal Controls and Sub-recipient Monitoring

Deficiencies noted in this area included ineffectual sub-recipient monitoring and oversight. Findings indicated subcontractors did not meet their co-pay collection goals, monitoring report summaries and transmittal letters did not clearly indicate findings or the requirement for corrective action, or identified findings requiring corrective action but did not follow-up to ensure corrections were implemented. These deficiencies were noted in AAAs 4 and 8.

Regulatory/Contractual Compliance - Federal and State Programs

Deficiencies noted in this area were for EHEAEP and Nutrition. The most common findings for EHEAEP were that staff could not confirm that only the minimum amount necessary to resolve the crisis was paid to the utility company and that denial of benefits to clients was accurate. This was because of missing or inconsistent information, such as documentation of income eligibility, outdated application forms and payment documentation. Nutrition concerns included failure to initiate appropriate follow-up and corrective action for improper food temperatures and sanitation deficiencies, incomplete documentation to confirm that nutrition education was provided for congregate and home delivered meal clients and documentation did not indicate food service staff received required training. EHEAEP program deficiencies were noted in AAAs 2, 4, 6, 7, and 9. Nutrition deficiencies were noted in AAAs 1, 2, 7 and 8.

Grantee Operations - Effectiveness, Efficiency and Appropriateness of Service Delivery

Deficiencies noted in this area were general revenue programs client file documentation, federal program reporting requirements, and Adult Protective Services (APS). For general revenue program client file documentation, the major issues were inadequate documentation of eligibility for the programs and files did not contain a current assessment. For federal programs, quarterly reports for the Medication Management and Health and Wellness programs could not be substantiated; and there was inadequate documentation of the required number of quarterly outreach and training events for elder abuse prevention. For APS, 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 file information for services provided, 2) failure to notify the Department of Children and Families when services could not be provided or other barriers existed, and 3) incomplete referral packets. These deficiencies were noted in AAAs 1, 2, 3, 7, 8, 9 and 11.

Information Management and Data Integrity

The deficiency noted in this area was regarding anomalies in the information recorded for clients after the date of death based on reports from the Bureau of Vital Statistics. This deficiency was noted in AAA 10.

Medicaid Waiver Management/Compliance

Deficiencies in this area included missing or gaps in Levels of Care reviews, missing or incorrect fair hearing notification forms and provider choice forms, and lack of comprehensive case narratives. Other case file deficiencies included missing semiannual care plan updates, care plans not legible or maintained in detail, care plan costs exceeded established thresholds, outdated comprehensive assessments, case narratives not supporting intensive case management, and missing ALE Waiver care plan quarterly reviews. These deficiencies were noted in AAAs 1, 2, 3, 4, 6, 7, 8, 9, 10 and 11.

ISSUES AND OBSERVATIONS BY AREA AGENCY

PSA 1 - Northwest Florida Area Agency on Aging, Inc. (NWFAAA) 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 718,091 individuals, of which approximately 19.9 percent are age 60 and older.

The Department's monitoring and review of the Northwest Florida Area Agency on Aging, Inc. (NWFAAA), confirmed the following programmatic and contractual compliance issues:

- Services to APS Clients Did Not Meet Statutory Deadline
- Nutrition Program Compliance Deficiencies
- General Revenue File Deficiencies
- Aged and Disabled Adult (ADA) Medicaid Waiver Care File Documentation Deficiencies

Overall, NWFAAA had no significant findings that could potentially compromise the quality of services to Florida elders.

PSA 2 - Area Agency on Aging for North Florida, Inc. (AAANF) AAANF is headquartered in Florida's capital city of Tallahassee 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 733,401 individuals, of which approximately 18 percent are age 60 and older.

The Department's monitoring and review of the Area Agency on Aging for North Florida, Inc., (AAANF) confirmed the following programmatic and contractual compliance issues:

- Services to APS Clients Did Not Meet Statutory Deadline
- Aged and Disabled Adult (ADA) and Assisted Living for the Elderly (ALE) Medicaid Waiver Care File Documentation Deficiencies
- Emergency Home Energy Assistance for the Elderly Program (EHEAEP) Deficiencies
- Nutrition Program Compliance Deficiencies
- Health Promotion and Disease Prevention Program Deficiencies

Overall, AAANF had no significant findings that could potentially compromise the quality of services to Florida elders.

PSA 3 - Mid-Florida Area Agency on Aging, Inc. (MFAAA) 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 1,617,384 individuals, of which approximately 29 percent are age 60 and older.

The Department's monitoring and review of the Mid-Florida Area Agency on Aging, Inc., confirmed the following programmatic and contractual compliance issues:

- Services to APS Clients Did Not Meet Statutory Deadline
- Aged and Disabled Adult (ADA) and Assisted Living for the Elderly (ALE) Medicaid Waiver Care File Documentation Deficiencies

Overall, MFAAA had no significant findings that could potentially compromise the quality of services to Florida elders.

PSA 4 – Northeast Florida Area Agency on Aging, Inc. (NEFAAA) NEFAAA serves the seven-county area of Baker, Clay, Duval, Flagler, Nassau, St. Johns and Volusia. The PSA has a population of 2,000,618 individuals, of which approximately 21 percent are age 60 and older.

The Department's monitoring and review of the Northeast Florida Area Agency on Aging, Inc., (NEFAAA) confirmed the following programmatic, financial management and contractual compliance issues:

- Emergency Home Energy Assistance for the Elderly Program (EHEAEP) Deficiencies
- Aged and Disabled Adult (ADA) and Assisted Living for the Elderly (ALE) Medicaid Waiver Care File Documentation Deficiencies
- Sub recipient Monitoring and Oversight Deficiencies
- Care plan Review Protocol Deficiencies

Overall, NEFAAA had no significant findings that could potentially compromise the quality of services to Florida elders.

PSA 5 - Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) Located on Florida's west coast, AAAPP serves the two-county region of Pasco and Pinellas. The PSA has a population of 1,390,237 individuals, of which approximately 28.5 percent are age 60 and older.

The Department's monitoring and review of the Area Agency on Aging of Pasco-Pinellas, Inc., (AAAPP) confirmed no programmatic, financial management or contractual compliance issues.

PSA 6 - West Central Florida Area Agency on Aging Inc. (WCFAAA) WCFAAA serves the five-county region of Hardee, Highlands, Manatee, Hillsborough and Polk. The PSA has a population of 2,266,982 individuals, of which approximately 21.5 percent are age 60 and older.

The Department's monitoring and review of the West Central Florida Area Agency on Aging, Inc., confirmed the following programmatic and contractual compliance issues:

- Emergency Home Energy Assistance for the Elderly Program (EHEAEP) Deficiencies
- Aged and Disabled Adult (ADA) and Assisted Living for the Elderly (ALE) Medicaid Waiver Care File Documentation Deficiencies

Overall, WCFAAA had no significant findings that could potentially compromise the quality of services to Florida elders.

PSA 7 - Area Agency on Aging of Central Florida, Inc., d/b/a Senior Resource Alliance (SRA) SRA serves the four-county area of Brevard, Orange, Osceola and Seminole. The planning and service area has a population of 2,409,389 individuals, of which approximately 17.5 percent are age 60 and older.

The Department's monitoring and review of the Area Agency on Aging of Central Florida, Inc., d/b/a Senior Resource Alliance (SRA) confirmed the following programmatic and contractual compliance issues:

- Services to APS Clients Did Not Meet Statutory Deadline
- Aged and Disabled Adult (ADA) and Assisted Living for the Elderly (ALE) Medicaid Waiver Care File Documentation Deficiencies
- Nutrition Program Compliance Deficiencies
- General Revenue Program Deficiencies
- Elder Abuse Prevention Program Deficiencies

Overall, SRA had no significant findings that could potentially compromise the quality of services to Florida elders.

PSA 8 – Area Agency on Aging for Southwest Florida, Inc. (AAASWF) AAASWF serves the seven-county area of Sarasota, Charlotte, DeSoto, Lee, Glades, Collier and Hendry. The PSA has a population of 1,638,495 individuals, of which approximately 33.3 percent are age 60 and older.

The Department's monitoring and review of the Area Agency on Aging for Southwest Florida, Inc., confirmed the following programmatic, financial management and contractual compliance issues:

- Services to APS Clients Did Not Meet Statutory Deadline
- Aged and Disabled Adult (ADA) and Assisted Living for the Elderly (ALE) Medicaid Waiver Care File Documentation Deficiencies
- Nutrition Program Compliance Deficiencies
- Subrecipient Monitoring and Oversight Deficiencies

Overall, AAASWF had no significant findings that could potentially compromise the quality of services to Florida elders.

PSA 9 - Area Agency on Aging of Palm Beach/Treasure Coasts, Inc. (AAPB/TC) AAPB/TC serves the five-county region of Palm Beach, Indian River, Martin, Okeechobee and St. Lucie. The PSA has a population of 1,926,930 individuals, of which approximately 28.4 percent are age 60 and older.

The Department's monitoring and review of the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., confirmed the following programmatic, financial management and contractual compliance issues:

- Services to APS Clients Did Not Meet Statutory Deadline
- Aged and Disabled Adult (ADA) and Assisted Living for the Elderly (ALE) Medicaid Waiver Care File Documentation Deficiencies
- Emergency Home Energy Assistance for the Elderly Program (EHEAEP) Deficiencies
- Board Governance and Oversight Deficiency

Overall, AAPB/TC had no significant findings that could potentially compromise the quality of services to Florida elders.

PSA 10 – Areawide Council on Aging of Broward County, Inc. (ACABC) - PSA 10 serves one county in its region, which is Broward County. The PSA has a population of 1,786,913 individuals, of which approximately 19.4 percent are age 60 and older.

The Department's monitoring and review of the Areawide Council on Aging of Broward County, Inc., confirmed the following programmatic and contractual compliance issues:

- Aged and Disabled Adult (ADA) and Assisted Living for the Elderly (ALE) Medicaid Waiver Care File Documentation Deficiencies
- Client Information Registration and Tracking System (CIRTS) Data Accuracy Deficiency

Overall, ACABC had no significant findings that could potentially compromise the quality of services to Florida elders.

PSA 11 - Alliance for Aging, Inc. (AFA) - The AFA serves the two-county region of Dade and Monroe. The PSA has a population of 2,569,964 individuals, of which approximately 18.9 percent are age 60 and older.

The Department's monitoring and review of the Alliance for Aging, Inc., (AFA) confirmed the following programmatic and contractual compliance issues:

- Services to APS Clients Did Not Meet Statutory Deadline
- Aged and Disabled Adult (ADA) and Assisted Living for the Elderly (ALE) Medicaid Waiver Care File Documentation Deficiencies
- Emergency Home Energy Assistance for the Elderly Program (EHEAEP) Deficiencies
- Elder Abuse Prevention Program Deficiencies

Overall, AFA had no significant findings that could potentially compromise the quality of services to Florida elders.

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OVERVIEW - AGING SERVICES NETWORK

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.

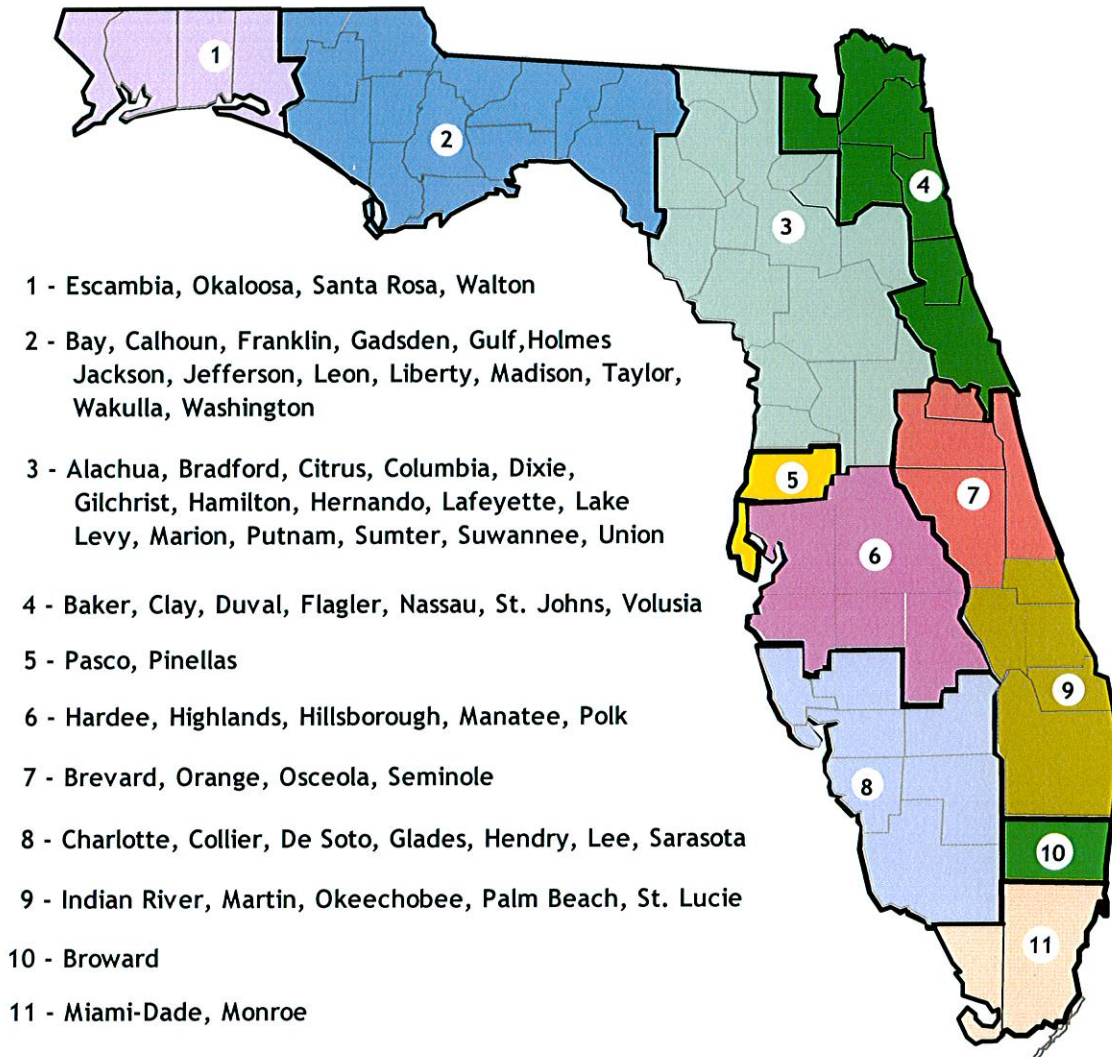
DOEA' s Role as the State Unit on Aging

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.

FLORIDA DEPARTMENT OF ELDER AFFAIRS

Statewide Planning and Service Area Map for 11 Area Agencies by County Composition



Area Agencies on Aging as Local Planners, Coordinators and Administrators

Area Agencies on Aging (AAAs) are nonprofit private entities designated by DOEA 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 sub recipient 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.

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 in 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 DOEA 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. The 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 persons 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 care are offered depending upon the availability of funds.

MAJOR FEDERAL, STATE AND CONTRACTUAL COMPLIANCE GUIDELINES

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-110, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Nonprofit Organizations.
- 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).
- Code of Federal Regulations: 45 CFR, Parts 74 and 92 (Federal Procurement Guidelines).

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

LEGISLATIVELY MANDATED PERFORMANCE OUTCOME MEASURES

#	Outcome Measure
1	Percentage of customers who are at imminent risk of nursing home placement who are served with community-based services
2	Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours
3	Percentage of elders assessed with high or moderate risk environments who improved their environment score
4	Percentage of new service recipients with high-risk nutrition scores whose nutritional status improved
5	Percentage of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved
6	Percentage of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved
7	Percentage of family and family-assisted caregivers who self-report they are very likely to provide care
8	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)
9	Average time in the Community Care for the Elderly (CCE) Program for Medicaid Waiver probable customers decreases