

Elder & Family Services Policy Committee

**Tuesday, February 2, 2010
10:00 AM - 12:00 PM
24 House Office Building**

**Larry Cretul
Speaker**

**Thomas "Tom" Anderson
Chair**

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Elder & Family Services Policy Committee

Start Date and Time: Tuesday, February 02, 2010 10:00 am

End Date and Time: Tuesday, February 02, 2010 12:00 pm

Location: 24 HOB

Duration: 2.00 hrs

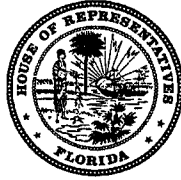
Consideration of the following bill(s):

HJR 15 Department of Elder Affairs by Pafford

Overview of the Aging Resource Centers

Overview of the Florida Elder Services Medicaid Waiver Programs

NOTICE FINALIZED on 01/26/2010 16:14 by Alison.Cindy



The Florida House of Representatives

Health & Family Services Policy Council

Elder & Family Services Policy Committee

AGENDA

February 2, 2010
10:00 AM – 12:00 PM
24 House Office Building

I. Opening Remarks by Chair Anderson

II. Overview of the Aging Resource Centers

Sandi Smith
Community and Support Services
Department of Elder Affairs

III. Overview of the Florida Elder Services Medicaid Waiver Programs

Marcy Hajdukiewicz
Division Director of Statewide Community-Based Services
Department of Elder Affairs

IV. Consideration of the Following Bill:

HJR 15 – Department of Elder Affairs by Rep. Pafford

V. Closing Remarks from Chair Anderson

VI. Adjournment

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HJR 15 Department of Elder Affairs
SPONSOR(S): Pafford and others
TIED BILLS: IDEN./SIM. BILLS:

Table with 4 columns: REFERENCE, ACTION, ANALYST, STAFF DIRECTOR. Row 1: Elder & Family Services Policy Committee, Analyst: Guy, Staff Director: Shaw.

SUMMARY ANALYSIS

House Joint Resolution 15 proposes an amendment to Section 12 of Article IV of the Florida Constitution to redesignate the Department of Elderly Affairs as the Department of Elder Affairs.

This joint resolution to redesignate the Florida Department of Elder Affairs must be approved by a 3/5 vote of the membership of each house of the Legislature. If enacted by such a vote, the proposal will be presented to the electors of Florida during the state's next general election (November 2, 2010). Final approval requires a favorable vote from 60 percent or more of the electors of the state.

Since the Department presently refers to itself as the "Department of Elder Affairs," there will be no fiscal impact on state government related to changing the Department's printed materials or signs.

This joint resolution appears to have a fiscal impact on state government in that the Department of State, Division of Elections, estimates a non-recurring cost of approximately \$7,669 for FY 2010-11. The cost is a result of placing the joint resolution on the ballot and publishing two required notices.

The joint resolution does not contain a specific effective date. Therefore, if adopted by the voters at the 2010 General Election, the resolution would take effect January 4, 2011.

HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Persons age 60 and older compose 23 percent of Florida's total population while one out of every 11 Floridians is age 75 or older.¹ Seniors make up more of the state's population than the populations of 17 other states and the District of Columbia combined.²

The Department of Elderly Affairs (the "Department") was authorized in 1991 via an amendment to Article IV, Section 12 of the Florida Constitution, codified in section 20.41, Florida Statutes, and organized pursuant to Chapter 430, F.S., the "Department of Elderly Affairs Act." The Department began operation in January 1992.

The Department of Elderly Affairs is designated as the state unit on aging³ as defined in the Older Americans Act (the "OAA") of 1965.⁴ The Department's role is to administer the state's OAA allotment and grants, and to advocate, coordinate, and plan all services to elders provided by the state of Florida.⁵ The OAA requires the Department to fund a service delivery system through designated area agencies on aging (AAAs) in each of the state's 11 planning and service areas.⁶ In addition, ch. 430, F.S., requires that the Department fund service delivery "lead agencies" that coordinate and deliver care at the consumer level in the counties comprising each planning and service area.

Proposed Changes

House Joint Resolution 15 proposes an amendment to Section 12 of Article IV of the Florida Constitution to redesignate the Department of Elderly Affairs as the Department of Elder Affairs.

B. SECTION DIRECTORY:

Not applicable.

¹ Florida Department of Elder Affairs, <http://elderaffairs.state.fl.us/english/aboutus.php> (last visited January 26, 2010).

² *Id.*

³ Section 20.41(5), Florida Statutes.

⁴ Section 305(a)(1)(C), Older Americans Act.

⁵ Section 430.04(1), Florida Statutes.

⁶ s. 20.41(6), F.S.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

Non-recurring FY 2010-2011

Department of State, Division of Elections

Publication Costs Approximately \$7,669 (General Revenue)⁷

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

The Department presently refers to itself as the "Department of Elder Affairs" in all of its printed materials and contracts. Should the joint resolution pass the Legislature and be approved by the voters of Florida, the Department would not need to change any of its materials to adapt to the name change.⁸

This joint resolution appears to have a fiscal impact on state government in that each constitutional amendment is required to be published in a newspaper of general circulation in each county, once in the sixth week and once in the tenth week preceding the general election.⁹ Costs for advertising vary depending upon the length of the amendment. According to the Department of State, Division of Elections, the average cost of publishing a constitutional amendment is \$94.68 per word. The word count for HJR 15 is 81 words x \$94.68 = \$7,669.08.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not appear to require counties or municipalities to spend funds or take any action requiring the expenditure of funds; reduce the authority that municipalities or counties have to raise revenue in the aggregate; or reduce the percentage of a state tax shared with counties or municipalities.

⁷ Florida Department of State, Fiscal Note (November 18, 2009).

⁸ Florida Department of Elder Affairs, 2010 Legislative Bill Analysis, House Joint Resolution 15.

⁹ Fla. Const., art. XI, s. 5(d)

2. Other:

Article XI, Section 1 of the Florida Constitution authorizes the Legislature to propose amendments to the State Constitution by joint resolution approved by three-fifths of the elected membership of each house. If agreed to by the Legislature, the amendment must be placed before the electorate at the next general election held after the proposal has been filed with the Secretary of State's office or at a special election held for that purpose. The resolution would be submitted to the voters at the 2010 General Election and must be approved by at least 60 percent of the voters voting on the measure.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

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House Joint Resolution

A joint resolution proposing an amendment to Section 12 of Article IV of the State Constitution to redesignate the Department of Elderly Affairs as the Department of Elder Affairs.

Be It Resolved by the Legislature of the State of Florida:

That the following amendment to Section 12 of Article IV of the State Constitution is agreed to and shall be submitted to the electors of this state for approval or rejection at the next general election or at an earlier special election specifically authorized by law for that purpose:

ARTICLE IV

EXECUTIVE

SECTION 12. Department of Elder ~~Elderly~~ Affairs.--The legislature may create a Department of Elder ~~Elderly~~ Affairs and prescribe its duties. The provisions governing the administration of the department must comply with Section 6 of Article IV of the State Constitution.

BE IT FURTHER RESOLVED that the following statement be placed on the ballot:

CONSTITUTIONAL AMENDMENT

ARTICLE IV, SECTION 12

DEPARTMENT OF ELDER AFFAIRS.--Proposing an amendment to the State Constitution to redesignate the Department of Elderly Affairs as the Department of Elder Affairs.

Aging Resource
Centers

Aging Resource Centers: An Overview

DEPARTMENT OF



ELDER
AFFAIRS
STATE OF FLORIDA

Sandi Smith

Senior Management Analyst Supervisor

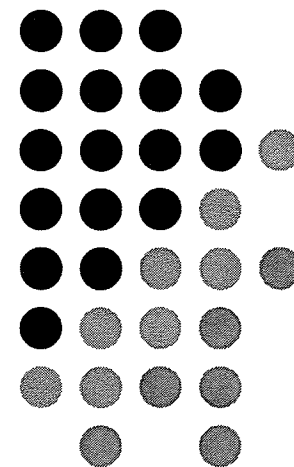
Elder and Family Services Policy

Committee

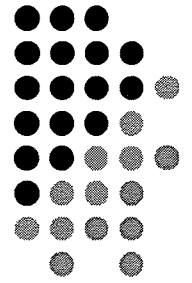
February 2, 2010

Charlie Crist
Governor

E. Douglas Beach
Secretary

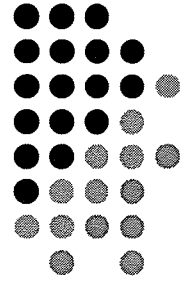


ARC: What is it?



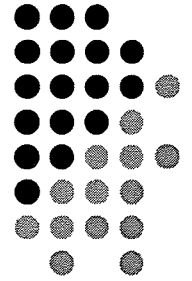
- A single, coordinated system of information and access for all persons seeking long-term support
- A locally focused, uniform approach to long-term care information and referral
- A variety of entry points offering “no wrong door” access to public and private-pay long-term care services

History in Florida: 2004



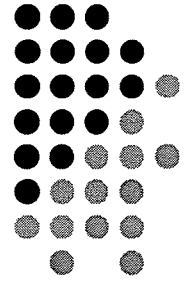
- Three-year grant from Administration on Aging/Centers for Medicare & Medicaid Services to implement three Aging and Disability Resource Centers (ADRCs).
- State mandate to transition all Area Agencies on Aging (AAAs) to Aging Resource Centers (ARCs).

History in Florida: 2005



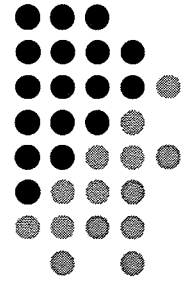
- Three AAAs selected as ADRC pilot sites:
 - Orlando
 - St. Petersburg
 - Ft. Lauderdale
- Implementation from June - September
- Selection met the legislative mandate to designate three ARC pilot sites.

History in Florida: 2006



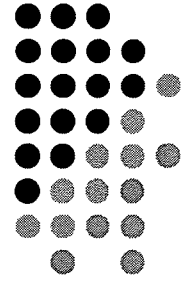
- Legislature designated \$3.3M in general revenue funding for the following:
 - Operation of three ADRCs - staffing and expenses
 - Statewide implementation of ARCs - infrastructure needs

History in Florida: 07-08



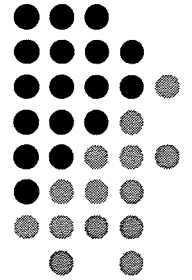
- Legislature designated \$3.3M in general revenue and Medicaid funding for the following:
 - Operation of ADRCs/ARCs – staffing and expenses.
 - All 11 Area Agencies on Aging are fully operational as one-stop Aging Resource Centers.

State Collaboration



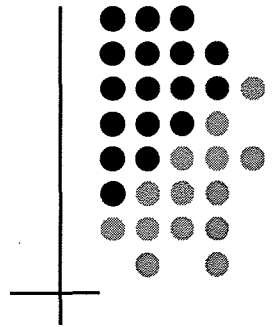
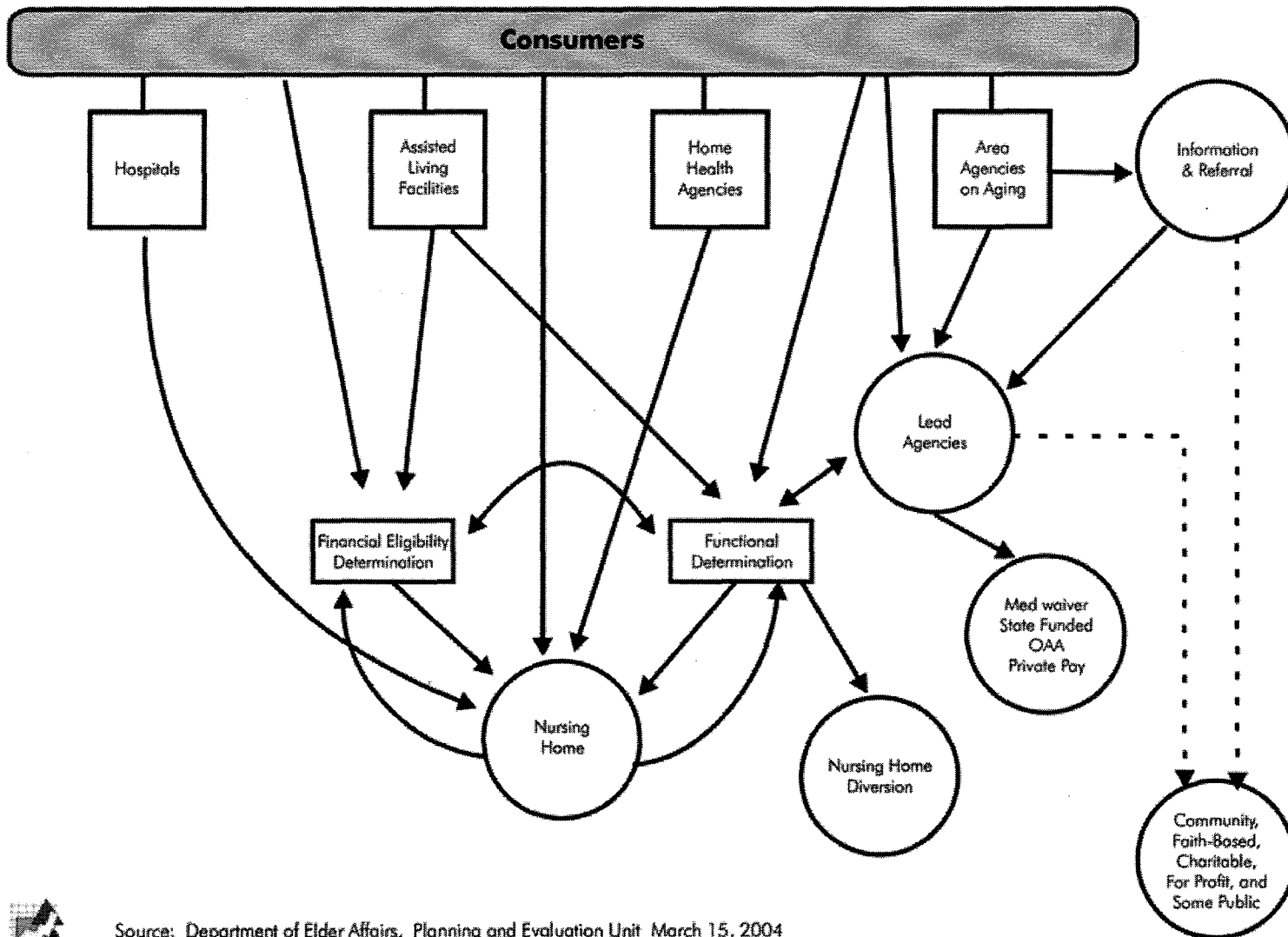
- Department of Elder Affairs (DOEA)
- Department of Children and Families (DCF)
 - Economic Self-Sufficiency Services
 - Substance Abuse and Mental Health
 - Adult Protective Services
- Agency for Health Care Administration (AHCA)

Statewide Activities



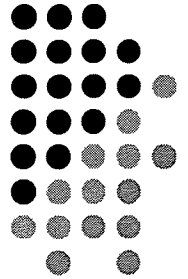
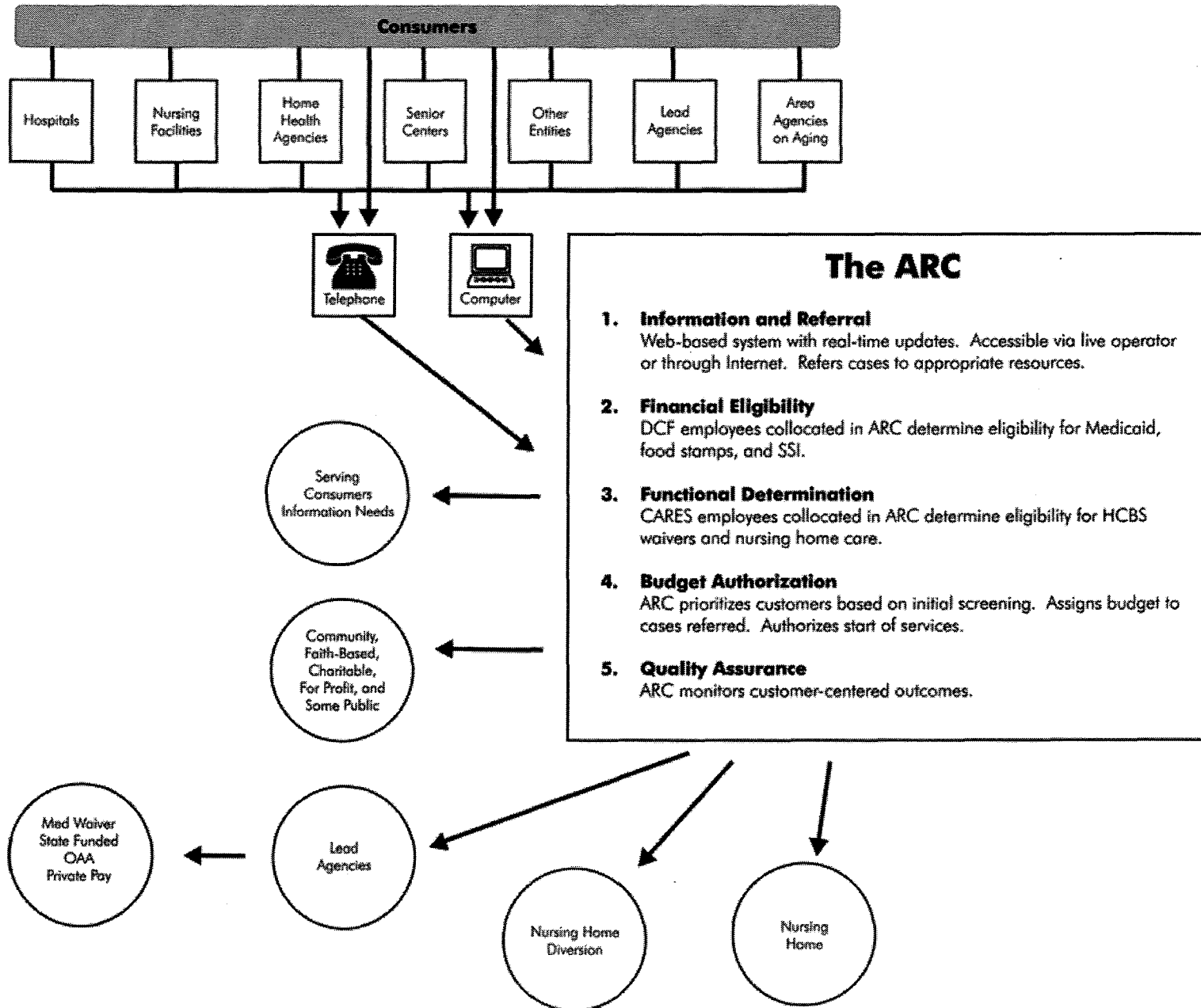
- Negotiated a state-level Memoranda of Agreement with DCF
- Developed templates for local Memoranda of Understanding for Aging Resource Centers
- Collaborated with AHCA to use Medicaid match funds for certain Aging Resource Centers functions

The System: Before ARCs

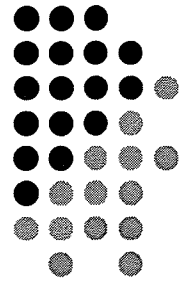


Source: Department of Elder Affairs, Planning and Evaluation Unit March 15, 2004

The ARC System

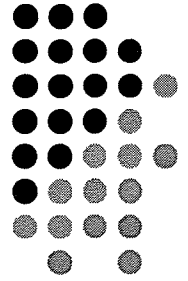


Aging Resource Centers

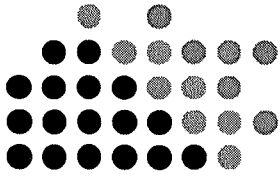


- A single unified system entered through multiple access points - “no wrong door.”
- Customer-focused, seamless, elders and caregivers can efficiently access:
 - Comprehensive and standardized information and referral for aging and long-term care resources.
 - Streamlined entry to long-term care programs that are appropriate, adequate and cost effective.

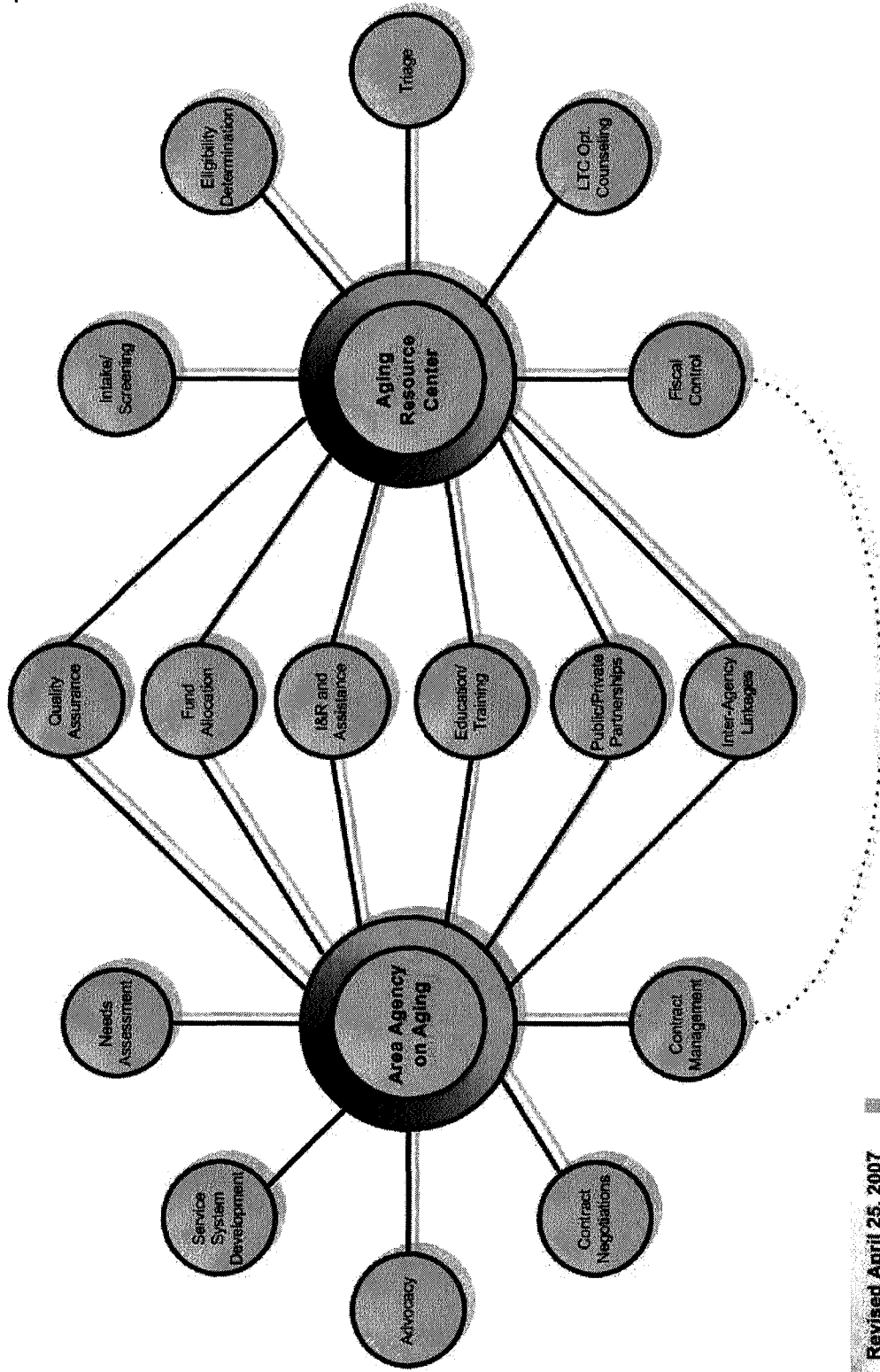
Key ARC Functions



- Information and referral services (I&R)
- Screening and triaging
- Eligibility determination - collocation of Medicaid eligibility determination staff
- Long-term care options and choice counseling
- Fiscal control
- Quality assurance

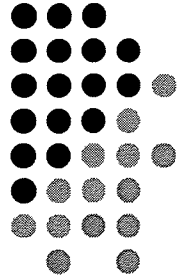


AAA vs. ARC Function Flowchart



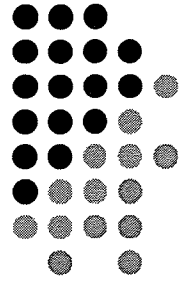
Revised April 25, 2007

Pre-ARC Process



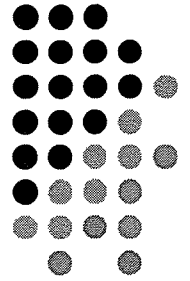
- Daughter calls the AAA on behalf of her mother. She discusses funded and private pay options with the AAA's I&R specialist, who searches resource database for service provider contact information.
- Daughter calls each agency, explains her request to each one and answers screening questions.
- Each agency contacts the daughter when funding is available.

Post-ARC Process



- Daughter calls ARC on behalf of her mother. She briefly discusses her mother's situation with the I&R specialist, who transfers her to ARC intake staff.
- ARC intake staff discusses public and private pay service options, conducts telephone screening, and determines if her mother is eligible for funded services.
- ARC staff contacts the appropriate agency authorizing mother for services. The agency retrieves the mother's data via computer and initiates her program enrollment.

Performance: Comparison



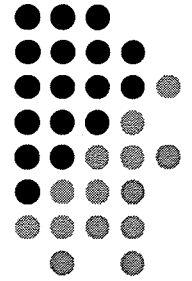
2008-2009 (Actual)

- **1.4 million** contacts (call, walk-in, email, fax, website visit)
- **59,528** received Medicaid options counseling
- **26,543** screened for eligibility
- **21,317** referred for Medicaid eligibility
- **3,124** enrolled in waivers
- **129,582** total clients served

2009-2010 (Projections)

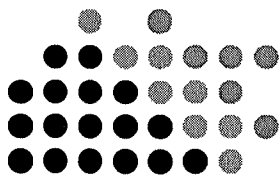
- **1.8 million** contacts (call, walk-in, email, fax, website visit)
- **65,505** received Medicaid options counseling
- **26,950** screened for eligibility
- **22,980** referred for Medicaid eligibility
- **4,575** enrolled in waivers
- **162,000** total clients served

ARC Model: Benefits



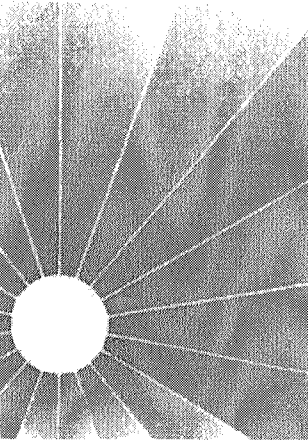
- Minimizes confusion about long-term care options
- Enhances individual choice
- Supports informed decision making
- Reduces service fragmentation
- Streamlines access to services
- Improves fiscal control over public long-term care resources

Questions???



Medicaid Waiver
Programs

DEPARTMENT OF



**ELDER
AFFAIRS**
STATE OF FLORIDA

***Medicaid Waivers and Programs
Serving Elders***

Presented by Marcy Hajdukiewicz
Division Director
Statewide Community-Based Services

Charlie Crist
Governor

E. Douglas Beach
Secretary

Medicaid

A State and Federal Partnership

- **In 1965, the federal Social Security Act was amended to establish two major national health care programs:**
 - **Title XVIII (Medicare)**
Eligibility based upon age or disability
 - **Title XIX (Medicaid)**
Eligibility based upon income

Medicaid

A State and Federal Partnership

- **Title XIX (Medicaid) programs are state administered programs funded by both the federal and state governments.**
- **All states administer their programs under federally approved state plans.**

What is a Medicaid Waiver?

- **A waiver is an exception to the Medicaid rules and regulations established and approved by the Centers for Medicare and Medicaid Services (CMS).**
- **A waiver is an alternative to costly institutional (nursing home) care.**

Medicaid Waiver Authority

- **1915 (a) – Allows for use of managed care with home and community-based services.**
- **1915 (b) - Freedom of Choice Waiver**
 - **Allows states to waive the requirement that “any willing qualified provider” can enroll and provide Medicaid reimbursable services.**
- **1915 (c) - Home and Community-Based Services Waiver**
 - **Allows states to cover services traditionally viewed as “long-term care” and provide them to individuals in a community setting (rather than a nursing home).**

Medicaid Waiver Authorities

- **1915 (j) – State Plan Amendment**
 - **Allows states to amend their state plan to incorporate self-directed services.**

- **1115 - Research and Demonstration Waiver**
 - **Allows states to test or pilot a unique program or method of service delivery. These waivers are often academic in nature and often require comprehensive evaluations of effectiveness.**

How do Beneficiaries Qualify?

- **Meet nursing home level of care**
- **Meet Medicaid Institutional Care Program income and asset limits**
- **Meet additional impairment criteria, if required**
- **Accept waiver services in lieu of institutional placement**

Service Provision

- **A wide variety of supportive goods and services are offered.**
- **An individualized package or “care plan” is developed for each participant, based on their needs and existing natural supports, as assessed through a standardized comprehensive assessment.**
- **As needs change, re-assessments and regular contact with a case manager ensure that the care plan changes accordingly.**

Roles of State Agencies

- **Agency for Health Care Administration (AHCA)**
 - Single state Medicaid administrative agency
 - Contracts with Medicaid fiscal agent
- **Department of Elder Affairs (DOEA)**
 - Operates elder waivers and programs
 - Determines medical eligibility
- **Department of Children and Families (DCF)**
 - Operates physically disabled adults program (18-59)
 - Determines financial eligibility

Elder Affairs Medicaid Programs

- 1. Aged and Disabled Adult (ADA)**
Consumer-Directed Care Plus (CDC+)
- 2. Assisted Living for the Frail Elderly (ALE)**
- 3. Nursing Home Diversion (NHD)**
- 4. Alzheimer's Disease (ALZ)**
- 5. Adult Day Health Care (ADHC)**
- 6. Channeling**
- 7. Program of All-Inclusive Care for the Elderly (PACE)**

Aged and Disabled Adult Waiver

- **Authority – 1915 (c)**
- **Population – Age 60+**
 - **ages 18-59: managed by DCF**
- **Eligibility – Medical nursing home level of care**
- **Service Area – Statewide**
- **Current Enrollment – 8,912**
- **2009-2010 Funding – \$87 million**
- **Services – Case management and 25 other home and community-based services.**

Aged and Disabled Adult Waiver Services

- Adult day health care
- Attendant care
- Caregiver training & support
- Case management
- Chore
- Consumable medical supplies
- Companion
- Counseling
- Emergency alert
- Escort
- Financial assessment
- Home delivered meals
- Home modification
- Homemaker
- Nutritional risk reduction
- Occupational therapy
- Personal care
- Pest control
- Physical risk reduction
- Physical therapy
- Rehab engineering evaluation
- Respite
- Respiratory therapy
- Skilled nursing
- Specialized medical equipment/DME
- Speech therapy

Consumer-Directed Care Plus

- **Authority – 1915 (j)**
- **Population – Age 60+**
- **Eligibility – Medical nursing home level of care**
- **Service Area – Statewide**
- **Current Enrollment – 327**
- **Services – Case management and 25 other home and community-based services.**

Assisted Living for the Frail Elderly Waiver

- **Authority – 1915 (c)**
- **Population – Age 60+**
- **Eligibility – Medical nursing home level of care and meet additional clinical impairment criteria**
- **Service Area – Statewide**
- **Current Enrollment – 2,859**
- **2009-2010 Funding – \$35 million**
- **Services – Case management, assisted living, and 15 other home and community-based services.**

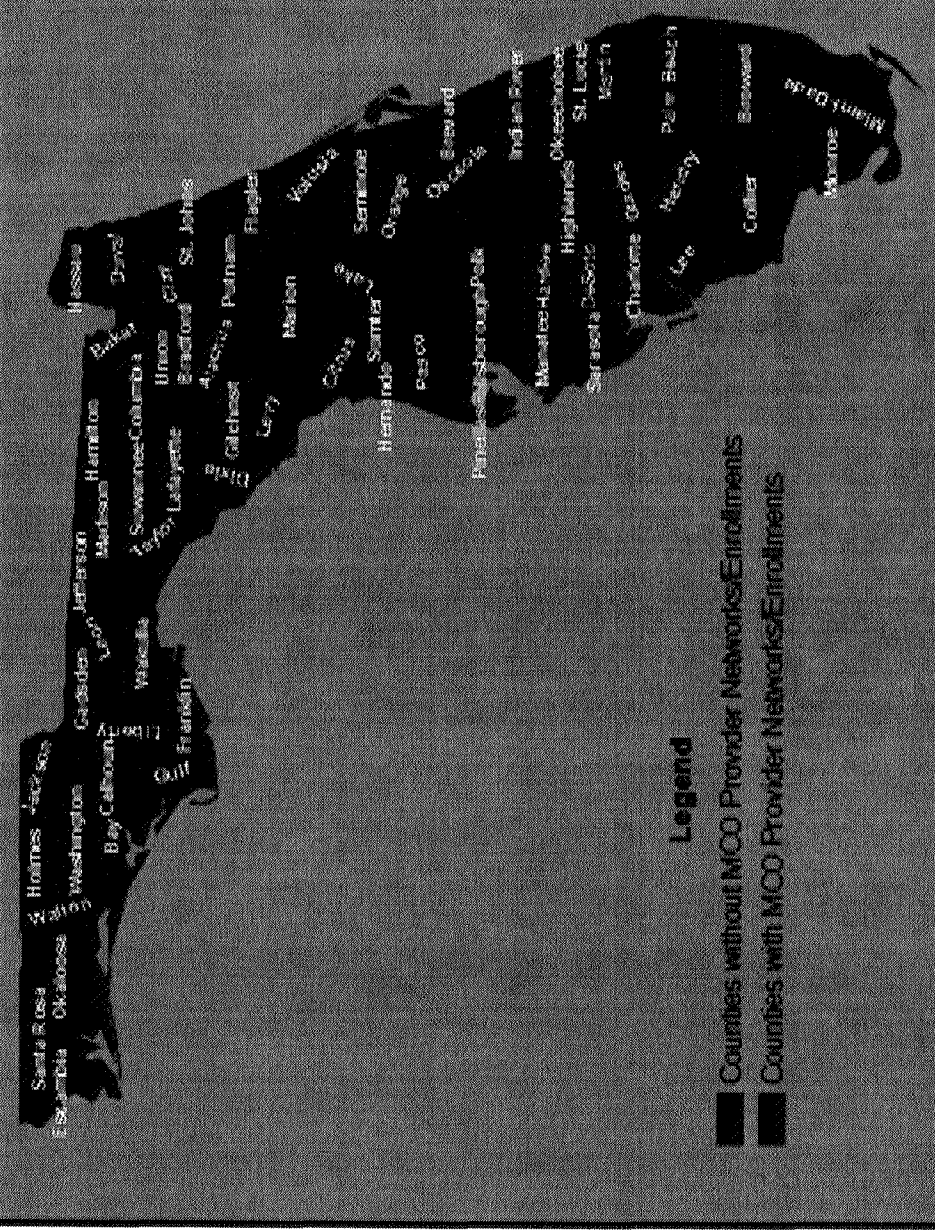
Assisted Living for the Frail Elderly Waiver Services

- **Attendant call system**
- **Attendant care**
- **Behavior management**
- **Case management**
- **Chore**
- **Companion**
- **Homemaker**
- **Incontinence supplies**
- **Intermittent nursing**
- **Medication administration**
- **Occupational therapy**
- **Personal care**
- **Physical therapy**
- **Specialized equipment/DME**
- **Speech therapy**
- **Therapeutic social and recreation**

Nursing Home Diversion Waiver

- **Authority – 1915 (a) & (c)**
- **Population – Age 65+**
- **Eligibility – Medical nursing home level of care, Medicare parts A & B, and meet additional clinical impairment criteria**
- **Service Area – 37 counties**
- **Current Enrollment – 17,300**
- **2009-2010 Funding – \$328 million**
- **Services – Case management, coordination of acute care services, Medicare co-payments and co-insurance, nursing facility care, and 20 other home and community-based services.**

Diversion Networks/Enrollments - January 2010



- Legend**
- Counties without MCO Provider Network Enrollments
 - Counties with MCO Provider Network Enrollments

Nursing Home Diversion Waiver Services

- Adult companion
- Adult day health
- Assisted living services
- Case management
- Chore services
- Consumable medical supplies
- Environmental accessibility adaptation
- Escort
- Family training
- Financial assessment/risk reduction
- Home-delivered meals
- Homemaker
- Nursing facility services
- Nutritional assessment/risk reduction
- Occupational, physical and speech therapies
- Optional transportation
- Personal care
- Personal emergency response systems
- Prescribed drugs
- Respite care

Alzheimer's Disease Waiver

- **Authority – 1915 (b) & (c)**
- **Population – Age 60+**
- **Eligibility – Medical nursing home level of care, have confirmed diagnosis of Alzheimer's Disease, and live with capable caregiver in private home or apartment**
- **Service Area – Dade, Broward, Palm Beach and Pinellas counties**
- **Current Enrollment – 270**
- **2009-2010 Funding – \$5 million**
- **Services – Case management and 10 other home and community-based services.**

Alzheimer's Disease Waiver Services

- **Adult day health care**
- **Behavioral assessment and intervention**
- **Case management**
- **Caregiver training**
- **Home modification**
- **Incontinence supplies**
- **Personal care**
- **Pharmacy/Medication review**
- **Respite**
- **Wanderer alarm system**
- **Wanderer ID and location program**

Adult Day Health Care Waiver

- **Authority – 1915 (b) & (c)**
- **Population – Age 75+**
- **Eligibility – Medical nursing home level of care and live with capable caregiver**
- **Service Area – Lee and Palm Beach counties**
- **Current Enrollment – 28**
- **2009-2010 Funding – \$1.9 million**
- **Services – Case management and Adult Day Health Care services.**

Adult Day Health Care Waiver Services

- **Adult day health care**
- **Case management**
- **Counseling**
- **Meals**
- **Medical direction**
- **Medication Management**
- **Nursing services**
- **Nutrition**
- **Personal care assistance**
- **Recreational/therapeutic activities**
- **Rehabilitative therapies**
- **Transportation**

Channeling Waiver

- **Authority – 1915 (c)**
- **Population – Age 65+**
- **Eligibility – Medical nursing home level of care and have two or more unmet long-term care needs**
- **Service Area – Miami-Dade and Broward counties**
- **Current Enrollment – 1,408**
- **2009-2010 Funding – \$14.7 million**
- **Services – Case management and 20 other home and community-based services.**

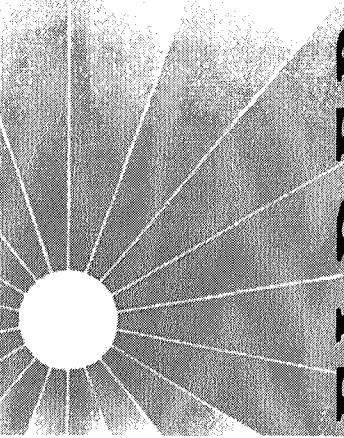
Channeling Waiver Services

- **Adult day health care**
- **Case management**
- **Chore**
- **Companion**
- **Counseling**
- **Home Modifications**
- **Family training**
- **Financial education and protection**
- **Home health aid**
- **Occupational therapy**
- **Personal care**
- **Personal emergency response systems**
- **Physical therapy**
- **Respite care**
- **Skilled nursing**
- **Special home delivered meals**
- **Special drug and nutritional assessment**
- **Special medical supplies**
- **Speech therapy**

Program of All-Inclusive Care for the Elderly (PACE)

- **Authority – State plan service**
- **Population – Age 55+**
- **Eligibility – Medical nursing home level of care and live in a PACE service area**
- **Service Area – Miami-Dade (*specific zip codes*) Pinellas, and Lee counties, applications are under review for additional PACE sites in Lehigh Acres and Port Charlotte**
- **Current Enrollment – 299**
- **2009-2010 Funding – \$10 million**
- **Services – All Medicaid and Medicare services, including case management, home and community-based services, and nursing facility care.**

DEPARTMENT OF



**ELDER
AFFAIRS**

STATE OF FLORIDA

Are there any questions?