



The Florida Senate

Interim Project Report 2001-005

November 2000

Committee on Budget

Senator Locke Burt, Chairman

REVIEW DEPARTMENT OF ELDER AFFAIRS WAITING LIST PROJECTIONS FOR THE ELDERLY WHO NEED SERVICES

SUMMARY

This project was initiated due to the challenges of obtaining updated and accurate data of consumers waiting for services funded by the Department of Elder Affairs. The Legislature must have this information to determine the true level of need for the elderly citizens of the State of Florida to make sound budgetary decisions. The waiting list information is collected on the department's six major program areas: Alzheimer's Disease Initiative (ADI), Community Care for the Elderly, Home Care for the Elderly, Home and Community-Based Services Waiver; Assisted Living Facilities Waiver and Older Americans Act (OAA).

The study found that the department is moving toward a system that centers around providing services to individuals by placing them on a universal waiting list for services. The department has changed the way they identify individuals needing services. Rather than placing them on a waiting list, they will be placed on an assessed priority consumer list. This process will allow the department to take an individual who is seeking services and conduct a comprehensive assessment of their needs to ensure the individual is linked to the correct services. Once the assessment of their needs is completed, the individual will be assigned a frailty level of one through five, with five being the most severe, which means the individual meets the requirements to be placed in a nursing home. The department will then concentrate its resources on providing services to those elderly individuals who have the highest frailty level.

Finally, the report recommends that the department develop consistent and uniform policies and procedures on how each of the Area Agencies on Aging will implement and maintain the assessed priority consumer list. Monthly conference calls need to be established with all of the Area Agencies on Aging to discuss any problems or improvements needed with the new system. Also, a further detailed analysis and review of the

assessed priority consumer list is recommended to determine if it will provide the necessary and pertinent information needed by the Legislature. The department needs to continue to maintain separate lists on all of the major programs, to ensure that the Legislature has reliable and accurate data on consumers waiting for services. In addition, the department will need to continue to update and replace obsolete information technology equipment that links the Consumer Information Registering Tracking System (CIRTS system) to local Area Agencies on Aging which provides pertinent data, not only to the department, but to the Legislature and Governor's Office.

BACKGROUND

The 1992 Legislature created the Florida Department of Elder Affairs (DOEA) in response to a 1988 general election constitutional referendum calling for the establishment of a state agency that is focused on the needs of the elderly citizens of the State of Florida. Chapter 430, Florida Statutes, establishes DOEA as the agency responsible for administering aging services and long-term care programs, which also includes the Federal Older Americans Act program (OAA). The department is currently charged with administering the following programs:

- C Community Care for the Elderly (CCE)
- C Home and Community Based Services Waiver (HCBSW)
- C Assisted Living Facility Waiver (ALFW)
- C Florida's Alzheimer's Disease Initiative (ADI)
- C Emergency Home Energy Assistance for the Elderly (EHEAP)
- C Long-Term Care Ombudsman
- C Senior Community Service Employment Program (SCSEP)
- C Home Care for the Elderly (HCE)
- C Comprehensive Assessment and Review for

- C Long-Term Care Services (CARES)
- C Public Guardianship Program
- C Policy direction and training responsibilities for Assisted Living Facilities, Adult Family Care Homes, Hospice and Adult Day Care, and Adult Day Care Food Program
- C Respite for Elders Living in Everyday Families (RELIEF)

of services elderly citizens need in order to reduce nursing home placements, and also to determine the total number of elderly individuals statewide that are requesting services. The waiting list information is collected on the department’s major program areas: Alzheimer’s Disease Initiative (ADI), Community Care for the Elderly, Home Care for the Elderly, Home and Community-Based Services Waiver; Assisted Living Facilities Waiver and Older Americans Act (OAA).

The Department’s Mission Statement:

To advocate for and serve elders. To promote and implement long-term care policies and procedures that are elder-friendly. To plan, coordinate, administer and initiate programs and services that empower elders and their caregivers to age in place, in an elder-friendly environment, with security, dignity, and purpose.

(Source: Department of Elder Affairs’ Agency Strategic Plan 2000-2001, page 1)

Due to the challenges of obtaining updated and accurate data of consumers waiting for services funded by the Department of Elder Affairs, an interim study has been initiated to better understand the process of placing elderly individuals on a waiting list, which would indicate a true need for services. The Legislature must have this information, to make sound budgetary decisions to determine the true level of need for the elderly citizens of the State of Florida. This will become an important issue in the future as the table below shows a continued growth in the elderly population in the State of Florida in the next ten years.

The **Alzheimer’s Disease Initiative (ADI)** was mandated by the 1985 Legislature to provide an array of services to meet the needs of elderly individuals with Alzheimer’s disease and their caregivers. There are four components that make up the program: 1) respite services for caregiver relief; 2) memory disorder clinics to provide diagnosis, research, treatment and referral; 3) model day care programs to test new care alternatives and 4) a research database and brain bank to support research.

Community Care for the Elderly (CCE) is a totally state funded program that provides community based services that assist functionally impaired elderly individuals to live in the least restrictive, cost effective environment suitable to their needs. The different types of services offered in the CCE program consist of adult day care, adult day health care, case management, case aide, chore, companionship, consumable medical supplies, counseling, escort, emergency alert response, emergency home repair, home health aide, homemaker, information and referral, legal assistance, material aid, medical therapeutic services, respite, transportation, home delivered meals, personal care, shopping assistance and home nursing. To be eligible for CCE

FLORIDA POPULATION AGE 60 AND OLDER

Age Group	Jan. 1 2001	Jan. 1 2002	Jan. 1 2003	Jan. 1 2004	Jan. 1 2005	Jan. 1 2006	Jan. 1 2007	Jan. 1 2008	Jan. 1 2009	Jan. 1 2010
60-64	736,628	763,063	797,674	840,040	889,899	946,300	1,006,324	1,065,762	1,120,479	1,165,947
65-69	718,856	725,591	738,846	758,086	782,839	812,457	846,471	884,367	925,786	969,968
70-74	728,690	725,054	719,632	714,293	710,902	711,269	716,608	727,787	745,765	771,324
75-79	651,424	660,289	664,336	664,234	660,611	654,268	646,951	640,938	638,476	641,895
80-84	450,512	467,137	484,530	501,072	515,177	525,344	531,664	535,035	536,308	536,335
85 and older	342,963	357,307	372,162	387,833	404,691	422,856	441,764	460,374	477,687	492,566
Totals (60 and older)	3,629,073	3,698,441	3,777,180	3,865,558	3,964,119	4,072,494	4,189,782	4,314,263	4,444,501	4,578,035

Prepared by Florida Legislature, Office of Economic and Demographic Research
 Source: Demographic Estimating Conference Database, updated 6/2000.

The department in the past year, has started implementing new procedures that determine what types

services, an individual must be 60 years of age or older and have been assessed as functionally impaired.

Home Care for the Elderly (HCE) is also a totally state funded program that encourages the care of individuals 60 years of age or older in family type living arrangements in private homes as an alternative to institutional or nursing home placement. A basic subsidy is provided for support and maintenance of the older person, including medical costs. The basic subsidy, which averages about \$106 per month, is given to caregivers of individuals who are 60 or over and have income less than the Institutional Care Program (ICP) standard, be at risk of nursing home placement and have an approved adult caregiver living with them who is willing and able to provide or assist in arranging care.

Home and Community Based Services Waiver (HCBSW) is a federally matched program that provides services to older persons and disabled individuals assessed as frail, functionally impaired and at risk of nursing home placement. The program is state funded with an approximately 57% Federal match. The HCBSW is used to assist or help older persons and disabled individuals by providing services to enable them to remain at home. The services are arranged based upon a comprehensive assessment of needs. The type of services consist of the following: adult day health care, attendant care, case management, case aide, chore, consumable medical supplies, family training and support, counseling, emergency alert response, environmental modifications, homemaker, home delivered meals, personal care, risk reduction, specialized medical equipment and supplies, skilled nursing, therapies, companionship, health support, escort and respite services. In order to meet the eligibility requirements, individuals must be 60 years old or older or a disabled adult aged 18 - 59, who would receive services from the Department of Children and Families. They must meet the same technical and financial criteria applied to individuals seeking Medicaid assistance for nursing home status. For the 60 years old or older individuals, the technical eligibility is completed by the Comprehensive Assessment and Review for Long-Term Care Services (CARES) teams located in each of Florida's eleven Area Agencies on Aging. The financial eligibility for all Medicaid programs is determined by the Department of Children and Families.

The **Assisted Living Facility Waiver (ALFW)** is also another program that is both state and federally funded. The state provides approximately 43% of the funding and the Federal Government provides 57% of matching funds that provide services for consumers aged 60 and over who are at risk of nursing home placement. These individuals are in need of additional support and services

that are made available in an assisted living facility. In addition, these individuals must meet the same technical and financial criteria applied to those seeking Medicaid assistance for nursing home placement. These services consist of the following: personal care, attendant and companion service, chore, medication administration and oversight, homemaker, therapeutic social and recreational programming, physical therapy, occupational therapy, speech therapy, intermittent nursing services, specialized medical supplies, incontinence supplies, specialized approaches to behavior management, emergency call system and case management.

The **Older Americans Act Program** is a federally funded program that provides services to individuals aged 60 and over. The department disburses these funds to the local Area Agencies on Aging, which enters into contracts with local service providers to deliver services to the elderly citizens of the State of Florida. The services consist of the following: **Title III-B** Supportive Services, which provides transportation, outreach, information/referral, case management, homemaker, home health aide, visiting/telephone reassurance, chore/maintenance, legal, escort, residential repair/renovations; **Title III-C1** Congregate meals and nutritional education; **Title III-C2** Meals delivered to frail, home bound individuals and nutritional education; **Title III-F** Periodic preventive health services; and **Title VII-3** Public education, training and information regarding Elder Abuse Prevention.

(Source: Information on the six major program areas is from the Department's 2001 Draft Resource Manual).

The table below provides a five-year history of the appropriation levels of the department’s major programs:

Appropriation Categories:	Alzheimer Disease Initiatives	Community Care for the Elderly	Home Care for the Elderly	Home and Community Based Services Waiver	Assisted Living Facilities Waiver	Older Americans Act
1995-96	6,761,567	42,415,630	6,729,169	24,364,784	2,281,022	60,510,161
1996-97	7,780,763	40,159,412	13,458,403	31,031,450	3,381,022	60,501,223
1997-98	9,380,763	37,679,556	13,458,403	36,364,783	5,617,658	60,501,223
1998-99	10,947,763	34,805,102	13,458,403	44,511,422	10,299,372	60,501,223
1999-00	11,636,763	45,143,406	13,458,403	49,037,333	14,825,283	60,501,223

- Telephone Interviews

The department keeps separate waiting lists for each of the programs that are offered to the elderly citizens of the State of Florida. For example, there is a waiting list for the Home and Community-Based Services Waiver, Assisted Living Facilities Waiver and Community Care for the Elderly services. However, the department has determined that if you keep separate waiting lists for all the major programs offered, it would artificially inflate the number of individuals actually waiting to receive services. For example, in most cases, one individual would be requesting two or three different types of services in several different programs. He or she could be on the waiting list for both Home and Community-Based Services Waiver and Community Care for the Elderly services. Therefore, when trying to calculate a total number of individuals waiting to receive services department-wide, it was found that one individual would be counted two or three times, according to how many different types of services were requested.

This step consisted of a series of telephone interviews with key personnel in the department who are responsible for compiling the waiting list information that is used to develop the Legislative Budget Request.

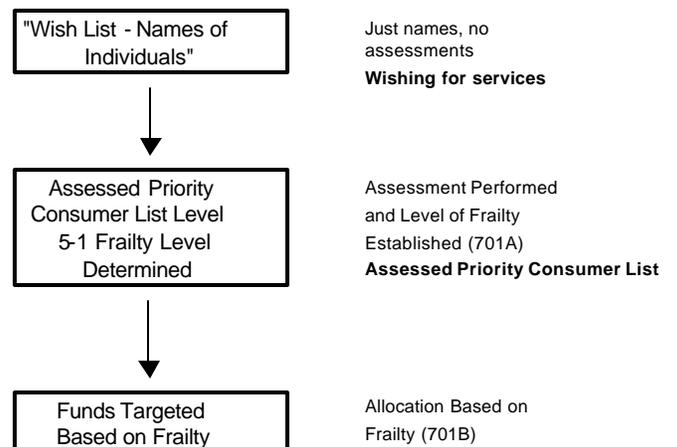
FINDINGS

Currently, the department is moving toward a system that centers around providing services to individuals by placing them on a universal waiting list for services. The department felt it necessary to change the way they identified individuals needing services rather than placing them on the waiting list. They will be placed on an assessed priority consumer list to better reflect the new procedures that have been put in place. This new process will allow the department to take an individual who is seeking services and conduct a comprehensive assessment of their needs to ensure the individual is linked to the correct services. The flow chart below will better describe the new process:

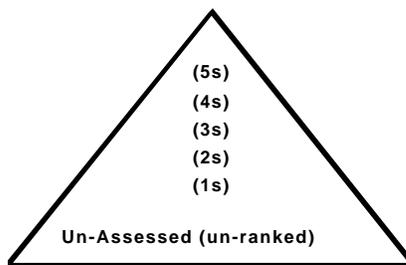
METHODOLOGY

The process for carrying out this project included the following steps:

- Legal Research
Using the Internet as a search tool, this process was designed to collect, review and analyze information on the Department of Elder Affairs.
- Data Collection and Analysis
Using statistical reports produced by the Department of Elder Affairs, these steps included the collection and analysis of actual and projected information on elderly individuals in the State of Florida who are on DOEA’s waiting list for services.



The DOEA Prioritization Form, which is known as the 701A form in the CIRTS system, is a short form that is usually administered to elderly individuals over the phone, but also can be completed in the home, produces a prioritization score. The prioritization score provides an assessment of the individual's level of frailty which determines the level of services needed. After the 701A prioritization score is completed, the individual will be assigned a level of frailty from one through five, with the frailty level five being the most severe. The pyramid below will help in defining the five different levels of frailty.



Level 5: Imminent risk of nursing home placement
Level 4: Most frail
Level 3: Frail
Level 2: Somewhat frail
Level 1: Least frail

After assigning a frailty level to those on the assessed priority consumer list, providers will be able to ensure that services are provided first to those with the highest frailty level. Therefore, when the providers have made services available to everyone on the list with a frailty level of five, they will continue serving individuals at the next highest levels of frailty as long as the resources are available. When the department receives their budget from the General Appropriations Act that is passed by the Legislature for each state fiscal year, they allocate those resources to the local Area Agencies on Aging, which in turn contracts with local providers to provide services to elderly individuals.

Once the individual has a prioritization score, which provides an assessment of the level of frailty, and if the level of frailty is high enough and resources are available, then a case manager actually goes out to the individual's home and fills out the 701B form, which is a comprehensive assessment conducted to determine service gaps and what type of services are needed to develop a sufficient care plan. Finally, when the individual starts receiving services, the provider removes the individual off of the assessed priority consumer list.

In addition, through site visits and phone interviews, it was determined that the majority of the Area Agencies on Aging current policies and procedures for placement on what was formerly known as the waiting list, varies from one agency to another.

RECOMMENDATIONS

Based on the findings in this study, the recommendations set forth in this section should be considered within the context of the budget review which will precede and lead to the eventual passage of the 2001 General Appropriations Act.

- The Department of Elder Affairs needs to develop consistent and uniform policies and procedures on how each of the Area Agencies on Aging will implement and maintain the assessed priority consumer list.
- The department needs to establish monthly conference calls with all of the Area Agencies on Aging to discuss any problems or improvements needed with the assessed priority consumer list.
- After the department has fully implemented their new assessed priority consumer list, a further detailed analysis and review is recommended to determine if it will provide the necessary and pertinent information needed by the Legislature to make policy and budgetary decisions in the future.
- The department will need to continue to maintain separate lists on all of the major programs to ensure that the Legislature has reliable and accurate data on consumers waiting for services, so they can make sound policy and budgetary decisions during the Legislative session.
- If resources are available, the department will need to continue to update and replace obsolete information technology equipment that links the CIRTS system to the local Area Agencies on Aging, which provides pertinent data to the department. This data is needed to keep updated information on clients who are receiving or needing services from the department.

COMMITTEE(S) INVOLVED IN REPORT (*Contact first committee for more information.*)

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Committee on Health, Aging and Long-Term Care

MEMBER OVERSIGHT

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