

## **Project Abstract**

ElderSource will lead its community-based partners and the Area Agencies on Aging across Florida through this two-year project to launch a statewide Community Integrated Health Network (CIHN), with ElderSource acting as the Network Lead Entity (NLE). The overarching goal of this project is to identify and implement the necessary leadership, infrastructure, and systems to equip the network to successfully launch the NLE and CIHN by the end of the project period. The objectives of the project are to identify necessary improvements across all domains of an effective NLE (leadership, finance, business development, network development & support, and network administration) and implement those changes in a systematic process throughout the project. Anticipated outcomes include: 1) Full staffing for the NLE; 2) a provider network onboarded and supported to successfully provide services; 3) understanding of the financial models required to participate in the network as the NLE and as a contracted provider; 4) identified and upgraded infrastructure needs across all domains of the network; 5) a full understanding of the current service capacity of network partners and the service needs of health plans across Florida; and 6) active contract negotiations in process with a private health plan to launch a pilot of the CIHN in NE Florida, with the intention of expanding throughout Florida soon after. This will ultimately provide Florida's older adults greater access to community-based services that improve their quality of life. The expected products include a strategic plan, an in-depth infrastructure inventory of the network, documented business processes/procedures, and training resources across all function areas.

## **Project Relevance and Current Need**

### **Current Structure of Network & Role/Position of Applicant within the Network**

Northeast Florida Area Agency on Aging, dba ElderSource (referred to as ElderSource throughout this proposal) has a long history of successfully working with a network of community based organizations to provide a variety of social determinant of health (SDOH) services to older adults and adults with disabilities in a seven county area. As the state-designated Area Agency on Aging and Aging & Disability Resource Center for Baker, Clay, Duval, Flagler, Nassau, St Johns and Volusia counties, ElderSource is responsible for coordinating access to and services for older adults, adults with disabilities, and caregivers throughout Northeast Florida. As a part of this designation, ElderSource is charged with identifying the needs of elders and their caregivers, developing plans to address those needs & contracting and ensuring quality of providers tasked with providing the services needed. ElderSource has been successfully doing this work alongside its network of community partners for more than four decades.

The access functions ElderSource provides as an AAA and ADRC are extensive. Currently, these access functions include: (1) ElderSource provides information, referral and assistance through the statewide toll-free Helpline system, which is coordinated across Area Agencies on Aging to provide free, accurate information regarding access to long term care & community-based support services for older adults, adults with disabilities and their family caregivers. (2) ElderSource provides assessment for, eligibility determinations of, and enrollment into the Medicaid Long Term Care program, which helps avoid unnecessary placement in nursing homes and other institutional facilities, as well as assisting individuals in these facilities to transition back to the community. (3) ElderSource provides efficient assessments and eligibility determination processes across all of its programs through its intake function. Members of this team assess all individuals interested in the “menu” of AAA/CBO services through a state-wide standardized assessment and release participants as funding becomes available for the programs that match their needs and interests. (4) ElderSource manages the Veteran Directed Home/Community Based Services Program for the seven county area. In partnership with two Veterans

Administration Medical Centers, ElderSource coordinates flexible home-based support for veterans and their caregivers.

Beyond the access functions ElderSource provides, ElderSource offers a menu of home- and community-based services, both in-house and through a network of partner providers. The partners that currently comprise this network include those shown in the network organization chart which has been provided as an attachment to this application. ElderSource's current provider agencies are: Aging True, Baker County Council on Aging, City of Jacksonville Senior Services and Senior Centers, Flagler County Senior Services, Nassau County Council on Aging, St. Johns County Council on Aging, Council on Aging of Volusia County, Jacksonville Area Legal Aid, The Florida Area Health Education Centers (AHEC) Network, and Community Legal Services of Mid-Florida, Inc.

This network provides a wide range of SDOH services and supports for older adults and adults with disabilities. These services include those provided by community partners: case management; nutrition services (both community-based and home-delivery); health education (diabetes self management, chronic disease self management, fall prevention); mental health counseling; home assessment & modification; transportation; in-home personal care; and caregiver support. Several services are also provided "in-house" by ElderSource: (1) free, objective Medicare information and education through the SHINE/SHIP program; (2) elder abuse education & participation in coordinated efforts to prevent and better respond to abuse and neglect; (3) health education; (4) telephone reassurance; (5) virtual caregiver support groups; and (6) UNIPER (a box installed to a home TV that allows adults 65+ to access health and wellness programming, participate in peer led groups, have video calls with loved ones, and conduct telehealth visits). ElderSource is responsible not only for coordinating these services across the network, but regularly auditing the services and ensuring quality assurance of programs provided.

Additionally, ElderSource & the AAA network across the state have strong relationships with the Department of Children & Families, which handles cases of self neglect & abuse; Councils of

Independent Living, which provide supportive services for adults with disabilities; local & regional behavioral health entities; and local & regional law enforcement. All services ElderSource offers, whether in-house or contracted through an external partner, are designed and provided in a person-centered manner. Assessments take into account the individual's/family's personally-stated needs and goals. Services focus on improving quality of life in tangible, incremental ways for the individual, the caregiver, and the family participating. At the core of what ElderSource and the entire aging network does is providing person-centered support to improve health outcomes for older adults and those who love them.

To get a sense of the statewide network as a whole, it is helpful to understand that all services laid out above for ElderSource's seven county area are replicated across the rest of the state's 60 counties through the other ten local Area Agencies on Aging and their respective partners. This network of social services for older adults is effective, stable & long-lasting. It is well-positioned to expand its current infrastructure to work with private health plans and payers to serve an even greater number of older adults in need of support, and, specifically, to act as a Network Lead Entity (NLE) for the state of Florida.

Over the last several years, ElderSource has had the opportunity to participate in multiple collaborative efforts to better assess and equip the organization to become an NLE. ElderSource has worked in depth with the Administration for Community Living (ACL), National Association of Area Agencies on Aging (N4A), and the Florida Department of Elder Affairs (the State Unit on Aging) and other current/prospective NLEs. This has provided ElderSource with a deep understanding of where the organization's strengths and weaknesses lie in terms of required competencies for a successful NLE.

As a result of these educational opportunities and the understanding of the need for expanded services for older adults throughout the state, ElderSource created Medicaid Management Services (MMS) in February 2019 to position the ElderSource umbrella of entities to become a Network Lead Entity. MMS is currently under contract with Florida Community Care, a Medicaid Managed Care Long Term Care Plan to conduct file reviews of their case management files for quality assurance purposes.

ElderSource previously had a contract with a local safety net hospital to provide care transition coaching for several years. These experiences show there is interest from private payers in working with ElderSource in the future.

The volunteer leadership of MMS & ElderSource reflects its commitment to this journey to becoming an NLE for the state: MMS currently has a Board with representatives from assisted living, home health care, and elder law. ElderSource's parent Board includes a representative from a hospital system, and MMS is currently recruiting Board members from a health plan and a hospital system.

Taken together, ElderSource is positioned well to launch as the Network Lead Entity (NLE) for the state of Florida. With its long-held role as the "hub" of services for older adults throughout Northeast Florida, its experience in contracting with private health plans, its corporate structure, and its ongoing efforts to educate itself as a potential NLE through the various think tanks and learning collaboratives it has been a part of, ElderSource is confident in its ability to hold the role of NLE, first in its current 7-county service area, and eventually, by working in concert with the other ten Area Agencies on Aging (AAA) throughout the state, full state coverage. Discussions with the Florida AAA network are already in process to ensure commitment and preparation from the network as a whole.

### **Applicant's Current Capacity, Capabilities, and Barriers to Launching as an NLE**

Information from this section was compiled from the applicant's Network Lead Entity self assessment, which was completed as a part of Elder Source's work in the State-Community Collaboration Think Tank, a collaborative learning opportunity that was sponsored by the Administration for Community Living (ACL) and facilitated by Mission Analytics with participation and leadership from both the National Association of Area Agencies on Aging (n4a)'s Aging and Disability Business Institute and Advancing States. This collaborative includes five CBOs that were identified as emerging network lead entities and their respective state agency partners.

ElderSource has identified several strengths related to its capacity for positioning itself as a formal NLE in the aging & disability social services network for the state of Florida. It also has a deep understanding of its areas of weakness and barriers to success relative to the profile of the Leading NLE, largely due to its collaborative work and learning over the past two years. These learning collaboratives have provided ElderSource in-depth knowledge of how to lay out the two year work plan to position itself, and the Community Integrated Health Network it leads as a NLE, for success. Laid out below are the strengths and weaknesses ElderSource acknowledges it brings to this project, broken down by the five domains for success, as referenced in the Profile of a Leading NLE in the Administration for Community Living's Funding Opportunity Announcement.

Beyond the five domains listed below, one strength of ElderSource is its significant experience in the fundamental business processes that leading NLEs perform, including sustaining multi-year contracting with multiple health sector partners and successfully planning & executing strategic planning and business processes. These practices have long been functions of ElderSource's role as an AAA, where it has defined needs & strategies for its network of service providers across the seven county area for more than forty years. Additionally, another major strength is ElderSource's current corporate structure, with the appropriate firewall between administration of Medicaid Management Services & ElderSource already in place to avoid conflicts of interest in service provision across different funding sources, which mitigates risk for ElderSource and all parties involved.

### ***Leadership***

Currently, this is ElderSource's strongest domain. As outlined in the profile of the Leading NLE, components of leadership include strategic planning, organizing the network, controlling network performance, and leading across organizational boundaries. As an AAA, ElderSource must excel in all of these areas. AAAs are responsible for formally defining a strategic plan not only for their services, but for the services of the entire network and the entirety of the geography they cover. ElderSource is adept at organizing its partners and managing performance through its practice of regularly monitoring every

service it offers, whether in-house or contracted, for quality assurance and fiscal responsibility. Finally, leading across organizations is a vital component of ElderSource's work and role as an AAA. It would not be possible to provide services as varied as those of the aging network without cooperation, collaboration and support from all of its contracted providers. ElderSource has experience in addressing network concerns while building sustainable, effective & supportive relationships with its many partner providers.

### ***Finance***

ElderSource's greatest strength in terms of financial capacity is its long history of effectively managing multiple contracts simultaneously with its varied provider partners from financial, risk management, and compliance perspectives. ElderSource has a deep understanding of fee-for-service finance structures but has not participated in values-based pricing models, so that will be a key area of necessary growth as ElderSource takes on its role as NLE. ElderSource also has significant strength in its history of providing technical support and assistance to contracted providers on fiscal matters, which will help support the CIHN as it grows into its expanded role. Lastly, ElderSource has a long history of successfully making the business case for government funding and charitable donation support for the services it provides. However, while it understands the business case to be made to private health plans and has had initial success in its contract with Florida Community Care, it recognizes its need to better understand how to successfully make this case to potential private sector partners with value-based pricing and health outcomes in mind. Beyond ElderSource's internal experience, another key capacity it holds is its participation in the Financial Acumen Learning Collaborative led by ACL and N4A. This experience has equipped ElderSource to learn from and understand the nuances of the fiscal changes required to find success as an NLE.

### ***Business Development***

ElderSource has significant capacity in terms of business development, as well as specific areas needed to grow to strengthen its case and build the CIHN. First and foremost, ElderSource's strong and stable network across its region and across the state with the rest of the aging network is an important

asset in its business development capacity. This network provides a strong case for a health plan who is looking to cover a large geographic footprint, as ElderSource as an NLE, with the backing of the statewide aging network, offers a turn-key statewide solution once operational.

The ability to share best practices, collaboration opportunities, and innovative ideas widely across the statewide network is a strength as well. The eleven Area Agencies on Aging understand how to distribute effective practices across the network quickly and provide stable, trusting partner relationships across the state. This credibility makes ElderSource, and the aging network as a whole, a strong choice for private payers to partner with.

Two areas emerge that offer both strengths and weaknesses for ElderSource. First is the understanding of the value proposition ElderSource and the rest of the aging network partners hold in terms of their ability to contract with a private health plan is another strength. Addressing older adults' social determinants of health has been the aging network's focus for decades, which positions the network well to open up these services to this new line of business. The key weakness here is that this message has not yet been truly formalized and aligned across the network, especially in a way that addresses more outcomes or value-based payment models/program structures. Developing this value proposition with all network partners involved will be key to success in launching as an NLE.

Lastly, another combined strength and weakness is that of ElderSource's brand recognition and credibility. ElderSource itself holds positive, credible and stable brand recognition in the NE Florida area. Medicaid Management Services, however, is much less well known, as it is a small entity under the ElderSource umbrella. As a part of this project, developing and refining brand recognition for MMS will be key to successfully connecting with health plan partners.

### ***Network Development and Support***

Network development and support is an area of strength for ElderSource in that it has a long history of providing these types of quality assurance and technical support services to its network of

providers as an Area Agency on Aging. ElderSource is adept at vetting & onboarding partners, providing technical assistance, managing & monitoring performance, and retaining providers through its work as the hub of the NE Florida aging services network. The key work to be done will be to “translate” all of this experience for its role as a Network Lead Entity specifically. This will require continuous testing and tweaking to understand how processes, procedures and structures work in the NLE role as compared to the AAA role.

### ***Network Administration***

Much like network development and support, ElderSource’s strengths in terms of network administration lie in its experience as an AAA. In this role, ElderSource has gained expertise in administration both within its organization and within the aging network it oversees. Developing operational processes, compliance standards, contract review and negotiation, billing and payment procedures, and determining infrastructure needs are all areas where ElderSource has expertise. Additionally, ElderSource has a longstanding relationship with a legal firm to provide legal advice and support where needed. The major work still to be done to position ElderSource as a successful NLE is translating its network administration experience from the AAA role to the NLE role.

### ***Additional Barriers & Challenges***

The function-specific barriers to achieving success as an NLE or current weaknesses of the applicant have been defined alongside the applicant’s current capacity & capabilities in the section above. Beyond these function-specific areas, there are some bigger picture barriers/challenges that exist with respect to launching a fully operational CIHN and acting as the NLE as the network stands today.

First and foremost, ElderSource is in need of capital to fund staff and infrastructure prior to services being launched at full scope. Largely, ElderSource understands where its strengths and weaknesses lie, and the operational steps needed to address those weaknesses. By far, its biggest

challenge is funding the support needed to take those steps prior to being able to fully launch as a sustainable NLE.

A full understanding of the capacity of AAAs and partner providers across the state to take on additional demand for services, as well as the needs of the health plans across the states in terms of services to be provided is another area that needs to be addressed. This will require assessment of different stakeholders throughout the planning process (some of which is already ongoing with the aging network across the state) and into the launch period of the network to match demand to supply.

Lastly, the financial structure for this network will be quite different from the structure AAAs and network partners are used to with their current contracts and payment models. Understanding this new structure will be a significant component of the two-year project period, with the end goal of MMS being fully equipped to support providers throughout the network with training and assistance in setting their own fee structures, understanding payment models, and other areas of financial acumen.

These barriers, as well as those domain-specific weaknesses listed in the capacity section above, have all been incorporated into the work plan for the project period. Each component of the work plan addresses a specific weakness or barrier recognized by ElderSource, so that by the end of year two of the project period, ElderSource will be well-rounded in its capacity to launch and operate as a statewide NLE.

## **Approach**

### **Project Description**

#### ***Project Results-Based Goals, Objectives & Activities***

The overarching goal of this project is to identify and implement the necessary leadership, infrastructure, and systems across the five domains of the leading NLE to ensure success of the NLE and the CIHN so that, by the end of year two of the project period, ElderSource/MMS is equipped to launch and successfully operate as an NLE with a robust network of partners participating in the CIHN.

Ultimately, this will result in launching a pilot in ElderSource's seven county region by the end of the two year project, with the intent of expanding the pilot state-wide across the aging network in the future.

The project's goals, objectives & activities have been developed from the self-assessment completed by ElderSource as part of the ACL State-Community Collaboration Think Tank. Responses from this assessment, and the associated areas for improvement that were identified, have been broken down into the five domains of the Leading NLE. In this way, the objectives of the project align with ElderSource addressing all domains so that its organizational and network structure will more closely match the profile of the Leading NLE by the end of the project period.

**Leadership.** The major objectives within NLE leadership capacity will be to fully and appropriately staff the MMS team for success as an NLE and conduct strategic planning to position the NLE and CIHN for success. The activities to accomplish this goal include: (1) hire an Executive Director and fully staff the MMS team for NLE success; (2) conduct a strategic planning process that results in relevant, achievable goals and objectives for the NLE and the CIHN; (3) develop a value proposition statement for the CIHN and educate partners on how to communicate this value; (4) develop the purpose & structure of, and recruit for, a NLE advisory council that provides varied representation from CIHN partners; (5) broadly share outcomes & lessons learned throughout the project period with partners.

**Finance.** The major objectives addressing financial capacity are to deeply understand and be equipped to implement the financial models and associated processes and procedures the NLE needs to adopt to succeed. This will include the following activities being undertaken/conducted throughout the two year project period: (1) assessing the extent of ElderSource's financial risk; (2) developing a risk mitigation plan and strategy based on findings from assessment; (3) developing a breakeven analysis; (4) developing an indirect cost rate; (5) developing a pricing chart; and (6) providing ongoing technical assistance, support, and education provided to providers throughout the CIHN to improve financial acumen across the network.

**Business Development.** The major objectives within NLE business development capacity are to articulate the value proposition of ElderSource and the aging network as a viable CIHN and to connect with private health plans interested in contracting for services. The activities that will be undertaken to achieve these objectives are: (1) developing a value proposition statement for the NLE and CIHN as a part of the aforementioned strategic planning process; (2) assessing and creating opportunities for better brand recognition of MMS in the healthcare space throughout Florida; (3) assessing the current menu of services available and capacity of those providers to provide these services on a larger scale; (4) assessing potential health plans' service needs; (5) working with the provider network to equip the CIHN to match the needs of health plans with the supply of the network; and (6) researching and negotiation with health care entities in the market to contract with the network.

**Network Development and Support.** The objectives of the project in terms of network development and support are largely centered around taking ElderSource's significant expertise in this area as an AAA and translating it to its new role as an NLE. This will include the following activities: (1) developing vetting and onboarding processes for subcontracted members; (2) developing operational performance standards internally within MMS and externally throughout the CIHN; (3) defining a "gold seal standard" to assess providers and communicate best practices throughout the CIHN; and (4) developing support/technical assistance options for the network to manage and enhance the financial viability of its contracts and ensure retention of partners within the network.

**Network Administration.** Similarly to network development & support, the objectives of the project in terms of network administration are centered around taking ElderSource's significant expertise in this area as an AAA and translating it to its role as an NLE. Activities to accomplish this include: (1) contracting a consultant to assess administrative needs for NLE success; (2) developing and implementing scopes of work, standard contracts, operating procedures, and quality assurance measures for all roles within the CIHN (NLE, other AAAs, CBOs, health plans); (3) developing and implementing a contract review and approval process; (4) assessing IT needs & purchasing needed infrastructure to support NLE

success; (5) assessing compliance and infrastructure needs and implementing as needed to support NLE success; (6) assessing fiscal/billing needs & purchasing and implementing platform; and (7) developing fiscal policies and procedures.

### ***Enhancing Capacity across the Five Domains of a Successful Network Lead Entity***

As outlined in the goals, objectives & activities above, all five domains will benefit from enhanced capacity for the applicant from the activities proposed. Each objective/activity has been purposefully included to address some area of current weakness/barrier to the NLE and the CIHN, but what follows are some of the most visible and/or noteworthy ways capacity will be enhanced over the two year project period.

In leadership, the most visible enhancement will be the hiring of staff so that the NLE has the capacity to lead the network through the process and successfully contract with a health plan/launch a formal CIHN. In terms of business development, work done to better understand and articulate the value proposition of the NLE and CIHN will greatly enhance its chances for success. The finance domain will see enhanced capacity as the MMS/ElderSource team, and the entire CIHN, will be better equipped to adapt to new fiscal structures and payment models. Lastly, the largest enhancements of capacity in both the network development & support and network administration domains will be in contracting a consultant to identify and define the logistical and operational considerations ElderSource needs to address for NLE and CIHN success. In addressing each of these domains, the intent of this project is to identify and implement the necessary leadership, infrastructure, and systems to ensure success of the NLE and the CIHN so that, by the end of the project period, ElderSource is equipped to launch as a fully operational NLE alongside a prepared and engaged network of CIHN partners.

### ***NLE Role in Ensuring Delivery of Broad Scope of Social Determinants of Health Services***

MMS, and its parent company of Elder Source, Inc. are well-positioned to ensure a broad scope of social determinants of health (SDOH) services for older adults and people with disabilities throughout

the proposed Community Integrated Health Network. The majority of services provided (as listed in the Project Relevance section of this narrative) address multiple domains at once, but examples of services for each domain are provided below. All of these coordinated services will be incorporated into the Community Integrated Health Network, and service inventories will be regularly assessed to identify any gaps in need for the population served.

**Education Access and Quality.** ElderSource and its partners provide free health education classes for older adults to address a wide variety of health-related concerns, as well as a certificate program for professionals working in the aging network. In this way, ElderSource improves education quality on multiple levels for older adults and the services they receive.

**Health Care & Quality.** ElderSource provides free & objective information on Medicare to older adults through its SHINE program, which ensures individuals have access to the lowest cost, highest quality health insurance options for their specific needs. ElderSource's partner network also provides multiple services that make it easier for older adults to access needed health care services, including transportation services, telehealth services, and operating as a Benefits Enrollment Center.

**Neighborhood & Built Environment.** ElderSource and its network address the built environment through home modification services, which allows older adults to stay in their home safely rather than needing assisted living support. Additionally, free and low cost transportation services allow older adults freedom and independence to remain engaged in their communities.

**Social and Community Context.** To address social and community context, ElderSource and its network supports reducing anxiety and depression in family caregivers of people with disabilities by offering a virtual caregiver support group, mental health counseling for caregivers and services such as respite and adult day care.

**Economic Stability.** Many of the programs focused on reducing household food insecurity and hunger provided by the network ElderSource leads also support better economic stability for participants, as they save money on food expenses and are able to cover other needed costs on a regular basis. These programs include home-delivered meals, community-based dining sites, Supplemental Nutrition Assistance Program [SNAP] assistance, and providing Benefits Enrollment Center [BEC] services.

***How Proposed Activities Will Address Unmet Needs throughout the Network***

To address unmet needs with respect to CIHN infrastructure development and expansion, much of the first year of the project period will focus on assessing the current Network Lead Entity and the network itself. Once hired, the Executive Director (and the contracted consultant) will spend considerable time and energy to understand the network's current capacity. This will then be aligned with the needs identified by health plans in year two of the project period. Although it is difficult to as yet identify areas of specific unmet need within the CIHN in terms of geographic coverage, population served, or staffing capacity, the goal of the work plan (and the project itself) is to assess this so that by the end of the project period/year two, a deep understanding of current unmet needs throughout the CIHN will be known and plans for addressing these needs will be established.

***How the Project Will Expand Geographic Coverage***

Although the AAA network currently covers all areas of the state of Florida geographically, there is a significant need for service's beyond the current AAA network's government-funded supply. AAAs provide services largely through state and federal funding, and Florida's large (and growing) older adult population needs more services than funds have been designated for through the funding provided. This results in long waitlists for services for vulnerable older adults.

With the addition of services through a CIHN structure with a private provider, this will not only increase access to services for older adults who need it, but it will lessen the burden on the waiting list for

government-funded programs. In this way, thus funding will expand geographically to meet the level of need that currently exists across the state.

### **Reaching Diverse Consumers and Traditionally Hard-to-Reach Populations**

ElderSource has been long and fully committed to diversity, equity and inclusion. Internally, our efforts address all aspects of the organization (ie. Board governance, personnel and services to consumers) and is overseen by our Board DEI Committee that includes our chairs of our Governance, Personnel and Programs Committees and staff. All Area Agencies on Aging and service providers in Florida are committed to targeting resources to diverse and hard to reach populations, to include racial and ethnic minorities, low income individuals and individuals living in rural communities and ElderSource is proud to have continuously met all the targeting benchmarks set out by the State Unit on Aging, the Florida Department of Elder Affairs. An example of ElderSource's commitment includes particular outreach to the LGBTQ elder community through grants received and LGBTQ Elder Cultural Competency training developed, which is now an annual training requirement for our staff and providers. Another example are current efforts to reach racial and ethnic minorities and rural communities regarding vaccine outreach, education and access to address the health disparities that exist by working with organizations that are trusted by the communities to get the information out to the older adults and their caregivers.

Additionally, the model of every Area Agency on Aging (AAA) has been built with equitable access to services and diverse representation in mind. Long-standing aspects of the AAA organizational model that work to promote equity include:

- Each AAA's advisory council is made up of a diverse group of older adults and caregivers with lived experience of the population they serve.
- The statewide Helpline operates a language line in 200+ languages, equipping any older adult in need the ability to access our services, regardless of language spoken.

- The intake and waiting list system for state-funded programs is prioritized based on severity of need, ensuring older adults who are in highest need of services receive them first.
- Outreach provided is required to engage a wide range of demographics (urban/rural, SES, geographic, race, religion, etc) at least annually.

This statewide system for making access as equitable as possible as well as ElderSource's organizational values and commitment to diversity, equity and inclusion both internally and throughout its network will be leveraged as the NLE and CIHN build its infrastructure, systems, and processes to ensure equity and diverse representation.

## **Outcomes and Evaluation**

### **Outcomes**

To create measurable outcomes for this project, ElderSource used its response to the Network Lead Entity Self Assessment that was completed as a part of its participation in ACL/N4A's State-Community Collaboration Think Tank. This assessment required ElderSource to identify areas of strength and weakness across all domains of a leading NLE. When this assessment was completed in January 2021, ElderSource received an average score of 29.33% across all of the domains assessed. To show measurable improvement over the project period, ElderSource plans to re-assess itself with this same assessment at 6 month intervals throughout the project period. The overarching goal will be to achieve an average score of 80% across all domains by the end of the project period. In this way, ElderSource is meaningfully and systematically improving its capacity as an NLE.

Other measurable outcomes for the project that will be completed as a part of the assessment process outlined above, but that are important to identify separately, include: (1) a fully staffed MMS team for the NLE; (2) a network of contracted providers onboarded and supported to successfully provide services; (3) a growing understanding of the different financial models required to participate in the network as an NLE and as a contracted provider & ability by the NLE by the end of the project to support

providers throughout the network with financial acumen training and assistance; (4) infrastructure needs identified and purchased/implemented across all domains of the NLE; (5) a full understanding of the current service capacity of the statewide CIHN network, as well as the service needs of the health plans across the state; and (6) an interested health plan identified and in contract negotiations with to launch a pilot in NE Florida.

### **Evaluation**

This project will be evaluated in multiple ways. First, by adhering to and completing project milestones as set forth in the work plan and goals section of the narrative, MMS/ElderSource will show tangible evidence of steps toward a successful launch of the NLE and CIHN. In tandem with this, members of the ElderSource/MMS team will complete the NLE self-assessment at six month intervals throughout the project period to determine progress made across the 5 domains of the leading NLE. Finally, other means of evaluating the project will include surveying stakeholders (provider partners; MMS staff, Board, and Advisory; health plans) to understand what is working well and what needs improvement. All of these findings and lessons learned will be captured on an ongoing basis as a part of the Executive Director's role.

### **Dissemination**

Elder Source expects to share ongoing information & evaluation of the project through: (1) in regular discussions with ACL Project Officer; (2) on monthly Florida Association of Area Agencies on Aging calls, which includes leadership staff from all eleven Florida AAAs; (3) through Elder Source's biannual ADRC meetings, attended by a wide swath of providers within the CIHN network; (4) regularly through the Financial Acumen Collaborative and the State-Community Collaboration Think Tank; and (5) at other local community provider network meetings as appropriate.

Additionally, Elder Source plans to submit proposals for conferences or virtual training to Area Agency on Aging Associations at the state (F4A), regional (SE4A) and national (N4A) levels; the

American Society on Aging; the National Council on Aging; & the Florida Council on Aging.

ElderSource looks forward to sharing its lessons learned from the project widely and freely with those interested in becoming an NLE.

## **Organizational Capacity**

### **Applicant Organizational Structure and Position as an NLE**

ElderSource, the Area Agency on Aging (AAA) and Aging and Disability Resource Center (ADRC) for Northeast Florida, administers federal, state, and local funds for programs to support seniors and their caregivers in the seven-county area of Northeast Florida. ElderSource is a private, not for profit agency that is part of a nationwide network of Area Agencies on Aging and is the only state-designated Aging and Disability Resource Center (ADRC) for the area, operating the only accredited Helpline for seniors in Northeast Florida. As a part of this role, ElderSource coordinates a network of community-based organizations that provide a wide range of services that address the social determinants of health of older adults throughout NE Florida. A full listing of these partners can be found in the Project Relevance section of this narrative, and a network organizational map has been provided as an attachment to this application. ElderSource's role in aging & disability services allows the agency to streamline access to and delivery of services for seniors and adults with disabilities in need, positioning it well to act as a Network Lead Entity (NLE) for a Community Integrated Health Network (CIHN) that covers the state of Florida.

ElderSource has designed its organizational structure to successfully launch as an NLE and lead the state CIHN. Under the umbrella of ElderSource, Inc. is a family of nonprofit corporations that works independently, and collectively, to seek opportunities that will improve the lives of people as they age. One of these companies is Medicaid Management Services, Inc., a management services organization created to equip ElderSource as a viable partner for private, for-profit health plans. MMS would act as the official Network Lead Entity of this project, under the overall direction of ElderSource.

Much of Eldersource's experience, and much of the role of an NLE is in facilitating streamlined access to social determinants of health services for the individuals and families it serves. These services include those provided by community partners and those that are provided "in-house" by ElderSource. A full listing of these services can be found on page 3 of this narrative, with an in-depth discussion of how the services address various determinants on page 14. Through its role as an AAA, ElderSource is responsible not only for coordinating these services across the network, but regularly auditing for quality assurance of programs as well as regularly assessing community need and aligning that need with services provided. In this way, ElderSource is well-positioned to streamline access to SDOH services as a formal NLE leading a statewide CIHN.

### **Project Management**

A key factor in success for the NLE will be hiring an Executive Director for Medicaid Management Services who is equipped to lead this project day-to-day. A job description for this position has been attached to this application. This individual will report to Linda Levin, CEO of ElderSource, Inc. Ms. Levin's CV is included as an attachment to this application. Ms. Levin has more than 25 years of experience working in and leading teams and organizations in the aging services network. In her time in the aging network, Ms Levin has successfully launched and managed multiple streams of revenue to expand services for the elderly in NE Florida. She has addressed a variety of organizational infrastructure and leadership initiatives, including formal risk assessment processes; diversity, equity and inclusion work within the organization; modernizing the organization and addressing inefficiencies; improving the image of the organization in the community; and more.

Additional team members vital to the success of this project are Mr. James Lee, ElderSource CFO, and Ms. Tameka Holly, ElderSource COO. CVs for these individuals have been attached to this application. Together, the to-be-hired MMS Executive Director and the ElderSource Executive Leadership team will guide the project toward success and ensure consistent communication and collaboration across partners within the CIHN and across the ACL aging network.