

ElderSource  
Planning and Programs Committee Agenda  
December 21, 2023  
11:00 AM

1. Call to Order
2. Approval of Minutes: October 31, 2023
3. Contract Services
4. Community Services Report
5. Direct Services Report
6. Old Business
7. New Business
8. Comments and Announcements
9. Adjournment

**Programs Committee Minutes**  
**10688 Old St Augustine Rd**  
**Tuesday October 31, 2023**  
**11:00 AM**  
**Via Zoom**

**Present**

Barbara Greene  
Cynthia Griffin  
Walette Stanford, Chair

**Staff**

Linda Levin, CEO  
Tameka G. Holly, COO  
Neil Ambrus, VP Plan/Prgs, Compl./Inclu.  
Katherine Arnold, Programs Manager  
Ann Henry, Programs Specialist  
Janet Dickinson, Planner  
Sherry Holmes, Administrative Assistant

**Meeting Called to Order**

Walette Stanford called the meeting to order at 11:05 AM.

**Approval of Minutes**

A motion to accept the August 17, 2023, minutes was made by Cynthia Griffin and seconded by Walette Stanford. Motion was unanimously approved.

**Contracted Services**

Neil Ambrus, VP of Planning and Programs reported that contract amendments were completed for Community Care for the Elderly (CCE), Alzheimer's Disease Initiative (ADI), and Home Care for the Elderly (HCE).

These amendments were signed by the providers and Linda Levin effective September 12. The contracts are from July 1, 2023 until June 30, 2024. Neil noted that providers received a little more funding for those General Revenue (GR) services.

Staff are currently working on the Older Americans Act (OAA) contracts for 2024. This is a significant part of the provider's budget. Providers have sent in their budget requests explaining reasons for any unit cost 5% over last year.

Neil reviewed the multi-page Unit Costs 2024 OAA report which included explanations for any increases over 5%. He noted that most of our provider's costs have increased over the past two years including, but not limited to food costs, fuel for the meal delivery vehicles, energy costs, and insurance costs. Neil explained that generally the cost of doing business for our agencies has gone up and this is reflected in their higher unit cost that they see for 2024.

Neil noted that providers are going to do their best to provide the same level of service with new state and federal funds that we hope to receive or through other funding providers have.

Linda explained that all of our programs come with funding formulas. There is a set amount of funding that comes to ElderSource by Title for the Older Americans Act program, and it is allocated out by formula to each of our providers. ElderSource can approve rate increases up to 5% but if anything is above 5%, the Department of Elder Affairs (DOEA) requires an explanation. In terms of funding increases, additional adjustments will be made later on in the contract year. The Older Americans Act program allows for carry forward so if the funds are not spent this grant year, we should get it back next grant year. If Congress approves the new budget with a funding increase, providers will get additional funding next year. We are advocating for a similar carry forward allowance for the general revenue programs.

### **Motion**

A motion to approve the proposed allocations for the Older Americans Act (OAA) 2024 was made by Cynthia Griffin and seconded by Barbara Green. Motion passed unanimously.

The Enhanced HCE program has been restarted (paused in August 2023) with the assistance of ElderSource, DOEA, and AHCA all signed a contract amendment. Aging True will continue providing services in Duval and Clay Counties through this program. This contract ends March 31, 2024. The program is about making home safety modifications to the homes of seniors. This program also provides additional monies for caregiver services for the clients. There is a limit of \$6,000 per client.

### *Contract Compliance - Internal*

Neil is collaborating closely with senior staff in developing an internal compliance program. Staff must thoroughly review these contracts to ensure that we are meeting all necessary requirements for compliance. Neil is looking to streamline the process and improve efficiency. He wants to implement a user-friendly system that allows staff to easily track our compliance status with contracts and funders at any given time.

### *Contract Compliance - External*

Staff have been working diligently to have all providers monitored by the end of the year.

### **Surplus Deficit**

Katherine noted that during this grant cycle staff have been able to update through September. We are underspent in GR funds: CCE, ADI, HCE, LSP. The challenge with this reporting was issues with the formula in the Surplus/Deficit Excel workbook. These formulas are being reviewed and corrected to ensure accuracy in reporting.

We are still waiting for OAA Contract Amendments that includes Carry Forward funds and Title Transfers. If there are unspent funds, they will be carried forward.

## **Community Services Report**

### *ADRC Summary Report*

Renee Knight reviewed the ADRC Summary Report with the committee which included data related to:

- Helpline
- Intake & Screening Team
- Medicaid Eligibility Team
- SHINE/SMP/MIPPA/BEC

Renee noted that the Helpline is fully staffed, and the Intake & Screening Team will add another position. This will allow for 14 screeners to do assessments. Scheduled appointments for assessments are now within 10-14 days. Reassessment screenings were at a high of 3,400 in January and at the end of September there were 67 that were due. The Medicaid Eligibility Team added a new position as well that will help with their case load. SHINE/SMP/MIPAA will hire a SMP part-time person after open enrollment is over. The Benefits Enrollment grant with NCOA was extended through December. We are waiting to hear from NCOA regarding the new application to continue this work for 2024.

### **Direct Services Report**

Janet updated the Committee regarding the Area Plan. She noted that there was a focus group held in Mandarin that had one public participant to show up, but she gave a lot of good insight. This participant may be a future candidate for the Advisory Council. The Area Plan was submitted to DOEA in September.

The Veteran's Directed Care program continues to get new referrals every week. There are a total of 89 Veterans enrolled in the program. Another person-centered counselor position may be added in the future.

There was no further business for discussion and the meeting was adjourned.

**Meeting adjourned at 11:51 AM**

**Minutes prepared by Sherry Holmes, Administrative Assistant**

## **For Review and Committee Recommendation:**

### **1. Proposal for the Expansion of the Veterans Directed Care Program**

#### **Summary**

ElderSource has been approached by staff in the Veterans Directed Care (VDC) Program to begin providing services to veterans who live in a 12 county area of South Georgia: Atkinson, Berrien, Brantley, Brooks, Charlton, Clinch, Cook, Echols, Lanier, Lowndes, Pierce and Ware. The organization is already providing services to veterans in Camden County, Georgia. There are currently 9 veterans interested in the VDC program in that 12 county area; however, we are anticipating that when services are announced, more clients will come forward to enroll.

#### **Reason for this Request:**

VDC Program staff at VAMC Gainesville informed the VDC Program Director that the current agency providing VDC services, the Southern Georgia Area Agency on Aging, has been having difficulty opening new veterans in this program. ElderSource has a good reputation with the VDC Administrative staff, has provided assistance to other programs in the state and has a good track record of enrolling new clients in a short amount of time.

#### **Proposed Method for Expansion**

The program manager, Haley Wigley, will drive to the 12 county area and complete the 9 new client enrollments and any home visits required for both Annuals and Quarterlies. She will use either the VDC staff car or a rental car and will stay in a hotel central to the clients she will be visiting to maximize the number of clients seen with the least amount of driving. She should be able to complete the required visits in 1-3 days. This approach allows ElderSource to expand the VDC program without a significant investment in capital or new staff while coming under budget. It will also give the company time to see what the potential is for a significantly larger number of veterans participating in the VDC from this 12 county area.

#### **Current Agency Capability**

The program has 3 person-centered counselors and a Program Manager. They serve 100 veterans and their caregivers in an area that includes South Georgia (Camden County), Gainesville and Orlando. One of the person-centered counselors (Jennifer Martinez) will be going on medical leave soon which will require a significant change in staffing to continue to complete the required home visits and other duties. Haley Wigley will manage Jennifer's clients during this time, completing all required home visits and any additional requests by the veteran or his representative. The program staff is well supported by 2 staff in Fiscal, who manage billing and process payroll. The VDC program also has a car which Haley can use to travel to and from the 12 county area.

## Potential Market

There is potential for significant growth in the VDC program in this 12 county area of South Georgia based on data from the Census and the needs assessments completed by the Southern Georgia Area Agency on Aging. First, the number of residents 65+ years of age is increasing. The cities with the highest proportion of residents 65+ are located in Blackshear (Pierce County) and Nahunta (Brantley County), each located in the new service area. Lowndes County has the greatest overall population of residents aged 65+. Georgia has 613,810 veterans, according to the Census. There are a large number of veterans living in the area based on the number of military bases and VA facilities located in this 12-county area: Waycross (U.S Army Reserve), Barretts (Moody Air Force Base), and Kings Bay (Kings Bay Naval Submarine Base).

## Cost/Benefit Analysis

Our analysis indicates that the cost of providing services to the new veterans is significantly less than the income that is generated from their care in the VDC program.

Benefits: The best case scenario is that ElderSource enrolls all 9 veterans using Group B: They will receive a full assessment fee of \$8,244 plus a monthly amount of \$5,850 for client management for a total compensation of \$78,444 for a 1 year period.

The worst case scenario is that ElderSource enrolls only 5 veterans in Group B and has 4 partially enrolled in Group B. In this case, they will receive a full assessment fee of \$4,580, a partial assessment fee of \$1,832, and \$39,000 annually for a total compensation of \$45,412.

Costs: There will be costs for hotel stays (gas, food, lodging), staff salary, benefits, insurance, time and others. It takes about 1.75 hours to drive from ElderSource offices to Blackshear (Pierce County) in the northeast corner of the 12 county area. It takes about 2 hours to drive from ElderSource to Quitman (Brooks County) in the Southeast corner of the 12 county area.

## Information

### 2. ARPA Funding

The organization is preparing contract amendments to 11 providers for the provision of a variety of senior services under the American Rescue Plan Act (ARPA). These will go out in early January. ElderSource originally received \$8,884,190.00 to provide services to seniors and their caregivers from 9/1/21 to 9/30/24 through both 11 provider agencies and programs provided in-house. Program categories include supportive services, services for family caregivers, preventive health, congregate meals and home delivered meals. There remains a balance to distribute to providers to be spent by 9/30/24. ElderSource will receive some funding for the provision of some services and administration of this program. Note: This program goes away on 10/1/24 and there is no other Federal program to replace it at this time. ElderSource will assist the provider agencies to plan for this transition in order to minimize the impact on our clients.

### **3. On-Line RFP Platform in 2024**

Every 5 years ElderSource is required to provide a Request for Interest (RFI) and a Request for Proposal (RFP) for services under the Older Americans Act (OAA). The information from qualified contractors will be used to determine if a full RFP is necessary (due to interest from 2 or more qualified service contractors) or if a sole source procurement process will be used. In the past, RFI's and RFP's have been done using a paper application form which was mailed to ElderSource. In 2024, ElderSource would like to use an on-line system that will help manage the entire process: Collect RFI's and RFP's, review and score individual applications, and develop reports to manage the applications. This RFP software will be paid for by the Sunshine Health State Health Plan through the Community Partner Agreement in which they agree to provide procurement software. Staff at ElderSource and Sunshine Health are reviewing appropriate on-line software systems and a decision on the software will be made by February 2024. The RFI and RFP process will begin in May 2024. Contracts with service providers for this OAA program will be from 1/1/25 to 12/31/25.

### **4. Program and Planning Report**

#### **Contract Management**

Programs Department is fully staffed with three full time employees. Katherine Arnold, Programs Manager; and Contract Specialists Ann Henry, with extensive professional contract management experience, and Cassandra Jackson, with a professional career in elder services on the provider level. Each brings very valuable experience and previous professional knowledge to our AAA mission. Both Contract Specialists are working full time to complete the monitoring process for our providers and start the new year with strong goals for 2024 to connect closely with providers for improved compliance, reporting, and service delivery spending trends.

Contracts: Amendments for OAA carry forward and title transfer funds were released the second week of December. Providers were awarded with funds requested in August to redistribute funding to their line items and increase their spending capacity for additional clients (to positively impact wait lists), increase in spending for service hours and special requests. OAA 2024 contracts will be going out to the provider agencies in the next 2 weeks.

Program Monitoring is on schedule to be completed by the end of the year. Currently, there are five final providers in various stages of monitoring:

- **Final Stage:** Baker, Flagler, & Clay. Flagler, Baker and Clay have completed their monitoring and follow up. Final reports are to be written for presentation and signatures.
- **Semi Final Stage:** City of Jacksonville & Aging True Duval. Observation review scheduled week of 12/18 with agency staff. Results of observations are offered and a

timeline is established for correction. If necessary, after a second review, a final report will be written and presented for signatures.

#### Surplus/Deficit:

OAA carry forward and title transfer funds were outstanding from DOEA until December, which is the end of the fiscal year/grant cycle. Due to the release of some hundreds of thousands of dollars at the end of the fiscal year, several of the providers are experiencing challenges in spending down this grant. Providers are currently spending at the most appropriate pace for each of them. All lead agencies are working to spend the extra funds in the last quarter of the grant through opening new clients, enhancing current service plans, and spending for client support materials and equipment. In-home services, Information & Referral, care giver services and nutrition education are on track in a positive spending trend. Congregate site spending has been impacted by the carry forward and title transfer amendments delay, resulting in some providers spending their ARPA dollars in lieu of OAA funds, which can be considered a positive outcome for APRA dollars spending.

#### **5. eCIRTS:**

1. On November 5, 2023, we had an update in eCIRTS. We found several unexpected issues after the update was added to eCIRTS. On assessments that were completed we found when we made them Complete, eCIRTS would put a NaN in the Priority Score and a Rank of 1. We found that if we saved it as Pending. We could get the NaN out of the assessment.
2. We also found that clients that have been merged are now showing up with duplicate Client IDs. These are still showing up today. WellSky has not determined the reason why this is happening.
3. In November we went through an overhaul of any clients in mismatched Programs. We had 1,500 mismatched entries. This was for OAAPS, which before was called NAPIS. We cleaned that up by November 30, 2023.
4. In December I started training Tasheen on how to merge clients. This is a long process and will take a while for her to know the ins and outs of doing client merges.
5. James and I started working on the American Recovery Funding. This is the last year of funding for this program.



## **6. Planning:**

### Title VII- Elder Abuse

This contract requires the submission of a Quarterly Activity Module to the DOEA (and is billed Quarterly to the DOEA). The required deliverables for each include: 1 public service announcement, 6 educational outreach events, 2 professional/semi-professional/caregiver trainings (F4A approved), and to establish 1 new Abuse Neglect and Exploitation (ANE) related collaborative relationship. For the first 3 quarters of this contract year (based on calendar year), we have met or exceeded in meeting these required deliverables of the contract. We are on track to meet all of these deliverables for this 4<sup>th</sup> quarter, which started 10/01/2023, and ends 12/31/2023 (report and billing invoice due to DOEA on 1/16/2024). We have also been working on getting all of our volunteers (SHINE-SMP and Telephone Reassurance programs) trained on ANE via that F4A /DOEA approved course.

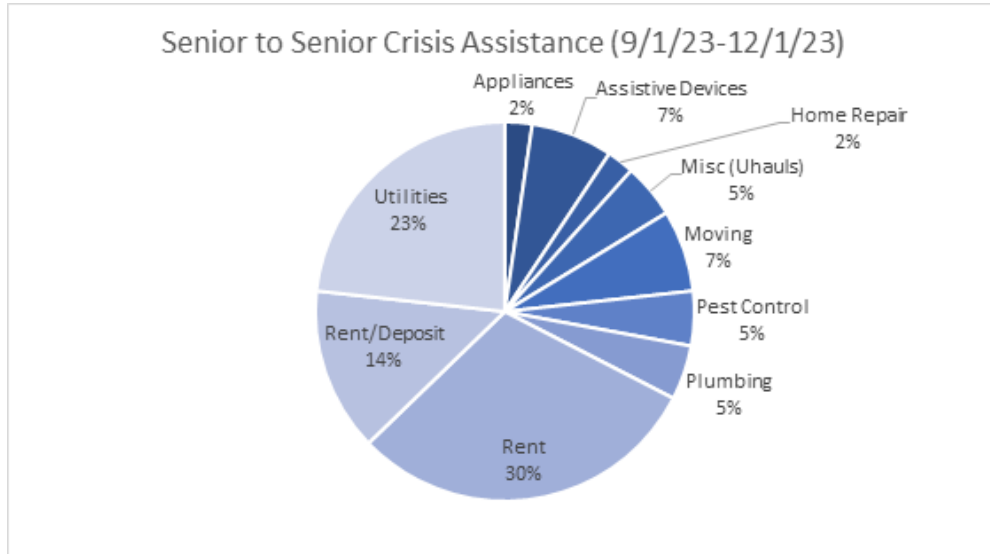
### 2024-2027 Area Plan

On 11/30/2024, the DOEA sent us their review of our 2024-2027 Area Plan Program Module and overall gave many compliments on the content within that plan. The DOEA did compile a list of “minor” suggestions and required modification. (FYI, the DOEA sent required edits to all AAAs.) For PSA 4, the majority of these “minor” edits/modifications are to the wording of the strategies that will be used towards meeting the goals established for the 2024-2027 Plan. Suggested edits of the Program Module are being worked on by our Planner, with input from our various departments. Per the DOEA, these “minor requested edits/updates for PSA 4’s Program Module” are due back to the DOEA by January 12th. They will be reviewed by Linda prior to resubmission. A final Approval letter will be sent out by the DOEA once the update has been reviewed and approved. The Contract Module portion of the 2024-2027 Area Plan was reviewed by DOEA and we received approval on 11/30/2023.

## Direct Services

Direct Programs Trends 9/1/23-12/1/2023

**Senior to Senior:** Referrals: 132    Clients Served: 42



A trend this program has seen, not only this quarter but also throughout the year of 2023, is the need for rent assistance. With the higher costs of living in PSA 4, this is to be expected. Utilities have also been a rising trend with the higher cost of electricity in certain counties.

## Telephone Reassurance

### Clients Served:

September: 43

October: 47

November: 45

### Completed Calls:

September: 208

October: 223

November: 230



**Active Volunteers: 47** as of 12/14/2023

As seen in the data and the chart above, there has been a steady trend in clients served, and a great increase in connected calls between volunteers and clients. There has been a transition of staff over the program beginning in October. With this transition there has been an influx of interested volunteers, with a decrease in interested participants.

**Caregiver Support (TCARE)**

Active caregivers (clients) as of 12/14/2023: **80**

- As of 11/30/2023 **32** cases have been successfully closed out of the TCARE program.
- **88%** reported lower stress scores by the time their case was closed.
- **91%** reported decreased depression scores by the time their case was closed.
- **91%** reported increased coping ability by the time their case was closed.

Clients provided respite through YouMeCare: **50**

Throughout 2023 one major trend that has been noticed among the caregivers is the overall need for respite, as well as financial support. We have also noticed a decrease in interested caregivers as well as a decrease in referrals. This could be due to the overwhelming stress that is associated with caregiving, or the client solely looking for respite. With an additional staff member that onboarded in October, I foresee an increase in clients, as well as more outreach to encourage referrals and interested clients.

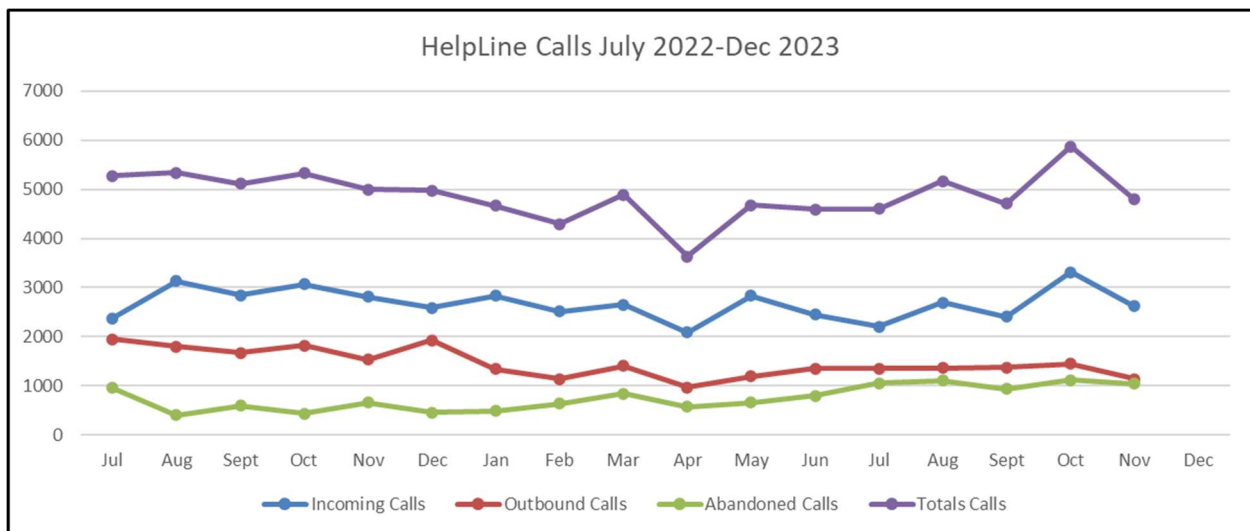
**Veterans Directed Care Program:**

- There are currently 98 veterans enrolled in the program. This is an increase of 10% or 9 people since October. However, there are 5 finalizing enrollment and 11 pending. The program receives new referrals every week.

## ADRC Dashboard Summary December 2023 (Reports thru November)

### HelpLine

The HelpLine has one open position due to a promotion of Specialist to Intake & Screening. The ADRC HelpLine Supervisor has modified the voicemail process which has improved the callbacks. The HelpLine Supervisor continues to serve on the eCIRTS committee for the development and design of the HelpLine functionality (deployment planned for late 2024).



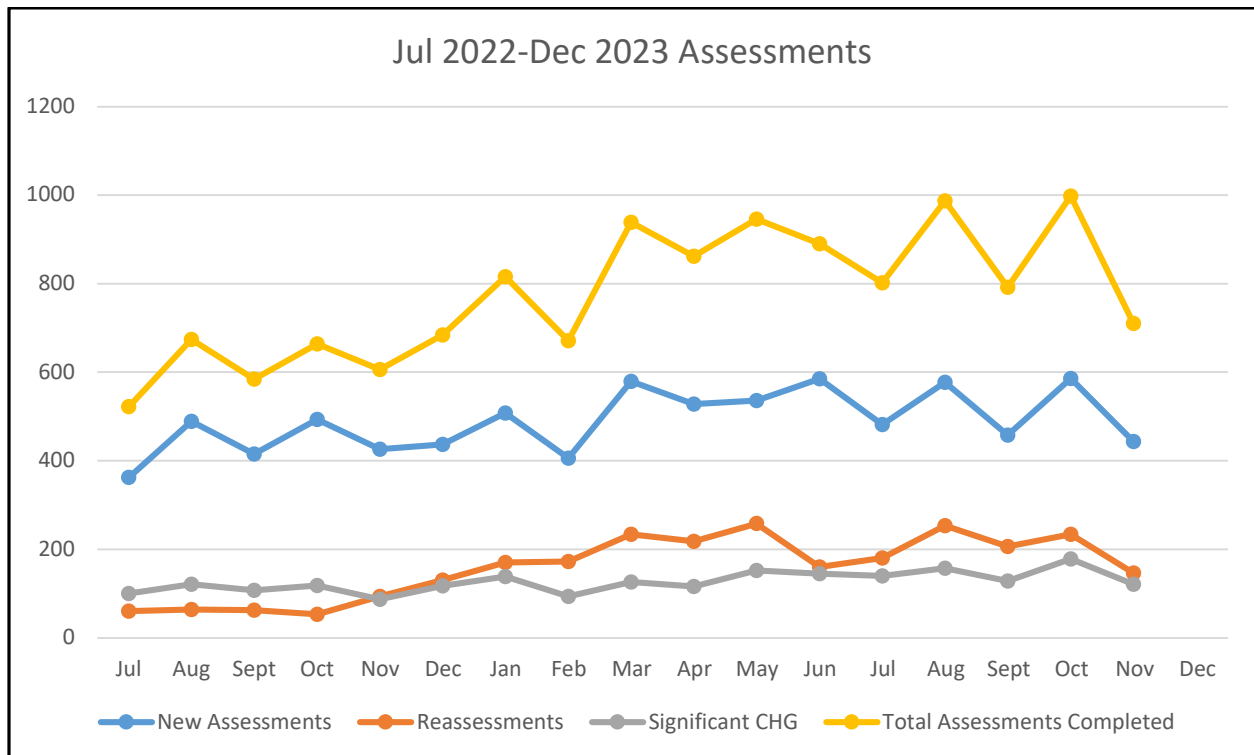
### November

Walk-ins: 12  
Voicemail: 734  
Fax: 113

SHINE Referrals: 325  
Screening Referrals: 709  
APS Referrals: 8

### Intake & Screening Team

The Intake and Screening Team is fully staffed. One position was added in the ADRC 2023-24 grant and that position is filled. There are 14 screening staff members. Screening appointments are being scheduled out 10-12 days due to an increase in appointment requests. One new position was added to the ADRC 23-24 contract for the EMS team and that position is filled with staff member in training. The EMS team has 6 team members. There are no MLTC overdue assessments and 105 clients due for a reassessment.



Percent Screened for Significant Change:

November: 22%

### Medicaid Eligibility Team

The team is fully staffed. The new staff is in training and is expected to receive a caseload in January. Staff are carrying a high caseload.

Number of Clients Released for LTC Processing:

October: 210

December: 155

## SHINE/SMP/MIPAA

The SHINE and MIPPA grants were on target for October and November. The SMP "Individual One-on-one" November benchmark was below the 60% (58.64%) contracted benchmark. Staff and volunteers are continuing to offer and provide Medicare presentations to the community. Most counseling sessions occur via telephone. The number of active volunteers is 37.

SHINE Contract 2 (Must meet 60% of Benchmark to meet contract)												
2023-24	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Client Contacts Actual	209	235	298	199	262	274	487	381				
% of Goal	107%	144%	124%	87%	98%	105%	119%	71%	0%	0%	0%	0%
Outreach Events Actual	7	8	11	9	9	13	18	11				
% of Goal	88%	114%	138%	100%	82%	130%	106%	110%	0%	0%	0%	0%
SMP Benchmarks 3 (Must meet 60% of Benchmark to meet contract)												
2022-23	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Group Outreach Actual	16	11	13	21	24	11						
% of Goal	145%	100%	118%	191%	126%	85%	0%	0%	0%	0%	0%	0%
Individual One-on-One Actual	195	141	173	203	254	207						
% of Goal	119%	85%	87%	106%	93%	59%	0%	0%	0%	0%	0%	0%
People Reached Through	173	165	27	185	395	209						
% of Goal												
MIPPA Benchmarks 5 (Must meet 60% of Benchmark to meet contract)												
2022-24	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
# LIS Eligibility	98	255	202									
% of Goal	87%	122%	103%	0%	0%	0%	0%	0%	0%	0%	0%	0%
# LIS Benefit Explanation	75	170	115									
% of Goal	77%	104%	80%	0%	0%	0%	0%	0%	0%	0%	0%	0%
# MSP Eligibility Activities	125	259	189									
% of Goal	103%	126%	96%	0%	0%	0%	0%	0%	0%	0%	0%	0
# MSP Benefit	99	169	118									
% of Goal	97%	107%	83%	0%	0%	0%	0%	0%	0%	0%	0%	0
Extra Help/LIS/	21	24	14									
% of Goal	162%	141%	108%	0%	0%	0%	0%	0%	0%	0%	0%	0