

ElderSource Policies and Procedures

Policy Title: Resource Criteria

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Replaces Policy Number: EIV-7

Approval Signature:

Policy: ElderSource will follow the Department of Elder Affairs Statewide Inclusion/Exclusion Criteria when listing resources in the Resource Database (Refer).

Procedure:

I. Florida Department of Elder Affairs Procedure

It is the mission of the Department of Elder Affairs to create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.

To support our mission and pursuant to section 430.2053(4) and (5), Florida Statutes, the Department has set forth inclusion and exclusion guidelines for the integrated statewide information and referral database. This database will serve as a single point of access for information, counseling, referrals, assessment and eligibility functions, which will maximize consumer choice. The database shall include entities that serve both Florida's elders and their families, and adults suffering from severe and persistent mental illness. These guidelines should be uniformly applied so that staff and the public are aware of the scope and limitations of the database. Inclusion of a resource in the database does not constitute an endorsement by the Department of Elder Affairs.

A. The following are minimum requirements for inclusion:

1. Entity must have been conducting business for at least one (1) year.

2. Entities, both private and public, must provide or coordinate health and human services for elders, their caregivers, or for adults with severe and persistent mental illness.
3. Entity must maintain a license, certification, or registration if required by the State of Florida or the federal government.
4. Examples of types of entities that may be included:
 - a. Government agencies.
 - b. For-profit and not-for-profit businesses and organizations.
 - c. Entities contracting with the Department of Elder Affairs, an Area Agency on Aging, a lead agency, or the Department of Children and Families to provided services.
 - e. Medicare and/or Medicaid certified provider agencies or professional practitioners.
 - f. Licensed care facilities (i.e. hospitals, health clinics, nursing homes, assisted living facilities, hospices, adult day care centers, adult family care homes, home health agencies).
 - g. Insurance companies authorized by the Department of Financial Services to transact business in Florida.
 - h. Faith based organizations, social clubs, professional organizations, volunteer organizations, advocacy groups or support groups.
 - i. Entities providing services, support, or information accessible via the Internet or by telephone.
 - j. Age restricted communities registered with the Florida Commission on Human Relations.

B. The following criteria warrants exclusion of otherwise eligible entities:

1. Entities that do not obtain or maintain required governmental licensing, certification, or registration.
2. Entities whose license, certification, or registration is suspended or revoked.

3. Entities that refuse services on the basis of age, color, race, religion, gender, nationality, disability, marital status, or any other basis prohibited by law.
4. Entities that make material misrepresentations or omissions regarding services provided, licensing status, or any other pertinent matters.

The database will be updated, at a minimum, annually to ensure accuracy of resource information. If an entity fails to respond to a request for updated information within the specified time, the entity may be removed from the database.

II. Northeast Florida area Agency on Aging Implementation

- A. Resource Specialist will review current and new resources to ensure that they comply with the inclusion/exclusion criteria.
- B. Resource Specialist will contact resources via phone, mail or email to verify information and update information.
- C. Resources excluded from the database will be notified via mail or email that they do not meet the inclusion criteria.
- D. Resource Specialist will input resources who meet the inclusion criteria as the information is verified and updated.
- E. Resource Specialist will update resources at least annually or as changes occur.
- F. Resource Specialist will remove and notify entities unable to remain in the database.

III. In order to ensure resource records contain sufficient and appropriate information, resource records in the Resource Database (Refer) should contain, but not be limited to, the following:

- A. Organization's legal name
- B. Program Name
- C. Physical Address
- D. Mailing Address (if different from the physical address)
- E. Telephone numbers (general, intake, departments, TDD/TTY and fax)

- F. Website and e-mail address
- G. Contact persons name and telephone number
- H. Hours and days of operation (as well as specific services)
- I. Services provided to the general public
- J. Service provided to participants with Medicaid, Medicare, Medicaid Waiver, ADI, CCE and HCE programs
- K. Volunteer services (if applicable)
- L. Donation information (if applicable)
- M. Taxonomy codes for primary services
- N. Target Population served
- O. Languages spoken
- P. Geographical area served
- Q. Additional locations (if applicable)
- R. Eligibility requirements and exclusions
- S. Intake procedures (documents which maybe required by the organization for application)
- T. Fee structure (straight fees, sliding scale, no fee, insurances taken)
- U. Method of payment
- V. Date the information was last verified



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ElderSource
The Area Agency on Aging for Northeast Florida
Statewide Integrated Information and Referral Database

Agency/Service Provider's Legal Name: _____

Program Name: _____

Physical Address: _____

Disabled Access (where): _____

Mailing Address if different from above: _____

Main Telephone Number/Toll Free Number/FAX/Other Telephones: _____

Website Address: _____

E-Mail Address: _____

Contact Persons Name and Telephone Number: _____

Hours/Days of Operation: _____

Description of Programs/Services Provided: _____

Languages Served: _____

Geographical Area Served: _____

Satellite Locations: _____

Satellite Address/Phone Numbers/Types of Service: _____

Eligibility Requirements and Exclusion: _____

Intake Procedure: _____

Fee Structure (straight fees, sliding scale, no fee, insurance taken): _____