

Florida Department of Elder Affairs

# Long-Range Program Plan

Fiscal Years  
2007-2008 through 2011-2012

Jeb Bush, Governor  
Carole Green, Secretary

September, 2006







# Florida Department of Elder Affairs

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## LONG-RANGE PROGRAM PLAN Fiscal Years 2007-2008 through 2011-2012

September 2006

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**Mission:**

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime

**Vision:**

To lead the nation in assisting elders to age in place, with dignity, purpose, security, and in an elder-friendly community

**Values:**

- Elder Rights
- Caregiver Support
- Intergenerational
- Compassion
- Volunteerism
- Partnerships
- Accountability
- Quality
- Diversity

## Goals, Objectives, Outcomes

The Department of Elder Affairs (DOEA) will concentrate its efforts by establishing and pursuing the following three **priority goals**: *Create a Long-Term Care System that is Streamlined, Cost-Effective and Consumer-Friendly; Create a Greater Support Network for Elders, Families and Caregivers; and Create an Elder-Friendly Environment that Values the Contributions and Needs of Elders.* These goals provide the framework for the agency's objectives and outcomes.

### **Priority Goal 1: Create a Long-Term Care System that is Streamlined, Cost-Effective and Consumer-Friendly**

Strategies (in priority order):

- In partnership with the Agency for Health Care Administration, implement Florida Senior Care in two different areas of the state. Florida Senior Care is the Medicaid Reform program that integrates acute and long-term care for persons age 60 and older;
- Continue expansion of the Long-Term Care Community Diversion Pilot Project, known as the Nursing Home Diversion Project, to serve the most frail elders in the community when it is safe to do so;
- Continue monitoring of contracting agencies to ensure that public resources are optimized and keeping the consumer as the focal point of our programs;
- Execute a formal evaluation of the ADRC implementation process via a procurement document;
- Develop efficient business processes to facilitate long-term care and apply information technology solutions as appropriate;
- Expand consumer/caregiver-directed options in service delivery where possible;
- Enhance interagency coordination of long-term care activities;
- Promote regulatory alignment that supports smooth transition between care settings and encourages multi-care settings;
- Build long-term care service capacity tailored to geographic, cultural and economic needs of Florida's elder citizens; and
- Promote public/private partnerships including the business community and faith-based entities.

## **Priority Goal 2: Create a Greater Support Network for Elders, Families and Caregivers**

Strategies (in priority order):

- Expedite access to program services and resources;
- Promote caregiver training and support activities;
- Expand health and wellness programs;
- Provide Medicare and private health insurance counseling and information to elders to enable elders to maximize their resources to provide for their own care;
- Support innovation in health promotion/disease prevention, nutrition and in-home services;
- Support expansion of older worker training and employment programs;
- Promote public/private partnerships including the business community and faith-based entities;
- Enhance baby boomers' and pre-retirees' knowledge of strategic lifestyle issues that enable them to better prepare for the future; and
- Support the efforts of the Department of Children and Families Division of Alcohol, Drug Abuse and Mental Health in identifying older adults who are at risk of being placed in a more restrictive environment because of substance abuse and those in need of substance abuse treatment.

## **Priority Goal 3: Create an Elder-Friendly Environment that Values the Contributions and Needs of Elders**

Strategies (in priority order):

- Continue expansion of the Communities for a Lifetime program by supporting state and local agencies to enhance quality of life for mature residents;
- Strengthening of DOEA's Elder Rights initiative including support of the Florida Legal Senior Helpline;
- Continue to collaborate with the Department of Children and Families Adult Protective Services Unit to ensure elders identified as being at risk for further harm are served expeditiously;
- Support and promote intergenerational programs;
- Create a greater awareness of the contributions of elders;
- Promote public/private partnerships including the business community and faith-based entities;
- Support efforts to increase awareness of elder abuse;
- Partner with the Florida Coalition Against Domestic Violence to encourage incorporation of elder sensitivity into domestic violence shelter and counseling programs; and
- Promote the continued use of the Elder Abuse and Neglect Curriculum for Certified Officer Training.



# Goals, Objectives, Outcomes

## (In Priority Order)

**Goal 1:** Create a Long-Term Care System that is Streamlined, Cost-Effective and Consumer-Friendly

**Objective 1a:** To prevent/delay premature nursing home placement

**Outcome:** Percent of most frail elders who remain at home or in the community instead of going into a nursing home

Baseline Year 1999-00	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
91.6%	97%	97%	97%	97%	97%

(Explanatory note: This outcome refers to DOEA customers assessed in the top quintile for risk of nursing home placement.)

*NOTE: The department continues to improve its targeting efforts; therefore, new customers are increasingly frailer. Maintaining standards is, under these circumstances, a good outcome.*

**Objective 1b:** To provide prompt and appropriate services to the most frail elders who are at risk of institutionalization

**Outcome:** Percent of elders the CARES program determined to be eligible for nursing home placement that are diverted into the community

Baseline Year 1998-99	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
15.3%	30%	30%	30%	30%	30%

## Goals, Objectives, Outcomes

**Objective 1c:** To target services to help particularly vulnerable frail elders to live at home or in the community when safe and appropriate

**Outcome:** Percent of customers who are at imminent risk of nursing home placement who are served with community-based services

Baseline Year 2003-2004	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
90%	90%	90%	90%	90%	90%

**Objective 1d:** To provide prompt and appropriate services to elders referred from Adult Protective Services who meet the frailty level criteria

**Outcome:** Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours

Baseline Year 2000-2001	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
94%*	97%	97%	97%	97%	97%

\*Based on 6 months of data. Changes were made to collect data more completely.

# Goals, Objectives, Outcomes

**Objective 1e:** To improve the nutritional status of elders

**Outcome:** Percent of new service recipients with high-risk nutrition scores whose nutritional status improved

Baseline Year 1997-99	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
58.6%	66%	66%	66%	66%	66%

**Objective 1f:** To assist elders to maintain their independence and choices in their homes as long as possible

**Outcome:** Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved

Baseline Year 1997-99	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
59.1%	65%	65%	65%	65%	65%

# Goals, Objectives, Outcomes

**Objective 1g:** To assist elders to maintain their independence and choices in their communities as long as possible

**Outcome:** Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved

Baseline Year 1997-99	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
58%	62.3%	62.3%	62.3%	62.3%	62.3%

**Objective 1h:** To use long-term care resources in the most efficient and effective way

**Outcome:** Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups

Baseline Year 1998-99	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
\$2,221	\$3,988	\$3,988	\$3,988	\$3,988	\$3,988

# Goals, Objectives, Outcomes

**Objective 1i:** To leverage state dollars with federal resources whenever possible

**Outcome:** Average time in the Community Care for the Elderly program for Medicaid Waiver-probable customers

Baseline Year 2002-2003	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
2.8 months	2.8 months	2.8 months	2.8 months	2.8 months	2.8 months

# Goals, Objectives, Outcomes

**Goal 2:** Create a Greater Support Network for Elders, Families and Caregivers

**Objective 2a:** To provide caregivers with assistance/respite to help them continue providing care

**Outcome 1:** The percentage of caregivers whose ability to continue to provide care is maintained or improved after service intervention (as determined by the caregiver and the assessor)

Baseline Year 2002-2003	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
87%	90%	90%	90%	90%	90%

(Explanatory note: This outcome refers to caregivers of elders served by DOEA programs.)

**Outcome 2:** Percent of family and family-assisted caregivers who self-report they are very likely to provide care

Baseline Year 1997-1998	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
90.2%	89%	89%	89%	89%	89%

(Explanatory note: This outcome refers to caregivers of elders served by DOEA programs.)

# Goals, Objectives, Outcomes

**Goal 3:** Create an Elder-Friendly Environment that Values the Contributions and Needs of Elders

**Objective 3a:** To ensure the security of vulnerable elders residing in long-term care facilities through annual facility reviews and complaint investigation

**Outcome:** Percent of complaint investigations initiated by the Ombudsman within 5 working days (applies to Long-Term Care Ombudsman Council)

Baseline Year 1998-99	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
90.2%	91%	91%	91%	91%	91%

**Objective 3b:** To ensure that consumers needing guardianship services are provided that protection

**Outcome:** Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within 5 days of receipt of request

Baseline Year 1999-00	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
90%	100%	100%	100%	100%	100%

## Goals, Objectives, Outcomes

**Objective 3c:** To help elders to have home environments that are as safe as possible

**Outcome:** Percent of elders assessed with high or moderate risk environments who improved their environment score

Baseline Year 1996-98	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12
81.2%	79.3%	79.3%	79.3%	79.3%	79.3%

(Explanatory note: This outcome refers to elders served by DOEA programs.)



## Linkage to Governor's Priorities

1. **Improve Education**
  - Goal 3: Create an Elder-Friendly Environment that Values the Contributions and Needs of Elders
  
2. **Strengthen Families**
  - Goal 1: Create a Long-Term Care System that is Streamlined, Cost-Effective and Consumer-Friendly
  - Goal 2: Create a Greater Support Network for Elders, Families and Caregivers
  - Goal 3: Create an Elder-Friendly Environment that Values the Contributions and Needs of Elders
  
3. **Promote Economic Diversity**
  - Goal 3: Create an Elder-Friendly Environment that Values the Contributions and Needs of Elders
  
4. **Reduce Violent Crime and Illegal Drug Use**
  - Goal 2: Create a Greater Support Network for Elders, Families and Caregivers
  - Goal 3: Create an Elder-Friendly Environment that Values the Contributions and Needs of Elders
  
5. **Create a Smaller, More Effective, More Efficient Government**
  - Goal 1: Create a Long-Term Care System that is Streamlined, Cost-Effective and Consumer-Friendly
  - Goal 2: Create a Greater Support Network for Elders, Families and Caregivers
  
6. **Enhance Florida's Environment and Quality of Life**
  - Goal 1: Create a Long-Term Care System that is Streamlined, Cost-Effective and Consumer-Friendly
  - Goal 2: Create a Greater Support Network for Elders, Families and Caregivers
  - Goal 3: Create an Elder-Friendly Environment that Values the Contributions and Needs of Elders



# Trends and Conditions Statement

## Agency Primary Responsibilities

The department was created in 1991 as a result of a 1988 constitutional amendment and its later statutory enactment in the “Department of Elderly Affairs Act” (Chapter 430, Florida Statutes.) Since its creation, the department has been successfully serving and advocating for elder Floridians.

The department is charged with the following functions (s. 430.04, F.S.):

- (1) Administer human services and long-term care programs ensuring that the elderly of this state receive the best services possible;
- (2) Assist functionally impaired elderly persons in living dignified and reasonably independent lives in their own homes or in the homes of relatives or caregivers through the development, expansion, reorganization and coordination of various community-based services;
- (3) Serve as an information clearinghouse at the state level, and assist local-level information and referral resources as a repository and means for dissemination of information regarding all federal, state, and local resources for assistance to the elderly in other areas: health, social welfare, long-term care, protective services, consumer protection, education and training, housing, employment, recreation and transportation;
- (4) Provide the lead to coordinate and review the roles and plans for state agencies that provide services for the aging;
- (5) Develop a comprehensive volunteer program that includes an intergenerational component and draws on the strengths and skills of the state's older population and, to the extent possible, implements the volunteer service credit program; and
- (6) Combat ageism by creating public awareness and understanding of the potentials and needs of elderly persons.

## Priority Setting Framework

The vision, values and mission of the department define its policy and drive its goals in serving older Floridians. These goals are consistent with Florida's Golden Choices, the state's blueprint for services to elders, which can be classified into five integral themes:

- 1. Aging in Place**  
The right of Floridians to age in the communities of their choice in the least restrictive environment.
- 2. Aging with Dignity**  
The right to live without fear of abuse, neglect or any other crimes.
- 3. Aging with Security**  
The right to live with dignity and respect.
- 4. Aging with Purpose**  
The right to contribute talent, experience or economic strength to the community at large.
- 5. Aging in an Elder-Friendly Environment**  
The right to participate in a community that fosters elders' quality of life, safety and independence both at home and throughout the community.

The department's primary responsibilities have been synthesized into three policy goals. They provide the foundation for DOEA's efforts to build a better life in Florida for persons of all ages. The department has developed an associated set of operational objectives and measurements for each of the goals that permit tracking of progress toward their achievement.

The following goals reflect the current strategic thinking of DOEA:

- 1. Create a Long-Term Care System that is Streamlined, Cost-Effective and Consumer-Friendly**
- 2. Create a Greater Support Network for Elders, Families and Caregivers**
- 3. Create an Elder-Friendly Environment that Values the Contributions and Needs of Elders**

These goals can only be achieved through a coordinated, fiscally sustainable and customer-oriented service delivery system that supports the diverse needs of Florida's elders.

## Agency Priorities for the Next Five Years

In order to meet the demand outlined in the previous section, and in keeping with its mission, vision and values, the department will concentrate its efforts in the three **priority areas**: *Create a long-term care system that is streamlined, cost-effective and consumer-friendly; create a greater support network for elders, families and caregivers; and create an elder-friendly environment that values the contributions and needs of elders.*

Together, these priority areas provide DOEA with a strategic **programmatic action framework**. The strategies that will be used to address the priority areas are discussed on the following pages.

# 1

## **Priority Area: Create a Long-Term Care System That Is Streamlined, Cost-Effective and Consumer-Friendly**

### **Guiding Principles: The Long-Term Care System Should:**

- Expedite access to program services and resources;
- Ensure high quality, cost effective services;
- Offer consumer-friendly diversions;
- Feature a flexible and portable funding system;
- Allow for better predictability of costs and encourage cost containment;
- Build on existing prioritization methods; and
- Preserve and expand options for services for all persons.

Strategies (in priority order):

- In partnership with the Agency for Health Care Administration, implement Florida Senior Care in two different areas of the state. Florida Senior Care is the Medicaid Reform program that integrates acute and long-term care for persons age 60 and older;
- Continue expansion of the Long-Term Care Community Diversion Pilot Project, known as the Nursing Home Diversion Project, to serve the most frail elders in the community when it is safe to do so;
- Maintain the state and federally mandated monitoring of contracting agencies to ensure that public resources are optimized and keeping the consumer as the focal point of our programs;
- Execute a formal evaluation of the ADRC implementation process via a procurement document;
- Develop efficient business processes to facilitate long-term care and apply information technology solutions as appropriate;
- Expand consumer/caregiver-directed options in service delivery where possible;
- Enhance interagency coordination of long-term care activities;
- Promote regulatory alignment that supports smooth transition between care settings and encourages multi-care settings;
- Build long-term care service capacity tailored to geographic, cultural and economic needs of Florida's elder citizens; and
- Promote public/private partnerships including the business community and faith-based entities.

## **2** Priority Area: Create a Greater Support Network for Elders, Families and Caregivers

### **Guiding Principles: The Support Network Should:**

- Sustain the informal care system, including family, friends, volunteers and existing community resources;
- Empower consumers to make decisions about their long-term care when they are capable of doing so; and
- Enhance the personal responsibility of Floridians and their families for addressing their long-term care needs.

Strategies (in priority order):

- Expedite access to program services and resources;
- Promote caregiver training and support activities;
- Expand health and wellness programs;
- Provide Medicare and private health insurance counseling and information to elders to enable them to maximize their resources to provide for their care;
- Support innovation in health promotion/disease prevention, nutrition and in-home services;
- Support expansion of older worker training and employment programs;
- Promote public/private partnerships including the business community and faith-based entities; and
- Enhance baby boomers and pre-retirees knowledge of strategic lifestyle issues that enable them to better prepare for the future; and
- Support the efforts of the Department of Children and Families Division of Alcohol, Drug Abuse and Mental Health in identifying older adults who are at risk of being placed in a more restrictive environment because of substance abuse and those in need of substance abuse treatment.

## **3** Priority Area: Create an Elder-Friendly Environment That Values the Contributions and Needs of Elders

### **Guiding Principles: The Elder-Friendly Environment Should:**

- Recognize the diverse needs of elders and value their unique contributions to their communities;
- Allow community residents to retain control over their lives;
- Foster a creative and supportive environment in which elders can actively participate in community life, contributing their wisdom, skills and abilities; and
- Promote mutually rewarding experiences for people of all ages to interact.

Strategies (in priority order):

- Continue expansion of the Communities for a Lifetime program by supporting state and local agencies to enhance quality of life for mature residents;
- Strengthening of DOEA's Elder Rights initiative including support of the Florida Legal Senior Helpline;
- Continue to collaborate with the Department of Children and Families Adult Protective Services Unit to ensure elders identified as being at risk for further harm are served expeditiously;
- Support and promote intergenerational programs;
- Create a greater awareness of the contributions of elders;
- Promote public/private partnerships including the business community and faith-based entities;
- Support efforts to increase awareness of elder abuse;
- Partner with the Florida Coalition Against Domestic Violence to encourage incorporation of elder sensitivity into domestic violence shelter and counseling programs; and
- Promote the continued use of the Elder Abuse and Neglect Curriculum for Certified Officer Training.



## SWOT Analysis

In November 2005, the department invited other state agencies who are involved in the delivery of elder care services to participate in the planning process for the *Master Plan on Aging, 2006-2008*. Representatives from these agencies participated in eight workgroups, which were staffed by department managers. The workgroups were organized according to eight programmatic areas, including formal long-term care, informal long-term care, independent housing, transportation, health and wellness, employment and volunteerism, disaster preparedness and elder rights. Each workgroup conducted research, identified issues affecting elders and developed a set of policy recommendations to guide the state in their particular area. Each workgroup conducted a series of four meetings from December 2005 through February 2006.

Additionally, the department conducted five public town-hall meetings throughout the state to obtain input from elders and stakeholders in the eight programmatic areas. A planning retreat also occurred in November 2005, which included planners and other appropriate staff from the eleven area agencies on aging in Florida. The agenda included a discussion of each agency's strengths, weaknesses, opportunities and threats (SWOT). The following overall SWOT analysis is a result of input obtained through these planning activities.

### Strengths:

- Florida is a leader in emergency management/disaster preparedness planning.
- Florida contains the public cost of long-term care efficiently and effectively compared to other states.
- DOEA has many strong partnerships already established relating to planning and advocacy for elder needs and issues.
- Approximately 150 communities throughout the state are committed to the *Communities for a Lifetime* (CFAL) initiative, designed to enhance opportunities for people to age in place, or continue living in their own communities for a lifetime.
- Florida attracts a high number of retirees and elders who are highly educated and resourceful.
- Florida's urban areas have strong private-for-pay and non-profit elder services networks that serve well the vast majority of Floridians in need of supportive services.

Weaknesses:

- There is a lack of suitable, affordable housing for seniors.
- Rural areas are often equipped with fewer resources than those in more urbanized locations.
- Few transportation alternatives limit elder mobility.
- As individuals grow older, they are increasingly vulnerable to fraud and abuse.
- Ageist viewpoints and practices are prevalent in the workplace and other environments.
- The current shortfall in medical and geriatric staff is projected to become critical in the near future.

Opportunities:

- The department can maximize potential resources identified through its various partnerships.
- The department's *Communities for a Lifetime* initiative advocacy efforts can address needs and issues associated with elder housing and transportation.
- Training and outreach programs are valuable tools to help educate the public on elder issues, as well as to provide a means of information and referral to elders and their caregivers.
- Florida's abundance of retirees provides an opportunity to utilize elder volunteers for education and outreach.
- New developments in the treatment of chronic disability through medical and technical developments will reduce the need for personal assistance and promote the independence of disabled elder adults.

Threats:

- Hurricane seasons are experiencing more active and frequent storms.
- Increasing liability costs continue to hinder the ability to provide many services to elders.
- Rising housing costs and property taxes contribute to the lack of affordable housing.
- Financing needs for publicly provided acute and long-term care is growing faster than the population.
- The lack of hold harmless/immunity legislation for volunteers who would drive elders to appointments limits the opportunity to help increase mobility choices for seniors.

The following strategies, based on the SWOT analysis, are adapted from the *Master Plan on Aging, 2006-2008*.

*Formal Long-Term Care:*

- Integrate acute and long-term care in a seamless care system using risk-sharing financial mechanisms.
- Expedite ways to move individuals from institutional settings to community settings.
- Ensure the availability of skilled nursing home beds.
- Enhance access to eligibility determination services through community partnerships and enhanced technology, and continue to simplify eligibility policies.
- Increase access to means-tested community-based programs when funding is available.
- Facilitate access to services in all geographical locations.
- Ensure affordability and availability of liability insurance for licensed nursing homes
- Encourage federal and state funding for health care facilities, and maximize limited funding for community care.
- Participate in Medicare reform activities to ensure that elders receive quality and affordable health care.
- Invest in programs that assist working adults and families with financial planning for their own long-term care needs.
- Facilitate the development of a long-term care system that is affordable for middle income families.
- Invest in programs that reduce the need for long-term care through prevention and early intervention.
- Require aging-service providers to provide evidence to stakeholders and funding agencies that programs are effective and in compliance with service, legal, contractual and fiscal requirements.
- Continue to favor funding for programs that integrate acute and rehabilitative care with long-term care, and that place emphasis on prevention.
- Review aging services funding policies to increase the number and quality of choices available to older persons and their caregivers to meet long-term care needs.
- Increase public awareness about available community options for care.
- Explore ways to devote additional resources and increase care coordination services for targeted groups such as minority, low-income and rural elders.
- Evaluate individual programs in the context of their impact on the entire long-term care system, public and private.
- Find innovative ways to meet increased demand for long-term care services due to aging of baby boomers.

*Informal Long-Term Care:*

- Include caregiver issues at aging forums and conferences, including Florida Conference on Aging.
- Encourage community forums on aging.
- Support tax credits for caregivers and other incentives, such as restructuring the tax code to support caregivers.
- Support efforts that make it easier for people to be volunteer caregivers.
- Revise current assessment instrument and/or process to better address caregiver needs.
- Provide care manager training.
- Encourage Centers for Medicare and Medicaid Services to include direct caregiving services in Medicaid waivers.
- Support advocacy for increased federal funding for a broader array of services as per White House Conference on Aging.
- Ensure that Scope of Services includes services for caregivers as an indirect benefit to frail elders.
- Expand Home Care for the Elderly program.
- Expand Consumer-Directed Care and similar programs, subject to funding.
- Develop cooperative efforts with private industry benefiting caregivers.
- Promote awareness of the value of services caregivers provide.
- Create and market an information kit for caregivers, including a “crisis package” for those suddenly thrust into a caregiving role (not just from the senior perspective).
- Encourage increased availability of telephone reassurance.
- Create awareness of the significance of current informal support systems.
- Create awareness that current informal supports are currently peaking and will likely decline over time.

*Independent Housing:*

- Continue to utilize the elder housing unit to focus DOEA efforts to promote, facilitate and address all aspects of senior housing; participate in collaborative activities with private and public stakeholders, and disseminate information.
- Utilize the Communities For a Lifetime (CFAL) initiative to promote the importance of affordable, accessible housing for elders and persons with special needs, as well as provide technical assistance and tools to local communities to assess housing needs and resources.
- Expand efforts within the department, among state agencies and among stakeholders to focus on urgent and long-term housing that accommodates elders and persons with special needs.
- Identify and determine the roles, responsibilities and resources of all stakeholders with current or potential relevance to elder housing.

- Enhance collaboration among public and private stakeholders to identify and address housing barriers, resource and service gaps, duplication, opportunities, immediate and long-term needs, and enhanced/additional resources.
- Develop and implement an infrastructure to maintain comprehensive information portals, data and resources relevant to elder housing.
- Collaborate with the Florida Housing Finance Corporation's development and implementation of a low-income rental housing locator that provides current information regarding rental housing availability statewide.
- Promote, facilitate, support and evaluate demonstrations and best practices that improve and enhance housing capacity, affordability and design through preservation and new development, for possible replication in underserved areas statewide.
- Promote and facilitate the awareness and understanding of the importance of incorporating and integrating universal design philosophy and techniques into all aspects of community development and housing for elders and persons with special needs.
- Collaborate among stakeholders to identify, address, advocate for and provide the resources and incentives needed to stimulate and facilitate the development, preservation and modification of home ownership and rental housing units.
- Coordinate, support and participate in activities, such as task forces, committees, advisory boards and conferences, to address housing issues and needs.

*Transportation:*

- Incorporate elder issues into state, regional and local transportation plans.
- Involve older residents and stakeholders in the transportation planning process.
- Advocate for adequate transportation funding options, including tax and other incentives to encourage private-sector services.
- Increase public awareness and education on existing and potential types of transportation services available.
- Create consumer voucher programs allowing users to choose their own transportation service option.
- Improve intergovernmental and public/private transportation coordination of services, and encourage formations of partnerships with assigned responsibilities.
- Develop and implement policies promoting transportation access to new retirement villages and senior developments.
- Explore, promote and evaluate transportation provider liability countermeasures.
- Identify, develop and support shared databases on available transportation resources and services, client needs and usage.
- Promote and maintain a "one-stop shop" transportation Web site, linking various sources of agency information.
- Establish focus groups and surveys to monitor services and customer satisfaction with transportation services.

- Develop programs for ridesharing, central dispatching, volunteer drivers and other innovative programs.
- Increase education programs for drivers and other stakeholders.
- Expand resources for mobility counseling, including connectivity to driver cessation support groups.
- Encourage the development and use of technology in vehicles, such as seatbelts, “Carfit” features and other safety measures.
- Analyze and evaluate data with emphasis on alternative modes of transportation.
- Identify and support agency transportation and roadway safety policies and programs.
- Implement and maintain federal and state transportation design standards for older drivers, e.g., Florida Highway Administration Highway Design Handbook for Older Drivers and Pedestrians.
- Complete statewide bicycle/pedestrian network/infrastructure.
- Encourage transit access and facilities in new and suburban neighborhoods.
- Encourage the co-location of appropriate medical, social and elder services accessible by public transportation.
- Examine, promote and evaluate the use of innovative technology in transportation operations, such as hybrid cars and Intelligent Transportation System.

*Health and Wellness:*

- Develop and implement wellness programs for seniors at sites accessible to individuals with disabilities, such as senior centers.
- Develop and implement fall prevention and balance maintenance programs for seniors.
- Develop tools for families to assist in decision-making with regard to health conditions and lifestyle behaviors.
- Support local outreach efforts through resources such as senior centers, to inform seniors and their family members of programs that aid in understanding health-related issues and treatment options.
- Promote regular screening as a standard protocol for early identification for numerous conditions.
- Encourage older adults to be vaccinated annually against influenza and pneumococcal disease.
- Develop and implement programs that are culturally and linguistically appropriate to reduce health disparities for disease prevention, detection and treatment.
- Encourage public and private health insurers to broadly cover preventive care for disease prevention.
- Promote programs that educate individuals with chronic disease to assuage their disease with proper diet.
- Promote nutritional programs targeted to low-income older adults.

- Strengthen the link between healthful dietary habits and increased physical activity.
- Support a strong national and state program for basic and applied nutrition research to provide a sound scientific base for dietary recommendations and effective interventions.
- Increase physical activity opportunities that enhance care and self-management practices.
- Develop and implement obesity reduction programs for seniors.
- Work with appropriate agencies to increase the number of health professionals, serving seniors with special needs and residents of long-term care facilities.
- Expand loan forgiveness programs for professionals working in medically underserved areas (MUAs) and medically underserved populations (MUPs).
- Support efforts increasing the capacity of Florida's institutions of higher education and vocational training to produce more medical and allied professional and paraprofessional personnel, particularly in primary care.
- Support strategies offered by health literacy advocates to develop a comprehensive program to create easily understandable health information through available state agencies, commissions and the private sector.
- Improve patient transition from inpatient care to community settings.
- Support programs that provide prompt treatment to severely and persistently mentally ill (SPMI) older adults.
- Increase access of older adults to mental health and substance abuse services.
- Promote and enhance screening and outreach services to facilitate early identification of substance abuse, depression and suicide risk.
- Continue to seek funding for development of evidence-based models for substance abuse prevention targeting older adults.
- Continue to expand the Brief Intervention and Treatment for Elders (BRITE) pilot program, an innovative outreach program designed to provide services to older adults in the home and other non-traditional settings.
- Continue collaboration among state agencies and service providers to build a comprehensive system of care and services for older adults.
- Promote education on prevention of sight and hearing loss.
- Provide ongoing access to health care for individuals with sight and hearing disabilities.
- Remove barriers to physical activity due to sight and hearing loss and other disabilities.
- Provide oral health care for individuals with diseases for which research shows systemic associations with periodontal disease, such as heart disease, diabetes, osteoporosis and respiratory infections.
- Increase access to dental care for low-income adults with special needs.
- Support fluoridation programs in communities with non-fluoridated tap water.

- Promote awareness among health care providers and the public about the importance of annual oral cancer exams for seniors who have ever used tobacco products.

*Employment and Volunteerism:*

- Create a resource manual to assist older workers in locating job opportunities.
- Provide information to assist elders in their retirement planning.
- Utilize senior volunteers to provide outreach and education to new retirees.
- Promote the identification of Disability Navigator as a resource to local agencies that provide services to people with disabilities.
- Encourage pre-retirees to seek volunteer opportunities.
- Create awareness of employment and training opportunities through Florida's one stop workforce-development system.
- Increase reach out programs to private entities.
- Improve linkages and partnerships with private sector employers to promote older workers.
- Develop public service announcements and other media efforts to dispel negative stereotypes about older workers, highlight the accomplishments of high profile older workers, and promote hiring of elders by the business community.
- Develop relationships with professional and civic associations to recruit older workers and develop job opportunities.
- Provide elder sensitivity training to partner organizations, employers and state and local government organizations to reduce barriers.
- Conduct semi-annual meetings and other collaborative efforts with partner agencies to promote the contributions of elders in employment and volunteerism.
- Partner with agencies to provide free/low cost basic computer skills training and Internet access to increase the computer literacy of older workers.
- Identify transferable skills for current/future job market.
- Establish workforce program set-aside funding, earmarking money for older-worker training.
- Increase retention incentives to encourage elders to remain in the workforce.
- Promote telecommuting opportunities.

*Disaster Preparedness:*

- Continue on-going collaboration with state and local emergency operations centers to increase awareness and understanding of special needs of elders.
- Champion the development and designation of emergency operations center liaisons/teams at the local level to coordinate and assist in responding to the specific needs of elders.



- Recommend minimum standards and critical elements to be included in state, agency and county Comprehensive Emergency Management Plans (CEMPs) to address the needs of elders. Examples include redundancy plans for essential services and transportation needs during evacuations.
- Review the State of Florida Comprehensive Plan, State of Florida CEMP, and state agency and county plans to ensure each addresses the needs of elders.
- Review the state CEMP and regional, county, local and agency plans to identify "best practices for elders" to be used as a template for other regional, county, local and agency plans.
- Encourage more comprehensive emergency and disaster pre-planning in communities with significant special needs and elder populations.
- Continue to collaborate on interagency efforts and proposed legislation to improve access to special needs shelters, services and discharge planning for persons with special needs.
- Ensure that multi-agency response teams are ready to assemble and deploy rapidly upon a determination by state emergency management officials that a disaster area requires additional assistance.
- Support efforts to ensure that local and facility evacuation plans identify where elders go if the event impacts facilities (e.g., nursing homes, assisted living facilities, hospices and hospitals).
- Encourage counties and municipalities to develop mutual aid agreements and establish a communication structure to coordinate efforts in providing services to elders during catastrophic events.
- Identify regional care centers, and plan with other agencies to have response options in place for catastrophic events when local operations may become overwhelmed and shelters may become compromised due to the event or additional unforeseen circumstances (e.g., extended power outages, lack of fuel).
- Encourage health officials and members of the medical community to enable easier access to medical records, prescriptions and medications during declared disasters.
- Determine the appropriate level of medical expertise (asset management) needed for staffing at general population shelters and special needs shelters, and support the development of uniform consistent standards statewide to ensure that the needs of the elder population are met.
- Ensure that special needs shelter discharge planning procedures are standardized throughout the state.
- Ensure that special needs shelters are open to caregivers.
- Encourage the establishment of more "pet friendly" general population shelters and special needs shelters. Support efforts to educate and train emergency shelter staff regarding regulations pertaining to service animals.
- Encourage local and county emergency officials to plan for and provide appropriate security at shelters.

- Continue to work with FEMA to adopt a standardized rapid needs assessment tool that can be used in general population shelters, special needs shelters or disaster recovery centers to prioritize elders needing housing, transportation, medications, placement assistance, food and water.
- Support efforts to improve the efficiency and accuracy of information contained in the emergency status database of available beds.
- Encourage elder residential communities, condominiums and long-term care facilities (e.g., assisted living facilities, nursing homes, etc.) to ensure their ability to maintain care and provide safe housing in the aftermath of an emergency (e.g., a requirement for generators at such facilities to insure the continuation of power and ability to operate elevators.)
- Encourage county and local emergency officials to establish contact networks in their response plans to ensure that elders have been checked on to determine their needs and status after a disaster (e.g., seventy-two hour check, eight-day check, buddy system, call tree, etc.).
- Encourage state, county and local emergency officials to develop procedures for delivery of supplies to elders in residential communities and persons with special needs who, for safety and health reasons, should not attempt to travel to established points of distribution (PODs) sites designated for the general population.
- Provide training and technical assistance to county Emergency Operation Centers and local communities in developing plans for disaster preparedness and response, to ensure that procedures for coordinating efforts, acquiring supplies and obtaining assistance for elders are in place and understood.
- Develop a training guide template and/or disaster kit related to emergency preparedness and post-event survival that local communities and agencies can use for outreach, education and communication with elders and special needs clients to create a culture of preparedness prior to disaster events.
- Support the establishment of one-stop service centers in partnership with other response agencies (e.g., DFS insurance villages) to streamline the delivery of services and increase the efficiency and effectiveness of post disaster assistance and community outreach efforts.
- Participate in State Hazard Mitigation Planning Advisory Council.
- Provide staffing at Disaster Recovery Centers to conduct rapid needs assessments, identify local resources and champion the needs of elders to ensure that housing and medical needs are prioritized and services are provided.
- Provide information to emergency officials regarding the unique nutritional requirements of elder populations to ensure the appropriateness and elder-friendliness of post disaster meals distributed to elders (e.g., low sodium, diabetic, restricted caloric diets, etc.).
- Support efforts to develop community education and outreach regarding registration and special needs shelters and general information regarding shelter stays.

- Ensure that each county EOC and community has a pre-designated location for a special needs shelter(s). Information on the pre-designated location, services available, and access to transportation to the special need shelter(s) must be announced to the public prior to the event to assist special needs clients in pre-planning.
- Educate the emergency community regarding the unique mental health issues and potential changes in behavior experienced among elder populations during times of stress and disorientation. Include specialized information on Alzheimer's and dementia, along with effective strategies for communicating with older adults to minimize emotional impact of the event.

*Elder Rights:*

- Develop interagency partnerships throughout the state to promote the importance of legal services as a part of the overall structure of service to seniors.
- Raise awareness among seniors of the legal dimension to their problems and the option of assistance from attorneys who may be able to offer legal solutions.
- Enhance promotion of the network of providers of free legal services.
- Work with legislature to provide for permanent funding for the new statewide senior legal helpline to sustain this meaningful benefit for Florida seniors and an easy point of entry into the system of legal services.
- Work with bar associations and sections to encourage pro-bono legal services for seniors.
- Identify and evaluate legal needs of older Floridians in order to target resources for improved access to legal services.
- Work with existing legal services providers and offer educational opportunities to enhance understanding of legal issues that are unique to seniors.
- Work with the Florida Bar to enhance communication among providers of legal services to seniors (Title IIIBs5, legal aid, local bar associations, pro bono groups, etc.) in order to share resources and knowledge.
- Provide elder sensitivity training for attorneys who may serve seniors.
- Raise statewide standards for the provision of legal services through allocation of Title IIIB dollars.
- Encourage area agencies on aging to dedicate increased percentage of Title IIIB dollars for the provision of legal services.
- Work with the state legislature to secure state funding to supplement federal funding allocated for the provision of legal services to seniors.
- Continue coordination with Statewide Public Guardianship Office, state agencies, Florida Bar, on advance directives education activities. Provide information on alternatives to guardianship.
- Educate high school students and encourage them to execute advance directives.
- Work with the legislature to secure permanent public guardian funding.

- Subject to funding allocations, expand public guardianship across Florida to areas of need.
- With the court system as lead, expand guardianship monitoring to every area of Florida. Provide educational opportunities to court personnel and clerk's staff responsible for guardianship case review. Develop procedures for effective and efficient review of cases.
- Coordinate monitoring activities with law enforcement and provide information/education to law enforcement. Create and implement interagency procedures for effective investigation and prosecution of abuse, neglect and exploitation.
- Identify funding resources for the development and implementation of interagency cross-training programs that specifically target prevention and sensitivity issues related to Florida's elder population.
- Conduct interagency public awareness campaigns that address increasing prevention and sensitivity with general population.
- Encourage and support collaborative programs such as Triad, training programs and the APS Referral Tracking Tool.
- Identify educational opportunities that will provide primary agencies with knowledge, understanding and sensitivity to cultural differences and inter-generational involvement.
- Produce media that sensitize the general public concerning cultural and inter-generational issues.
- Develop "friendly visitor" programs based on pilot projects initiated in several local councils to increase ombudsman presence and deliver information regarding residents' rights to clients.
- Proactively develop partnerships with resident councils to cooperatively address systems issues that affect residents' lives.
- Enhance the LTCOP website to make it more user-friendly for volunteers, families and long-term care facility staff to access cutting edge information on the program, trends in long-term care and other best practices to effectuate change within long-term care facilities to move toward a non-institutional model.
- Develop strategies to reduce language barriers and other communication impairments for residents.
- Execute a proactive public relations campaign that raises visibility and awareness among relevant audiences and assists in recruiting new volunteers.
- Develop initial training strategies and materials that will include program resources needed to train ombudsmen to handle complaints.
- Modernize complaint and documentation systems that will allow volunteers to input cases, track follow-up of cases in real time and deliver critical information expeditiously, minimizing the "paperwork" for volunteers.
- Develop statewide and local interagency councils that provide a forum for sustained dialogue regarding all facets of elder rights throughout the continuum of care so systems can be adapted to meet the evolving needs of Florida's elders.

- Determine specific consumer education components based upon services and information currently provided to seniors.
- Provide continuous elder crime prevention training for advocates and law enforcement.
- Provide consumer protection and consumer awareness education for seniors.
- Provide community law enforcement effort that combines multi-agency resources statewide, focusing on detecting and investigating criminal acts committed against residents in health care facilities including nursing homes, assisted living facilities, and group homes.

In assessing programs and policies, the department will keep the consumer's desires, service quality, fiscal sustainability and the strengthening of the elder services network as its organizational values.

**Consumer-Centered service:** Consumer choice and autonomy will remain a top priority as the department works to innovate and expand programs that give older Floridians and their families the freedom to choose to remain in their communities enjoying the best possible lifestyle that their health will allow.

**Partnering:** A core value of the department is the strengthening of the elder services network. The department will continue to function as one of the most highly privatized agencies of state government. This can only be achieved by delivering services through a network of highly committed for-profit and non-profit providers and contractors that are committed to the department's customer-centered "Golden Choices" philosophy.

**Fiscal Sustainability:** To remain viable, the department's programs and initiatives must be fiscally sound. Programs for elders can only be sustained over the long run if they generate value for all Floridians. Department programs have to show that they are efficient and effective.



## PROPOSED NEW PROGRAMS

### **Florida Senior Legal Helpline**

DOEA is likely to seek a permanent funding source for the department to contract with Bay Area Legal Services, Inc., to provide permanent support for operation and management of the statewide, toll-free Florida Senior Legal Helpline, which provides underserved, elder residents of Florida with a convenient point of access to receive high-quality legal advice, information and referrals to federal Older Americans Act (Title IIIB) funded legal services providers statewide for extended representation.

Annually, the Senior Legal Helpline will advise and provide brief services to 4,250 Florida seniors, screening a minimum of 6,250 callers; use the statewide referral matrix to refer 625 seniors given legal advice through the helpline to their local Title IIIB providers for further assistance; identify 30 Florida counties or underserved communities for priority services; and establish partnerships with two Florida law schools to train and supervise eight student legal interns who will advise seniors through the helpline or create substantive materials for advocates' use.

The Senior Legal Helpline was developed with funds received by Bay Area Legal Services through a two-year federal grant from the Administration on Aging, which concludes September 30, 2007, and through contract with the Department of Elder Affairs. Recurring funds would help maintain operation of this valuable resource for Florida's seniors.

## **Justification of the Final Projection for Each Outcome and Impact Statement Relating to Demand and Fiscal Implications**

The standard for each outcome measure will remain stable at the SFY 07-08 target level.

## **Policy Context and Guidelines Used by the Agency to Develop its Five-Year Workforce Plan**

The department is one of the most privatized agencies in state government (94 percent), so workforce reduction considerations pose considerable challenges. Although the aging network includes thousands of case managers and service workers, most of them are not employees of the state. Unlike other social services agencies in state government, the department contracts direct services to the private sector. The department will be strengthening its focus on monitoring its contracts.

The department has functioned with as limited staffing as possible to efficiently carry out its legislative mandates. Since 1998-99, the department's funding has increased by 73 percent, while staff has increased by only about five percent (39 FTEs). Furthermore, the department's program operations are actually much larger than what appears in the department's operating budget. The department's largest program by funding is not reflected in its budget. The department operates the Long-Term Care Community Diversion Program under interagency agreement with the Agency for Health Care Administration. If funding for this program were included in the budget growth comparison, it would show that DOEA's program operation has increased by 142 percent since 1998-1999.



## LIST OF POTENTIAL POLICY CHANGES AFFECTING THE AGENCY BUDGET REQUEST

- 1) Medicaid Reform – Florida Senior Care
- 2) Continued Focus on *Communities for a Lifetime*
- 3) Adult Care Food Program
- 4) Elder Farmers' Market
- 5) Long-Term Care Ombudsman Program

### Discussion:

#### **Medicaid Reform - Florida Senior Care**

During the 2005 Regular Session, the Florida Legislature approved Chapter No. 2005-133 (Senate Bill 838), requiring the Agency for Health Care Administration (AHCA), in partnership with DOEA, to create an integrated, fixed-payment delivery system for Medicaid recipients who are 60 years of age or older (s. 409.912(5), F.S.). Florida Senior Care (FSC), as the program is commonly referenced, will coordinate care across all health settings, including primary care physicians, hospital care, and, when needed, long-term care in the home or in a nursing home.

The Legislature directed the agencies to implement the integrated system initially on a pilot basis in two areas of the state. Two pilot areas were chosen to test the program concept – Panhandle, Planning and Service Area 1 (Escambia, Santa Rosa, Okaloosa, and Walton Counties), and Central Florida, Planning and Service Area 7 (Seminole, Orange, Brevard, and Osceola Counties). AHCA was given authority to seek federal waivers as necessary to administer the system. This plan ultimately requires approval from both the Centers for Medicare and Medicaid Services (CMS) and the Florida Legislature prior to implementation.

CMS approved the waiver on September 14, 2006. Subsequently, AHCA is expected to request the necessary legislative authority to allow the agencies to implement the 1915(b)(c) Florida Senior Care Waiver as approved by CMS.

For nearly one year, the FSC Steering Committee, consisting of both DOEA and AHCA staff, has met and developed an extensive scope of work for this endeavor. Presently, Medicare represents the majority of funding for seniors' medical services. Besides Medicare, Medicaid covers most outstanding payments along with long-term care needs. DOEA also administers what may be considered "gateway programs" that are companions to Medicaid funded programs and services. These are other federally funded programs (Older Americans Act) and General Revenue funded programs (Community Care for the Elder, Home Care for the Elderly, etc.).

Without integration of these services, access to and the delivery of services is fragmented. FSC is one step in the integration of funding for services to our seniors. The integration of the acute care component of health care is a natural next step in that evolution. Seniors will coordinate their care with one care coordinator who can provide more comprehensive management of elderly services.

With the approval of both CMS and the Legislature, DOEA would serve as the primary “gatekeeper” into FSC, managing the choice-counseling component of the program. The proposed program would support the agencies’ and the Governor’s philosophy that both promotes access to home and community-based services and improve care coordination for all eligible Medicaid participants.

### **Continued Focus on *Communities for a Lifetime***

Florida ranks number one in the percentage of residents who are elders. Despite Florida’s well-deserved reputation as a retirement destination, there are 800,000 more Floridians under the age of 18 than over 65, making Florida a state of both seniors and juniors. No state in the nation has seen such a remarkable population surge of both youth and elders at the same time. *Communities for a Lifetime*, an initiative of Governor Jeb Bush, is a way to address the needs and concerns of communities across the life spectrum.

According to the latest census estimates, Florida has almost four million people age 60 and older, the vast majority of whom are not in need of long-term care or any other public assistance program. As a group, elders have the lowest poverty rates, and at any point in time, only about five percent are in need of public assistance to deal with their long-term care needs. Florida’s demographics are changing. In 2010, for the first time in history, the number of older adults will equal the number of children. In addition, by 2030, the elder population in Florida (60+) will double.

The department recognizes that transportation plays a vital role in the lives of older Floridians. Mobility is essential for independent living, and transportation is the link that allows access to needed services and activities. Just as each person is unique and different, so are his or her transportation needs. Therefore the department understands that no single solution can meet all the mobility needs of Florida’s senior population, and a wide variety of services and systems is necessary to effectively meet the need. Because of transportation’s vital role, the department has dedicated a full-time position in the *Communities for a Lifetime* bureau to help address transportation and mobility options for seniors.

Furthermore, the department will also continue partnerships and ongoing collaboration with other state agencies including the Department of Transportation (Transportation Disadvantaged Commission and the Elder Road User Program), as well as the

Department of Highway Safety and Motor Vehicles (the Florida At-Risk Driver Council and the GrandDriver Program).

The Elderly Housing Unit (EHU) will continue to focus on solutions for access to affordable housing and housing supplemented with services allowing people to remain in their homes. The EHU will conduct outreach and provide information and referral services while working to increase stakeholder development through technical assistance. The objective is to maintain and enhance consistent outreach efforts to ensure the public and target populations, statewide, are aware of affordable assisted living and affordable supportive housing that accommodates Medicaid and other public assistance programs and services, and how to access them. Additionally, to increase and improve the capacity of housing options that accommodate Medicaid waiver programs by educating communities, housing funders and developers on the importance of supporting housing and related resources that facilitates aging in place, living at an optimal level of functioning and diversion from higher, more expensive levels of care. Also, to integrate awareness of and access to other public assistance programs that complement or supplement Medicaid benefits and services.

The EHU will facilitate the availability of, and access to, assisted living and other housing that accommodates or provides Medicaid and other public assistance programs and services by receiving and processing requests for information and assistance regarding LTC resources for low-income frail elders and disabled adults. Additionally, the EHU will allow individuals to access the most appropriate information and resources to meet their needs and preferences. A primary objective is provide comprehensive information regarding Medicaid and other public assistance resources to potential and existing eligible consumers

The EHU plans to develop, maintain and enhance stakeholder collaboration among elderly housing and services developers, providers, government agencies, consumer groups, communities and funders to address related issues, challenges and opportunities; facilitate affordable assisted living and supportive housing in underserved areas; support best practices, pilot projects and demonstrations and evaluate related efforts; provide technical assistance to stakeholders related to affordable housing with services and assisted living resources such as Medicaid programs and services; and advocate with traditional and non-traditional stakeholders the importance and benefit of supporting housing and supportive/assisted living services for frail, low-income elderly and disabled adults.

While access to affordable health care is a growing problem, Florida's elder population can also benefit from preventive health programs and chronic disease self-management classes. The Wellness and Public Safety Unit will focus on working with communities to develop evidence-based chronic disease courses including physical activity and nutrition programs. Older people have more to gain than younger people do by becoming more active, because they are at a higher risk of developing problems that

regular physical activity can prevent, such as obesity, high blood pressure, diabetes, osteoporosis, stroke, depression, colon cancer and premature death.

It is the intent of the department to work with communities by serving as a clearinghouse for innovative solutions and “best practices” that can be replicated at the local level. The *Communities for a Lifetime* program will use the department’s annual Best Practices ExChange conference, DOEA Web site and the *Elder Update* newspaper to feature information about innovative programs and services from around the state and nation.

The initiative will also continue to focus on the seven areas of discovery: Physical Spaces (accessibility, housing and shopping); Transportation (accessibility), Land Use (parks, trails, waterways and greenways); Community Development (business partnerships, employment, volunteerism, safety); Health (physical and mental); and Education (Lifelong learning).

During the 2007 Legislative Session, DOEA is likely to seek recurring general revenue to develop a comprehensive volunteer program that includes an intergenerational component and draws on the strengths and skills of the state’s older population, per s. 430.07(7), F.S. The principle portion of this request will support the department’s *Communities for a Lifetime Program*, as it relates to enabling local communities to create more livable and elder-friendly communities for elders and caregivers per s. 430.02(2), F.S. DOEA's request would allocate recurring general revenue funds to create mini-grants that would be made available to local communities to assist with the CFAL visioning and planning process and other community-based volunteer initiatives. This request would support both the mandates contained in Sections 430.02(2) and 430.07, F.S., and promote “intergenerational activities that will provide citizens of all ages opportunities to enjoy the enriching benefits of interaction and that will promote unity and support for one another,” (s. 430.04(4), F.S.).

### **Adult Care Food Program**

During the 2007 Legislative Session, DOEA is likely to seek recurring funding to support the Adult Care Food Program (ACFP). Program funds support 2.50 Full-Time Equivalents, 1.00 Other Personal Services and program expenses (travel, educational and training expenses, etc.). The program is funded through a grant from the United States Department of Agriculture (USDA) as part of the Child and Adult Care Food Program. DOEA directly administers the ACFP.

Presently, DOEA receives approximately \$73,000 in USDA grant funds that cover a portion of the program’s administrative costs. In prior years, DOEA received the remaining and most significant portion of its administrative funding from the Florida Department of Education (DOE), which is also a recipient of USDA grant funds. Beginning October 1, 2006, that partnership will end, and subsequently DOEA is

seeking a permanent source of program funding. As a prerequisite measure, the department sought, and the 2006 Florida Legislature approved, the creation of a new Subsection (17) in Section 430.04, which designated DOEA “as a state agency eligible to receive federal funds for adults eligible for assistance through the portion of the federal Child and Adult Care Food Program for adults.”

The program provides reimbursement to eligible adult care centers assisting them in providing nutritious, wholesome meals to adult-care participants. Centers using this program help maintain participants’ nutritional status, while keeping food costs down. Reimbursement may be sought for up to three meals/snacks per day. Rates are determined on an individual participant basis. Medicaid, SSI, Food Stamp or Food Distribution on an Indian Reservation beneficiaries, or participants documented to be at/below 130 percent of the poverty level, qualify for the maximum reimbursement. Participants who do not meet the above criteria are assessed on their self-declared income.

Program staff train and assist adult care centers to become meal providers and eligible for federal reimbursement, maximizing the use of minimal state resources. Since the program’s inception in FY 1997-1998, program participation increased from 1,426 participants to approximately 9,005 participants in FY 2005-2006. The program’s current budget afforded participating centers more than \$4.5 million in federal funds for meal reimbursements.

### **Elder Farmers’ Market**

The department is also likely to push for a permanent source of funding for the Elder Farmers’ Market Nutrition Program in Alachua, Bay, Jackson, Leon, Sumter, Suwannee and Union counties.

Presently, DOEA has been able to supplement a **\$92,911** USDA Senior Farmers’ Market grant and expand the Elder Farmers’ Market Nutrition Program to seven counties with the addition of a three year \$288,000 state vitamin settlement grant, received in December 2003. In 2004, DOEA issued \$99,712 of the settlement, of which \$83,316 was redeemed. In 2005, DOEA issued \$107,036 of the settlement, of which \$76,000 was redeemed. The department issued the remaining \$128,684 this year. The 2006 program is in progress, therefore, redemption data is not yet available. The department was able to provide 3,954 low-income seniors each with \$60.00 in coupons to purchase fresh fruits and vegetables from participating Florida growers. Florida has 194 growers enrolled in the Farmers’ Market nutrition program. The vitamin settlement grant will be entirely expended in the 2006 coupon distribution. The lack of additional funding would force a reduction in the benefit level and number of seniors served. This reduction would also impact the financial support to local growers.

The Elder Farmer's Market Nutrition Program is a health promotion, disease prevention program that provides low-income seniors with financial resources that allow them to increase their consumption of fresh fruits and vegetables, and improve their overall nutritional status. Improving nutritional status reduces the risk of chronic disease and positively impacts healthcare costs. Chronic disease accounts for more than 75 percent of the nation's \$1.4 trillion spent on healthcare. In the elder population, 88 percent of people over 65 have at least one chronic health condition. Florida's 2005 census data reports that 800,000 of our 3.1 million elders age 65 or older have incomes below 185 percent poverty.

### **Long-Term Care Ombudsman Program**

Analysis of State Long-Term Care Ombudsman Programs (LTCOP) by the Institute of Medicine recommends that each state ombudsman program employ, at a minimum, one full-time equivalent (FTE) employee per 2,000 long-term care facility beds. Currently, Florida has a staff to resident ratio of one FTE to 4,365 beds. Additionally, a recent analysis of Florida's ombudsman program by an independent consultant revealed that if Florida had as many staff per bed as the average of the five states nearest to it in bed numbers, Florida should add as many as 23 more frontline staff. Additionally, a recent restructuring of the program for full integration within DOEA and the passage of Chapter No. 2006-121 centralized program operations, removed barriers to volunteerism, and provided additional legal, legislative and administrative resources that will greatly strengthen the program's efforts to wholly advocate for residents. Collectively, the time is right for the program to refocus advocacy services on behalf of residents.

A shortage of FTE positions and the prevalence of lower pay grades are ongoing obstacles when attempting to hire experienced and qualified individuals for numerous positions throughout the state. For example, the LTCOP recently had four key positions vacant for an average of eight months. Interviewed candidates indicated that salary not commensurate with position responsibilities was the primary reason for not accepting a job offer. Insufficient rate within the program's budget entity prevents program administrators from reclassifying or upgrading staff positions to make them attractive to qualified applicants.

Among the statutorily mandated duties of the LTCOP is to "ensure that residents have regular and timely access to the services provided through the office and that residents and complaints receive timely responses from representatives of the office to their complaints," (s. 400.0065(1)(d), Florida Statutes). Additional budget authority would enable the program to hire individuals with the skill set necessary to manage, train and support volunteers and staff. It would also enable staff and ombudsmen to respond to, investigate and resolve the concerns of elder long-term care facility residents in a timely fashion, as mandated by state and federal law.

## LIST OF CHANGES WHICH WOULD REQUIRE LEGISLATIVE ACTION

### RELIEF & ADI

During the 2007 Legislative Session, DOEA may seek several non-controversial changes to Chapter 430, Florida Statutes. Two changes, similar in nature, would allow for “adult day care” to be a covered service in both the Respite for Elders Living in Everyday Families (RELIEF) program and Alzheimer’s Disease Initiative (ADI) funded programs (ss. 430.071 and 430.502, Florida Statutes, respectively).

Chapter 430, F.S., provides the duties, purposes and responsibilities of DOEA, its subcontractors and other agencies that administer human services programs for the elderly in Florida. The language in several of the sections has not been amended, revised or updated in 10 or more years. These suggested changes would better align Florida statutes with the day-to-day realities of caring for elders and the needs of caregivers.

“Adult day care” is a structured activity program designed to offer a safe environment for frail or disabled elders who are unable to remain at home alone during the day. Adult day care services are traditionally offered by centers five days a week during daytime hours. Consumers are either dropped off at the facility by a caregiver or picked up through special transportation arrangements. Adult day care programs are structured to allow elders to socialize with others and remain as independent as possible. These programs also allow caregivers to receive respite on a regular basis. Often, adult day care programs afford caregivers the opportunity to earn an income that in turn allows the caregivers to provide an elder with much needed assistance.

Recently, the Alzheimer’s Disease Advisory Committee (s. 430.501, Florida Statutes) approved a recommendation to effectuate a change in the terminology in the ADI statutes. The committee proposed that the phrase “adult day care” more appropriately reflects the intent of this component of the statute, which is to test therapeutic models, provide training and deliver day care services to persons with Alzheimer’s Disease and related disorders.

This proposal would support and enhance the network for elders, families and caregivers. Specifically, the legislative changes would provide greater access to adult day care services through both the RELIEF and ADI programs. Lastly, the proposal would support a long-term care system that is streamlined, cost-effective and consumer-friendly, helping to reinforce Florida’s position amongst the national leaders in providing choices for home and community-based care.



**LIST OF ALL TASK FORCES AND STUDIES IN PROGRESS**

<b><u>Work Group/Task Force</u></b>	<b><u>Legislative Mandate</u></b>	<b><u>Comments</u></b>
Alzheimer's Disease Advisory Committee, DOEA	Section 430.501, F.S.	Council meets quarterly and is composed of members selected by the Governor. Its responsibility is to advise the Department of Elder Affairs in the performance of its duties under this act regarding legislative, programmatic, and administrative matters that relate to Alzheimer's disease victims and their caretakers.
Chronic Disease Director's Healthy Aging Interest Group		Florida's representative
Commission for the Transportation Disadvantaged	Section 427.012, Florida Statutes	Secretary or senior-management-level representative shall only serve as an ex officio, non-voting advisor to the committee.
District 13 Adult Protection Team		
Elder Road User Workgroup, DOT/DOEA		Very new workgroup resulting from a joint CFAL partnership between DOT and DOEA
Florida At-Risk Driver Council	Section 322.181, Florida Statutes	Membership includes representatives of state agencies involved with issues facing older drivers.
Florida Coordinating Council for Deaf & Hard of Hearing, DOH	Appointed by DOEA, required by Chapter 413.271, Florida Statutes (2004)(CS/SB 206)	
Florida Food and Nutrition Advisory Council	Fulfills requirements established in 42 USC 1766, Richard B. Russell National School Lunch Act	Serves as ex officio member representing DOEA
Florida Housing Finance Corporation - Elderly Housing Community Loan Review Committee		
Florida Injury Prevention Advisory Council, DOH		Appointed by DOEA
Florida Senior Care Steering Committee		Attend and participate in high-level decision-making meetings on FSC issues.

<b>Work Group/Task Force</b>	<b>Legislative Mandate</b>	<b>Comments</b>
Governor's Faith-Based Initiatives		Governor's priority initiative
Governor's Front Porch Initiative	Established by Governor's Office of Urban Opportunity	Governor's priority initiative
Governor's Gold Seal Panel	Section 400.235, Florida Statutes & 59A-4.200, FAC	Reward nursing home best service.
Governor's Mentoring Initiative		Governor's priority initiative
Interagency Agreement Promoting the Health of Older Adults throughout Florida, DOH/DOEA		
National Working Conference on Emergency Management and Individuals with Disabilities and the Elderly		Working conference jointly sponsored by the U.S. Departments of Health and Human Services (HHS) and Homeland Security. One of 4 designated state representatives (DHS).
Osteoporosis Advisory Council		Partnership of stakeholders with the purpose of coordinating osteoporosis education and services
Unlicensed Facilities Workgroup, AHCA		
Workforce Florida Board		Governor's priority initiative

**LRPP Exhibit I: Agency Workforce Plan**

<b>Fiscal Years</b>	<b>Total FTE Reductions</b>	<b>Description of Reduction Issue</b>	<b>Positions per Issue</b>	<b>Impact of Reduction</b>
FY 2006-2007	0			
FY2007-2008	0			
<b>Total*</b>	0			

\*to equal remainder of target

**LRPP Exhibit II: Performance Measures and Standards**

Department: Department of Elder Affairs	Department No.: 65
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Program: Services to Elders	Code: 65100000
Service/Budget Entity: Comprehensive Eligibility Services	Code: 65100200

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Percent of elders CARES determined to be eligible for nursing home placement who are diverted	30%	30.3%	30%	30%
Total number of CARES assessments	87,987	85,430	85,000	85,000

Department: Department of Elder Affairs	Department No.: 65
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Program: Services to Elders	Code: 65100000
Service/Budget Entity: Home and Community Services	Code: 65100400

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Percent of most frail elders who remain at home or in the community instead of going into a nursing home	97%	98.2%	97%	97%
Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours	97%	96.8%	97%	97%
Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups	\$2,563	\$4,822.55	\$3,988	\$3,988
Percent of elders assessed with high or moderate risk environments who improved their environment score	79.3%	68.3%	79.3%	79.3%
Percent of new service recipients with high-risk nutrition scores whose nutritional status improved	66%	64.1%	66%	66%
Percent of new service recipients whose ADL assessment score has been maintained or improved	63%	64.6%	65%	65%
Percent of new service recipients whose IADL assessment score has been maintained or improved	62.3%	64.7%	62.3%	62.3%
Percent of family and family-assisted caregivers who self-report they are very likely to provide care	89%	87.6%	89%	89%

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)	90%	94%	90%	90%
Average time in the Community Care for the Elderly program for Medicaid Waiver probable customers	2.8 months	3.87 months	2.8 months	2.8 months
Percent of customers who are at imminent risk of nursing home placement who are served with community-based services	90%	89.8%	90%	90%
Number of elders served with registered long-term care services	168,865	223,548	186,495	186,495
Number of congregate meals provided	5,105,950	5,237,869	5,300,535	5,300,535
Number of elders served (caregiver support)	49,070	87,872	54,450	54,450
Number of elders served (early intervention/ prevention)	257,260	440,668	355,908	355,908
Number of elders served (home & community services diversion)	51,272	54,652	51,272	51,272
Number of elders served (LTC initiatives)	9,000	9,363	12,150	12,150
Number of elders served (meals, nutrition education and nutrition counseling)	72,500	73,273	81,903	81,903
Number of elders served (residential assisted living support and elder housing issues)	3,421	4,944	3,997	3,997
Number of elders served (self care)	303,629	379,394	N/A	N/A
Number of elders served (supported community care)	60,540	56,341	56,631	56,631

Department: Department of Elder Affairs	Department No.: 65
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Program: Services to Elders	Code: 65100000
Service/Budget Entity: Executive Direction and Support Services	Code: 65100600

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Agency administration costs as a percent of total agency costs / agency administrative positions as a percent of total agency positions	2.1% / 19.6%	1.4% / 20.2%	1.8% / 22.2%	1.8% / 22.2%

Department: Department of Elder Affairs	Department No.: 65
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Program: Services to Elders	Code: 65100000
Service/Budget Entity: Consumer Advocate Services	Code: 65101000

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2006-07 (Words)	Approved Prior Year Standard FY 2005-06 (Numbers)	Prior Year Actual FY 2005-06 (Numbers)	Approved Standards for FY 2006-07 (Numbers)	Requested FY 2007-08 Standard (Numbers)
Percent of complaint investigations initiated by the ombudsman within five working days	91%	98%	91%	91%
Percent of service activities on behalf of frail or incapacitated elders initiated by public guardianship within 5 days of receipt of request	95%	98%	100%	100%
Number of judicially approved guardianship plans including new orders	1,350	2,476	2,000	2,000
Number of complaint investigations completed (long-term care ombudsman council)	8,712	7,985	8,226	8,226



### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Comprehensive Eligibility Services  
**Measure:** **Total number of CARES assessments**

**Action:**

- Performance Assessment of Outcome Measure
- Performance Assessment of Output Measure
- Adjustment to GAA Performance Standard
- Revision of Measure
- Deletion of Measure

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
87,987	85,430	(2,557)	(2.91%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

**Explanation:**

Performance was less than five percent under the standard, and is, therefore, within the acceptable margins of error.

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

N/A

**Management Efforts To Address Differences/Problems** (check all that apply)

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:**

The standard has been adjusted for the next year to the appropriate level (85,000). Therefore, no further recommendation is provided. For 06-07, the Legislature has approved a number of new positions for CARES (18 new positions from last year).

### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Measure:** **Percent of APS referrals who are in need of immediate service to prevent further harm who are served within 72 hours**

**Action:**

- Performance Assessment of Outcome Measure
- Performance Assessment of Output Measure
- Adjustment to GAA Performance Standard
- Revision of Measure
- Deletion of Measure

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
97%	96.8%	(0.2%)	(0.21%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

**Explanation:**

Performance was less than five percent under the standard, and is, therefore, within the acceptable margins of error.

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

N/A

**Management Efforts To Address Differences/Problems** (check all that apply)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

No adjustment to the standard is requested.

**LRPP Exhibit III: Performance Measure Assessment**

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Measure:** **Percent of elders assessed with high or moderate risk environments who improved their environment score**

**Action:**

- Performance Assessment of Outcome Measure
- Performance Assessment of Output Measure
- Adjustment to GAA Performance Standard
- Revision of Measure
- Deletion of Measure

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
79.3%	68.3%	(11.00%)	(13.87%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

**Explanation:**

N/A

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

The number of consumers who are initially assessed as living in high or moderate risk environments is low. Approximately one percent of all customers are represented in this measure. This small number creates large swings in the measure even when a few cases improve their environment score. Also, satisfactory interventions are difficult to achieve because elders are reluctant to accept the intervention, which may include relocation to another house or assisted living facility, or drastic changes to life-long housekeeping habits such as collecting old papers and clutter. Legally the department cannot force a person to move or accept a home modification, unless it goes through a complex legal process.

**Management Efforts To Address Differences/Problems** (check all that apply)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Training | <input type="checkbox"/> Technology                                |
| <input type="checkbox"/> Personnel           | <input checked="" type="checkbox"/> Other (Identify)<br>Monitoring |

**Recommendations:**

No adjustment to the standard is requested.

**LRPP Exhibit III: Performance Measure Assessment**

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Measure:** **Percent of new service recipients with high-risk nutrition scores whose nutrition status improved**

**Action:**

- Performance Assessment of Outcome Measure
- Performance Assessment of Output Measure
- Adjustment to GAA Performance Standard
- Revision of Measure
- Deletion of Measure

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
66%	64.1%	(1.90%)	(2.88%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

**Explanation:**

Performance was less than five percent under the standard, and is, therefore, within the acceptable margins of error.

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

N/A

**Management Efforts To Address Differences/Problems** (check all that apply)

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:**

No adjustment to the standard is requested.



**LRPP Exhibit III: Performance Measure Assessment**

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Measure:** **Percent of family and family-assisted caregivers who self-report they are very likely to provide care**

**Action:**

- Performance Assessment of Outcome Measure  Revision of Measure
- Performance Assessment of Output Measure  Deletion of Measure
- Adjustment to GAA Performance Standard

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
89%	87.6%	(1.4%)	(1.57%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors  Staff Capacity
- Competing Priorities  Level of Training
- Previous Estimate Incorrect  Other (Identify)

**Explanation:**

Performance was less than five percent under the standard, and is, therefore, within the acceptable margins of error.

**External Factors** (check all that apply)

- Resources Unavailable  Technological Problems
- Legal/Legislative Change  Natural Disaster
- Target Population Change  Other (Identify)
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission

**Explanation:**

N/A

**Management Efforts To Address Differences/Problems** (check all that apply)

- Training  Technology
- Personnel  Other (Identify)

**Recommendations:**

No adjustment to the standard is requested.

### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Measure:** **Average time in the Community Care for the Elderly program for Medicaid Waiver probably customers**

**Action:**

- Performance Assessment of Outcome Measure
- Performance Assessment of Output Measure
- Adjustment to GAA Performance Standard
- Revision of Measure
- Deletion of Measure

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2.8 months	3.87 months	1.07 month	38.21%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify) –Increased Demand

**Explanation:**

Medicaid eligibility processing time has increased in some areas of the state due to increasing demands on eligibility workers. Waiver eligibility requires the determination of financial eligibility and a comprehensive social and medical needs assessment. The Department of Children and Families (DCF) determines financial eligibility. The Department of Elder Affairs (DOEA) performs the comprehensive assessment and reviews each case with an interdisciplinary team to determine program suitability.

In recent years the demands on the DCF and DOEA staff have increased dramatically due to the rapid expansion of the Nursing Home Diversion program. The legislature has funded DOEA to increase staffing to accommodate this increased demand. DOEA and its contractors are making a concerted effort to work closely with DCF to streamline Medicaid eligibility determination.

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

N/A

**Management Efforts To Address Differences/Problems** (check all that apply)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

No adjustment to the standard is requested.

### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Measure:** **Percent of customers who are at imminent risk of nursing home placement who are served with community-based services**

**Action:**

- Performance Assessment of Outcome Measure       Revision of Measure
- Performance Assessment of Output Measure       Deletion of Measure
- Adjustment to GAA Performance Standard

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
90%	89.8%	(0.2%)	(0.22%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

**Explanation:**

Performance was less than five percent under the standard, and is, therefore, within the acceptable margins of error.

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

N/A

**Management Efforts To Address Differences/Problems** (check all that apply)

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:**

No adjustment to the standard is requested.

### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Measure:** Number of elders served (supported community care)

**Action:**

- Performance Assessment of Outcome Measure
- Performance Assessment of Output Measure
- Adjustment to GAA Performance Standard
- Revision of Measure
- Deletion of Measure

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
60,540	56,341	(4,199)	(6.94%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

**Explanation:**

As the department targets frailer individuals for in-home services, fewer people can be served with the same amount of resources. There has been a small budget reduction in federal funding under the Older Americans Act Title IIIB, which supports in-home services as well.

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

N/A

**Management Efforts To Address Differences/Problems** (check all that apply)

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:**

The department requested the 2006-07 standard be adjusted to 56,631, the 2004-05 performance. The actual performance for 2005-2006 was 56,341. This number comes closer to meeting the 2006-07 standard. Therefore, it appears the requested standard for 2006-07 is appropriate.



### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Executive Direction and Support  
**Measure:** **Agency administration costs as a percent of total agency costs / agency administrative positions as a percent of total agency positions.**

**Action:**

- Performance Assessment of Outcome Measure       Revision of Measure
- Performance Assessment of Output Measure       Deletion of Measure
- Adjustment to GAA Performance Standard

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2.1% / 19.6%	1.4% / 20.2%	(0.7%) / 0.6%	(33.33%) / 3.06%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

**Explanation:**

While the performance for 2005-2006 for the agency administrative positions as a percent of total agency positions is slightly above the 2005-2006 standard, it falls below the approved 2006-07 standard (22.2%). Therefore, it appears the standard for 2006-07 is appropriate.

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

N/A

**Management Efforts To Address Differences/Problems** (check all that apply)

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:**

No adjustment to the standard is requested.

### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Consumer Advocate Services  
**Measure:** Number of complaint investigations completed

**Action:**

- Performance Assessment of Outcome Measure
- Performance Assessment of Output Measure
- Adjustment to GAA Performance Standard
- Revision of Measure
- Deletion of Measure

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
8,712	7,985	(727)	(8.34%)

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

**Explanation:**

During the 2005-2006 state fiscal year, the Ombudsman volunteers provided assistance with hurricane relief. While the volunteers completed investigations for serious complaints threatening resident safety, fewer overall complaints were completed. Their time was consumed instead with more pressing hurricane relief efforts.

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix The Problem
- Current Laws Are Working Against The Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

**Recommendations:**

No adjustment to the standard is requested.



## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Comprehensive Eligibility Services  
**Activity:** Universal Frailty Assessment  
**Measure:** **Percent of elders CARES determined to be eligible for nursing home placement who are diverted.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this outcome measure is the CARES Management Information System and the new CARES Management System (CMS), which are maintained by DOEA. The program converted to the new CMS September 1, 1999.
2. This measure is calculated by determining the percentage of overall nursing home applicants who are eligible in each fiscal year that CARES diverts to a home or community-based setting. Medicaid Waiver cases forwarded to CARES that have already been assessed by other case management agencies are not included in the calculations. Any cases that were initiated and assessed by CARES who are Medicaid Waiver applicants are included.
3. The CARES offices track each consumer assessed, with the recommendation made by the CARES program. A follow-up call is conducted to discover if the consumer went to the nursing home or remained in the community.

### **Validity:**

1. The validity of this measure was determined through staff analysis of the pertinence and relevance of the data and results of current data reports compared to expectations based on historical results. Performance under this measure is affected by the availability of home or community-based program services for people whom CARES diverts from nursing home placement. If adequate services are not available in the community, then the person may have no other option than the nursing home. The availability of home or community options is contingent upon federal, state and local funding for these services and the demand for the services by an aging population.
2. This is an appropriate measure to ensure that individuals are served in the least restrictive and most appropriate setting. The department's ability to divert people who are nursing home bound to less restrictive, less costly settings is an appropriate measure of effectiveness.

**Reliability:**

1. Reliability was determined through analysis of CARES program data over time.
2. This measure has been found to have longitudinal and cross-sectional reliability. This performance measure is consistently collected by the CARES program. CARES data is collected monthly by CARES field offices and compiled at DOEA headquarters. The CARES program monitors a sample of the source documents for this data during annual reviews to ensure that forms are completed accurately.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Comprehensive Eligibility Services  
**Activity:** University Frailty Assessments  
**Measure:** Number of CARES assessments

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### Data Sources and Methodology:

1. The data source for this outcome measure is the CARES Management Information System and the new CARES Management System (CMS), which are maintained by DOEA. The program converted to the new CMS September 1, 1999.
2. CARES is the nursing home pre-admission screening program. The total number of assessments includes all people who are assessed for nursing home placement and the Medicaid Waiver programs during the fiscal year. Assessment counts also include the Continued Residency Reviews (CRRs). These are reassessment of individuals who are already in the nursing home under Medicaid. The CARES program assesses a sample of the Medicaid residents to determine if they continue to meet the requisite level of care designation. This number is reflected in the number of assessments but not in the diversion statistics.
3. CARES tracks program performance data on a monthly basis.

### Validity:

1. The validity was determined by review of data options available. This measure reflects the major areas of work associated with the CARES program. The data also reflects the number of individuals applying for nursing home, Medicaid Waivers, and the quota that each planning and service area is required to conduct for Continued Residency Reviews. The number of assessments in this output may be affected in the future by the availability of services in either the Medicaid waiver or nursing home programs.
2. The CARES data system is very appropriate for determining the number of assessments. The system is designed to give the program aggregate data on the results of consumer assessments. This is an appropriate measure of output from the CARES program, which is related to the goal of ensuring that individuals are served in the least restrictive and most appropriate setting. This is one of the core purposes of the Services to the Elders program. In addition, the primary reason that CARES receives federal funding is to ensure that individuals applying for Medicaid nursing home care and services in the Medicaid Waivers meet the appropriate criteria. The data system must be able to accurately track applicant information and follow-up data gathered during the Continued Residency Reviews.

**Reliability:**

1. Reliability was determined through staff analysis of manual data reports compared to the system reports. This performance measure is consistently collected by the CARES program. CMIS data is collected monthly by CARES field offices and compiled at DOEA headquarters. The CARES program monitors a sample of the source documents for this data during annual reviews to ensure that forms are completed accurately.
2. The measure has longitudinal and inter-rater reliability as shown by the consistency of data over time. Electronic data was checked through comparison to manual data to ensure accuracy.



## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Home and community services diversions, long-term care initiatives, nutritional service for the elderly, residential assisted living support and elder housing issues, self care, early intervention/prevention, supportive community care, caregiver support  
**Measure:** **Percent of most frail elders who remain at home or in the community instead of going to a nursing home**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this measure is the Client Information and Registration Tracking System.
2. The methodology used to collect the data is through selecting consumers who were most frail – the top quintile of nursing home risk scores.
3. The indicator is measured by determining who of active consumers at the beginning of the fiscal year whose risk scores were in the top quintile had a termination code indicating nursing home that same fiscal year.

### **Validity:**

1. Validity was established by comparing our customer population to a reference frail elder population, using Medicare data (elders 85 and older). The Medicare beneficiary data revealed that about 18 percent were long-term care residents. This measure can be used as a comparable reference.
2. The instrument used to determine service eligibility is the Comprehensive Assessment. This is very appropriate since the form was developed specifically to measure a person's frailty and need of services.

### **Reliability:**

1. Reliability is ensured through repeated trials a year apart on a similar population.
2. The measure is very reliable; repeated trials for different years yielded similar results.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activities:** Home and community services, long-term care initiatives, nutritional services for the elderly, residential assisted living support and elder housing issues, supportive community care, early intervention/prevention, caregiver support.  
**Measure:** **Percentage of Adult Protective Services referrals who are in need of immediate services to prevent further harm who are served within 72 hours.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this measure is the Client Information and Registration Tracking System (CIRTS). Individuals referred to DOEA as high risk by Adult Protective Services who are tracked and subsequently served will be counted and reported on an annual basis.
2. Individuals referred are at risk of abuse, neglect or exploitation and are in need of immediate services to prevent further harm, as determined by Adult Protective Services. The demographic section of the comprehensive assessment form includes Adult Protective Services as one of the referral sources, along with a place to indicate the degree of risk indicated by the referral. Many providers enter services received data at the end of the month with an indicator of number of units of service. They do not provide the dates the services were rendered. Special efforts were instituted to be able to track APS referral by the date the service was first received, since it is critical these consumers are served quickly. CIRTS was modified in March 1999, and a policy memo was issued to make sure providers supply the service data as needed.
3. Consumers who are referred at high risk will be tracked to determine when services were received. The percent of consumers who are served within the 72-hour time frame will be counted.

### **Validity:**

1. Validity was determined through an analysis of data options available. It was determined that the system changes could be instituted to make it easy to track the APS referrals. Those changes were implemented March 1999.
2. CIRTS data is very appropriate for obtaining data for this measure. The data elements needed to track the data as it is needed by the department are included.

**Reliability:**

1. Reliability was determined through data analysis and comparisons of CIRTS data to consumer files. The department has an exception report which details when services were not received in a timely fashion. Providers are asked to explain the situation.
2. This measure will be reliable since the method of counting the number of people referred and served will be consistently applied. Service providers track the data on people served in their programs. There is an incentive for this data to be reliable and accurate since contractors are paid based on the service units provided. The policy memo mentioned above about Adult Protective Services referrals also informs providers that reimbursement for case management is contingent on timely provision of services for these consumers. This is to help provide incentive for providers to correctly enter into CIRTS the date services are received by APS referrals.

Provider incentive to overstate services provided is mitigated by the area agency monitoring a 1 percent sample of files. Part of the monitoring is to check if services received match services planned by the case managers.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Home and community services, long-term care initiatives, nutritional services for the elderly, residential assisted living support and elder housing issues, supportive community care, caregiver support  
**Measure:** **Average monthly savings per consumer for home and community-based care versus nursing home care for comparable consumer groups.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. This measure was computed using data from the Florida Medicaid Management Information System (FMMIS) maintained by AHCA and the Client Information and Registration Tracking System (CIRTS) database maintained by DOEA.
2. This measure is computed by determining the total costs associated with clients who were assessed by CARES, received a nursing home level of care determination and were served by DOEA in home-based programs, which are alternatives to nursing home care. The costs of all DOEA and Medicaid services used by these clients were determined through queries on CIRTS and FMMIS. The total costs for these individuals was divided by the case months of care they received to determine a per person per month estimate. This was compared to the Medicaid nursing home cost per case month. Comparison of the resultant quantities shows the savings due to the home-based programs.
3. There were two basic measurements required in the calculation of this indicator. The first measurement is of all Medicaid expenditures of persons who qualified for nursing home care who participated in home-based programs. Second is the measurement of all Medicaid expenses associated with the clients in nursing homes.

### **Validity:**

1. The methods employed use original claims and operational databases as a primary source for this measure. There is no more accurate source for actual Medicaid expenditures than the FMMIS. CIRTS data is the operational database that defines participation in DOEA programs. There is no more valid source for DOEA program participation data than CIRTS. The CARES assessment is the defining measurement for determining if someone meets Medicaid's standards for nursing home level of care. A complete census of all program participation was used; there is no sampling or estimation.

2. The measurement is based on direct calculation on original operational data. A complete census of all program participation and costs were used; there was no sampling or estimation.

**Reliability:**

1. Reliability was determined through comparison to other cost analyses that have been conducted nationally in relation to long-term care services.
2. The measure is reliable. The yearly changes in the costs of community-based care and nursing home care have been tracked by the department over time. Dramatic changes in the data from year to year are not expected. This method of comparison is based on complete census of actual participation and costs; there is no sampling. The method of comparison is expected to be consistent every year.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activities:** Home and community services, long-term care initiatives, nutritional services for the elderly, residential assisted living support and elder housing issues, supportive community care, caregiver support  
**Measure:** **Percent of elders assessed with high or moderate risk environments who improved their environment score.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources And Methodology:**

1. The data source is the DOEA Client Information Registration and Tracking System (CIRTS).
2. This measure will report the percent of elders with high or moderate risk environments who improved when reassessed.
3. This measure is captured through the environmental assessment section of the comprehensive assessment. This assessment is administered to all elders who receive case management. This measure represents the case manager's clinical judgment of risk in the consumer's home environment. The case manager responses and corresponding values are no risk, low risk, moderate risk and high risk.

### **Validity:**

1. The validity was determined through review of data options available. This measure is based on tracking all individuals who have environment assessments in two consecutive years to compare changes after receiving services.
2. The environmental assessment, and the subsequent CIRTS data, which is monitored for error rates, are appropriate instruments for this measure.

### **Reliability:**

1. Reliability is ensured by including on the assessment the description of what the particular score represents. In addition, the form includes a checklist of environmental factors to be reviewed.
2. The measure has longitudinal reliability. The same case managers assessing the same environment over time will almost always score the environment the same, if there have been no changes. Inter-rater reliability is likely to be somewhat less consistent, because it involves clinical judgment of the risks perceived in the consumer's home. The department attempts to minimize inter-rater differences

through case manager training and by including an environmental checklist as a part of each assessment. In addition, a narrative description follows each score option. For instance, the explanation for high risk is: "The physical environment is strongly negative or hazardous. The client should change dwellings or is very likely to need to change dwellings unless immediate corrective action is taken to address the negative or hazardous aspects."

3. The small numbers of people that are assessed as having high or moderate risk environments can make the measure highly unstable from year to year.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Nutritional services for the elderly  
**Measure:** **Percent of new service recipients with high-risk nutrition scores whose nutritional status improved.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source is the DOEA Client Information Registration and Tracking System (CIRTS).
2. This outcome measure is captured through the Nutrition Status section of the 701B, 701C and congregate meal assessments. This measure is the percentage of new consumers who have maintained or improved their nutrition status score when reassessed one year later.
3. The nutrition status score ranges from 0 to 21. The risk breakout for scores is: low risk 0-2, medium risk 3-5 and high risk 6-21. (As of the implementation of the revised assessment September 2000, high risk will begin at 5.5. One question on the prior assessment actually contained two parts. They are now two questions on the revised assessment, each having ½ point.) The score from the reassessed year is compared to the initial assessment. The measure is based on how many of the consumers assessed in year one who were high risk had some improvement in their score when reassessed.

### **Validity:**

1. Validity was determined through a review of options available to gather the data. Since the nutrition assessment is already required, it was selected as the instrument to use.
2. This is a valid measure of nutrition status based on a scale developed for the federal Administration on Aging. This scale has been tested for validity and is used in all 50 states in Older Americans Act programs. The nutrition status scale includes some items that may go beyond the scope of DOEA programs including the person's use of alcohol, prescription drugs, medical conditions and funds to purchase food. The department is participating in a field test of another nutrition assessment instrument that it is anticipated will work even better as a reassessment instrument. The existing instrument is not as effective in measuring providers' nutritional interventions to address the consumer's limitations. For instance, the instrument asks if a person has tooth or mouth problems making it difficult to swallow. That



problem may not change, regardless of the department's interventions, such as supplying pureed food.

**Reliability:**

1. Reliability was determined through the research as part of the Nutritional Risk Initiative. The nutrition assessment was developed as a part of the national research project.
2. The measure has inter-rater and longitudinal reliability, since the questions are likely to be answered consistently over time when asked by the same or a different assessor.

#### LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Home and community services, long-term care initiatives, nutritional services for the elderly, residential assisted living support and elder housing issues, supportive community care, caregiver support.  
**Measure:** **Percent of new service recipients whose Activities of Daily Living (ADLs) assessment score has been maintained or improved.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

**Data Sources and Methodology:**

1. The data source is the DOEA Client Information Registration and Tracking System (CIRTS).
2. This measure is captured through the functional status section of the comprehensive assessment and OAA assessment. This measure is the percentage of new consumers in home and community-based service programs who have maintained or improved their ADL score when re-assessed one year later.
3. The scoring range for ADLs is 0 to 24. The self-care tasks associated with ADLs include bathing, dressing, eating, toileting, transferring and walking/mobility. This measure focuses on new consumers only since the greatest opportunity to achieve and measure an impact on a person's functional status is when they are new to home and community-based service programs. DOEA plans to track consumer functional status over a period of years to determine standards for achieving functional status maintenance and/or improvement over time.

**Validity:**

1. Validity was determined through comparison with instruments used in other aging services programs. The instruments are very similar. DOEA's original instrument was developed in 1992 using national experts as consultants. We have modified the ADL domain of the instrument only slightly since then.
2. ADL scores are a standard and appropriate way to measure an individual's functional abilities. Activities of daily living scales are commonly used in social service research. As the consumer population ages and becomes frailer, our ability to maintain or improve functional status will diminish.

3. Because data is collected at reassessment only for individuals that do not exit the program, the measure suffers from selectivity bias in that consumers whose activities of daily living have been successfully addressed are more likely to survive in the program to reassessment time. Those who may not have been properly served drop out and are not included in the measure.

**Reliability:**

1. Reliability was determined through providing periodic assessment training for new case managers. The case manager must score at least 80 percent on the test on use of the assessment tool given at the end of the training. The client services manual provides instructions for completing the ADL section of the assessment as well.
2. The instrument has longitudinal reliability, based on the department 's experience. Wide variances in how different case managers would score a given consumer have not been found.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Home and community services, long-term care initiatives, nutritional services for the elderly, residential assisted living support and elder housing issues, supportive community care, caregiver support.  
**Measure:** **Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source is the DOEA Client Information Registration and Tracking System (CIRTS).
2. This measure is captured through the functional status section of the comprehensive assessment and OAA assessment. This measure is the percentage of new consumers in home and community-based service programs who have maintained or improved their IADL score when reassessed one year later.
3. The scoring range for IADLs is 0 to 32 for tasks including heavy chores, housekeeping, making telephone calls, managing money, preparing meals, shopping, taking medications and transportation ability. This measure focuses on new consumers only since the greatest opportunity to achieve and measure an impact on a person's functional status is when they are new to home and community-based service programs. DOEA plans to track consumer functional status over a period of years to determine standards for achieving functional status improvements over time.

### **Validity:**

1. Validity was determined through comparison with instruments used in other aging services programs. The instruments are very similar. DOEA's original instrument was developed in 1992 using national experts as consultants. We have modified the IADL domain of the instrument only slightly since then.
2. IADL scores are a standard and appropriate way to measure an individual's ability to function in their home and the community. Instrumental activities of daily living

scales are commonly used in social service research. As the consumer population ages and becomes frailer, our ability to maintain or improve IADLs will diminish.

3. Because data is collected at reassessment only for individuals that do not exit the program, the measure suffers from selectivity bias in that consumers whose activities of daily living have been successfully addressed are more likely to survive in the program to reassessment time. Those who may not have been properly served drop out and are not included in the measure.

**Reliability:**

1. Reliability was determined through providing periodic assessment training for new case managers. The case manager must score at least 80% on the test on use of the assessment tool given at the end of the training. The client services manual provides instructions for completing the IADL section of the assessment as well.
2. The instrument has longitudinal reliability, based on the department's experience. Wide variances in how different case managers would score a given consumer have not been found.

#### LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activities:** Caregiver support, home and community services, long-term care initiatives, nutritional services for the elderly, supportive community care  
**Measure:** **Percentage of family and family assisted caregivers who self-report they are very likely to provide care.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

**Data Sources And Methodology:**

1. The data source is the DOEA Client Information Registration and Tracking System (CIRTS).
2. This outcome measure is captured through the caregiver section of the comprehensive assessment.
3. This assessment is administered to all elders and their caregivers. Each caregiver is asked to select a response to the question “How likely is it that you will continue providing care to the client?” The response options are “very likely”, “somewhat likely” and “unlikely”. The measure will reflect the percent of caregivers of participants in DOEA services who report they are very likely to continue providing care.

**Validity:**

1. Validity was determined by review of data options available. This measure is based on tracking all caregivers, and the percentage of those who respond say they are very likely to continue providing care.
2. The instrument is very appropriate for the measure. However, the response of the caregiver may be affected by numerous factors, some of which are outside of the control of the Department of Elder Affairs. The caregiver’s health may change suddenly, or the consumer’s condition may worsen. Both of these situations may be beyond the control of DOEA programs, which primarily assist caregivers through services such as respite, adult day care, caregiver training and case management. Services received by consumers, such as home delivered meals or homemaking, all serve to assist the consumer primarily, but the caregiver also benefits.

**Reliability:**

1. Reliability was determined through review of trend data and review of research on caregivers.
2. The measure is reliable. Historical information shows that caregivers tend to be very dedicated and will plan to continue providing care if it is at all possible.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activities:** Caregiver support, home and community services, long-term care initiatives, nutritional services for the elderly, supportive community care  
**Measure:** **The percentage of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources And Methodology:**

1. The data source is the DOEA Client Information Registration and Tracking System (CIRTS).
2. This outcome measure is captured through the caregiver section of the comprehensive assessment.
3. This assessment is administered to all elders and their caregivers. Each assessor rates the caregiver on his/her ability to continue to provide care. The question is, "How likely is it that you will have the ability to continue to provide care?" The form includes a space for the caregiver self-rating and a space for the assessor's opinion. The response options are "very likely", "somewhat likely" and "unlikely". The total number of caregivers who indicated their ability to continue providing care is likely or very likely is compared to the total number of assessors who indicated they thought the caregiver's ability to continue providing care was likely or very likely. The lesser of the two numbers is selected.

### **Validity:**

1. To test the validity of the proposed measure, a pre/post type analysis of the caregiver's ability to continue to provide care, as measured by the assessor, was made. The data for the analysis was drawn from CIRTS assessment data. A total of 13,189 caregivers were assessed and re-assessed with about one year between assessments. To measure the effect of services on the caregivers' ability to continue providing care, we compared the opinions of the professional assessor and the caregiver at the initial assessment and at the yearly reassessment.



According to the rationale supporting the proposed measure, since the burden of providing care to a frail person erodes the caregiver's ability, the intervention (services provided) is effective if it sustains or improves over time the ability of the caregiver to continue providing care. Therefore, the percent of caregivers whose scores remain or improve after intervention is a valid measure of success.

2. The instrument is very appropriate for the measure. A post-hoc statistical analysis of the relationship between opinions of the professional assessor and the caregivers' showed a very high degree of correlation between the caregivers' self assessed ability to continue to provide care and the professional assessor's opinion. At initial assessment caregivers were slightly more optimistic than professionals at assessing ability to continue to provide care, with 97.1 percent of caregivers thinking they had the ability to continue to provide care compared to the assessor's at 96.0 percent. At follow up, the figures were 96.8 and 95.6 percent, respectively.

**Reliability:**

1. Reliability was determined through analyzing the consistency of findings over time. The instrument has been used for several years with the data proving to be very consistent.
2. The measure is very reliable. The high correlation between the self-assessment and the professional assessment is confirmed by the fact that 92.3 percent of the caregiver initial assessments coincided with the professional assessment. At follow up, the percent of coincident assessments was 92.2 percent.

#### LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activities:** Home and community services  
**Measure:** **Average time in the Community Care for the Elderly program for Medicaid Waiver-probable customers**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

**Data Sources and Methodology:**

1. The data source for this output measure is the DOEA Client Information Registration Tracking System (CIRTS).
2. Program participants who are probably eligible have minimal income and assets and limitations in 2 or more ADLs. The demographic section of the comprehensive assessment includes income and asset information. The assessment also includes a domain on Activities of Daily Living. Limitations in ADLs are noted and entered into the CIRTS assessment database.
3. CIRTS reports will be generated to determine the percent of consumers in CCE who are probably Medicaid Waiver eligible. Only consumers who have left the CCE program are included in the report. (An exception may be when a service is needed that is offered in CCE and not in the waiver.)

**Validity:**

1. The measure is a valid metric to assess the optimal use of federal resources. When qualified customers are served with programs that have a federal match, general revenue program dollars can be used to serve customers that do not qualify for the federal programs. The measure has high correlation with the amount of general revenue dollars that are freed to accommodate customers who do not qualify for federal funding. The existing measure only captures whether the transition was made at all, without regard for due diligence. The speed at which the transition takes place is important. A faster transition means a savings of general revenue dollars.

**Reliability:**

1. Reliability was determined through analysis of the components needed for the measure. Since Medicaid eligibility is based on functional and financial criteria, looking at the information on the assessment instrument was determined the most appropriate means to gather the data. ADLs are a good indicator of functional eligibility, and the income and assets are consumer self-declared. Consumer self-report of finances tends to be consistent.

#### LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activities:** Home and community services, long-term care initiatives, nutritional services for the elderly, residential assisted living support and elder housing issues, supportive community care, caregiver support  
**Measure:** **Percent of customers who are at imminent risk of nursing home placement who are served with community-based services**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

**Data Sources And Methodology:**

1. The data source for this output measure is the DOEA Client Information Registration and Tracking System (CIRTS).
2. This measure will be the percentage of all individuals determined at imminent risk of nursing home placement who are served in home and community-based programs.
3. The indicator is measured by obtaining a count of all consumers who were found at assessment to be at imminent risk of nursing home placement and a count of all who were then served in community-based programs. The percentage is then calculated.

**Validity:**

1. The validity was determined by review of available data. This measure is based on tracking all individuals whose file indicates they were deemed to be at imminent risk. The extract report then uses the services received table to determine if the consumer received a DOEA service.
2. This report is very appropriate to determine the department's achievement of the measure.

**Reliability:**

1. Reliability was determined through review of trends and analysis of exceptions encountered in the data. Contract providers enter service data on the people served in their programs into the department's Client Information Registration and Tracking System (CIRTS). There is an incentive for this data to be reliable and accurate, since contractors are paid based on the service units provided. Provider incentive to

overstate services provided is mitigated by the area agency on aging monitoring a one percent sample of files. Part of the monitoring is to check if services received match services planned by the case managers.

2. The measure is reliable. On-going efforts are made to ensure data accuracy in CIRTS, which includes file reviews, monitoring and on-going oversight by contract managers.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Home and community services diversions, long-term care initiatives, nutritional service for the elderly, residential assisted living support and elder housing issues, self care, early intervention/prevention, supportive community care, caregiver support  
**Measure:** **Number of people served with registered long-term care services**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this measure is the DOEA Consumer Information Registration and Tracking System (CIRTS), Florida Medicaid Managed Information System (FMMIS) and manual data.
2. The measure is a count of individuals served in the department's home and community-based service programs during a fiscal year. The count includes people who received a service in the following programs and service categories: Community Care for the Elderly; Medicaid Aged and Disabled Adult Waiver, Medicaid Assisted Living for the Frail Waiver; Home Care for the Elderly; Older Americans Act Titles IIIB, IIIC1, IIIC2, IIID, and IIIE; Alzheimer's Disease Initiative and the Local Services Program. In addition, manual counts will be included for the Memory Disorder Clinics, Adult Care Food Program, Emergency Home Energy Assistance Program (EHEAP) and Long-Term Care Community Diversion pilot project.
3. The indicator is measured by a sum of the counts obtained from the CIRTS report and the manual reports of number of people served.

### **Validity:**

1. Validity was determined through a review of data options available. Using the CIRTS report for the majority of the count with augmentation from manual reports was determined to be the best way to obtain data on consumers served.

2. The CIRTS data in combination with manual data is very appropriate for obtaining consumer counts. Also, through using the two different approaches for the consumer counts, one that can be tracked by individual and one that reflects more of a tally of people served, more realistically reflects the tremendous number of people the department impacts each year.

**Reliability:**

1. The department has made efforts to ensure reliability through using CIRTS data as the primary source, with manual data on smaller programs that are not in CIRTS supplementing the count. Providers have an incentive to enter accurate service data in CIRTS, because they are paid in accordance with the units of service provided. The smaller programs have fixed reimbursement rates which correlate to the number of consumers that can be served based on expenditures.
2. The measure has inter-rater and longitudinal reliability as found by different staff in the department producing similar results when extracting data for the same time periods using similar calculations.

#### LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** **Nutritional services for the elderly**  
**Measure:** **Number of congregate meals provided**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

**Data Sources and Methodology:**

1. The source of the data for this measure is the Client Information Registration and Tracking System (CIRTS). Data on the consumers in the Older Americans Act Congregate Meals program is used for this measure.
2. The data is obtained from a CIRTS report on consumers who received a congregate meal through the Older Americans Act Congregate Meals program.
3. Any consumer who received a congregate meal during the year in question is counted.

**Validity:**

1. Since the measure is an output measure, the method for establishing validity was straightforward. Staff analysis established that the best output for the congregate meals program is the number of meals served.
2. The measuring instrument, service data in CIRTS submitted for billing, is very appropriate. Contracted service providers are paid in accordance with the units of service that are entered in CIRTS.

**Reliability:**

1. Reliability has been determined through monitoring and quality assurance efforts. Data accuracy is partly assured through exception reports that are generated to highlight data anomalies. Older Americans Act providers are paid based on number of meals served that is reported in the system.
2. The measure is reliable as shown through consistency of results over time.



## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** **Caregiver Support**  
**Measure:** **Number of elders served**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this measure is from contracted services, including the RELIEF program, Alzheimer's Disease Initiative (ADI) Memory Disorder Clinics, Home Care for the Elderly, the AmeriCorps program, and the Family Caregiver Support Program, Older Americans Act Title III E. Program counts from the ADI respite programs will also be included.
2. The methodology used to collect data is to obtain counts of consumers served through monthly and quarterly reports from the AmeriCorps program, reports submitted on the monthly information sheets for the Senior Companion, reports from the Memory Disorder Clinics, the Monthly Standard Information Sheet for the RELIEF program, area agency on aging estimates for Title III E and CIRTS reports for the ADI respite programs.
3. The indicator is measured by a sum of the consumer counts.

### **Validity:**

1. Validity was determined through an analysis of available data. The AmeriCorps program has each project self-report on results with documentation attached, and the RELIEF program provides the Monthly Standard Information Sheet. Instead of creating a new data measuring system, it was decided that the existing data collection efforts were sufficient for this purpose. Since CIRTS data is available for ADI respite, it was determined to be the best source for the ADI program. As a new program for which the Administration on Aging does not require individual participant information, aggregate client counts for services are used.
2. The current data collection systems described above are very appropriate for capturing number of consumers served.

**Reliability:**

1. Reliability was determined through audits and consumer interviews for the AmeriCorps program. The RELIEF program has made efforts to ensure reliability by only counting consumers served through records obtained from the area agency on aging. CIRTS data reliability is determined through monitoring and chart reviews.
2. Reliability is above 95 percent for the AmeriCorps program due to the documentation and auditing required. Requiring the Monthly Standard Information Sheet in the contracts has made the data for the RELIEF program very reliable. CIRTS data has longitudinal reliability, as found by different staff in the department producing similar results when extracting data for the same time periods and using similar calculations.

#### LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Agency:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Early Intervention/Prevention  
**Measure:** Number of elders served

#### Action (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

#### Data Sources and Methodology:

1. The data source for this measure is data from the following programs: Serving Health Insurance Needs of Elders (SHINE) and Sunshine for Seniors; Health and Wellness Initiatives, Elder Abuse Prevention Education, Elder Helpline, Osteoporosis Screening and Education, Emergency Home Energy Assistance for Elders Program and the Senior Community Service Employment Program.
2. The methodology used to collect the data varies by program as follows: The SHINE program is using monthly counselor reporting forms, submitted through local coordinators and the area agencies on aging. CMS Consumer Contact and Public/Media Activity forms are used in conjunction with a quarterly volunteer time sheet to capture this. CMS has a database for reporting purposes. The Sunshine for Seniors program data is sent by the AAAs to DOEA. The data also goes into CMS data forms.

Health and Wellness Initiatives use monthly and quarterly reports based on formal and informal databases which are managed by the area agencies on aging. The projected number of elders served under the health and wellness initiatives is based on anticipated numbers of direct and indirect services to be provided by the department's Community Outreach and Wellness Coordinators throughout the state. Indirect services in this instance refer to articles published in elder-friendly newspapers and magazines, press releases and appearances by coordinators on local television and radio programs.

Elder Abuse Prevention Education data is obtained from reports of services from contractual agreements. Attendance sheets from training sessions are used to compile a total of consumers served by the program.

Elder Helpline data is collected and maintained utilizing various information and referral systems. The Elder Helpline activity is reported by the AAAs to the department quarterly. Reports include information and referral clients served (telephone or in person). A new information, referral and eligibility determination system will be implemented in the fall of 2005; the implementation of the new information and referral system will standardize I&R data collection and reporting for all Elder Helplines. Elder Helplines throughout the state are currently operated by the area agencies on aging or a contracted information and referral provider.

Osteoporosis Screening and Education data is stored in an electronic database of consumers served maintained by each provider. Information gathered consists of unduplicated counts of individuals who received services from the provider.

3. The indicator is measured by a sum of the program counts of number of people served.

**Validity:**

1. For the SHINE Program, validity was established by CMS, which piloted reporting forms in two planning and service areas in Florida.

Validity for the Health and Wellness Initiatives is determined through periodic site visits and quality assurance checks conducted by the department's Contract Administration staff. During these visits to the providers, the actual data that has been collected at the local level is reviewed for contract compliance.

For Elder Abuse Prevention Education, validity was determined through an analysis of available data. Since each individual signs a form indicating they received the training, it was determined that this was the best measure of participant counts.

Elder Helpline staff at the AAAs maintain records of their calls. Using the data over time, the department's Elder Helpline Specialist has determined the validity for the data. Once the new I & R data collection and reporting system is implemented, the data validity will be further supported.

Validity was determined for the Osteoporosis Screening and Education Program through periodic site visits and quality assurance checks conducted by the Department of Elder Affairs' staff.

2. The SHINE reporting form is very appropriate for collecting volunteer hours, as determined by the funding agency. The Sunshine for Seniors forms are established by CMS, so they are considered valid for program counts.

The Health and Wellness Initiatives method for collecting data is also very appropriate. Keeping the data at the local level has worked well for both the provider and the department contract manager. Although it is within the right of the contract manager to perform site visits, this method allows the contract manager to focus on more pertinent issues of contract management.

The method for obtaining Elder Abuse Prevention Education data is practical and very appropriate for obtaining participant counts.

Elder Helpline data is very appropriate. Contacts to the Elder Helplines throughout the state are the best way to determine the number of clients served.

Site visits and quality assurance checks are a very appropriate means to determine the validity of the Osteoporosis Screening and Education participant data.

**Reliability:**

1. Reliability is ensured through SHINE program review of the volunteer reporting forms by the local coordinators. Many volunteers do not report the many hours of service they provide. The hours counted by the volunteers who do report their time is actually an under-representation of their hours of service.

For the Health and Wellness Initiative activity, the department is making efforts to ensure reliability by providing the Community Outreach and Wellness coordinators with training in regard to uniform data collection and reporting, as well as proper program evaluation techniques.

Elder Abuse Prevention Education data reliability is ensured through use of training participant signatures.

Reliability of the Elder Helpline data is ensured by program monitoring. The reliability of the data will be much improved with implementation of the new I&R system.

Osteoporosis Screening and Education Program ensures data reliability by maintaining a hard copy of the original forms completed by the consumers once the data is entered in the database.

2. The SHINE and Sunshine for Seniors program reports have interstate and longitudinal reliability. The state can compare Florida program results with other states with programs of similar size as well as assess program growth and change over time.

The Health and Wellness Initiative activity reliability has not yet been determined.

Elder Abuse Prevention Education data is reliable. The information is qualitative in nature, and the consumer's signature is accepted without further evidence of participation.

The reliability of the Elder Helpline data across the AAAs has been difficult to determine, since different software has been used to support their I&R activities. The new software will standardize the process and provide consistent data statewide.

Osteoporosis Screening and Education Program data is very reliable. Statistics on each presentation held by the provider are calculated each month and submitted to the Department of Elder Affairs for review.

#### LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** **Home and Community Services Diversions**  
**Measure:** **Number of elders served**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

**Data Sources and Methodology:**

1. The data source for this measure is the Consumer Information Registration and Tracking System (CIRTS) data.
2. The methodology used to collect the data is to select from the CIRTS Services Received table an unduplicated count of participants in the following programs: Medicaid Aged and Disabled Adult Services Waiver, Consumer Directed Care, Community Care for the Elderly and Home Care for the Elderly. The Long-Term Care Diversion Program was added this year.
3. The indicator is measured by computing a sum of the unduplicated participants across the planning and service areas.

**Validity:**

1. Validity was determined through a review of available data sources. CIRTS was chosen because it is the most complete source of participant data across programs and can create an unduplicated count.
2. CIRTS data is very appropriate as a source for consumer counts. Although the original purpose of CIRTS was for provider billing purposes, appropriate modifications have been made to make it function for consumer output data purposes as well.

**Reliability:**

1. The department has made efforts to ensure reliability by only counting people who were recorded as receiving a service in CIRTS. This is an effective and reliable method, since contract providers have an incentive to enter accurate service data in CIRTS, because many are paid in accordance with the units of services provided. The Medicaid Waiver data is based on enrollments, since the service data is based on billings to the fiscal intermediary. The enrollment data is kept up to date due to the nature of the Medicaid program, with eligibility varying from month to month.

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2. The measure has inter-rater and longitudinal reliability as found by different staff in the department, producing similar results when extracting data for the same time periods and using similar calculations.



#### LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Long-Term Care Initiatives  
**Measure:** Number of elders served

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

**Data Sources and Methodology:**

1. The data source for this measure is the Medicaid claim files and the Florida Medicaid Management Information System (FMMIS).
2. The methodology used to collect the data is to query FMMIS to obtain an unduplicated count of Managed Care Diversion Project program participants based on claims data. When the Program of All Inclusive Care for the Elderly (PACE) program begins serving consumers, the same process will be used.
3. The indicator is measured by computing a sum of the unduplicated participants.

**Validity:**

1. Validity was determined through a review of available data sources. Since these projects are Medicaid projects, FMMIS was selected as the best source for obtaining participant information.
2. FMMIS is very appropriate as a source for consumer counts for Long-Term Care Initiatives. FMMIS is a well-established system with many security and data accuracy measures in place to make it a sound source for information.

**Reliability:**

1. Reliability is assured through cross-checking with the Medicaid claims files to ensure the program billings are appropriate.
2. The measure has inter-rater and longitudinal reliability as found by different staff in the department, producing similar results when extracting data for the same time periods and using similar query parameters.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** **Nutritional Services for the Elderly**  
**Measure:** **Number of elders served**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data sources for this measure are Consumer Information Registration and Tracking System (CIRTS) and manual data from the Adult Care Food Program and the Elder Farmers Market Nutrition Program.
2. The methodology used to collect the data is to select from the CIRTS Services Received table a count of participants in the Older Americans Act Home-Delivered and Congregate Meals programs and the Local Services Program (meals only) who received any of the following services: meals, nutrition education and nutrition counseling. Due to the umbrella nature of the report, the counts may also to a lesser extent, include people who received nutrition services in other department programs, such as Community Care for the Elderly (CCE). Manual counts are derived for the Adult Care Food Program based on the units of service provided and the contracted cost per participant.
3. The indicator is measured by computing a sum of participants in each program for the data available in CIRTS and adding in the manual derived counts from the Adult Care Food Program and Community Care Programs for the Elderly (CCPE) (This program has not been funded for the last two fiscal years).

### **Validity:**

1. Validity was determined through a review of available data sources. CIRTS was chosen as the primary source because it is the most complete source of participant data across programs and can create unduplicated counts. The manual counts are for much smaller programs with much less readily available consumer data.
2. CIRTS data is very appropriate as a source for consumer counts. Although the original purpose of CIRTS was for provider billing, appropriate modifications have been made to make it function for consumer output data purposes as well. Manual counts of consumers served in the Adult Care Food Program are an appropriate means to collect the data on these smaller programs, since the services are not reported in CIRTS.

**Reliability:**

1. The department has made efforts to ensure reliability by only counting consumers who were recorded as receiving a service in CIRTS (except for the Adult Care Food Program). This is an effective and reliable method, since contract providers have an incentive to enter accurate service data in CIRTS, because many are paid in accordance with the units of services provided. Reliability is ensured through the routine monitoring process the area agencies on aging and the department conduct.
2. The measure has inter-rater and longitudinal reliability as found by different staff in the department, producing similar results when extracting data for the same time periods and using similar calculations.

#### LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Residential Assisted Living Support and Elder Housing Issues  
**Measure:** Number of elders served

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

**Data Sources and Methodology:**

1. The data source for this measure is the Consumer Information Registration and Tracking System (CIRTS) data.
2. The methodology used to collect the data is to select from the CIRTS Services Received table an unduplicated count of participants in the Medicaid Assisted Living for the Frail Elderly Waiver.
3. The indicator is measured by computing a sum of the unduplicated participants across the planning and service areas.

**Validity:**

1. Validity was determined through a review of available data sources. CIRTS was chosen, because it is the most complete source of participant data across programs and can create an unduplicated count.
2. CIRTS data is very appropriate as a source for consumer counts. Although the original purpose of CIRTS was for provider billing purposes, appropriate modifications have been made to make it function for consumer output data purposes as well.

**Reliability:**

1. The department has made efforts to ensure reliability by only counting people who were recorded as receiving a service in CIRTS. This is an effective and reliable method, since contract providers have an incentive to enter accurate service data in CIRTS, because many are paid in accordance with the units of services provided.
2. The measure has inter-rater and longitudinal reliability as found by different staff in the department producing similar results when extracting data for the same time periods and using similar calculations.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** **Supportive Community Care**  
**Measure:** **Number of elders served**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this measure is the Consumer Information Registration and Tracking System (CIRTS) data and manual data for Community Care Programs for the Elderly.
2. The methodology used to collect the data is to select from the CIRTS Services Received table an unduplicated count of participants in the following programs: Older Americans Act Title IIIB (Supportive Services and Senior Centers), Local Services Program. To obtain counts for the Community Care Program for the Elderly, manual counts are used.
3. The indicator is measured by computing a sum of the unduplicated participants across the planning and service areas. For the data available in CIRTS and adding to that number, the numbers obtained in the manual counts for the Community Care Program for the Elderly (this program has not been funded for the last two fiscal years).

### **Validity:**

1. Validity was determined through a review of available data sources. CIRTS was chosen because it is the most complete source of participant data across programs and can create an unduplicated count. The manual counts are the only available data is for the Community Care Program for the Elderly at this time.
2. CIRTS data is very appropriate as a source for consumer counts. Although the original purpose of CIRTS was for provider billing purposes, appropriate modifications have been made to make it function for consumer output data purposes as well. Manual counts of consumers served in the Community Care Program for the Elderly are an appropriate means to collect the data on these smaller programs, since the services are not reported in CIRTS.

**Reliability:**

1. The department has made efforts to ensure reliability by only counting people who were recorded as receiving a service in CIRTS. This is an effective and reliable method, since contract providers have an incentive to enter accurate service data in CIRTS, because many are paid in accordance with the units of services provided. Reliability is ensured through the routine monitoring process the area agencies on aging conduct with their provider agencies.
2. The measure has inter-rater and longitudinal reliability as found by different staff in the department, producing similar results when extracting data for the same time periods and using similar calculations. The Community Care Program for the Elderly data has longitudinal reliability, with data variances from year to year proportional to the funding changes.

#### LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Agency:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Executive Direction and Support  
**Activity:** **Executive Direction, Finance and Accounting, Planning and Budgeting, Information Technology, Director of Administration, Personnel Services/Human Services, Inspector General, General Council/Legal, Legislative Affairs, Procurement, Communications / Public Information, Property Management, Contract Administration, Disaster Preparedness and Operation**  
**Measure:** **Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

#### **Data Sources and Methodology:**

1. The data source for the measure is LAS/PBS.
2. In LAS/PBS, the data is obtained from the prior year actual expenditures (Column A36). The Long-Term Care Community Diversion Pilot program expenditures, which are administered by the department, but budgeted under the AHCA line item, are manually added to the total agency costs.
3. The administrative and support costs and positions are divided by the total agency cost and positions to calculate the percent of the department's costs for administration and support and positions associated with administration and support.

#### **Validity:**

1. Validity was determined through an analysis of available data. LAS/PBS is the common data source for the Governor's Office, the Legislature and state agencies and was determined to be the best source for data on Executive Direction and Support. There is not a standard for how the calculation of administrative costs is determined across agencies, since each agency is set up differently.
2. LAS/PBS contains the General Appropriations Act and adjustments, which are initiated by legislation, and therefore is the appropriate source for data on departmental budget issues. The department's budget is arrayed by budget entity,

program component and activity codes, which breaks down the budget to discrete categories.

**Reliability:**

1. Reliability was determined through analysis of the department 's budget over time. The same major elements are used for comparison from year to year.
2. The measure is very reliable as evidenced by the historical trends. The measure remains stable over time.



#### LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Consumer Advocate Services  
**Activity:** **Long-Term Care Ombudsman Council**  
**Measure:** **Percent of complaint investigations initiated by the Ombudsman within 5 working days (applies to the Long-Term Care Ombudsman Council)**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

**Data Sources and Methodology:**

1. The data source for this measure is the Long-Term Care Ombudsman investigation data collected and stored in the Ombudsman offices in each district and then compiled at the state office.
2. When a complaint is filed, either through a telephone or written contact, a complaint investigation is initiated. When the Ombudsman begins making the appropriate telephone calls or visits, the investigation is considered initiated, regardless of whether actual contact happened. For example, the Ombudsman may call the complainant to get more information. If the complainant is out of town, the Ombudsman may be unable to further pursue the complaint until the complainant returns. **Note:** if the complaint involves an emergency situation, the Ombudsman makes sure necessary actions and contacts are made to ensure the safety of the resident.
3. The number of complaints is tracked by how many days before initiation of the investigation began, from the date of receipt of the complaint. The measure is the percentage of investigations initiated within five days out of total complaints received.

**Validity:**

1. Validity was established through staff analysis of options for measures. The primary concern is that residents are provided quality care. However, attribution in relation to poor quality of care ultimately resides with the facility, not the Ombudsman Program. It was decided that timely response to complaints is a measure of responsiveness, which contributes to quality of care.
2. The complaint investigation instrument is an appropriate tool for the purpose of this measure. The Ombudsman notes the details of the complaint and when calls/visits are initiated in response to the complaint. As the complaint is resolved or work is

otherwise completed on the case, the resolution and classification status is noted as well.

**Reliability:**

1. Reliability was established through review of complaint tracking data. The data collected shows consistent trends over time.
2. The measure has inter-rater reliability, since the data is based on the objective measures of when the complaint was received and when contact was initiated. Any person reviewing the data would draw the same conclusions.

#### LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Consumer Advocate Services  
**Activity:** **Public Guardianship Program**  
**Measure:** **Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within 5 days of receipt of request**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

#### **Data Sources and Methodology:**

1. The data source for this measure is each of the circuit courts with an Office of Public Guardian funded by general revenue dollars.
2. Each office keeps a record of the total number of guardianship orders, the date the request came in and when activity was initiated on behalf of the consumers.
3. The indicator is measured by dividing the total number of requests by the number that had activity initiated within five days of receipt of the request, to obtain the percentage.

#### **Validity:**

1. The methodology was developed through staff analysis of data available. Each Office of the Public Guardian has operated independently under the direction of the local circuit court. There is not a consistent means of tracking demographic or other consumer data across the state.
2. The measure is appropriate for determining the timeliness of response to requests for assistance.

#### **Reliability:**

1. Reliability was established through interaction with each of the Offices of the Public Guardian. Each keeps a record of date of the referrals, when activity was initiated, and whether the consumer needed to have a guardian appointed.
2. The measure is reliable. Any person reviewing the data submitted would draw the same conclusions, because the measure is straightforward and based on data submitted by each Office of the Public Guardian.

#### LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Consumer Advocate Services  
**Activity:** **Public Guardianship Program**  
**Measure:** **The number of judicially approved guardianship plans including new orders**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

**Data Sources and Methodology:**

1. The data source for this measure is data tracked by each of the circuit courts with an Office of Public Guardian.
2. Each office keeps a record of the total number of plans, which is their current caseload, and new orders.
3. The measure is the combined number of guardianship plans and orders.

**Validity:**

1. The methodology was developed through staff analysis of data available. Each Office of the Public Guardian has operated independently under the direction of the local circuit court. The department now has oversight of the guardianship program statewide.
2. The measure is appropriate for determining if the ward's best interest and safety are being considered. If the guardianship plan is not satisfactory, the court has an opportunity to disapprove the plan and require an alternate approach.

**Reliability:**

1. Reliability was established through interaction with each of the Offices of the Public Guardian. Each keeps a record of the number of plans submitted and approved by the circuit court and new orders.
2. The measure is reliable. Any person reviewing the data submitted would draw the same conclusions, because the measure is a simple count of numbers provided from each circuit with a guardianship program.

**LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY**

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Consumer Advocate Services  
**Activity:** **Long-Term Care Ombudsman Council**  
**Measure:** **Number of complaint investigations completed**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

**Data Sources and Methodology:**

1. The data source for the measure is the Long-Term Care Ombudsman investigation data collected and stored in each Ombudsman office within each district and compiled at the state office.
2. The number of complaint investigations completed is determined by reviewing the investigation data. When a complaint investigation is complete a classification status is assigned. The options are: substantiated, indicated, unsubstantiated, or withdrawn. Some cases may take months to resolve, due to the complexity of the issues involved. A complaint investigation is not considered completed until every avenue for satisfactory resolution has been pursued.
3. The data on the number of complaints received, and when they are completed, is tracked and recorded.

**Validity:**

1. Staff analysis determined this to be the most appropriate and valid base output to be used in conjunction with other data to determine trends and significant developments. Although not a relevant indicator alone, when categorized and evaluated, the number of complaint investigations completed was deemed to be the most valid, objective output.
2. The investigation data as the measuring instrument is appropriate for use as a base output. The summary of the outcome of the case is included and accurately reflects the status of the case.

**Reliability:**

1. Reliability was determined through staff analysis of historical Ombudsman data. The measure has shown reliability over time. The LTCOC has been tracking complaint data for many years with results consistent with expectations.



<b>LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures</b>			
<b>Measure Number</b>	<b>Approved Performance Measures for FY 2006-07 (Words)</b>		<b>Associated Activities Title</b>
1	Percent of elders the CARES program determined eligible for nursing home placement who are diverted		Universal Frailty Assessment ACT 2000
2	Number of CARES assessments		Universal Frailty Assessment ACT 2000
3	Percent of most frail elders who remain at home or in the community instead of going into a nursing home		Home and Community Svcs. Diversions, Long-Term Care Initiatives, Nutritional Srv. for the Elderly, Residential Assisted Living Support and Elder Hsing Issues, Self Care, Early Int./Prev., Supportive Comm. Care, Caregiver Support
4	Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours		Home and Community Svcs. Diversions, Long-Term Care Initiatives, Nutritional Srv. for the Elderly, Residential Assisted Living Support and Elder Hsing Issues, Early Int./Prev., Supportive Comm. Care, Caregiver Support
5	Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups		All Home and Community-Based Services

Office of Policy and Budget – July, 2006

<b>LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures</b>			
<b>Measure Number</b>	<b>Approved Performance Measures for FY 2006-07 (Words)</b>		<b>Associated Activities Title</b>
6	Percent of elders assessed with high or moderate risk environments who improved their environment score		All Home and Community-Based Services
7	Percent of new service recipients with high-risk nutrition scores whose nutritional status improved		All Home and Community-Based Services
8	Percent of new service recipients whose ADL assessment score has been maintained or improved		All Home and Community-Based Services
9	Percent of new service recipients whose IADL assessment score has been maintained or improved		All Home and Community-Based Services
10	Percent of family and family-assisted caregivers who self-report they are very likely to provide care		All Home and Community-Based Services

Office of Policy and Budget – July, 2006



<b>LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures</b>			
<b>Measure Number</b>	<b>Approved Performance Measures for FY 2006-07 (Words)</b>		<b>Associated Activities Title</b>
11	Percent of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)		All Home and Community-Based Services
12	Average time in the Community Care for the Elderly Program for Medicaid Waiver probable customers		All Home and Community-Based Services
13	Percent of customers who are at imminent risk of nursing home placement who are served with community-based services		All Home and Community-Based Services
14	Number of elders served with registered long-term care services		All Home and Community-Based Services
15	Number of congregate meals provided		Nutritional Services for the Elderly ACT 4000

Office of Policy and Budget – July, 2006

<b>LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures</b>			
<b>Measure Number</b>	<b>Approved Performance Measures for FY 2006-07 (Words)</b>		<b>Associated Activities Title</b>
16	Number of elders served (caregiver support)		Caregiver Support ACT 4200
17	Number of elders served (early intervention/prevention)		Early Intervention/Prevention ACT 4100
18	Number of elders served (home and community services)		Home and Community Services Diversion ACT 4500
19	Number of elders served (LTC initiatives)		Long-Term Care Initiatives ACT 4800
20	Number of elders served (meals, nutrition education and nutrition counseling)		Nutritional Services for the Elderly ACT 4000
<i>Office of Policy and Budget – July, 2006</i>			

<b>LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures</b>			
<b>Measure Number</b>	<b>Approved Performance Measures for FY 2006-07 (Words)</b>		<b>Associated Activities Title</b>
21	Number of elders served (residential assisted living support and elder housing issues)		Residential Living Support Elder Housing Issues ACT 4300
22	Number of elders served (supported community care)		Supportive Community Care ACT 4400
23	Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions		Executive Direction
24	Percent of complaint investigations initiated by the ombudsman within 5 working days		Long-Term Care Ombudsman Council ACT 1100
25	Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within 5 days of receipt of request		Public Guardianship ACT 1200

Office of Policy and Budget – July, 2006

<b>LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures</b>			
<b>Measure Number</b>	<b>Approved Performance Measures for FY 2006-07 (Words)</b>		<b>Associated Activities Title</b>
26	Number of judicially approved guardianship plans including new orders		Public Guardianship ACT 1200
27	Number of complaint investigations completed (long-term care ombudsman council)		Long-Term Care Ombudsman Council ACT 1100

## Appendix I: Glossary of Terms and Acronyms, Including Unique Agency Terms and Acronyms

**AAA** – Area Agency on Aging

**ACFP** – Adult Care Food Program

**Activities of Daily Living (ADL)** - Functions and tasks for self care, including ambulation, bathing, dressing, eating, grooming, toileting and other similar tasks.

**Activity** – A set of transactions within a budget entity that translates inputs into outputs using resources in response to a business requirement. Sequences of activities in logical combinations form services. Unit cost information is determined using the outputs of activities.

**Actual Expenditures** – Disbursement of funds including prior year actual disbursements, payables and encumbrances. The payables and encumbrances are certified forward at the end of the fiscal year. They may be disbursed between July 1 and December 31 of the subsequent fiscal year. Certified forward amounts are included in the year in which the funds are committed, but are not shown in the year the funds are disbursed.

**ADC** – Adult Day Care

**ADI** – Alzheimer’s Disease Initiative

**ADL** - Activities of Daily Living

**Adult Care Food Program (ACFP)** - A program that reimburses eligible Adult Care Centers for meals provided to Adult Care participants. Adult Care Centers include licensed Adult Day Care Centers, Mental Health Day Treatment Centers and In-Facility Respite Centers.

**Adult Family Care Home (AFCH)** - A full-time, family-type living arrangement in a private home, in which a person or persons who own/rent and live in the home provide room, board and personal services, as appropriate for the level of functional impairment, for no more than five disabled adults or frail elders who are not relatives.

**Adult Protective Services (APS)** – The provision or arrangement of services to protect a disabled adult or an elderly person from further occurrences of abuse, neglect or exploitation. Services may include protective supervision, placement and in-home/community-based services.

**AFCH** - Adult Family Care Home

**AFDC** – Aid to Families with Dependent Children

**AHCA** - Agency for Health Care Administration

**ALF** - Assisted Living Facility

**ALW** – Medicaid Assisted Living for the Elderly Waiver

**Alzheimer’s Disease Initiative (ADI)** - Programs, including caregiver respite, memory disorder clinics, model day-care programs and a research database, which provide services to meet the needs of caregivers and individuals with Alzheimer’s disease and related cognitive disorders.

**AmeriCorps** – AmeriCorps, the domestic Peace Corps, funds grants for elder programs such as ElderServe, Care and Repair and Homeland Security. AmeriCorps members and volunteers provide a variety of community outreach, education, respite, and support services for elders. ElderServe emphasizes respite service for frail elders who are at risk of institutionalization, focusing mainly on those elders with Alzheimer’s disease and other forms of dementia. Care and Repair provides home repairs, home modifications and related services to assist elders in making their domiciles accessible and safe, allowing these elders to age in place and enhancing their quality of life. Homeland Security assists elders in preparing for acts of terrorism, emergencies and natural disasters.

**AoA** - Administration on Aging

**Appropriation Category** - The lowest level line-item of funding in the General Appropriations Act representing a major expenditure classification of the budget entity. Within budget entities, these categories may include: salaries and benefits, other personal services (OPS), expenses, operating capital outlay, data processing services, fixed capital outlay, etc. These categories are defined within this glossary under individual listings.

**APS** – Adult Protective Services

**Area Agency on Aging (AAA)** - A local public or private nonprofit entity mandated by the Older Americans Act. The Department of Elder Affairs designates entities as AAAs

to coordinate and administer The department's programs and to contract out services within a planning and service area.

**Assisted Living Facility (ALF)** - Any building or buildings, section or distinct part of a building, private home, boarding home, home for the aged or other residential facility, whether operated for profit or not, which undertakes through its ownership or management to provide housing, meals and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.

**Baseline Data** - Indicators of a state agency's current performance level, pursuant to guidelines established by the Executive Office of the Governor in consultation with legislative appropriations and appropriate legislative committees.

**BPL** – Below Poverty Level

**Budget Entity** – A unit or function at the lowest level to which funds are specifically appropriated in the appropriations act. "Budget entity" and "service" have the same meaning.

**Caregiver** - A person who has been entrusted with, or has assumed the responsibility for, the care of an older individual, either voluntarily, by contract, by receipt of payment for care or as prescribed by law.

**Care Management System (CMS)** – DOEA's database system for the Comprehensive Assessment and Review of Long-Term Care Services (CARES) program.

**CARES** - Comprehensive Assessment and Review for Long-Term Care Services

**Case Aide** - An individual who, under the direction of a case manager, provides assistance with the implementation of a care plan, accessing resources, services, oversight, supervision of service provider activities and facilitation of linkages with service providers.

**Case Management** - A service provided to an older individual by a professional who is trained or experienced in the skills required to deliver and coordinate services. Includes assessing for care needs and arranging, coordinating and monitoring an optimum package of services to meet the identified needs of the older individual.

**CCDA** - Community Care for Disabled Adults

**CCE** - Community Care for the Elderly

**CCRC** - Continuing Care Retirement Community

**CDBG** - Community Development Block Grant

**CDC** – Consumer Directed Care

**Centers for Medicare & Medicaid Services (CMS)** - administers Medicare, Medicaid, and the Child Health insurance programs. Formerly called the Health Care Finance Administration (HCFA).

**CIO** - Chief Information Officer

**CIP** – Capital Improvements Program Plan

**CIRTS** - Client Information Registration and Tracking System

**Client Information Registration and Tracking System (CIRTS)** – DOEA's centralized customer registry and database, with information about every customer that has received a service from area agencies on aging (AAAs) since 1997. CIRTS is a dynamic database that is updated on a real-time basis every time a new customer enrolls or an existing customer receives a service. The information captured in CIRTS includes client name, address, telephone number, all physical and mental assessment data (ADL, IADL, etc.), and services received by date of service and number of units of service provided.

**CMS** - Centers for Medicare & Medicaid Services

**CMS** - Care Management System

**COA** - Council on Aging

**Coming Home** – A DOEA program, funded by a Robert Wood Johnson grant, which prevents premature nursing home placement while increasing the quality of life of elders by fostering affordable assisted living.

**Community Care for the Elderly (CCE)** - A state-mandated service delivery system, which contracts out community-based services. The services provide assistance with daily tasks to help make it possible for functionally-impaired elders to live independently in their own homes.

**Communities for a Lifetime (CFL)** – A DOEA initiative encouraging Florida community development which enhances the quality of life for all age groups, offers a variety of elder-friendly housing options from apartments to home sharing, and incorporates the experience and skills of older workers.



**Comprehensive Assessment and Review for Long-Term Care Services (CARES) -**  
A federally mandated nursing home pre-admission screening and objective assessment service that determines the appropriate level of care for persons applying for Medicaid nursing home care, identifies long-term care needs, establishes level of care and, if appropriate, recommends the least-restrictive safe alternative to institutional care.

**CON** - Certificate of Need Program

**Consumer Directed Care (CDC)** - Projects that demonstrate the value of consumers, or caregivers on their behalf, taking charge of directing their own care. The premise is that consumers or their caregivers are in the best position to make decisions about services and how they should spend associated service dollars. For example, the consumer can elect to have a family member, neighbor, or a formal service provider perform services such as bathing, transporting, feeding and other tasks needed for the individual to remain safely in his/her home. Thus, the consumer can decide who provides needed care, when the care is provided and how it is provided.

**CSBG** - Community Services Block Grant

**CSRA** - Community Spouse Resource Allowance

**Customers** - The consumers of an organization's products or services.

**D3-A** – A legislative budget request (LBR) exhibit, which presents a narrative explanation and justification for each issue for the requested years.

**DD** - Developmentally Disabled

**Demand** - The number of output units, which are eligible to benefit from a service or activity.

**Diversion** - A strategy that places participants in the most appropriate care settings and provides comprehensive community-based services to prevent or delay the need for long-term placement in a nursing facility.

**DME** - Durable Medical Equipment

**DOEA** - Department of Elder Affairs

**DRG** - Diagnostic Related Group

**ECC** - Extended Congregate Care (Florida)

**ECHO** - Elder Cottage Housing Opportunity

**EHEAEP** - Emergency Home Energy Assistance for the Elderly Program

**Emergency Home Energy Assistance for the Elderly (EHEAP)** - A program that provides vendor payments to assist low-income households, with at least one person aged 60 or above, which are experiencing a home-energy emergency.

**EOG** - Executive Office of the Governor

**Estimated Expenditures** - Include the amount estimated to be expended during the current fiscal year. These amounts will be computer generated based on the current year appropriations adjusted for vetoes and special appropriations bills.

**Family Caregiver Support Program (FCSP)** - Provides support services for family caregivers, including grandparents or other elders caring for relatives. The program encourages the provision of multifaceted systems of support services to assist individuals in providing care to older family members, adults with disabilities, and children. The primary program consideration is to relieve emotional, physical, and financial hardships of individuals providing care.

**FCO** - Fixed Capital Outlay

**FCOA** - Florida Council on Aging

**FCSP** – Family Caregiver Support Program

**FEMA** - Federal Emergency Management Agency

**FFP** - Federal Financial Participation

**FFS** - Fee for Service

**FGP** - Foster Grandparent Program

**Fixed Capital Outlay (FCO)** - Real property (land, buildings including appurtenances, fixtures and fixed equipment, structures, etc.), including additions, replacements, major repairs, and renovations to real property, which materially extend its useful life or materially improve or change its functional use, and including furniture and equipment necessary to furnish and operate a new or improved facility.

**FLAIR** - Florida Accounting Information Resource Subsystem

**FMMIS** - Florida Medicaid Management Information System

**Florida Social Health Maintenance Organization Initiative** - Demonstration programs designed to deal with acute and long-term care needs of persons eligible for both Medicare and Medicaid. Persons electing to participate receive medical and long-term care services, including community-based and institutional services, through one managed-care organization.

**F.S.** - Florida Statutes

**FY** - Fiscal Year

**GAA** - General Appropriations Act

**GR** - General Revenue Fund

**HCBS** - Home and Community-Based Services

**HCE** - Home Care for the Elderly

**HHA** - Home Health Agency

**HHS** - U.S. Department of Health and Human Services

**HMO** - Health Maintenance Organization

**Home Care for the Elderly (HCE)** - A program that provides a basic subsidy averaging \$106 per month for support/maintenance services and supplies to allow frail elders to remain in their home with a live-in caregiver. Case management services are also provided.

**I & A** - Information and Assistance

**I & R** - Information and Referral

**IADL** – Instrumental Activities of Daily Living

**ICF** - Intermediate Care Facility

**ICF/MR** - Intermediate Care Facility for the Mentally Retarded

**ICP** - Institutional Care Program

**Indicator** - A single quantitative or qualitative statement that reports information about the nature of a condition, entity or activity. This term is used commonly as a synonym for the word “measure.”

**Information Technology Resources** - Includes data processing-related hardware, software, services, telecommunications, supplies, personnel, facility resources, maintenance and training.

**Input** – See performance measure.

**Instrumental Activities of Daily Living (IADL)** - Functions and tasks associated with management of care such as preparing meals, taking medications, light housekeeping, shopping and other similar tasks.

**IOE** - Itemization of Expenditure

**IT** - Information Technology

**ITB** - Invitation to Bid

**Judicial Branch** - All officers, employees, and offices of the Supreme Court, district courts of appeal, circuit courts, county courts, and the Judicial Qualifications Commission.

**Key Cost Driver** - A factor that has a major impact on activity cost. Understanding key cost drivers is important in controlling costs and maximizing efficiency.

**LAN** - Local Area Network

**LAS/PBS** - Legislative Appropriations System/Planning and Budgeting Subsystem. The statewide appropriations and budgeting system owned and maintained by the Executive Office of the Governor.

**LBC** - Legislative Budget Commission

**LBR** - Legislative Budget Request

**Legislative Budget Commission (LBC)** - A standing joint committee of the Florida Legislature. The Commission was created to: review and approve/disapprove agency requests to amend original approved budgets; review agency spending plans; issue instructions and reports concerning zero-based budgeting; and take other actions related to the fiscal matters of the state, as authorized in statute. It is composed of 14 members appointed by the President of the Senate and by the Speaker of the House of

Representatives to two-year terms, running from the organization of one Legislature to the organization of the next Legislature.

**Legislative Budget Request (LBR)** - A request to the Florida Legislature, filed pursuant to s. 216.023, F.S., or supplemental detailed requests filed with the legislature, for the amounts of money an agency or branch of government believes will be needed to perform the functions that it is authorized, or which it is requesting authorization by law, to perform.

**Level of Care (LOC)** - A term used to define medical eligibility for nursing home care under Medicaid and Medicaid Waiver community-based non-medical services. (To qualify for Medicaid Aged and Disabled Waiver or Medicaid Assisted Living for the Elderly Waiver services, the applicant must meet the nursing home level of care.) Level of care also is a term used to describe the frailty level of a consumer seeking DOEA services and is determined from the frailty level prioritization assessment tool. The Customer Profiles by Assessment Level shows the prioritization levels and describes the average consumer's health, disability level, caregiver situation and nursing home risk score for each level.

**LIHEAP** - Low Income Home Energy Assistance Program

**L.O.F.** – Laws of Florida

**Long-Range Program Plan (LRPP)** - A plan developed on an annual basis by each state agency that is policy-based, priority-driven, accountable and developed through careful examination and justification of all programs and their associated costs. Each plan is developed by examining the needs of agency customers and clients and proposing programs and associated costs to address those needs based on state priorities as established by law, the agency mission, and legislative authorization. The plan provides the framework and context for preparing the legislative budget request (LBR) and includes performance indicators for evaluating the impact of programs and agency performance.

**Long-Term Care Ombudsman Council (LTCOC)** - A statewide system of volunteers who receive, investigate and resolve complaints made by, or on behalf of, individuals living in nursing homes, assisted living facilities or adult family care homes. This program is administratively housed in DOEA and has district staff who coordinate the work of the volunteers. While the official name is the Long-Term Care Ombudsman Council (LTCOC), it is commonly referred to as the Long-Term Care Ombudsman Program (LTCOP).

**Long-Term Care Policy** - The DOEA unit that provides policy development and rule promulgation for assisted living facilities, adult day care centers, hospices, and adult family care homes. In addition, training on Alzheimer's Disease and related disorders is

provided for administrators/providers and staff of assisted living facilities, nursing homes, hospice and adult day care.

**LRPP** – Long-Range Program Plan

**LSP** - Local Services Program

**LTC** - Long-Term Care

**LTCOC** – Long-Term Care Ombudsman Council (official title).

**LTCOP** – Long-Term Care Ombudsman Program (the common reference for LTCOC above.)

**MAN** - Metropolitan Area Network (Information Technology)

**MCO** – Managed-Care Organization

**MDC** - Memory Disorder Clinic

**Medicaid Aged and Disabled Waiver (MW)** – This DOEA program provides home and community-based services to frail or functionally impaired elders and individuals with disabilities who are at risk of nursing home placement. Case managers conduct a comprehensive assessment of needs and plan services designed to assist recipients remain at home. DOEA administers this program through an agreement with the Agency for Health Care Administration.

**Medicaid Assisted Living for the Elderly Waiver (ALW)** – This DOEA program provides Assisted Living Facility services to eligible elders at risk of nursing home placement. DOEA also administers this program through an agreement with the Agency for Health Care Administration.

**MedPARD** - Medicare/Medicaid Assistance Program

**MEDS-AD** - Medicaid Expansion Designated by SOBRA

**MIRA** - Medical Insurance Retirement Accounts

**MMAP** - Medicare/Medicaid Assistance Program

**MW** – Medicare Aged and Disabled Waiver

**NACDA** - National Archive of Computerized Data on Aging

**NAPIS** - National Aging Program Information System

**NASBO** - National Association of State Budget Officers

**NASUA** - National Association of State Units on Aging

**Narrative** - Justification for each service and activity is required at the program component detail level. Explanation, in many instances, will be required to provide a full understanding of how the dollar requirements were computed.

**NCOA** - National Council on Aging

**NCSC** - National Council of Senior Citizens

**NIA** - National Institute on Aging

**Nonrecurring** - Expenditure or revenue that is not expected to be needed or available after the current fiscal year.

**OAA** - Older Americans Act

**OLC** - Office of Licensure and Certification

**OPB** - Office of Policy and Budget, Executive Office of the Governor

**OSS** - Optional State Supplementation (Florida)

**OTA** - Office of Technology Assessment (NASUA)

**OTC** - Over the Counter

**Outcome** – See Performance Measure.

**Output** – See Performance Measure.

**Outsourcing** - Describes situations where the state retains responsibility for the service, but contracts outside of state government for its delivery. Outsourcing includes everything from contracting for minor administrative tasks to contracting for major portions of activities or services that support the agency mission.

**PAS** - Pre-Admission Screening

**Pass Through** – Funds the state distributes directly to other entities, e.g., local governments, without being managed by the agency distributing the funds. These

funds flow through the agency's budget; however, the agency has no discretion regarding how the funds are spent, and the activities (outputs) associated with the expenditure of funds are not measured at the state level. **NOTE: This definition of "pass through" applies ONLY for the purposes of long-range program planning.**

**PBPB/PB2** - Performance-Based Program Budgeting

**Performance Ledger** - The official compilation of information about state agency performance-based programs and measures, including approved programs, approved outputs and outcomes, baseline data, approved standards for each performance measure and any approved adjustments thereto, as well as actual agency performance for each measure.

**Performance Measure** - A quantitative or qualitative indicator used to assess state agency performance.

- *Input* means the quantities of resources used to produce goods or services and the demand for those goods and services.
- *Outcome* means an indicator of the actual impact or public benefit of a service.
- *Output* means the actual service or product delivered by a state agency.

**PHA** - Public Housing Agency

**Planning and Service Area (PSA)** - A distinct geographic area, established by the Department of Elder Affairs, in which Older Americans Act and related programs are administered by an area agency on aging (see definition above).

**Policy Area** - A grouping of related activities to meet the needs of customers or clients, which reflects major statewide priorities. Policy areas summarize data at a statewide level by using the first two digits of the ten-digit LAS/PBS program component code. Data collection will sum across state agencies when using this statewide code.

**POS** - Point of Service

**PPO** - Preferred Provider Organization

**PPS** - Prospective Payment System

**Primary Service Outcome Measure** – The service outcome measure, which is approved as the performance measure which best reflects and measures the intended



outcome of a service. Generally, there is only one primary service outcome measure for each agency service.

**Privatization** - Privatization occurs when the state relinquishes its responsibility or maintains some partnership type of role in the delivery of an activity or service.

**PRO** - Peer Review Organization

**Program** - A set of activities undertaken in accordance with a plan of action organized to realize identifiable goals based on legislative authorization (a program can consist of single or multiple services). For purposes of budget development, programs are identified in the General Appropriations Act for FY 2001-02 by a title that begins with the word "Program." In some instances a program consists of several services, and in other cases the program has no services delineated within it; the service is the program in these cases. The LAS/PBS code is used for purposes of both program identification and service identification. "Service" is a "budget entity" for purposes of the LRPP.

**Program of All Inclusive Care for the Elderly (PACE)** – A program in which elder services are delivered through adult day care centers with case management by multi-disciplinary teams. In addition, PACE sites receive an enhanced capitation payment from Medicare, beyond that of a traditional Medicare HMO.

**Program Purpose Statement** – A brief description of approved program responsibility and policy goals. The purpose statement relates directly to the agency mission and reflects essential services of the program needed to accomplish the agency's mission.

**Program Component** - An aggregation of generally related objectives which, because of their special character, related workload and interrelated output, can logically be considered an entity for purposes of organization, management, accounting, reporting and budgeting.

**PSA** - Planning and Service Area

**PSN** - Provider Service Network

**Public Guardianship Program** - A statewide program established to address the needs of vulnerable persons in need of guardianship services. Guardians protect the property and personal rights of incapacitated individuals.

**QMB** - Qualified Medicare Beneficiary

**RD** - Registered Dietician

**Reliability** - The extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for the intended use.

**Respite** - In-home or short-term facility-based assistance for a homebound elderly individual from someone who is not a member of the family unit, to allow the caregiver to leave the premises of the homebound elderly individual for a period of time.

**RFP** - Request for Proposal

**RSVP** - Retired Senior Volunteer Program

**RUGS** - Resource Utilization Groups

**SCP** - Senior Companion Program

**SCSEP** - Senior Community Service Employment Program

**Senior Community Service Employment Program (SCSEP)** - A federal program funded by Title V of the Older Americans Act that provides low-income elders with paid part-time work experience in community services, to provide them with the experience and skills needed to obtain unsubsidized employment in the local job market.

**Senior Companion Program (SCP)** - A peer volunteering program that provides services such as transportation to medical appointments, shopping assistance, meal preparation and companionship to elders at risk of institutionalization. Lower-income elder volunteers receive a stipend to help defray expenses, transportation reimbursement and an annual medical checkup.

**Service** – See Budget Entity.

**Service Coordinator** - An individual who through training and experience can assist in identifying, accessing, coordinating and arranging cost-effective services for clients. The service coordinator will follow up and perform liaison activities on behalf of consumers for the purpose of eliminating barriers to responsive, reliable and efficient service delivery.

**Serving Health Insurance Needs of Elders (SHINE)** - A statewide program with a statewide network of trained volunteers offering free health insurance education and counseling to elders, their families and caregivers.

**SHINE** - Serving Health Insurance Needs of Elders

**Standard** - The level of performance of an outcome or output.

**SHL** - Silver Haired Legislature

**SHMO** - Social Health Maintenance Organization

**SLIAG** - State Legalization Impact Assistance Grant

**SLMB** - Specified Low-Income Medicare Beneficiary

**SNF** - Skilled Nursing Facility

**SOBRA** - Supplemental Omnibus Reconciliation Act (Federal Law)

**SSA** - Social Security Administration

**SSBG** - Social Service Block Grant

**SSI** - Social Security Supplemental Income

**Statewide Health and Wellness Initiatives** - Programs that include research, education and awareness activities related to senior health issues. DOEA contracts with area agencies on aging and local service providers to provide wellness and health promotion activities in the local communities and to support volunteers in program endeavors.

**SUA** - State Unit on Aging

**SWOT** - Strengths, Weaknesses, Opportunities and Threats

**TA** - Technical Assistance

**TANF** - Temporary Assistance for Needy Families Program

**TCS** - Trends and Conditions Statement

**TD** - Transportation Disadvantaged

**TF** - Trust Fund

**TRW** - Technology Review Workgroup

**UA** - Uniform Assessment (Florida)

**Unit Cost** - The average total cost of producing a single unit of output (goods and services for a specific agency activity).

**URC** - Utilization Review Committee

**USDA** - U.S. Department of Agriculture

**Validity** - The appropriateness of the measuring instrument in relation to the purpose for which it is being used.

**WAGES** - Work and Gain Economic Stability (Agency for Workforce Innovation)

**WAN** - Wide Area Network (Information Technology)

**WHCOA** - White House Conference on Aging

**ZBB** - Zero-Based Budgeting