

Florida Department of Elder Affairs

Long-Range Program Plan

**Fiscal Years
2008-2009 Through 2012-2013**

**Charlie Crist, Governor
E. Douglas Beach, Secretary**

September 2007





Florida Department of Elder Affairs

LONG-RANGE PROGRAM PLAN Fiscal Years 2008-2009 Through 2012-2013

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Mission:

To foster optimal quality of life for Floridians age 60 and older.

Vision:

To nurture a social, economic and intellectual environment where persons of all ages, especially those age 60 and older, can enjoy living in Florida.

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 four **goals**: *Enable persons age 60 and older, their families and caregivers to experience a high quality of life through streamlined service access, home and community-based supports, and long-term care options; Empower persons age 60 and older to stay active and healthy; Promote communities statewide that value and meet the needs of persons age 60 and older; Ensure the rights of persons age 60 and older and prevent their abuse, neglect and exploitation.* These goals provide the framework for the agency's objectives and outcomes.

Goal 1: Enable persons age 60 and older, their families and caregivers to experience a high quality of life through easy access, home and community-based supports, and long-term care options

Objectives:

- To prevent/delay premature nursing home placement
- To provide prompt and appropriate services to the most frail persons age 60 and older who are at risk of institutionalization
- To target services to help particularly vulnerable frail persons age 60 and older to live at home or in the community when safe and appropriate
- To assist persons age 60 and older to maintain their independence and choices in their homes as long as possible
- To assist persons age 60 and older to maintain their independence and choices in their communities as long as possible
- To use long-term care resources in the most efficient and effective way
- To leverage state dollars with federal resources whenever possible
- To provide caregivers with assistance/respite to help them continue providing care
- To provide caregivers with assistance/respite to help them continue providing care

Goal 2: Empower persons age 60 and older to stay active and healthy

Objective:

- To improve the nutritional status of persons age 60 and older

Goal 3: Promote communities statewide that value and meet the needs of people of all ages, especially those age 60 and older

Objective:

- To help persons age 60 and older to have home environments that are as safe as possible

Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation

Objectives:

- To ensure the security of vulnerable persons age 60 and older residing in long-term care facilities through annual facility reviews and complaint investigation
- To ensure that consumers needing guardianship services are provided that protection

Goal 5: Provide effective and responsive management

Objective:

- Maximize return on administrative resources

Goals, Objectives, Outcomes

(In Priority Order)

Goal 1: Enable persons age 60 and older, their families and caregivers to experience a high quality of life through easy access, home and community-based supports, and long-term care options

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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
91.6%	97%	97%	97%	97%	97%

(Explanatory note: This outcome refers to DOEA customers assessed in the top 20 percent 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 persons age 60 and older 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
15.3%	30%	30%	30%	30%	30%

Goals, Objectives, Outcomes

Objective 1c: To target services to help particularly vulnerable frail persons age 60 and older 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
90%	90%	90%	90%	90%	90%

Objective 1d: To assist persons age 60 and older 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
59.1%	65%	65%	65%	65%	65%

Goals, Objectives, Outcomes

Objective 1e: To assist persons age 60 and older 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
58%	62.3%	62.3%	62.3%	62.3%	62.3%

Objective 1f: 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
\$2,221	\$4,387	\$4,826	\$5,309	\$5,840	\$6,424

Objective 1g: 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
2.8 months	2.8 months	2.8 months	2.8 months	2.8 months	2.8 months

Goals, Objectives, Outcomes

Objective 1h: To provide caregivers with assistance/respice 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
87%	90%	90%	90%	90%	90%

(Explanatory note: This outcome refers to caregivers of persons age 60 and older 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
90.2%	89%	89%	89%	89%	89%

(Explanatory note: This outcome refers to caregivers of persons age 60 and older served by DOEA programs.)

Goals, Objectives, Outcomes

Goal 2: Empower persons age 60 and older to stay active and healthy

Objective 2a: To improve the nutritional status of persons age 60 and older

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

Baseline Year 1997-99	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
58.6%	66%	66%	66%	66%	66%

Goal 3: Promote communities statewide that value and meet the needs of persons age 60 and older

Objective 3a: To help persons age 60 and older 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
81.2%	79.3%	79.3%	79.3%	79.3%	79.3%

(Explanatory note: This outcome refers to persons age 60 and older served by DOEA programs.)

Goals, Objectives, Outcomes

Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation

Objective 4a: To ensure the security of vulnerable persons age 60 and older residing in long-term care facilities through annual facility reviews and complaint investigation

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

Baseline Year 1998-99	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
90.2%	91%	91%	91%	91%	91%

Objective 4b: 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 five days of receipt of request

Baseline Year 1999-00	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
90%	100%	100%	100%	100%	100%

Goals, Objectives, Outcomes

Objective 4c: To provide prompt and appropriate services to persons age 60 and older 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 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
94%*	97%	97%	97%	97%	97%

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

Goal 5: Provide effective and responsive management

Objective 5: Maximize return on administrative resources

Outcome: Agency administration costs as a percent of total agency costs/
agency administrative positions as a percent of total agency positions

Baseline Year 2001-2001	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13
2.7%/21.2%	2.1%/19.6%	2.1%/19.6%	2.1%/19.6%	2.1%/19.6%	2.1%/19.6%

Linkage to Governor's Priorities

1. **Safety First**
 - Goal 3: Promote communities statewide that value and meet the needs of persons age 60 and older
 - Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation
2. **Strengthen Florida's Families**
 - Goal 1: Enable persons age 60 and older, their families and caregivers to experience a high quality of life through streamlined service access, home and community-based supports and long-term care options
3. **Keeping Florida's Economy Vibrant**
 - Goal 3: Promote communities statewide that value and meet the needs of persons age 60 and older
4. **Success for Every Student**
 - Goal 3: Promote communities statewide that value and meet the needs of persons age 60 and older
5. **Keeping Floridians Healthy**
 - Goal 2: Empower persons age 60 and older to stay active and healthy
6. **Protecting Florida's Natural Resources**
 - Goal 3: Promote communities statewide that value and meet the needs of persons age 60 and older
7. **Better Government through Technology**
 - Goal 1: Enable persons age 60 and older, their families and caregivers to experience a high quality of life through streamlined service access, home and community-based supports and long-term care options

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 department's primary responsibilities have been synthesized into four 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. These goals were developed consistent with the goals identified by the Administration on Aging:

- 1. Enable persons age 60 and older, their families and caregivers to experience a high quality of life through streamlined service access, home and community-based supports and long-term care options**
- 2. Empower persons age 60 and older to stay active and healthy**
- 3. Promote communities statewide that value and meet the needs of persons age 60 and older**
- 4. Ensure the rights of older people and prevent their abuse, neglect and exploitation**

From December 2005 through February 2006, the department hosted a series of meetings, inviting other state agencies involved in the delivery of elder care services to participate in the planning process for the *Master Plan on Aging, 2007-2009*. Representatives from these agencies participated in eight workgroups, which were staffed by department managers. Additionally, the department conducted five public town-hall meetings throughout the state to obtain input from persons age 60 and older and stakeholders in the eight programmatic areas. Additionally, a planning retreat occurred in November 2005, which included planners and other appropriate staff from the 11 area agencies on aging in Florida.

In May 2007, the department convened a stakeholders meeting involving representatives from the aging network and various elder advocate organizations to contribute input on the department's planning efforts. The group continues to meet on a quarterly basis to solicit advice on the planning process. In August 2007, the Florida Council on Aging (FCOA) annual meeting brought together professionals and advocates in the field of aging. Meeting leaders convened an assembly of participants to identify and vote on a policy agenda.

Through these efforts and ongoing policy research, the department identified the following strengths, weakness, opportunities and threats (SWOT):

Strengths:

- Florida has strong non-profit and private-for-pay elder services networks that serve well the vast majority of Floridians in need of supportive services, such as nutrition, case management and in-home services.
- Florida attracts a high number of retirees and persons age 60 and older who are highly educated and resourceful, thus providing a source of excellent volunteers and advocates.
- 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 contains the public cost of long-term care efficiently and effectively compared to other states.
- Florida is a leader in emergency management/disaster preparedness planning.
- Persons age 60 and older contribute \$135 billion in spending power and pay \$2.8 billion in taxes, often in excess of cost of benefits received.

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 has become critical and is likely to worsen in the future.

Opportunities:

- The department can maximize impact of existing resources identified through its various partnerships (i.e., Agency for Health Care Administration, Agency for Workforce Innovation, Governor's Office of Policy and Budget, Executive Office of the Governor, Department of Health, Department of Transportation, Department of Agriculture and Community Services) and by increasing cost sharing.
- 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 persons age 60 and older and their caregivers.
- Florida's retirees expand educational and outreach activities through volunteering.

- 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.
- Increasing number of well persons age 60 and older through evidence-based health promotion/disease prevention programs can reduce need for long-term care.
- Potential of using older health care workers retiring in Florida to continue their practice in the state.

Threats:

- Increasing liability costs continue to hinder the ability to provide many services to persons age 60 and older.
- Rising housing costs and property taxes contribute to the lack of affordable housing.
- Even as the disability rates among persons age 60 and older are declining, financing for publicly provided acute and long-term care is not keeping up with demand.
- The lack of hold harmless/immunity legislation for volunteers.

The following strategies, based on the SWOT analysis, are key themes that have been identified for adoption in the LRPP:

Goal 1: Enable persons age 60 and older, their families and caregivers to experience a high quality of life through streamlined service access, home and community-based supports and long-term care options

Strategies:

- Prioritize supportive services to those most at risk for nursing home placement.
- Make services available to all in need by allowing those that can to share in the cost of their care.
- Expand aging resource center (ARC) implementation to all areas of the state to streamline access to all services through “no wrong” information and assistance.
- Find innovative ways, including public education, to meet increased demand for long-term care services due to aging of baby boomers.
- Increase access to means-tested community-based programs when funding is available.
- Increase public awareness about available community options for care.
- 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.
- Develop cooperative efforts with private industry benefiting caregivers.
- Support efforts that make it easier for people to be volunteer caregivers.
- Create awareness of the significance of current informal support systems.

Goal 2: Empower persons age 60 and older to stay active and healthy

Strategies:

- Promote evidence-based programs.
- Prolong healthy aging through programming that provides socialization, intellectual activity and physical fitness.
- 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 programs that educate individuals with chronic disease to assuage their disease with proper diet.

Goal 3: Promote communities statewide that value and meet the needs of persons age 60 and older

Strategies:

- In partnership with consumer organizations, assess community readiness using nationally accepted tools.
- Develop and implement an infrastructure to maintain comprehensive information portals, data and resources relevant to elder housing.
- Promote and facilitate the awareness and understanding of the importance of integrating universal design philosophy and mixed land use development.
- 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.
- Improve intergovernmental and public/private transportation coordination of services, and encourage formations of partnerships with assigned responsibilities.
- Support elder transportation solutions that leverage community resources such as volunteers, co-payments and car donations.
- Encourage the development and use of technology in vehicles, such as seatbelts, "Carfit" features and other safety measures.
- Provide elder-sensitivity training to partner organizations, employers and state and local government organizations to reduce barriers to elder employment, in particular create awareness of employment and training opportunities through Florida's one-stop workforce-development system.
- Improve public-private coordination to recruit elder healthcare professionals to address shortages.
- Assist employers with worker shortages by encouraging flexible workforce practices and aggressively recruiting older workers and retirees.
- 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.

- Support efforts to develop community education and outreach regarding registration and special needs shelters and general information regarding shelter stays.
- 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.

Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation

Strategies:

- Develop interagency partnerships throughout the state to promote the importance of legal services as a part of the overall structure of service to seniors.
- Continue coordination with Statewide Public Guardianship Office, state agencies, and the Florida Bar, on advance directives education activities. Provide information on alternatives to guardianship.
- Encourage and support collaborative programs such as Triad, training programs and the APS Referral Tracking Tool.
- Proactively develop partnerships with resident councils to cooperatively address systems issues that affect residents' lives.
- Provide consumer protection and consumer awareness education for seniors.
- Develop a coordinated system of high quality, accessible, and targeted legal services for Florida's seniors.

Goal 5: Provide effective and responsive management

Strategies:

- Develop a total quality assurance systems framework for the elder services network.
- Leverage general revenue funding by maximizing federal and other non-state participation.
- Emphasize program performance in monitoring activities
- Focus technical assistance efforts to improve the aging services network performance

Agency Priorities for the Next Five Years

In keeping with its goals, the department's priorities for the next five years are:

1. Consolidate the aging resource center network as the single point of entry for all publicly funded long-term care services in the state and as a trustworthy and reliable source of information and referral to elder services, whether public or private.
2. Expand the reach of the elder services network to fill any service gaps in services to persons that can afford to pay, fully or in part, for the cost of their care.
3. Improve targeting of non-Medicaid in-home services to increase nursing home diversions for persons who do not qualify for Medicaid and at are high risk of spend-down.
4. Expand evidence-based health promotion and disease prevention interventions, to further healthy aging as a key strategy to reduce the need for long-term care.
5. Make the agency's processes quality centered, evidence based and outcome oriented.
6. Leverage general revenue funding by maximizing federal participation.
7. Optimize state spending on elder programs by coordinating the work of all state agencies providing services to persons age 60 and older.
8. Develop a coordinated system of high quality, accessible, and targeted legal services for Florida's seniors.
9. Reduce ageism by increasing public awareness about the contributions of persons age 60 and older to Florida's economy.

Together, these priority areas provide DOEA with a strategic **programmatic action framework**. The strategies that will be used to address the priority areas were identified previously.

Proposed New Programs

- 1) Expansion of Aging Resource Centers (ARCs) to all 11 Planning and Service Areas (PSAs)
- 2) Expansion of Evidence-Based Alzheimer's Disease and Related Dementia (ADRD) Direct Services
- 3) Enhancing Current Senior Community Service Employment Program (SCSEP) and Civic Engagement Initiatives
- 4) Nursing Home Diversion Demonstration Program for Non-Medicaid Individuals

Expansion of Aging Resource Centers (ARCs) to all 11 Planning and Service Areas (PSAs)

Aging resource centers will help control the growth in home and community-based care unit costs (per member, per month), while at the same time improving program targeting. Controlling costs and improving targeting will ensure that program dollars minimize long-term care costs efficiently.

Aging resource centers will control the growth in individual care plan monthly costs by authorizing care plans with costs commensurate to the benefits to the state, i.e., care plan costs for any particular individual will be commensurate to the risk that, lacking program intervention, this individual will use nursing home, hospital or acute medical Medicaid subsidized care. Currently, individuals can access Medicaid long-term care through a multitude of entry points, with no entity being uniquely charged with assuring that the cost of the care plan meets cost effectiveness guidelines.

In addition to controlling enrollee costs, aging resource centers will be charged with screening and prioritizing access, giving preference to the most frail and those at higher risk for nursing home care. Also, aging resource centers will be making referrals of customers that can pay, either wholly or partially, to providers of long-term care services. This helps control Medicaid budgets by allowing individuals and families to contribute to the cost of their care to the extent possible. This is a significant departure from the traditional "all-or-nothing" approach to public long-term care.

In keeping with a funding agreement with the Administration on Aging, DOEA implemented its first three aging resource centers as designated AoA aging and disability resource centers. An aging and disability resource center is an aging resource center that serves, in addition to all persons age 60 and older, a population with a specific disability. In Florida's case, aging and disability resource centers will serve, in addition to persons age 60 and older, persons with severe and persistent mental illness. The department selected three area agencies as pilot sites and assessed their

readiness to begin functioning as aging resource centers/aging and disability resource centers.

Through a competitive request for proposals, in February of 2005, DOEA selected three area agencies on aging to become the pilot sites for aging and disability resource centers: the Senior Resource Alliance in Orlando, the Area Agency on Aging of Pasco-Pinellas in St. Petersburg and the Area Agency on Aging of Broward County in Fort Lauderdale. These agencies provided the functions of a center for their entire planning and service areas, which in most cases cover multiple counties.

During the months of June and July 2005, DOEA approved the first two area agencies on aging to begin partial operations as aging and disability resource centers by providing at least one of the seven primary functions. The department is now moving beyond the pilot stage and will focus its attention on expanding the ARCs to all areas of the state.

Through this initiative, the department will:

- Enhance access to services and information;
- Streamline eligibility functions;
- Improve budgeting and fiscal predictability;
- Improve administrative efficiency;
- Increase accountability;
- Refine outcome and output measures;
- Require contractors to perform;
- Justify service costs;
- Display better budget management; and
- Strictly adhere to stronger contract language.

Expansion of Evidence-Based Alzheimer's Disease and Related Dementia (ADRD) Direct Services

Florida must establish cost effective programs to help sustain caregivers of individuals with Alzheimer's disease and related dementia (ADRD), to assure the sustainability of Florida's system of long-term care. In 2006, there were over 479,000 estimated cases of ADRD in the state. Of these cases, about 200,000 were severe enough that they would have required institutional care if not for the support of caregivers. The estimated cost of providing care, in an institutional setting, to 200,000 individuals with ADRD would add over \$10 billion per year to the state's Medicaid budget (a 70 percent increase).

The Support Through Alzheimer's Relief Systems and Beyond (STARS and Beyond) program is funded through an Administration on Aging Alzheimer's Disease Demonstration Grant to the States. This project is designed to improve coordination of services and resources among service providers and to increase access to services in rural and minority communities for caregivers and persons with Alzheimer's disease and related disorders. The initial three-year period of grant funding ended June 30, 2004. The program was awarded a new three-year grant commencing July 1, 2004. At this time, the program name, formerly called "STARS," was changed to "STARS and Beyond."

Building on this current demonstration, the department is seeking a grant that will establish two additional evidence-based caregiver support programs as best practices for replication throughout the state. This ADRD program will enable the department to test two programs that have established evidence of efficacy through peer-reviewed research: REACH-II and the New York University (NYU) Counseling and Support Intervention for Caregivers. DOEA, through its system of Model Day Care Centers and Memory Disorder Clinics and caregiver respite and training programs, has the experience to successfully translate research into practice. Further, it proposes to integrate its Dementia Caregivers Telehealth Support Program into the REACH-II design.

The department will partner with two community-based agencies in each of two project sites: Share the Care, based in Orlando, and Memorial Healthcare System in Miami-Dade and Broward counties.

Share the Care, located in Orlando and serving Orange and Seminole counties, will function as the lead provider in the first project site. Share the Care will conduct local project activities based on the REACH II intervention, emphasizing home visits and telephone/ Web support. An important and innovative element in the Orlando project will be the partnership with our Dementia Caregivers Telehealth Support Program "AlzOnline."

AlzOnline is a Web-based educational and caregiver counseling resource that also supports moderated "chat-room" style support groups. AlzOnline provides education, information and support to caregivers of persons age 60 and older with dementia by capitalizing on developments in telecommunications technology. The program emphasizes the use of Web-based services, audiovisual communication and toll-free telephone support to consumers to meet the emotional support and informational needs of homebound caregivers.

At the second project site, consisting of Broward and Miami-Dade counties, lead provider Memorial Healthcare System will conduct local project activities based on the New York University (NYU) Counseling and Support Intervention for Caregivers, characterized by assessment, counseling and support groups to assist caregivers in

fostering greater tolerance for ADRD behaviors and in developing successful coping mechanisms.

To take full advantage of the lessons to be learned from the pilot nature of this program and with the goal of eventual statewide replication, the administration of this grant will be integrated with the operation of the department's established caregiver support programs.

Enhancing Current Senior Community Service Employment Program (SCSEP) and Civic Engagement Initiatives

Because of its attractiveness as a place to live and its favorable economic climate, Florida's economic growth has ranked it among the fastest growing states in the country for the past quarter century. Currently, Florida's unemployment rate is the lowest among the 10 most populous states in the nation. However, there are concerns that, without changes in state workforce policy, this fast rate of growth may reach levels that will be unsustainable in the long run.

Because of its desirability as a place to live, Florida has not had problems attracting a younger labor force to maintain its rapid rate of economic growth. However, this growth has put a great deal of stress on the state's infrastructure as communities struggle to accommodate a growing population with schools, highways, utilities and other needed services. At the same time, Florida continues to be a popular retirement destination for amenity-seeking persons age 60 and older. Florida's elder population of residents and newcomers represents a great opportunity for policymakers to address the challenge of maintaining the state's economy and improving overall quality of life through civic engagement.

Florida is also currently experiencing a severe shortage of skilled healthcare professionals. Nationally, there are 2.6 physicians per 1,000 residents. In Florida the ratio is 2.4 per thousand. Given that Florida has a greater-than-average demand for healthcare services because of the high incidence of persons age 60 and older, this lower ratio is highly significant. States with the highest ratios are those that have the largest number of hospital medical residencies, which are funded by Medicare. For example, Massachusetts and New York have ratios of 4.3 and 3.9 respectively. In the long run, the number of medical residencies determines to a large extent the number of new physicians practicing in a state. In addition to physician shortages, Florida's healthcare delivery system faces an acute shortage of nurses that is predicted to get worse. Currently, Florida is experiencing a 15 percent vacancy rate for registered nurses. Florida's RN supply has not kept up with the aging of the state's population.

In order to join in creating solutions to these challenges, the department is seeking technical assistance through the National Governors Association (NGA) Policy

Academy. The technical assistance will help the department more fully engage seniors in the state's workforce and volunteer endeavors. The program will also help the department evaluate ways to more fully utilize the elder workforce to sustain Florida's economic growth, use retirees and older workers to address Florida's shortage of skilled healthcare professionals, benefit Florida's economy and workforce through older workers and retirees, and integrate older workers and retirees into Florida's workforce development system.

Also, the department is seeking a grant affecting the Senior Community Service Employment Program (SCSEP). The grant would allow the department to evaluate innovative outreach and recruitment strategies for employers and SCSEP eligible individuals; innovative, effective strategies for training older workers; solutions providing workplace flexibility to older workers; and to engage in industry-focused demonstration projects.

By aligning the needs of workers, employers and the state in three targeted sectors, education, health care and services, the project will accomplish three goals: Enhance older worker employment and training services through the current workforce system; recruit private industry employers who offer worker friendly, flexible employment options; and attract more SCSEP eligible individuals into the labor force. Specific activities include training older workers for occupations in the targeted sectors, increasing older worker awareness about SCSEP, matching employers and older workers through a Web site and promoting older-worker friendly employment practices.

Nursing Home Diversion Demonstration Program for Non-Medicaid Individuals

Florida is ideally placed to test the efficiency and cost-effectiveness of home and community-based services to divert high-risk persons age 60 and older from nursing homes using non-Medicaid programs because of its leading-edge demographics and its experience with non-Medicaid state-funded nursing home prevention/diversion programs and program evaluation. To this end, the department is seeking a grant that would help fund its efforts to test two project models:

- An Acute/Long-Term Care Coordination model using geriatric nurses will operate in Florida Planning and Service Area (PSA) 1 and target frail persons age 60 and older recently discharged from area hospitals and at high risk of nursing home placement.
- A Consumer-Determined Service model, to operate in PSAs 4 and 7, will emphasize consumer autonomy/direction by offering service coordination rather than conventional case management to at-risk non-Medicaid eligible persons age 60 and older.

Both models will have the following common elements:

1. Prioritizing access to services based on risk of nursing home placement;
2. Targeting non-Medicaid eligible individuals at high risk of Medicaid spend down;
3. Identifying service gaps for non-Medicaid eligible clients;
4. Enhancing public funding by using volunteers and a co-pay system based on income and assets;
5. Using ADRCs as a single entry point for access to all HCBS; and
6. Conducting performance measurement and evaluation of the cost effectiveness and efficiency of HCBS nursing home diversion initiatives.

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 08-09 target level.

List of Potential Policy Changes Affecting the Agency Budget Request

- 1) Medicaid Reform – Florida Senior Care
- 2) The Consumer-Directed Care Plus (CDC+) Program
- 3) The Aged and Disabled Adult Waiver (ADA), Assisted Living for the Elderly Waiver (ALE) and Community Care for the Elderly (CCE) Programs
- 4) Strengthen *Communities for a Lifetime*
- 5) Strengthen Public Guardianship statewide
- 6) Technological Needs and Support in the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program
- 7) Protecting Elder Rights – Long-Term Care Ombudsman Program

Discussion:

Medicaid Reform - Florida Senior Care

During the 2006 Regular Session, the Florida Legislature amended 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 age 60 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 plan expands in-home services to all persons age 60 and older at risk of nursing home placement without wait lists.

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 – Miami-Dade and Central Florida. The plan is optional in both areas, allowing the freedom to “opt-in” or “opt-out.” Any willing qualified provider is welcome. 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. No additional funds have been provided from the Legislature. Therefore, the current funding will follow the enrollee to the program.

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 two years, 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 Elderly, 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. Plans are at financial risk if a person goes into a nursing home. Therefore, they benefit financially from maintaining frail persons age 60 and older in their communities.

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 department’s and the Governor’s philosophy that both promotes access to home and community-based services and improves care coordination for all eligible Medicaid participants.

The Consumer-Directed Care Plus (CDC+) Program

The Department of Elder Affairs (DOEA) administers the Medicaid Aged and Disabled Adult Waiver (ADA), which is funded through the home and community-based services waiver category. The Consumer-Directed Care Plus Program (CDC+) is an alternative service delivery model for participants who receive ADA waiver service funding. DOEA is requesting recurring funds to maintain the CDC+ Web-based and telephone system developed in accordance with the legislative mandate of fiscal year 2006-2007 for DOEA to become the Fiscal/Employer Agent (F/EA) for CDC+.

Consumer-Directed Care Plus (CDC+) participants receive a monthly budget from ADA waiver funds to direct their own long-term care services. CDC+ consumers may hire family members or friends as providers. Consumers decide when they want their services, and how much they will pay for those services. Like ADA participants, CDC+ consumers are persons age 60 and older and disabled individuals assessed as frail, functionally impaired, and at risk of nursing home placement.

As the F/EA for the CDC+ program, the department has developed a claims processing system and contracts with a subagent for payroll and services and goods. The department maintains a Web-based system for consumers to manage their budgets online as well as submit timesheets and invoices. Consumers who do not have access to the online system also have the option of submitting their timesheets and invoices using the telephone system.

During fiscal year 2006-2007, 84 consumers chose to direct their own services. In 2007, DOEA received federal approval to open the program to 1,129 participants, and the enrollment process began in March 2007. By June 30, 2007, 178 consumers had either applied or started directing their own services. In fiscal 2007-2008, the entire ADA waiver will be open to CDC+. The department estimates that between 3,000-4,000 ADA waiver recipients will want to direct their services; this will occur by February 2008 when the CDC+ program will become a 1915j amendment to the Medicaid state plan.

The ADA, ALE and CCE Programs

The department is requesting additional funding to serve 33 percent of the most frail people (priority levels 4 and 5) on the current wait list for services for the Community Care for the Elderly (CCE), Medicaid Aged and Disabled Adult (ADA), and Medicaid Assisted Living for the Frail Elderly (ALE) programs. Due to the anticipated budget shortages, the department is not requesting to serve the entire wait list, but with attrition, the funding of 33 percent would result in serving one-half of the current consumers waiting for services by the end of the state fiscal year. It is expected that wait list will grow during this time.

Continued Focus on *Communities for a Lifetime*

Florida ranks number one in the percentage of residents per capita who are persons age 60 and older. Despite Florida's well-deserved reputation as a retirement destination, 17.6 percent of its 18.5 million residents are 65 and older. *Communities for a Lifetime*, an initiative of Governor Charlie Crist, 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, persons age 60 and older 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 2015, the percentage of persons age 60 and older is projected to be 19.5 percent. In addition, by 2030, the elder population in Florida is projected to increase to 27.1 percent.

The department recognizes that transportation plays a vital role in the lives of Floridians age 60 and older. 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. The department is seeking grant opportunities to fund staff at each AAA in Florida. This staff would coordinate transportation services on a local level, particularly to administer the "Carfit," "GrandDriver," and Independent Transportation Network (ITN) programs.

Carfit is an educational program created by the American Society on Aging and developed in collaboration with the AAA (American Automobile Association), AARP, and the American Occupational Therapy Association. It is a program that lets people know if they fit in their car comfortably and properly. This program is done in order to help keep Florida senior drivers driving safer longer.

Florida GrandDriver is an education and awareness campaign of the Florida Department of Highway Safety and Motor Vehicles and is based on a program developed by the American Association of Motor Vehicle Administrators (AAMVA). The goal of the campaign is to educate the public about the effects of age on driving ability and to encourage drivers to make appropriate choices as they age - choices that maximize personal safety and the safety of our communities. Using interactive community outreach activities combined with Web-based communication support, the Florida GrandDriver campaign is designed to help prepare drivers to "Get Around Safe and Sound" in their later years. The campaign aims to educate drivers' family, friends and caregivers about the challenges many people face trying to stay connected to communities as they age. Florida GrandDriver provides information about various steps drivers may take to maintain independence as long as possible, as well as actions one can take to stay mobile in our communities when driving is restricted or discontinued.

The Independent Transportation Network (ITN) is a model program in Orlando geared to older Floridians with driving impairments. It is a nonprofit transportation service that blends information technology with local, grassroots support to create an efficient and financially sustainable solution to the transportation needs of seniors. The program makes private cars available to seniors 24 hours a day through trained volunteers. Volunteers are then given credit points for hours of service, allowing them to transfer them for future use or to persons age 60 and older in other communities. By encouraging the expansion of this type of program to other areas throughout the state, persons age 60 and older will have increased access to transportation services as needed.

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 Elder Housing Unit will continue to focus on solutions for access to affordable housing and housing supplemented with services allowing people to remain in their

homes. The Elder Housing Unit will conduct outreach and provide information and referral services while working to increase stakeholder development through technical assistance. The first 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 accommodate Medicaid and other public assistance programs and services, and how to access them. The second objective is to increase and improve the capacity of housing options that accommodate Medicaid waiver programs by educating communities, housing lenders 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. The third objective is to integrate awareness of and access to other public assistance programs that complement or supplement Medicaid benefits and services.

The Elder Housing Unit 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 long-term care resources for low-income frail persons age 60 and older and disabled adults. Additionally, the Elder Housing Unit will allow individuals to access the most appropriate information and resources to meet their needs and preferences. A primary objective is to provide comprehensive information regarding Medicaid and other public assistance resources to potential and existing eligible consumers.

The Elder Housing Unit plans to develop, maintain and enhance stakeholder collaboration among elderly housing and services developers, providers, government agencies, consumer groups, communities and lenders 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 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. Other preventive initiatives include early screening and falls prevention.

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, at a minimum, will use the department’s annual Best Practices ExChange conference co-sponsored with the Florida Conference on Aging, Department of Elder Affairs 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 2008 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 persons age 60 and older and caregivers per s. 430.02(2), F.S. Department of Elder Affairs’ 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.).

Strengthen Public Guardianship Statewide

Public guardianship provides surrogate decision makers for those Floridians that are most in need: the incapacitated, indigent, and those without family or friends to assist them. Without a surrogate decision maker, Floridians go without many necessities that may include medical care, appropriate housing, and adequate nutrition, just to name a few. The department is requesting a funding mechanism for public guardianship in Florida. By adequately funding public guardianship, sister agencies are positively affected as well.

Currently, facilities licensed by AHCA that do not have guardians in place for incapacitated residents that require a guardian are cited by AHCA. Failure to secure guardians (and the majority of the time the client is in need of a public guardian) may result in loss of Medicaid dollars to the facility, which could mean closure of the facility. In 2006, there were 122 incapacitated persons in Miami-Dade county alone that lacked

a public guardian and jeopardized facility licensure. Further, Agency for Persons with Disabilities (APD) is in the process of closing certain facilities for the developmentally disabled. These closures have resulted in a significant demand for public guardians. An incapacitated person cannot be transferred into the community without an appropriate surrogate decision maker in place. In addition, by having a public guardianship program, other costs are reduced, i.e., hospitalization stays tend to be shorter and Emergency Medical Technician (EMT) services are not required as often.

DOEA is requesting an increased appropriation in fiscal year 2008-2009 to enable the provision of public guardian services to those vulnerable persons requiring a surrogate decision maker under the law but do not have access to one. DOEA is also requesting funds to assist the Statewide Public Guardianship Office (SPGO) with its obligation to Florida consumers and the courts in ensuring only qualified persons are providing professional guardianship services to incapacitated Floridians. The total request is for \$1,308,286.

Technological Needs and Support in the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program

The Department of Elder Affairs (DOEA) is responsible for the federal program through an interagency agreement with the Agency for Health Care Administration. Nineteen field offices are located through the state, and the CARES program personnel include registered nurses, social workers, assessors, staff assistants and clerical support. Physicians are used as consultants as part of the assessment and staffing process. CARES management structure includes three regional program supervisors for the North, Central and Southern regions of the state. The CARES program is requesting expense funds and funds for Operating Capital Outlay (OCO).

The increase represents the investment in new technology including \$1,800 per portable tablet computers for 232 field staff performing assessments (OCO), annual service fees for air cards that provide Internet service, cellular phone subscriptions, software licenses to encrypt data on portable computers, and software modifications to existing systems to allow input of customer data when an Internet connection is not present.

The CARES program is the medical half of the Medicaid eligibility process for persons applying for a nursing facility, and those applying for Medicaid-funded community services. CARES personnel must ascertain whether medical criteria are met. The remaining half of the process involves Medicaid financial eligibility, which is currently determined by the Department of Children and Families (DCF) Automated Community Connection to Economic Self-Sufficiency (ACCESS) system. Over 90 percent of the Institutional Care Program (ICP) applications originate in either the CARES or Economic Self Sufficiency (ESS) units. The balance are referred from hospitals or other

health/elder care sources. In this process, each department must notify the other of an application.

During fiscal year 2006-2007, 88,078 Floridians received assessments through the CARES program. The department estimates that approximately 91,000 Floridians will receive assessments during the current fiscal year.

This request is needed to allow staff to telecommute and thereby result in an average 25 percent reduction in the total amount of leased office space, while improving service and accessibility to customers in the field. Technological innovations to improve efficiency have been suggested by the Office of Program Policy Analysis & Government Accountability (OPPAGA), see Report No. 07-12. As a result of this suggestion, the current fiscal year's appropriation for the CARES program will not meet consumer demands statewide; however, with this investment in technology, within five years, all 19 CARES offices will have renegotiated expiring leases for existing office space. Provided the first three of the 19 offices with expiring leases during FY 2007/2008 are renegotiated with an average 25 percent reduction in total leased space, these three offices alone will result in over \$157,000 in savings during the first year and reduce total energy consumption. Over five years, this investment in technology will permanently reduce the levels of leased office space in each of the 19 offices statewide by 25 percent. Better customer service, expedited medical determinations, increased savings through reduced lease expenses and decreased energy consumption by CARES offices are a benefit to all Floridians.

Protecting Elder Rights

Long-Term Care Ombudsman Program

During the 2008 Legislative Session, the Department of Elder Affairs' (DOEA) Florida Long-Term Care Ombudsman Program (LTCOP) will likely push for: 1) Reclassifying and upgrading several current state office and field office staff positions to professionalize and stabilize state and field office management positions; and 2) Hiring additional positions that will enable the program to enhance statewide advocacy services for long-term care facility residents. The changes would allow the program to hire more qualified, experienced staff to support the volunteer force of ombudsmen who respond to, investigate and resolve the concerns of elderly long-term care facility residents.

Analysis of State Long-Term Care Ombudsman Programs by the Institute of Medicine recommends that each state ombudsman program employ, at a minimum, 1 FTE employee per 2,000 long-term care facility beds. Currently, Florida has a staff to resident ratio of 1 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), F.S.). This request 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 elderly long-term care facility residents in a timely fashion, as mandated by state and federal law.

List of Changes Which Would Require Legislative Action

Alzheimer's Disease Initiative Clarifying Statutory Language

During the 2008 Legislative Session, the Department of Elder Affairs (DOEA) may seek two minor changes to Chapter 430, Florida Statutes.

Chapter 430, Florida Statutes, 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 persons age 60 and older and the needs of caregivers.

"Adult day care" is a structured activity program designed to offer a safe environment for frail or disabled persons age 60 and older 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 persons age 60 and older 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 persons age 60 and older, families and caregivers. Specifically, the legislative changes would provide greater access to adult day care services through ADI programs.

Performance Measures

Modifying existing performance measures and adding additional measures

The department proposes to replace four performance measures, listed below, that do not accurately reflect the effect and value of department-funded services and delete one measure that is no longer relevant. A measure for consideration for a methodology change is the current measure of nursing home diversions (CARES measure). The department will work with area agency and provider representatives and staff from the Legislature and the Governor's Office of Policy and Budget to draft suitable performance measure alternatives that better reflect the activities of the department.

Measures to replace:

- Percent of new service recipients whose ADL assessment score has been maintained or improved.
- Percent of new service recipients whose IADL assessment score has been maintained or improved.
- Percent of elders assessed with high or moderate risk environments who improved their environment score. (housing)
- Percent of new service recipients with high-risk nutrition scores whose nutritional status improved.

Measure to delete:

- Average time in the Community Care for the Elderly program for Medicaid Waiver probable customers.

Measure for methodology change:

- Percent of elders CARES determined to be eligible for nursing home placement who are diverted.

Rationale: The current methodology only takes into account community referrals to CARES that were not initiated by area agencies on aging (AAAs) or lead agencies. The methodology needs to incorporate the fact that referrals will increasingly come from aging resource centers (currently the AAAs).

In addition to revising the above mentioned measures, the department would like to include measures that reflect its statutory responsibilities to coordinate all services provided to persons age 60 and older and to combat ageism. The measures relate to four domains: home and community-based care for frail persons 60 and older, community living, elder rights/protection, and health and wellness. The measures in consideration are in the following list by domain.

1. DOMAIN: Home and community-based care for frail persons age 60 and older
Measures:

- a) "Change in Medicaid nursing home bed days per elder" — Reflects state's prevention and diversion efforts.

2. Domain: Community living

Measures:

- a) "Percent of Floridians age 60 and older in Communities for a Lifetime" — Reflects initiative to plan communities keeping the needs of persons age 60 and older in mind.
- b) "Percent of Floridians that have a positive view of persons age 60 and older and their contributions"—Reflects advocacy to combat ageism.
- c) "Percent of Floridians age 60 and older that consider Florida a great place to live" — Perfect summary measure for satisfaction with community living.

3. Domain: "Elder rights/protection"

Measures:

- a) "Rate of crime against persons age 60 and older --incidents per 1000 persons age 60 and older" —Measures efforts to provide a safe environment for persons age 60 and older.
- b) "Rate of APS referrals per ten thousand persons age 60 and older" — Measures efforts to prevent abuse and self-neglect.

4. Domain: "Health and wellness"

Measures:

- a) "Percent of persons age 65 and older receiving influenza and pneumonia immunizations"—Measures preventive care.
- b) "Hospital admission rate of persons age 65 and older due to hip fractures"—Measures health education efforts.
- c) "Hospitalizations due to preventable causes among persons age 65 and older" — Measures access and use of ambulatory/preventive care.

List of All Task Forces and Studies in Progress

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
AHCA Interagency Workgroup		Workgroup on pre-admission screening and resident review.
AHCA/DOEA Florida Senior Care Workgroup	409.912(5), F.S.	Choice counseling, attend and participate in weekly meetings on various "subject-specific teams" concerning the creation and implementation of FSC.
Alcohol and Substance Abuse Brief Intervention and Treatment for Elders (BRITE and SBIRT)		An innovative, multi-site program designed to identify and serve adults age 60 and older with problems related to: alcohol, prescription medication, over-the-counter medication, and illicit drug use. Based on model of Screening, Brief Intervention, Referral and Treatment (SBIRT) and now funded by a grant from the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration and the Florida Department of Children and Families Substance Abuse Program Office (DCF/SAPO).
ASPIRE Executive Committee		Inactive status, 2004.
Cash 'N' Carry Counseling Technical Assistance		Member of technical assistance group for the Cash 'N' Carry National Program Office.
CDC Interagency Workgroup	409.221, F.S.	Interagency workgroup with AHCA, DOH on CDC Program.
Commission for the Transportation Disadvantaged		Secretary or senior-management-level representative shall only serve as an ex officio, non-voting advisor to the committee; 1996.
DCA - Community Assistance Advisory Council		Appointed by the Department of Community Affairs FY 07-09, 2007.
DOH-SpNS Discharge Planning Subcommittee, Co-champions	381.0303, F.S. and Chpt Law 2006-71	As a part of the Special Needs Shelter (SpNS) Interagency Committee, DOEA serves as the champion for the committee's Discharge Planning Subcommittee. The subcommittee is responsible for developing and updating standard operating procedures for Multiagency Special Needs Shelter Discharge Planning Teams, rapid assessment tools to be used to determine the viability of SpNS client post-shelter housing and continuity of service provision, and procedures for using these tools.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
DOH-SpNS Special Needs Shelter Interagency Committee	381.0303, F.S. and Chpt Law 2006-71	DOEA serves as a member of the Special Needs Shelter Interagency Committee. The committee is to address and resolve problems related to special needs shelters addressed in the state comprehensive emergency medical plan and shall consult on the planning and operation of special needs shelters. The committee shall: develop, negotiate, and regularly review any necessary interagency agreements; undertake other such activities the Department of Health deems necessary to facilitate the implementation of the committee's assignment; and submit recommendations to the Legislature as necessary.
First Lady's Gender Specific Substance Abuse Task Force		Initiative was started by First Lady Columba Bush during the last months of the Bush administration. A group including Department of Children and Families, Department of Health, Department of Juvenile Justice, Florida Department of Law Enforcement, Department of Elder Affairs and other state staff work together to reduce alcohol use across the age span.
FLAIRS Board Nomination Committee		Purpose is to replace directors whose terms are expiring and to fill vacancies on the board.
FLAIRS Conference Program Committee		Plans education and training opportunities at state and national conferences.
Florida Alliance for Assistive Services and Technology (FAAST) Board of Directors	s. 413.407 F.S.	Representatives from specific organizations, populations, and "representatives of other state agencies that provide or coordinate services for persons with disabilities." Focus of FFAST and the participating agencies to be more inclusive of elder issues as well as expanding opportunities for elders to remain in their homes through assistive resources identified from this partnership.
Florida Alliance for Diabetes Prevention		Statewide partnership promoting diabetes prevention, education and care issues.
Florida Alliance of Information & Referral Services (FLAIRS) Board of Directors		Statewide association committed to the provision of quality information, referral and hotline services.
Florida Arthritis Partnership		FLAP is co-sponsored by the Florida Department of Health, Arthritis Prevention & Education Program, funded by the Centers for Disease Control and Prevention, and the Arthritis Foundation, Florida Chapter.
Florida Bar-Executive Council to the Real Property, Probate, and Trust Law Section		Statewide Public Guardianship Office liaison.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Florida Cardiovascular Health Council		Statewide strategic planning process coordinated by the Florida Department of Health (DOH) and the American Heart Association, Florida Affiliate (AHA) to facilitate a comprehensive approach to improving cardiovascular health throughout the state.
Florida Developmental Disabilities Council	s. 393.002, F.S.	Full Council and Community Living Task Force; 2005.
Florida Energy Affordability Coalition (FLEAC)		Mission is to bring together public, private and nonprofit sector organizations to seek to make energy more affordable for low-to-moderate income Floridians experiencing difficulty paying for energy needed to maintain a safe and healthy living environment and facilitates assistance to improve their well-being. Collaborative effort between the Dept. of Community Affairs and Florida Power & Light.
Florida Food and Nutrition Advisory Council	No longer mandated by law	
Florida Injury Prevention Advisory Council		The FIPC assists DOH with statewide injury prevention plan to serve as a road map in carrying out its duties and responsibilities. The advisory committee facilitates the coordination and collaboration by Office of Injury Prevention with other injury prevention organizations and agencies.
Florida Interagency Food and Nutrition Council		All state agencies receiving USDA funding, started in 2003.
Florida Legal Services Board of Directors		DOEA representative.
Florida Partnership for Promoting Physical Activity and Healthful Nutrition		The Leadership Council collaborates with the Florida Department of Health Obesity Prevention Program in developing, sustaining and empowering the FPAHNN working to reverse the epidemic of overweight and obesity statewide.
Governor's Office of Drug Control Suicide Prevention Coordinating Council		The EOG serves as leader of an integrated and long-term approach to lowering the state's current suicide rate. It offers a comprehensive framework for what needs to be done in order to decrease suicide rate in the state.
Governor's Gold Seal Panel, Vice-Chair	Section 400.235, Florida Statutes & 59A-4.200, FAC	Reward nursing home best service.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Governor's Mental Health Transformation – Recovery and Resiliency Workgroup		Florida's Transformation Working Group has been charged with providing the leadership to make this vision a reality. State agency partners include Agency for Health Care Administration, Department of Education, Department of Corrections, Department of Elder Affairs, and Department of Juvenile Justice.
Interagency Committee on Women's Health	Established by s. 381.04015, Fla. Stat.	
League of Family Caregivers National Advisory Committee		The purpose of the committee is to provide feedback and guidance related to recruiting caregivers to participate in the University of Wisconsin's research efforts regarding long-term caregiving. Committee advises on the University's UCARE Assessment tool (also used by the DOEA STARS program). Other involvement includes suggestions on how to market the findings of the research and distribute the information to impact caregiver policy across the country.
Learning Network		Eight states were selected to participate in this technical assistance from the AoA, CDC, the National Council on Aging and Agency for Healthcare Research and Quality. Participants gain greater knowledge about the research behind why we should apply evidence-based interventions and assurance that the intervention will be successful. Better understanding of how to use the Social-Ecologic Model of Healthy Aging to evaluate progress toward goals.
Multiagency Special Needs Shelter Discharge Planning Teams	Chpt. Law 2006-71	The Secretary of Elder Affairs shall convene, at any time deemed appropriate and necessary, a multiagency special needs shelter discharge planning team to assist local areas that are severely impacted by a natural or manmade disaster that requires the use of special needs shelters. These teams provide assistance to local emergency management agencies with the continued operation or closure of shelters, as well as with the discharge of special needs clients to alternate facilities if necessary. The Secretary may call upon any state agency or office to provide staff to assist these teams. However, each team shall include at least one representative from: Elder Affairs, Health, Children and Family Services, Veterans' Affairs, Community Affairs, Agency for Health Care Administration, and Agency for Persons with Disabilities.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
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 four designated state representatives (DHS).
National Association of Preadmission Screening and Resident Review (PASRR) Professionals		Founding member, professional association.
National Governor's Association Civic Engagement Academy		Addresses labor force shortages in health and education through civic engagement efforts. Members include representatives from the Department of Health, Work Force Innovation, Florida Senate, Agency for Health Care Administration, Volunteer Florida, Community colleges, United Way and AARP.
Rural Economic Development Initiative Committee	288.0656 F.S.	DOEA is not specified in legislation. Appointed by Secretary in response to request from Governor's Office of Tourism, Trade and Economic Development.; 2002.
Select Advisory Panel on Adult Protective Services		Panel run by DCF.
State Mental Health Planning Council		Oversee the SAMHSA application for block grant funding for mental health services in Florida. Oversee the service delivery by contractors.
State Oral Health Improvement Plan for Disadvantaged Floridians (SOHIP)		Purpose is to advance general health and well being by increasing critical partnerships, coordination and collaboration in efforts to reduce oral health disparities.
Substance Abuse and Mental Health Corporation		The Florida Substance Abuse and Mental Health Corporation is a non-profit corporation created by the Legislature to oversee the state's publicly funded substance abuse and mental health services.
Workforce Florida Board		Priority initiative of Governor Jeb Bush; 2001.

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 2007-08	Approved Prior Year Standard FY 2006-07	Prior Year Actual FY 2006-07	Approved Standards for FY 2007-08	Requested FY 2008-09 Standard
Percent of elders CARES* determined to be eligible for nursing home placement who are diverted	30%	31.9%	30%	30%
Total number of CARES* assessments	85,000	88,088	85,000	85,000

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

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 2007-08	Approved Prior Year Standard FY 2006-07	Prior Year Actual FY 2006-07	Approved Standards for FY 2007-08	Requested FY 2008-09 Standard
Percent of most frail elders who remain at home or in the community instead of going into a nursing home	97%	98.4%	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%	95.3%	97%	97%
Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups	\$3,988	\$4,917.31	\$3,988	\$4,387
Percent of elders assessed with high or moderate risk environments who improved their environment score	79.3%	74.2%	79.3%	79.3%
Percent of new service recipients with high-risk nutrition scores whose nutritional status improved	66%	54.9%	66%	66%
Percent of new service recipients whose ADL assessment score has been maintained or improved	65%	64.5%	65%	65%
Percent of new service recipients whose IADL assessment score has been maintained or improved	62.3%	65%	62.3%	62.3%
Percent of family and family-assisted caregivers who self-report they are very likely to provide care	89%	89.6%	89%	89%

Approved Performance Measures for FY 2007-08	Approved Prior Year Standard FY 2006-07	Prior Year Actual FY 2006-07	Approved Standards for FY 2007-08	Requested FY 2008-09 Standard
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%	93.6%	90%	90%
Average time in the Community Care for the Elderly program for Medicaid Waiver probable customers	2.8 months	4.0 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%	87.9%	90%	90%
Number of elders served with registered long-term care services	186,495	229,792	186,495	186,495
Number of congregate meals provided	5,300,535	5,913,006	5,300,535	5,300,535
Number of elders served (caregiver support)	54,450	90,682	54,450	54,450
Number of elders served (early intervention/ prevention)	355,908	810,072	355,908	355,908
Number of elders served (home & community services diversion)	51,272	55,302	51,272	51,272
Number of elders served (long-term care initiatives)	12,150	13,347	12,150	12,150
Number of elders served (meals, nutrition education and nutrition counseling)	81,903	72,733	81,903	81,903
Number of elders served (residential assisted living support and elder housing issues)	3,997	4,624	3,997	3,997
Number of elders served (supported community care)	56,631	52,541	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 2007-08	Approved Prior Year Standard FY 2006-07	Prior Year Actual FY 2006-07	Approved Standards for FY 2007-08	Requested FY 2008-09 Standard
Agency administration costs as a percent of total agency costs / agency administrative positions as a percent of total agency positions	1.8% / 22.2%	1.6%/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 2007-08	Approved Prior Year Standard FY 2006-07	Prior Year Actual FY 2006-07	Approved Standards for FY 2007-08	Requested FY 2008-09 Standard
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 five days of receipt of request	100%	97.7%	100%	100%
Number of judicially approved guardianship plans including new orders	2,000	2,342	2,000	2,000
Number of complaint investigations completed (Long-Term Care Ombudsman Council)	8,226	7,905	8,226	8,226

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 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
97%	95.3%	(1.7%)	(1.75%)

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:

The standard was not met due to one area agency on aging in southeast Florida. The area agency experienced large staff turnover and a lead agency provider change, that caused the agency to fall behind in work and not provide sufficient oversight. Training of new staff and the new provider have improved performance.

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%	74.2%	(5.1%)	(6.43%)

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 people age 60 and older 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)

- Training Technology
 Personnel Other (Identify) Monitoring

Recommendations:

The department will request a revision to the measure to better reflect the outcome of services provided.

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%	54.9%	(11.1%)	(16.8%)

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:

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 department continues to target frail people age 60 and older (priority levels 4 and 5) and high-risk groups such as low-income minorities and people age 60 and older residing in rural areas. Many factors that place a person at high nutritional risk, such as taking three or more medicines a day, are factors that cannot be changed. The trend to have a decreased percent of people age 60 and older with high risk nutrition scores whose nutrition status improved is not expected to improve.

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

The department will request a revision to the measure to better reflect the outcome of services provided.

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 whose ADL assessment score has been maintained or 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
65%	64.5%	(0.5%)	(0.77%)

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 department will request a revision to the measure to better reflect the outcome of services provided.

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 (CCE) program for Medicaid Waiver probable 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	4.0 months	1.2 months	42.86%

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) –Enrollment Freezes

Explanation:

Freezes on enrollments have caused consumers to remain in CCE.

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 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%	87.9%	(2.1%)	(2.3%)

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:

High-risk APS referrals, a required population to serve, often fill any available slots, because of static funding. Imminent risk referrals have a lower priority and enrollments are postponed.

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 (meals, nutrition education and nutrition counseling)**

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
81,903	72,733	(9,170)	(11.2%)

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:

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 congregate and home-delivered meals programs both faced essentially flat funding, while at the same time, the average per-meal cost in the home-delivered meals program continued to increase.

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
56,631	52,541	(4,090)	(7.2%)

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:

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

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
100%	97.7%	(2.3%)	(2.3%)

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

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
8,226	7,905	(321)	(3.9%)

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

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 two systems were merged during 2007-2008. Some data may need to be retrieved from the former system after 2007-2008. The combined CIRTS/CMS system will be the source.
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 two systems were merged during 2007-2008. Some data may need to be retrieved from the former system after 2007-2008. The combined CIRTS/CMS system will be the source.
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) and the new admission reviews (NARs). The CRRs are reassessments of individuals who are already in the nursing home under Medicaid. NARs are assessments in planning and service areas (PSAs) 1, 2A, 2B and 3A of consumers who are likely to need longer-term nursing home stays to determine if alternative placement might be possible. 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 20 percent 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 population, using Medicare data (people age 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 one 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 people age 60 and older 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 consumers 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 environmental 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 5.5-21. 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 who 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 his or her 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 who 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 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 clients 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 two 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 the 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 because of 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 people age 60 and older 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 people-age-60-and-older-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).

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.

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.

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 because of 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) 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. Because of 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.

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.
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) and Local Services Program.
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. 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 for the Elderly program 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 Legislative Appropriation System/Policy and Budget Subsystem (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 break 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 five 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, responsibility for 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 both the details of the complaint and the date 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 five 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, because of 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.

Measure Number	Approved Performance Measures for FY 2007-08		Associated Activities Title
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 Srvs. 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 Srvs. 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

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Measure Number	Approved Performance Measures for FY 2007-08		Associated Activities Title
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

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LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures			
Measure Number	Approved Performance Measures for FY 2007-08		Associated Activities Title
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

Measure Number	Approved Performance Measures for FY 2007-08		Associated Activities Title
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 (long-term care 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

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LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures			
Measure Number	Approved Performance Measures for FY 2007-08		Associated Activities Title
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 (supportive 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 five 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 five days of receipt of request		Public Guardianship ACT 1200

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EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY

ELDER AFFAIRS, DEPARTMENT OF		FISCAL YEAR 2006-07					
SECTION I: BUDGET		OPERATING				FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT					367,126,151	5,000,000	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)					25,553,646	0	
FINAL BUDGET FOR AGENCY					392,679,797	5,000,000	
SECTION II: ACTIVITIES * MEASURES		FTE	Number of Units	(1) Unit Cost	Expenditures	(2) Expenditures (Allocated)	(3) FCO
<i>Executive Direction, Administrative Support and Information Technology (2)</i>		82.00			7,830,938		0
Long-term Care Ombudsman Council * Number of complaint investigations completed		17.50	7,905	450.97	3,145,154	3,564,883	
Public Guardianship Program * Number of judicially approved guardianship plans		3.00	2,342	1,057.76	2,405,314	2,477,267	
Universal Frailty Assessment * Total number of CARES assessments		255.00	88,088	240.39	15,059,554	21,175,601	
Meals, Nutrition Education, and Nutrition Counseling * Number of people served		4.00	72,333	482.27	34,788,107	34,884,045	
Early Intervention/Prevention * Number of elders served		15.00	810,072	9.13	7,039,772	7,399,539	
Caregiver Support * Number of elders served		3.00	90,682	655.89	59,405,514	59,477,467	
Residential Assisted Living Support and Elder Housing Issues * Number of elders served		2.00	4,624	3,140.86	14,475,381	14,523,350	
Supportive Community Care * Number of elders served		6.00	52,541	913.93	47,874,751	48,018,658	
Home and Community Services Diversions * Number of elders served		12.00	55,302	1,623.98	89,521,377	89,809,191	5,000,000
Long Term Care Initiatives * Number of elders served		9.00	13,347	70.65	727,040	942,901	
TOTAL		408.50			282,272,902	282,272,902	5,000,000
SECTION III: RECONCILIATION TO BUDGET							
PASS THROUGHS							
TRANSFER - STATE AGENCIES							
AID TO LOCAL GOVERNMENTS							
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS							
OTHER						20,905,462	
REVERSIONS						89,501,445	25,219
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)						392,679,809	5,025,219

- (1) Some activity unit costs may be overstated due to the allocation of double budgeted items.
- (2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.
- (3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.
- (4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

**Department of Elder Affairs
Unit Cost Summary**

**Long-Range Program Plan, SFY 2008-12
September 2007**

IUCSSP03 LAS/PBS SYSTEM
BUDGET PERIOD: 1998-2009
STATE OF FLORIDA

SP 09/24/2007 13:32
SCHED XI: AGENCY-LEVEL UNIT COST SUMMARY
AUDIT REPORT ELDER AFFAIRS, DEPT OF

ACTIVITY ISSUE CODES SELECTED:

TRANSFER-STATE AGENCIES ACTIVITY ISSUE CODES SELECTED:

1-8:

AID TO LOCAL GOVERNMENTS ACTIVITY ISSUE CODES SELECTED:

1-8:

THE FOLLOWING STATEWIDE ACTIVITIES (ACT0010 THROUGH ACT0490) HAVE AN OUTPUT STANDARD (RECORD TYPE 5) AND SHOULD NOT:

*** NO ACTIVITIES FOUND ***

THE FCO ACTIVITY (ACT0210) CONTAINS EXPENDITURES IN AN OPERATING CATEGORY AND SHOULD NOT:
(NOTE: THIS ACTIVITY IS ROLLED INTO EXECUTIVE DIRECTION, ADMINISTRATIVE SUPPORT AND INFORMATION TECHNOLOGY)

*** NO OPERATING CATEGORIES FOUND ***

THE FOLLOWING ACTIVITIES DO NOT HAVE AN OUTPUT STANDARD (RECORD TYPE 5) AND ARE REPORTED AS 'OTHER' IN SECTION III: (NOTE: 'OTHER' ACTIVITIES ARE NOT 'TRANSFER-STATE AGENCY' ACTIVITIES OR 'AID TO LOCAL GOVERNMENTS' ACTIVITIES. ALL ACTIVITIES WITH AN OUTPUT STANDARD (RECORD TYPE 5) SHOULD BE REPORTED IN SECTION II.)

BE	PC	CODE	TITLE	EXPENDITURES	FCO
65100400	1303000000	ACT4600	ASSISTED LIVING FACILITIES AND	6,129	
65100400	1303000000	ACT4700	HOUSING, HOSPICE AND END OF LIFE	20,824,623	
65100600	1208000000	ACT6000	DISASTER PREPAREDNESS AND	74,710	

TOTALS FROM SECTION I AND SECTIONS II + III:

DEPARTMENT: 65	EXPENDITURES	FCO
FINAL BUDGET FOR AGENCY (SECTION I):	392,679,797	5,000,000
TOTAL BUDGET FOR AGENCY (SECTION III):	392,679,809	5,025,219
DIFFERENCE:	12-	25,219-
(MAY NOT EQUAL DUE TO ROUNDING)	=====	=====

THE FOLLOWING STATEWIDE ACTIVITIES (ACT0010 THROUGH ACT0490) HAVE AN OUTPUT STANDARD (RECORD TYPE 5) AND SHOULD NOT:

*** NO ACTIVITIES FOUND ***

THE FCO ACTIVITY (ACT0210) CONTAINS EXPENDITURES IN AN OPERATING CATEGORY AND SHOULD NOT:
(NOTE: THIS ACTIVITY IS ROLLED INTO EXECUTIVE DIRECTION, ADMINISTRATIVE SUPPORT AND INFORMATION TECHNOLOGY)

*** NO OPERATING CATEGORIES FOUND ***

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 for 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 (CFAL) – 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.

Diversions – 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 age 60 and older, 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 help 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 volunteer 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

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

Standard – The level of performance of an outcome or output.

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