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SECRETARY

STATE PLAN ON AGING

2013-2016

elderaffairs.state.fl.us

*Bureau of Planning and Evaluation, June 2012
Revised November 2012*

VERIFICATION OF INTENT

The Florida State Plan on Aging, FFY 2013 - 2016, is hereby submitted by the State of Florida for the period of October 1, 2012, through September 30, 2016, to the Assistant Secretary on Aging of the U.S. Department of Health and Human Services. This plan includes assurances that it will be implemented under the provisions of the Older Americans Act of 1965, as amended, by the Florida Department of Elder Affairs, the state unit on aging, during the period identified.

The state agency named above has been given the authority to develop and administer the Florida State Plan on Aging in accordance with all requirements of the Act. The Florida State Plan on Aging constitutes authorization to proceed with activities under the plan upon approval by the Commissioner on Aging. The Florida State Plan on Aging herewith submitted has been developed in accordance with all federal statutory and regulatory requirements.



Governor Rick Scott or Governor's authorized designee



Date

Signed by Adam Hollingsworth, Chief of Staff
for Florida Governor Rick Scott

Florida State Plan on Aging 2013-2016

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Executive Summary

The Florida Department of Elder Affairs (DOEA) prepares a State Plan on Aging every three or four years as required by the Administration on Aging (AoA), which is now a part of the newly created Administration for Community Living under the U.S. Department of Health and Human Services. The Florida State Plan on Aging 2013 – 2016 provides strategic direction to the Florida elder services network and complies with instructions provided by AoA.

Florida continues to show leadership and innovation in aging services. All of Florida's Area Agencies on Aging (AAAs) were transitioned to Aging Resource Centers (ARCs) before the end of 2009. All the ARCs have now completed the further transition to Aging and Disability Resource Centers (ADRCs). The Department is completing the final year of a three-year AoA grant which supported the expansion of ADRCs statewide. The transition from an ARC to an ADRC requires each AAA to expand services to at least one disability population. The addition of the disability component moves the state's home and community-based service system another step closer to facilitating access for all populations seeking long-term care information, supports, and options and allowing them to live as independently as possible in their setting of choice.

Florida has the highest proportion of residents age 60 and older in the nation, comprising 23.6 percent of the state population. Florida is also the state with the highest median age (40.7) and the highest old-age dependency ratio, which measures the number of elderly as a share of those of working age. Growth among elder Floridians is expected to continue, with those age 60 and older comprising 41 percent of the state population by 2030.

People age 60 and older are a significant positive factor in the state's economy. The average Florida retiree contributes \$2,000 more in revenues than he or she consumes in public services. Despite the significant benefit of having elder residents, approximately one in ten (9.9 percent) of those 60 and older in the state live in poverty and over 800,000 are medically underserved.

DOEA targets services to those who most need them. Greater than 950,000 Floridians age 60 and older received services from the Department in fiscal year 2010-2011 and over 95 percent of the Department's \$756 million budget is spent providing direct services to elders. Of the clients served by the Department, 45 percent are below the poverty level. Forty-three percent of the service population lives alone, compared to only 23 percent in the general 60-and-older population. The service population is 29 percent low-income minority, compared to 5 percent in the general population of people age 60 and older. Those who live in rural areas may experience greater challenges when accessing services. Twenty percent of Department clients live in rural areas, compared to 10 percent in the general older population.

Provision of home and community-based services helps frail elders stay in their homes and saves the state resources. Department-funded services resulted in a cost avoidance of more than \$1

billion for nursing home care. Department programs save the state an average of \$1.69 in nursing home care for every dollar spent on home and community-based services. The average annual cost to Medicaid per client in a nursing home in state fiscal year 2010-2011 was \$61,360. The average annual cost in the same year for the Department to serve a client in home and community-based services ranged from \$3,984 in the Home Care for the Elderly program to \$23,214 in the Program for All-Inclusive Care for the Elderly (PACE).

DOEA surveys find that information assistance is one of the services elders most frequently need. Often, an elder's first point of contact with the aging network of service providers is the Elder Helpline, an information and assistance service provided through the ARCs/ADRCs. Knowing how elders receive information about services allows the Department and the network of aging service providers to more effectively target their use of media outlets. Nearly one-fifth of respondents in the Department's needs assessment survey stated they were more likely to turn to a medical professional or institution (19 percent) or family members and friends (18 percent) than any other source to get information about services for elders. Nine percent stated that they would use the internet for this purpose. Nearly three-quarters (72 percent) of respondents reported having internet access.

Informal caregivers play a vital role in the state's ability to provide services for impaired elders. In 2010, the Alzheimer's Association estimated that friends and family provided over one billion hours of unpaid care, worth over \$13 billion. Reducing caregiver stress is an important issue for the health and future of both the elder and the caregiver. DOEA continues to emphasize the importance of providing supportive services to caregivers to enable them to continue providing care.

There are approximately 450,000 cases of Alzheimer's disease in Florida (a 25 percent increase from 2000), and it is estimated that half of the people currently living with Alzheimer's disease are undiagnosed. The Alzheimer's Association estimates that Alzheimer's disease and dementia triple health care costs for those afflicted. Deaths from Alzheimer's disease are on the rise, while the numbers of deaths from many other major diseases (i.e., heart attack, stroke, breast and prostate cancer) are declining.

Abuse, neglect, and exploitation of elders are of particular concern to the Department. During the 2010-2011 fiscal year, 2,792 referrals were made from the Florida Abuse Hotline; 1,462 of which were determined to be "high risk." The total number of all referrals was up 11 percent from the previous fiscal year.

The Department's health and wellness services are intended to help elders maintain and improve their health. A primary funding source for health and wellness services is Older Americans Act Title IIID. AoA issued requirements with the 2012 Title IIID funding that just under 90 percent of the IIID funds must be for evidenced-based services, further emphasizing the value the Administration places on evidenced-based programming. While the change may mean fewer people are served with the same resources, it has been found that evidence-based initiatives provide the greatest impact given limited funding.

As part of the service delivery system in Florida, the Department currently administers the Long-Term Care Community Diversion Pilot Project and Medicaid waiver programs. However, as a means to curb the growth in Medicaid funding, the Florida Legislature in 2011 passed legislation that implements a managed care program for all covered Medicaid services. The state Medicaid agency, the Agency for Health Care Administration, is directed to implement the Statewide Medicaid Managed Care (SMMC) program. The planning for the implementation of the directive is in progress. The changes could have significant impact on the Department and the current aging network. Planning efforts are helping to ensure that elder clients will receive at least comparable quality services under the new system as they currently receive.

To focus the Department's efforts to serve Florida's aging population, the following goals are established in the State Plan:

- Goal 1:** Information and Access – Enable older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health, and long-term and end-of-life care
- Goal 2:** Provide medical and home and community-based services to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers
- Goal 3:** Health and Wellness – Empower older people and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status
- Goal 4:** Ensure the legal rights of older people are protected and prevent their abuse, neglect, and exploitation
- Goal 5:** Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population
- Goal 6:** Maintain effective and responsive management

About The Plan

The Florida State Plan on Aging 2013 – 2016 provides strategic direction to the Florida elder services network and complies with guidance provided by the Administration on Aging (AoA) in program instruction AoA-PI-11-06. The State Plan is a contract with AoA and allows Florida to receive funds under Title III and Title VII of the Older Americans Act.

***MISSION:** To foster an environment that promotes well-being for Florida's elders and enables them to remain in their homes and communities.*

The State Plan was prepared as a collaborative project under the direction of Charles T. Corley, Secretary of the Florida Department of Elder Affairs (DOEA). The State Plan Advisory Group was formed in November 2011 to develop recommendations for the plan. The advisory group is comprised of 17 member organizations of the aging network in Florida (see Appendix 7 for the list of participants).

The Advisory Group, supported by the staff of the Department's Planning and Evaluation Unit, held three meetings/conference calls over a period of three months. The Department's earlier work with the Area Agencies on Aging and DOEA staff served as a starting point for the advisory group's further development of the goals, objectives, and strategies included in this plan. The Department used instruction provided by the Comprehensive Planning for State Aging Services guide posted on the National Association of States United for Aging and Disabilities (NASUAD) website to develop the plan.

***VISION:** All Floridians aging with dignity, purpose, and independence.*

To augment the Department's needs assessment efforts, the Department conducted a survey of 1,850 people age 60 and older in Florida in the summer of 2010. The final report of the survey, entitled "Assessing the Needs of Elder Floridians, January 2012," can be found on the Department's website at the following link: <http://elderaffairs.state.fl.us/doea/publications.php>. In addition to demographics, the survey collected information on elders' living situations, self care limitations, nutrition, housing, healthcare, and other matters especially affecting older persons. The report also contains special state-level tabulations for the "hard-to-measure" populations of minority, low-income, and rural elders.

Context

Overview

Created in 1991, the Florida Department of Elder Affairs (DOEA) is responsible for administering the state's services authorized by the Older Americans Act (OAA). The Department is constitutionally designated by Florida voters to "serve as the primary state agency responsible for administering human services programs for the elderly" (Section 430.03, Florida Statutes). The Department's mission is to foster an environment that promotes well-being for Florida's elders and enables them to remain in their homes and communities. A description of the administrative structure for administering programs and services for elders follows.

Elder Services Network Components and Their Roles

U.S. Department of Health & Human Services, Administration on Aging (now a part of the Administration for Community Living), led by the Assistant Secretary for Aging, funds home and community-based services for millions of older persons through OAA allotments to the states and competitive grants.

Florida Department of Elder Affairs is the designated State Unit on Aging in accordance with the OAA and Chapter 430, Florida Statutes. The Department's role is to administer Florida's OAA allotment and grants and to advocate, coordinate, and plan services for elders provided by the State of Florida. The OAA requires the Department to fund a service delivery system through designated Area Agencies on Aging in each of the state's 11 Planning and Service Areas (PSAs). In addition, Chapter 430, F.S., requires that the Department fund service-delivery lead agencies that coordinate and deliver care at the consumer level in the counties comprising each PSA. Florida's comprehensive service delivery system for elders and their caregivers, developed in the 1980s, was designed to assist clients to live as independently as possible in the least restrictive setting. A large number of volunteers participate at all levels of the service delivery system. DOEA clients who receive case management services are provided choices of services, based on their assessed needs, preferences, and choices of providers when more than one provider is available. Consumer choice is an underlying principle as programs and services are administered. The Department continues to pursue innovations to improve care and offer options for greater individual choice.

As part of the service delivery system in Florida, the Department currently administers Medicaid waiver programs in addition to the Long-Term Care Community Diversion Pilot Project. However, as a means to curb the growth in Medicaid funding, the Florida Legislature in 2011 passed CS/HB 7107 and CS/HB 7109 that implement a managed care program for all covered Medicaid services. The bill directs the Agency for Health Care Administration to apply for and implement state plan amendments and waivers of applicable federal laws and regulations necessary to implement the Statewide Medicaid Managed Care (SMMC) program. The

planning for the implementation of the directive is in progress. The changes could have significant impact on the Department and the current aging network. Planning efforts are helping to ensure that elder clients will receive at least comparable quality services under the new system as they currently receive.

Area Agencies on Aging (AAAs) are the designated private not-for-profit entities that advocate, plan, coordinate, and fund a system of elder support services in their respective Planning and Service Areas. In Florida, AAAs also operate as Aging and Disability Resource Centers (ADRCs) and Aging Resource Centers (ARCs).

In accordance with state statute, all AAAs were transitioned to ARCs before the end of 2009. As ARCs, they provide a locally focused approach to integrating information and referral for community resources with eligibility determination for state and federally funded long-term-care programs. In addition, they coordinate a system of multiple entry points to ensure streamlined access to long-term-care services and supports.

The Department is completing the final year of a three-year grant to transition all ARCs to ADRCs. As ARCs, Florida's AAAs were already well positioned to complete a further transition to ADRCs which was accomplished by March 2012. The transition from an ARC to an ADRC requires each AAA to expand services to at least one disability population, advancing the Department's vision. The addition of the disability component moves the state's home and community-based service system another step closer to facilitating access for all populations seeking long-term care information, supports, and options and allowing them to live as independently as possible in their setting of choice.

One of the most important processes for which ADRCs are responsible is the intake process. Throughout the ADRC's intake process, consumer choice is incorporated. Consumers can indicate which services are most desired, and when possible, they can select their service providers. When a referral is made to the Comprehensive Assessment and Review for Long-Term Care Services program, choice counseling is incorporated into the CARES interview.

Florida is an active participant in the Veteran-Directed Home and Community-Based Services (VDHCBS) Program, with agreements between numerous Veterans Affairs Medical Centers and eight of the state's 11 AAAs. The program serves veterans at risk of nursing home placement and their family caregivers. It offers veterans the opportunity to self-direct their long-term supports and services and enables them to avoid institutionalization and remain independent at home. Veterans enrolled in VDHCBS can manage their own flexible budgets, decide for themselves what mix of goods and services best meets their needs, and hire and supervise their own workers. The AAAs coordinate assessment and care planning services, arrange fiscal management assistance, and provide ongoing options counseling and support to the veterans enrolled in the program. In the past federal fiscal year, nearly 130 veterans in Florida received VDHCBS services.

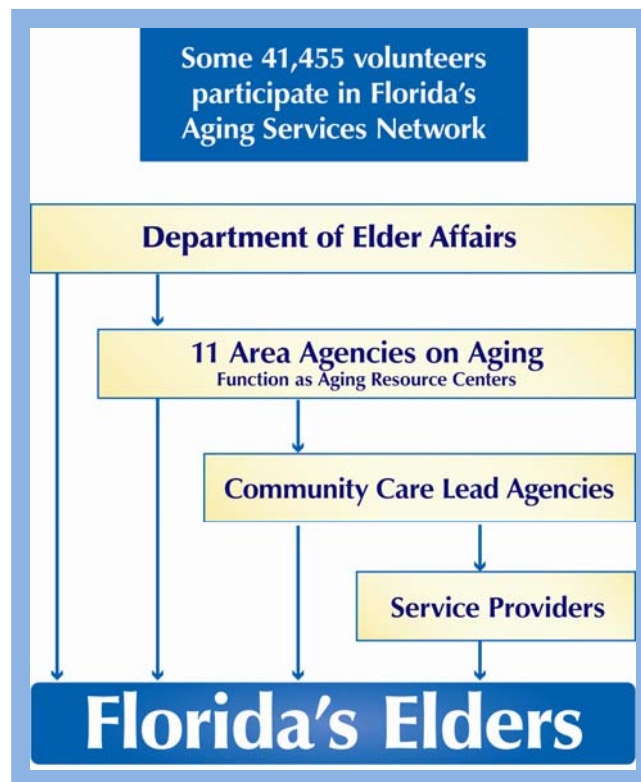
Lead Agencies provide and coordinate services for elders in the state's 11 PSAs. There are 53 lead agencies in the Community Care for the Elderly (CCE) program serving all of Florida's 67

counties. Some lead agencies provide services in more than one county due to the scarcity of providers in some rural counties. Lead agency providers are either non-profit corporations or county government agencies.

Local service providers include non-profit and for-profit corporations. Among non-profits are senior centers, county organizations, community action agencies, faith-based organizations, assisted living facilities, and Alzheimer’s clinics. Among for-profit entities are assisted living facilities, in-home service agencies, and managed care organizations.

Programs and Services

The Department of Elder Affairs administers a wide variety of assistance programs funded by both the federal government and the State of Florida. Applicants are prioritized for services based on their needs and service availability. Appendix 2 includes descriptions of the programs.



Current Conditions and Department Endeavors

Demographics

Florida has the highest proportion of residents age 60 and older compared to other states, comprising 23.6 percent of the state's population.¹ In several counties the proportion of elders is over 30 percent. Three of the top five counties in the U.S. with the greatest percentage of the population age 65 and older are in Florida: Sumter County (43.4 percent), Charlotte County (34.1 percent), and Highlands County (32.2 percent). The percentage of those 85 and older grew from 2.1 percent to 2.3 percent of state residents over the last decade, a 31 percent change from 2000 to 2010. This is particularly significant considering the oldest old are most likely to need long-term care services. In line with these rates, Florida is also the state with the highest median age (40.7) and the highest old-age dependency ratio.² Growth among elder Floridians is expected to continue, with those age 60 and older comprising 41 percent of the state by 2030.³

¹ The national average is 18 percent.

² Sumter county has the highest median age in the country (62.7), while the nationwide average is 37.2 (2010 Census).

³ Werner, C. (2011). *The Older Population: 2010*. U.S. Census Bureau. Retrieved from <http://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>.

2011 Florida State Profile

Florida

Population by Age Category		
All Ages	18,850,848	100.0%
Under 60	14,343,632	76.1%
60+	4,507,216	23.9%
65+	3,381,463	17.9%
70+	2,452,937	13.0%
75+	1,704,926	9.0%
80+	1,074,562	5.7%
85+	554,792	2.9%

Population by Race (60+)		
White	4,041,767	89.7%
Non-White	465,449	10.3%
Black	395,501	8.8%
Other Minorities	69,948	1.6%

Population by Ethnicity (60+)		
Total Hispanic	608,919	13.5%
White	577,256	12.8%
Non-White	31,663	0.7%
Total Non-Hispanic	3,898,297	86.5%
Total Minorities*	1,042,705	23.1%

Population by Gender (60+)		
Male	2,023,415	44.9%
Female	2,483,801	55.1%

Financial Status (60+, % 60+)		
Below Poverty Guideline	446,652	9.9%
Below 125% of Poverty Guideline	661,734	14.7%
Minorities Below Poverty Guideline	208,088	4.6%
Minorities Below 125% of Poverty Guideline	282,323	6.3%

Medically Underserved (65+)	
Total Medically Underserved	800,348
Medically Underserved Populations - Living in Areas Defined as Having Medically Underserved Populations	639,259
Medically Underserved Areas - Living in Medically Underserved Areas	161,089

Living Situation (65+)	
Living Alone	854,205

Grandparents (60+)	
Total 60+ Living With Own Grandchildren (Under Age 18)	N/A
Grandparent Responsible for Own Grandchildren (Under Age 18)	60,526
Grandparent Not Responsible for Own Grandchildren (Under Age 18)	N/A
60+ Not Living With Own Grandchildren (Under Age 18)	N/A

Skilled Nursing Facility Utilization	
Total Beds	82,482
Community Beds	79,321
Sheltered Beds	2,496
Veterans Administration Beds	600
Other Beds	65
Nursing Home Facilities With Community Beds	651
Sheltered Beds	50
Veterans Administration Beds	5
Other Beds	2
Facilities With Community Beds	
Community Bed Days	28,910,814
Community Patient Days	25,195,571
Medicaid Patient Days	15,369,719
Occupancy Rate	87.1%
Percent Medicaid	61.0%

Adult Day Care	
Facilities	194
Capacity	9,674

Adult Family Care Homes	
Homes	376
Beds	1,679

Ambulatory Surgical Centers	
Facilities	419
Operating Rooms	1,098
Recovery Beds	3,122

Home Health Agencies	
Agencies	2,341
Medicaid Certified Agencies	566
Medicare Certified Agencies	1,528

Homemaker & Companion Service Companies	
Companies	2,194

*Total Minorities = (60+ Population) – (White Non-Hispanic 60+)

The Department maintains current statewide and PSA-level elder-specific demographic data on its website for use by the AAAs, Department staff, and the general public. Key statewide

demographic data are shown on the previous page. More statewide and PSA-specific data, including information about the sources used, can be found on the Department's website at http://elderaffairs.state.fl.us/doea/pubs/stats/County_2011Projections/Florida_Map.html.

Status/Condition of Elders

People age 60 and older are a significant component of the state's economy. Almost half (47 percent) of Florida's elders do not have a disability.⁴ Residents age 60 and older are responsible for 40.2 percent of the owner-occupied housing in Florida, even though they constitute just 23.6 percent of the population. Florida seniors (60+) are almost one-fourth more likely to own the home in which they live than are seniors nationwide. Elders remain vibrant contributors to the Florida community; of those 60 and older, 86.5 percent have a Florida driver's license and 80.1 percent are registered voters. Florida voters age 50 and older made up almost half the state's electorate (49 percent) in the 2008 presidential election, six points higher than the national percentage. Florida seniors remain committed to their families, increasingly stepping in to raise their grandchildren when the parents cannot. The percent of seniors raising grandchildren has increased 8.6 percent since 2006.

Despite the significant contributions of elders, approximately one in ten (9.9 percent) of those 60 and older in the state live below the poverty line, and over 800,000 are medically underserved.⁵ Older adults with lower incomes are more likely to experience disabilities and physical limitations. Moreover, individuals who don't have an adequate diet are more prone to chronic conditions.

Information and Access

DOEA surveys find that information assistance is one of the services elders most frequently need. The service is especially important for underserved populations, including elders who are low-income, minority, or live in rural areas, or individuals with limited English proficiency. Knowing how elders receive information about services allows the Department and the network of aging service providers to more effectively target their use of media outlets. When asked whom they would contact if they needed information about services for elders, nearly one-fifth of respondents in the Department's needs assessment survey stated they were more likely to turn to a medical professional or institution (19 percent) or family members and friends (18 percent). Nine percent stated they would use the internet. Though some may assume that elders do not have access to the internet and other technology, 72 percent of respondents

⁴ DOEA calculations based on Florida Population data (provided by Florida Legislature, Office of Economic and Demographic Research including projections through 2011) and 2009 American Community Survey Data.

⁵ The source of the data is the Florida Department of Health, Office of Workforce Recruitment and Retention, which extrapolated data on people 65 and older from the Health Resources and Services Administration Data Warehouse. The data in the 2011 Florida State Profile is the 65 and older population that are medically underserved. Medically Underserved includes two factors, medically underserved populations (MUPs) and medically underserved areas (MUAs). MUPs may include groups of persons who face economic, cultural, or linguistic barriers to health care. MUAs are areas in which residents have a shortage of personal health services.

reported having internet access, with 37 percent expressing an interest in receiving training on computer and internet use. When asked how they receive information about their communities, 40 percent reported receiving information from either the newspaper or television.

The Department and partner agencies and organizations include information of particular relevance to people over the age of 60 on their websites and in their resource guides, such as information about elder housing, Medicare, and retirement options. The 11 Aging and Disability Resource Centers each have internet sites and Elder Helplines, newsletters, and public outreach activities that offer a wealth of information. Additional efforts, such as coordination with libraries, local newspapers, and senior centers ensure that additional resources are available to the public.

Health and Long-Term Care Information

Ready access to relevant and accurate information is key for people to understand health and long-term care services. Obtaining health care, from preventive to acute care to mental health services, can involve a complex array of service options and payment sources. When long-term care services are factored in, consumers can quickly become overwhelmed. Misinformation or lack of information about health and long-term care can have serious implications for retirement years. To address the issue, the Department-sponsored Elder Helplines assist in providing elders and their families access to the information needed to make decisions about care options. Every effort is made to provide objective materials that help the elder to make informed decisions.

Medical Care

Elders use more health care than any other group, and though the vast majority of elders are covered by Medicare, elders across Florida annually spend \$9 billion in out-of-pocket expenses for medical care. Of the Department's needs assessment survey respondents, six percent reported not having access to medical care "all" or "most of the time." Of these, 21 percent cited that medical insurance does not cover all their needs and 19 percent cited a lack of money. The Department's home and community-based services support clients and help meet their daily needs so that they can preserve resources to meet their medical care needs. The Long-Term Care Community Diversion Pilot Project and the Program of All-Inclusive Care for the Elderly (PACE) use a managed care delivery system to provide coordinated acute and long-term care services to clients who are dually eligible for Medicare and Medicaid.

Care Transitions

Understanding health care service options and payments is particularly confusing when one is moving from one type of care to another, such as from hospital care to a nursing home or from acute to long-term care. It is during these care transitions between settings and type of care providers that an elder is particularly vulnerable. Often, a re-hospitalization occurs soon after discharge because supportive services have not been initiated quickly or sufficiently enough to keep the person's condition stable.

Coordinated care efforts are expected to improve care transitions and assist elders in being able to remain in their homes and reduce recidivism.⁶ Accountable Care Organizations, groups of doctors, hospitals, and other health care providers who collaborate in providing care to their Medicare patients, are designed to provide better coordinated services, avoid duplication of services, and prevent medical error.⁷

The Department's CARES (Comprehensive Assessment and Review for Long-Term Care Services) staff continues to actively identify and refer nursing home residents for the Nursing Home Transition initiative. This initiative identifies clients as candidates to transition from the nursing home to community-based settings. From March 2009, through March 28, 2012, CARES staff identified and successfully transitioned 3,605 individuals from nursing homes to community-based settings.

To address the care transition issue, a grant project is being implemented in Orange, Osceola, and Seminole counties. The goal is to reduce the incidence of re-hospitalizations by providing home and community-based services during a 30-day recovery period without the need to meet financial eligibility requirements or service availability/waiting-list issues. In PSA 3, Elder Options has implemented a pilot project in partnership with Shands Hospital offering assistance to seniors during care transitions for patients on Medicare who have been diagnosed with congestive heart failure. Staff members were trained at the University of Denver to act as care transition coaches. As further support for care transition efforts, the Department is coordinating with Florida's quality improvement organization, FMQAI, under contract with the Centers for Medicare & Medicaid Services (CMS), to reduce the rate of hospital readmissions within 30 days of discharge by 20 percent among Medicare beneficiaries. A number of ADRCs have applied for CMS funding related to care transition efforts.

⁶ Bragg, E. & Chin Hansen, J. A Revelation of Numbers: Will America's Eldercare Workforce be Ready to Care for an Aging America. *Generations*, Winter 2010-2011.

⁷ Centers for Medicare & Medicaid Services. (2011, October 20). *Overview: What's an ACO?*. Retrieved from <https://www.cms.gov/ACO/>.

Long-Term Care Services

Long-term care is defined by CMS as “a variety of services that includes medical and non-medical care to people who have a chronic illness or disability. Long-term care helps meet health or personal needs. Most long-term care is to assist people with ... activities of daily living like dressing, bathing, and using the bathroom. Long-term care can be provided at home, in the community, in assisted living, or in nursing homes.” The Department offers numerous long-term care services through its network of service providers throughout the state as detailed in Appendix 2.

To ensure that long-term care services are provided to those who need them most, and to meet requirements of the Older Americans Act, the Department targets outreach activities to minority, rural, low-income and linguistically isolated (limited English proficiency) elders. Another group, emerging as needing services and basically invisible until recently, is elders who identify with the lesbian, gay, bisexual, and transgender (LGBT) community. People in the LGBT community may face poverty in their elder years because they may not have spousal benefits when one of the partners dies and may lack health insurance because they do not qualify for spousal benefits. Social isolation is another major reason to target LGBT elders. The AAA in PSA 4, Elder Source, has an initiative that looks at the specific needs of LGBT elders. Staff there have conducted a survey to identify common concerns.

In addition to traditional service models, DOEA seeks novel solutions to address consumer need. One example is a grant pilot project to offer an assisted telephone-application process for the Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, in an effort to increase the number of elders applying for this help. This process provides the assistance of an operator/specialist and a legally valid “voice signature” to the clients who want to submit an application via telephone.

Overuse of Prescription Drugs

People age 65 and older account for less than 15 percent of the U.S. population, yet they consume nearly one-third of the prescription drugs.⁸ Polypharmacy, the use of many medications or more medications than are “clinically warranted,” is commonly seen with elderly patients. Adverse drug reactions and interactions can result from a person taking several medications and physicians overprescribing drugs. An education campaign for clients and caregivers on the dangers of polypharmacy and how the physician, pharmacist, patient, and caregiver need to work as a team to ensure medications are working well, is being considered for this planning cycle.

⁸ Duke Health. (2004, November 3). *Many Drugs Prescribed for Elderly Americans are Risky*. Retrieved from http://www.dukehealth.org/health_library/news/7994.

Health and Wellness

Nutrition and physical activity play significant roles in the health of elders. Regular physical activity can reduce the risk of certain chronic diseases, relieve depressive symptoms, maintain independent living, and boost an elder's overall quality of life. Mobility and functioning can be improved even in frail and very old adults through physical activity.⁹ Despite these advantages, nearly one-quarter of elders surveyed for the Department's needs assessment were not regularly participating in physical activity three or more times a week.¹⁰

DOEA offers health and wellness (HW) services intended to help elders maintain and improve their health. The Department has in recent years encouraged the AAAs to expand their evidenced-based HW program offerings. Evidenced-based HW programs are based on research that indicates they are effective at changing participants' behavior and result in positive consumer health outcomes. A primary funding source for the evidenced-based HW programs is Older Americans Act grants and Title IIID funding. The evidenced-based HW programs administered by the Department are detailed in Appendix 2 to this document. AoA issued requirements with the 2012 Title IIID funding further emphasizing evidenced-based services, demonstrating the value AoA places on evidenced-based programming. While the change may mean fewer people are served with the IIID funding than in prior years, evidence-based initiatives produce the greatest impact on behavioral changes given available funding. To ensure continuation of existing HW programs that provide valuable services but are not considered evidenced-based and to increase the numbers of evidenced-based classes, additional resources and partnerships need to be developed.

Dental

Maintaining oral health is important for individuals of all ages as a part of their overall health. Tooth and mouth problems, such as gum disease and tooth decay, can not only be painful, but can also contribute to other health problems. Challenges to maintaining oral health can result from limiting conditions such as arthritis. Other factors that contribute to oral health challenges include physical changes, such as reduction in saliva production and receding gums, use of tobacco products, poor-fitting bridges and dentures, inadequate diets, and certain diseases. Oral health can also be affected by medications and overall health. Some diseases common to older persons can be associated with oral health problems such as diabetes, cardiovascular disease, and osteoporosis.

Case managers refer clients with tooth and mouth problems for reduced-cost dental services when there are known available options. Shortage in low-cost dental programs has been an ongoing problem for many areas in the state. The Department proposes to raise awareness of the

⁹ Ibid. 26

¹⁰ Ibid. 32

need for more affordable dental services and the need to educate older people about the importance of implementing regular oral health care as a part of one's daily routine.

Mental Health

Elders report higher rates of depression than their younger counterparts, and by 2030 the number of adults age 65 and older with mental illness is expected to reach 15 million.¹¹ People with depressive symptoms often experience higher rates of physical illness, functional disability, and healthcare usage.¹² Many elders go untreated for mental health disorders, as primary care physicians do not have the time or ability to sufficiently diagnose and treat such disorders. There is a considerable shortage of mental health professionals with the expertise to accurately diagnose elders' symptoms and provide evidence-based treatment approaches.¹³

Collaborative care models involve interdisciplinary teams that provide coordinated care management for older adults with common mental disorders. These models have been rigorously evaluated in primary care, home health, and social service settings and have been proven more effective at treating elders with mental disorders than usual care. These models can also result in long-term cost savings.¹⁴ The collaborative care approaches may be one way to extend the influence of health workers trained in geriatric care and increase options for care.

End of Life

Patients who discuss their end of life options with their physicians are more likely to accept their prognosis and be able to make informed decisions about their care. The most successful implementation of end-of-life wishes happens when families are informed and included in the decisions, such as through family conferences. In this planning cycle, the Department and its partners will increase efforts to educate the public about end-of-life issues, services, and planning.

¹¹ Hooyman, N. & Unitzer, J. (2011) A Perilous Arc of Supply and Demand: How Can America Meet the Multiplying Mental Health Care Needs of an Aging Populace?. *Generations*, Volume 34 (4) Winter 2010-2011.

¹² Federal Interagency Forum on Aging Related Statistics. (2010). Older Americans 2010: Key Indicators of Well-Being.

¹³ Bartels, S.J. (2003) Improving the System of Care for Older Adults with Mental Illness in the United States: Findings and Recommendations for the President's New Freedom Commission on Mental Health. *American Journal of Geriatric Psychiatry*. 11:486-497.

¹⁴ Unutzer, J, Katon W.J., Fan M.Y., et al. (2008) Long-term cost effects of collaborataive care for late-life depression. *Americal Journal of Managed Care*. 14(2): 95-100.

Education and Training of Geriatric Care Professionals

The shortage of geriatric care workers, the largest of which is geriatric mental health professionals, has been growing over the past few decades, and by 2030 there will be one physician with training in geriatric medicine for every 4,254 older Americans.¹⁵ The disciplines serving people over the age of 60 that might need specialized geriatric training include physicians, case managers, pharmacists, nurses, social workers, and physical and occupational therapists.

The Caring for an Aging America Act, which was reintroduced to Congress in May 2011, addresses the shortage of skilled geriatric health workers. If passed, the law will provide health care professionals who specialize in gerontology and geriatrics with access to loan repayment programs in exchange for agreeing to work in underserved areas.¹⁶ Collaborative care, utilizing an interdisciplinary team to provide services, has also been found to be successful in extending the limited supply of geriatric social and health care workers to serve a larger number of elders.¹⁷

In this rapidly-changing environment, having accurate and up-to-date information on the special care needs of elders available to professionals who help elders and educating these professionals should enhance the value of the assistance provided. The Department and its partners will initiate educational efforts to ensure that professionals are made aware of the special care needs of elders.

Alzheimer's Disease and Related Dementia (ADRD)

There are approximately 450,000 cases of Alzheimer's disease in Florida (a 25 percent increase from 2000),¹⁸ and it is estimated that half of the people currently living with Alzheimer's disease are undiagnosed. The Alzheimer's Association estimates that Alzheimer's disease and dementia triple health care costs for those afflicted. Deaths from Alzheimer's disease are on the rise, while the numbers of deaths from many other major diseases (i.e., heart attack, stroke, breast and prostate cancer) are declining.¹⁹

Early detection of memory loss or cognitive impairment associated with these diseases can have substantial benefits for those afflicted and their families. When detected in the early stages, patients will be better able to report symptoms, plan for their futures and long-term care, have

¹⁵ Hooyman, N. & Unitzer, J. (2011) A Perilous Arc of Supply and Demand: How Can America Meet the Multiplying Mental Health Care Needs of an Aging Populace?. *Generations*, Volume 34 (4) Winter 2010-2011.

¹⁶ Caring for an Aging America Act Reintroduced (July 2011), *Public Policy & Aging E-Newsletter*, Volume 5(4).

¹⁷ Ibid.

¹⁸ Alzheimer's Association. 2012 Alzheimer's disease facts and figures. *Alzheimer's and Dementia: The Journal of the Alzheimer's Association*. March 2012; 8:131-168.

¹⁹ Ibid.

better opportunities to benefit from available treatments, and be able to participate in clinical trials.²⁰ Through the Alzheimer's Disease Initiative (ADI), the Department offers services to assist with the care of Alzheimer's patients, as well as to further research efforts. There are a number of sources that provide ADRD screening, including the Memory Disorder Clinics, geropsychiatrists, and neuropsychologists. DOEA will continue to promote training for professionals and caregivers on how to manage the symptoms of dementia to improve ADRD identification and treatment.

Caregivers

Caregivers play a vital role in the quality of life experienced by elders as well as in the state's ability to provide services for these elders. Just in the area of Alzheimer's disease, there are an estimated 960,037 volunteer care workers in Florida. Nationwide, in 2011, the Alzheimer's Association estimated that these care workers provided over one billion hours of unpaid care, worth over \$17.4 billion. Because many caregivers are family members, caregiver stress is an important issue for the health and future of both the elder and the caregiver. The degree of caregiver stress is also a strong indicator of nursing home entry for elders and of elder abuse. Services to assist caregivers and alleviate caregiver stress are critical components of the programs provided by DOEA.

Statewide, between 20 and 25 percent of elders are themselves caregivers according to the DOEA needs assessment survey. The Department served an estimated 33,400 caregivers during 2009, a fraction of the estimated one million probable caregivers age 60 and older in Florida.

To improve supportive services for caregivers in Florida, DOEA has three active Alzheimer's Disease Supportive Services Innovation Grants. The three grant projects are as follows: the MindSet Project, the Sarasota Caregiver and Counseling Support Project, and the Community REACH II project. The training of caregivers, staff, and volunteers, along with the specialized services for people with ADRD that are occurring as a result of the grants, contributes to improved care, improved caregiver physical and mental health, and improved quality of life for people with ADRD and their caregivers. DOEA is working on statewide implementation of many of the grant activities by seeking other federal and state funding sources. DOEA will continue to increase the number and types of supportive services for caregivers as resources are identified.

²⁰ Alzheimer's Association. (n.d.). *Early Detection of Alzheimer's Disease: Important Information for Physicians*. Retrieved from http://www.alz.org/mnnd/documents/10signs_PhysicianFactSheet_final.pdf.

Grandparent Caregivers

Many elders find themselves in the role of caregiving for their grandchildren when the child's parents are unable to provide suitable care. There are an estimated 60,500 grandparents in Florida raising their grandchildren. These grandparent caregivers face numerous challenges, often thrown into the parenting role with little preparation or notice. Grandparents who reside in retirement communities are not immune to the problem. Retirement communities generally have rules or covenants that restrict the amount of time a child may visit a resident.

Grandparents who are now parenting their grandchildren then face a dilemma – move out of the retirement community and take a large financial loss, or keep their grandchild there and hope allowances will be made. The Department will continue to provide services to assist grandparents and study potential solutions to retirement community issues.

Disabled Elders

Over 520,000 Florida residents age 65 and older have at least one type of disability. The Department's most recent needs assessment survey found that 17 percent of respondents needed help with one or more activity of daily living (ADL) and 51 percent needed help with one or more instrumental activity of daily living (IADL). ADLs are basic self-care tasks such as bathing, dressing, and eating. IADLs are the complex skills needed to live independently such as doing heavy chores, using the phone, and preparing meals. Together, ADLs and IADLs represent the skills that people usually need to live as independent adults. The Department's wide array of services and programs are designed to keep elders with disabilities in their homes as long as safely possible.

Elders who become disabled

Rates of old-age disability have declined in recent decades, and it is expected that Americans will live longer before becoming disabled in the future.²¹ While there has been a rise in many diseases in elderly Americans (including diabetes and heart disease), these diseases are not as disabling as they once were and elders are living longer with these diseases. Despite declines in the rates of disabled elderly, research by the National Institute on Aging suggests that these declines are unlikely to produce significant decreases in Medicare costs.²²

Aging of individuals with developmental disabilities

Longer life expectancies are being predicted for those with developmental disabilities. For example, the average life span of an individual with Down syndrome increased from nine years in the 1920s to 65 years or longer by the end of the 1990s. For the first time, people with developmental disabilities are outliving their parents, who have traditionally served as their

²¹ Cohn, D., Mather, M., & Lee, M. (August 2007). Disability and Aging. *Population Reference Bureau*. Retrieved from <http://www.prb.org/Articles/2007/DisabilityandAging.aspx>.

²² Ibid.

primary caregivers. This has led to an increased role for the state in the provision of such care, as well as an increase in costs for caring for this aging population.²³ A number of the ADRCs include the developmentally disabled population as a targeted population for whom they will provide information and assistance.

Cost of Care

Health care costs have risen dramatically for elders in recent decades. After adjusting for inflation, the average cost of health care for elders nationally has risen from \$9,224 in 1992 to \$15,081 in 2006.²⁴ In relation to total expenditures, the proportion of health costs increases with age.

By providing home and community-based services, DOEA helps frail elders be able to remain living in their homes, where they much prefer to be, and saves the state resources as well. Department-funded home and community-based services resulted in a cost avoidance of more than \$1 billion for nursing home care. Department programs save the state an average of \$1.69 in nursing home care for every dollar spent on home and community-based services. The annual cost per client in a nursing home in state fiscal year 2010-2011 was \$61,360. The average annual cost in the same year for the Department to serve a client in home and community-based services ranged from \$3,984 in the Home Care for the Elderly program to \$23,214 in the Program for All-Inclusive Care for the Elderly (PACE). Collaborative care is also associated with long-term savings in the cost of elder care, with fewer medical errors and less duplication of services.

Elder Rights/Legal Services Development

For elders in social and economic need, the Older Americans Act (OAA) is a major funding source for senior legal assistance, which is essential to protect the rights and financial security of older persons and enhance their ability to exercise choice. Legal services also help to address critical threats to independence, such as loss of one's home through predatory lending and consumer scams, and protect and enhance essential public assistance benefits such as Food Stamps and Supplemental Security Income.

Economic conditions have resulted in an increased demand by at-risk seniors for legal services that currently outstrips the supply. These service delivery conditions call for a comprehensive systemic response, which is being led in Florida by the DOEA's Legal Services Developer. This leadership has enhanced overall statewide capacity to provide high-quality, high-impact legal service to senior populations most in need of assistance on critical legal issues.

²³ Minde, J. & Friedman, A. (n.d.) *The Greying of Disabled America*. Retrieved January 12, 2012, from http://www.nsnm.com/graying_of_disabled_america.htm.

²⁴ Federal Interagency Forum on Aging Related Statistics. (2010). *Older Americans 2010: Key Indicators of Well-Being*.

During the planning cycle, the Legal Services Developer will finalize work on the statewide reporting system for legal services to capture data needed to improve efficiency and maximize resources and develop a best practices guide that will advise AAAs on how to develop strong and integrated legal programs at the local level.

Abuse, Neglect, and Exploitation

The Department is committed to ensuring the safety and well-being of Florida's elders. DOEA works in conjunction with the Department of Children and Families (DCF) and the aging network to protect elderly persons from further occurrences of abuse, neglect, or exploitation. Services provided may include protective supervision, placement, and home and community-based services. DCF operates the Florida Abuse Hotline to which calls reporting abuse, neglect, and exploitation can be made 24 hours a day. If the call regards a person age 60 or older who is in need of home and community-based services, a referral is sent to the aging network. During the 2010-2011 fiscal year, 2,792 referrals were made, 1,462 of which were determined to be "high risk." High risk referrals are assessed and served within 72 hours. The total number of all referrals was up 11 percent from the previous fiscal year.

Transportation

Limited mobility is an important concern for elders and affects their ability to receive adequate food and medicine, as well as their capability to remain socially connected. For those 75 and older, the share of total expenditures spent on transportation is equal to that of health care expenditures (14 percent).²⁵ The number of Florida residents age 65 and older will increase to 5.8 million by 2025, a 92 percent increase over 2004 levels.²⁶ Such growth creates a remarkable increase in the need for specialized mobility options.²⁷ While 96 percent of elders responding to the Department's needs assessment survey reported they are usually able to get where they need to go, only 88 percent of the minority respondents said they were able. About 15 percent of elders in Florida use public transportation. Reasons public transportation is not used are that public transportation is not available (10 percent), it is inconvenient (18 percent of those who are less than satisfied with public transportation), or that it does not go where needed (13 percent who are less than satisfied with public transportation).²⁸

The Florida Department of Transportation developed the 2060 Florida Transportation Plan, the first statewide transportation plan for Florida to cover a 50-year period, which was finalized in December 2010. One of the goals of the 2060 Florida Transportation Plan is to provide reliable

²⁵ Ibid. 26

²⁶ Florida Department of Transportation. (n.d.). 2025 Florida Transportation Plan. Retrieved from <http://www.dot.state.fl.us/planning/FTP/2025FTP-LowRes.pdf>.

²⁷ Ibid.

²⁸ Assessing the Needs of Elder Floridians. (2012). Florida Department of Elder Affairs.

transportation options to meet the “unique mobility needs” of elders and those with disabilities, including specialized mobility options.²⁹ When thinking about transportation, pedestrian issues may not come to mind, but walking is a frequently used mode of transportation, especially in metropolitan areas. Several communities in Florida are focusing efforts on improving pedestrian safety. Miami-Dade County is implementing “Safe Steps-Pasos Seguros” to address elder-pedestrian issues. Tampa has a designated Senior Zone, patterned after school zones, to slow traffic in an area with high pedestrian traffic, and the City of Jacksonville, in partnership with the ADRC, trains elders on how to use the public transportation system.

Transportation in Rural Areas

Mobility is often even more of a challenge for rural elders as their public transportation options are limited. One-third of rural elders reported not using public transportation because none was available in their community, compared to 10 percent of elders statewide.³⁰ With approximately 456,000 residents over the age of 60 living in rural areas of Florida, greater provision of public transportation in these areas is crucial. In addition to the on-going provision of transportation services, the Department will be exploring creative alternatives for expanding transportation access during this planning cycle.

Affordable Housing

Finding and maintaining affordable housing is of particular concern to many elders, especially those who live on fixed incomes. According to a recent report published by the Center for Housing Policy, “Housing An Aging Population: Are We Prepared?,”³¹ even older homeowners without mortgages can face serious housing challenges. While homeowners age 65 and older are more likely than younger households to have paid off their mortgages, many of these homeowners nevertheless have high housing cost burdens. Property taxes, maintenance, and utility costs all tend to rise over time for both older homeowners and renters (as reflected in higher rents). Although savings can help, these too diminish with age.³²

In the Department’s needs assessment survey, 23 percent of elder respondents reported having problems with their homes, in terms of upkeep and minor repairs, while 21 percent reported having difficulties making rent or mortgage payments. The Florida Legislature passed

²⁹ Florida Department of Transportation. (2011). 2060 Florida Transportation Plan. Retrieved from <http://2060ftp.org/images/uploads/home/2060FTPlanbook7%2004152011.pdf>.

³⁰ Assessing the Needs of Elder Floridians. (2012). Florida Department of Elder Affairs.

³¹ The Center for Housing Policy, the National Housing Conference’s research affiliate, specializes in developing solutions through research. In partnership with NHC and its members, the Center works to broaden understanding of the nation’s housing challenges and to examine the impact of policies and programs developed to address these needs. Combining research and practical, real-world expertise, the Center helps to develop effective policy solutions at the national, state, and local levels that increase the availability of affordable homes.

³² Ibid.

CS/HB357 in 2012, which enables additional homestead exemption for persons age 65 and older who meet certain criteria, as one way to address affordable housing for seniors.

DOEA will collaborate with housing and related organizations and local government officials to address availability of elder housing that is affordable, accessible, and incorporates universal design. This collaboration can be coupled with efforts to ensure that there are available supportive services enabling elders to stay in their homes. DOEA convened a Housing Summit in May 2012 with participation by national and state housing experts to discuss aging in place. More than 200 people attended. The purpose of the summit was to explore new ideas for addressing affordable housing. The Department plans to host a clearinghouse for aging in place solutions. In addition, the Department is partnering with a local builder, Turner Heritage Homes, to build a model home incorporating extensive universal design elements. The universal design elements benefit all people, but make independent living possible for people with disabilities.

Aging in Place

Nearly 90 percent of Americans over age 65 would like to remain in their current homes for as long as possible, a preference that increases with age.³³ Naturally Occurring Retirement Communities (NORCs) develop when neighborhoods, over time, transform into communities of primarily older residents who are aging in place. According to nationwide surveys, as many as one-third to one-half of those 55 and older are living in NORCs.³⁴ NORCs can be an effective way to increase socialization and reduce social isolation among older adults, which has been shown to improve health and overall well-being. Florida has two designated NORC regions in Sarasota-Manatee and southeast Florida.

Effective and Responsive Management

The Department seeks opportunities to increase resources and create greater efficiencies to effectively manage its available funding. Additional funding for elder services and supports is pursued through approaches such as writing grants and increasing public/private partnerships. In-kind contributions of staff time, space, equipment, etc., are other benefits of the public/private partnerships and result in additional resources even if no funds are provided. The Department also implements program innovations and continues to identify ways to create efficiencies that will help maximize existing resources. Two examples include utilizing technology for staff and promoting client use of assistive technology (AT). AT includes any item, piece of equipment, or system used to increase, maintain, or improve functional capabilities of individuals with disabilities. While AT can be a benefit to anyone, it can make all the difference between independence and dependence for an individual living with a disability.

³³ Keenan, Teresa A. (2010). Home and Community Preferences of the 45+ Population, AARP.

³⁴ NORCs: An Aging in Place Initiative. (n.d.). *Promoting Healthy Aging: Aging in Place, NORC Supportive Service Programs, and the "Community Innovations for Aging in Place" Program*. Retrieved from <http://www.norcs.org/page.aspx?id=160634>.

In an effort to measure the activities that indicate how well services are provided to elders in Florida, the Department has begun developing performance measures at the PSA level. These measures will address effectiveness, accountability, cost efficiency, and targeting. The measures are described in more detail in Table 6 in the Outcomes and Performance Measures section. DOEA also has a monitoring unit to ensure that the AAAs are implementing programs as intended, are abiding by applicable laws and regulations, and maintaining quality of care.

Volunteerism

Many elders remain active and derive a sense of worth by contributing to their communities through volunteer work. Evidence suggests that older adults who have more education, income, health, social integration, and religious involvement tend to volunteer, and in turn to feel good as a result of volunteering.³⁵ Elders also volunteer at higher rates than their younger counterparts, with rates of volunteering not declining until elders are in their mid-70s.³⁶

Over one-third of elder respondents (36 percent) in the Department's needs assessment survey volunteered for a wide variety of programs (including religious, community, and school-related organizations), and one-quarter were interested in receiving information about volunteer opportunities in their communities.

Intergenerational programs are beneficial to both elders and the community, providing such services as tutoring and teaching homemaking skills to children and young adults, and allowing elders to remain socially connected. The Department and the service provider network involve volunteers and intergenerational programming whenever possible to extend services to more people and help keep elders active and engaged. Just one example of an effective intergenerational project is the reverse mentoring project called "Tech Boot Camp" at the Senior Friendship Centers in Sarasota. At Tech Boot Camp, young people mentor older people on how to use technologies such as email, the internet, and electronic devices, such as cell phones, computers, etc.

³⁵ Morrow-Howell, N. (2010). Volunteering in later life: research frontiers. *Journal of Gerontology: Social Sciences*, 65B(4), 461-469, doi:10.1093/geronb/gbq024. Advance Access published on April 16, 2010.

³⁶ S Linda K. George. (2010). Still Happy After All These Years: Research Frontiers on Subjective Well-being in Later Life. *Journal of Gerontology, Series B, Volume 65B(4)*: 461-9.

Rural Considerations

The Older Americans Act requires the state to spend in each fiscal year, for services to older individuals residing in rural areas of the state, an amount not less than the amount expended for such services in federal fiscal year 2000. To meet the requirements of Section 307(a)(3)(B), this state plan defines rural elders as persons age 60 and older residing in areas defined as rural by the U.S. Bureau of the Census in 2000. An exception is made for services provided under Title V of the Older Americans Act, as amended, where rural elders are defined as persons age 55 and older residing in such areas.

Almost three-quarters of all rural elders live in counties that are primarily urban (see Table 1). Providers are instructed to make special efforts to serve rural elders in all counties by addressing program development, advocacy, and outreach efforts to benefit rural elders. To assure that rural elders are targeted for services, DOEA monitors the number and percent of clients living in rural areas who are in need of home and community-based services. Table 2 shows estimated expenditures for rural residents in specific programs. Table 3 includes the percent of rural service recipients receiving services compared to the overall percentage of the rural 60 and older population in Florida.

Table 1: Rural Population 60 and Older (Estimates based on 2000 Census)

County	Total 60+ Urban	Total Rural Age 60+ (2011)	Total 60+ 2011 Estimate	% Rural
Alachua	27,266	12,284	39,550	31
Baker	2,056	2,424	4,480	54
Bay	35,376	3,781	39,157	10
Bradford	2,550	3,301	5,851	56
Brevard	153,338	5,897	159,235	4
Broward	344,695	376	345,071	0
Calhoun	1,179	1,839	3,018	61
Charlotte	66,179	5,097	71,276	7
Citrus	40,455	19,972	60,427	33
Clay	25,380	8,572	33,952	25
Collier	101,163	5,515	106,678	5
Columbia	6,544	8,991	15,535	58
De Soto	3,742	4,671	8,413	56
Dixie	937	3,563	4,500	79
Duval	148,438	5,343	153,781	3
Escambia	58,980	6,377	65,357	10

County	Total 60+ Urban	Total Rural Age 60+(2011)	Total 60+ 2011 Estimate	% Rural
Flagler	27,344	8,645	35,989	24
Franklin	1,157	2,163	3,320	65
Gadsden	4,130	5,903	10,033	59
Gilchrist	229	3,971	4,200	95
Glades	625	2,285	2,910	79
Gulf	1,754	2,197	3,951	56
Hamilton	948	1,753	2,701	65
Hardee	2,911	2,038	4,949	41
Hendry	4,116	1,805	5,921	30
Hernando	52,946	9,491	62,437	15
Highlands	27,265	12,656	39,921	32
Hillsborough	204,039	11,185	215,224	5
Holmes	1,262	3,316	4,578	72
Indian River	48,331	2,489	50,820	5
Jackson	2,967	8,889	11,856	75
Jefferson	229	3,253	3,482	93
Lafayette	114	1,650	1,764	94
Lake	78,473	21,436	99,909	21
Lee	177,826	20,486	198,312	10
Leon	32,920	5,744	38,664	15
Levy	779	10,460	11,239	93
Liberty	125	1,254	1,379	91
Madison	1,267	3,013	4,280	70
Manatee	90,054	4,594	94,648	5
Marion	72,747	33,738	106,485	32
Martin	48,399	4,427	52,826	8
Miami-Dade	482,786	2,489	485,275	1
Monroe	19,083	2,164	21,247	10
Nassau	10,424	7,698	18,122	42
Okaloosa	36,729	4,283	41,012	10
Okeechobee	6,100	2,895	8,995	32
Orange	152,698	4,710	157,408	3

County	Total 60+ Urban	Total Rural Age 60+(2011)	Total 60+ 2011 Estimate	% Rural
Osceola	33,071	10,306	43,377	24
Palm Beach	356,599	3,551	360,150	1
Pasco	124,240	11,514	135,754	8
Pinellas	265,799	253	266,052	0
Polk	118,189	26,202	144,391	18
Putnam	10,100	9,872	19,972	49
St. Johns	20,175	7,711	27,886	28
St. Lucie	152,688	5,811	158,499	4
Santa Rosa	71,090	2,632	73,722	4
Sarasota	36,256	7,974	44,230	18
Seminole	74,857	5,956	80,813	7
Sumter	26,258	13,641	39,899	34
Suwannee	2,661	8,582	11,243	76
Taylor	2,009	2,860	4,869	59
Union	887	1,324	2,211	60
Volusia	135,174	11,662	146,836	8
Union	887	1,324	2,211	60
Walton	4,265	10,711	14,976	72
Washington	1,456	4,272	5,728	75

Table 2: Projected Expenditures for OAA Titles B, C and E Services for Rural Residents 2013-2015*

Contract Year				
PSA	2013	2014	2015	2016
1	1,092,329	1,092,329	1,092,329	1,092,329
2	2,903,257	2,903,257	2,903,257	2,903,257
3	3,581,775	3,581,775	3,581,775	3,581,775
4	3,461,701	3,461,701	3,461,701	3,461,701
5	239,115	239,115	239,115	239,115
6	1,311,532	1,311,532	1,311,532	1,311,532
7	1,252,306	1,252,306	1,252,306	1,252,306

Contract Year				
PSA	2013	2014	2015	2016
8	1,596,349	1,596,349	1,596,349	1,596,349
9	2,240,253	2,240,253	2,240,253	2,240,253
10	218,113	218,113	218,113	218,113
11	1,151,058	1,151,058	1,151,058	1,151,058
Total	19,047,786	19,047,786	19,047,786	19,047,786

* The projected expenditures for rural clients are based on 2011 client address data from the CIRT Services Reported table. Clients with addresses with a rural ZIP code were counted. The percentages that were deemed to be rural were applied to the aggregated services counts to get an estimate of the clients that are reported in the aggregate. The service costs were estimated from average service costs in 2006 multiplied by 1.15 as a 3 percent per year adjustment for inflation.

Description of Current Service Population

The Department aims to improve the well-being of Florida’s elders through the provision of appropriate and cost-effective home and community-based services. Greater than 950,000 Floridians age 60 and older received services from the Department in fiscal year 2010-2011 and over 95 percent of the Department’s \$756 million budget is spent providing direct services to elders.

To improve the state’s ability to identify the needs of elders seeking long-term care services, the Department began a project in early 2010 to revise the current comprehensive client assessment instrument. A workgroup of assessors, case managers, physicians, researchers, and other subject matter experts assisted the Department in this effort. The goal of the project is to better evaluate the needs of clients and improve the validity and reliability of the assessment instrument.

The new assessment instrument will incorporate questions and scoring from validated instruments on depression, dementia, and mental status. Specifically, the validated instruments include:

- PHQ-9, a brief depression survey used for self-reporting symptoms of depression;
- AD8, an eight-item informant interview to differentiate aging and dementia to capture caregiver insight into client memory loss; and
- BIMS (Brief Interview for Mental Status), which tests memory and orientation to time.

By collecting more information on problem areas, the revised assessment is designed to improve the accuracy of care planning, and using the same instruments as others, such as nursing homes and mental health clinics, should result in more appropriate referrals.

The Older Americans Act requires that states emphasize serving older individuals with the greatest economic and social needs, and give particular attention to low-income minority individuals and older individuals residing in rural areas. The Department uses poverty level as a

measure of economic need. Of the clients served by the Department, 45 percent are below the poverty level compared to 9.9 percent in the general 60-and-older population. The client's living situation is used to measure social need. Forty-three percent of the service population lives alone, compared to only 23 percent in the general 60-and-older population. The service population is 29 percent low-income minority, compared to 5 percent in the general population of people age 60 and older. The rural area designation is used to measure access to services. Twenty percent of the clients DOEA serves live in rural areas, compared to 10 percent in the general 60-and-older population. (See Table 3.)

Table 3: Targeting 2010

Characteristic	Florida 60+ Population	Percent 60+	Number of Registered Services* Recipients	Percent Receiving Services
All 60+	4,454,625	100%	118,066	100%
60+ Below Poverty Level	411,460	9%	53,424	45%
60+ Living Alone	1,042,357	23%	50,601	43%
60+ Minority	996,680	22%	53,057	45%
60+ Minority Below Poverty Level	199,265	5%	34,077	29%
60+ Rural Areas	456,039	10%	23,338	20%

*Registered Services include personal care, homemaker, chore, home delivered meals, adult day/health care, case management, escort and congregate meals.

Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis

As a part of the strategic planning process, the Department conducted a SWOT analysis. The analysis helped staff to identify critical topics on which to focus efforts and contributed to the development of the Goals, Objectives, and Strategies listed in this plan. The SWOT analysis can be found in Appendix 4.

Outcomes and Performance Measures

The Department began operating under performance-based program budgeting in 1999 as a result of legislation enacted in 1994 for state budgeting. The metrics assess performance over a wide cross-section of programs as well as measure specific programs and services. The Department's current performance measures include 15 outcome and 12 output measures, listed in Tables 4 and 5 below. The measurements are designed to support AoA and DOEA goals and objectives and cover a wide cross-section of programs. DOEA and the aging network continue to work on ways to strengthen and improve performance measurements.

Table 4: DOEA Performance-Based Program Budgeting Outcome Measures and Corresponding State Plan goal(s) (standards are in parenthesis)

Outcome Measures	Goal
• Percent of customers who are at imminent risk of nursing home placement who are served with community-based services (90 percent);	2
• Percent of Adult Protective Services referrals who are in need of immediate services to prevent further harm who are served within 72 hours (97 percent);	2
• Percent of most frail elders who remain at home or in the community instead of going into a nursing home (97 percent);	1, 2, 5
• Percent of new service recipients with high risk nutrition scores whose nutritional status improved (66 percent);	2
• Percent of new service recipients whose Activities of Daily Living assessment score has been maintained or improved (65 percent);	2
• Percent of new service recipients whose Instrumental Activities of Daily Living assessment score has been maintained or improved (62.3 percent);	2
• Percent of family and family-assisted caregivers who self report they are very likely to provide care (89 percent);	2,3
• Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups (\$2,221);	2
• Percent of elders assessed with high or moderate risk environments who improved their environment score (79.3 percent);	2
• 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) (90 percent);	2,3
• Department administration costs as a percent of total department costs/departments administrative positions as a percent of total department positions (1.8 percent/22.2 percent);	6
• Percent of complaint investigations initiated by the ombudsmen within five working days	4
• Percent of service activities on behalf of frail or incapacitated elders initiated by public guardianship within five days of receipt of request	4
• Number of elders served with registered long-term care services (186,495)	1, 2

The Department also has measures for specific programs and services. These programs and services are organized under 10 activities and are detailed below:

Table 5: Activities, Programs and Output Measures with Standards

Activity	Programs Associated with the Activity	Output Measure/Standard
Universal Frailty Assessment	Comprehensive Assessment and Review for Long-Term Care (CARES)	Number of CARES assessments Standard: 85,000
Caregiver Support	Alzheimer's Disease Medicaid Waiver	Number of Elders Served Standard: 54,450
	Alzheimer's Disease Initiative	
	AmeriCorps	
	Home Care for the Elderly (HCE)	
	Older Americans Act III E (National Family Caregiver Support Program)	
	Respite for Elders Living in Everyday Families (RELIEF)	
	Senior Companion Program	
Early Intervention/ Prevention	Elder Abuse Prevention Program (OAA Title VII)	Number of Elders Served Standard: 355,908
	Emergency Home Energy Assistance for the Elderly	
	Health Promotion and Wellness Initiatives	
	Intergenerational Connections	
	Senior Community Service Employment Program (OAA Title V)	
	Serving Health Insurance Needs of Elders (SHINE)	
Supportive Community Care	Contracted Services (except meals)	Number of Elders Served Standard: 56,631
	Local Services Programs (except meals)	
	Older Americans Act Programs (Title III B)	
Residential Assisted Living Support and Elder Housing Issues	Medicaid Assisted Living for the Frail Elderly	Number of Elders Served Standard: 3,997
Nutritional Services for the Elderly	Adult Care Food Program	Number of Elders Served Standard: 81,903
	Contracted Services (meals only)	
	Elder Farmers' Market Nutrition Program	
	Local Services Programs (meals only)	
	Nutrition Services Incentive Program (NSIP)	
	Older Americans Act Programs (Title III C1, C2)	
	Congregate Meals	Number of congregate meals provided: 5,300,535
Long-Term Care	Long-Term Care Community Diversion Pilot Project	Number of Elders Served

Activity	Programs Associated with the Activity	Output Measure/Standard
Initiatives	Program of All-Inclusive Care (PACE)	Standard: 12,150
	Channeling	
Home and Community Services Diversions	Community Care for the Elderly (CCE)	Number of Elders Served Standard: 51,272
	Consumer Directed Care Plus (CDC+) Program	
	Medicaid Adult Day Health Care Waiver	
	Medicaid Aged and Disabled Adult Waiver	
Long-Term Care Ombudsman Council	Long-Term Care Ombudsman Program	Number of Complaints Investigations Completed Standard: 8,226
Public Guardianship Program	Statewide Public Guardianship Office	Number of Judicially Approved Guardianship Plans Standard: 2,000

In addition to the performance-based program budgeting measures, DOEA has created a composite score/indicator to measure AAA performance that combines nine performance measures into a single ranking. A composite indicator allows the Department to convey summary performance information. For each of the nine performance measures, the performance of each AAA is scored by comparing it to the state average and then assigning it a “score.” Each AAA's "scores" are then summed. The PSA with the highest score receives the best overall rank. The nine AAA performance measures include four of the performance-based budgeting measures and five additional measures. The AAA-specific performance measures that form the composite score/indicator to measure AAA performance are in Table 6. The table also includes the type of measure, the desired direction of the score, and notes that describe the measure in more detail.

Table 6: AAA Performance Measures

	Measure	Type	Lower or Higher Number Better?	Notes
A	Percent of new service recipients whose ADL assessment score has been maintained or improved	Effectiveness	Higher better	Percentage of new consumers in home and community-based service programs who have maintained or improved their ADL score when reassessed one year later. The ADL score is the sum of six individual ADL scores (bathing, dressing, eating, toileting, transferring, and walking) for each client. This is a Legislative measure.
B	Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours	Accountability	Higher better	AAAs are statutorily mandated to serve APS clients. Department policy requires APS high-risk clients be served within 72 hours until the crisis is resolved. This is a Legislative measure.

	Measure	Type	Lower or Higher Number Better?	Notes
C	Percent of caregivers who self-report they are very likely to be able to continue providing care	Targeting and Effectiveness	Higher better	Informal caregiving by families and friends is a vital part of the long-term care system and play an important role in providing assistance to elders living in the community. Supporting caregivers who are caring for our clients allow our clients to remain in the community and prevent or delay nursing home.
D	Average ADA Care Plan Cost	Low Cost	Lower better	Average care plan cost for clients in the ADA Waiver age 60 and older. Addresses minimizing the cost of care plans for ADA clients.
E	Percent of most frail elders who remain at home or in the community instead of going into a nursing home	Effectiveness	Higher better	Answers the question, what percentage of the frailest clients went into a NH? This is currently a Legislative measure at the state level. All clients except NHD clients are included. Looks at clients active at the beginning of the fiscal year with risk scores in the top quintile (20 percent) who had a nursing home stay during the fiscal year.
F	Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups	Low Cost and Targeting	Higher better	This is currently a Legislative measure at the state level. The risk score of clients is used to determine the number of nursing home months avoided. The savings is calculated using the average cost of nursing home care compared to home and community-based services.
G	Percent of active clients not eating two or more meals per day at time of assessment who upon annual reassessment were eating two or more meals per day	Effectiveness	Higher better	Nutrition is an important determinant of health in the elderly. Individuals not eating at least two meals a day is one of the warning signs of poor nutritional health.
H	Percent of ADA Clients whose ADL needs are being met	Effectiveness	Higher better	Determines how well ADA clients' needs are being met by measuring the percentage of clients who needed assistance with one or more ADL (scored higher than a "1") who always have adequate assistance (resources available = 3/Always have adequate assistance).
I	Percent of general revenue appropriation unspent or overspent.	Accountability	Lower better	Compares contract amounts and expenditures for the following programs: Community Care for the Elderly (CCE), Alzheimer's Disease Initiative (ADI), Home Care for the Elderly (HCE) and Local Service Programs (LSP).

Goals, Objectives, and Strategies

- Goal 1:** Information and Access – Enable older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health, and long-term and end-of-life care
- Goal 2:** Provide medical and home and community-based services to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers
- Goal 3:** Health and Wellness – Empower older people and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status
- Goal 4:** Ensure the legal rights of older people are protected and prevent their abuse, neglect, and exploitation
- Goal 5:** Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population
- Goal 6:** Maintain effective and responsive management

Goal 1: Information and Access – Enable older people, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health, and long-term and end-of-life care options

The following objectives and strategies were developed to respond to the identified needs for information and access.

Goal 1 Objectives and Strategies

Objective 1.1. Provide streamlined access to health and long-term care options

Strategies:

- Provide access to information about health and long-term care options
- Develop innovative ways to get information to elders on how to access services

Objective 1.2. Provide assistance to help individuals navigate the health care system

Strategy:

- Assist individuals with care transitions between settings and types of care

Objective 1.3. Ensure that complete and accurate information about resources that facilitate disease prevention/early detection is available and accessible

Strategies:

- Provide current, accurate information about disease prevention/early detection resources on websites, in newsletters, and other relevant media
- Provide resource updates to case managers on a periodic or as-needed basis
- Continue to identify new disease prevention/early detection resources through outreach, marketing, and community connections

Objective 1.4. Ensure that elders have access to free, unbiased, and comprehensive health insurance counseling

Strategies:

- Continue to recruit and train SHINE volunteers
- Continue to retain volunteers through in-service training and frequent contact
- Maintain or increase the number of SHINE counseling sites, especially in rural and low-income areas
- Conduct targeted publicity through multiple media sources to promote public awareness of SHINE counseling availability, outreach events, and volunteer opportunities

- Offer bilingual SHINE assistance and counseling
- Utilize websites to educate older adults about health insurance

Objective 1.5. Encourage individuals, including people under 60, to plan for future long-term care needs by providing access to information

Strategies:

- Make information available to professions that help elders with estate, health, and long-term care planning
- Increase education/public awareness about long-term care options
- Encourage individuals who identify with the LGBT community to plan for their elder years through education about long-term care options
- Educate in-home and institutional care service providers about the special needs of individuals who identify with the LGBT community
- Develop long-term care planning messages to help educate elders and their families about the need to prepare in advance for long-term care
- Encourage incorporating transportation planning as a part of individual retirement plans for when one is no longer able to drive
- Explore alternative solutions such as transportation vouchers to augment existing transportation options

Objective 1.6. Increase public awareness of existing resources for mental and physical health and long-term care

Strategies:

- Promote awareness of mental health needs and resources
- Include specific information on health insurance and pre-planning for long-term care in outreach presentation materials to increase public awareness
- Support services that provide mental health screening and counseling for elders
- Utilize websites to educate older adults about long-term care options

Objective 1.7. Identify and serve target populations in need of information and referral services

Strategies:

- Identify areas where underserved populations reside to provide outreach services
- Provide information and referral services to underserved individuals
- Continue to provide information and referral services to the aging disabled population

Objective 1.8. Provide streamlined access to Medicaid managed care and address grievance issues

Strategies:

- Continue to assist individuals in being evaluated for eligibility for enrollment in Medicaid services through ADRCs
- Provide enrollment and coverage information through ADRCs to enrollees as qualified Medicaid managed care plans become available in each PSA
- Serve as the unbiased third-party for informally resolving Medicaid grievance issues through the ADRCs

Objective 1.9. Provide information about end-of-life options

Strategies:

- Encourage pilot projects to explore implementation of universal advance care directives
- Provide education and awareness aimed at health care providers about being able to honor patients' end-of-life wishes
- Educate elders on guardianship and alternatives to guardianship, including pre-planning for incapacity
- Educate legal professionals, social service professionals, and information and referral specialists on pre-planning for incapacity
- Partner with legal services staff and Florida Bar Elder Law Section to provide pro bono assistance to seniors in need of planning for incapacity and advanced directives

Objective 1.10. Honor patient choice

Strategies:

- Advocate for honoring clients' end-of-life wishes
- Increase education about end-of-life experiences to reduce civil suits against individual's end-of-life decisions

Goal 2: Provide medical and home and community-based services to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers

The following objectives and strategies were developed to respond to the identified needs for medical and home and community-based services.

Goal 2 Objectives and Strategies

Objective 2.1. Identify and serve target populations in need of home and community-based services

Strategies:

- Identify target populations through outreach to underserved communities
- Explore novel and flexible solutions to address needs of target populations
- Increase access to appropriate (in and out-patient) facilities to treat mental illness
- Provide specialized behavioral services for elders

Objective 2.2. Ensure that efforts are in place to address unmet needs while serving as many clients as possible using all available resources

Strategies:

- Continue to pursue creative partnerships, such as with universities and other local entities, as ways to expand resources
- Develop resources to address mental health referrals

Objective 2.3. Help provide information to universities and professional training programs about the special needs of elders and how each discipline can address those needs

Strategies:

- Identify best practices for training and/or the best sources of information for each discipline and establish training standards or guidelines
- Reduce overuse of prescription drugs through enhanced training for health professionals
- Ensure appropriate pain management through enhanced training for health professionals
- Increase training on elder care issues in assisted living facilities and nursing homes/rehabilitations facilities

Objective 2.4. Strive for exemplary quality home and community-based services

Strategy:

- Continue to expand methods to assess consumer satisfaction with home and community-based services

Objective 2.5. Increase integration of services to reduce fragmented care

Strategies:

- Facilitate improved coordination between health disciplines and care settings to facilitate care transitions
- Educate families about what to expect during care and their role in care integration

Objective 2.6. Provide services, education, and referrals to meet specific needs of individuals with dementia

Strategies:

- Continue to offer services, education, and referrals through the ADI program
- Continue to identify and pursue other potential funding sources for serving dementia patients

Objective 2.7. Prevent premature facility placement of patients with ADRD

Strategies:

- Improve access to, and affordability of, early detection of Alzheimer's disease and related disorders (ADRD)
- Continue to make ADRD screening available
- Improve diagnostic techniques for early ADRD detection
- Investigate resources to bring in additional revenue for ADRD care in all care settings
- Work with providers of ADRD care in all care settings to identify ways to control costs and create greater fiscal efficiencies
- Explore the need for crisis intervention protocols for seniors in crisis to reduce the number of people with ADRD who are subjected to Baker Act proceedings
- Develop additional training guidelines for ADRD care
- Provide education for the general public, law enforcement, and emergency response personnel on how to communicate with clients with ADRD
- Determine whether managed care programs provide appropriate service options for Alzheimer's disease specific care
- Promote early education about brain health through public awareness and corporate wellness programs

Objective 2.8. Improve caregiver supports

Strategies:

- Continue to explore ways to expand respite services, such as through public/private partnerships
- Study issues grandparents who provide housing for their grandchildren face when residing in retirement communities
- Increase caregiver education and public education of caregiver needs through ADRCs and Alzheimer's Disease Initiative providers
- Reduce caregiver stress, particularly of caregivers dealing with a person having behavioral health issues, through specialized training and respite services
- Support working caregivers
- Increase availability of affordable respite care through public/private partnerships

- Connect grandparents to social resources through coordination with the public schools

Objective 2.9. Facilitate the voluntary transition of identified nursing home residents to a safe community setting

Strategy:

- Establish policies and procedures for coordination of care to help clients transition from a nursing facility to a community care setting

Goal 3: Health and Wellness – Empower older people and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status

The following objectives and strategies were developed to respond to the identified needs for health and wellness services.

Goal 3 Objectives and Strategies

Objective 3.1. Continue to increase the use of health and wellness evidence-based programs at the community level

Strategies:

- Manage and coordinate programs that empower older people to control their own health through community level interventions
- Publicize DOEA as a clearinghouse for evidence-based programs for elders in Florida

Objective 3.2. Promote good nutrition and physical activity to maintain healthy lifestyles

Strategies:

- Offer physical fitness activities and nutrition education
- Encourage the Area Health Education Centers to provide education about the connection between good nutrition and physical activity to overall health
- Continue to survey meal recipients for satisfaction and utilize the results to make improvements
- Sponsor educational programs about the important role that nutrition and physical activity play in overall health
- Partner with state and local organizations to increase the physical fitness and nutrition education opportunities of seniors
- Conduct provider nutrition training and outreach events for nutrition related services

- Maintain nutrition education information on the DOEA and AAA websites and offer links to additional resources
- Develop a coordinated and comprehensive nutrition and physical activity program by engaging stakeholders and partners
- Encourage state and community programs that build societal support for physical activity by improving access to places where people can be active

Objective 3.3. Promote the adoption of healthy behaviors

Strategies:

- Research, develop and implement a project geared specifically for homebound clients and caregivers to raise awareness and promote healthy choices and behavior
- Conduct state and community-wide campaigns that combine highly visible messages to the public, community events, and support groups that encourage older people to become or remain active
- Recruit older adults to participate in the promotion of healthy behaviors through advertising and marketing to community partners
- Encourage and promote individual oral hygiene practices and affordable dental care

Objective 3.4. Promote social connectivity, community service, and lifelong learning to maintain positive mental health

Strategies:

- Facilitate the ability of elders to cope with loss of independence
- Increase opportunities for meaningful engagement and socialization for elders
- Reduce social isolation by training and educating elders on how to seek and accept help
- Increase access to and de-mystify computers and technologies through classes at locations convenient for seniors
- Promote senior centers as an entry point for lifelong learning, volunteering, community-based services, and other services such as faith-based opportunities

Objective 3.5. Advocate for prevention and early intervention of mental health and substance abuse services (including abuse of prescription drugs) for elders

Strategies:

- Increase options for case management to address behavioral needs
- Increase identification of need for treatment of elders and disabled individuals needing mental health services

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

The following objectives and strategies were developed to respond to the identified needs for legal rights assistance.

Goal 4 Objectives and Strategies

Objective 4.1. Improve access to and quality of legal services

Strategies:

- Increase access to courts by encouraging the establishment of Elder Justice Centers
- Improve ability of courts to work with seniors by training judges and court personnel on elder-specific issues
- Ensure the state's capacity to assist elders in understanding rights, exercising choices, and benefitting from services and opportunities authorized by law
- Evaluate the need of elders for legal assistance and the capacity of legal programs to meet that need
- Educate seniors and interested persons regarding court access for guardianship and guardianship complaints
- Partner with the judiciary and the Elder Law Section of the Florida Bar to develop a uniform procedure for guardianship issues and complaints
- Establish mechanisms for utilizing available data to improve awareness of the importance of legal assistance as well as improving access to and quality of needed services

Objective 4.2. Facilitate the integration of OAA elder rights programs into aging services through improved coordination between law and aging programs

Strategies:

- Increase resources available for legal assistance by encouraging community partnerships through using OAA funds as seed money
- Engage in joint planning between the aging network and legal assistance providers
- Raise awareness of elder rights through training, educational events, and the use of technology

Objective 4.3. Improve the identification and utilization of measurable consumer outcomes for elder rights programs

Strategy:

- Participate in statewide efforts to develop a uniform statewide reporting system for legal services

Objective 4.4. Promote primary prevention of elder abuse, neglect, and exploitation and reduce the rate of abuse, neglect, and exploitation recidivism

Strategies:

- Facilitate expansion of the Elder Justice Act to the community through education, outreach and the provision of services
- Expand existing education/outreach/awareness efforts such as websites, newsletters, presentations, etc., to include prevention of abuse, neglect, and exploitation
- Educate the public about the special needs of elders and about the risk factors for abuse in vulnerable adults
- Raise awareness of elder abuse through training and educational events
- Maintain established local protocols with DCF and the CCE lead agencies relating to handling of abuse, neglect, and exploitation referrals

Objective 4.5. Increase the awareness of health care fraud and other elder rights issues

Strategies:

- Continue to partner with other agencies to develop resources and programs to strengthen education and improve the quality and accessibility of information on consumer protection
- Encourage media coverage of crimes against the elderly
- Utilize websites to educate the public on reporting suspicious activity to Adult Protective Services
- Provide technical assistance and training to programs that provide or have the potential to provide services for victims of elder abuse, neglect, and exploitation and for family members of victims
- Develop and manage a volunteer-based program that works with seniors to investigate complaints, obtain restitution and educate seniors
- Seek funding to promote and work with experts in telemarketing fraud, identity theft, contractor fraud, and general consumer fraud

Goal 5: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population

The following objectives and strategies were developed to respond to the identified needs for recognizing the benefits and needs of the aging population.

Goal 5 Objectives and Strategies

Objective 5.1. Foster opportunities for elders to be an active part of the community

Strategies:

- Promote issues important to elders and help ensure elder representation in state and local decision-making groups
- Promote and encourage lifelong learning, volunteerism, and other pursuits that help seniors to be actively engaged in their community
- Seek collaborative opportunities with community and faith-based organizations to enhance the resources and services of the aging network
- Promote volunteer services by and for older persons, including the use of intergenerational activities that allow elders to “give back” while exposing younger generations to the value elders offer
- Facilitate efforts to create a supportive community for elders to remain safely in their homes and actively participate in, contribute to, and enjoy community life
- Hold recognition events and pursue other approaches to increase community awareness of the contributions that elders make to enhancing quality of life

Objective 5.2. Promote safe and affordable communities for elders that will benefit people of all ages

Strategies:

- Promote aging in place, universal design, and refurbishing home options for individuals to consider as they age
- Promote the development and preservation of affordable housing with access to services and affordable assisted living facilities in urban and rural areas
- Promote the growth of affordable housing incentives
- Collaborate with academic/research institutions and entities such as the Shimberg Center at the University of Florida
- Collaborate with realtor groups and bank associations/organizations to promote the sale or use of available foreclosed homes to elders
- Enhance housing options by increasing education and marketing strategies to promote development of new Naturally Occurring Retirement Communities (NORCS) and options for services in NORCS
- Develop options to make transportation more easily accessible and responsive to elders’ needs by piloting projects such as transportation voucher systems, reduced fare plans, and other innovations
- Increase transportation and funding options in rural areas by working with local transportation providers and developing other public/private partnerships
- Increase collaboration with the coordinated transportation system

Goal 6: Maintain effective and responsive management

The following objectives and strategies were developed to respond to the identified needs for effective and responsive management.

Goal 6 Objectives and Strategies

Objective 6.1. Promote and incorporate management practices that encourage greater efficiency

Strategies:

- Utilize internal monitoring, quality assurance, and performance-based standards and outcomes
- Identify alternate resources for funding
- Develop an infrastructure for collaborative research by coordination with universities' aging-related research centers and experts
- Support the increased use of electronic records and electronic data management by initiating pilot projects
- Increase access to assistive devices and technology through education about sources for assistance and developing collaborations
- Improve coordination of services such as through medical homes
- Advocate for and work toward increasing the quality of care through better coordination of acute and long-term care
- Advocate for improved effectiveness of medical care through development and implementation of measurable outcomes
- Modify DOEA's oversight of the AAAs to focus more on outcomes versus processes

Objective 6.2. Ensure that federal and state funds are used to effectively and efficiently serve elders' needs

Strategies:

- Advocate for adequate and balanced funding for entire system of care
- Minimize or reduce cost of care by focusing on improving efficiency while maintaining or improving quality
- Continue to increase the visibility of existing resources
- Pursue alternative resource development to improve elder service provision
- Ensure that funds are spent on those populations for which the funds were intended

Objective 6.3. Ensure that the AAAs and home and community-based service providers continue to strengthen their disaster preparedness plans to address the specific needs of elders

Strategies:

- Review and analyze the disaster preparedness plans at the PSA and provider level to ensure they are realistic and implementable
- Develop and implement flexible and responsive procedures for continuing or discontinuing services in the event of a significant disaster

Objective 6.4. Ensure that data in the Client Information and Registration Tracking System (CIRTS) is accurately maintained

Strategies:

- Monitor AAAs on the client file reviews they conducted as part of the AAA program monitoring
- Provide technical assistance to AAAs to ensure data errors are corrected and steps are taken to prevent similar errors from reoccurring
- Encourage provider utilization of supervisory and peer file review processes to help ensure data integrity, client satisfaction, and correct implementation of program requirements
- Continue to provide CIRTS exception reports for the AAAs and providers to check for data accuracy

Objective 6.5. Promote volunteerism by and for older people whenever possible to maximize resources and facilitate community engagement of elders

Strategies:

- Work with the Department of Education to explore the possibility of having middle school volunteer hours count for credit toward Bright Futures scholarship requirements
- Target education about positive aging to middle school and high school students by offering intergenerational interactions
- Increase community involvement through volunteer initiatives
- Help elders continue to find purpose through matching them with relevant and meaningful volunteer activities
- Identify well elders in continuing care retirement communities (CCRCs) who are able and want to do community work
- Reduce barriers to volunteerism by offering volunteers sovereign immunity and immunity from background checks when appropriate safeguards are in place
- Identify and replicate best-practices volunteer programs that enhance local services

Appendices

Appendix 1: Intrastate Funding Formula

Appendix 2: DOEA Programs and Services

Appendix 3: Florida's Area Agencies on Aging

Appendix 4: Strengths, Weaknesses, Opportunities, and Threats (SWOT)

Analysis

Appendix 5: Disaster Preparedness

Appendix 6: State Plan Advisory Group

Appendix 7: Assurances

Appendix I: Florida's Intrastate Funding Formula (IFF) for Distribution of Older Americans Act (OAA) Funds

Florida's IFF meets the requirements set forth in the OAA, Section 305(a)(2)(C). Specifically, it takes into account the geographical distribution of older individuals in the state and the distribution among Planning and Service Areas of older individuals with the greatest economic and social need, with particular attention to low-income minority older individuals.

The same funding formulae have been in place since 2003 – 2004, except for a number of technical adjustments. The edits proposed for this submission (2013-2016 State Plan on Aging) include technical adjustments to change the order in which the formulae elements are discussed so that programmatic elements are discussed first, followed by the administration formula. The IIID targeting factor for people with lower access to health services is changed to match available data. Edits are made to the descriptions of purpose in the administration formula for clarity. Also, the American Community Survey is added as a data source in relevant places. Minor formatting changes are being made as well.

OAA funds are distributed intrastate according to three different formulas:

Services

1. The first formula sets the methodology for establishing the amounts to be made available for support services and multi-purpose senior centers (Title III-B), congregational nutrition (Title III-C1), home-delivered nutrition (Title III-C2), and national family caregiver services (Title III-E) for each Planning and Service Area (PSA).
2. The second formula describes the methodology for amounts to be made available for disease prevention and health promotion (Title III-D) and elder abuse prevention (part of Title VII).

Administration

3. The third formula indicates the methodology for apportioning the amounts to be made available for Area Agency on Aging (AAA) administration in each area.

In addition to the IFF, the OAA, as amended, prescribes minimum funding requirements for rural areas as described in the Rural Considerations section of the plan.

1. Intrastate Distribution Formula for Services Under OAA Titles III-B, IIIC-1, IIIC-2 and III-E

Provided that Florida's total allocation of OAA appropriations under Titles III-B, IIIC-1, IIIC-2, and III-E is equal to, or larger than, its total allocation under the same titles for the 2003 year, the distribution of the share of such funds that corresponds to Florida's Area Agencies on Aging (AAA), shall be made by doing the following:

- (a) Allocating to each Area Agency on Aging a sum of funds equal to its 2003-year allocation and
- (b) Allocating among Area Agencies on Aging any remaining funds using the factors, weights and data sources specified in Table 1 to determine their corresponding share of such funds.

If Florida's total allocation of Older Americans Act appropriations under Titles III-B, IIIC-1, III-C-2 and III-E is less than its total allocation under the same titles for the 2003 year, the distribution of the share of such funding that corresponds to Florida's Area Agencies on Aging, shall be made by doing the following:

- (c) Allocating to each Area Agency on Aging an amount that is proportional to the share of the state's allocation it received in 2003 for each title.

2. Intrastate Distribution Formula for Services Under OAA Title IIID and Elder Abuse Prevention (part of Title VII)

Intrastate distribution of funds to be made available for disease prevention and health promotion (Title III-D) and elder abuse prevention (part of Title VII):

Title III-D funds are distributed by first allocating all funding based on a formula of 50 percent age 65 and older and medically underserved and 50 percent of the population below poverty age 60 and older, and then applying a "hold harmless" principle to the previous year's total funding enabling each area to receive at least the funding it had in the prior year.

If Florida's total allocation of OAA appropriations under Titles IIID is less than its total allocation for the prior year, the distribution of the share of such funding that corresponds to Florida's Area Agencies on Aging, shall be made by allocating to each AAA an amount that is proportional to the share of the state's allocation it received in the prior year.

Note: Title VII funds for elder abuse prevention are awarded in equal amounts to each area. The remaining Title VII funds are for the Ombudsman Program, which is administered from the Department with no funds allocated to the AAAs.

3. **Intrastate Distribution Formula for Area Agency Administration Under OAA Titles III-B, IIIC-1, IIIC-2 and III-E**

Administrative funding to be distributed to Area Agencies on Aging under the Older Americans Act shall be distributed through the following means:

- (a) Providing a base allocation to each Area Agency on Aging of seven percent of Title III services with a minimum of \$230,000.
- (b) Apportioning the balance of the funds according to the factors, weights, and data sources listed in Table 2.

Table 1: Florida Intrastate Funding Formula for Services, Older Americans Act Titles III-B, C and E.*

Florida Intrastate Funding Formula for Services			
AAA Funding = Base Funding + Funding in Excess of Base			
Base Funding:			
Factors	Weight	Data Source	Purpose
Allocate base funding at 2003 funding level.	N.A.	Florida Department of Elder Affairs Operating Budget	Acknowledge funding level needed to avoid discontinuation of services to elders in rural areas and areas in economic distress that have not grown as fast. This is in keeping with OAA Section 305(a)(2)(E).
Funding in Excess of Base: remainder of funding allocated according to the following formula factors, weights and data sources.			
Share of population 60 and older	35 percent	Florida Legislature: Most Recent Florida Demographic Estimating Conference (FDEC) and American Community Survey (ACS) Estimates	Reflect the proportion of the state's population 60 and older as required by OAA Section 305(a)(2)(C)(ii)
Share of population 60 and older below poverty	35 percent	Florida Legislature: Most Recent FDEC and ACS Estimates	Reflect the proportion of the state's population 60 and older at highest economic need as required by OAA Section 305(a)(2)(C)(ii)
Share of minority population 60 and older below 125% of poverty	15 percent	Florida Legislature: Most Recent FDEC and ACS Estimates	Reflect the proportion of elders culturally or linguistically isolated who also have high economic need; as required by OAA Section 305(a)(2)(C)(ii)
Share of population 65 and older with two or more disabilities	15 percent	Florida Legislature: Most Recent FDEC and ACS Estimates	Reflect the proportion of elders at greatest need for services; as required by OAA Section 305(a)(2)(C)(ii)

*Factors are in keeping with OAA, as amended. Weights were set in *Meek v. Martinez* (1987).

Table 2: Florida Intrastate Funding Formula for Services, Older Americans Act Title III-D

Florida Intrastate Funding Formula for OAA Title IIID Services			
Area Funding = Apply Formula Factors, then Hold Harmless principle to Base Funding Base Funding: Hold Harmless to Previous Year			
Factors	Weight	Data Source	Purpose
Share of population 60 and older with income below poverty	50 percent	American Community Survey Estimates	Target those with lower incomes
Share of people 65 and older living in “Medically Underserved Areas” plus the number of people age 65 and older who live in areas defined as having “Medically Underserved Populations”	50 percent	Florida Department of Health	Target those with lower access to health services

Table 3: Florida Intrastate Funding Formula for Administration, Older Americans Act Titles III-B, C and E.

Florida Intrastate Funding Formula for Administration			
Area Funding = Base Funding + Funding in Excess of Base			
Base Funding:			
Factors	Weight	Data Source	Purpose
Base funding is equal to the higher of the following: 7% of OAA services allocation or \$230,000	N.A.	Florida Department of Elder Affairs Operating Budget	Reflect the cost of the minimum needed to perform AAA functions, which is fixed
Florida Factors for Funding in Excess of Base			
Share of population 60 and older	50 percent	Florida Legislature: Most Recent Florida Demographic Estimating Conference	Reflect the proportion of administrative costs to size of population served
Number of counties in PSAs*	25 percent	Section 58-A-1.001 (44), Florida Administrative Code*	Reflect the proportion of administrative cost to number of counties served
Community Care for the Elderly Core Services allocation	25 percent	Florida Department of Elder Affairs Operating Budget	Reflect the cost of supporting the administration on non-OAA funded elder services

*Denotes correction to Planning and Service Area reference and citation.

Table 4: Older Americans Act Awards: Titles III and VII Grant Award

Grant Award: 2012 Older Americans Act Allocation								
Grant Award Titles III and VII		Florida's Allotments Under the Older American Act						
Allotment/Modification	Total Amount III and VII	III-B Supportive Services	III-C1 Congregate Meals	III-C2 Home Delivered Meals	III-D ⁵ Preventive Health	III-E National Family Caregiver	VII Ombudsman Activity	VII Elder Abuse Prevention
Florida's 2012 Allotment ¹	\$88,303,290	\$26,054,949	\$31,278,922	\$15,812,575	\$1,551,522	\$12,023,622	\$1,222,346	\$359,354
Florida's 2011 Allotment ¹	\$88,679,217	\$26,156,381	\$31,377,920	\$15,778,524	\$1,554,456	\$12,230,935	\$1,219,737	\$361,264
Increase (Decrease) in 2012 Allotment	(\$375,927)	(\$101,432)	(\$98,998)	\$34,051	(\$2,934)	(\$207,313)	\$2,609	(\$1,910)
State Agency Administration ²	\$3,468,864	\$8,526	\$981,053	\$629,541	\$24,385	\$1,825,359		
Long Term Care Ombudsman Program ³	\$1,627,006	\$404,660					\$1,222,346	
Elder Abuse Prevention	\$359,354							\$359,354
AAA's - Balance of the Grant Award	\$82,848,066	\$25,641,763	\$30,297,869	\$15,183,034	\$1,527,137	\$10,198,263		
AAAs Administration ⁴	\$8,284,807	\$2,716,890	\$3,029,787	\$1,518,303		\$1,019,827		
AAAs Service Allocation – 2012	\$74,563,259	\$22,924,873	\$27,268,082	\$13,664,731	\$1,527,137	\$9,178,436		

Assumptions for Above Allocation:

1. Original Award
2. State Administration computed using 4% of the original grant award balance for programs III-B, III-C1, III-C2, III-D, and III-E.
3. Ombudsman Allocation for III-B must be same as 2000 (\$404,660).
4. Area Agency Administration computed using 10% of the original grant award balance for programs III-B, III-C1, III-C2, and III-E (III-D amount is included for calculation purposes only).
5. For III-D, minimum amount of \$1,229,380 must be evidence based according to AOA Award.
6. Contract Period: January 1, 2012, through December 31, 2012.

Table 5: 2012 Older Americans Act Grant Award - Allocations, III-B, III-C, III-E Contracts

PSA	Title III-B Supportive Services	Title III-C1 Congregate Meals	Title III-C2 Home Delivered Meals	Title III-E National Family Caregiver	OAA Formula Admin Allocation	GR Formula Admin Allocation	OAA Contract Amount Including GR
1	\$739,993	\$860,712	\$433,435	\$294,556	\$347,024	\$14,535	\$2,690,255
2	\$853,403	\$991,629	\$499,474	\$339,613	\$465,279	\$19,488	\$3,168,886
3	\$2,254,276	\$2,665,741	\$1,337,564	\$901,171	\$920,298	\$38,545	\$8,117,595
4	\$2,004,285	\$2,367,009	\$1,188,012	\$800,960	\$742,811	\$31,112	\$7,134,189
5	\$1,851,824	\$2,170,250	\$1,091,082	\$738,563	\$675,213	\$28,280	\$6,555,212
6	\$2,579,208	\$3,038,977	\$1,526,039	\$1,030,097	\$881,003	\$36,900	\$9,092,224
7	\$1,908,326	\$2,319,645	\$1,157,037	\$768,418	\$685,217	\$28,699	\$6,867,342
8	\$1,957,415	\$2,354,240	\$1,176,953	\$785,978	\$775,269	\$32,471	\$7,082,326
9	\$2,349,455	\$2,798,112	\$1,401,821	\$940,964	\$834,945	\$34,971	\$8,360,268
10	\$1,941,455	\$2,318,263	\$1,160,765	\$778,091	\$669,733	\$28,051	\$6,896,358
11	\$4,485,233	\$5,383,504	\$2,692,549	\$1,800,025	\$1,288,016	\$53,947	\$15,703,274
Total	\$22,924,873	\$27,268,082	\$13,664,731	\$9,178,436	\$8,284,807	\$346,999	\$81,667,928

Table 6: 2012 Older Americans Act Grant Allocations for III-D
and VII Elder Abuse Prevention

PSA	III-D Preventive Health	VII Elder Abuse Prevention	PSA Contract Total
1	\$89,775	\$23,000	\$112,775
2	\$78,454	\$23,000	\$101,454
3	\$247,257	\$23,000	\$270,257
4	\$121,021	\$23,000	\$144,021
5	\$138,736	\$23,000	\$161,736
6	\$133,409	\$23,000	\$156,409
7	\$184,131	\$23,000	\$207,131
8	\$87,844	\$23,000	\$110,844
9	\$99,604	\$23,000	\$122,604
10	\$114,198	\$23,000	\$137,198
11	\$232,708	\$23,000	\$255,708
Total	\$1,527,137	\$253,000	\$1,780,137

Table 7: State Funded and Waiver* Programs, State Fiscal Year 2011-2012

PSA	Community Care for the Elderly		Alzheimer's Disease Initiative	Home Care for the Elderly	Aged and Disabled Adult Medicaid Waiver Program	Assisted Living Waiver	Total
	Admin	Services					
1	\$68,071	\$1,197,780	\$323,326	\$426,393	\$3,855,660	\$1,852,530	\$7,723,760
2	\$68,071	\$1,466,376	\$405,820	\$570,600	\$5,919,894	\$1,550,372	\$9,981,133
3	\$68,071	\$3,533,507	\$744,551	\$719,629	\$9,142,201	\$3,018,970	\$17,226,929
4	\$68,071	\$3,815,622	\$518,172	\$553,592	\$7,146,309	\$2,273,778	\$14,375,544
5	\$68,071	\$5,651,993	\$695,953	\$669,306	\$8,237,270	\$6,128,695	\$21,451,288
6	\$68,071	\$4,106,624	\$736,642	\$823,741	\$8,635,770	\$4,327,004	\$18,697,852
7	\$68,071	\$3,019,108	\$549,983	\$531,632	\$8,184,294	\$3,705,644	\$16,058,732
8	\$68,071	\$3,719,399	\$644,661	\$518,365	\$4,113,552	\$2,314,638	\$11,378,686
9	\$68,071	\$3,427,226	\$2,224,450	\$586,622	\$12,163,676	\$1,869,727	\$20,339,772
10	\$34,035	\$5,353,523	\$1,368,575	\$651,029	\$6,671,705	\$1,803,899	\$15,882,766
11	\$68,071	\$4,473,714	\$874,397	\$1,852,448	\$27,270,706	\$5,954,223	\$40,493,559
Total	\$714,745	\$39,764,872	\$9,086,530	\$7,903,357	\$101,341,037	\$34,799,480	\$193,610,021

* Waiver programs contain approximately 55.9 percent Federal Medicaid Funding.

Appendix 2: Programs and Services

The Department of Elder Affairs administers a wide variety of assistance programs funded by both the federal government and the State of Florida. Applicants are prioritized for services based on their needs and service availability. The following is a brief descriptive overview of Department programs:

PROGRAM	DESCRIPTION
OLDER AMERICANS ACT	Most Older Americans Act services are delivered by service providers. A few services are provided directly by Area Agencies on Aging (AAAs) on the basis of service availability, economy, or relationship to administrative function. Services that may be provided directly by all AAAs in Florida include outreach, information, and referral/assistance. Any other services to be provided directly by AAAs require submission of a waiver request to DOEA fully justifying why the waiver is needed.
Title III B	Supportive Services Provides a wide array of services to help elders live independently in their home environment or community.
	Information and Referral/Assistance Includes a statewide network of 12 Elder Helplines. Each PSA has at least one Elder Helpline Florida's Elder Helpline toll free number: 1-800-96-ELDER (1-800-963-5337).
Title III C1	Congregate Meals
Title III C2	Home-Delivered Meals
Nutrition Services Incentive Program	Supplements funding for food used in meals served under the OAA. Provides additional funding to help providers adjust meal rates, improve meal quality, and increase the number of meals provided to needy clients.
Title III D	Preventive Health Services Provides disease prevention seminars, physical activity sessions, nutrition counseling, mental health counseling, falls prevention workshops, and evidence-based (EB) programs. EB Programs in Florida include: <i>Chronic Disease Self-Management Program (CDSMP)</i> <i>A Matter of Balance</i> <i>EnhanceFitness</i> <i>Eat Better Move More</i> <i>Fit & Strong!</i> <i>Healthy Ideas</i> <i>Tai Chi: Moving for Better Balance</i> <i>Tomando Control de su Salud</i> <i>Diabetes Self-Management Program</i> Other initiatives include health workshops/seminars, health fairs, and health screening opportunities.
Title III E	National Family Caregiver Support Program Provides services to adult family members who provide in-home and community care for a person age 60 or older, or to grandparents and relatives age 55 or older who serve as caregivers for children 18 and younger or for children of any age who have disabilities.
Title V	Senior Community Service Employment Program (SCSEP) Serves unemployed low-income Floridians who are at least age 55 and have poor employment prospects. Participants are placed in a part-time community service position with a public or private non-profit organization, to assist them in developing skills and experience to facilitate their transition to unsubsidized employment. The program's goal is to help keep elders economically self-sufficient while enjoying the social and physical benefits of remaining a vital part of Florida's workforce.

PROGRAM	DESCRIPTION
Title VII	Elder Abuse Prevention Supports programs and services to protect elders from abuse and provide public education, training, and information regarding elder abuse prevention.
	Long-Term Care Ombudsman Program A statewide, volunteer-based system of district councils that work to protect, defend, and advocate on behalf of long-term care facility residents. Ombudsmen identify, investigate, and resolve complaints made by, or on behalf of, residents of nursing homes, assisted living facilities, adult family-care homes, or continuing care retirement communities
STATE GENERAL REVENUE PROGRAMS	
Alzheimer's Disease & Related Disorders (ADRD) Training Provider & Curriculum Approval	Provides review and approval of training providers and training curricula for specified employees of nursing homes, assisted living facilities, hospices, home health agencies, and adult day care centers.
Alzheimer's Disease Initiative (ADI)	Provides a continuum of services to meet the changing needs of individuals with, and families affected by, Alzheimer's disease and similar memory disorders. The program includes four components: 1) Supportive services including counseling, consumable medical supplies, and respite for caregiver relief; 2) Memory disorder clinics to provide diagnosis, education, training, research, treatment, and referral; 3) Model day care programs to test new care alternatives; and 4) A research database and brain bank to support research.
Community Care for the Elderly (CCE)	Provides community-based services organized in a continuum of care to help functionally impaired older people live in the least restrictive yet most cost-effective environment suitable to their needs.
Home Care for the Elderly (HCE)	Supports care for Floridians age 60 and older in family-type living arrangements within private homes, as an alternative to institutional or nursing home care. A basic subsidy is provided for support and maintenance of the elder, including some medical costs. A special subsidy may also be provided for services and/or supplies.
Local Services Programs (LSP)	Provide additional funding to expand long-term care alternatives that enable elders to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement.
Respite for Elders Living in Everyday Families (RELIEF)	Offers respite services to caregivers of frail elders and those with ADRD. The intent is to provide respite to family caregivers in order to increase their ability to continue caring for a homebound elder, thus avoiding the need to institutionalize the elder. Individuals who do not currently receive other DOEA services are given first priority. A multi-generational corps of volunteers receives pre-service training. These volunteers are then individually matched with clients to ensure that their personalities, skills, interests, and abilities are a good fit with the elders and caregivers they will be serving. Some volunteers may receive stipends.
Statewide Public Guardianship Office	Provides services to meet the needs of truly vulnerable persons who lack the capacity to make decisions on their own behalf. Guardians protect the property and personal rights of incapacitated individuals. SPGO is responsible for appointing and overseeing Florida's public guardians, as well as for the licensing and education of Florida's professional guardians.
MEDICAID PROGRAMS	

PROGRAM	DESCRIPTION
Comprehensive Assessment and Review for Long-Term Care Services (CARES)	Florida's federally mandated pre-admission screening program for nursing home applicants. Conducts assessments, establishes the appropriate level of care (medical eligibility for nursing facility care/Medicaid waivers), and recommends the least restrictive, most appropriate placement.
Aged and Disabled Adult Waiver	Medicaid waiver home and community-based services are provided to older persons and disabled individuals assessed as being frail, functionally impaired, and at risk of nursing home placement. A case manager determines services based on a comprehensive assessment of needs. The services are designed to help the recipient remain in the community for as long as possible.
Consumer-Directed Care Plus (CDC+) Program	A self-directed option for seniors participating in the Aged and Disabled Adult Waiver. The CDC+ program allows participants to hire workers and vendors of their own choosing – including family members or friends – to help with daily needs such as house cleaning, cooking, and getting dressed. The program provides trained consultants to help consumers manage their budgets and make decisions. With the coaching of a consultant, program participants may manage their own care or they may elect to have a friend or family member represent them in making decisions about their services.
Assisted Living Waiver	For individuals age 60 and older who are at risk of nursing home placement and who meet additional specific criteria related to their ability to function. Recipients need additional support and services, which are made available in assisted living facilities with Extended Congregate Care or Limited Nursing Services licenses.
Channeling Waiver	A home and community-based services program that began in 1985 and is operated through an annual contract with an organized health care delivery system in Miami-Dade and Broward counties. Through contracts with the Department, the organization receives a per-diem payment to provide, manage, and coordinate enrollees' long-term care service needs.
Long-Term Care Community Diversion Pilot Project (Nursing Home Diversion Program)	Designed to target the frailest individuals who would otherwise qualify for Medicaid nursing home placement, instead offering them community-based alternatives. The project uses a managed care delivery system to provide comprehensive acute and long-term care services to individuals who are dually eligible for Medicare and Medicaid. The state, through a monthly capitated rate, covers all home and community-based services and nursing home care. The rate also pays for Medicare co-insurance and deductibles. Contractors are at risk for in-home and nursing home services and may choose to use assisted living facilities as a lower-cost option to nursing home care when appropriate as an alternative to nursing home care. By receiving integrated acute and long-term services, such as home-delivered meals, coordination of health services, and intensive case management, clients are better able to remain in the community.
Program of All-Inclusive Care For The Elderly (PACE)	A project within the Diversion Program (see above program listing) that targets individuals who would otherwise qualify for Medicaid nursing home placement and provides them with a comprehensive array of home and community-based services at a cost less than nursing home care. Individuals who choose to enroll in PACE have both their medical and long-term care needs managed through a single provider.
OTHER DEPARTMENT PROGRAMS	
Adult Care Food Program	Reimburses participating adult care centers and other eligible centers to help them provide nutritious, wholesome meals to adult-care participants. Centers using this program help maintain participants' nutritional status while keeping food costs down.
AmeriCorps	A network of national service programs that engages a multi-generational corps of members, who receive a living allowance and commit to one year of service in exchange for an education award. Members serve on a full-time, part-time, or quarter-time basis annually for 1,700 hours, 900 hours, and 450 hours, respectively. AmeriCorps programs recruit members and community volunteers for intensive service to meet critical needs in education, public safety,

PROGRAM	DESCRIPTION
	health, and the environment. Department program services include respite, education, and community outreach to elders, caregivers, and families.
Communities for a Lifetime	A program initiative that assists Florida's communities in planning and implementing improvements that benefit the lives of all their residents young and old. This initiative recognizes the diverse needs of residents and the unique contributions each individual can make to his/her community. Communities that participate use existing resources and state technical assistance to make crucial civic improvements in areas such as housing, health care, transportation, accessibility, business partnerships, and education and to make efficient use of natural resources, volunteer opportunities, and recreation.
Elder Farmers' Market Nutrition Program	Provides coupons to low-income elders, promoting good nutrition through greater consumption of fresh fruits and vegetables. At the same time, the program also supports local farmers by increasing their sales through coupon redemption. Eligible elders in Alachua, Bay, Hernando, Jackson, Leon, Liberty, Sumter, Suwannee, Union, and Washington counties can exchange coupons for approved locally grown fresh fruits and vegetables at farmers' markets. The coupon program typically begins April 1 and ends July 31 of each year.
Emergency Home Energy Assistance for the Elderly Program (EHEAP)	Assists low-income households that include at least one person age 60 or older, when the households experience a home energy emergency. Payments are for home heating or cooling and other emergency energy-related costs during the heating (October-March) and cooling (April-September) seasons. Eligible households may be provided one benefit per season.
Senior Companion Program	A national service peer-volunteer program funded by a grant from the Corporation for National and Community Service. Senior Companion volunteers provide services to elders at risk of institutionalization due to chronic illnesses, disabilities, or isolation. Volunteers receive pre-service and monthly training, a modest tax-free stipend to help defray expenses, local transportation reimbursement, accident and liability insurance while on duty, and an annual medical checkup.
Serving Health Insurance Needs of Elders (SHINE) Program	Provides the only source of free, personal, and confidential Medicare-related counseling assistance for Florida's Medicare beneficiaries, their families, and caregivers through a statewide network of trained volunteer counselors. SHINE is part of the national State Health Insurance Assistance Program (SHIP).

Elder Update Newspaper

The *Elder Update* is a bi-monthly newspaper published by the Florida Department of Elder Affairs. The paper features topics and issues of special interest to elders as well as guest articles from health experts, case managers, and consumers. A subscription to the *Elder Update* is free to Florida residents by simply calling the Elder Helpline and making the request.

Appendix 3: Florida's Area Agencies on Aging



Appendix 4: Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

An internal workgroup was assembled with representatives of the Department's major programs to update the SWOT analysis in 2011. Through these efforts and ongoing policy research, the Department identified the following strengths, weaknesses, opportunities, and threats:

Strengths:

- ❖ The Department is largely privatized (95 percent) and therefore does not have excessive administrative costs.
- ❖ The Department's ability to efficiently and effectively administer long-term care programs.
- ❖ The Department administers a variety of innovative programs such as Consumer-Directed Care Plus, Medicaid Home and Community-Based Waivers, Managed Medicaid Long-Term Care, and Community Care for the Elderly, which result in significant cost savings for Florida.
- ❖ Leadership of DOEA in emergency management/disaster preparedness planning in partnership with other state agencies.
- ❖ Strong established partnerships relating to planning and advocacy for elder needs and issues.
- ❖ More than 100 communities throughout the state 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.
- ❖ The number of volunteers and hours of volunteer time coordinated through the Department and the aging network.
- ❖ The many dedicated and committed family caregivers who provide untold hours of care for frail elders in the aging network.
- ❖ DOEA and aging network experience with, and willingness to explore, innovative solutions to serve the long-term care needs of elders.
- ❖ Infrastructure for evidence-based health promotion and disease prevention programming with readiness to expand programming as funding becomes available.
- ❖ Access to long-term care information and public and private services for elders, families, and caregivers through the Aging Resource Centers/Aging and Disability Resource Centers and Comprehensive Assessment and Review for Long-Term Care Services (CARES).
- ❖ Extensive infrastructure for the delivery of a wide range of home and community-based services including self-directed care that allows elders to hire friends and family to provide care.

- ❖ Diversion or transition of consumers from nursing facility placement to less restrictive and less costly environments by the CARES program with the support and services provided by the aging network.
- ❖ Utilization of the Department's Client Information and Registration Tracking System (CIRTS), a system used by the aging network statewide to track service use and program enrollment, record assessment data, and allow for program planning and evaluation.

Weaknesses:

- ❖ Lack of sufficient resources to serve all high-priority (frail) individuals requesting home and community-based services, resulting in preventable skilled nursing facility placements.
- ❖ Limited services for waitlisted elders in need of services and not yet Medicaid eligible who are at risk of becoming eligible once they spend down their assets.
- ❖ Limited access to long-term care services for elders in rural areas.
- ❖ Limited access to long-term care services for low-income and minority elders.
- ❖ Limited availability of funding for public guardians.
- ❖ Limited funding prevents securing additional full-time staff to address the wide array of issues that affect Florida's large and growing number of elders.
- ❖ High rate of staff turnover due to non-competitive salaries/compensation and a high number of Other Personnel Services (OPS) staff who leave for jobs with benefits.
- ❖ Insufficient analytic resources to fully unlock the value of the organization's data.
- ❖ Limited opportunities for the Department to educate the judicial system and first responders (EMTs and law enforcement) about ways to identify elder abuse, neglect, and exploitation, including fraud.

Opportunities:

- ❖ Florida's abundance of retirees and elders, many of whom are highly educated and have discretionary resources.
- ❖ Number of retired health care professionals who could be enlisted to provide preventive care and screening.
- ❖ Intergenerational opportunities to meet consumer needs.
- ❖ Increased faith-based involvement in providing services for and outreach to elders.
- ❖ Potential to increase the availability of caregivers who provide informal support, enhancing the effect of paid care provided.
- ❖ Potential for further public/private partnerships to increase the number and types of services available for elders.

- ❖ Willingness of health care providers to partner with aging network providers to reduce hospital/emergency department readmissions and provide in-home services.
- ❖ Potential to increase partnerships with universities to increase the geriatric workforce.
- ❖ Use of emerging technology and online options to enhance the availability of training and outreach programs to educate the public on elder issues and services.
- ❖ Availability of technology for data input and access and streamlining of work processes.
- ❖ Availability of affordable technology for telemedicine and telehealth activities.
- ❖ Potential for increased funding through insurance reimbursement for evidence-based health promotion/disease prevention programming.
- ❖ Involvement with the Medicaid managed long-term care reform initiatives.
- ❖ The establishment of a direct-support organization (DSO), which would provide assistance, funding, and support to the Department.
- ❖ New developments in the prevention and treatment of chronic conditions that promote the independence of elders.

Threats:

- ❖ Lack of suitable and affordable housing for elders.
- ❖ Incidence of homelessness and nursing facility admission due to lack of affordable housing and funds for services.
- ❖ Inadequate transportation alternatives limiting elder mobility.
- ❖ The lack of hold-harmless/immunity legislation for people who would volunteer to drive elders to appointments limits the opportunity to help increase mobility choices for elders.
- ❖ Ageist viewpoints and practices in the workplace and other environments.
- ❖ Difficulty faced by elders wanting to find jobs or pursue employment.
- ❖ Lack of early intervention services resulting in a greater numbers of individuals becoming Medicaid eligible.
- ❖ Fewer resources in rural areas to provide home and community-based service options to elders.
- ❖ Service demands growing faster than current funding for home and community-based services intake and eligibility services.
- ❖ Economic conditions leading to loss of service dollars.
- ❖ Increasing number of low-income elders needing services.

- ❖ Increased risk of domestic violence, abuse, neglect, and exploitation resulting from the current economic condition.
- ❖ Societal/public perception and acceptance that elder abuse rarely occurs.
- ❖ Vulnerability of elders to fraud and abuse, self-neglect, and exploitation, particularly for isolated elders.
- ❖ Lack of awareness of services that are offered at senior centers and elders having the incorrect perception that senior centers are only for elders older than they are.
- ❖ Decrease in the value of retirement savings.
- ❖ Current shortfall in medical and geriatric staff.
- ❖ The laws governing background screening of individuals who work with certain vulnerable Floridians, including elders.
- ❖ Florida's geographic vulnerability to hurricanes and tropical storms.

Appendix 5: Disaster Preparedness

Florida must remain diligent in maintaining a culture of preparedness even though there has been a significant decrease in hurricane activity involving our state in recent hurricane seasons.

Disaster preparedness continues to be a significant issue for the elder population. Lessons learned from the previous hurricane seasons have revealed the need for improved planning and coordination in each community.

As demonstrated by the 2005 hurricane season and the 2011 earthquake and tsunami in Japan, older adults may be at greater risk of unfavorable health outcomes and loss of independence if there is a disruption to their support network and continuity of care. Many older adults rely upon assistance from their family, friends, and caregivers to assist with their daily activities, such as bathing, preparing meals, transportation, and taking medications. Factors such as impaired mobility, diminished sensory awareness, chronic health conditions, and social and economic limitations may impair their ability to prepare for, respond to, and recover from a disaster.

Floridians face the potential for a wide range of disasters, ranging from tornadoes and lightening storms to wildfires and floods, in addition to hurricanes and tropical storms. Elders may also be impacted by extreme changes in weather conditions, such as freezes and heat waves. The potential for these events make it essential for elders and their caregivers to prepare an emergency plan in advance. This includes ensuring that necessary supplies and medications are available to last for at least seven days and to know where to go if evacuation orders are issued. Every effort should be made to plan ahead. Without a plan, elders may be more reluctant to evacuate and may risk their lives by remaining in their homes, due to their fear of losing their spouse, family, friends, and pets, along with their valued possessions.

The Department of Elder Affairs performs a key role in disaster preparedness and response for elders. Through partnerships with other state agencies, the agency coordinates resources and services available to elders throughout Florida during hurricanes and other disasters. Other agencies involved in preparations, response, and recovery efforts for Florida seniors include the Agency for Health Care Administration, Department of Health, Department of Veterans' Affairs, Agency for Persons with Disabilities, Department of Children and Families, Department of Economic Opportunity, Department of Education, and Department of Military Affairs.

The Department of Financial Services/Office of Insurance Regulation and the Department of Business and Professional Regulation play a key role in assisting Florida residents in the event of a disaster. Issues such as insurance fraud and regulation, post-disaster construction, and damage recovery are all concerns that arise following disasters. The financial impacts of hurricanes and other events are regulated and overseen by these agencies.

Objectives

- Objective 1 - Encourage the integration of a coordinated federal, state, and local emergency response plan for elders through the state's Comprehensive Emergency Plan (CEMP) in the event of public health emergencies, catastrophic events, or disasters.
- Objective 2 - Provide education, demographic information, training, and technical assistance on disaster planning and emergency response for elders to increase public awareness, create a culture of preparedness, and provide expertise to local, state, and federal officials.
- Objective 3 - Support efforts to improve access and transportation to special needs shelters, including improvements to the special needs registry, and ensure the appropriateness of services available at special needs shelters.
- Objective 4 - Support efforts to improve and standardize special needs shelter procedures for discharge planning and transition assistance for elders in the event of a public health emergency, catastrophic event, or disaster.
- Objective 5 - Develop a comprehensive planning template and sample plan for communities to use in preparing to address unique needs of elders to mitigate the effects of public health emergencies, catastrophic events, and disasters.
- Objective 6 - Seek support to identify resources available to locate and contact elders in the general population who are not currently receiving assistance or services from the aging network, but who may require assistance during a public health emergency, catastrophic event, power outage, or disaster.
- Objective 7 - Work with local emergency response agencies and county emergency operations centers to maximize their ability to plan for and meet the needs of elders in the event of public health emergencies, catastrophic events, or disasters.

Key Implementation Strategies, Roles, and Responsibilities:

It is essential that the State of Florida develop and implement reliable communication, coordination, and delivery of services across government agencies, the aging network, and care provider systems as the foundation of emergency plans. The Department of Elder Affairs, other agencies whose charters require services to elders, and, in particular, the Division of Emergency Management should assist local governments to facilitate emergency preparedness and disaster planning at federal, state, and local levels.

Government should be sensitive to the unique needs and resources of elders. Some elders will require assistance with increased physical, mental, and emotional needs during emergencies. Those in institutions and with limited mobility may require transportation and other assistance. Actively involved elders can serve as useful resources supporting emergency response efforts as they bring their expertise to bear on disaster preparedness. The Department, through

collaboration with its state partners, has identified the following strategies in addressing Florida's needs with respect to disaster preparedness:

- Continue on-going collaboration with state and local emergency operations centers to increase awareness and understanding of special needs of elders (Objectives 1-7)
- Provide updated demographic information and statistics on elder populations for each county to state and county emergency operation centers (Objectives 2,3,5,6,7)
- Champion the development and designation of emergency operations center liaisons/teams at the local level to coordinate and assist in responding to the specific needs of elders (Objectives 1-7)
- Recommend minimum standards and critical elements to be included in state, agency, and county Comprehensive Emergency Management Plans (CEMP) to address the needs of elders. Examples include redundancy plans for essential services and transportation needs during evacuations (Objectives 1-7)
- Review the State of Florida Comprehensive Plan, State of Florida Comprehensive Emergency Management Plan, and state agency and county plans to ensure each addresses the needs of elders (Objectives 1-7)
- Review the state CEMP and regional, county, local, and agency plans to identify “best practices for elders” to be used as a template for regional, county, local, and agency plans (Objectives 1-5, 7)
- Collect and share best practices by gathering input from the aging network on “what worked and why” and “what didn’t work and why” from past experiences in preparing for, responding to, and recovering from a disaster (Objectives 1-7)
- Make recommendations on levels of care needed and services to be provided to address the differences between the emergency needs of elders who reside in urban and rural areas (Objectives 1-7)
- Encourage more comprehensive emergency and disaster pre-planning in communities with significant special needs and elder populations at the local level (Objectives 1-7)
- Support the efforts of the Communities for a Lifetime initiative to create elder-ready communities (Objectives 1-7)
- Collaborate on interagency efforts and proposed legislation to improve access to special needs shelters, services, and discharge planning for persons with special needs (Objectives 1-5, 7)
- Ensure that multi-agency response teams are ready to assemble and deploy rapidly upon a determination by state emergency management officials that a disaster area requires additional assistance (Objectives 1-5, 7)

- Support efforts to ensure that local and facility evacuation plans identify where elders go if the event impacts facilities (e.g., nursing homes, assisted living facilities, hospices, and hospitals) (Objectives 1-5, 7)
- Encourage counties and municipalities to develop mutual aid agreements and establish a communication structure to coordinate efforts in providing services to elders during catastrophic events (Objectives 1-7)
- Identify regional care centers, and plan with other agencies to have response options in place for catastrophic events when local operations may become overwhelmed and shelters may become compromised due to the event or additional unforeseen circumstances (e.g., extended power outages, lack of fuel) (Objectives 1,3,4,7)
- Encourage health officials and members of the medical community to enable easier access to medical records, prescriptions, and medications during declared disasters (Objectives 1-7)
- 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 (Objectives 1-5, 7)
- Encourage counties and municipalities to plan for the care of elder populations with special needs following disaster events. Special needs shelters must have adequate infrastructure to provide continuity of care that may be dependent upon durable (life sustaining or life supporting) medical equipment such as oxygen, respirators, wheelchairs, etc., and provide meals that meet dietary restrictions and nutritional requirements (Objectives 1-3,5-7)
- Work to ensure reimbursement issues are resolved for health care facilities that receive discharged special needs shelter clients, and that a funding mechanism is put in place in advance of a disaster (Objectives 1, 3-5, 7) (homes, assisted living facilities, hospices, and hospitals) (Objectives 1-5, 7)
- Ensure that special needs shelter discharge planning procedures are standardized throughout the state (Objectives 1, 3-5, 7)
- Ensure that special needs shelters are open to caregivers (Objectives 1-5,7)
- Encourage the establishment of more “pet friendly” general population shelters and special needs shelters. Support efforts to educate and train emergency shelter staff regarding regulations pertaining to service animals (Objectives 1,3,5,7)
- Encourage local and county emergency officials to plan for and provide appropriate security at shelters (Objectives 3,5,7)
- Continue to work with FEMA to adopt a standardized rapid needs assessment tool that can be used in general population shelters, special needs shelters, or disaster recovery centers to

prioritize elders needing housing, transportation, medications, placement assistance, food, and water (Objectives 4,5,7)

- Encourage local emergency operations to review the potential need of elders for sheltering due to extreme emergency conditions (e.g., long-term power outages, extensive numbers of damaged or condemned structures, flooding, damaged roofs, shortages of tarps, continuing rain storms, etc.) (Objectives 1-7)
- Communicate the necessity of planning at the state and local level for the effect of long-term power outages and lack of fuel on otherwise independent and self-sufficient elders. Support efforts to ensure adequate fuel supply is available for emergency responders and service providers within the aging network (Objectives 1,2,5-7)
- Support efforts to improve the efficiency and accuracy of information contained in the emergency status database of available beds (Objectives 1-5,7)
- Consider requiring elder residential communities, condominiums and long-term care facilities (e.g., assisted living facilities, nursing homes, etc.) to ensure their ability to maintain care and provide safe housing
- Encourage county and local emergency officials to establish contact networks in their response plans to ensure that elders have been checked on to determine their needs and status after a disaster (e.g., 72-hour check, eight-day check, buddy system, call tree, etc.) (Objectives 1,2, 5-7) post event (e.g., a requirement for generators at such facilities to insure the continuation of power and ability to operate elevators) (Objectives 2,5,7)
- Communicate the need for state, county, and local officials to prioritize the allocation of resources, assistance, and distribution of emergency supplies to meet the needs of the state's most vulnerable populations following a disaster: elders, children, and persons with special needs or disabilities, etc. (Objectives 1,2,4-7)
- Encourage state, county, and local emergency officials to develop procedures for delivery of supplies to elders in residential communities and persons with special needs who, for safety and health reasons, should not attempt to travel to established points of distribution (PODs) sites designated for the general population (Objectives 1,2,4-7)
- Support efforts to coordinate the distribution of food, water, ice, and supplies to the general population at major food stores or supply chain stores once these outlets open or become operational with the use of generators. This practice will allow resources to become available to meet the needs of vulnerable and elder populations (Objectives 1,2,5,7)
- Provide training and technical assistance to county Emergency Operation Centers (EOCs) and local communities in developing plans for disaster preparedness and response, to ensure that procedures for coordinating efforts, acquiring supplies, and obtaining assistance for elders are in place and understood (Objectives 2, 5, 7)

- Support the training of county EOCs and local communities in understanding how to escalate issues to and communicate with the state EOC in the event that local resources are unable to meet the needs of the elder or special needs populations (Objectives 1, 5, 7)
- Develop a training guide template and/or disaster kit related to emergency preparedness and post-event survival that local communities and agencies can use for outreach, education, and communication with elders and special needs clients to create a culture of preparedness prior to disaster events (Objectives 2, 3, 5-7)
- Collaborate in the publicity and distribution of the Department of Financial Services (DFS) financial emergency preparation kit and legal survival kit (Objectives 2,5-7)
- Promote opportunities for professionals and emergency officials to increase their awareness of and education on the special needs of elders during emergency situations (e.g., conferences, best practice sessions, workshops, publications, etc.) (Objectives 2-7)
- Support the establishment of one-stop service centers in partnership with other response agencies (e.g., DFS insurance villages) to streamline the delivery of services and increase the efficiency and effectiveness of post disaster assistance and community outreach efforts (Objectives 2, 5-7)
- Participate in State Hazard Mitigation Planning Advisory Council (Objectives 2, 5-7)
- Provide staffing at Disaster Recovery Centers to conduct rapid needs assessments, identify local resources and champion the needs of elders to ensure that housing and medical needs are prioritized and services are provided (Objectives 1,2,5-7)
- Provide information to emergency officials regarding the unique nutritional requirements of elder populations to ensure the appropriateness and elder-friendliness of post disaster meals distributed to elders (e.g., low sodium, diabetic, restricted caloric diets, etc.) (Objectives 2-7)
- Support efforts to develop community education and outreach regarding registration and special needs shelters and general information regarding shelter stays (Objectives 2,3,6, 7)
- Ensure that each county EOC and community has a pre-designated location for a special needs shelter(s). Information on the pre-designated location, services available, and access to transportation to the special need shelter(s) must be announced to the public prior to the event to assist special needs clients in pre-planning (Objectives 2,3,5-7)
- Educate the emergency community regarding the unique mental health issues and potential changes in behavior experienced among elder populations during times of stress and disorientation. Include specialized information on Alzheimer's and dementia, along with effective strategies for communicating with older adults to minimize the emotional impact of the event. Ensure that emotional support and counseling are available to elders (pre-event, during the immediate aftermath, and during long-term recovery) (Objectives 1-5, 7)

- Support efforts of service agencies, community-based service providers, including home health care providers, and hospices to collect registration information for elders with special needs as part of their program intake process. Establish programs to increase the awareness of the registration process, plan for continuity of care, minimize disruption of services, and educate clients about procedures that may be necessary for their safety during disasters (Objectives 2-7).

Appendix 6: State Plan Advisory Group

The State Plan Advisory Group and the staff of Department of Elder Affairs prepared this plan.

Steve Howells
Florida Alliance for Assistive Services &
Technology, Inc.

Bennett Napier
Florida Life Care Residents Association

Carol Moody
Bay Area Legal Services, Inc.

Sharon Melton
Alzheimer's Association of Florida

Ron Radcliffe
Florida Adult Day Services Association

Janegale Boyd
LeadingAge Florida
(formerly Florida Association of Homes and
Services for the Aging)

Linda Levin
Florida Association of Area Agencies on
Aging

Bill Aycrigg
Florida Conference on Aging

Pat O'Connell
Florida Association of Senior Centers

Christine Cauffield
Florida Coalition for Optimal Mental
Health and Aging

Jamie Glavich
Alzheimer's Disease Advisory Committee

Paul Ledford
Florida Hospices and Palliative Care

Laura Cantwell
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Providers

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DOEA Staff

Appendix 7: State Plan Assurances, Required Activities and Information Requirements, Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will— (aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement; (bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and (II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(4)(A)(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will— (I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider; (II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and (III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on-

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and (4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6) Each area agency will: in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency-

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) Each area agency on aging shall provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or

terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

- (1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.
- (2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.
- (3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.
- (4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.
- (5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
 - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—
 - (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
 - (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
 - (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
 - (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

- (1)(A) The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
- (B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS BE DEVELOPED AS A COMPILATION OF AREA PLANS.

- (2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

- (5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

- (8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency-
- (i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
 - (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
 - (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

INFORMATION REQUIREMENTS

Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))

The term “in-home services” includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

Section 305(a)(2)(E)

provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Section 306(a)(17)

Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(2) The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) *(Note: Those categories are access, in-home, and legal assistance.)*

Section (307(a)(3) The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); *(Note: the “statement and demonstration” are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)*

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

- (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).
- (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Section 307(a)(8) (include in plan if applicable)

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Section 307(a)(21) The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, and specify the ways in which the State agency intends to implement the activities .

Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response

agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). *(Note: Paragraphs (1) through (6) of this section are listed below.)*

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the

individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph

(A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

Signature and Title of Authorized Official Date

 6/28/12

Charles T. Corley, Secretary

Date