

LONG RANGE PROGRAM PLAN

September 28, 2012

RICK SCOTT
GOVERNOR

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Dear Directors:

Pursuant to Chapter 216, Florida Statutes, the Long Range Program Plan (LRPP) for the Department of Elder Affairs is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of the Department's mission, goals, objectives, and measures for Fiscal Year 2013-14 through Fiscal Year 2017-18. The internet website address that provides the link to the LRPP located on the Florida Fiscal Portal is <http://elderaffairs.state.fl.us/doea/publications.php>. As Secretary of the Department, I have approved this submission.

Sincerely,

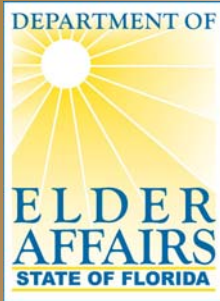
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Florida Department of Elder Affairs
LONG-RANGE PROGRAM PLAN
Fiscal years
2013-2014 through 2017-2018

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Mission:

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

Vision:

All Floridians aging with dignity, purpose, and independence.

Values:

- Providing Quality Services
- Caregiver Support
- Cost Effectiveness
- Compassion
- Volunteerism
- Diversity
- Accountability
- Quality of Life
- Independence

Goals and Objectives

The Department's primary responsibilities have been synthesized into five policy goals. They provide the foundation for DOEA's efforts to build a better life in Florida for persons age 60 and older, their families, and caregivers. The Department has developed an associated set of operational objectives and measurements for each of the goals that permit tracking of progress toward their achievement.

The following goals are consistent with the goals identified by the U.S. Administration on Aging:

- Goal 1: 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 home and community-based services and access to medical care to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers
- Goal 3: Empower older people and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status
- Goal 4: Prevent the abuse, neglect, and exploitation of elders and ensure that their legal rights are protected
- Goal 5: Maintain effective and responsive management

These goals provide the framework for the Department's objectives and outcomes.



Goal 1: 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

- Objective 1.1:** Identify and serve target populations in need of home and community-based services

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

Objective 2.1: Ensure that efforts are in place to address unmet needs while serving as many clients as possible using all available resources

Objective 2.2: Improve caregiver supports

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

Objective 3.1: Promote good nutrition and physical activity to maintain healthy lifestyles

Objective 3.2: Promote safe and affordable communities for elders that will benefit people of all ages

Goal 4: Prevent the abuse, neglect, and exploitation of elders and ensure that their legal rights are protected

Objective 4.1: Protect the rights of the state's most vulnerable older Floridians

Goal 5: Maintain effective and responsive management

Objective 5.1: Promote and incorporate management practices that encourage greater efficiency

Goals, Objectives, Outcomes

The Department's outcomes are listed below with their corresponding goals and objectives. For each outcome, the baseline is shown along with the standard for the current year and four subsequent years.

Goal 1: 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

Objective 1.1: Identify and serve target populations in need of home and community-based services

Outcome 1.1.1: Percent of most frail elders who remain at home or in the community instead of going into a nursing home

Baseline Year 1998-99	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
91.6%	97%	97%	97%	97%	97%

(Explanatory note: This outcome refers to DOEA clients assessed in the top 20 percent for risk of nursing home placement.)

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

Outcome 1.1.2: Percent of elders the CARES Program determined to be eligible for nursing home placement that are diverted into the community

Baseline Year 1998-99	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
15.3%	30%	30%	30%	30%	30%

Outcome 1.1.3: Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups

Baseline Year 1998-99	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
\$2,221	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

(Explanatory Note: An adjustment to the methodology for calculating performance is being requested to improve the accuracy of this measure.)

Outcome 1.1.4: Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved

Baseline Year 1997-99	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
59.1%	65%	65%	65%	65%	65%

Outcome 1.1.5: Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved

Baseline Year 1997-99	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
58%	62.3%	62.3%	62.3%	62.3%	62.3%

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

Objective 2.1: Ensure that efforts are in place to address unmet needs while serving as many clients as possible using all available resources

Outcome 2.1.1: Percent of customers who are at imminent risk of nursing home placement who are served with community-based services

Baseline Year 2003-2004	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
90%	90%	90%	90%	90%	90%

Outcome 2.1.2: Average time in the Community Care for the Elderly Program for Medicaid waiver-probable customers

Baseline Year 2002-2003	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
2.8 months	2.8 months	2.8 months	2.8 months	2.8 months	2.8 months

Outcome 2.1.3: Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours

Baseline Year 1999-00	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
94%*	97%	97%	97%	97%	97%

*Based on six months of data; changes have been made to collect data more completely.

Objective 2.2: Improve caregiver supports

Outcome 2.2.1: The percentage of caregivers whose ability to continue to provide care is maintained or improved after service intervention (as determined by the caregiver and the assessor)

Baseline Year 2002-2003	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
87%	85%	85%	85%	85%	85%

(Explanatory note: This outcome refers to caregivers of persons age 60 and older served by DOEA programs. DOEA is requesting to revise the measure and adjust the methodology accordingly.)

Outcome 2.2.2: Percent of family and family-assisted caregivers who self-report they are very likely to provide care

Baseline Year 1997-1998	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
90.2%	0%	0%	0%	0%	0%

(Explanatory note: DOEA is requesting to delete this outcome.)

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

Objective 3.1: Promote good nutrition and physical activity to maintain healthy lifestyles

Outcome 3.1.1: Percent of new service recipients with high-risk nutrition scores whose nutritional status improved

Baseline Year 1997-99	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
58.6%	66%	66%	66%	66%	66%

Objective 3.2: Promote safe and affordable communities for elders that will benefit people of all ages

Outcome 3.2.1: Percent of elders assessed with high or moderate risk environments who improved their environment score

Baseline Year 2002-03	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
79.3	79.3%	79.3%	79.3%	79.3%	79.3%

(Explanatory note: This outcome refers to persons age 60 and older served by DOEA programs. The baseline was adjusted from the original SFY 1996-98 baseline due to changes from implementation of a new assessment instrument.)

Goal 4: Prevent the abuse, neglect, and exploitation of elders and ensure that their legal rights are protected

Objective 4.1: Protect the rights of the state's most vulnerable older Floridians

Outcome 4.1.1: Percent of complaint investigations initiated by the ombudsman within five working days (applies to Long-Term Care Ombudsman Council)

Baseline Year 1998-99	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
90.2%	91%	91%	91%	91%	91%

Outcome 4.1.2: Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within five days of receipt of request

Baseline Year 1999-00	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
90%	100%	100%	100%	100%	100%

Goal 5: Maintain effective and responsive management

Objective 5.1: Promote and incorporate management practices that encourage greater efficiency

Outcome 5.1.1: Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions

Baseline Year 2001-2002	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
2.7%/ 21.2%	1.8%/ 22.2%	1.8%/ 22.2%	1.8%/ 22.2%	1.8%/ 22.2%	1.8%/ 22.2%

Linkage to Governor's Priorities

Listed below are the Governor's seven top priorities. Under each priority are listed the Department of Elder Affairs' goals that are aligned with the Governor's priorities.

1. **Accountability Budgeting**

- DOEA Goal 5: Maintain effective and responsive management

2. **Reduce Government Spending**

- DOEA Goal 1: 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
- DOEA Goal 2: Provide home and community-based services and access to medical care to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers
- DOEA Goal 3: Empower older people and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status
- DOEA Goal 5: Maintain effective and responsive management

3. **Regulatory Reform**

- DOEA Goal 5: Maintain effective and responsive management

4. **Focus on Job Growth and Retention**

- DOEA Goal 1: 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
- DOEA Goal 3: Empower older people and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status

5. World Class Education

- DOEA Goal 1: 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 4: Prevent the abuse, neglect, and exploitation of elders and ensure that their legal rights are protected

6. Reduce Taxes

- DOEA Goal 1: 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

7. Phase Out Florida's Corporate Income Tax

- DOEA Goal 1: 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

Trends and Conditions Statement

Agency Primary Responsibilities

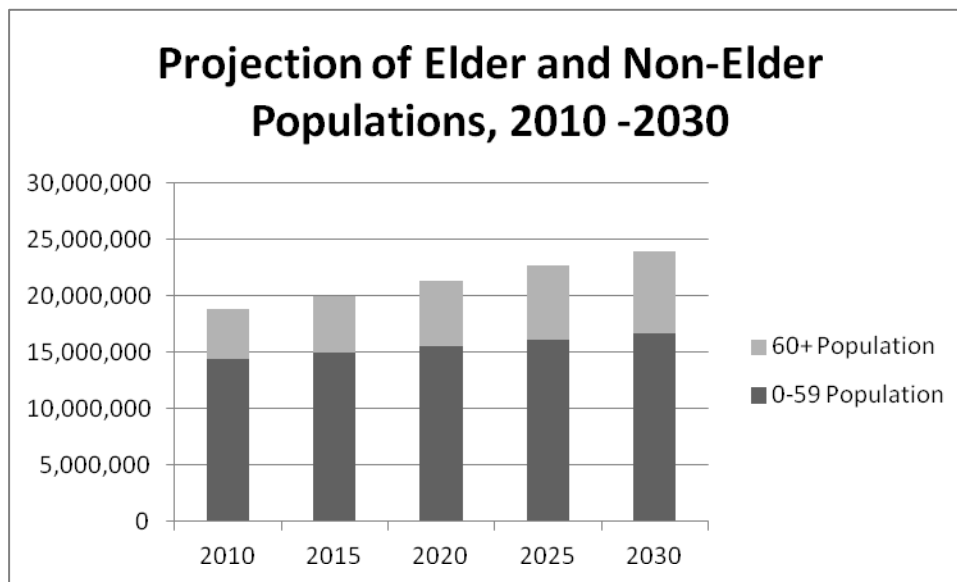
The Department was created in 1991 as a result of a 1988 constitutional amendment and its later statutory enactment in the “Department of Elderly Affairs Act” (Chapter 430, Florida Statutes). Since its creation, the Department has been successfully serving and advocating for elder Floridians.

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

1. Administer human services and long-term care programs, including programs funded under the federal Older Americans Act and other programs that are assigned to the Department by law.
2. Be responsible for ensuring that each Area Agency on Aging operates in a manner that provides Florida elders with the best services possible.
3. Serve as an information clearinghouse at the state level, and assist local-level information and referral resources as a repository and means for the dissemination of information regarding all federal, state, and local resources for assistance to the elderly in the areas of, but not limited to, health, social welfare, long-term care, protective services, consumer protection, education and training, housing, employment, recreation, transportation, insurance, and retirement.
4. Review and coordinate aging research plans of all state agencies to ensure that research objectives address issues and needs of the state’s elderly population. The research activities that must be reviewed and coordinated by the Department include, but are not limited to, contracts with academic institutions, development of educational and training curricula, Alzheimer’s disease and other medical research, studies of long-term care and other personal assistance needs, and design of adaptive or modified living environments.
5. Request other departments that administer programs affecting the state’s elderly population to amend their plans, rules, policies, and research objectives as necessary to ensure that programs and other initiatives are coordinated and maximize the state’s efforts to address the needs of the elderly.

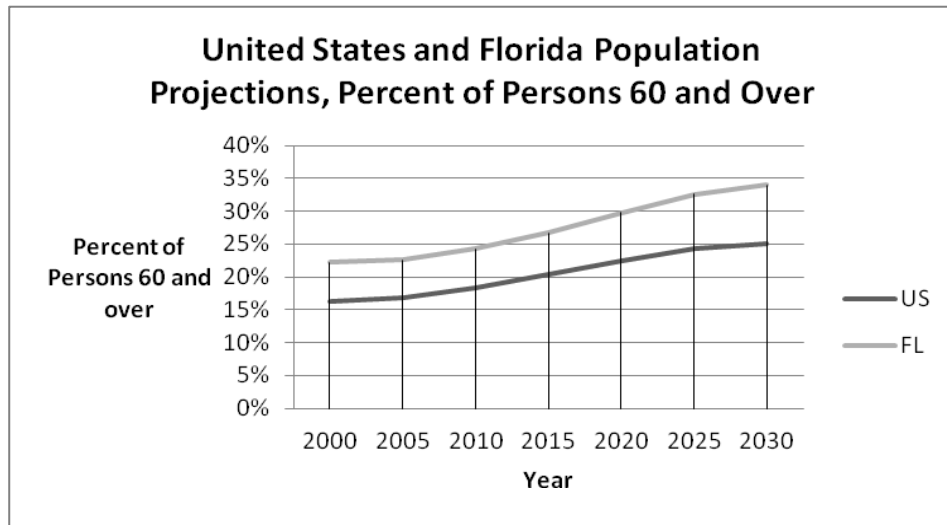
Current Conditions

Florida is the fourth most populous state in the United States with nearly 19 million residents. If current trends continue, Florida will replace New York as the third most populous state by 2015. With approximately 4.4 million residents age 60 and older, Florida will continue to rank number one in the percentage of its citizens who are elders, second to California in the actual number of residents over the age of 60 residing in-state. With more elders in Florida than 17 other states combined, Florida's future is linked to the financial security and physical health of its elder population.



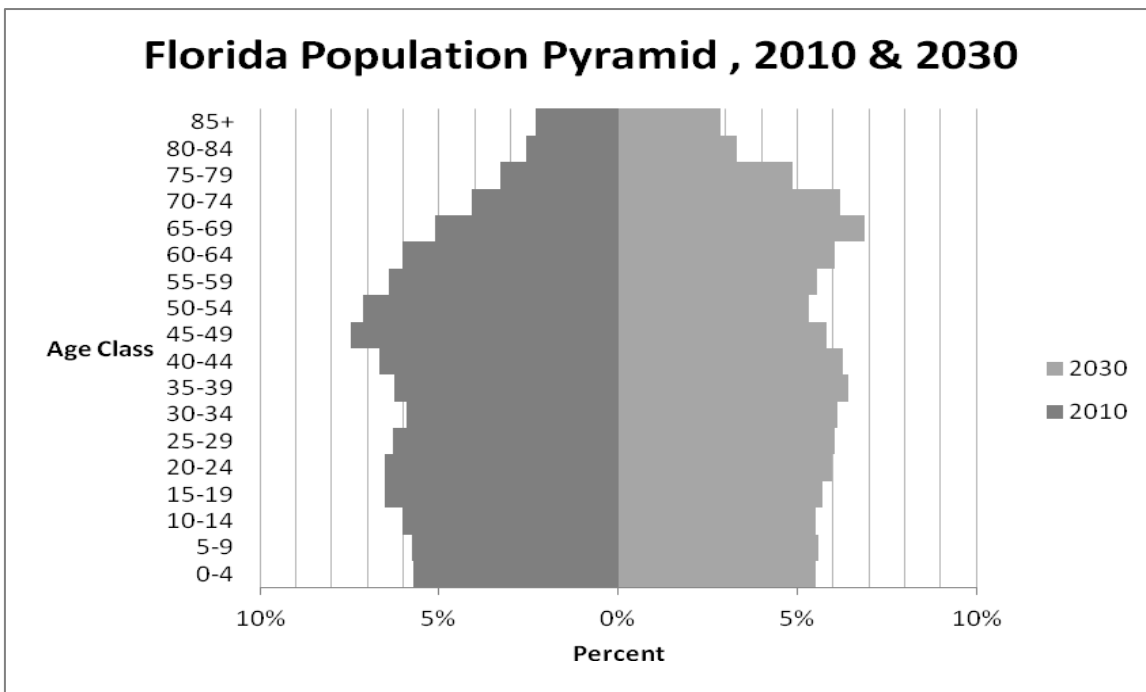
Source: University of Florida, Bureau of Economic and Business Research, Florida Population Studies, Volume 44, Bulletin 160, December 2011

Proportionally, Florida's population has significantly more elders than the general population in the nation. In 2010, the U.S. Census Bureau approximated that 23 percent of Floridians were age 60 and older as opposed to only 19 percent of the U.S. population. Florida will continue to see a considerable number of residents becoming elders over the next 10 years, as the cohort of "baby-boomers" continues to age into retirement. The graph below shows that in the next 20 years, the number of Floridians 60 and older is expected to rise faster than the rest of the country, growing to 35 percent of the state's population in 2030.



Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005. Table compiled by the US Administration on Aging.

Roughly one-quarter of Florida’s current population is composed of baby boomers who will, in turn, continue to age into retirement over the next 10 years. The population pyramid below illustrates that 27 percent of Florida’s population age 45 to 64 will greatly increase the retirement age population by 2030. These graphs help reveal that, despite attrition and out-migration, Florida can expect to see an increase of elders for the next two decades.



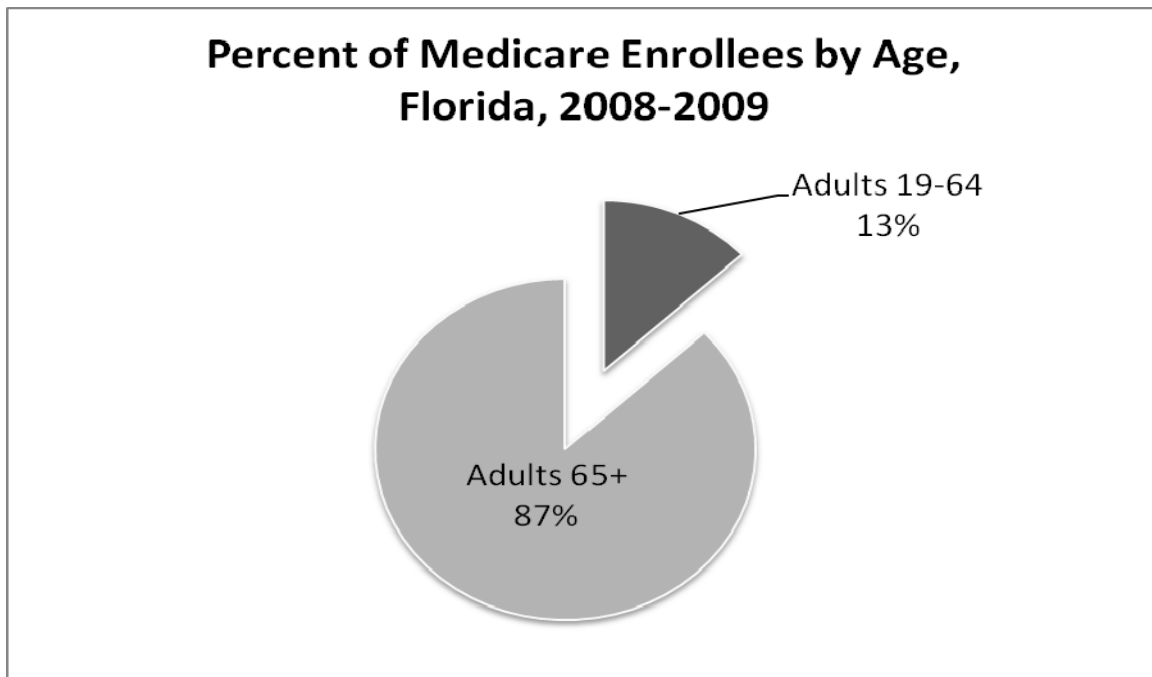
Source: University of Florida, Bureau of Economic and Business Research, Florida Population Studies, Bulletin 163, June 2012

In addition to the number and percent of elders increasing in coming years, people are also living longer. An expectation is that the need for long-term care services will similarly rise. Public health and long-term care programs must be well managed to avoid the unwanted results of depleted personal savings, strained government entitlement programs, and unrealistic expectations of providers and caregivers.

There are also favorable trends among people age 60 and older that will decrease the likelihood of morbidity (illness) and mortality (death):

- A declining disability rate among people age 60 and older,
- Compressed morbidity (fewer years of disability and chronic illness),
- Increased labor force participation,
- Increases in education and productivity, and
- Increased affluence among elders.

In addition, Florida benefits from a continuity of resources available to elders because of Social Security benefits and health programs such as Medicare and Medicaid. Elders in Florida benefit from these safety nets, and their incomes have, in fact, weathered the late-2000s financial crisis better than any other socioeconomic group.¹



Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2009 and 2010 Current Population Survey (CPS: Annual Social and Economic Supplements).

¹ Census: Florida seniors' incomes up slightly. (2011, September 23). *Sarasota Herald-Tribune*.

The Department envisions a changing service paradigm to correspond with the changing population. Providing services that will respond to the different needs of this “new elder” will require innovation and creativity. Florida is leading the nation in innovative ways to provide seniors with the services they want and need, by establishing Aging and Disability Resource Centers and Communities for a Lifetime statewide.

The Department also recognizes the positive impact of individuals age 60 and older. Elder volunteerism has enhanced communities throughout Florida. Elder contributions of time, money, and enthusiasm are extensive and are evident in programs and services in many communities, such as in libraries, schools, community-service organizations, museums, theater groups, and art galleries.

Florida is rich in generational and cultural diversity. About 42 percent of Floridians are minorities. Among people age 60 and older, this percentage is much smaller, at 24.6 percent — and just 14.7 percent for elders age 85 and older. This difference in diversity among the different age groups can be attributed to the migration of white elders into Florida and the expected shorter life span of minorities. The table below shows the percentage of persons age 60 and older with Hispanic origins.

Percent of Persons 60+ by Race and Hispanic Origin, 2011								
	Persons Not Hispanic or Latino						Hispanic/ Latino (any race)	Total Percent Minority Persons
	White (Non- Hispanic)	Black/African- American	Native American/Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Two or more races		
U.S.	78.4%	9.0%	0.5%	3.8%	0.1%	0.7%	7.5%	21.6%
Florida	75.4%	8.4%	0.2%	1.6%	0.0%	0.5%	13.9%	24.6%

Source: 2010 Census; table compiled by U.S. Administration on Aging, State Level Population Estimates.

Most Floridians age 60 and older reside in urban areas and are concentrated in Miami-Dade, Palm Beach, Broward, Pinellas, and Hillsborough counties. These five counties account for 37.5 percent of the total state population age 60 and older and 42.2 percent of the population 85 and older. In terms of density, Floridians 60 and older comprise 30 percent or more of the total number of residents in 13 counties. Interestingly, none of the five counties with the largest populations 60 and older is among these. More than 40 percent of the population in two counties, Charlotte and Citrus, is age 60 and older.

Description of Current Service Population

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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, 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, 42 percent are below the poverty level compared to 10 percent in the general 60-and-older population. The client’s living situation is used to measure social need. Forty-two percent of the service population lives alone, compared to 23 percent in the general population of people age 60 and older. Twenty-eight percent of the Department’s clients are minority and living below the poverty level compared to five percent in the general 60-and-older population.

Targeting Report 2011				
Characteristic	Florida 60+ Population	Percent 60+	Number of Registered Services* Recipients	Percent Receiving Services
All 60+	4,477,554	100%	113,173	100%
60+ Below Poverty Level	444,995	10%	47,954	42%
60+ Living Alone	1,042,376	23%	47,846	42%
60+ Minority	1,089,963	24%	53,605	47%
60+ Minority Below Poverty Level	205,223	5%	31,983	28%

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

Historically, elders in the U.S. have been significantly impoverished relative to working-age persons; however, because of social services, since 2000, elders have been the lowest proportional age group below the poverty threshold.

Caregivers are the backbone upon which many home-based services are provided. The Department’s programs and services are a factor in helping to keep many very frail people in their homes by augmenting the care provided by family caregivers. A study commissioned by AARP² indicates that caregivers provide \$10.4 billion in care each year. Statewide, between 20 and 25 percent of elders are themselves caregivers.³ The Department served an estimated 66,000 caregivers during 2011, a fraction of the estimated one million probable caregivers age 60 and older in Florida.

Other Considerations

Florida continues to face an economic challenge. Despite this, the 2012 Legislature appropriated an additional \$5.2 million to serve more Florida elders who are on the waiting lists for the Aged and Disabled Adult and Assisted Living Medicaid Waivers.

² *Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving*, June 2007

³ *Assessing the Needs of Elder Floridians*, January 2012, a statewide survey to measure elder Floridians’ needs conducted by DOEA

Over \$5.2 million was designated to expand the Program of All-Inclusive Care for the Elderly (PACE) by an additional 150 slots for Collier County and 100 slots for Miami-Dade County. The Legislature also expanded, by an additional \$3.2 million, the cost-saving Long-Term Care Community Diversion Project, a program that serves people age 65 and older and dually eligible for Medicare and Medicaid, who are most at risk of being placed in a nursing home and who qualify for Medicaid nursing home placement. A \$1 million increase in General Revenue was appropriated to address the waiting list for the Community Care for the Elderly Program and funding of \$1.5 million was allocated for senior centers operated by the City of Hialeah and Little Havana Activities and Nutrition Center in Miami-Dade County.

During the 2011 legislative session, the Florida Legislature created the Statewide Medicaid Managed Care (SMMC) Program, which will change the way individuals receive their long-term and acute care from the Florida Medicaid Program. One of the components of SMMC is the Long-Term Care (SMMCLTC) Program, which will begin in the fall of 2013. Medicaid recipients who qualify and become enrolled in the SMMCLTC Program will receive their services from a managed care plan.

Individuals will be eligible for enrollment in SMMCLTC services if they are:

- 65 years of age or older AND need nursing facility level of care, or
- 18 years of age or older AND are eligible for Medicaid by reason of a disability, AND need nursing facility level of care.

The Department is working closely with the Agency for Health Care Administration on SMMCLTC Program development and implementation activities. DOEA's responsibilities include:

- Development of a plan to transition elders and adults with disabilities currently enrolled in various Medicaid home and community-based waivers and Medicaid residents of nursing facilities into the new program;
- Determination of clinical eligibility for enrollment in managed long-term care plans through CARES;
- Monitoring of managed care plan performance and measuring quality of service delivery;
- Assisting clients and families to address complaints with the managed care plans; and
- Facilitation of working relationships between managed care plans and providers serving elders and disabled individuals.

In 2005, three Area Agencies on Aging (AAAs) were designated as Aging and Disability Resource Centers (ADRCs) through grants received from AoA and the Centers for Medicare & Medicaid Services. Since then, all AAAs in Florida have transitioned to ADRCs, furthering the AoA vision of highly visible and trusted places available in the community for all persons to receive information and access to long-term services and supports.

In addition, the Department continues to embrace the prevention initiative, Evidence-Based Disease Prevention Interventions, of the U.S. Administration on Aging (AoA). With the help of an AoA grant, the Department is able to increase the participation of elders in chronic disease self-management training.

Priority-Setting Framework

The Department's primary responsibilities have been synthesized into five policy goals. They provide the foundation for DOEA's efforts to build a better life in Florida for persons age 60 and older, their families, and caregivers. The Department has developed an associated set of operational objectives and measurements for each of the goals that permit tracking of progress toward their achievement.

The following goals are consistent with the goals identified by the Administration on Aging:

- Goal 1: 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 home and community-based services and access to medical care to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers**
- Goal 3: Empower older people and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status**
- Goal 4: Prevent the abuse, neglect, and exploitation of elders and ensure that their legal rights are protected**
- Goal 5: Maintain effective and responsive management**

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

Strengths:

- The Department is largely privatized (94%) and therefore does not have excessive administrative costs.
- The Department's ability to efficiently and effectively administer long-term care programs.
- DOEA and aging network experience with, and willingness to explore, innovative solutions to serve the long-term care needs of elders.
- The Department's experience in administering a variety of innovative home and community-based program approaches including managed care, fee-for-service, and federal and state-funded services that result in significant cost savings for Florida.

- Leadership of DOEA in emergency management/disaster preparedness planning in partnership with other federal and state agencies and the aging network.
- 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 Department's ability to cultivate and coordinate the number of volunteers and hours of volunteer time through the aging network.
- The Department's existing infrastructure of evidenced-based programming, including disease prevention, health promotion, Alzheimer's disease initiatives, and services to caregivers and the capacity to expand programming as resources become available.
- Access to long-term care information and public and private services for elders, families, and caregivers through the Aging and Disability Resource Centers and Comprehensive Assessment and Review for Long-Term Care Services (CARES).
- 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.
- The development of the APS Referral Tracking Tool, which enhances coordination between the Departments of Elder Affairs and Children and Families and the aging network, to expedite the provision of home and community-based services to elders who have been abused, neglected and/or exploited.
- Ability to promote and foster intergenerational opportunities to meet consumer needs

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, hospitalizations, sizeable waitlists, and increased social isolation.

- Limited access to programs and services for elders in rural areas, and low-income and minority elders statewide.
- 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 realize the value of the organization's data for program management, planning, and forecasting service needs.
- Limited access and opportunities for the Department to educate the judicial system and first responders (EMTs and law enforcement) about ways to identify and prevent elder abuse, neglect, and exploitation, including fraud.
- Lack of public awareness of DOEA programs and services.

Opportunities:

- Florida's abundance of retirees and elders, who provide immeasurable contributions to the state and are potentially available to volunteer and advocate on behalf of elders.
- Number of retired health care professionals who could be enlisted to provide preventive care and screening.
- 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 including prevention services, evidence-based interventions, falls prevention, SHINE (Serving Health Insurance Needs of Elders) services, and home and community-based services.
- 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 colleges and universities to increase the workforce trained in geriatric care and research efforts to benefit elders.

- 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 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.
- Further development of the Direct-Support Organization (DSO) to provide assistance, funding, and support to the Department.
- New developments in the prevention and treatment of chronic conditions that promote the independence of elders.
- The many dedicated and committed family caregivers who provide untold hours of care for frail elders in the aging network.

Threats:

- Lack of suitable and affordable housing for elders.
- Increased incidence of homelessness.
- Inadequate transportation alternatives limiting elder mobility and access to services (such as SHINE counseling centers and evidence-based programs).
- 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 potential 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.
- 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.
- Florida's geographic vulnerability to hurricanes and tropical storms.

Agency Priorities for the Next Five Years

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

- **Provide home and community-based services for elders and their caregivers to prevent or delay unnecessary nursing home placement.**
- **Increase awareness of the positive impacts that elders have on Florida's economy and communities.**
- **Ensure federal and state funds are used to effectively and efficiently serve elders' needs.**
- **Prepare for future elder needs through planning, collaboration, and policy development.**
- **Provide information to empower elders, caregivers, and their families to make informed decisions about long-term care options.**
- **Promote choice and autonomy by assisting elders in securing needed services that prevent or delay dependency.**
- **Empower elders to stay active and healthy and improve their physical and mental health.**
- **Advocate for the protection of elder rights through education and collaboration.**
- **Strengthen the state's ability to prevent elder abuse, neglect, and exploitation.**

DOEA priorities for the next five years were developed with assistance from the Florida State Plan on Aging 2013-2016 Advisory Group. The advisory group was comprised of 17 member organizations of the aging network in Florida. The advisory group was formed to assist DOEA in the development of Florida's State Plan on Aging 2013-2016. The advisory group helped the Department identify the major issues facing elders and the aging network over the next four years and develop goals, objectives, and strategies to address those issues.

PROPOSED NEW PROGRAMS

The DOEA Florida SHINE (Serving Health Insurance Needs of Elders) Program was awarded a Consumer Assistance Program (CAP) grant from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) to train specialists to provide to consumers of all ages free and unbiased health insurance counseling. This includes assistance with enrolling in health insurance and group plans or filing complaints or grievances. The specialists will also be responsible for educating consumers on their rights and responsibilities regarding their choices of group health plans and the available health insurance coverage. The specialists will help consumers enroll in the group health plan or health insurance coverage of their choice, by providing information, referral, and direct enrollment. Consumers who are under the age of 65 or have private health insurance will receive direct assistance in filing and tracking complaints and grievances to resolution.

JUSTIFICATION OF THE FINAL PROJECTION FOR EACH OUTCOME AND IMPACT STATEMENT RELATING TO DEMAND AND FISCAL IMPLICATIONS

The Department is requesting to modify the measures, methodology and/or standards for 2012-13 for several measures as explained below. The standard for most of the DOEA outcome measures will remain stable at the SFY 2012-13 target level.

DOEA is requesting to revise the following measure:

- Percentage of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor) – The request is to change the measure to “Percent of caregivers who self-report they are very likely to be able to continue providing care after service intervention.” A proposed standard to correspond with the change is 85 percent.

DOEA is requesting to revise the methodology for the following measures:

- Percent of elders determined by CARES to be eligible for nursing home placement who are diverted – The methodology is being revised to more accurately describe diversions.
- Average monthly savings per consumer for home- and community-based care versus nursing home care for comparable consumer groups – The methodology is being refined to more accurately identify the number of nursing home days avoided. The revised methodology more precisely factors in the risk of placement in a nursing home to improve the accuracy of the estimate of the number of nursing home case months prevented. The standard is being adjusted from \$3,988 to \$1,000 to correspond with the change in methodology.
- Number of CARES assessments – DOEA is requesting a revision to the standard because the CARES Program performance has increased due to increases in staffing and external factors. The standard is being adjusted from 85,000 to 100,000.
- Number of elders served (long-term care initiatives) – DOEA is requesting to change the standard because performance has improved due to increases in funding. The standard is being adjusted from 12,150 to 22,000 people.
- Number of elders served (supportive community care) – DOEA is requesting the standard be changed from 56,631 to 37,289 due to progressively frailer people being served in the Older Americans Act Title IIIB Program, the largest program in the supportive community care activity. With increased costs and stagnant funding, fewer people can be served. The standard is being adjusted from 56,631 to 37,289.

DOEA is requesting to delete this one measure, and therefore the projection for this measure does not continue after the 2012-2013 state fiscal year:

- Percentage of family and family-assisted caregivers who self-report they are very likely to provide care – The Department is revising the assessment instrument used to assess clients and caregivers. This question, which appears on the current version of the assessment, has been removed and will not be asked of caregivers. Another caregiver performance measure will remain.

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

There are no policy changes that affect the Department's budget request.

**LIST OF CHANGES WHICH WOULD
REQUIRE LEGISLATIVE ACTION**

There are no changes that will require legislative action.

List of All Task Forces and Studies in Progress

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
AHCA Interagency Workgroup		Workgroup on pre-admission screening and resident review (PASRR).
AHCA Multiple Interagency Workgroups for Statewide Medicaid Managed Care Long-Term Care Program Implementation	Part IV of Chapter 409, Florida Statutes	In 2011, the Florida Legislature created Part IV of Chapter 409, Florida Statutes, directing the Agency to create the Statewide Medicaid Managed Care (SMMC) Program. The SMMC Program has two key components: the Managed Medical Assistance Program and the Long-Term Care Managed Care Program. On August 1, 2011, the Agency submitted the required documents requesting the necessary authorities to implement the program. The Long-Term Care Managed Care component of the Statewide Medicaid Managed Care Program will be implemented first. The legislation sets specific timelines for implementation of the Long-Term Care Managed Care component.
ALF Rule Making		The Department of Elder Affairs, in consultation with the Agency for Health Care Administration, the Department of Children and Families, and the Department of Health, conducted negotiated rulemaking meetings to address assisted living facility regulation. The purpose of the negotiated rulemaking is to draft mutually acceptable proposed rules addressing the safety and quality of services and care provided to residents within assisted living facilities. The State Long-Term Care Ombudsman is a member of this group.
Alzheimer's Disease Advisory Committee	s. 430.501, F.S	The committee, composed of 10 members selected by the Governor, advises the Department of Elder Affairs in the performance of its duties. All members must be residents of the state. The committee advises the Department regarding legislative, programmatic, and administrative matters that relate to Alzheimer's disease victims and their caretakers.
Bicycle and Pedestrian Partnership Council		The Council was established by the Florida Department of Transportation (FDOT) to make policy recommendations to FDOT and transportation partners throughout Florida on the state's walking, bicycling and trail facilities. The Council includes representatives from multiple state agencies, local governments, and external stakeholders (including walkers, bicyclists, and trail users) needed to make statewide improvements in safety and facilities integration. The Council makes recommendations on design, planning, safety, and other programs involving bicycle and pedestrian issues. The Council meets four times a year.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Big Bend Directors of Volunteers Association (DOVA)		The Association exists to promote advocacy, networking, and the professional development of managers of volunteers and to support and foster the effective use of volunteers in the community.
Big Bend Fraud Task Force		Comprised of a group of professional individuals and organizations. The Task Force was formed as a result of the rising number of financial crimes committed against individuals, businesses, and the banking communities in the Big Bend area. Due to the sophisticated nature of many of these crimes, the law enforcement, banking, and business communities needed a way to exchange information. An alliance was formed to provide these entities with an opportunity to network and reduce the overall economic loss and ensure successful criminal prosecution. Since its inception, the Task Force has been instrumental in the fight against financial crimes through the development of various anti-fraud programs.
Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Review Committee		Reviews and determines successors for expansion and implementation grants at the request of the Secretary of the Department of Children and Families.
Community Assistance Advisory Council		Community Assistance Advisory Council oversees the implementation of the Weatherization Assistance Program (WAP) and the Community Services Block Grant (CSBG) Programs of the Department of Economic Opportunity. The Council reviews the annual state plans for these programs as well as any proposed rule revisions.
Department of Elder Affairs Advisory Council	s. 430.05, F.S.	<p>The council is located for administrative purposes in the Department of Elderly Affairs. It is the intent of the Legislature that the advisory council shall be an independent nonpartisan body and shall not be subject to control, supervision, or direction by the Department.</p> <p>The council serves in an advisory capacity to the Secretary of Elderly Affairs to assist the Secretary in carrying out the purposes, duties, and responsibilities of the Department, as specified in the Chapter 430, F.S. The council may make recommendations to the Secretary, the Governor, the Speaker of the House of Representatives, and the President of the Senate regarding organizational issues and additions or reductions in the Department's duties and responsibilities.</p>

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Department of Financial Services State Agency Consumer Roundtable		The consumer roundtable unites Florida's state agency contacts providing consumer services. Agencies serving Florida citizens are encouraged to respond to each inquiry accurately and professionally. The group meets quarterly and is committed to sharing resources and supporting each other by implementing best practices and incorporating technology to remove barriers.
Department of Health (DOH) - Community Health Worker Task Force		Community health workers (CHWs) are recognized as a critical part of the health care system. The Florida Community Health Worker Task Force is bringing important stakeholders together to support and promote the CHW profession in Florida.
DOH HIV/AIDS Focus Group		The program focuses on prevention of HIV/AIDS among the senior population.
DOH Office of Trauma, Florida Trauma System Plan Committee		The Office of Trauma needs a representative from DOEA to join its Prevention Planning Team to serve as a resource for senior falls prevention.
DOH-SpNS Discharge Planning Subcommittee, Co-champions	s. 381.0303, F.S., and Chapter 2006-71, L.O.F.	As a part of the Special Needs Shelter (SpNS) Interagency Committee, DOEA serves as the champion for the committee's Discharge Planning Subcommittee. The subcommittee is responsible for developing and updating standard operating procedures for Multi-agency SpNS Discharge Planning Teams, rapid assessment tools used to determine the viability of SpNS client post-shelter housing and continuity of service provision, and procedures for using these tools.
DOH-SpNS Special Needs Shelter Interagency Committee	s. 381.0303, F.S., and Chapter 2006-71, L.O.F.	DOEA serves as a member of the SpNS Interagency Committee. The committee addresses and resolves problems related to special needs shelters not addressed in the state comprehensive emergency medical plan and consults on the planning and operation of special needs shelters. The committee is required to develop, negotiate, and regularly review any necessary interagency agreements; undertake other such activities DOH deems necessary to facilitate the implementation of the committee's assignment; and submit recommendations to the Legislature as necessary.
Florida Alliance of Information & Referral Services (FLAIRS) Board of Directors	s. 408.918, F.S.	Statewide association committed to the provision of quality information, referral, and hotline services. Duties of the board members include approval of board membership recommendations and planning of education and training opportunities at state and national conferences. FLAIRS is the 211 collaborative organization for the state and is responsible for studying, designing, implementing, supporting, and coordinating the Florida 211 Network and for receiving federal grants.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Florida Commission for the Transportation Disadvantaged	Chapter 427, F.S.	Secretary or senior-management-level representative serves as an ex officio, non-voting advisor to the commission. The commission is responsible for ensuring the coordination of transportation services for older adults, persons with disabilities and people with low income who are dependent upon others to access employment, health care, education, and other life-sustaining activities.
Florida Coordinating Council for the Deaf and Hard of Hearing	s. 413.271, F.S.	The mission of this council is to serve as an advisory and coordinating body which recommends policies that address the needs of persons who are deaf, hard of hearing, late-deafened, and deaf-blind, as well as methods that improve the coordination of services among public and private entities and to provide technical assistance, advocacy, and education.
Florida Developmental Disabilities Council	s. 393.002, F.S.	This council, established in accordance with the Developmental Disabilities Assistance and Bill of Rights Act, P.L. 106-402 Final Rule, 45 CFR Part 1386, must include in its membership representatives of certain state agencies, including the principal state agency that administers funds under the Older Americans Act. Representatives participate in full council meetings and one task force.
Florida Injury Prevention Advisory Council (FIPAC)		The FIPAC assists DOH with its statewide injury prevention plan, which serves as a road map in carrying out its duties and responsibilities. The advisory committee facilitates the coordination and collaboration by Office of Injury Prevention with other injury prevention organizations and agencies.
Florida Interagency Food and Nutrition Council		Composed of all state agencies receiving USDA funding.
Florida Legal Services Board of Directors		Florida Legal Services, Inc., (FLS) is a nonprofit organization founded in 1973 to provide civil legal assistance to indigent persons who would not otherwise have the means to obtain a lawyer. A statewide support center, dedicated to ensuring poor people have equal access to justice, FLS fulfills its mission primarily by working with local legal aid and legal service programs to improve their ability to provide legal assistance to those in need in their communities. It provides service delivery coordination, training, case consultation and technical assistance to all legal service providers in Florida.
Florida Office on Disability and Health		The mission of this office is to maximize the health, well being, and quality of life, throughout the lifespan, of all Floridians and their families living with disability.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Florida Senior Falls Prevention Coalition		The Statewide Senior Falls Prevention Coalition helps to disseminate information about senior falls prevention awareness and evidence-based preventative measures throughout Florida. A Senior Falls Prevention Plan is in development to aid in the guidance of future preventative actions. In addition, the Senior Falls Prevention Coalition works with local coalitions to help build a sustainable infrastructure through the identification and securing of key resources.
Governor's Assisted Living Workgroup		The Assisted Living Workgroup is continuing its comprehensive review of the regulation and oversight of assisted living facilities in Florida. The Workgroup's purpose is to develop recommendations for improvement in the State's ability to monitor quality and safety in assisted living facilities. The State Long-Term Care Ombudsman is a member of this working group.
Governor's Gold Seal Panel	s. 400.235, F.S. & 59A-4.200, FAC	The Governor's Panel on Excellence in Long-Term Care, known as The Gold Seal Panel, awards and recognizes nursing home facilities that demonstrate excellence in long-term care over a sustained period and it promotes the stability of the industry and facilitates the physical, social, and emotional well-being of nursing home facility residents. The State Long-Term Care Ombudsman is a member.
Governor's Mental Health Transformation – Recovery and Resiliency Workgroup		Florida's Transformation Working Group has been charged with providing the leadership to make this vision a reality. State agency partners include Agency for Health Care Administration, Department of Education, Department of Corrections, Department of Elder Affairs, and Department of Juvenile Justice.
Governor's Office of Drug Control Suicide Prevention Coordinating Council		The Governor's Office is leading an integrated and long-term approach to lowering the state's current suicide rate. The Suicide Prevention Coordinating Council serves in an advisory role to the Statewide Office of Suicide Prevention, which is tasked with developing and implementing a statewide plan to decrease the suicide rate in the state.
Horizon 2060 Advisory Groups <ul style="list-style-type: none"> • Safety, Security, and Infrastructure Preservation Advisory Group • Community Livability, Environmental Stewardship, and Mobility Advisory Group 		The Florida Transportation Plan (FTP) is the state's long-range transportation plan. The 2060 FTP provides a vision for the future of transportation over the next 50 years. The finished plan was delivered to the Florida Legislature in December 2010.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Interagency Committee on Women's Health	s. 381.04015, F.S.	Created an Officer of Women's Health Strategy within the Department of Health for the purpose of improving the overall health status of women in Florida through research, awareness, and education. This legislation also charged the Officer of Women's Health Strategy to organize an Interagency Committee for Women's Health.
Interagency Smart Growth Technical Assistance Team Memorandum of Agreement among Florida Department of Health, Florida Department of Transportation, Florida Department of Community Affairs, Florida Department of Environmental Protection, and Florida Department of Elder Affairs		Collaborative agreement among agencies in support of Smart Growth. To assist Florida's local governments in creating healthy and sustainable communities, develop ongoing cooperative relationships among the parties, and promote efficient use of state resources by identifying and collaborating on commonalities across programs. DOEA was added in August 2009.
Learning Network		Eight states were selected to participate in this technical assistance network from AoA, CDC, NCOA, and Agency for Healthcare Research and Quality. Participants gain greater knowledge about the research about applying evidence-based interventions, assurance that the intervention will be successful, and better understanding of how to use the Social-Ecologic Model of Healthy Aging to evaluate progress toward goals.
Lighting the Way to Guardianship and Other Decision-Making Alternatives		The DOEA Statewide Public Guardianship Office, in partnership with the Office of the Public Guardian, Inc., and the Agency for Persons with Disabilities has revised the Florida Developmental Disabilities Council's two current curricula (one for families and one for attorneys and professionals). These focus on decision-making options for people with developmental disabilities. The partnership also provides workshops for attorneys, judges, client advocates, and family members utilizing the revised materials and evaluates whether these sessions meet the purpose of this grant.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Multi-agency Special Needs Shelter Discharge Planning Teams	Chapter 2006-71, L.O.F.	The Secretary of Elder Affairs shall convene, at any time deemed appropriate and necessary, a multiagency special needs shelter discharge planning team to assist local areas that are severely impacted by a natural or manmade disaster that requires the use of special needs shelters. These teams provide assistance to local emergency management agencies with the continued operation or closure of shelters, as well as with the discharge of special needs clients to alternate facilities if necessary. The Secretary may call upon any state agency or office to provide staff to assist these teams. Each team shall include at least one representative from Elder Affairs, Health, Children and Family Services, Veterans' Affairs, Community Affairs, Agency for Health Care Administration, and Agency for Persons with Disabilities.
National Association of PASRR Professionals (NAPP)		NAPP is a national organization of professionals who partner to improve the quality of long-term care for individuals with mental illness, developmental disabilities, and related conditions. DOEA is a founding member.
National Council on Aging		Department staff participates in technical assistance conference calls for the following: <ul style="list-style-type: none"> • Healthy Aging Evidence-based programs • Falls Prevention
National Working Conference on Emergency Management and Individuals with Disabilities and the Elderly		Working conference jointly sponsored by the U.S. Departments of Health and Human Services (HHS) and Homeland Security. One of four designated state representatives (DHS).
Purple Ribbon Task Force	Chapter 2012-172, L.O.F.	Legislation in 2012 established the Purple Ribbon Task Force within DOEA with authority to hold meetings by teleconference or other electronic means. It is required to submit a report on the Alzheimer's disease state strategy and policy recommendations to the Governor and Legislature. Its effective date was July 1, 2012.
Rural Economic Development Initiative Committee	s. 288.0656, F.S.	Appointed by the DOEA Secretary in response to request from Governor's Office of Tourism, Trade, and Economic Development.
Silver Alert Support Committee	Executive Order 08-211	Working committee established by the DOEA Secretary to bring stakeholders together to set responsibilities and develop working protocols for law enforcement and for the aging network. An additional responsibility is to develop and disseminate training materials for law enforcement and informational brochures, videos and training materials for the network and general public.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
State Mental Health Planning Council		Oversees the U.S. Substance Abuse and Mental Health Services Administration application for block grant funding for mental health services in Florida and the service delivery by contractors.
State Plan on Aging Advisory Group		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. The advisory group will meet on at least an annual basis throughout the period of the plan to assess progress toward the plan's objectives and strategies.
Substance Abuse and Mental Health Corporation		The Florida Substance Abuse and Mental Health Corporation is a non-profit corporation created by the Legislature to oversee the state's publicly funded substance abuse and mental health services.
Workforce Florida Board	Chapter 445, F.S.	A 45-member board appointed by the Governor, which oversees and monitors the administration of the state's workforce policy, programs, and services, carried out by the 24 business-led Regional Workforce Boards and the Agency for Workforce Innovation. Direct services are provided at nearly 100 One-Stop Centers with locations in every county in the state.

LRPP Exhibit II: Performance Measures and Standards

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2012-13	Approved Prior Year Standard FY 2011-12	Prior Year Actual FY 2011-12	Approved Standard for FY 2012-13	Requested FY 2013-14 Standard
Percent of elders CARES determined to be eligible for nursing home placement who are diverted	30%	44.4%	30%	30%
Total number of CARES assessments	85,000	120,603	85,000	100,000

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2012-13	Approved Prior Year Standard FY 2011-12	Prior Year Actual FY 2011-12	Approved Standard for FY 2012-13	Requested FY 2013-14 Standard
Percent of most frail elders who remain at home or in the community instead of going into a nursing home	97%	95.4%	97%	97%
Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours	97%	98.3%	97%	97%
Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups	\$3,988	\$4,259	\$3,988	\$1,000
Percent of elders assessed with high or moderate risk environments who improved their environment score	79.3%	71.8%	79.3%	79.3%
Percent of new service recipients with high-risk nutrition scores whose nutritional status improved	66%	66.3%	66%	66%
Percent of new service recipients whose ADL assessment score has been maintained or improved	65%	65.5%	65%	65%
Percent of new service recipients whose IADL assessment score has been maintained or improved	62.3%	67.2%	62.3%	62.3%
Percent of family and family-assisted caregivers who self-report they are very likely to continue to provide care	89%	90.5%	89%	89%

Approved Performance Measures for FY 2012-13	Approved Prior Year Standard FY 2011-12	Prior Year Actual FY 2011-12	Approved Standard for FY 2012-13	Requested FY 2013-14 Standard
Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)	90%	94.9%	90%	85%
Average time in the Community Care for the Elderly Program for Medicaid Waiver probable customers	2.8 months	3.71 months	2.8 months	2.8 months
Percent of customers who are at imminent risk of nursing home placement who are served with community-based services	90%	90%	90%	90%
Number of elders served with registered long-term care services	186,495	211,329	186,495	186,495
Number of congregate meals provided	5,300,535	4,667,974	5,300,535	5,300,535
Number of elders served (caregiver support)	54,450	66,452	54,450	54,450
Number of elders served (early intervention/ prevention)	355,908	939,631	355,908	355,908
Number of elders served (home & community services diversion)	51,272	57,469	51,272	51,272
Number of elders served (LTC initiatives)	12,150	25,326	12,150	22,000
Number of elders served (meals, nutrition education, and nutrition counseling)	81,903	71,674	81,903	81,903
Number of elders served (residential assisted living support and elder housing issues)	3,997	4,595	3,997	3,997
Number of elders served (supported community care)	56,631	37,289	56,631	37,289

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2012-13	Approved Prior Year Standard FY 2011-12	Prior Year Actual FY 2011-12	Approved Standard for FY 2012-13	Requested FY 2013-14 Standard
Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions	1.8% / 22.2%	.97%/16.7%	1.8% / 22.2%	1.8%/22.2%

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2012-13	Approved Prior Year Standard FY 2011-12	Prior Year Actual FY 2011-12	Approved Standard for FY 2012-13	Requested FY 2013-14 Standard
Percent of complaint investigations initiated by the ombudsman within five working days	91%	96%	91%	91%
Percent of service activities on behalf of frail or incapacitated elders initiated by public guardianship within five days of receipt of request	100%	99%	100%	100%
Number of judicially approved guardianship plans including new orders	2,000	2,650	2,000	2,000
Number of complaint investigations completed (long-term care ombudsman council)	8,226	7,583	8,226	8,226

LRPP Exhibit III: Performance Measure Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
85,000	102,130	Over 17,130	20.2%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

The Department is requesting a change to the standard from 85,000 to 100,000. The CARES Program performance has increased because of growth in staffing, the

availability of adequate facilities in which to transition clients, and a lack of disasters during the past several years that would have required the CARES Program to staff Special Needs Shelters. CARES staff has increased from 250 people in 2009-2010 to 276 in 2011-2012, due to the growth in the Nursing Home Diversion Program.

LRPP Exhibit III: Performance Measure Assessment

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: **Percent of most frail elders who remain at home instead of going into a nursing home**

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
97%	95.4%	1.6% under	-1.7%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

Performance was less than 5 percent below the standard and is, therefore, within an acceptable margin of error.

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

The Department will not be requesting an adjustment to the standard at this time, since performance is within five percent of achievement.

LRPP Exhibit III: Performance Measure Assessment

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: **Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups**

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
3,988	4,259	271 over	+6.8%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

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

- Training Technology
 Personnel Other (Identify)

Recommendations:

The methodology is being refined to more accurately identify the number of nursing home days avoided by applying a “risk score” that estimates how likely the Department’s clients are to enter a nursing home. The current methodology compares

the cost to serve a person in a nursing home to the cost to serve a person in the community. This is a simplistic methodology that does not factor in how likely the person is to have entered a nursing home. The revised methodology more precisely factors in the risk of placement in a nursing home to improve the accuracy of the estimate of the number of nursing home case months prevented.

The change in standard from \$3,988 to \$1,000 is being requested to reflect the revised methodology.

LRPP Exhibit III: Performance Measure Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
79.3%	71.8%	7.5% under	-9.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

The number of consumers who are initially assessed as living in high or moderate risk environments is low. Approximately one percent of all customers are represented in this measure. This small number creates large swings in the measure even when a few cases improve their environment score. Also, satisfactory interventions are difficult to achieve because people age 60 and older are reluctant to accept the intervention, which may include relocation to another house or assisted living facility, or drastic changes to life-long housekeeping habits such as collecting old papers and clutter. Legally, the Department cannot force a person to move or accept a home modification, without a complex legal process.

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

- Training
- Personnel

- Technology
- Other (Identify)

Recommendations:

The Department is revising its comprehensive client assessment instrument. In the revised instrument, the environment section has been significantly modified. Once the instrument is implemented, the Department will monitor performance and counts to see if a change in standard is needed.

LRPP Exhibit III: Performance Measure Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
89%	90.5%	1.5% over	+1.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

The Department is requesting the deletion of this measure. The Department is revising the comprehensive assessment instrument used to assess clients and caregivers. This question, which appears on the current version of the assessment, has been removed

and will not be asked of caregivers. Therefore, the Department is requesting the measure be deleted. Another caregiver performance measure will remain -- Percent of caregivers who self-report they are very likely to be able to continue providing care after service intervention.

LRPP Exhibit III: Performance Measure Assessment

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: **Percentage of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor) (existing)**
Percent of caregivers who self-report they are very likely to be able to continue providing care after service intervention (requested revision)

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
90%	94.9%	+4.9%	+5.4%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Explanation:

Recommendations:

The Department is requesting to revise the current measure from “Percentage of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)” to “Percent of caregivers who self-report they are very likely to be able to continue providing care after service intervention.”

The Department is revising the comprehensive assessment instrument used to assess clients and caregivers. The revision to this measure is being driven by a change to the wording of the question that measures caregiver confidence in their ability to continue to provide care.

The comprehensive client assessment is being updated using subject matter experts. The subject matter experts added questions to the caregiver assessment that in their estimation would better gauge the caregiver's functional status. To keep the assessment as brief and as thorough as possible, they recommended asking only one question relating to the caregiver's ability.

The Department is requesting that the standard be revised to 85 percent.

LRPP Exhibit III: Performance Measure Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2.8 months	3.71 months	.91 months over	-32.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

During the 2011-2012 state fiscal year enrollments into the Aged and Disabled Adult (ADA) Medicaid Waiver have been frozen in many areas of the state to prevent the program from overspending. As a result, consumers who are in Community Care for the Elderly (CCE) and potentially eligible for the ADA Medicaid Waiver have been unable to enter the ADA Program.

Each local area faces the challenge of serving people who are the frailest. The CCE Program is required to serve people who appear eligible for a Medicaid waiver program pending eligibility determination. The challenge becomes greater for the CCE Program when the ADA waiver is frozen. The number of elders with priority levels of 4s and 5s on

the wait list for the ADA Medicaid Waiver increased by 20 percent and for the Assisted Living Medicaid Waiver by 99 percent in the last year.

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

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

Recommendations:

The Department will not be requesting an adjustment to the standard at this time.

LRPP Exhibit III: Performance Measure Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
5,300,535	4,667,974	632,561 under	-11.9%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

The statewide average cost per meal in the Older Americans Act Title IIIC1 congregate meals program has increased 21 percent. In addition, a greater percent of the budget in the program is being used for nutrition education and outreach, which are more expensive services to provide than meals and beneficial for producing lifestyle changes.

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

No adjustment to the standard is requested until it is clear the current trend will persist.

LRPP Exhibit III: Performance Measure Assessment

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: **Number of elders served (meals, nutrition education, and nutrition counseling)**

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
81,903	71,674	10,229 under	-12.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

The statewide average cost per meal in the two largest programs in this activity, Older Americans Act Title IIIC1 (congregate meals) and Title IIIC2 (home-delivered meals), has increased 21 percent and 33 percent respectively. In addition, a greater percent of the budget in the programs is being used for nutrition education and outreach, which are more expensive services to provide than meals and beneficial for producing lifestyle changes.

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

- Training
- Personnel

- Technology
- Other (Identify)

Recommendations:

No adjustment to the standard is requested at this time.

LRPP Exhibit III: Performance Measure Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
12,150	25,326	13,176 over	+108%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

The Department is requesting a change to the standard from 12,150 to 22,000 people. Actual performance has improved due to increases in funding in the Long-Term Care Diversion Programs including PACE.

LRPP Exhibit III: Performance Measure Assessment

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: Number of elders served (Supported Community Care)

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
56,631	37,289	19,342 under	-34.2%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

As the Department targets frailer individuals for in-home services, fewer people can be served with the same amount of resources. Fifty-one percent of clients in Older Americans Act Title IIIB had a risk score rank (nursing home risk level) of 4 or 5 in 2010-2011 compared to 41 percent in 2005-2006 when this standard was established. The risk score is a number between 0 and 100 percent, which represents the likelihood of clients entering a nursing home. The risk levels of 4 and 5 include clients with a risk score of 27 or greater. Funding since 2002 has increased by less than one percent while overall costs to provide the services have increased at a faster pace. The background screening requirement has also added to provider costs. With increased costs and stagnant funding, fewer people are being served.

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

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

Recommendations:

The Department is requesting the standard be changed from 56,631 to 37,289 due to progressively frailer people being served in the Older Americans Act Title IIIB Program, the largest program in the Supported Community Care activity.

LRPP Exhibit III: Performance Measure Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	99%	1% under	-1%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

Performance was less than 5 percent below the standard and is, therefore, within an acceptable margin of error.

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

No adjustment to the standard is requested.

LRPP Exhibit III: Performance Measure Assessment

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Consumer Advocate Services
Measure: **Number of complaint investigations completed (existing) (Long-Term Care Ombudsman Council)**
Number of complaints investigated (requested revision) (Long-Term Care Ombudsman Council)

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
8,226	7,583	643 under	-7.8%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

The program does not have control over the number of complaints received. The program has worked diligently with providers during the past year through the administrative assessment process to enhance the health, safety, welfare, and rights of residents. It is believed that by fixing problems upfront, complaints from residents may have gone down.

External Factors (check all that apply)

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

Explanation:

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

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

Recommendations:

The Department is requesting to change the measure from “number of complaint investigations completed” to “number of complaints investigated” so that the measure matches what is required for federal reporting.

LRPP Exhibit III: Performance Measure Assessment

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Consumer Advocate Services
Measure: **Percent of complaint investigations initiated by the ombudsman within five working days (existing)**
Percent of complaint investigations initiated by the Ombudsman within 7 calendar days (requested revision) (Long-Term Care Ombudsman Council)

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
91%	96.1%	5.1% over	+5.6%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

The Department is requesting a revision to the wording of the current measure from “percent of complaint investigations initiated by the Long-Term Care Ombudsman within five working days (applies to the Long-Term Care Ombudsman Local Councils)” to “percent of complaint investigations initiated by the Ombudsman within 7 calendar days.” The methodology is being updated to bring the measure into alignment with the rule adopted in Florida Administrative Code. The Ombudsman Program tracks data and reports results to the U.S. Administration on Aging based on seven calendar days.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: **Percent of clients surveyed who believe services help them remain in their home or in the community**

Action (check one):

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

Data Sources and Methodology:

1. These measures are two of a 15-item client satisfaction survey the Department conducts annually of clients randomly selected from the Department's largest programs. Clients, active in the program for at least three months, who received a service within the past 90 days and who received services other than case management and meals within the last year are part of the sampling frame. The number of completes is determined to ensure a 90 percent confidence level.
2. Clients are contacted by telephone and are asked if the services they receive help them stay in their home. If clients reside in an assisted living facility, they are asked if the services they receive help them avoid moving into a nursing home. This question uses a dichotomous "yes/no" scale to measure satisfaction. Clients are also allowed to answer "don't know."

Validity

1. The DOEA Client Satisfaction Survey was developed by specialists in gerontology and measurement. It is designed to assess client satisfaction with the services they receive and the impact of the services on their lives. Professional reviews of the survey determined it to accurately reflect these aspects of services provided to elders.
2. The factor analysis on the survey administered to 1,250 clients validated the conceptual structure of the instrument.

Reliability

The DOEA Client Satisfaction Survey is a highly reliable instrument with an internal consistency of .87 as determined by Chronbach's Alpha. The two items selected for this measure highly correlate to the factors they represent and are the clearest presentation of dimensions being evaluated.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: **Percent of clients surveyed who are satisfied with the services they receive**

Action (check one):

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

Data Sources and Methodology:

1. These measures are two of a 15-item client satisfaction survey the Department conducts annually of clients randomly selected from the Department's largest programs. Clients, active in the program for at least three months, who received a service within the past 90 days and who received services other than case management and meals within the last year are part of the sampling frame. The number of completes is determined to ensure a 90 percent confidence level.
2. Clients are contacted by telephone and are asked a number of questions about client satisfaction. The last question ("Overall, how satisfied are you with the services you receive?") is the one used for this measure. The response options are "very satisfied," "satisfied," "neither satisfied nor dissatisfied," and "dissatisfied." Clients who respond that they are "very satisfied" or "satisfied" are included in the numerator to calculate the results.

Validity

1. The DOEA Client Satisfaction Survey was developed by specialists in gerontology and measurement. It is designed to assess client satisfaction with the services they receive and the impact of the services on their lives. Professional reviews of the survey determine it to accurately reflect these aspects of services provided to elders.
2. The factor analysis on the survey administered to 1,250 clients validated the conceptual structure of the instrument.

Reliability

The DOEA Client Satisfaction Survey is a highly reliable instrument with an internal consistency of .87 as determined by Chronbach's Alpha. The two items selected for this measure highly correlate to the factors they represent and are the clearest presentation of dimensions being evaluated.

LRPP EXHIBIT IV: Performance Measure Validity and Reliability

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

Action (check one):

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

Data Sources and Methodology:

1. The data source for this outcome measure is the Client Information and Registration Tracking System (CIRTS), which is maintained by DOEA.
2. This measure is calculated by determining the percentage of client each fiscal year CARES diverts to a home or community-based setting. People applying for a Medicaid waiver who had previously been assessed by case management agencies are not included in this measure. Medicaid waiver applicants that were initiated and assessed by CARES are included.

Proposed change in methodology: The Department currently considers an elder diverted if, after being assessed and staffed by CARES, he or she successfully remains in a community-based setting for at least 30 days. This includes non-private pay clients who may or may not be eligible for nursing home placement, i.e., meet nursing home level of care. Therefore, the Department is requesting the script be modified to only include clients who are nursing home eligible.

3. The CARES offices track each consumer assessed, with the recommendation made by the CARES Program. A follow-up call is conducted to discover if the consumer went to the nursing home or remained in the community.

Validity:

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

Reliability:

1. Reliability is determined through analysis of CARES Program data over time.
2. This measure has been found to have longitudinal and cross-sectional reliability. This performance measure data is internet-based and is consistently collected by the CARES Program. Staff at the DOEA main office can run a statewide report at any time. The CARES Program monitors data to ensure data accuracy.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

1. The data source for this outcome measure is the Client Information and Registration Tracking System (CIRTS), which is maintained by DOEA. The merging of the CARES management information system (CMS) and CIRTS was finalized during state fiscal year 2006-2007.
2. CARES is the nursing home pre-admission screening program. The total number of assessments includes all people who are assessed for nursing home placement and the Medicaid waiver programs during the fiscal year. Assessment counts also include the Continued Residency Reviews (CRRs) and New Admission Reviews (NARs). The CRRs are a reassessment of individuals who are already in the nursing home under Medicaid. NARs are on-site review of a sample of nursing facility residents/charts, regardless of funding source, which are expected to have a nursing facility stay in excess of 20 days. The CARES Program assesses a sample of the Medicaid residents to determine if they continue to meet the requisite level of care designation. This number is reflected in the number of assessments but not in the diversion statistics.
3. CARES tracks program performance data on a monthly basis.

Validity:

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

data system must be able to accurately track applicant information and follow-up data gathered during the Continued Residency Reviews.

Reliability:

1. Reliability is determined through staff analysis of manual data reports compared to the system reports. This performance measure data is internet-based and is consistently collected by the CARES Program. Staff at the DOEA main office can run a statewide report at any time. The CARES Program monitors data to ensure data accuracy.
2. The measure has longitudinal and inter-rater reliability as shown by the consistency of data over time. Electronic data was checked through comparison to manual data to ensure accuracy.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: **Percent of most frail elders who remain at home or in the community instead of going to a nursing home**

Action (check one):

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

Data Sources and Methodology:

1. The data source for this measure is the Client Information and Registration Tracking System (CIRTS) for non-Nursing Home Diversion Program clients and Medicaid nursing home paid claims for Nursing Home Diversion Program clients.
2. The methodology used to collect the data is through selecting consumers who are most frail – the top quintile of nursing home risk scores.
3. The indicator is measured by determining those clients who had a nursing home stay of 30 or more days in the fiscal year who had been active consumers at the beginning of the fiscal year with risk scores in the top quintile.

Validity:

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

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: **Percentage of Adult Protective Services referrals who are in need of immediate services to prevent further harm who are served within 72 hours.**

Action (check one):

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

Data Sources and Methodology:

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

Validity:

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

Reliability:

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

Provider incentive to overstate services provided is mitigated by the Area Agency on Aging's monitoring of a one-percent sample of files. Part of the monitoring checks whether services received match services planned by the case managers.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: **Average monthly savings per consumer for home and community-based care versus nursing home care for comparable consumer groups.**

Action (check one):

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

Data Sources and Methodology:

1. This measure was computed using Medicaid waiver participation and cost data from the Florida Medicaid Management Information System (FMMIS) maintained by AHCA and home and community-based service (HCBS) participation and assessment data from the Client Information and Registration Tracking System (CIRTS) database maintained by DOEA. HCBS expenditure data is based on contractual amounts.

Proposed change in methodology: The methodology is being refined to more accurately identify the number of nursing home days avoided by applying a “risk score” that estimates how likely the Department’s clients are to enter a nursing home. The current methodology compares the cost to serve a person in a nursing home to the cost to serve a person in the community. This is a simplistic methodology that does not factor in how likely the person is to have entered a nursing home. The revised methodology more precisely factors in the risk of placement in a nursing home to improve the accuracy of estimating the number of nursing home case months prevented.

2. This measure is computed by determining the total cost of home and community-based services for the state fiscal year. This cost is divided by the number of case months of care received to determine a per-person-per-month estimate. The number of case months is then multiplied by clients’ average risk score (a number between 0 and 100 percent which represents the likelihood of clients entering a nursing home), resulting in a number representing the number of nursing home case months avoided. The savings (cost of avoided nursing home care) is calculated by subtracting the cost to serve clients for these “avoided” case months in the community from the cost to serve these clients in a nursing home. Dividing the savings by the total number of case months of care results in the average monthly savings per client.
3. Not all clients would be placed in a nursing home if they had not received HCBS. A “risk score” is calculated from the assessment, which reflects the likelihood of being placed in a nursing home. This performance measure uses a weighted risk score as

a proxy for the percent of HCBS case months that would have been spent in a nursing home if those HCBS were not available.

Validity:

The methods employed use original claims and operational databases as a primary source for this measure. There is no more accurate source for actual Medicaid participation and expenditures than the FMMIS. CIRTS data is the operational database that defines participation in DOEA programs. CIRTS is the most valid source for DOEA program participation data. Contracts with the Area Agencies on Aging require timely and accurate entry of service usage in CIRTS. The Department's annual monitoring activities include a review of CIRTS for data accuracy. A complete census of all program participation is used; there is no sampling or estimation.

Reliability:

Reliability was determined through comparison to other cost analyses that have been conducted nationally in relation to long-term care services. The measure is the most reliable available. This measure is calculated after the close of the state fiscal year with sufficient time for HCBS data entry to CIRTS to be completed. Though Medicaid providers have up to one year to bill, most claims are submitted within 60 days of service provision.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

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

Validity:

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

Reliability:

1. Reliability is ensured by including on the assessment the description of what the particular score represents. In addition, the form includes a checklist of environmental factors to be reviewed.
2. The measure has longitudinal reliability. The same case managers assessing the same environment over time will almost always score the environment the same, if there have been no changes. Inter-rater reliability is likely to be somewhat less consistent, because it involves clinical judgment of the risks perceived in the consumer's home. The Department attempts to minimize inter-rater differences through case manager training and by including an environmental checklist as a part of each assessment. In addition, a narrative description follows each score option. For instance, the explanation for high risk is "The physical environment is strongly negative or hazardous. The client should change dwellings or is very likely to need

to change dwellings unless immediate corrective action is taken to address the negative or hazardous aspects.”

3. The small numbers of people who are assessed as having high or moderate risk environments can make the measure highly unlikely to change between years.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

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 (requested revision)

Action (check one):

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

Data Sources and Methodology:

1. The data source is the DOEA Client Information and Registration Tracking System (CIRTS).
2. This outcome measure is captured in the "Nutrition Status" section of the 701A, 701B, and 701C, the congregate meal assessment. This measure is the percentage of clients who indicated in the assessment a year earlier that they were not eating two or more meals per day and are now eating two or more meals a day.

Validity:

1. Validity is determined through a review of options available to gather the data. Since the nutrition assessment is already required, it was selected as the instrument to use.
2. This is one item in a validated scale developed for the U.S. Administration on Aging. This scale has been tested for validity and is used in all 50 states in Older Americans Act Programs.

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: **Percent of new service recipients whose Activities of Daily Living (ADLs) assessment score has been maintained or improved.**

Action (check one):

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

Data Sources and Methodology:

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

Validity:

1. Validity is determined through comparison with instruments used in other aging services programs. The instruments are very similar. DOEA's original instrument was developed in 1992 using national experts as consultants. The Department has modified the ADL domain of the instrument only slightly since then.
2. ADL scores are a standard and appropriate way to measure an individual's functional abilities. Activities of daily living scales are commonly used in social service research. As the consumer population ages and becomes frailer, the ability to maintain or improve functional status will diminish.
3. Because data is collected at reassessment only for individuals who do not exit the program, the measure suffers from selectivity bias in that consumers whose activities of daily living have been successfully addressed are more likely to survive in the program to reassessment time. Those who may not have been properly served drop out and are not included in the measure.

Reliability:

1. Reliability is determined through providing periodic assessment training for new case managers. The case manager must score at least 80 percent on the test on use of the assessment tool given at the end of the training. The assessment instructions (701D) and the *Programs and Services Handbook* provide directions for completing the ADL section of the assessment as well.
2. The instrument has longitudinal reliability, based on the Department's experience. Wide variances in how different case managers would score a given consumer have not been found.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: **Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved.**

Action (check one):

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

Data Sources and Methodology:

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

Validity:

1. Validity is determined through comparison with instruments used in other aging services programs. The instruments are very similar. DOEA's original instrument was developed in 1992 using national experts as consultants. The Department has modified the IADL domain of the instrument only slightly since then.
2. IADL scores are a standard and appropriate way to measure individuals' ability to function in their homes and the communities. Instrumental activities of daily living scales are commonly used in social service research. As the consumer population ages and becomes frailer, the ability to maintain or improve IADLs will diminish.
3. Because data is collected at reassessment only for individuals who do not exit the program, the measure suffers from selectivity bias in that consumers whose activities of daily living have been successfully addressed are more likely to survive in the program to reassessment time. Those who may not have been properly served drop out and are not included in the measure.

Reliability:

1. Reliability is determined through providing periodic assessment training for new case managers. The case manager must score at least 80 percent on the test on use of the assessment tool given at the end of the training. The assessment instructions (701D) and the *Program and Services Handbook* provide directions for completing the IADL section of the assessment as well.
2. The instrument has longitudinal reliability, based on the Department's experience. Wide variances in how different case managers would score a given consumer have not been found.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

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

Validity:

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

Reliability:

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

Note: This measure is proposed for deletion. The Department is revising the comprehensive assessment instrument used to assess clients and caregivers. This question, “percentage of caregivers who self-report they are very likely to be able to continue providing care after service intervention (as determined by the caregiver and the assessor),” which appears in the current version of the assessment, has been removed and will not be asked.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: **The percentage of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor) (existing measure)**
Percent of caregivers who self-report they are very likely to be able to continue providing care after service intervention (requested revision)

Action (check one):

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

Data Sources and Methodology:

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

The Department is revising the assessment instrument used to assess clients and caregivers. The revision to this measure is being driven by a change to the wording of the question that measures caregivers' confidence in their ability to continue to provide care.

Validity:

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

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

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

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

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

Validity:

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

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

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

Validity:

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

Reliability:

1. Reliability is determined through review of trends and analysis of exceptions encountered in the data. Contract providers enter service data on the people served in their programs into CIRTS. There is an incentive for this data to be reliable and accurate, since contractors are paid based on the service units provided. Provider incentive to overstate services provided is mitigated by the Area Agency on Aging monitoring a one-percent sample of files. Part of the monitoring is to check whether services received match services planned by the case managers.
2. The measure is reliable. Continuing efforts are made to ensure data accuracy in CIRTS, which include file reviews, monitoring, and on-going oversight by contract managers.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: **Number of people served with registered long-term care services**

Action (check one):

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

Data Sources and Methodology

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

Validity:

1. Validity is determined through a review of data options available. Using the CIRTS report for the majority of the count with augmentation from manual reports is determined to be the best way to obtain data on consumers served.
2. The CIRTS data in combination with manual data is very appropriate for obtaining consumer counts. Also, the use of the two different approaches for the consumer counts, one that can be tracked by individual and one that reflects more of a tally of people served, more realistically reflects the tremendous number of people the Department affects each year.

Reliability:

1. The Department has made efforts to ensure reliability through using CIRTS data as the primary source supplemented with manual data on smaller programs that are not in CIRTS. Providers have an incentive to enter accurate service data in CIRTS, because they are paid in accordance with the units of service provided. The smaller

programs have fixed reimbursement rates, which correlate to the number of consumers who can be served, based on expenditures.

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

1. The source of the data for this measure is the Client Information and Registration Tracking System (CIRTS). Data on the consumers in congregate meals programs, funded by the Older Americans Act, Local Services Program, and the High Risk Nutritional Program for the Elderly (Miami-Dade only), are primarily used for this measure.
2. The data is obtained from a CIRTS report on consumers who received a congregate meal through the programs listed above.
3. Any consumer who received a congregate meal during the year in question is counted.

Validity:

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

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

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

Validity:

1. Validity is determined through an analysis of available data. The AmeriCorps Program has each project self-report on results with documentation attached, and the RELIEF Program provides the Monthly Standard Information Sheet. Instead of creating a new data measuring system, the existing data collection efforts are sufficient for this purpose. Senior Companion data is from the reports providers submit. Since CIRTS data is available for ADI respite, it is the best source for the ADI Program. The III E Program data is based on data estimates the Area Agencies on Aging provide as part of the federal National Aging Program Information System.
2. The current data collection systems described above are very appropriate for capturing the number of consumers served.

Reliability:

1. Reliability is determined through audits and consumer interviews for the AmeriCorps Program. The RELIEF Program has made efforts to ensure reliability by only counting consumers served through records obtained from the Area Agency on Aging. CIRTS data reliability is determined through monitoring and case file reviews.
2. Reliability is above 95 percent for the AmeriCorps Program because of the documentation and auditing required. Requiring the Monthly Standard Information Sheet in the contracts has made the data for the RELIEF Program very reliable. CIRTS data has longitudinal reliability, as found by different staff in the Department producing similar results when extracting data for the same time periods and using similar calculations. Both Senior Companion and Title IIIIE data show consistency over time.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

1. The data sources for this measure are the following programs: SHINE (Serving Health Insurance Needs of Elders), Health and Wellness Initiatives, Elder Abuse Prevention Education, Elder Helpline, Emergency Home Energy Assistance for Elders Program (EHEAP), and the Senior Community Service Employment Program.
2. The methodology used to collect the data varies by program as follows: The SHINE Program is using monthly counselor reporting forms, submitted through local coordinators and the Area Agencies on Aging. Centers for Medicare & Medicaid Services (CMS) Consumer Contact and Public/Media Activity forms are used in conjunction with a quarterly volunteer time sheet. CMS has a database for reporting purposes.

Health and Wellness Initiatives use monthly and quarterly reports based on formal and informal databases, which are managed by the Area Agencies on Aging. The projected number of elders served under the health and wellness initiatives is based on anticipated numbers of direct and indirect services to be provided by the Department's Community Outreach and Wellness Coordinators throughout the state.

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

The data on EHEAP and Elder Helpline information, referral, and assistance is maintained electronically and extracted from CIRTS. Elder Helplines throughout the state are currently operated by the Area Agencies on Aging or a contracted information and referral provider. The Elder Helplines recently implemented a common internet accessible Information and Referral (I&R) software system designed for I&R networks with multiple member organizations. The new system records caller/client contact information and provides access to real-time service provider resource data.

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

Validity:

1. For the SHINE Program, validity is established by CMS, which piloted reporting forms in two Planning and Service Areas in Florida.

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

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

Elder Helpline staff at the AAAs maintain records of their calls. Using the data over time, the Department's Elder Helpline Specialist has determined the validity for the data.

2. The SHINE reporting form is very appropriate for collecting volunteer hours, as determined by the funding agency.

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

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

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

Reliability:

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

1. The data source for this measure is the Client Information and Registration Tracking System (CIRTS) data and Medicaid paid claims data.
2. The methodology used to collect the data is to select from the CIRTS Services Received table an unduplicated count of participants in the following programs: Consumer Directed Care, Community Care for the Elderly, and Home Care for the Elderly. To get the data on Medicaid programs, the paid claims data was used for Aged and Disabled Adult Medicaid Waiver, including Consumer Directed Care; Channeling; the Adult Day Health Care Waiver; and the Long-Term Care Diversion Pilot Project.
3. The indicator is measured by computing a sum of the unduplicated participants across the Planning and Service Areas.

Validity:

1. Validity is determined through a review of available data sources. CIRTS was chosen because it is the most complete source of participant data across programs and can create an unduplicated count.
2. CIRTS data is very appropriate as a source for consumer counts. Clients are registered in CIRTS with at least demographic data when they receive on-going services.

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

1. The data source for this measure is the Medicaid claim files and the Florida Medicaid Management Information System (FMMIS).
2. The methodology used to collect the data is to query FMMIS to obtain an unduplicated count of Long-Term Care Community Diversion Pilot Project participants based on claims data.
3. The indicator is measured by computing a sum of the unduplicated participants.

Validity:

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

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

1. The data sources for this measure are Client Information and Registration Tracking System (CIRTS) and manual data from the Adult Care Food Program and the Elder Farmers Market Nutrition Program.
2. The methodology used to collect the data is to select from the CIRTS Services Received table a count of participants in the Older Americans Act Home Delivered and Congregate Meals Programs and the Local Services Program (meals only) who received any of the following services: meals, nutrition education, and nutrition counseling. Due to the umbrella nature of the report, the counts may also, to a lesser extent, include people who received nutrition services in other Department programs, such as Community Care for the Elderly (CCE). Manual counts are derived for the Adult Care Food Program based on the units of service provided and the contracted cost per participant.
3. The indicator is measured by computing a sum of participants in each program for the data available in CIRTS and adding in the manual derived counts from the Adult Care Food Program and Elder Farmers Market Nutrition Programs.

Validity:

1. Validity is determined through a review of available data sources. CIRTS was chosen as the primary source because it is the most complete source of participant data across programs and can create unduplicated counts. The manual counts are for much smaller programs with less readily available consumer data.
2. CIRTS data is very appropriate as a source for consumer counts. Clients are registered in CIRTS with at least demographic data when they receive on-going services. Manual counts of consumers served in the Adult Care Food and Elder Farmers Market Programs are an appropriate means to collect the data on these smaller programs, since the services are not reported in CIRTS.

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

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

Validity:

1. Validity is determined through a review of available data sources. CIRTS was chosen, because it is the most complete source of participant data across programs and can create an unduplicated count.
2. CIRTS data is very appropriate as a source for consumer counts. Clients are registered in CIRTS with at least demographic data when they receive on-going services.

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

1. The data source for this measure is the Client Information and Registration Tracking System (CIRTS) data.
2. The methodology used to collect the data is to select from the CIRTS Services Received table an unduplicated count of participants in the Older Americans Act Title IIIB (Supportive Services and Senior Centers) and the Local Services Programs (for non-meals services).
3. The indicator is measured by computing a sum of the unduplicated participants across the Planning and Service Areas.

Validity:

1. Validity is determined through a review of available data sources. CIRTS was chosen because it is the most complete source of participant data across programs and can create an unduplicated count.
2. CIRTS data is very appropriate as a source for consumer counts. Clients are registered in CIRTS with at least demographic data when they receive on-going services.

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

1. The data source for the measure is Legislative Appropriations System/Planning and Budgeting Subsystem (LAS/PBS).
2. In LAS/PBS, the data is obtained from the prior year actual expenditures (Column A36). The Long-Term Care Community Diversion Pilot Program expenditures, which are administered by the Department, but billed through FMMIS, are manually added to the total agency costs.
3. The administrative and support costs and positions are divided by the total agency cost and positions to calculate the percent of the Department's costs for administration and support and positions associated with administration and support.

Validity:

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

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Consumer Advocate Services
Measure: **Percent of complaint investigations initiated by the Ombudsman within five working days (existing) (Long-Term Care Ombudsman Council)**
Percent of complaint investigations initiated by the Ombudsman within seven calendar days (requested revision) (Applies to the Long-Term Care Ombudsman Council)

Action (check one):

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

Data Sources and Methodology:

1. The data source for this measure is the Long-Term Care Ombudsman investigation data collected and stored in the Ombudsman offices in each district and then compiled at the state office.
2. The number of complaints investigated is determined by reviewing the investigation data. An Ombudsman investigates a complaint by conducting interviews, making observations, and reviewing records with appropriate consent. Each complaint investigation is identified as “verified” or “not verified.” Upon completion of an investigation, a complaint disposition is also assigned. Some complaints may take months to complete because of the complexity of the issue involved. While the ombudsman strives to resolve a complaint to the satisfaction of the resident(s) involved in the complaint, a complaint investigation must be completed at the end of 90 days unless an extension has been granted by the district ombudsman manager, pursuant to rule 58L-1.007(2)(d), Florida Administrative Code.
3. The data on the number of complaints received, and when they are investigated, are tracked and recorded.

Validity:

1. Staff analysis determined that the number of complaints investigated is deemed to be the most valid, objective output available.
2. The investigation data as the measuring instrument is appropriate for use for this measure. The summary of the outcome of the complaint is included and accurately reflects the status of the complaint.

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

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

Validity:

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

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

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

Validity:

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

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Consumer Advocate Services
Measure: **Number of complaint investigations completed (existing)
(Long-Term Care Ombudsman Council)**
**Number of complaint investigations investigated
(Long-Term Care Ombudsman Council) (requested
revision)**

Action (check one):

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

Data Sources and Methodology:

1. The data source for the measure is the Long-Term Care Ombudsman investigation data collected and stored in each Ombudsman office within each district and compiled at the state office.
2. The number of complaints investigated is determined by reviewing the investigation data. An Ombudsman investigates a complaint by conducting interviews, making observations, and reviewing records with appropriate consent. Each complaint investigation is identified as “verified” or “not verified.” Upon completion of an investigation, a complaint disposition is also assigned. Some complaints may take months to complete because of the complexity of the issue involved. While the Ombudsman strives to resolve a complaint to the satisfaction of the resident(s) involved in the complaint, a complaint investigation must be completed at the end of 90 days unless an extension has been granted by the district Ombudsman manager, pursuant to rule 58L-1.007(2)(d), Florida Administrative Code.
3. The data on the number of complaints received, and when they are investigated, is tracked and recorded.

Validity:

1. Staff analysis determines that the number of complaints investigated is deemed to be the most valid, objective output available.
2. The investigation data as the measuring instrument is appropriate for use for this measure. The summary of the outcome of the complaint is included and accurately reflects the status of the complaint.

Reliability:

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

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures			
Measure Number	Approved Performance Measures for FY 2011-12 (Words)		Associated Activities Title
1	Percent of elders the CARES program determined eligible for nursing home placement who are diverted		Universal Frailty Assessment ACT 2000
2	Number of CARES assessments		Universal Frailty Assessment ACT 2000
3	Percent of most frail elders who remain at home or in the community instead of going into a nursing home		Home and Community Srvs. Diversions, Long-Term Care Initiatives, Nutritional Srv. for the Elderly, Residential Assisted Living Support and Elder Hsing Issues, Self Care, Early Int./Prev., Supportive Comm. Care, Caregiver Support
4	Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours		Home and Community Srvs. Diversions, Long-Term Care Initiatives, Nutritional Srv. for the Elderly, Residential Assisted Living Support and Elder Hsing Issues, Early Int./Prev., Supportive Comm. Care, Caregiver Support
5	Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups		All Home and Community-Based Services

Office of Policy and Budget – July, 2008

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2011-12 (Words)		Associated Activities Title
6	Percent of elders assessed with high or moderate risk environments who improved their environment score		All Home and Community-Based Services
7	Percent of new service recipients with high-risk nutrition scores whose nutritional status improved		All Home and Community-Based Services
8	Percent of new service recipients who ADL assessment score has been maintained or improved		All Home and Community-Based Services
9	Percent of new service recipients whose IADL assessment score has been maintained or improved		All Home and Community-Based Services
10	Percent of family and family-assisted caregivers who self-report they are very likely to provide care		All Home and Community-Based Services

Office of Policy and Budget – July, 2008

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures			
Measure Number	Approved Performance Measures for FY 2011-12 (Words)		Associated Activities Title
11	Percent of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)		All Home and Community-Based Services
12	Average time in the Community Care for the Elderly Program for Medicaid Waiver probable customers		All Home and Community-Based Services
13	Percent of customers who are at imminent risk of nursing home placement who are served with community-based services		All Home and Community-Based Services
14	Number of elders served with registered long-term care services		All Home and Community-Based Services
15	Number of congregate meals provided		Nutritional Services for the Elderly ACT 4000

Office of Policy and Budget – July, 2008

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures

Measure Number	Approved Performance Measures for FY 2011-12 (Words)		Associated Activities Title
16	Number of elders served (caregiver support)		Caregiver Support ACT 4200
17	Number of elders served (early intervention/prevention)		Early Intervention/Prevention ACT 4100
18	Number of elders served (home and community services)		Home and Community Services Diversion ACT 4500
19	Number of elders served (LTC initiatives)		Long-Term Care Initiatives ACT 4800
20	Number of elders served (meals, nutrition education and nutrition counseling)		Nutritional Services for the Elderly ACT 4000

Office of Policy and Budget – July, 2008

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures			
Measure Number	Approved Performance Measures for FY 2011-12 (Words)		Associated Activities Title
21	Number of elders served (residential assisted living support and elder housing issues)		Residential Living Support Elder Housing Issues ACT 4300
22	Number of elders served (supported community care)		Supportive Community Care ACT 4400
23	Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions		Executive Direction
24	Percent of complaint investigations initiated by the ombudsman within 5 working days		Long-Term Care Ombudsman Council ACT 1100
25	Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within five days of receipt of request		Public Guardianship ACT 1200

Office of Policy and Budget – July, 2008

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures			
Measure Number	Approved Performance Measures for FY 2011-12 (Words)		Associated Activities Title
26	Number of judicially approved guardianship plans including new orders		Public Guardianship ACT 1200
27	Number of complaint investigations completed (long-term care ombudsman council)		Long-Term Care Ombudsman Council ACT 1100

Office of Policy and Budget – July, 2008

Long-Range Program Plan, SFY 2013-18
September 2012

NUCSSP03 LAS/PBS SYSTEM
BUDGET PERIOD: 2003-2014
STATE OF FLORIDA

SP 09/28/2012 15:29
SCHED XI: AGENCY-LEVEL UNIT COST SUMMARY
AUDIT REPORT ELDER AFFAIRS, DEPT OF

ACTIVITY ISSUE CODES SELECTED:

TRANSFER-STATE AGENCIES ACTIVITY ISSUE CODES SELECTED:

1-8:

AID TO LOCAL GOVERNMENTS ACTIVITY ISSUE CODES SELECTED:

1-8:

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

*** NO ACTIVITIES FOUND ***

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

*** NO OPERATING CATEGORIES FOUND ***

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

BE	PC	CODE	TITLE	EXPENDITURES	FCO
65100400	1303000000	ACT4700	HOUSING, HOSPICE AND END OF LIFE	39,831	
65100600	1208000000	ACT6000	DISASTER PREPAREDNESS AND	61,536	

TOTALS FROM SECTION I AND SECTIONS II + III:

DEPARTMENT: 65	EXPENDITURES	FCO
FINAL BUDGET FOR AGENCY (SECTION I):	755,179,228	
TOTAL BUDGET FOR AGENCY (SECTION III):	755,179,243	
DIFFERENCE:	15-	
(MAY NOT EQUAL DUE TO ROUNDING)	=====	=====

NOTES:

- ACT4700 - Housing, Hospice and End of Life - This is no longer a part of the Department's approved measures, since the activity is administrative in nature.
- ACT6000 - Although Disaster Preparedness and Operations is an Executive Direction and Support Services activity, the assigned code does not fall in the appropriate range ACT0010 through ACT0490 for it to be recognized as such.

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

Activities of Daily Living (ADL) – Functions and tasks for self-care, including bathing, dressing, eating, toileting, transferring, and walking/mobility.

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

Actual Expenditures – Disbursement of funds including prior year actual disbursements, payables, and encumbrances. The payables and encumbrances are certified forward at the end of the fiscal year. They may be disbursed between July 1 and September 30 of the subsequent fiscal year. Certified forward amounts are included in the year in which the funds are committed, but are not shown in the year the funds are disbursed.

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

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

Adult Protective Services (APS) – The APS program managed by the Department of Children and Families is responsible for the provision or arrangement of services to protect a disabled adult or an elderly person from further occurrences of abuse, neglect, or exploitation. Services may include protective supervision, placement, and in-home/community-based services

AHCA – Agency for Health Care Administration

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

AmeriCorps – AmeriCorps, the domestic Peace Corps, funds grants for elder programs such as ElderServe, Care and Repair, and Homeland Security. AmeriCorps members and volunteers provide a variety of community outreach, education, respite, and support services for elders. ElderServe emphasizes respite service for frail elders who are at risk of institutionalization, focusing mainly on those elders with Alzheimer's disease and other forms of dementia. Care and Repair provides home repairs, home modifications, and

related services to assist elders in making their domiciles accessible and safe, allowing these elders to age in place and enhancing their quality of life. Homeland Security assists elders in preparing for acts of terrorism, emergencies, and natural disasters.

AoA – Administration on Aging

Appropriation Category – The lowest level line-item of funding in the General Appropriations Act representing a major expenditure classification of the budget entity. Within budget entities, these categories may include salaries and benefits, other personal services (OPS), expenses, operating capital outlay, data processing services, fixed capital outlay, etc.

Area Agency on Aging (AAA) – A local public or private nonprofit entity mandated by the Older Americans Act. The Department of Elder Affairs designates entities as AAAs to coordinate and administer the Department’s programs and to contract out services within a Planning and Service Area.

APS – Adult Protective Services

Aging and Disability Resource Center (ADRC) – Centers located throughout Florida responsible for a coordinated system of information and access for all persons (including persons with disabilities and persons with severe and persistent mental illnesses) seeking long-term care resources.

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

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

BPL – Below Poverty Level

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

Caregiver – A person who has been entrusted with, or has assumed the responsibility for, the care of an older individual.

Case Management – A service provided to an older individual by a professional who is trained or experienced in the skills required to deliver and coordinate services. Includes

assessing for care needs and arranging, coordinating, and monitoring an optimum package of services to meet the identified needs of the older individual.

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

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

COA – Council on Aging

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

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

Comprehensive Assessment and Review for Long Term-Care Services (CARES) – A program operated by the Department of Elder Affairs that is Florida’s federally mandated long-term care pre-admission screening program for Medicaid Institutional Care Program nursing facility and Medicaid waiver program applicants. An assessment is performed to identify long-term care needs, establish level of care (medical eligibility for nursing facility care), and recommend the least restrictive, most appropriate placement. Emphasis is on enabling people to remain in their homes through provision of home-based services or with alternative community placements, such as assisted living facilities.

Consumer Directed Care (CDC) – Projects that demonstrate the value of consumers, or caregivers on their behalf, taking charge of directing their own care. The premise is that consumers or their caregivers are in the best position to make decisions about services and how they should spend associated service dollars. This is an option in the Aged and Disabled Adult (ADA) Medicaid Waiver.

Emergency Home Energy Assistance for the Elderly (EHEAP) – A program that provides vendor payments to assist low-income households, with at least one person age 60 or older that are experiencing home energy emergencies.

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

Demand – The number of output units that are eligible to benefit from a service or activity.

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

DOEA – Department of Elder Affairs

EOG – Executive Office of the Governor

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

FEMA – Federal Emergency Management Agency

FFP – Federal Financial Participation

FFS – Fee for Service

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

FLAIR – Florida Accounting Information Resource Subsystem

FMMIS – Florida Medicaid Management Information System

F.S. – Florida Statutes

FY – Fiscal Year

GAA – General Appropriations Act

GR – General Revenue Fund

HCBS – Home and Community-Based Services

HHS – U.S. Department of Health and Human Services

HMO – Health Maintenance Organization

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

HS – U.S. Department of Homeland Security

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

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

Input – See performance measure.

Instrumental Activities of Daily Living (IADL) – Functions and tasks associated with management of care such as preparing meals, taking medications, heavy chores, housekeeping, making telephone calls, managing money, shopping, and using transportation.

IT – Information Technology

ITB – Invitation to Bid

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

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

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

L.O.F – Laws of Florida.

Legislative Budget Commission (LBC) – A standing joint committee of the Florida Legislature. The Commission was created to review and approve/disapprove agency requests to amend original approved budgets; review agency spending plans; issue instructions and reports concerning zero-based budgeting; and take other actions related

to the fiscal matters of the state, as authorized in statute. It is composed of 14 members appointed by the President of the Senate and by the Speaker of the House of Representatives to two-year terms, running from the organization of one Legislature to the organization of the next Legislature.

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

Level of Care (LOC) – A term used to define medical eligibility for nursing home care under Medicaid and Medicaid Waiver community-based non-medical services. (To qualify for Medicaid waiver programs, the applicant must meet the nursing home level of care.) Level of care also is a term used to describe the frailty level of a consumer seeking DOEA services and is determined from the frailty level prioritization assessment tool. The Customer Profiles by Assessment Level, included in the Department's Summary of Programs and Services document, shows the prioritization levels and describes the average consumer's health, disability level, caregiver situation, and nursing home risk score for each level.

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

Long-Term Care Community Diversion Program (Diversion) – A Medicaid waiver program designed to provide home and community-based services to older persons assessed as being frail, functionally impaired, and at risk of nursing home placement who are dually eligible for Medicaid and Medicare. Known as the Nursing Home Diversion Program.

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

LSP – Local Services Program

LTC – Long-Term Care

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

MCO – Managed Care Organization

MDC – Memory Disorder Clinic

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

Medicaid Assisted Living Waiver (AL, formerly known as Assisted Living for the Frail Elderly Waiver, ALE) – This DOEA program provides services to eligible elders at risk of nursing home placement. DOEA also administers this program through an agreement with the Agency for Health Care Administration.

NAPIS – National Aging Program Information System

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

NASUAD – National Association of States United for Aging and Disabilities

National Family Caregiver Support Program (NFCSP) – Provides support services for family caregivers, including grandparents or other elders caring for relatives. The program encourages the provision of multifaceted systems of support services to assist individuals in providing care to older family members, adults with disabilities, and children. The primary program consideration is to relieve emotional, physical, and financial hardships of individuals providing care. Funded by the Older Americans Act, Title III E.

New Admission Review (NAR) – The on-site review of a sample of nursing facility residents/charts, regardless of funding source, who are expected to have a nursing facility stay that exceeds 20 days. CARES is to provide information and assistance to make families aware of alternative long-term care resources so that they may choose a more cost-effective setting for long-term care placement. This process is currently PSA specific.

NCOA – National Council on Aging

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

OAA – Older Americans Act

Outcome – See Performance Measure.

Output – See Performance Measure.

Program of All-Inclusive Care for the Elderly (PACE) - A project within the Long-Term Care Community Diversion Pilot Project 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.

PASRR – Pre-Admission Screening and Resident Review

Pass Through – Funds the state distributes directly to other entities, e.g., local governments or non-profit organizations, without being managed by the agency distributing the funds. These funds flow through the agency's budget; however, the agency has no discretion regarding how the funds are spent, and the activities (outputs) associated with the expenditure of funds are not measured at the state level. **NOTE: This definition of "pass through" applies ONLY for the purposes of long-range program planning.**

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

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

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

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

Policy Area – A grouping of related activities to meet the needs of customers or clients, which reflects major statewide priorities. Policy areas summarize data at a statewide

level by using the first two digits of the ten-digit LAS/PBS program component code. Data collection will sum across state agencies when using this statewide code.

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

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

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

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

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

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

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

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

Service – See Budget Entity.

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

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

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

SWOT – Strengths, Weaknesses, Opportunities, and Threats

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

USDA – U.S. Department of Agriculture

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