

Florida Department
of Elder Affairs

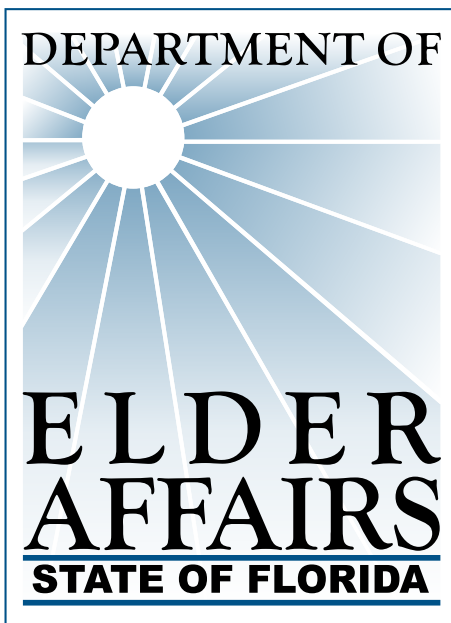
SUMMARY *of* PROGRAMS
& SERVICES | 2013



Rick Scott | *Governor*
Charles T. Corley | *Secretary*

Summary of Programs and Services

JANUARY 2013



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This document is produced by the Florida Department of Elder Affairs and updated periodically to provide the public and the Legislature with information about programs and services for Florida’s elders. Services and programs for elders vary in relation to consumer needs, demographics, funding availability, and legislative directives. This Summary of Programs and Services, unless otherwise noted, contains information and data compiled as of September 2012.

For additional or updated information about any of the services or programs listed in this document, please contact the Department of Elder Affairs. See page 1 for contact information. Additional information is also available in the Department’s Long-Range Program Plan, State Plan on Aging, and on the Department’s website: <http://elderaffairs.state.fl.us>.

TABLE OF CONTENTS

| | |
|--|-----------|
| Preface | 6 |
| SECTION A GENERAL OVERVIEW | 7 |
| Overview | 9 |
| Principles Governing the Department’s Services | 10 |
| Division and Unit Responsibilities Within the Department | 14 |
| Office of the Secretary | 14 |
| Office of the Deputy Secretary and Chief of Staff | 19 |
| Elder Services Network Components and Their Roles | 24 |
| CARES (Comprehensive Assessment and Review For Long-Term Care Services) Offices | 25 |
| Area Agencies on Aging Offices | 26 |
| Long-Term Care Ombudsman Program | 27 |
| Communities for a Lifetime | 28 |
| Florida Counties Served by Offices of the Public Guardian | 29 |
| Senior Centers and Florida’s Aging Network | 30 |
| SECTION B SERVICES AND UTILIZATION | 33 |
| Introduction to Services and Utilization | 35 |
| Program Codes Used in This Section | 36 |
| SECTION C OLDER AMERICANS ACT PROGRAMS AND SERVICES | 55 |
| Summary of Older Americans Act Program Services | 57 |
| Older Americans Act Title III | 58 |
| Older Americans Act Title III B | 61 |
| Supportive Services | 61 |
| Information & Referral/Assistance | 63 |
| Older Americans Act Title III C1 Congregate Meals | 65 |
| Older Americans Act Title III C2 Home-Delivered Meals | 66 |
| Nutrition Services Incentive Program | 67 |
| Older Americans Act Title III D Preventive Health Services | 69 |
| Older Americans Act Title III E National Family Caregiver Support Program | 71 |
| Older Americans Act Title V Senior Community Service Employment Program | 72 |
| Older Americans Act Title VII | 75 |
| Elder Abuse Prevention | 75 |
| Long-Term Care Ombudsman Program | 77 |
| SECTION D STATE GENERAL REVENUE PROGRAMS | 81 |
| Introduction to State General Revenue Programs | 83 |
| Alzheimer’s Disease and Related Disorders (ADRD) Training Provider and Curriculum Approval | 84 |

| | |
|---|-----|
| Alzheimer's Disease Initiative | 91 |
| Community Care for the Elderly (CCE) | 99 |
| Home Care for the Elderly (HCE) | 102 |
| Local Services Programs | 105 |
| Respite for Elders Living in Everyday Families (RELIEF) | 108 |
| Statewide Public Guardianship Office | 110 |

SECTION E MEDICAID PROGRAMS 113

| | |
|---|-----|
| Introduction to Medicaid Programs | 115 |
| Aged and Disabled Adult Waiver | 116 |
| Assisted Living Waiver | 118 |
| Channeling Waiver | 120 |
| CARES (Comprehensive Assessment and Review for Long-term Care Services) | 121 |
| Consumer-Directed Care Plus (CDC+) Program | 124 |
| Long-Term Care Community Diversion Pilot Project | 126 |
| Program of All-Inclusive Care For the Elderly (PACE) | 128 |

SECTION F OTHER DEPARTMENT PROGRAMS 131

| | |
|--|-----|
| Introduction to Other Department Programs | 133 |
| Adult Care Food Program | 134 |
| AmeriCorps | 136 |
| Elder Farmers' Market Nutrition Program | 138 |
| Emergency Home Energy Assistance for the Elderly Program (EHEAP) | 140 |
| Senior Companion Program | 143 |
| SHINE (Serving Health Insurance Needs of Elders SHINE) Program | 145 |

APPENDIX 147

| | |
|--|-----|
| Cost Comparisons SFY 2011-2012 | 149 |
| Long-Range Program Plan - Services to Elders | 150 |
| General Eligibility Requirements for Major Programs & Services | 152 |
| Source of Revenue -State Fiscal Year 2012-2013* | 154 |
| Elder Demographics/Program Enrollment by County | 156 |
| Age Distribution | 160 |
| Minority Distribution | 162 |
| Customer Assessment Profiles by Priority Level | 163 |
| Florida Department of Elder Affairs Organizational Chart | 164 |
| Definitions | 165 |
| Acronyms/Abbreviations | 167 |
| Index | 168 |
| Elder Services at a Glance - State Fiscal Year 2011-2012 | 172 |

PREFACE

This 2013 Summary of Programs and Services contains comprehensive information about the activities of the Florida Department of Elder Affairs and those it serves. It is organized as follows:

Section A – General Overview describes the Department’s organizational structure, including the responsibilities of each division and bureau. It also has maps and contact information for the Department’s services network including Area Agencies on Aging, CARES (Comprehensive Assessment and Review for Long-Term Care Services), and Long-Term Care Ombudsman Program (LTCOP) offices. Locations of the Statewide Public Guardianship Office and cities and counties participating in the Communities for a Lifetime program are also included.

Section B – Services and Utilization provides a means to cross-reference a particular service with the program or programs that provide that service. This cross-reference defines each service, the program(s) providing the service, and the number of units of service provided for the last complete program year.

Section C – Older Americans Act (OAA) Programs and Services offers an alphabetical listing of OAA programs with information such as program administration, eligibility, statutory authority, appropriation history, and funding source.

Section D – State General Revenue Programs is an alphabetical listing of state-funded programs, with information such as program administration, eligibility, statutory authority, appropriation history, and funding source.

Section E – Medicaid Programs provides detailed information about Medicaid-funded programs. Information about the CARES (Comprehensive Assessment and Review for Long-Term Care Services) Program is included in this section. Program information includes

administration, eligibility, statutory authority, appropriation history, and funding source.

Section F – Other Department Programs describes programs with funding sources other than the Older Americans Act, General Revenue, and Medicaid.

Appendices provide a variety of technical information about Department programs, including annualized program cost comparisons per customer served, classification of programs by activity and budget entity per the Department’s Long-Range Program Plan (LRPP), budget by revenue source, elder population demographics and program enrollment by county, customer profiles by assessment priority level, definitions, and a list of acronyms and abbreviations.

Section A

General Overview

FLORIDA DEPARTMENT OF ELDER AFFAIRS

OVERVIEW

Rick Scott, Governor
Charles T. Corley, Secretary

The Florida Department of Elder Affairs works to create an environment that enables most older Floridians to live independently in their own homes and communities. Through partnerships with 11 Area Agencies on Aging, the Department provides community-based care to help seniors age with dignity, purpose, and security. By working together with community-based organizations across the state, the Department is able to provide information to elders and their caregivers on how to live healthy lives. The Department, in partnership with Florida's aging services network, offers many services – such as adult day care or help with transportation and chores – to elders based on various criteria, including income level and health status.

The Department was constitutionally designated by Florida voters to “serve as the primary state agency responsible for administering human services programs for the elderly” (Section 430.03, Florida Statutes). The Department's purpose is to serve elders in order to help them maintain their self-sufficiency and self-determination.

With approximately 4.4 million residents age 60 and older, Florida currently ranks first in the nation in the percentage of its citizens who are elders, and will continue to do so for the foreseeable future (23 percent in 2010 growing to 35 percent in 2030). More than 1.7 million Floridians are age 75 and older. The population age 100 and older is currently the state's fastest-growing age group by percentage. Florida is also rich in generational and cultural diversity, especially among individuals age 55 and older. Florida's future is linked to the financial health and physical security of its elder population.

The Department recognizes that individuals age differently. Some people have chronic conditions that begin prior to age 60, while others live their entire lives without need of long-term medical or social services. In order to efficiently use its

limited resources, the Department works with individuals and families to determine both frailty level and appropriate level of care, targeting services to individuals with the greatest relative risk of nursing home placement. A goal of many of the Department's programs is to help seniors continue to live in their homes or communities for as long as possible, rather than in less familiar and more costly nursing homes.

Policy and program development is shaped in part by the Department of Elder Affairs Advisory Council, whose members are appointed by the Governor and legislative leadership. The Council advises the Secretary and makes recommendations to the Governor and the Legislature.

The Department of Elder Affairs, in partnership with the Advisory Council, emphasizes activities that will maintain and improve the quality of life for older Floridians.

The Department also works in concert with other federal, state, local, and community-based public and private agencies and organizations to represent the interests of older people, their caregivers, and elder advocates.

MISSION STATEMENT

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.

PRINCIPLES GOVERNING THE DEPARTMENT'S SERVICES

FLORIDA FOR A LIFETIME:

Empowering and Protecting Seniors

Florida is home to a large number of seniors who bring vitality and a wealth of life experience to all generations of Floridians. For this reason, the Florida Department of Elder Affairs is firmly committed to securing safety and affordability in health care, protecting seniors from fraud, and creating opportunities for seniors to live active and enriched lives.

This commitment focuses on the following guiding principles:

- **Affordability** – Ensure affordable housing options that provide Florida's seniors the freedom and flexibility to live in homes that accommodate their lifestyles and unique needs.
- **Accessibility** – Increase access to affordable long-term care for Florida's most vulnerable citizens while ensuring the quality of care and cost effectiveness. Enhance opportunities for home and community-based care, because many seniors do not require institutional care and may be better served at home or in their communities.
- **Empowerment** – Increase awareness among Floridians as health care consumers by improving access to meaningful information that helps in comparing the quality and cost of health-care options.

OTHER STATE AGENCIES INVOLVED IN PROVIDING SERVICES TO SENIORS

- **Agency for Health Care Administration (AHCA)** oversees the Medicaid program.
- **Department of Children and Families (DCF)** determines technical and financial eligibility for Medicaid services.

THE ELDER SERVICES NETWORK

- 11 Area Agencies on Aging
 - 52 Community Care lead agencies
 - 15 memory disorder clinics
 - 3,024 assisted living facilities
 - 371 adult family care homes
 - 679 nursing homes
 - 410 municipal governments and 67 county governments
 - Over 55 million volunteer service hours
 - 260+ senior centers
 - Approximately 500 congregate meal sites
- **Intergenerational Partnerships** – Increase lifelong learning opportunities for seniors and assistance to caregivers by developing partnerships with schools and workforce programs. Enhance opportunities for seniors who are – or who want to be – in the workforce so that as baby boomers retire, their expertise is available to strengthen the workforce.
 - **Protection and Safety** – Emphasize the importance of preparing for storms and other emergencies by assisting efforts to put up shutters, secure yard furniture, purchase supplies, or understand the availability and logistics of evacuation shelters for individuals with special needs. Empower seniors in combating fraud, scams, and identity theft.

COMMUNITIES FOR A LIFETIME

The Department's Communities for a Lifetime (CFAL), initiative created in 1999, addresses the future challenges of a rapidly growing and aging population. More than 100 Florida cities, counties, towns, and villages are active partners, recognizing that elder-friendly enhancements benefit people of all ages. Participating communities engage in a self-assessment and planning process, addressing a variety of areas including universal design for housing, accessibility, health care, transportation, and efficient use of natural resources.

Communities for a Lifetime focuses on enhancing opportunities available for people of all ages to continue living in their own communities for a lifetime and encourages partnerships and collaborations to meet identified needs.

The Department is statutorily charged with serving all citizens in the state age 60 and older – almost one-fourth of the state's population. However, a majority of Department staff time and resources goes toward assisting a very small percentage of seniors through home and community-based services and conducting pre-admission screenings for Medicaid applicants for skilled nursing care. Communities for a Lifetime provides the Department with a mechanism to help more elders live independently, as well as to help communities plan for the future needs of all their citizens, both young and old.

The Department is focusing efforts on five extremely vital issues facing Florida seniors and retirees who are not enrolled in Medicaid programs: 1) transportation, 2) housing, 3) employment, 4) volunteerism and intergenerational programs, and 5) health and wellness initiatives. This increased focus has resulted, in part, from many requests for assistance from elders who wish to maintain an independent lifestyle for as long as possible. Florida's growing senior population will further increase the need for programs and services addressing these key issues. In many instances, these efforts also provide opportunities for elders

As of November 2012, a total of 118 Florida cities, counties, towns, and villages were Communities for a Lifetime partners.

who require long-term care to find appropriate home and community-based care options that are less restrictive and less costly than skilled nursing care. Therefore, the goal and values of Communities for a Lifetime are reflected in all Department programs.

Under the CFAL, the elder housing unit provides information and technical assistance to elders and community leaders to help them identify affordable senior housing choices and assisted living to foster aging in place with dignity. The elder housing unit provides information about assisted living facilities, adult family care homes, and other affordable supportive housing, as well as access to the most appropriate information and resources to meet an individual's housing needs and preferences.

The Office of Volunteer and Community Services provides technical assistance, public awareness, other support for volunteer-based programs, and innovative demonstration projects that foster intergenerational connections – interaction between youth and elders – at the state and local levels. Elders serve as mentors to youth by sharing life experiences, while young volunteers, in turn, assist elders with home repair, companionship, respite, and other services. Department staff actively participates in Florida's Mentoring Partnership through one-on-one mentoring, special projects at partner schools, and activities that promote community volunteerism. The Department also works with local providers to coordinate information on available funding for volunteer or intergenerational programs, partnership development, coordination of resources for grandparents raising grandchildren, and coordination of health and education events to engage the skills and talents of elders and young people.

AGING AND DISABILITY RESOURCE CENTERS

In April 2004, the Department received a federal grant from the U.S. Administration on Aging and the Centers for Medicare & Medicaid Services to establish at least two pilot aging and disability resource centers (ADRCs). As a result, Aging & Disability Resource Centers in the Orlando, St. Petersburg, and Fort Lauderdale areas began providing services to caregivers, elders, and adults with severe and persistent mental illnesses in the summer and fall of 2005.

With the support of the 2009 ADRC expansion grant funded by the U.S. Administration on Aging (AoA), the Department partnered with the developmental disability community and the Agency for Persons with Disabilities. Through this partnership, ADRC services are offered to persons with developmental disabilities age 50 and older and their family caregivers age 55 and older. This grant supported the expansion of the ADRC located in St. Petersburg and the transition of the Fort Myers-based ARC to an ADRC.

STATEWIDE TRANSITION TO AGING & DISABILITY RESOURCE CENTERS

Through the AoA-funded ADRC expansion grant, the Department assisted each of the ARCs in transitioning to an ADRC by developing partnerships with the disability community.

The transition of the remaining eight ARCs to ADRCs was completed in March 2012. All eleven ADRCs are providing streamlined access to long-term care services. Florida's ADRCs provide information and referral not only to elders, but also to adults with physical and mental disabilities. Each ADRC expanded its partnerships with the disability community. Information and referral specialists are trained to refer callers to resources that can help address their needs.

The development of ADRCs has increased the efficiency of long-term care service delivery and helped individuals navigate the long-term care system more easily. ADRCs build on the

ABOUT AGING & DISABILITY RESOURCE CENTERS (ADRC) AND AGING RESOURCE CENTERS (ARC)

Primary functions:

- Provide information and referral services
- Assist clients with the Medicaid eligibility determination process
- Triage clients who require assistance
- Manage the client waitlists for long-term care programs and services

strengths of the current long-term care network and give Florida's citizens better opportunities to receive services in a seamless and highly responsive manner.

A statewide memorandum of agreement between DOEA and the Department of Children and Families (DCF) ensures that the different government entities that determine whether a person is eligible for services are located in the same place, either physically or electronically. Those entities are DOEA's CARES (Comprehensive Assessment and Review for Long-Term Care Services) Program and DCF's Automated Community Connection to Economic Self Sufficiency (ACCESS) Unit. The ADRC approach ensures that each eligibility determination occurs as efficiently and quickly as possible.

One measure of the effectiveness of ADRCs is how the eligibility determination process has been streamlined, reducing the time needed to collect the necessary paperwork to enroll a client in a Medicaid waiver program. By co-locating staff members from the ADRC, the CARES Program (DOEA) and the ACCESS Unit (DCF), applications are processed much more efficiently.

To improve an individual's entry into the system, the ADRC is accessible through a number of local providers, including senior centers, lead agencies, health care providers, and other community agencies. Additionally, individuals can access ADRC services by telephone or through the internet. It is anticipated that approximately 80

percent of questions and service needs will be handled through improved access to information and referral to community, faith-based, charitable, for-profit, and public non-long-term care programs.

To ensure consistent access to aging and other long-term care resources, the ADRCs are using a common information and referral software system that is centralized and web based. Statewide information is now available to consumers regardless of their access location.

SERVICES TO ELDERERS IN STATE FISCAL YEAR 2011-2012 INCLUDED:

- **More than 7.1 million “Meals on Wheels” delivered to homebound elders;**
- **More than 4.1 million meals served at nutrition sites, preventing isolation and loneliness;**
- **More than 2.5 million hours of caregiver respite;**
- **More than 6.2 million hours of homemaker and personal care; and**
- **More than 1.5 million trips to or from doctors’ appointments, senior centers, and shopping.**

DIVISION AND UNIT RESPONSIBILITIES WITHIN THE DEPARTMENT

The Department of Elder Affairs was created following voter approval of a constitutional amendment in 1988 and established in statute in 1991. The Department began operation in January 1992, responsible for administering human service programs for the elderly and developing policy recommendations for long-term care. Department responsibilities also include combating ageism, creating public awareness and understanding of the contributions and needs of elders, advocating on behalf of elders, and serving as an information clearinghouse.

ELDER VOLUNTEERS

In Fiscal Year 2011-2012, elders age 60 and older provided over 81,232,290 volunteer service hours valued at \$1,515,806,320. These volunteer hours were the equivalent of 39,054 full-time positions.

The Department is one of the smallest of the Governor's executive agencies. The Department implements a variety of innovative programs such as Consumer-Directed Care Plus, Medicaid Home and Community-Based Waivers, and Community Care for the Elderly. These programs result in significant cost savings for Florida. Home and community-based services are provided at an average annual cost per client between \$5,334 and \$17,056, compared to an average annual cost of \$61,169 for care in a skilled nursing facility.

The majority of programs administered by the Department are privatized. More than 94 percent of the Department's budget is directed to services provided primarily by not-for-profit agencies and local governments under contract through Florida's 11 Area Agencies on Aging (AAAs), entities mandated by the federal Older Americans Act.

OFFICE OF THE SECRETARY

The Office of the Secretary is the focal point for management and overall coordination of the Department's activities. The Secretary, appointed by the Governor and confirmed by the Florida Senate, serves as the Department's chief administrative officer and charts the agency's overall direction. The Secretary represents the Governor on matters relating to Florida's elder population and serves as an advocate regarding issues and programs that affect the Department and the elders it serves.

OFFICE OF THE SECRETARY

- General Counsel
- Inspector General
- Division of Internal & External Affairs
- Division of Financial Administration

The Office of the Secretary includes the Offices of the General Counsel and Inspector General, and the Divisions of Financial Administration and Internal and External Affairs.

OFFICE OF THE GENERAL COUNSEL

The Office of the General Counsel does the following: provides legal advice for the Department; renders legal opinions; reviews all contracts, grants, and inter-agency agreements; and helps formulate agency policy. The General Counsel also is responsible for promulgating agency rules. The office provides legal representation in cases filed against the Department and the Secretary, as well as cases filed by the Department. The General Counsel responds to constituent letters, phone calls, and emails of a legal nature; provides referrals to appropriate resources; and serves as the Department's primary public records point of contact.

Statewide Public Guardianship Office
– Established in 1999 by Sections 744.701-709, Florida Statutes, the Statewide Public

Guardianship Office (SPGO) is responsible for designating Florida's public guardians. Public guardians serve indigent persons who lack the capacity to make their own decisions and have no willing or able family or friend to act as their guardian.

The office, which contracts with 13 local Offices of Public Guardianship throughout Florida, is also responsible for the registration and education of professional guardians. The Statewide Public Guardianship Office can be reached by calling 850-414-2381.

OFFICE OF INSPECTOR GENERAL

The Office of Inspector General provides independent, objective assurance and consulting activities designed to add value and improve the agency's operations. The office provides a central point to coordinate activities, including investigations, that promote accountability, integrity, and efficiency in government. The office helps the Department accomplish its objectives by providing a systematic, disciplined approach to evaluating risk management, internal controls, and agency performance.

DIVISION OF INTERNAL AND EXTERNAL AFFAIRS

The Division of Internal & External Affairs encompasses most of the Department's administrative functions that are not directly connected to financial administration, as well as units that represent the Department to external audiences and help safeguard the legal rights of Florida elders.

INTERNAL AFFAIRS

Internal Affairs includes Human Resources, General Services and Emergency Operations, and Disaster Preparedness; Information Technology; and Staff Development.

Human Resources, General Services and Emergency Operations, and Disaster Preparedness

The Bureau of Human Resources, General Services and Emergency Operations, and Disaster Preparedness handles human resource services, recruitment, labor relations,

organizational management, performance management, personnel records, leasing and facility management, telecommunications, risk and safety management records, property and records management, and disaster preparedness and emergency operations. As home of the Department's Emergency Coordinating Officer, the unit coordinates with the Florida Division of Emergency Management on emergency preparedness issues and post-disaster response. The coordinating officer ensures that the Department, Area Agencies on Aging, and local service providers have approved all-hazards Disaster and Continuity of Operations Plans to be implemented during a threat of imminent disaster. Emergencies/disasters can include weather-related or man-made events, including hurricanes, tornadoes, civil disturbances, contractual disputes, epidemics, massive migrations, fires, nuclear power plant accidents, train derailments, terrorism, floods, and bio-terrorism.

Information Technology

The Information Technology Unit provides valuable technical support to both the Department's employees and private non-profit partners statewide, specifically the Area Agencies on Aging information technology units. Dedicated to maintaining the appropriate level of information security, the unit works to ensure compliance with current security industry standards and to provide the appropriate level of information security in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191. The unit is divided into three functional groups as follows:

Applications Support Group – This group is responsible for maintaining all applications developed for the Department. It administers the Department's Client Information and Registration Tracking System (CIRTS), which is used by the aging network to manage client assessment data, register clients for services, plan client services, and maintain program waiting lists. CIRTS is also used by CARES staff to evaluate client eligibility for Medicaid services and to develop recommendations for client placement. In addition to providing technical assistance for supported

applications, this group also actively works to develop web-based applications and websites.

Enterprise Support – This group is responsible for providing technology support to all Department employees throughout the state, as well as Area Agencies on Aging. The group maintains, supports, troubleshoots, and implements various software and hardware technologies for the Department, including but not limited to computers, software, and other wireless technologies.

Technical Support – This group is responsible for all system software and technical infrastructure including servers, networks, operating system software, email, databases, and database administration for applications. It troubleshoots malfunctioning equipment and software, and is also responsible for information security and HIPAA compliance for information systems and interchange.

Staff Development

The Staff Development Unit, which houses the Department's training manager, develops beneficial training required of agency employees and ensures that all employees receive the training. The unit also coordinates other staff development opportunities for employees.

EXTERNAL AFFAIRS

External Affairs includes the Long-Term Care Ombudsman Program, Legislative Affairs, Communications, Communities for a Lifetime, Elder Rights, and Legal Services Development.

Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program (LTCOP), which can be reached by calling toll-free 1-888-831-0404 or by visiting its website, ombudsman.myflorida.com, advocates on behalf of residents of long-term care facilities through a statewide system of 18 local councils comprised of volunteer ombudsmen. Ombudsmen identify, investigate, and resolve complaints made by or on behalf of residents of nursing homes, assisted living facilities, adult family-care homes, and continuing care retirement communities.

Legislative Affairs

The Legislative Affairs Office serves as the Department's liaison to the legislative branch of government, advocating the Department's positions on matters before the Florida Legislature. The office is responsible for drafting legislative proposals designed to assist Florida's elders and for helping to review any legislation proposed by the Legislature or others. The office's objective is to ensure that all laws passed are in the best interests of Florida's elders. In addition, the office helps legislators and their constituents with concerns related to elder issues.

Communications

The Communications Office is responsible for educating the public about the Department's programs and services. Communications team members help ensure that all Department materials present an appropriately positive image of aging and a balanced representation of elders, including diversity in cultural distinction, geographic location, and degree of frailty or wellness. The Department's audience includes Florida's elders, caregivers, the general public, the news media, professionals in the aging network, and other state agencies. To communicate to this diverse audience, the office utilizes the Department's *Elder Update* publication, an internet website, and the mass media.

Elder Update – The Department's bi-monthly newspaper *Elder Update* includes articles covering relevant topics important to Florida

ANNUAL ELDER UPDATE DISASTER PREPAREDNESS SPECIAL ISSUE

"All of your *Elder Update* issues are very interesting and informative, but the 'Disaster Preparedness' issue is my favorite. I keep it the whole year for reference until the new one arrives.

Although I am most interested in the hurricane information, it is good to know all the other disaster advice is in one issue."

—Sharon Goldman, Miami Beach

elders. Some 50,000 copies of *Elder Update* are distributed at no cost to individuals and groups within Florida who request them, and the publication is also available on the Department's website.

Internet Site – Internet users can directly access Department information on a broad range of elder-related subjects through the state's MyFlorida.com web portal (www.myflorida.com) or directly at <http://elderaffairs.state.fl.us>.

Elder Rights

The Elder Rights Bureau helps elders age with security through programs to help ensure that older individuals are able to access and maintain benefits. This includes protection from abuse, neglect, exploitation, and other crimes, whether at home, in the community, or in institutional care:

SHINE (Serving Health Insurance Needs of Elders) – The SHINE Program provides free, unbiased, and confidential health insurance counseling and information to elders, the disabled, and their caregivers regarding Medicare, prescription assistance, long-term care planning and insurance, Medicaid, and a variety of other health care issues. Through a statewide network of trained volunteer counselors, individuals can receive personal and confidential assistance for their Medicare-related questions and issues.

Elder Abuse Prevention Program – This program is designed to increase awareness of the problem of elder abuse, neglect, and exploitation. The program also includes training, dissemination of elder abuse prevention materials, and funding of special projects to provide training and prevention activities.

Communities for a Lifetime

The Communities for a Lifetime Initiative administers programs that help communities create environments that embrace the life experience and valuable contributions of older adults and feature improvements to benefit all residents, youthful and elder alike. The following

programs help ensure the continued healthy aging of all citizens:

Housing – The Elder Housing Unit provides technical assistance and resources for housing for elders, including adult day care, adult family care homes, assisted living facilities, hospice, and independent affordable housing. The unit is responsible for certifying assisted living facility core trainers, monitoring core trainer programs, developing curriculum and competency tests in English and Spanish, and administering the exam in locations throughout Florida. The unit provides information to local governments, community organizations, providers, state agencies, and the general public, working to address senior housing and supportive service needs. The unit promotes and represents elder interest on relevant committees and various work groups that address the needs of housing and assisted living facilities. In addition, the unit partners and collaborates with providers, stakeholders, and consumer groups to support options for seniors to remain in their home as they age. The unit developed a SAFE Homes Program that provides a collection of home-related safety tips to help keep homes in the best shape for secure and mobile accessibility and comfort.

Senior Employment – In addition to administering the Older Americans Act Senior Community Service Employment Program (SCSEP), the unit works to increase awareness among employers of the benefits of hiring older workers. Communities for a Lifetime also promotes inclusion of businesses in local initiatives and support of the Silver Edition website to connect older workers with employment opportunities.

Health, Wellness and Injury Prevention – This unit provides opportunities for health education, nutrition counseling, fitness, medication management, and preventive health screenings considered to be evidence-based by the U.S. Administration on Aging. This unit also works closely with the Florida Department of Health regarding its falls prevention

awareness initiatives, and brings awareness of health issues relevant to the well-being of Florida's seniors.

Transportation and Mobility – This unit works with communities to develop and support the implementation of a range of options designed to allow seniors to remain mobile and independently able to access needed services and activities with a focus on aging in the home and community of their choosing.

Volunteerism and Intergenerational Programs – This unit works to bring elders together with their communities to share their knowledge and experience, recognizing that volunteers enhance their own lives and those of the people they serve. The unit also works with Florida's communities to create local programs and services that cross generational boundaries to benefit elders and youth.

Faith-Based Initiative – The goal of the faith-based initiative is to improve local and statewide partnerships among and between the faith-based community and the aging services network. The initiative encourages greater interfaith collaboration in meeting the needs of Florida's aging community.

ABC Business Initiative – The Department's "Assets-Benefits-Change" (ABC) Business Initiative provides opportunities for community leaders, local government, and businesses to forge collaborations that benefit seniors and the business community. "Assets" refers to the purchasing power of seniors and the increasing economic impact of baby boomers on local businesses. "Benefits" describes the skills and experience that older workers offer to businesses. "Change" refers to business strategies for effectively utilizing the resource of older workers. The Department coordinates with local communities to implement innovative ABC strategies. For example, one of these strategies entails local businesses partnering with local government to offset transportation costs to provide elders with improved access to shopping.

Legal Services Development

The Legal Services Developer provides leadership in developing legal assistance programs for persons age 60 and older, and promotes the continued development of statewide legal services delivery systems. These systems serve to coordinate efforts of the statewide Senior Legal Helpline, legal resources funded under the Older Americans Act, private bar pro-bono activities, and self-help legal resources to ensure maximum impact from limited resources.

DIVISION OF FINANCIAL ADMINISTRATION

The Division of Financial Administration coordinates organization, direction, and support activities for all Department programs. This includes contract administration, accounting, budgeting, and revenue management.

Contract Administration and Purchasing

The Contract Administration and Purchasing Unit helps contract managers, management, and administrative staff acquire goods and services to meet the Department's program needs, including procurement of client-based contractual services. The unit helps develop and execute all written contracts and solicitations for the Department.

Budget

The Budget Unit prepares the Department's Legislative Budget Request (LBR) and the Approved Operating Budget (AOB). The unit also monitors the Department's budget throughout the year and requests adjustments as necessary.

Accounting and Contract Payment

The Accounting and Contract Payment Unit is responsible for recording and reconciliation of all financial transactions, in order to properly and accurately account for all expenditures of funds appropriated to the Department.

Revenue Management

The Revenue Management Unit is responsible for the draw-down of federal dollars granted to the Department. It is also responsible for all revenue collections and trust fund management activities to ensure that cash is available for Departmental expenditures.

OFFICE OF THE DEPUTY SECRETARY AND CHIEF OF STAFF

The Office of the Deputy Secretary performs the Chief of Staff functions for the Department and oversees the Office of Strategic Initiatives and the Division of Statewide Community-Based Services.

OFFICE OF STRATEGIC INITIATIVES

The Office of Strategic Initiatives leads and manages strategic project initiatives, including the development of strategic plans. The office is also responsible for evaluating the programs administered by the Department. Working with staff in all areas of the Department, the office provides internal consulting services on policy development and performance measurement. The office is responsible for analyzing organizational data and key organizational measures to evaluate and improve organizational performance, accountability, and sustainability. In addition, the office supports external research efforts by collaborating with research organizations to leverage the Department's data resources to support research in aging and long-term care service delivery and the role of elders in society.

Planning and Evaluation

The Bureau of Planning and Evaluation measures and evaluates the efficiency and cost-effectiveness of the Department's programs. It supports the Department's commitment to providing the highest quality of services by regularly surveying to assess consumer satisfaction. The bureau provides the Department and its stakeholders with the following services:

PLANNING AND EVALUATION BUREAU PUBLICATIONS

- Consumer Resource Guide
- Long-Range Program Plan
- State Plan on Aging
- Summary of Programs and Services

OFFICE OF THE DEPUTY SECRETARY AND CHIEF OF STAFF

- Office of Strategic Initiatives
- Division of Statewide Community-Based Services

- Strategic planning and needs assessment
- Performance-based program budgeting
- Program analysis and evaluation
- Demographic analysis and forecasting
- Program data gathering and dissemination
- Grant writing

The bureau acts as a clearinghouse for demographic, economic, and social information about older Floridians, provides planning and other analytical support for the Department's partners within Florida's elder service delivery network, and prepares documents required by the federal Older Americans Act, the Florida Legislature, and the Governor.

DIVISION OF STATEWIDE COMMUNITY-BASED SERVICES

The Division of Statewide Community-Based Services consists of the Bureau of CARES (Comprehensive Assessment and Review for Long-Term Care Services), Bureau of Long-Term Care and Support, and Bureau of Community and Support Services. Division-wide services provided by these units include the following:

Nursing home pre-admission screening – Federal regulations require pre-admission screening for mental illness or mental retardation for all applicants entering nursing homes who receive state and federal funding. In order to establish the applicant's need for nursing facility services, the Medicaid program has developed admission review policies and procedures. They are designed to evaluate the medical necessity for nursing facility care, the level of care required by the individual,

and preadmission screening of all nursing facility applicants to determine mental illness or developmental disabilities.

Support and oversight for the Department's Medicaid Waiver programs (operated in partnership with the Agency for Health Care Administration, Florida's designated Medicaid agency) - Like other Medicaid programs, Medicaid Waiver programs are provided through joint state and federal funding. However, Medicaid Waiver programs authorize the state to provide care in the individual's home, or in a community setting such as an assisted living facility or adult day care center, rather than in an institutional setting such as a nursing home. These Medicaid Waiver programs provide consumers independence and a choice of care settings, with the goal of also reducing the cost of care.

Support and oversight for the Department's non-Medicaid home and community-based programs and services - Most of these services are provided by not-for-profit agencies and local governments under contract through the state's 11 Area Agencies on Aging. Contracted programs include the federally funded Older Americans Act (OAA), Emergency Home Energy Assistance for the Elderly Program (EHEAP), and Food and Nutrition Services programs, as well as the state-funded Community Care for the Elderly, Alzheimer's Disease Initiative, Home Care for the Elderly, and Respite for Elders Living in Everyday Families (RELIEF) programs.

Programs administered by the Department and contracted to entities other than Area Agencies on Aging - These programs include the Adult Care Food Program, Elder Farmers'

Market Nutrition Program, memory disorder clinics, brain bank, Americorps, and the Senior Companion Program. The Division also approves Alzheimer's disease and related disorders training providers and training curricula for specified staff of nursing homes, assisted living facilities, and other long-term care facilities.

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

CARES is Florida's federally mandated nursing home pre-admission assessment program. CARES staff members, including registered nurses and assessors, perform medical needs assessments of individuals. These assessments are part of the process to assist elders in receiving appropriate services through local funding sources and/or Florida Medicaid. The CARES staff members identify a client's long-term care needs, determine the level of care required to meet those needs, and if appropriate suggest less restrictive alternatives that may allow the client to continue living safely at home or in a community setting rather than in a nursing home.

Long-Term Care and Support

The Bureau of Long-Term Care and Support administers the Department's various Medicaid Waiver programs in partnership with AHCA. These programs are designed to help individuals who qualify for the level of care offered by nursing homes, but may be able to remain safely in their own homes or communities by receiving waiver services. Through contracts with Area Agencies on Aging, local service providers, and managed care organizations, the Bureau administers programs including:

Consumer-Directed Care Plus Program (CDC+) - This statewide program provides consumers the flexibility to be in charge of directing their own care by allowing them to manage a budget and purchase home and community-based services that meet their needs. Individuals currently enrolled in the Aged and Disabled Adult Waiver (ADA), Traumatic Brain and Spinal Cord Injury

COST SAVINGS

In Fiscal Year 2011-2012, the state had a cost avoidance of more than \$1 billion in General Revenue expenditures for nursing home payments by spending \$617.3 million on home and community-based services.

Waiver, or Adult Services Waiver are eligible to participate in CDC+.

Long-Term Care Community Diversion Pilot Project – Designed to target the frailest individuals who would otherwise qualify for Medicaid nursing home placement, this project strives to provide dual eligible frail elders with community-based alternatives in lieu of nursing home placement. By using managed care principles, the project provides these alternatives at a cost less than Medicaid nursing home care. This program has been expanded from four service providers in four counties serving 950 enrollees in October 2003 to 20 providers in 66 counties serving 20,240 enrollees as of August 2012.

Aged and Disabled Adult Waiver (ADA) – This statewide program helps maintain independence while living at home for Medicaid-eligible frail elders (age 60 and older) and persons with disabilities (age 18-59) who are at risk of nursing home placement. The program provides services and items including chore, homemaker, personal care, respite, case management, counseling, case aide, physical therapy, caregiver training and support, emergency alert response, consumable medical supplies, home-delivered meals, environmental modification, health risk management, speech therapy, and occupational therapy.

Assisted Living Waiver (ALW) – This waiver program makes support and services available in assisted living facilities that have Extended Congregate Care or Limited Nursing Services licenses. The program serves clients age 60 and older who are at risk of nursing home placement and meet additional specific functional criteria. Services and items include assisted living (e.g., companion, homemaker, personal care, etc.), case management, and incontinence supplies.

Program of All-Inclusive Care (PACE) – The PACE Program provides voluntary managed long-term care services to address the needs of clients in this unique service model. PACE

targets eligible individuals (age 55 and older) for Medicaid nursing home placement, and provides a comprehensive array of home and community-based, long-term care services, as well as all Medicare (acute care) services. Acute and long-term care services are typically delivered in an adult day health care setting for the clients.

Channeling Waiver – This program serves adults age 65 and older who are at risk of nursing home placement. The program is operated through a contract with an organized health care delivery system and provides 19 home and community-based services at a cost less than Medicaid nursing home care.

Community and Support Services

The Bureau of Community and Support Services consists of the following four teams: (1) Aging and Disability Resource Center Oversight, Contract Management, and Technical Assistance; (2) Caregiver Support; (3) Nutrition; and (4) Monitoring and Quality Assurance. Bureau functions include most non-Medicaid community-based programs and oversight functions to help elders remain in their own homes and avoid institutional care.

Aging and Disability Resource Center Oversight, Contract Management and Technical Assistance

This team assists Area Agencies on Aging and other contracting organizations in administering programs and services at the regional and local levels. In addition to having primary responsibility for oversight of the Aging & Disability Resource Centers, this team provides contract management and technical support for organizations to help administer in-home and community-based services funded through federal or state General Revenue dollars. Programs, services, and funding sources include the following:

Older Americans Act (OAA) – Services funded through Florida's federal OAA allotment include adult day care, caregiver training and support, chore, congregate dining, home-delivered meals, homemaker

services, information and referral assistance, medical transportation, nutrition education, personal care, and shopping assistance.

Alzheimer’s Disease Initiative (ADI) – This program utilizes state General Revenue funds to provide caregiver training and support including counseling, consumable medical supplies, and respite for caregiver relief; memory disorder clinics to provide diagnosis, research, treatment, and referral; model day care programs to test new care alternatives; and a research database and brain bank to support research. ADI services are provided in conjunction with the Alzheimer’s Disease Initiative Advisory Committee, which helps the Department provide program services to foster an environment where persons with Alzheimer’s disease can safely congregate during the day, socialize, or receive therapeutic treatment.

Silver Alert – This initiative began in 2008 by Executive Order and became law in the 2011 Legislative Session. Silver Alert helps law enforcement officers rescue elders with Alzheimer’s disease or a related dementia who become lost. Silver Alert allows widespread broadcast of information concerning missing elders and vehicle information to the public through highway message signs, media alerts, and neighborhood telephone alerts. Silver Alert training and media materials are disseminated in local communities through the aging network and law enforcement. Through the Department’s partnerships with the Florida Department of Transportation, Department of Highway Safety and Motor Vehicles, Department of Law Enforcement, memory disorder clinics, and Aging & Disability Resource Centers, implementation of standard protocols that assist caregivers and families to access resources and supportive services reduces the likelihood of repeat alerts.

Community Care for the Elderly (CCE) – This long-standing program utilizes state General Revenue funds to provide

case management and a variety of other services to frail elders age 60 and older. Other services include adult day health care, home health aide, counseling, home repair, medical therapeutic care, home nursing, emergency alert response, and information. Eligibility is based in part on a client’s inability to perform certain daily tasks such as meal preparation, bathing, or grooming.

Home Care for the Elderly (HCE) – This program utilizes state General Revenue funds to provide a subsidy to caregivers to help them maintain low-income elders in their own home or in the home of a caregiver. Payment is made for support and health maintenance, and to assist with food, housing, clothing, and medical care. A special subsidy is available to help with specialized health care needs.

Emergency Home Energy Assistance for the Elderly Program (EHEAP) – This federally funded program provides limited financial assistance during a home energy emergency for low-income households with at least one person age 60 or older.

Caregiver Support

The Department administers the following caregiver support programs:

Older Americans Act Title III E – National Family Caregiver Support Program provides information and assistance for caregivers in gaining access to services including individual counseling, support groups, training, respite care, and supplemental services. The latter include housing improvement, assistance with chores, medical supplies and services, and legal services. Services are available to adults who are caregivers for elder relatives or for elders who serve as caregivers for children.

Respite for Elders Living in Everyday Families (RELIEF) – Provides in-home respite care services for caregivers of frail elders and those with Alzheimer’s disease

and related dementia through community volunteers.

AmeriCorps and Senior Companion Programs – Two national and community service programs that engage volunteers in service to elders. The AmeriCorps Program provides in-home respite services to caregivers of frail elders at risk of institutionalization. The Senior Companion Program provides respite and companionship services to frail lonely elders at risk of self-neglect and institutionalization.

The Caregiver Support Unit also administers special grants such as the Alzheimer’s Disease and Supportive Services Program awarded to the Department by the U.S. Department of Health and Human Services, Administration on Aging.

Nutrition

This unit provides technical assistance to help local providers of OAA nutrition programs provide quality services. It administers the following federally funded programs:

Adult Care Food Program – Assists participating Adult Day Care Centers and Mental Health Day Centers in providing meals to elders.

Elder Farmers’ Market Nutrition Program – Improves the nutritional health of low-income elders by providing coupons that can be redeemed for locally grown fresh fruits and vegetables at approved farmers’ markets.

Nutrition Services Incentive Program (NSIP) – Reimburses Area Agencies on Aging and service providers for the costs of qualifying congregate and home-delivered meals.

Supplemental Nutrition Assistance Program (SNAP) – This three-year pilot program began as a collaborative partnership initiative in 2010 between the Department of Elder Affairs and the Department of Children and Families Automated

Community Connection to Economic Self-Sufficiency (ACCESS) program. The project is available in Planning and Service Areas (PSAs) 3, 4, 5, 6, and 9, which were determined to have the most need but lowest program enrollment. The project allows elders to receive telephone assistance in completing the application process for food stamps.

Monitoring and Quality Assurance (MQA) This unit acts on behalf of the Department in its oversight role, ensuring the integrity of programs and services funded through and by the Department. The MQA Unit performs periodic monitoring reviews of programs and services administered by Area Agencies on Aging and/or funded entities to ensure that they do the following:

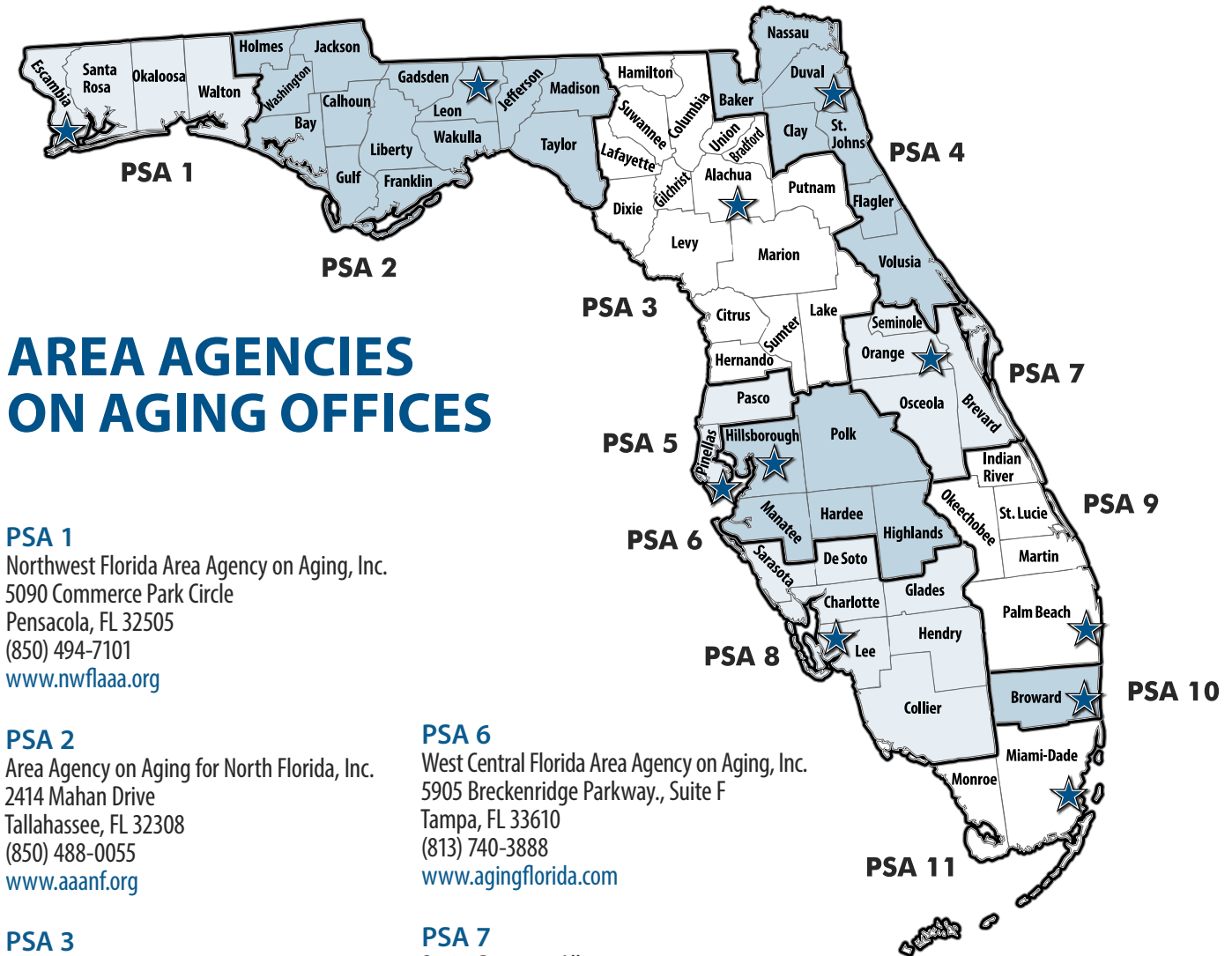
- Adhere to contract provisions and to state and federal laws;
- Comply with industry standards and best practices;
- Achieve legislatively mandated performance measures; and
- Align with the Department’s statutory mission and focus.

The Department’s monitoring function not only identifies operational weaknesses and related remedial controls associated with various programs, but also focuses heavily on the evaluation and effectiveness of existing preventive measures and controls. These measures include governance, identification, and management of related business risks, and the establishment of an internal control and quality assurance environment that provides effective oversight of grantees. Additionally, MQA staff also perform client visits, meal site visits, and a variety of case file reviews, to ensure that elders are receiving the services that allow them to remain in the community and maintain independence.

ELDER SERVICES NETWORK COMPONENTS AND THEIR ROLES

- 1. U.S. Department of Health and Human Services, Administration on Aging**, led by the Assistant Secretary for Aging, funds home and community-based services for millions of older persons through Older Americans Act (OAA) allotments to the states and competitive grants.
- 2. Florida Department of Elder Affairs** is the designated State Unit on Aging in accordance with the Older Americans Act and Chapter 430, Florida Statutes. The Department's role is to administer Florida's OAA allotment and grants, and to advocate, coordinate, and plan services for elders provided by the State of Florida. The Older Americans Act requires the Department to fund a service-delivery system through designated Area Agencies on Aging in each of the state's 11 Planning and Service Areas. In addition, Chapter 430, Florida Statutes, requires that the Department fund service-delivery lead agencies that coordinate and deliver care at the consumer level in the counties comprising each Planning and Service Area.
- 3. Area Agencies on Aging (AAAs)** are the designated private not-for-profit entities that advocate, plan, coordinate, and fund a system of elder support services in their respective Planning and Service Areas. The designation of AAA is in keeping with the Older Americans Act. Area Agencies on Aging operate Aging & Disability Resource Centers (ADRCs).
- 4. Lead Agencies** provide and coordinate services for elders in the state's 11 Planning and Service Areas. There are 52 lead agencies serving all of Florida's 67 counties. Some lead agencies provide services in more than one county due to the scarcity of providers in some rural counties. Lead agency providers are either non-profit corporations or county government agencies. Among the non-profit corporations are senior centers and councils on aging.
- 5. Local service providers** include non-profit and for-profit corporations. Among non-profits are senior centers, county organizations, community action agencies, faith-based organizations, assisted-living facilities, and Alzheimer's clinics. Among for-profit entities are assisted living facilities, in-home service agencies, and managed care organizations.

AGING SERVICES NETWORK



AREA AGENCIES ON AGING OFFICES

PSA 1

Northwest Florida Area Agency on Aging, Inc.
5090 Commerce Park Circle
Pensacola, FL 32505
(850) 494-7101
www.nwflaaa.org

PSA 2

Area Agency on Aging for North Florida, Inc.
2414 Mahan Drive
Tallahassee, FL 32308
(850) 488-0055
www.aaanf.org

PSA 3

Elder Options
100 SW 75th Street, #301
Gainesville, FL 32607
(352) 378-6649
www.agingresources.org

PSA 4

ElderSource, The Area Agency on Aging of Northeast Florida
4160 Woodcock Drive, 2nd Floor
Jacksonville, FL 32207
(904) 391-6600
www.myeldersource.org

PSA 5

Area Agency on Aging of Pasco-Pinellas, Inc.
9549 Koger Boulevard North, Suite 100
St Petersburg, FL 33702
(727) 570-9696
www.agingcarefl.org

PSA 6

West Central Florida Area Agency on Aging, Inc.
5905 Breckenridge Parkway, Suite F
Tampa, FL 33610
(813) 740-3888
www.agingflorida.com

PSA 7

Senior Resource Alliance
988 Woodcock Road, Suite 200
Orlando, FL 32803
(407) 514-1800
www.seniorresourcealliance.org

PSA 8

Senior Choices of Southwest Florida
15201 North Cleveland Avenue, Suite 1100
North Fort Myers, FL 33903
(239) 652-6900
www.aaaswfl.org

PSA 9

Area Agency on Aging of Palm Beach/ Treasure Coast
4400 N. Congress Avenue
West Palm Beach, FL 33407
(561) 684-5885
www.myanswersonaging.org

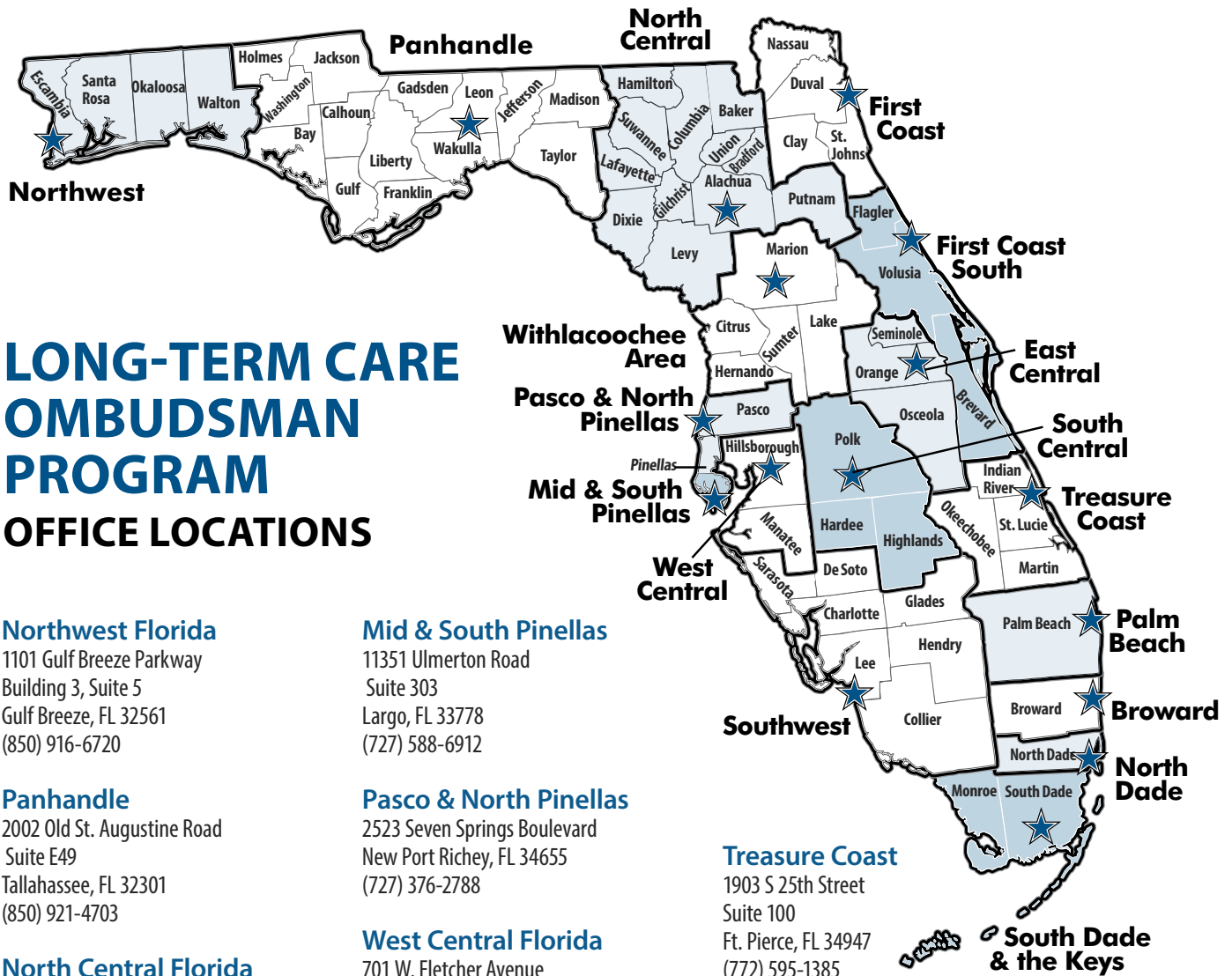
PSA 10

Aging & Disability Resource Center of Broward County, Inc.
5300 Hiatus Road
Sunrise, FL 33351
(954) 745-9567
www.adrcbroward.org

PSA 11

Alliance for Aging, Inc.
760 NW 107th Avenue
Suite 214, 2nd Floor
Miami, FL 33172
(305) 670-6500
www.allianceforaging.org

PSA - Planning and Service Area



LONG-TERM CARE OMBUDSMAN PROGRAM OFFICE LOCATIONS

Northwest Florida

1101 Gulf Breeze Parkway
Building 3, Suite 5
Gulf Breeze, FL 32561
(850) 916-6720

Panhandle

2002 Old St. Augustine Road
Suite E49
Tallahassee, FL 32301
(850) 921-4703

North Central Florida

Alachua Regional Service Center
14107 NW Highway 441
Alachua, FL 32615
(386) 418-2106

Withlacoochee Area

1515 E. Silver Springs Boulevard
Suite 203
Ocala, FL 34470
(352) 620-3088

First Coast South

210 N Palmetto
Suite 403
Daytona Beach, FL 32114
(386) 226-7846

First Coast

Midtown Center Office
Center Park, Bldg. #3300
4161 Carmichael Avenue
Suite 141
Jacksonville, FL 32207
(904) 391-3942

Mid & South Pinellas

11351 Ulmerton Road
Suite 303
Largo, FL 33778
(727) 588-6912

Pasco & North Pinellas

2523 Seven Springs Boulevard
New Port Richey, FL 34655
(727) 376-2788

West Central Florida

701 W. Fletcher Avenue
Suite C
Tampa, FL 33612
(813) 558-5591

East Central Florida

988 Woodcock Road
Suite 198
Orlando, FL 32803
(407) 228-7752

Southwest Florida

2295 Victoria Avenue
Room 152
Ft. Myers, FL 33901
(239) 338-2563

Palm Beach County

111 S. Sapodilla Avenue
#125 A-B-C
West Palm Beach, FL 33401
(561) 837-5038

Treasure Coast

1903 S 25th Street
Suite 100
Ft. Pierce, FL 34947
(772) 595-1385

Broward County

8333 W. McNabb Road
Suite 321
Tamarac, FL 33321
(954) 597-2266

South Dade & the Keys

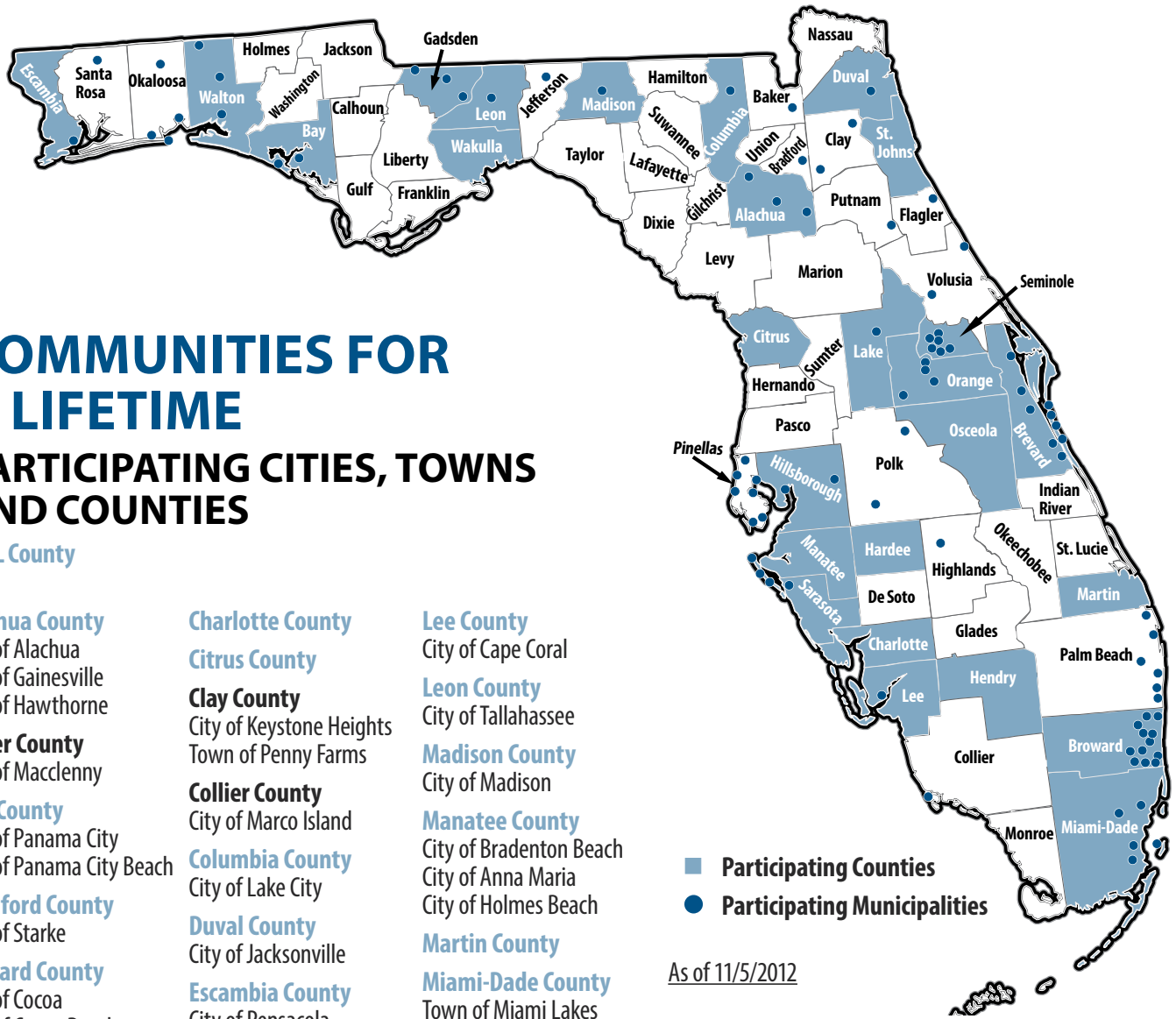
7300 N. Kendall Drive
Suite 780
Miami, FL 33156
(305) 671-7245

North Dade

7270 NW 12th Street
Suite 520
Miami, FL 33126
(786) 336-1418

South Central Florida

200 N Kentucky Avenue, #224
Lakeland, FL 33801
(863) 413-2764



COMMUNITIES FOR A LIFETIME

PARTICIPATING CITIES, TOWNS AND COUNTIES

CFAL County

Alachua County

City of Alachua
City of Gainesville
City of Hawthorne

Baker County

City of Macclenny

Bay County

City of Panama City
City of Panama City Beach

Bradford County

City of Starke

Brevard County

City of Cocoa
City of Cocoa Beach
City of Indian Harbor Beach
Town of Malabar
Town of Melbourne Beach
City of Palm Bay
City of Rockledge
City of Satellite Beach
City of Titusville

Broward County

City of Coral Springs
City of Lauderdale Lakes
City of Tamarac
City of Parkland
City of Coconut Creek
City of Hollywood
City of West Park
City of Miramar
City of Hallandale Beach
Town of Davie
City of Pembroke Pines
City of Deerfield Beach

Charlotte County

Citrus County

Clay County

City of Keystone Heights
Town of Penny Farms

Collier County

City of Marco Island

Columbia County

City of Lake City

Duval County

City of Jacksonville

Escambia County

City of Pensacola

Flagler County

City of Palm Coast

Gadsden County

City of Quincy
City of Chattahoochee
City of Midway

Hardee County

Henry County

Highlands County

City of Sebring

Hillsborough County

City of Tampa
City of Plant City

Jefferson County

City of Monticello

Lake County

City of Tavares

Lee County

City of Cape Coral

Leon County

City of Tallahassee

Madison County

City of Madison

Manatee County

City of Bradenton Beach
City of Anna Maria
City of Holmes Beach

Martin County

Miami-Dade County

Town of Miami Lakes
City of Miami Gardens
City of South Miami
City of Miami Beach
Town of Cutler Bay

Okaloosa County

City of Destin
City of Crestview
City of Niceville
City of Fort Walton Beach

Orange County

Town of Eatonville
City of Orlando
City of Windermere
City of Maitland

Osceola County

City of Delray Beach
Town of Jupiter
City of Lake Worth
Village North Palm Beach

- Participating Counties
- Participating Municipalities

As of 11/5/2012

Village of Palm Springs
City of Boynton Beach

Pinellas County

City of Clearwater
City of Dunedin
City of Gulfport
City of Oldsmar
City of Safety Harbor
City of St. Petersburg
City of Tarpon Springs

Polk County

City of Davenport
City of Fort Meade

Putnam County

City of Crescent City

Santa Rosa County

Town of Jay

Sarasota County

City of Sarasota

Seminole County

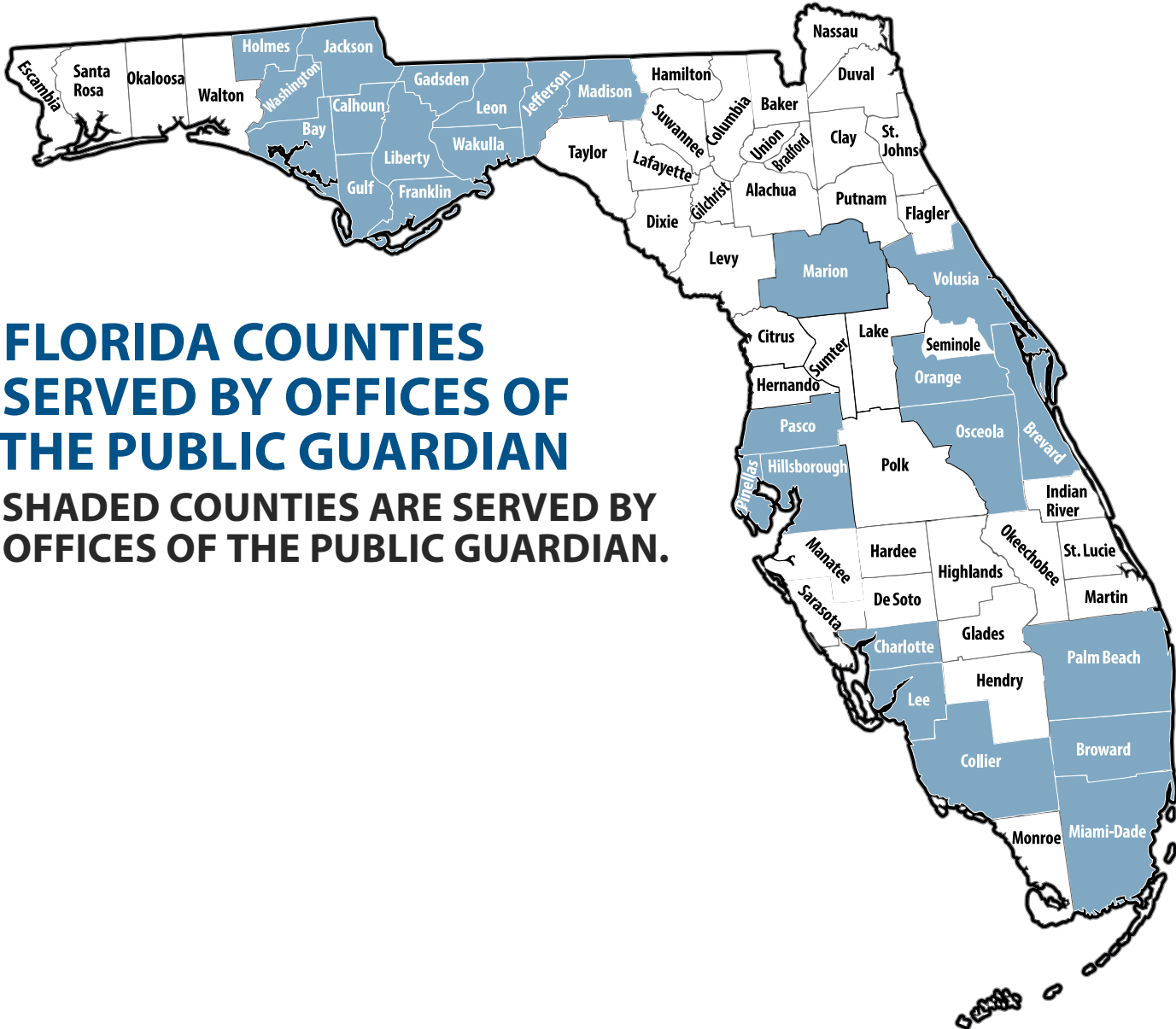
City of Lake Mary
City of Oviedo
City of Winter Springs
City of Sanford
City of Altamonte Springs
City of Longwood

St. Johns County

City of Ormond Beach
City of DeLand

Volusia County

City of DeFuniak Springs
City of Freeport
City of Paxton



FLORIDA COUNTIES SERVED BY OFFICES OF THE PUBLIC GUARDIAN
SHADED COUNTIES ARE SERVED BY OFFICES OF THE PUBLIC GUARDIAN.

SENIOR CENTERS AND FLORIDA'S AGING NETWORK

Florida's aging services network encompasses a wide range of organizations and providers that help create a better life for the Sunshine State's 4.4 million seniors. The Department of Elder Affairs is the organization primarily responsible for administering elder-related programs within Florida, but it is really at the local level that the "rubber meets the road" – where essential services are actually provided to seniors who need them.

With the nation's largest concentration of residents age 60 and older, Florida relies on a network of committed volunteers and dedicated professionals to deliver helpful services. The Department coordinates most of its activities through 11 Area Agencies on Aging, which work closely with local lead agencies, faith-based and non-profit community organizations, and local governments. Their common goal is to deliver an array of services that enable Florida to continue offering active, healthy living for seniors throughout their later years.

Among the most important elements of the aging services network are Florida's senior centers. Studies show that elders are happier and healthier when they are engaged socially, intellectually, and physically, and senior centers are involved in all three pursuits.

Senior centers are community facilities that provide a broad spectrum of services suited to the diverse needs and interests of independent older persons. Florida's 260-plus centers provide a wide range of activities that enhance the daily lives of seniors and extend beyond traditional programs and events. An estimated 380,000 seniors visit Florida's senior centers every year. These centers provide seniors the opportunity to participate in community-based activities within their own neighborhoods and among their friends.

Each senior center is unique, offering its own mix of services and activities ranging from

educational and recreational opportunities to fitness and wellness classes, nutritional meals, and more. Each center relies on its own funding sources for operations. The vast majority are located in free-standing buildings, within recreation or multi-generational community centers, or in local government buildings. Because most have small full-time staffs, senior centers rely heavily on volunteers.

Most Florida senior centers are open at least 30 hours each week, many on weekends, and they offer affordable programs at little or no cost. The services most commonly offered in the state's senior centers are information and referral, congregate meals, and transportation.

In 2007 and 2008, the Florida Legislature authorized the Department to award one-time grants for fixed capital outlay projects for senior centers. The grants awarded by the Department enabled the establishment of new senior centers in 14 communities across the state – Apalachicola, Bradenton, Clearwater, Cross City, Delray Beach, Fernandina Beach, Gainesville, Lake Butler, Melrose, Miami, Milton, Pembroke Pines, Starke, and West Palm Beach – as well as repairs and maintenance on existing facilities throughout the state.

In 2010 and 2011, the Florida Legislature appropriated funding for two new senior center projects in the Miami-Dade area.

| APPROPRIATION HISTORY: | |
|------------------------|---------------|
| STATE FISCAL YEAR | STATE FUNDING |
| 2007-2008 | \$9,100,000 |
| 2008-2009 | \$10,000,000 |
| 2010-2011 | \$1,700,000 |
| 2012-2013 | \$500,000 |

All senior centers in Florida are encouraged to seek national accreditation from the National Institute of Senior Centers. Currently ten centers have attained this distinction,* as follows:

Brandon Senior Center

612 N. Parsons Avenue
Brandon, FL 33510
Phone: 813-635-8064

Miramar Senior Center

2300 Civic Center Place
Miramar, FL
Phone: 954-889-2705
Website: www.ci.miramar.fl.us/socialservices/multiservice.html

Town 'N Country Senior Center

7606 Paula Drive
Tampa, FL 33615
Phone: 813-873-6336

Sunshine Senior Center (St. Petersburg)

Accredited 2001
330 5th Street North
St. Petersburg, FL 33701
Phone: 727-893-7190
Website: stpete.org/seniors

Tallahassee Senior Center

Accredited 2002
1400 North Monroe Street
Tallahassee, FL 32303
Phone: 850-891-4000
Website: talgov.com/senior

Senior Friendship Center of Sarasota

Accredited 2003
1888 Brother Geenen Way
Sarasota, FL 34236
Phone: 941-955-2122
Website: seniorfriendship.com

Kathleen K. Caitlin Friendship Center

Accredited 2003
1888 Brother Geenen Way
Sarasota, FL 34236
Phone: 941-955-2122
Website: seniorfriendship.com

Coastal Community Center (St. Augustine)

Accredited 2007
180 Marine Street
St. Augustine, FL 32084
Phone: 904-209-3700
Website: stjohnscoa.com

Mae Volen Senior Center (Boca Raton)

Accredited 2008
1515 W. Palmetto Park Road
Boca Raton, FL 33486
Phone: 561-395-8920
Website: maevolen.com

Gulfport Multipurpose Senior Center

Accredited 2010
5501 27th Avenue South
Gulfport, FL 33707
Phone: 727-893-1231
Website: www.gulfportseniorfoundation.org

A full listing of Florida's senior centers is available online at http://elderaffairs.state.fl.us/doea/senior_centers.php

* Source: National Institute of Senior Centers

Section B

Services and Utilization

INTRODUCTION TO SERVICES AND UTILIZATION

This section of the Summary of Programs and Services includes a list of codes identifying Department programs, followed by a cross-reference containing an alphabetical listing of specific services for elders and the Department programs that provide those services. In addition, the listing indicates the number of “units of service” provided in each program, totaled by:

- State fiscal year 2011-2012 (July 1, 2011, through June 30, 2012); or
- Federal fiscal year 2011-2012 (October 1, 2011, through September 30, 2012); or
- In the case of programs operating on a calendar year, January 1 through December 31, 2011.

A review of the services table shows that in many instances more than one Department program may provide a specific service. This is because different programs often target different clientele, and eligibility criteria for an individual to participate in the various programs may vary. Please refer to Sections C through F of this document for detailed descriptions of all Department programs.

PROGRAM CODES USED IN THIS SECTION

Acronyms/abbreviations for programs with data captured by the Department’s Client Information and Registration Tracking System (CIRTS) and Agency for Health Care Administration’s Florida Medicaid Management Information System (FMMIS).

| | |
|--------------|---|
| AC | AmeriCorps |
| ACFP | Adult Care Food Program |
| ADA | Aged and Disabled Adult Waiver |
| ADDGS | Alzheimer’s Disease Demonstration Grants to States |
| ADI | Alzheimer’s Disease Initiative |
| ADRD | Alzheimer’s Disease and Related Disorders Training Provider and Curriculum Approval |
| ALW | Assisted Living Waiver |
| ARR | American Recovery and Reinvestment Act |
| CARES | Comprehensive Assessment and Review for Long-Term Care Services |
| CCE | Community Care for the Elderly |
| CLP | Community Living Program |
| EFMNP | Elder Farmers’ Market Nutrition Program |
| EHEAP | Emergency Home Energy Assistance for the Elderly |
| HCE | Home Care for the Elderly |
| HRNPE | High-Risk Nutrition Program for the Elderly* |

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|---------------|---|
| LSP | Local Services Programs |
| LTCOP | Long-Term Care Ombudsman Program |
| NHD | Nursing Home Diversion Program. Formerly know as the Long-Term Care Community Diversion Pilot Project |
| OAA | Older Americans Act |
| RELIEF | Respite for Elders Living in Everyday Families |
| SC | Senior Companion Program |
| SCSEP | Senior Community Service Employment Program |
| SHINE | Serving Health Insurance Needs of Elders |
| SPGO | Statewide Public Guardianship Office |

* *High-Risk Nutrition Program for the Elderly is administered by the Alliance for Aging, Inc., the designated Area Agency on Aging for Planning and Service Area 11 (Miami-Dade and Monroe counties).*

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|--|---|-----------------------------|--------------------|------------------|
| A Matter of Balance | This program was adapted from Boston University Roybal Center by Maine’s Partnership for Healthy Aging. “A Matter of Balance” uses practical coping strategies to reduce fear of falling and to diminish the risk of falling including group discussions; mutual problem solving exercises to improve strength, coordination, and balance; and home safety evaluation. Includes Asunto de Equilibrio which is the Spanish version of “A Matter of Balance.” The materials and videos are translated to Spanish. | Episodes | OAA | 68 |
| Active Living Every Day | Active Living Every Day (ALED) is a step-by-step behavior change program that helps individuals overcome their barriers to physical activity. As participants work through the course, they learn lifestyle management skills and build on small successes – methods that have proven effective in producing lasting change. | Episodes | OAA | 1 |
| Adult Day Care | Therapeutic social and health activities and services provided to adults who have functional impairments in a protective environment as non-institutional as possible. | Hours | CCE, HCE, LSP, OAA | 814,361 |
| Adult Care Food Program | USDA funded program that subsidizes meals served to Licensed Adult Day Care Center participants. | Meals | ACFP | 2,319,931 |
| Adult Day Health Care | Services furnished four or more hours per day on a regularly scheduled basis for one or more days per week in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. | Hours | ADA, CCE, NHD, OAA | 1,784,996 |
| Alzheimer’s Disease and Related Disorders Training Provider and Curriculum Approval | Approves Alzheimer’s disease training providers and training curricula for specified nursing home, assisted living facility, hospice, adult day care, and home health agency staff. | Training providers approved | ADRD | 286 |
| | | Training curricula approved | | 78 |
| Assisted Living Services | Personal care services, homemaker services, chore services, attendant care, companion services, medication oversight, and therapeutic social and recreational programming provided in a home-like environment in an assisted living facility, licensed pursuant to Chapter 429 Part I, F.S., in conjunction with living in the facility. This service does not include the cost of room and board furnished in conjunction with residing in the facility. | Days | NHD | 3,062,646 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|---------------------------------------|---|-------------------|---|---|
| Attendant Care | Attendant Care services are both supportive and health-related hands-on services specific to the needs of the individual. Attendant Care services are those that substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. Services may include skilled nursing care or personal care to the extent permitted by state law. Housekeeping activities incidental to the performance of care may also be furnished as part of this activity. This service can be authorized when the recipient's mental or physical condition requires assistance with medically related needs. | Hours | ADA, NHD | 461,610 |
| Basic Subsidy | A fixed sum cash payment made to an eligible caregiver each month to reimburse some of his/her expenses of caring for the client. A basic subsidy is provided for support and maintenance of the care recipient, including medical costs not covered by Medicaid, Medicare, or any other insurance. | Months of service | HCE | 19,256 |
| Caregiver Training and Support | Training of caregivers, individually or in group settings, to reduce stress, increase coping skills, provide strategies for effective management of caregiving tasks, and enable them to provide high quality care to recipients within the home. Caregiver training and support may be provided through forums including community workshops, seminars, and other organized local, regional, or statewide events. Support may also be provided to caregivers through telecommunications media. | Hours | ADA, ADI, OAA | 6,743 (Group) 2,261 (Individual) |
| Case Aide | Services that are an adjunct and supplemental to case management services and are provided by paraprofessionals under the direction of case managers or designated supervisory staff. | Hours | ADA, ADI, CCE, HCE, NHD, OAA | 48,939 |
| Case Management | A client-centered service that assists individuals in identifying physical and emotional needs and problems through an interview and assessment process, discussing and developing a plan for services that addresses these needs, arranging and coordinating agreed-upon services, and monitoring the quality and effectiveness of the services. Case management is a service for actively enrolled clients that provides continuing support and addresses the changing needs of clients. | Hours | ADA, ADI, ALW, CCE, CLP, HCE, LSP, NHD, OAA | 1,089,063 |
| Child Day Care | Services provided to a minor child no older than 18 or a child with a disability who resides with a grandparent or other related caregiver age 55 or older. | Hours | OAA | 16,658 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|--|---|-----------|------------------------------|------------------|
| Chore | The performance of routine house or yard tasks including such jobs as seasonal cleaning; yard work; lifting and moving furniture, appliances, or heavy objects; household repairs that do not require a permit or specialist; and household maintenance. Pest control may be included when not performed as a distinct activity. | Hours | ADA, CCE, HCE, LSP, NHD, OAA | 46,496 |
| Chore - Enhanced | Performance of any house or yard task beyond the scope of regular chore services due to more demanding circumstances requiring more intensified, thorough cleaning. | Hours | ADA, CCE, HCE, OAA | 5,554 |
| Chronic Disease Self-Management Program | <p>The Chronic Disease Self-Management Program (Living Healthy) was developed by Stanford University. People with different chronic health problems attend workshops in a community setting. Subjects covered include the following:</p> <ol style="list-style-type: none"> 1) Techniques to deal with problems such as frustration, fatigue, pain, and isolation; 2) Appropriate exercise for maintaining and improving strength, flexibility, and endurance; 3) Appropriate use of medications; 4) Communicating effectively with family, friends, and health professionals; 5) Nutrition; and 6) How to evaluate new treatments. | Episodes | OAA | 36 |
| Companionship | Visiting a client who is socially and/or geographically isolated, for the purpose of relieving loneliness and providing continuing social contact with the community. It includes engaging in casual conversation; providing assistance with reading and writing letters; playing entertaining games; escorting a client to a doctor's appointment; and conducting diversion activities such as going to the movies, the mall, the library, or the grocery store. Companions may also assist the recipient with such tasks as meal preparation, laundry, and light housekeeping tasks that are incidental to the individual's care and supervision. | Hours | ADA, CCE, NHD, OAA | 661,011 |
| Congregate Meals | The provision of a meal at a congregate meal site that complies with the Dietary Guidelines for Americans and provides one-third daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient) as established by the Food and Nutrition Board of National Academy of Sciences. | Meals | ARR, HRNPE, LSP, OAA | 4,128,621 |
| Congregate Meals Screening | Conducts assessments for congregate-meal applicants or recipients, with referral and follow-up as needed. | Hours | OAA | 13,950 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|--|--|-------------------|-------------------------|--------------------------------------|
| Consumable Medical Supplies | Consumable Medical Supplies are disposable supplies used by the recipient that are essential to care for the recipient's needs. Such supplies enable a recipient to either perform activities of daily living or stabilize and monitor a health condition. | Episodes | ADA, ALW | 81,665 |
| Consumable Medical Supplies - Enhanced | (See above definition) | Episodes | ADA | 83 |
| Counseling | Uses the casework mode of relating to a client (via interview, discussion, or lending a sympathetic ear) to advise and enable the older person and/or his/her family to resolve problems (concrete or emotional) or to relieve temporary stresses. Through counseling, persons are helped to maximize the use of available resources to assure physical and emotional well-being. | Hours | ADA, CCE, NHD, OAA | 3,457 |
| Counseling - Gerontological | Gerontological counseling provides emotional support, information, and guidance through a variety of modalities including mutual support groups for older adults who are having mental, emotional, or social adjustment problems as a result of the process of aging. | Hours | ADI, CCE, HCE, LSP, OAA | 2,116 (Group) 16,273 (Individual) |
| Counseling - Medicare and Health Insurance | Provides Medicare and health insurance education, counseling, and assistance to Medicare beneficiaries, their families, and caregivers. | Clients contacted | SHINE | 106,052 |
| Counseling - Mental Health Counseling and Screening | Services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group, and family therapy provided to clients using techniques appropriate to this population. Specialized mental health services include information gathering and assessment, diagnosis, and development of a treatment plan in coordination with the client's care plan. This specialized treatment will integrate the mental health interventions with the overall service and supports to enhance emotional and behavioral functions. This may be done on a one-to-one or group basis. | Hours | CCE, LSP, OAA | 319 (Group) 5,614 (Individual) |
| Dental Services | Medically necessary emergency dental care limited to emergency oral examination, necessary radiographs, extractions, incision and drainage of abscess, and full or partial dentures. Dentures are limited to one set of full or partial dentures a lifetime. Such services must be provided in accordance with the policy and service provisions specified in the Medicaid Dental Services Coverage and Limitations Handbook, and must be provided by providers licensed under Chapter 466, F.S. | Visits | NHD | 1,480,506 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|--|---|-----------|------------------------------|---|
| Disease Information | Providing information to clients, families, caregivers, and the general public about chronic conditions and diseases, and prevention measures and services, treatment, rehabilitation, and coping strategies for those factors that cannot change. This can be done on a one-on-one or group basis. | Episodes | OAA | 325 (Group) 1,105 (Individual) |
| Education | Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities. Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience, or skills; increasing awareness in such areas as crime or accident prevention; promoting personal enrichment; and enhancing skills in a specific craft, trade, job, or occupation. Other options include training individuals or groups in guardianship proceedings for older individuals if other adequate representation is unavailable. | Hours | OAA | 1,917 |
| | | Episodes | OAA | 3 |
| Education and Training | (See above definition.) | Episodes | OAA | 10,899 (Group) 1784 (Individual) |
| Emergency Alert Response - Maintenance | A community-based electronic surveillance service that monitors the frail homebound elder by means of an electronic communication link with a response center by providing an electronic device that enables individuals at high risk of institutionalization to secure help in an emergency. The recipient can also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. | Days | ADA, CCE, CLP, LSP, NHD, OAA | 2,901,273 |
| Emergency Alert Response - Installation | (See above definition) | Episodes | ADA, CCE, NHD, OAA | 505 |
| Emergency Home Repair | Includes assistance in obtaining critical repairs or alterations to correct deficiencies or situations identified as a barrier to the eligible person's health, safety, or ability to perform activities of daily living or as an impediment to the delivery of services to that eligible person. | Episodes | CCE | 3 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|--|---|----------------|---------------|------------------------------------|
| Emergency Medical Services | Outpatient preventive, diagnostic, therapeutic, or palliative care provided under the direction of a physician at a licensed hospital. Such services include emergency room, dressings, splints, oxygen, physician ordered services, and supplies necessary for the clinical treatment of a specific diagnosis or treatment as specified in the Medicaid Hospital Coverage and Limitations Handbook. | Visits | NHD | 13,686 |
| Employment and Job Training | Provides up to 20 hours a week of paid part-time community service work for unemployed low-income persons who are age 55 and older. Assists with placement in unsubsidized employment. | Clients served | SCSEP | 940 |
| Environmental Accessibility Adaptations | Physical adaptations to the home required by the enrollee's care plan which are necessary to ensure the health, welfare, and safety of the enrollee or which enable the enrollee to function with greater independence in the home and without which the enrollee would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate the medical equipment and supplies, which are necessary for the welfare of the enrollee. All services must be provided in accordance with applicable state and local building codes. | Episodes | ADA, NHD | 1,993 |
| Escort | Personal accompaniment and assistance to a person who has physical or cognitive difficulties using regular vehicular transportation. The accompaniment and assistance is provided to individuals to or from service providers, medical appointments, or other destinations needed by the client. Escort is essential during travel to provide safety, security, and support. | One-way trips | CCE, OAA | 4,008 |
| | | Hours | ADA, NHD | 19,569 |
| Family Training Services | Training and counseling services for the families of enrollees served under this contract. For purposes of this service, "family" is defined as the individuals who live with or provide care to a person served by the contractor and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include persons who are employed to care for the enrollee. Training includes instruction and updates about treatment regimens and use of equipment specified in the plan of care to safely maintain the enrollee at home. | Hours | NHD | 1 (Group) 45 (Individual) |
| Financial Risk Reduction - Assessment | Provides assessment of problem area(s) and guidance for managing income, assets, liabilities, and expenditures. | Hours | ADA, CCE, NHD | 315 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|---|---|-----------|---------------|---|
| Financial Risk Reduction - Maintenance | Provides maintenance of problem area(s), and guidance for managing income, assets, liabilities, and expenditures. | Hours | ADA, CCE, NHD | 938 |
| Health Articles | This service is for Area Agencies on Aging that write news-media articles on health topics. These articles can be for newspapers, bulletins, or newsletters that are distributed throughout the community. | Episodes | OAA | 12 |
| Health Fair – Information | This service is for Area Agencies on Aging that coordinate or participate in health fairs to promote health, wellness, and public safety events to individuals in the community through distribution of information to health-fair attendees. | Episodes | OAA | 84 |
| Health Promotion | Offers individual and/or group sessions that help participants understand how lifestyle impacts physical and mental health and develop personal practices that enhance total well-being. Services are provided at multipurpose senior centers, congregate meal sites, and other appropriate places that target elders who are low income, minorities, or medically under-served. Services related to health promotion include the following: health risk assessments; routine health screenings; physical activity; home injury control services; mental health screenings for prevention and diagnosis; medication management, screening and education; gerontological counseling; distribution of information concerning diagnosis, prevention, treatment, and rehabilitation of age-related diseases and chronic disabling conditions such as osteoporosis; and cardiovascular diseases. | Episodes | LSP, OAA | 713 (Group) 4,139 (Individual) |
| Health Risk Assessment – Individual | An assessment utilizing one tool or a combination of tools to test older persons for certain risk factors that are known to be associated with a disease or condition. Many factors can be modified, including diet, risk-taking behaviors, coping styles, and lifestyle choices (such as smoking and overeating), and can be measured or identified through risk appraisal questionnaires. The health risk assessment helps the individual determine the addictive nature of many factors in a client’s life. This can be done on a one-on-one or group basis. | Episodes | OAA | 4,149 |
| | | Hours | LSP | 977 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|---------------------------------|--|-----------|-----------------------------------|---|
| Health Risk Screening | Utilizes diagnostic tools to screen large groups of people or clients for the presence of a particular disease or condition. This service is designed for early intervention and detection. Referral is required when screening results indicate professional services are needed, or when a request is made by the client being served. Health risk screening procedures screen for diseases and ailments such as hypertension, glaucoma, cholesterol, cancer, vision or hearing loss, HIV/AIDS, sexually transmitted diseases, diabetes, osteoporosis, and nutrition deficiencies. | Episodes | OAA | 11 (Group) 11,038 (Individual) |
| Health Support | Helps individuals secure and utilize necessary medical treatment as well as preventive, emergency, and health maintenance services. | Hours | LSP, OAA | 15,725 (Group) 10,988 (Individual) |
| | | Episodes | OAA | 97 |
| Healthy Eating Every Day | This program helps individuals establish healthy eating habits. Participants will identify the reasons for their poor eating choices, learn management skills, and improve their eating habits. Healthy Eating Every Day follows the USDA Nutrition Guidelines. | Episodes | OAA | 1 |
| Healthy IDEAS | Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations. This case manager-led program typically lasts for three to six months. It was developed by the Huffington Center on Aging at Baylor College of Medicine, Sheltering Arms, and the Care for Elders Partnership in Houston. | Hours | OAA | 251 |
| Home-Delivered Meals | Provides a home-delivered meal that complies with the Dietary Guidelines for Americans and provides one-third daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient), as established by the Food and Nutrition Board of National Academy of Sciences. May include hot, frozen, and/or emergency shelf meals. | Meals | ADA, CCE, CLP, HCE, LSP, NHD, OAA | 7,177,755 |
| Home Health Aide Service | Provides hands-on personal care services, performs simple procedures as an extension of therapy or nursing services, assists with ambulation or exercises, and assists with self-administered medication as defined by Chapter 400.488, Florida Statutes, and Chapter 59A-8.020, Florida Administrative Code. | Hours | OAA | 606 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|--|--|-------------------|-----------------------------------|-------------------------------------|
| Home Injury Control | Helps prevent or reduces physical harm due to falls or other preventable injuries of elders in their homes. This can be done on a one-on-one or group basis. | Episodes | OAA | 254 (Group) 8 (Individual) |
| Homemaker | Performs specific home management duties including house-keeping, laundry, cleaning refrigerators, clothing repair, minor home repairs, assistance with budgeting and paying bills, client transportation, meal planning and preparation, shopping assistance, and routine household activities conducted by a trained homemaker. | Hours | ADA, CCE, CLP, HCE, LSP, NHD, OAA | 2,831,306 |
| HomeMeds | HomeMeds, previously known as Medication Management Improvement System (MMIS) was designed to identify, assess, and resolve medication problems that are common among frail older adults. | Hours | OAA | 107 |
| Housing Improvement | Provides home repairs, environmental modifications, adaptive alterations, security device installation, or payments for households experiencing a home-energy emergency. | Hours | CCE, HCE, OAA | 21,548 |
| | | Episodes | HCE | 8 |
| Housing Improvement - Energy Assistance | Provides assistance to low-income households experiencing a home energy emergency. | Households served | EHEAP | 15,839 |
| Information | Responds to an inquiry from or on behalf of a person regarding public and private resources and available services. | Episodes | OAA | 467,197 |
| Inpatient Hospital Services | Medically necessary services, including ancillary services, furnished to inpatient enrollees, provided under the direction of a physician or dentist, in a hospital maintained primarily for the care and treatment of patients with disorders other than mental diseases. Such services must be provided in accordance with the policy and service provisions specified in the Medicaid Hospital Coverage and Limitations Handbook. | Visits | NHD | 36,849 |
| Intake | Administers standard intake and screening instruments in order to gather information about an applicant for services. | Hours | CCE, OAA | 14,572 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|--|--|----------------------------|--------------------|---|
| Legal Assistance | Legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney) to older individuals with economic or social needs. Legal services include counseling or representation by a non-lawyer, when permitted by law. Legal assistance protects against the loss of basic civil rights and ensures the autonomy and independence of older persons. | Hours | LSP, OAA | 31,416 |
| Long-Term Care Alternatives to Nursing Homes | Services that provide home, community-based, or assisted living long-term care as alternatives to nursing home placement, and integrate the delivery of acute and long-term care. | Clients served | NHD | 24,539 |
| Long-Term Care Consumer Complaint Investigation | Investigates and resolves complaints by or on behalf of residents of long-term care facilities. Maintains statewide reporting system and provides information regarding long-term care facilities. | Administrative assessments | LTCOP | 4,269 |
| | | Investigations | LTCOP | 8,600 |
| Material Aid | Aid in the form of: (1) Goods or food such as the direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc. (2) Food item(s) necessary for health, safety, or welfare. This may include condiments or paper products necessary for food consumption, as well as delivery charges. Alcohol, drug, and tobacco products are excluded. (3) The repair, purchase, delivery, and installation of any household appliance necessary to maintain a home or assist with household tasks necessary for the health, safety, or welfare of the person. (4) The purchase of materials necessary to perform chore or enhanced chore services (see Chore and Enhanced Chore service descriptions above). (5) The purchase of construction materials necessary to perform housing improvements, alterations, and repairs (see Housing Improvement service descriptions above). | Episodes | CCE, HCE, LSP, OAA | 15,762 |
| Medication Management | Screening, education, identification, and counseling regarding the medication regimes that clients are using, including prescription and over-the-counter medications, vitamins, and home remedies. These services also help to identify any dietary factors that may interact with the medication regime. The combination of alcohol or tobacco with various medications and diets, along with the effects on specific conditions, would ideally be included in this service. This can be done on a one-on-one or group basis. | Hours | CCE, LSP, OAA | 273 (Group) 2,927 (Individual) |
| | | Episodes | CCE | 6 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|--|---|-----------------------|--------------------|-------------------------------------|
| Model Day Care | Therapeutic, social, and health activities specific to clients with memory disorders. Services and activities include, but are not limited to, active and quiet games, reminiscence, validation therapy, pet therapy, water therapy, and other failure-free activities appropriate to the client’s level of functioning. Model day care centers also provide training for health care and social service personnel in the care of persons having Alzheimer’s disease or related memory disorders. | Hours | ADI | 53,191 |
| Nursing Home Applicant Assessment | Designed to evaluate the medical necessity for nursing facility care, the level of care required by the individual, and preadmission screening of all nursing facility applicants to determine mental illness or developmental disabilities. | Number of assessments | CARES | 120,603 |
| Nutrition Assistance | Provides low-income elders living in targeted service counties with coupons that can be exchanged for locally grown fresh produce at area farmers’ markets. | Clients served | EFMNP | 2,467 |
| Nutrition Counseling | Provides one-on-one individualized advice and guidance to persons who are at nutritional risk because of poor health, nutritional history, current dietary intake, medication use, or chronic illnesses. Nutrition counseling includes options and methods for improving a client’s nutritional status. | Hours | ADA, CCE, NHD, OAA | 2,649 (Group) 1,601 (Individual) |
| Nutrition Education | Promotes better health by providing accurate, scientifically sound, practical, and culturally sensitive nutrition information and instruction to participants in a group or individual setting consistent with their needs and food resources. Nutrition education is the process by which individuals gain the understanding, skills, and motivation necessary to promote and protect their nutritional well-being through their food choices and food preparation methods. | Clients served | ARR, LSP, OAA | 272,032 |
| Occupational Therapy | Treatment to restore, improve, or maintain impaired functions aimed at increasing or maintaining the enrollee’s ability to perform tasks required for independent functioning when determined through a multi-disciplinary assessment to improve an enrollee’s capability to live safely in the home setting. | Hours | NHD | 38 |
| Other Services | A miscellaneous category for goods or services not defined elsewhere that are necessary for the health, safety, or welfare of the person. | Episodes | CCE, HCE, LSP, NHD | 144,485 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|-------------------------------------|--|-------------|--|------------------|
| Outpatient Hospital Services | Outpatient preventive, diagnostic, therapeutic, or palliative care provided under the direction of a physician at a licensed hospital. Such services include emergency room, dressings, splints, oxygen, physician ordered services, and supplies necessary for the clinical treatment of a specific diagnosis or treatment as specified in the Medicaid Hospital Coverage and Limitations Handbook. | Visits | NHD | 30.024 |
| Outreach | An OAA required access service making active efforts to reach target individuals face to face, either in a community setting or in home neighborhoods with large numbers of low-income minority elderly, making one-to-one contact, identifying their service need, and encouraging their use of available resources. | Episodes | OAA | 27,036 |
| Personal Care | Assistance with eating, dressing, personal hygiene, and other activities of daily living. This service may include assistance with meal preparation and housekeeping chores such as bed making, dusting, and vacuuming incidental to the care furnished or essential to the health and welfare of the individual. | Hours | ADA, ALW, CCE, CLP, HCE, LSP, NHD, OAA | 3,719,104 |
| Pest Control Initiation | Helps rid the environment of insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients. Initiation covers start-up costs. | Episodes | ADA, CCE, NHD | 397 |
| Pest Control Maintenance | Helps rid the environment of insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients. | Episodes | ADA, CCE, NHD | 8,036 |
| Pest Control - Rodent | Helps rid the environment of rodents and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients. Rodent service consists of trapping, baiting, or other treatments or applications that result in the elimination of rodent(s). | Episodes | CCE | 7 |
| | | Hours | CCE | 20 |
| Physical Fitness | Physical fitness services are defined as activities for elders to improve their strength, flexibility, endurance, muscle tone, range of motion, reflexes, cardiovascular health, and/or other aspects of physical functioning. | Hours | OAA | 1,136 |
| Physical Therapy | A service prescribed by a physician that is necessary to produce specific functional outcomes in ambulation, muscle control and postural development, and prevent or reduce further physical disability. | Hours | NHD | 85 |
| | | Evaluations | ADA | 5 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|---|---|--|----------|------------------|
| Programa de Manejo Personal de la Diabetes | Programa de Manejo Personal de la Diabetes was designed for Spanish speaking individuals with type 2 diabetes to attend workshops in a community setting. Participants will make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program. | Episodes | OAA | 1 |
| Public Guardianship | Provides services to meet the needs of the most vulnerable persons who lack the capacity to make decisions on their own behalf and in their own best interests. Guardians protect the property and personal rights of incapacitated individuals. | Wards of limited financial means with no willing or able family or friend to serve | SPGO | 2,650 |
| Recreation | Assists with participation in or attendance at planned leisure events such as games, sports, arts and crafts, theater, trips, and other relaxing social activities. | Hours | LSP, OAA | 338,408 |
| Referral and Assistance | An activity provided via telephone or person-to-person contact. Information is obtained about a person's needs; these needs are assessed; and the person is directed to the appropriate resources most able to meet the need. Contact with the resource is made for the person, as needed. Follow-up is a mandatory part of referral/assistance and is conducted with the referred person and/or the resource to determine the outcome. | Episodes | OAA | 53,789 |
| Respiratory Therapy | Treatment of conditions that interfere with respiratory functions or other deficiencies of the cardiopulmonary system. Services include evaluation and treatment related to pulmonary dysfunction. Examples are ventilator support, therapeutic and diagnostic use of medical gases, respiratory rehabilitation, management of life support systems and bronchopulmonary drainage, breathing exercises, and chest physiotherapy. | Hours | NHD | 4 |
| Respiratory Therapy Evaluation | Respiratory Therapy services include evaluation and treatment related to pulmonary dysfunction. Examples are ventilatory support, therapeutic and diagnostic use of medical gases, respiratory rehabilitation, management of life support systems and bronchopulmonary drainage, breathing exercises, and chest physiotherapy. Respiratory Therapy Evaluations are limited to: <ul style="list-style-type: none"> • One initial evaluation per recipient, per service provider. • One re-evaluation every six months per recipient, per provider. | Episodes | ADA | 5 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|---------------------------------|---|---------------|---|------------------|
| Respite - In-Home | In-home respite services are provided to individuals unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those persons normally providing care. | Hours | ADA, ADDGS, ADI, CCE, CLP, HCE, LSP, NHD, OAA, RELIEF | 1,917,872 |
| Respite - In-Facility | Facility-based respite care is the provision of relief or rest for a primary caregiver from the constant, continued supervision and care of a functionally impaired older person by providing care for the older person in an approved facility-based environment for a specified period of time. | Hours | ADA, ADI, CCE, HCE, NHD, OAA | 627,573 |
| Screening and Assessment | Administers standard assessment instruments to gather information and prioritize clients at the time of active enrollment or to reassess currently active clients to determine need and eligibility for services. | Hours | LSP, OAA | 55,078 |
| Shopping Assistance | Helps a client get to and from stores or shops on behalf of a client. Includes proper selection of items to purchase as well as storing purchased items upon return to the client's home. A shopping aide may assist more than one client during a shopping trip. | One-way trips | OAA | 17,171 |
| Sitter | Services provided to a minor child no older than 18, or a child with a disability, who resides with a grandparent age 55 and older or other related caregiver age 55 and older. Sitter services may be carried out in the home or in a facility during the day, at night, or on weekends. | Hours | OAA | 5,669 |
| Skilled Nursing Services | Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse, or advanced registered nurse practitioner, in the client's place of residence, pursuant to a plan of care approved by a licensed physician. | Hours | ADA, CCE, CLP, HCE, LSP, NHD, OAA | 8,571 |
| | | Visits | NHD | 31,632 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|---|--|----------------|------------------------------|------------------|
| Specialized Medical Equipment, Services, and Supplies | <p>Services include the following:</p> <p>(1) Adaptive devices, controls, appliances, or services that enable individuals to increase their ability to perform activities of daily living. This service also includes repair of such items as well as replacement parts;</p> <p>(2) Dentures; walkers; reachers; bedside commodes; telephone amplifiers; touch lamps; adaptive eating equipment; glasses; hearing aids; and other mechanical or non-mechanical, electronic, and non-electronic adaptive devices;</p> <p>(3) Supplies such as adult briefs, bed pads, oxygen, or nutritional supplements;</p> <p>(4) Medical services paying for doctor or dental visits; and</p> <p>(5) Pharmaceutical services paying for needed prescriptions.</p> | Episodes | ADA, ADI, CCE, CLP, HCE, OAA | 34,000 |
| Tai Chi: Moving for Better Balance | <p>Developed out of the Oregon Research Institute, this simplified, eight-form version of Tai Chi, offered in community settings, has been proven to decrease the number of falls and risk of falling in older adults. Other benefits associated with this program include social and mental well-being, balance and daily physical functioning, self-confidence in performing daily activities, personal independence and improved quality of life, and overall health.</p> | Episodes | OAA | 33 |
| Telephone Reassurance | <p>Communicating with designated clients by telephone on a mutually agreed schedule to determine that they are safe and to provide psychological reassurance, or to implement special or emergency assistance.</p> | Episodes | OAA | 63,032 |
| Tomando Control de su Salud | <p>Tomando Control de su Salud was designed to teach a range of skills in managing chronic conditions for the Spanish speaking population. The program is not a translation of the Chronic Disease Self-Management Program, but developed separately in Spanish. Subjects covered are similar, but they are presented in ways that are culturally appropriate.</p> | Episodes | OAA | 2 |
| Transportation | <p>Travel to or from community services and resources, health and medical care, shopping, social activities, or other life sustaining activities.</p> | Trips | CCE, HCE, LSP, NHD, OAA | 1,519,407 |
| Volunteer Recruitment, Training and Placement - Americorps | <p>Engages members (volunteers) in intensive service to meet critical needs in education, public safety, health, and the environment, including respite, home modification and repair, chore services, disaster preparedness, and community outreach to elders, caregivers, and families.</p> | Members | AC | 60 |
| | | Clients served | | 150 |

| SERVICE | DEFINITION | UNIT TYPE | PROGRAM | UNITS OF SERVICE |
|---|---|----------------|---------|------------------|
| Volunteer Recruitment, Training and Placement - Senior Companion | Engages elder volunteers to provide services to elders at risk of institutionalization, such as transportation to medical appointments, shopping assistance, meal preparation, companionship, and advocacy. | Volunteers | SC | 100 |
| | | Clients served | | 347 |
| Volunteer Training | Provides training to individuals interested in helping caregivers with respite services. | Hours | RELIEF | 4,024 |

SERVICES TABLE DATA SOURCES

Service definitions and programs providing services:

DOEA Programs and Services Handbook, July 2012

Aged and Disabled Adult Waiver Services Coverage and Limitations Handbook, July 2010

Units of Service:

DOEA CIRTTS Report for Services 7/1/2011 - 6/30/2012

AHCA/FMMIS Medicaid Paid Claims for Medicaid Waiver Services 7/1/2011 - 6/30/2012

DOEA Division of Internal & External Affairs report data

DOEA Division of Statewide Community-Based Services report data

Section C

Older Americans Act Programs and Services

SUMMARY OF OLDER AMERICANS ACT PROGRAM SERVICES

The federal Older Americans Act (OAA) provides assistance in the development of new or improved programs to help older persons by awarding grants to the states for community planning and services. OAA Title III, Title V, and Title VII allotments to the states are calculated by using a statutory formula based on a state's population and prior funding history.

Florida's OAA Title III funds are allocated by formula to the 11 Area Agencies on Aging, which in turn contract with local service providers to deliver the services described on the following pages to eligible individuals age 60 and older and their caregivers.

The Senior Community Service Employment Program (SCSEP), funded under Title V of the OAA, contracts directly with local service organizations to provide unemployed, low-income persons age 55 and older with work experience through participation in a community service assignment, training, and assistance with finding unsubsidized employment.

OAA Title VII funding supports programs and services to protect elders from abuse and provides public education, training, and information regarding elder abuse prevention. The Department administers OAA Title VII elder abuse prevention programs through contracts with Area Agencies on Aging and local service providers.

OLDER AMERICANS ACT TITLE III

DESCRIPTION:

Florida's OAA Title III funds are allocated by formula to the 11 Area Agencies on Aging, which in turn contract with local service providers to deliver the services described on the following pages to eligible individuals age 60 and older and their caregivers.

SERVICES OR ACTIVITIES:

Title III B: Provides supportive services to boost the well-being of elders and to help them live independently in their home environment and the community.

Title III C1: Provides congregate meals and nutrition education in strategically located centers such as schools, churches, community centers, senior centers, and other public or private facilities where persons may receive other social and rehabilitative services.

Title III C2: Provides home-delivered meals and nutrition education to homebound individuals.

Title III D: Provides disease prevention and health promotion evidence-based services. These services are designed to help elders age 60 and older through education and implementation activities that support healthy lifestyles and promote healthy behaviors. The disease prevention and health promotion programs help to attract younger seniors through innovative fitness programs, health technology, and healthy aging screenings.

Title III E: Provides services through the National Family Caregiver Support Program to assist families caring for frail older members and to assist grandparents or older relatives who are caregivers for children 18 and younger or for children of any age who have disabilities.

ADMINISTRATION:

The Department administers OAA Title III programs and services through contracts with

Area Agencies on Aging, which in turn enter into contracts with local service providers to deliver services within their communities. Program services are provided by more than 250 contractors and subcontractors statewide.

ELIGIBILITY:

Individuals age 60 and older are eligible for OAA Title III services. Spouses and disabled adults younger than 60 may be served meals under certain circumstances. There is no income test; however, preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, including low-income minority elders, individuals with limited English proficiency, and individuals residing in rural areas.

Title III E, the National Family Caregiver Support Program, serves family caregivers who provide in-home and community care for a person age 60 or older and grandparents or older individuals age 55 and older who are relative caregivers of children no older than 18 or of children of any age who have disabilities.

STATUTORY AUTHORITY:

Older Americans Act, 42 United States Code 3001 et seq., as amended by Public Law 106-501; Section 20.41 and Chapter 430, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

OAA Title III programs are 100 percent federally funded. A 10 percent match is required for services, and a 25 percent match is required for administration. The statewide funding distribution for services in Older American Act Titles III B, III C, and III E is based on the following formula:

1. Base funding at the 2003 funding level
2. **Funding in excess of base is allocated according to the following factors:**

- **35 percent weight** - Share of population age 60 and older in the Planning and Service Area.
- **35 percent weight** - Share of population age 60 and older with income below poverty in the Planning and Service Area.
- **15 percent weight** - Share of minority population age 60 and older below 125 percent of poverty in the Planning and Service Area.
- **15 percent weight** - Share of population 65 and older in the Planning and Service Area with two or more disabilities.

The intrastate distribution of funds to be made available by Older Americans Act Title III D is based on the following formula:

- **50 percent weight** – Share of population age 60 and older with income below poverty in the Planning and Service Area.
- **50 percent weight** – Share of people 65 and older living in “Medically Underserved Areas” plus the number of people age 65 and older who live in areas defined as having “Medically Underserved Populations” in the Planning and Service Area.

The administrative funding allocation for Area Agencies on Aging under the Older Americans Act is based on the following formula:

1. Base funding is equal to the higher of the following: 7 percent of OAA service allocation or \$230,000.
2. The balance of Area Agency administrative funding is allocated based on the following factors:
 - **50 percent weight** – Share of population age 60 and older in the Planning and Service Area.
 - **25 percent weight** - Number of counties in the Planning and Service Area.

- **25 percent weight** - Community Care for the Elderly Core Services allocation.

Area Agency on Aging administrative funding is limited to 10 percent of the total Older Americans Act grant award. The State Unit on Aging administrative expense is limited to 5 percent of the grant award.

OAA TITLE III APPROPRIATION HISTORY AND NUMBERS SERVED:

| FEDERAL FISCAL YEAR* | FEDERAL FUNDING OAA TITLE III ALLOCATION TO PSAS | CLIENTS SERVED** |
|----------------------|--|------------------|
| 1991-1992 | \$44,068,537 | 341,687 |
| 1992-1993 | \$47,768,315 | 328,235 |
| 1993-1994 | \$45,691,633 | 367,099 |
| 1994-1995 | \$47,673,802 | 359,481 |
| 1995-1996 | \$47,636,129 | 74,144 |
| 1996-1997 | \$45,419,240 | 81,695 |
| 1997-1998 | \$45,522,319 | 107,074 |
| 1998-1999 | \$47,148,432 | 94,929 |
| 1999-2000 | \$47,240,735 | 91,173 |
| 2000-2001 | \$49,299,486 | 89,058 |
| 2001-2002 | \$61,339,936 | 112,613 |
| 2002-2003 | \$72,368,906 | 96,901 |
| 2003-2004 | \$71,197,508 | 90,895 |
| 2004-2005 | \$73,160,794 | 87,848 |
| 2005-2006 | \$74,503,185 | 86,613 |
| 2006-2007 | \$73,470,910 | 84,642 |
| 2007-2008 | \$75,785,098 | 80,326 |
| 2008-2009 | \$77,134,747 | 77,319 |
| 2009-2010 | \$85,520,124 | 95,087 |
| 2010-2011 | \$83,575,648 | 99,648 |
| 2011-2012 | \$87,098,216 | 74,777 |
| 2012-2013 | \$86,721,590 | 74,439# |

* Federal fiscal year is October to September, but contract period is January to December.

** Prior to 1995, figures include non-registered services; beginning with 1995, figures include registered services only. Title III E services are included beginning in 2001.

Projection

Source for clients served: CIRTS

OLDER AMERICANS ACT TITLE III B

SUPPORTIVE SERVICES

OAA Title III B funds provide supportive services to boost the well-being of elders and to help them live independently in their home environment and the community. Funds are allocated to Area Agencies on Aging, which contract with service providers to deliver supportive services such as transportation, outreach, information and referral/assistance, case management, homemaker, home health aide, telephone reassurance, chore, legal services, escort, residential repair/renovation, and health support.

For more, refer to the detailed description of OAA Title III B information and referral/assistance services in this section.

OAA TITLE III B STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

| FEDERAL FISCAL YEAR* | FEDERAL FUNDING | CLIENTS SERVED |
|----------------------|-----------------|----------------|
| 2001-2002 | \$22,027,242 | 54,541 |
| 2002-2003 | \$25,986,733 | 56,877 |
| 2003-2004 | \$25,864,837 | 52,010 |
| 2004-2005 | \$25,554,888 | 52,323 |
| 2005-2006 | \$25,516,538 | 51,759 |
| 2006-2007 | \$25,409,222** | 50,148 |
| 2007-2008 | \$24,856,142 | 47,093 |
| 2008-2009 | \$24,749,455 | 45,542 |
| 2009-2010 | \$25,657,152 | 43,921 |
| 2010-2011 | \$26,162,206 | 39,131 |
| 2011-2012 | \$26,156,381 | 35,160 |
| 2012-2013 | \$26,054,949 | 35,020# |

* Federal fiscal year is October to September, but contract period is January to December.

** Allotment and carry forward

Projection

Source for clients served: CIRTS

See Information and Referral/Assistance Units of Service table below for data on services assisting elders, caregivers and the general public with their information and referral needs.

PROGRAM HIGHLIGHT

Mr. and Ms. E. receive homemaker and shopping services under the Older Americans Act Title III B program. Both have medical problems that prevent them from being able to drive, and they live in the outskirts of DeFuniak Springs where shopping is limited. The shopping assistance provided by the Walton Okaloosa Council on Aging allows them to get things they need. The homemaker service provides a clean home free of safety hazards, and they enjoy having members of their church visit. The clean home also allows the home health aide a safe environment to provide the home health services. They are grateful for Walton Okaloosa Council on Aging for its services, and it gives them peace of mind that they will be able to remain in their home.

INFORMATION & REFERRAL/ASSISTANCE

DESCRIPTION:

Information & Referral/Assistance (I&R/A) is a service for older individuals and caregivers who seek information about elder services. I&R/A services are provided through a statewide network of 12 Elder Helplines. Each of Florida's Planning and Service Areas (PSAs) has at least one Elder Helpline staffed by information and referral specialists. Funds for I&R/A are allocated to Area Agencies on Aging, which may choose to provide the service or contract with an information and referral service provider. Individuals and community agencies seeking accurate, unbiased information about state or local social and health services can access Florida's Elder Helpline information and referral service by calling toll free 1-800-96-ELDER (1-800-963-5337).

SERVICES OR ACTIVITIES:

The I&R/A service provides individuals with current information on programs, services, and opportunities available within their communities; assesses the problems and capacities of the individual; links individuals to the opportunities and services that are available; and ensures that individuals receive the services needed by establishing follow-up procedures. The I&R/A serves the entire community of older individuals, particularly older individuals with greatest social need, older individuals with greatest economic need, and older individuals at risk of institutional placement.

The information and referral network consists of State Units on Aging (in Florida, the Department of Elder Affairs), Area Agencies on Aging, and local Older Americans Act-funded providers. National information and referral standards are implemented to ensure that essential elements of I&R/A are being provided. I&R/A is a primary function of the Aging & Disability Resource Centers, and is key to connecting persons with information on services such as transportation, financial assistance, health insurance counseling, caregiver support, elder abuse prevention, housing, senior centers, energy assistance,

home-delivered meals, home health care, and long-term care.

The Department's functions include developing I&R/A policies and procedures; providing training resources and technical assistance; managing and maintaining the statewide toll-free 1-800 service; providing resource information to the Elder Helplines; and serving as state I&R/A liaison to the National Association of States United for Aging and Disabilities and state I&R/A committees. Elder Helpline Information & Referral providers use a common I&R system, called ReferNet, for collecting, organizing, and reporting inquiry data. Through use of a common system, the helplines have also coordinated resources to build a searchable, statewide, online resource database that is accessible by elders, their families, and caregivers.

Other Department functions include responding to consumer-generated inquiries via mail, email, and telephone, and researching interdisciplinary aging topics.

INFORMATION & REFERRAL/ASSISTANCE UNITS OF SERVICE:

| UNITS OF SERVICE | | | |
|-------------------|-------------|-----------|-----------|
| STATE FISCAL YEAR | INFORMATION | REFERRALS | TOTAL |
| 2001-2002 | 790,644 | 89,699 | 880,343 |
| 2002-2003 | 745,067 | 74,433 | 819,500 |
| 2003-2004 | 814,168 | 80,364 | 894,532 |
| 2004-2005 | 911,790 | 90,949 | 1,002,739 |
| 2005-2006 | 672,927 | 92,185 | 765,112 |
| 2006-2007* | 621,886 | 41,503 | 663,389 |
| 2007-2008* | 455,614 | 38,382 | 493,996 |
| 2008-2009 | 567,259 | 41,143 | 608,402 |
| 2009-2010 | 715,011 | 50,851 | 765,862 |
| 2010-2011 | 653,744 | 53,917 | 707,661 |
| 2011-2012 | 625,655 | 56,437 | 682,092 |
| 2012-2013# | 623,234 | 56,218 | 679,452# |

Projection

Source: CIRTS

PROGRAM HIGHLIGHT

Miriam, 67 years old, wrote the Department in search of food and emergency cash assistance for herself and her 60-year-old husband. Her husband suffers from heart problems, high blood pressure, and diabetes. The couple is also receiving mental health treatment for depression after the hardship and stress in their lives led them to being evicted from their home. The couple's primary concern was that they received a reduction in their monthly food assistance, and living on a fixed low-income forced the couple to reach out for help. Their plea for help was responded to by the Information & Referral Specialist at the Senior Resource Alliance (SRA), who with great care and patience provided Miriam much relief and confidence by providing her with the information she needed and by referring them to the Community Care for the Elderly program that could help them during their time of crisis. Miriam further commended the staff person for her professional and caring manner, and stated, "I am very grateful for you (the Department) and the SRA for being so prompt in responding to our desperate requests."

OLDER AMERICANS ACT TITLE III C1

CONGREGATE MEALS

OAA Title III C1 funds are allocated to Area Agencies on Aging, which contract with local service providers to deliver congregate meals at specified meal sites. Meals must conform to current Dietary Guidelines for Americans and provide at least one-third of the current daily Dietary Reference Intake (DRI) for the predominant statewide demographic recipient, a moderately active female age 70 or older. In addition to OAA Title III C1 services, the Department's local services programs provide congregate meals.

OAA TITLE III C1 STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

| FEDERAL FISCAL YEAR* | FEDERAL FUNDING | CLIENTS SERVED |
|----------------------|-----------------|----------------|
| 2001-2002 | \$23,373,108 | 40,228 |
| 2002-2003 | \$26,317,912 | 40,432 |
| 2003-2004 | \$25,277,412 | 38,584 |
| 2004-2005 | \$25,247,512 | 36,822 |
| 2005-2006 | \$25,336,324 | 34,424 |
| 2006-2007 | \$25,054,134** | 35,215 |
| 2007-2008 | \$26,114,186 | 32,674 |
| 2008-2009 | \$27,235,573 | 32,709 |
| 2009-2010 | \$30,114,519 | 29,403 |
| 2010-2011 | \$30,564,291 | 34,640 |
| 2011-2012 | \$31,377,920 | 32,677 |
| 2012-2013 | \$31,278,922 | 32,582# |

* Federal fiscal year is October to September, but contract period is January to December.

** Allotment plus carry-forward

Projection

Source for clients served: CIRT'S

PROGRAM HIGHLIGHTS

J.F. is a 63-year-old male who lives in Middleburg, Florida, and regularly attends the Middleburg Senior Center. He enjoys the companionship of people his own age and the many activities including arts and crafts, Bible study, field trips, bingo, daily shopping trips, games, and entertainment. He said the best part of going to the senior center is the kind and gentle spirits of the people who attend the center, management's availability, and friendly attitudes. He likes the balanced hot meals and snacks, and appreciates not having to cook or wash dishes. He wrote, "I feel so blessed to be a part of the Weigel Middleburg Senior Center family. Thank you all."

OLDER AMERICANS ACT TITLE III C2

HOME-DELIVERED MEALS

OAA Title III C2 funds are allocated to Area Agencies on Aging, which contract with local service providers for provision of home-delivered meals. Meals must conform to current Dietary Guidelines for Americans and provide at least one-third of the current daily Dietary Reference Intake (DRI) for the predominant statewide demographic recipient, a moderately active female age 70 or older. In addition to OAA Title III C2 services, the Department’s local services programs provide home-delivered meals.

OAA TITLE III C2 STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

| FEDERAL FISCAL YEAR* | FEDERAL FUNDING | CLIENTS SERVED |
|----------------------|-----------------|----------------|
| 2001-2002 | \$10,560,890 | 27,027 |
| 2002-2003 | \$12,930,649 | 28,792 |
| 2003-2004 | \$13,259,431 | 27,146 |
| 2004-2005 | \$13,184,571 | 25,297 |
| 2005-2006 | \$13,399,176 | 24,504 |
| 2006-2007 | \$13,466,020** | 23,627 |
| 2007-2008 | \$13,303,977 | 22,409 |
| 2008-2009 | \$13,663,443 | 21,743 |
| 2009-2010 | \$15,095,056 | 21,763 |
| 2010-2011 | \$15,229,096 | 21,469 |
| 2011-2012 | \$15,778,524 | 20,132 |
| 2012-2013 | \$15,812,575 | 20,169# |

* Federal fiscal year is October to September, but contract period is January to December.

** Allotment plus carry-forward

Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHT

Ms. T emailed the Polk County Elderly Services Manager regarding her father’s need for meals. Ms. T resides out of state and her father, Mr. R.S., had recently been discharged home from the hospital. On August 1, 2012, Ms. T emailed Polk County Elderly Services the following: “I apologize for not sending this email sooner; however, I want to thank you again for the speedy work of your staff. Ms. Alice came to my dad’s home on Thursday of last week and was able to get him enrolled in the nutritional services program. It means a lot to me to know that he at least will have nutrition until he is able to get back on his feet and start doing for himself again. My sincere gratitude. Have a beautiful day.”

NUTRITION SERVICES INCENTIVE PROGRAM

DESCRIPTION:

The Nutrition Services Incentive Program (NSIP) supplements funding for food used in meals served under the Older Americans Act. From its authorization in 1978 until 2003, the program was administered by the U.S. Department of Agriculture. In 2003, the Older Americans Act was amended to transfer the program to the Administration on Aging, part of the U.S. Department of Health and Human Services. The NSIP provides additional funding to help providers adjust meal rates, improve meal quality, and increase the number of meals provided to needy clients.

SERVICES OR ACTIVITIES:

The NSIP reimburses Area Agencies on Aging and service providers for the costs of congregate and home-delivered meals through a supplement of approximately \$0.67 per meal (reimbursement rate varies annually).

ADMINISTRATION:

The Department administers the program through cost reimbursement contracts with Area Agencies on Aging and service providers.

ELIGIBILITY:

To be eligible for NSIP assistance, individuals receiving congregate and home-delivered meals must be at least age 60 and qualified to receive services under the Older Americans Act. Spouses, disabled adults, and volunteers younger than 60 may be served meals under some circumstances.

STATUTORY AUTHORITY:

Older Americans Act, 42 United States Code 3001 et seq. as amended by Public Law 106-501; Sections 20.41 and 430.101, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Nutrition Services Incentive Program is 100 percent federally funded. NSIP allotments by the Administration on Aging to State Units on Aging represent proportional shares of the annual

program appropriation based on the number of meals served in the prior year. The Department allocates NSIP funding to Planning and Service Areas based on the total grant award and Planning and Service Area expenditure rates.

PROGRAM HIGHLIGHTS

For many years, an 80-year-old Martin County man relied on his wife to be the homemaker, do the grocery shopping, and prepare a healthy variety of foods. Due to his diabetes and high blood pressure, his wife kept a sharp eye on his diet. However, her death brought on new challenges for him. His diet suffered as he relied on frozen meals, and as a result his health declined. Not being as savvy a shopper as his late wife, the higher cost of prepared meals was beginning to cause a financial strain. However, through the Nutrition Services Incentive Program (NSIP) and Older Americans Act (OAA) funded meals program provided by the Council on Aging of Martin County, Inc. (COAMC), he is receiving home delivered meals that he states, are “almost as good” as his wife’s cooking! At least two thirds of his daily nutritional needs are now being met, which has contributed to bringing his diabetes and blood pressure back under control. The financial relief he is now experiencing by receiving these meals is allowing him to meet other basic needs such as housing and medication. More importantly, this Martin County man looks forward to seeing the Meals on Wheels volunteers every day. He enjoys chatting with them and appreciates the reassurance that someone is checking on him.

APPROPRIATION HISTORY AND NUMBERS SERVED:

| FEDERAL FISCAL YEAR | FUNDING ALLOCATED TO PSAS | NUMBER OF MEALS SERVED |
|---------------------|---------------------------|---------------------------|
| 1993-1994 | \$6,878,452 | Information not Available |
| 1994-1995 | \$6,634,928 | |
| 1995-1996 | \$6,197,272 | |
| 1996-1997 | \$6,584,425 | |
| 1997-1998 | \$6,219,477 | |
| 1998-1999 | \$6,181,148 | 11,092,344 |
| 1999-2000 | \$6,095,408 | 11,159,321 |
| 2000-2001 | \$6,095,408 | 11,279,706 |
| 2001-2002 | \$6,768,177 | 11,168,424 |
| 2002-2003 | \$6,659,871 | 12,372,254 |
| 2003-2004 | \$7,441,372 | 12,828,297 |
| 2004-2005 | \$8,007,700 | 13,083,624 |
| 2005-2006 | \$10,002,339 | 12,966,176 |
| 2006-2007 | \$7,632,468 | 12,055,381 |
| 2007-2008 | \$7,434,107 | 11,388,443 |
| 2008-2009 | \$7,632,469 | 10,940,795* |
| 2009-2010 | \$7,528,758 | 10,160,945* |
| 2010-2011 | \$7,528,758 | 11,473,075* |
| 2011-2012 | \$7,736,228 | 11,376,805* |
| 2012-2013 | \$7,736,228 | 11,370,000 |
| 2012-2013 | \$7,187,763 | 10,563,916# |

* A 2007 policy change prohibiting inclusion of CCE meals affected the number of meals eligible for reimbursement in FFY 2007-2008 and 2008-2009. The availability of American Recovery and Reinvestment Act (ARRA) funding reflected an increase in meals eligible for reimbursement in FFY 2009-2010. There was no additional ARRA funding in FFY 2010-2011.

Projection

Source: Department program reports

OLDER AMERICANS ACT TITLE III D

PREVENTIVE HEALTH SERVICES

OAA Title III D funds are allocated to Area Agencies on Aging, which enter into contracts with service providers for preventive health services. This subsection contains a detailed description of Disease Prevention and Health Promotion initiatives.

OAA TITLE III D STATE ALLOTMENT HISTORY:

| FEDERAL FISCAL YEAR* | FUNDING |
|----------------------|--------------|
| 2001-2002 | \$1,522,680 |
| 2002-2003 | \$1,547,751 |
| 2003-2004 | \$1,606,047 |
| 2004-2005 | \$1,597,014 |
| 2005-2006 | \$1,584,411 |
| 2006-2007 | \$1,569,412 |
| 2007-2008 | \$1,513,320 |
| 2008-2009 | \$1,513,320 |
| 2009-2010 | \$1,527,074 |
| 2010-2011 | \$1,526,500 |
| 2011-2012 | \$1,554,456 |
| 2012-2013 | \$1,527,137# |

* Federal fiscal year is October to September, but contract period is January to December.

Projection

Health Promotion and Wellness Initiatives

DESCRIPTION:

Disease Prevention & Health Promotion Evidence-Based Interventions are programs that have been researched and proven to be effective in the prevention and symptom management of chronic health conditions. There are many types of evidence-based interventions. These include chronic disease self-management programs, falls prevention programs, fitness programs, nutrition programs, strength and balance programs, mental health programs, and many others. Some of the evidence-based programs being conducted in the State of Florida include the Living Healthy – also known as the Chronic Disease Self-Management Program (CDSMP), A Matter of Balance, Enhance Fitness, Healthy Ideas, Tai Chi: Moving for Better Balance, Eat Better Move More, Tomando Control de su Salud, and Diabetes Self-Management Program. Some of the benefits of these programs include learning to overcome fatigue, positively managing symptoms/pain management, making healthier food choices and learning portion control, connecting with other individuals, managing medications, building strength, and maintaining balance. Initiatives are developed and conducted to educate seniors and their caregivers to deliver effective interventions, to make a noticeable difference in elders' health and well-being, and to increase the health of elder Floridians.

SERVICES OR ACTIVITIES:

Disease Prevention and Health Promotion evidence-based services include gerontological counseling, mental health counseling and screening, disease information, health promotion, health risk assessment and screening, home injury control, medication management, nutrition counseling and programs, physical fitness programs, and many other evidence-based interventions which can be viewed online

in the *Department of Elder Affairs Programs and Services Handbook - Appendix A*.

These services must meet at least one of the Administration on Aging’s three tier criteria which can be located on www.aoa.gov/AoARoot/AoA_Programs/HPW/Title_IIID/index.aspx.

PROGRAM HIGHLIGHT

Elder Options Outreach Staff and Melrose Senior Center celebrated the close of a very successful six-week Diabetes Self-Management workshop (DSMP). With each new week, the class participants gathered to share their accomplishments and positive lifestyle changes with the group. Participants regularly reported improved and healthier eating habits, increased exercise, increased endurance during physical activities, increased energy, successful action plans, and a general overall feeling of improved health and positive outlook.

One participant, who attended every session, shared with the group during the last session that she had lost 38 pounds by participating in the CDSMP workshop, and she really enjoyed it. Another participant shared with the group how she was able to increase her activity level of endurance by sticking with her weekly action plan. This individual tried the helpful suggestions from the feedback/problem-solving activity of the workshop and found success with the recommendations. Another participant shared with the group on the first day of the workshop that he did not check his blood sugar every day. This individual developed a healthier eating plan and increased his daily exercise as a result of the six-week workshop. By the end of the workshop, he shared that, by sticking with his weekly action plan and having the encouragement of his group peers, his endurance level increased, he checks his blood sugar levels daily, and he feels better overall.

NUMBERS SERVED:

| FEDERAL FISCAL YEAR (FFY)/ CALENDAR YEAR (CY) | CLIENTS SERVED |
|---|---------------------------|
| FFY 1998-1999 | Information not available |
| FFY 1999-2000 | 23,808 |
| FFY 2000-2001 | 472,764* |
| FFY 2001-2002 | 97,461 |
| FFY 2002-2003** | 39,925** |
| CY 2003 | 91,247 |
| CY 2004 | 78,902 |
| CY 2005 | 73,797 |
| CY 2006 | 52,084 |
| CY 2007 | 61,781 |
| CY 2008 | 71,514 |
| CY 2009 | 44,140 |
| CY 2010 | 94,634 |
| CY 2011 | 95,471 |
| CY 2012 | 42,690# |

* Includes direct and indirect services; all other program years reference direct services only.

** The contract period was 7/1/2002 to 12/31/2002 in order to transition from a FFY to a calendar year.

Projection - Decreased projection is due to increased emphasis on evidence-based programs requiring a longer duration of workshops and smaller class sizes targeting special or hard-to-serve populations including rural, low-income, and non-English-speaking individuals.

Source: Contractor quarterly reports

OLDER AMERICANS ACT TITLE III E

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

Funds for the National Family Caregiver Support Program are allocated to Area Agencies on Aging, which contract with local service providers to deliver a range of services. These services include information, assistance in gaining access to services, individual counseling, organization of support groups and caregiver training, respite care, supplemental services including housing improvement, chore, provision of medical supplies and services, and legal assistance for caregivers and grandparents or older individuals who are caregivers for relatives.

National Family Caregiver Support Program services are available to adult family members who provide in-home and community care for a person age 60 or older, or to grandparents and relatives age 55 and older who serve as caregivers for children 18 and younger or for children of any age who have disabilities.

OAA TITLE III E STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

| STATE FISCAL YEAR | FEDERAL FUNDING | CLIENTS SERVED |
|-------------------|-----------------|----------------|
| 2001-2002 | \$8,721,584 | 3,778 |
| 2002-2003 | \$10,010,315 | 5,541 |
| 2003-2004 | \$10,969,024 | 3,533 |
| 2004-2005 | \$11,853,336 | 5,512 |
| 2005-2006 | \$12,117,749 | Not Available |
| 2006-2007 | \$12,796,158 | Not Available |
| 2007-2008 | \$9,997,473 | 9,081 |
| 2008-2009 | \$9,972,956 | 20,206* |
| 2009-2010 | \$10,126,323 | 18,674** |
| 2010-2011 | \$10,093,555 | 17,169 |
| 2011-2012 | \$12,230,935 | 20,805*** |
| 2012-2013 | \$12,023,622 | 20,452# |

* Increase reflects revised number as the result of an update to the 2009 National Aging Program Information Systems (NAPIS) Report in February 2011 to include caregivers receiving group services in one Planning and Service Area.

**Number adjusted to show 7.6 percent decline from previous year based on Area Agency on Aging reporting.

*** Projection. 2011-2012 data available 1/31/2013.

Projection

Source: 2007-2011 NAPIS Reports

OLDER AMERICANS ACT TITLE V

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

DESCRIPTION:

The Senior Community Service Employment Program (SCSEP) serves unemployed low-income Floridians who are at least age 55 and have limited employment prospects. Participants are placed in a part-time community service position with a public or private non-profit organization to assist them in developing skills and experience to facilitate their transition to unsubsidized employment. The program's goal is to help keep elders economically self-sufficient while enjoying the social and physical benefits of remaining a vital part of Florida's workforce.

SERVICES OR ACTIVITIES:

Services provided by the program include outreach and recruitment, eligibility determination, assessments, preparation of an individual employment plan, program orientation, supportive services, annual free physical examinations, job training, personal and employment-related counseling, part-time paid work experience in community-service assignments, job development, job referrals, placement in unsubsidized employment, and follow-up activities.

Under the Workforce Investment Act, implemented by Florida on July 1, 1999, SCSEP is a mandated partner in regional one-stop centers operated under the auspices of Florida's 24 regional workforce development boards.

ADMINISTRATION:

SCSEP is the only federally funded employment and training program focused exclusively on the needs of low-income older persons. The Department administers SCSEP state-share funds through contracts with local organizations (see Funding Source and Allocation Methodologies).

ELIGIBILITY:

Eligibility is limited to unemployed Florida residents who are age 55 and older and have income of no more than 125 percent of the Federal Poverty Income Guidelines (as published

annually by the U.S. Department of Health and Human Services). Statutory selection priorities focus on eligible persons who are age 60 and older, eligible veterans, and their qualified spouses (in accordance with the Jobs for Veterans Act). Other preferences for enrollment are incomes below poverty level, greatest social or economic need, minorities, and limited English-speaking skills.

STATUTORY AUTHORITY:

Title V of the Older Americans Act, 42 United States Code 3001 et seq. as amended by Public Law 109-365.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is funded under Title V of the Older Americans Act. Nationally, 78 percent of funds and related slots are contracted on a competitive basis by the U.S. Department of Labor to national sponsors. These sponsors operate programs directly or subcontract them to public or non-profit agencies. The remaining 22 percent of funds are allocated to each state.

The Department, as Florida's designated State Unit on Aging, is the grant recipient of state-share SCSEP funds. Funds are awarded through a competitive process to organizations in most of Florida's 11 Planning and Service Areas. The program requires a 10 percent match.

The Department hosts an annual meeting with national SCSEP sponsors to review existing slot placements by county and to assure that authorized positions apportioned to each county are distributed in an equitable manner, taking into consideration several relative factors. This meeting is also used to cooperatively develop the annual equitable distribution report to ensure that program funds are spent fairly, consistent with the distribution of eligible elders throughout the state.

NUMBER OF PROGRAM SLOTS:

| STATE FISCAL YEAR | STATE-SHARE PROGRAM SLOTS | FUNDING ALLOCATION | NATIONAL-SPONSOR PROGRAM SLOTS |
|-------------------|---|--------------------|--------------------------------|
| 1995-1996 | State share slots prior to SFY 2001-2002 are included in national sponsor slot allocations. | Not Available | 3,783 |
| 1996-1997 | | | 3,510 |
| 1997-1998 | | | 3,528 |
| 1998-1999 | | | 3,512 |
| 1999-2000 | | | 3,547 |
| 2000-2001 | | | 3,547 |
| 2001-2002 | | | 723 |
| 2002-2003 | 837 | 2,827 | |
| 2003-2004 | 821 | \$5,869,211 | 2,287 |
| 2004-2005 | 724 | \$5,171,937 | 2,824 |
| 2005-2006 | 718 | \$5,146,318 | 2,813 |
| 2006-2007 | 712 | \$5,094,851 | 2,785 |
| 2007-2008 | 712 | \$5,661,826 | 2,785 |
| 2008-2009 | 692 | \$6,088,015 | 2,707 |
| 2009-2010 | 695 | \$6,436,237 | 2,719 |
| 2010-2011 | 727 | \$6,781,930 | 2,825 |
| 2011-2012 | 543 | \$5,031,981 | 2,124 |
| 2012-2013 | 540 | \$5,235,172 | 2,111 |

Source: U.S. Department of Labor, Employment and Training Administration

PROGRAM HIGHLIGHT

Mr. J came to the U.S. from Haiti where he was having a very difficult time in life and had very little experience working in a business setting. When he came to the SCSEP, he was at risk of homelessness and was desperate for food and clothing. He was very anxious to share information about his country, but he was very reserved in sharing information about his personal skills. After being assigned to a food service program for training, he gained confidence, which became even stronger after he attended several employability skills workshops. After 12 months of community service training, he was offered a job as a food service worker. He is no longer a man with very meager means and low self-esteem; he is now happy and proud that his dire situation has turned into a real success story that allows him to live a more independent life.

OLDER AMERICANS ACT TITLE VII

ELDER ABUSE PREVENTION

OAA Title VII funding supports programs and services to protect elders from abuse and provide public education, training, and information regarding elder abuse prevention. The Department administers OAA Title VII elder abuse prevention programs through contracts with Area Agencies on Aging and local service providers.

Elder Abuse Prevention Program

DESCRIPTION:

The Elder Abuse Prevention program is designed to increase awareness of the problem of elder abuse, neglect, and exploitation. The program includes training and dissemination of elder abuse prevention materials and funds special projects to provide training and prevention activities.

SERVICES OR ACTIVITIES:

The program provides for public education and outreach to identify and prevent elder abuse, neglect, and exploitation. The Department has developed Elder Abuse Prevention training modules, including modules for professionals, the general public (especially elders), law enforcement officers, financial institution employees, and case managers. Department staff and Area Agency on Aging coordinators provide training on these modules and disseminate training materials to other professionals for use in their communities.

The program has developed, distributed, and made available online a fact sheet called “How

to Minimize the Risk of Becoming a Victim,” and the following brochures: “Preventing Financial Exploitation,” “Preventing Home Repair Fraud,” and “Prevent Identity Theft.”

ADMINISTRATION:

The Elder Abuse Prevention Program is administered by the Department’s Elder Rights Bureau through contracts with Area Agencies on Aging. It works to develop, strengthen, and carry out programs to prevent elder abuse, neglect, and exploitation, including financial exploitation.

ELIGIBILITY:

The program serves anyone in need of information on the signs, symptoms, and prevention of elder abuse, neglect, and exploitation, including information on how to report suspected abuse.

STATUTORY AUTHORITY:

Older Americans Act, 42 United States Code 3001 et seq.; Section 430.101, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is 100 percent federally funded by Title VII of the Older Americans Act. Special projects are developed and funded based on Older Americans Act guidelines for activities to develop, strengthen, and carry out programs for the prevention of elder abuse, neglect, and exploitation.

APPROPRIATION HISTORY:

| STATE FISCAL YEAR | FEDERAL FUNDING |
|-------------------|-----------------|
| 1999-2000 | \$169,537 |
| 2000-2001 | \$3172,259 |
| 2001-2002 | \$344,252 |
| 2002-2003 | \$383,366 |
| 2003-2004 | \$380,874 |
| 2004-2005 | \$378,726 |
| 2005-2006 | \$378,779 |
| 2006-2007 | \$377,396 |
| 2007-2008 | \$382,298 |
| 2008-2009 | \$372,498 |
| 2009-2010 | \$373,679 |
| 2010-2011 | \$367,419 |
| 2011-2012 | \$361,264 |
| 2012-2013 | \$359,354 |

PROGRAM HIGHLIGHT

Each year June 15 is recognized as World Elder Abuse Awareness Day, highlighting the significance of elder abuse as a public health and human rights issue. In 2012, Governor Rick Scott issued a proclamation emphasizing the importance of public awareness of elder abuse. In addition, Florida's 11 Area Agencies on Aging coordinated a concerted effort to provide elder-abuse prevention education and outreach in June 2012, timed to occur on and around World Elder Abuse Day. Collaborations among communities included law enforcement and other local government entities, community-based non-profit organizations, domestic-violence prevention advocates, local media, local non-profits, and health professionals. In addition, the Department partnered with the local Big Bend Fraud Task Force to provide the 2012 Fraud Prevention Seminar in Tallahassee, Florida, where over 100 attendees learned about online safety; mortgage fraud; preventing identity theft and common scams; and identifying and reporting elder abuse, neglect, and exploitation. The Task Force is a group of professionals and organizations formed as a result of the rising number of economic crimes perpetuated against the business and banking communities of the Big Bend area. Because of the sophisticated nature of many of these crimes, law enforcement, banking institutions, and business communities needed a way to exchange information, explain the problems faced by each member, and reduce the economic loss suffered by business and banking institutions as well as ensuring successful criminal prosecution.

Long-Term Care Ombudsman Program

DESCRIPTION:

The Long-Term Care Ombudsman Program is a statewide, volunteer-based system of local councils that work to protect, defend, and advocate on behalf of long-term care facility residents. Ombudsmen identify, investigate, and resolve complaints made by, or on behalf of, residents of nursing homes, assisted living facilities, adult family care homes, or continuing care retirement communities.

SERVICES OR ACTIVITIES:

Volunteers investigate all complaints brought to the attention of the program’s representatives by, or on behalf of, residents of long-term care facilities, and work with residents to develop a resolution plan that resolves the residents’ concerns. In addition, the program:

- Monitors and comments on the development and implementation of federal, state, and local laws; regulations; and policies that pertain to the health, safety, and welfare of residents in long-term care facilities;
- Provides information and referral regarding long-term care facilities;
- Conducts resident-centered administrative assessments focusing on quality-of-life issues in each long-term care facility at least annually; and
- Helps develop resident and family councils to protect the well-being of residents.

ADMINISTRATION:

The Long-Term Care Ombudsman Program is administered by the Department of Elder Affairs. The program operates through 17 districts, and paid staff at the state and local levels coordinate and support the work of certified volunteers.

ELIGIBILITY:

Anyone – including friends, family members, facility staff, and residents themselves – may report a concern on behalf of a resident of a long-term care facility. There is no fee for the service, and there are no financial or residency requirements to qualify for the program’s services.

STATUTORY AUTHORITY:

Title VII of the Older Americans Act, 42 United States Code 3001 et seq. as amended by Public Law 106-501; Part I, Chapter 400, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Long-Term Care Ombudsman Program is funded by Title VII of the Older Americans Act and by state General Revenue dollars. Federal and state funds are disbursed according to recommendations by the State Ombudsman through the Department of Elder Affairs.

APPROPRIATION HISTORY

| STATE FISCAL YEAR | FEDERAL | STATE | TOTAL* |
|-------------------|--------------|-------------|-------------|
| 1994-1995 | \$722,597 | \$112,387 | \$834,984 |
| 1995-1996 | \$720,872 | \$143,001 | \$863,873 |
| 1996-1997 | \$723,359 | \$138,530 | \$861,889 |
| 1997-1998 | \$724,095 | \$147,749 | \$871,844 |
| 1998-1999 | \$945,993 | \$159,634 | \$1,105,627 |
| 1999-2000 | \$1,011,559 | \$259,634 | \$1,271,193 |
| 2000-2001 | \$1,011,559 | \$339,634 | \$1,351,193 |
| 2001-2002 | \$1,082,358 | \$1,205,102 | \$2,287,460 |
| 2002-2003 | \$1,316,838 | \$1,285,102 | \$2,601,940 |
| 2003-2004 | \$1,394,945 | \$1,361,593 | \$2,756,538 |
| 2004-2005 | \$1,450,999 | \$1,351,432 | \$2,802,431 |
| 2005-2006 | \$1,205,727 | \$1,267,764 | \$2,473,491 |
| 2006-2007 | \$1,505,485 | \$1,447,583 | \$2,953,068 |
| 2007-2008 | \$1,115,096 | \$1,401,870 | \$2,516,966 |
| 2008-2009 | \$1,153,739 | \$1,370,388 | \$2,524,127 |
| 2009-2010 | \$1,618,461 | \$1,337,849 | \$2,956,310 |
| 2010-2011 | \$1,239,282 | \$1,329,103 | \$2,568,385 |
| 2011-2012 | \$2,639,270 | \$1,312,938 | \$3,952,208 |
| 2012-2013 | *\$1,821,163 | \$1,305,344 | \$3,126,507 |

* The total does not include unallocated costs

INSPECTIONS AND INVESTIGATIONS

| FEDERAL REPORTING YEAR | FACILITIES | ASSESSMENTS | COMPLAINTS INVESTIGATED |
|------------------------|------------|-------------|-------------------------|
| 1993-1994 | 1,677 | 1,953 | 5,206 |
| 1994-1995 | 3,016 | 2,235 | 6,295 |
| 1995-1996 | 2,925 | 2,082 | 5,455 |
| 1996-1997 | 3,053 | 2,097 | 6,635 |
| 1997-1998 | 3,237 | 2,474 | 10,071 |
| 1998-1999 | 3,378 | 2,761 | 7,969 |
| 1999-2000 | 3,661 | 2,886 | 8,040 |
| 2000-2001 | 3,567 | 2,832 | 7,664 |
| 2001-2002 | 3,470 | 2,240 | 7,643 |
| 2002-2003 | 3,653 | 3,120 | 8,667 |
| 2003-2004 | 3,702 | 2,894 | 9,035 |
| 2004-2005 | 3,500 | 2,944 | 7,963 |
| 2005-2006 | 3,585 | 2,582 | 7,905 |
| 2006-2007 | 3,585 | 2,582 | 7,905 |
| 2007-2008 | 3,932 | 3,932 | 7,715 |
| 2008-2009 | 3,932 | 3,932 | 8,302 |
| 2009-2010 | 4,016 | 4,016 | 8,651 |
| 2010-2011 | 4,039 | 3,347 | 7,534 |
| 2011-2012 | 4,039 | 4,269 | 8,600 |
| 2012-2013# | 4,074 | 4,074 | 8,000 |

Projection

Source: Data collected and reported from district ombudsman offices.

PROGRAM HIGHLIGHT

One of the most frightening experiences most of us fear is having our home or residence taken away and having nowhere to go. Recently the First Coast Council received a call from a resident of a nursing home for whom this fear came to life. The resident had received a discharge notice for failure to pay her portion of the nursing home bill. This was rather strange, as it should have been covered automatically by her Social Security check.

After careful investigation it was revealed that the resident's daughter had been taking the resident's Social Security check and using the money for personal benefit. Our Ombudsman, working with the resident, the resident's family, the Social Security Administration, a Social Security Investigator, the facility, and the Department of Children and Families Adult Protective Services was able to resolve the situation. The result was that the resident was not discharged, and the facility received payments directly from the Social Security Administration.

So many times in long-term care, residents feel that they have lost all of their independence. This very much affects the residents' quality of life; no adult wants to lose his or her independence.. Something as simple as being able to go outside, move from one side of your home to another, or even go to the store, which are things that most people take for granted, can be a big deal to a resident.

The Southwest Ombudsman Council received a complaint from a resident in a motorized wheelchair. The resident was upset because the facility would not transport the motorized wheelchair with him on trips to the mall. The facility would take the resident in a regular wheelchair, which required a staff member to push him around the stores and gave him no independence.

After a lengthy investigation and several contacts with the facility administration, the resident made an agreement with the facility that allowed the motorized vehicle to be transported to the store with him, thus giving back independence the resident had lost. Upon follow-up, the resident had gone to the mall two times in the motorized wheelchair on the facility bus. He was very happy that the ombudsman had assisted him in regaining independence and a return of quality of life. Sometimes it is doing those small things that most people take for granted that can lead to a feeling of independence and self-choice.

Section D

State General Revenue Programs

INTRODUCTION TO STATE GENERAL REVENUE PROGRAMS

Section D of this Summary of Programs and Services provides detailed information about Department of Elder Affairs programs funded wholly or primarily with state General Revenue dollars. These programs provide a wide variety of home and community-based services for elders, including adult day care, caregiver training and support, case management, congregate meals, counseling, education/training, home-delivered meals, personal care, respite, and transportation.

ALZHEIMER'S DISEASE AND RELATED DISORDERS (ADRD) TRAINING PROVIDER AND CURRICULUM APPROVAL

DESCRIPTION:

The Alzheimer's Disease and Related Disorders (ADRD) Training Provider and Curriculum Approval Program provides review and approval of training providers and training curricula for specified employees of nursing homes, assisted living facilities, hospices, home health agencies, and adult day care centers.

SERVICES OR ACTIVITIES:

The ADRD program has two major components with respect to the approval process for:

- Alzheimer's disease and related disorder training providers, and curricula for assisted living facilities that advertise that they provide special care for persons with Alzheimer's disease and related disorders; and
- Alzheimer's disease and related disorder training providers and training curricula for all licensed nursing homes, hospices, adult day care centers, and home health agencies in Florida.

In addition, the program is required to maintain a website informing the public of all approved Alzheimer's disease training providers.

Assisted Living Facility Alzheimer's Disease and Related Disorders Training Approval Process:

In 1997, the Florida Legislature created the Assisted Living ADRD training for specified assisted living facilities, pursuant to section 429.178, Florida Statutes. The approval process is designed to ensure that assisted living facilities that advertise that they provide special care for persons with Alzheimer's disease and other related disorders receive quality Alzheimer's disease training and continuing education approved by the Department.

The law requires that, within three months of employment, any assisted living facility employee who has regular contact with residents who have Alzheimer's disease and related disorders complete four hours of initial Alzheimer's disease training approved by the Department. The law also requires that any assisted living facility employee who provides direct care to residents who have Alzheimer's disease and related disorders complete the initial four hours of training and four additional hours of training approved by the Department. The additional four-hour training for a direct caregiver employee is to be completed within nine months after he or she begins employment. Assisted living facility employees who provide direct care are required to complete four hours of continuing education annually.

Individuals seeking the Department's approval as assisted living Alzheimer's disease training providers and approval of their training curricula must submit the required documents to the Department's contractor. Training provider and curriculum requirements are outlined in Section 429.178, Florida Statutes, and Rules 58A-5.0191 (9) and 5.0191(10), Florida Administrative Code.

Nursing Home Alzheimer's Disease and Related Disorders Training Approval Process:

In 2001, the Florida Legislature created the Nursing Home ADRD training for specified employees of all licensed nursing homes, pursuant to Section 400.1755, Florida Statutes. The approval process is designed to ensure that nursing home employees receive quality Alzheimer's disease training approved by the Department.

The law requires that nursing home employees who have direct contact with residents who have Alzheimer's disease and related disorder complete one hour of approved Alzheimer's

disease training within the first three months of employment. The law also requires that any individual who provides direct care must complete the required one-hour approved training and an additional three hours of approved training within nine months of beginning employment.

Individuals seeking the Department's approval as nursing home Alzheimer's disease training providers and approval of their training curricula must submit the required applications to the Department's contractor. Training provider and curriculum requirements are outlined in Section 400.1755, Florida Statutes, and Rules 58A-4.001 and .002, Florida Administrative Code.

Hospice Alzheimer's Disease and Related Disorders Training Approval Process:

In 2003, the Florida Legislature created the Hospice ADRD training for specified employees of all licensed hospices pursuant to Section 400.6045(1), Florida Statutes. The approval process is designed to ensure that specified hospice employees receive quality Alzheimer's disease training approved by the Department.

The law requires that hospice employees who have direct contact with residents who have Alzheimer's disease must complete one hour of approved training within the first three months of employment. The law also requires that any individual who provides direct care complete the required one-hour approved training and an additional three hours of approved training within nine months of beginning employment.

Section 400.6045(1)(g), Florida Statutes, requires the Department to adopt rules to establish standards for the hospice employees who are subject to this training, for the trainers, and for the required training. In 2003, the Department completed the rule promulgation process to establish standards for training, trainers, and curricula by holding rule development workshops to obtain comments from the public. ADRD training with respect to hospice employees was implemented after the rule promulgation and adoption process was completed.

Individuals seeking the Department's approval as a hospice Alzheimer's disease training provider and approval of their training curriculum must submit the required applications to the Department's contractor. Training provider and curriculum requirements are outlined in Section 400.6045(1), Florida Statutes, and Rules 58A-2.027 and 2.028, Florida Administrative Code.

Adult Day Care Centers Alzheimer's Disease and Related Disorders Training Approval Process:

In 2003, the Florida Legislature created the Adult Day Care Centers ADRD training for specified employees of all licensed adult day care centers, pursuant to section 429.917(1), Florida Statutes. The approval process is designed to ensure that specified adult day care center employees receive quality Alzheimer's disease training approved by the Department.

The law requires that adult day care center employees who have direct contact with residents who have Alzheimer's disease must complete one hour of approved training within the first three months of employment. The law also requires that any individual who provides direct care complete the required one-hour approved training and an additional three hours of approved training within nine months of beginning employment.

Section 429.917(1)(g), Florida Statutes, requires the Department to adopt rules to establish standards for adult day care center employees who are subject to this training, for the trainers, and for the required training. In 2003, the Department completed the rule promulgation process to establish standards for the training, trainers, and curricula by holding rule development workshops to obtain comments from the public. The Adult Day Care Centers' ADRD training was implemented after the rule promulgation and adoption process was completed.

Individuals seeking the Department's approval as an Adult Day Care Alzheimer's disease training provider and approval of their training curriculum must submit the required applications to the Department's contractor. Training provider and

curriculum requirements are outlined in Section 429.917(1), Florida Statutes, and Rules 58A-6.015 and 6.016, Florida Administrative Code.

Home Health Agency Alzheimer’s Disease and Related Disorders Training Approval Process:

In 2003, the Florida Legislature created the Home Health Agency ADRD training approval process for specified personnel of all licensed home health-care agencies, pursuant to section 400.4785(1), Florida Statutes. The approval process is designed to ensure that specified home health agency personnel receive quality Alzheimer’s disease training approved by the Department.

The law requires that home health agency personnel providing direct care to patients must complete two hours of Alzheimer’s disease approved training within nine months of beginning employment with the agency. Section 400.4785(1)(f), Florida Statutes, requires the Department to adopt rules to establish standards for home health agency personnel who are subject to this training, for the trainers, and for the required training. In October 2005, the Department completed the rule promulgation process to establish standards for the training, trainers, and curricula by holding rule development workshops to obtain comments from the public. The Home Health Agency ADRD was implemented in October 2005.

Individuals seeking the Department’s approval as a Home Health Agency Alzheimer’s disease training provider and approval of their training curriculum must submit the required applications to the Department’s contractor. Training provider and curriculum requirements are outlined in Section 400.4785(1), Florida Statutes, and Rules 58A-8.001 and 8.002, Florida Administrative Code.

ADMINISTRATION:

The Department is responsible for planning, budgeting, monitoring, and coordinating the ADRD process. The Department contracts

with the University of South Florida’s Training Academy on Aging within the Florida Policy Exchange Center on Aging to administer the program and to ensure that qualified clinical professionals review and approve the training providers and curricula. The University of South Florida also maintains the list of approved training providers, which can be accessed on the internet at www.trainingonaging.usf.edu.

ELIGIBILITY:

Assisted Living Eligibility Alzheimer’s Disease Training Provider

Individuals seeking the Department’s approval as an Assisted Living Facility Alzheimer’s disease training provider must submit and obtain approval of an Alzheimer’s disease training curriculum; must submit documentation that the applicant has a bachelor’s degree from an accredited college or university or is licensed as a registered nurse; and must have:

- One year of teaching experience as an educator of caregivers for persons with Alzheimer’s disease and related disorders;
- Three years of practical experience in a program providing care to persons with Alzheimer’s disease and related disorders; or
- Completed a specialized training program in the subject matter of this program and a minimum of two years of practical experience in a program providing care to persons with Alzheimer’s disease and related disorders.

A master’s degree from an accredited college or university in a subject related to the content of this training program may substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-for-year basis for the required college degree. The application for Assisted Living training provider is DOEA Form ALF/ADRD 001.

Assisted Living Facility Alzheimer’s Disease Training Curriculum

Approval of the initial four-hour training curriculum requires that an applicant submit a curriculum that addresses the following subject areas: understanding Alzheimer’s disease and related disorders, characteristics of Alzheimer’s disease, communicating with residents with Alzheimer’s disease, family issues, resident environment, and ethical issues.

Approval of the additional four-hour training curriculum requires that an applicant submit a curriculum that addresses the following subject areas: behavior management, assistance with activities of daily living, activities for residents, stress management for the caregiver, and medical information. The application for Assisted Living training curriculum is DOEA Form ALF/ADRD 002.

Nursing Home Alzheimer’s Disease Training Provider

Approval as a Nursing Home Alzheimer’s disease training provider requires an application (DOEA Form ADRD-001) and documentation that the individual holds a bachelor’s degree in a health care, human service, or gerontology-related field from an accredited college or university, or holds a license as a registered nurse. Approval also requires that the individual:

- Possess teaching or training experience as an educator of caregivers for persons with Alzheimer’s disease and related disorders;
- Have one year of practical experience in a program providing care to persons with Alzheimer’s disease and related disorders; or
- Have completed a specialized training program in Alzheimer’s disease and related disorders from a university or an accredited health care, human service, or gerontology continuing education provider.

A master’s degree from an accredited college or university in a subject related to health care,

human service, or gerontology may substitute for the required teaching or training experience. Years of teaching experience or training as an educator of caregivers for persons with Alzheimer’s disease and related disorders may substitute on a year-for-year basis for the required bachelor’s degree.

Nursing Home Alzheimer’s Disease Training Curriculum

Approval of the initial one-hour training curriculum requires an application (DOEA Form ADRD-002) that addresses the following subject areas: understanding Alzheimer’s disease and related disorders, characteristics of Alzheimer’s disease and related disorders, and communicating with residents with Alzheimer’s disease and related disorders.

Approval of the additional three-hour training curriculum requires an application (DOEA Form ADRD-002) that addresses the following subject areas: behavior management, assistance with activities of daily life, activities for residents, stress management for the caregiver, family issues, resident environment, and ethical issues.

Hospice Alzheimer’s Disease Training Provider

Approval as a Hospice Alzheimer’s disease training provider requires an application (DOEA Form Hospice/ADRD-001) and documentation that the individual holds a bachelor’s degree in a health care, human service, or gerontology-related field from an accredited college or university or holds a license as a registered nurse. Approval also requires that the individual:

- Possess teaching or training experience as an educator of caregivers for persons with Alzheimer’s disease or related disorders; or
- Have one year of practical experience in a program providing care to persons with Alzheimer’s disease or related disorders; or
- Have completed a specialized training program in Alzheimer’s disease or related disorders from a university or an accredited

health care, human service, or gerontology continuing education provider.

A master's degree from an accredited college or university in a subject related to health care, human service, or gerontology may substitute for the required teaching or training experience. Years of teaching experience or training as an educator of caregivers for persons with Alzheimer's disease and related disorders may substitute on a year-for-year basis for the required bachelor's degree.

Hospice Alzheimer's Disease Training Curriculum

Approval of the initial one-hour training curriculum requires an application (DOEA Form Hospice/ADRD-002) that addresses the following subject areas: understanding Alzheimer's disease or related disorders, characteristics of Alzheimer's disease or related disorders, and communicating with patients with Alzheimer's disease or related disorders.

Approval of the additional three-hour training curriculum requires an application (DOEA Form Hospice/ADRD-002) that addresses the following subject areas: behavior management, assistance with activities of daily life to promote the patient's independence, activities for patients, stress management for the caregiver, family issues, patient environment, and ethical issues.

Adult Day Care Training Provider

Approval as an Adult Day Care Alzheimer's disease training provider requires an application (DOEA Form ADC/ADRD-001) and documentation that the individual holds a bachelor's degree in a health care, human service, or gerontology-related field from an accredited college or university or holds a license as a registered nurse. Approval also requires that the individual:

- Possess teaching or training experience as an educator of caregivers for persons with Alzheimer's disease or related disorders; or

- Have one year of practical experience in a program providing care to persons with Alzheimer's disease or related disorders; or
- Have completed a specialized training program in Alzheimer's disease or related disorders from a university or an accredited health care, human service, or gerontology continuing-education provider.

A master's degree from an accredited college or university in a subject related to health care, human service, or gerontology may substitute for the required teaching or training experience. Years of teaching experience or training as an educator of caregivers for persons with Alzheimer's disease and related disorders may substitute on a year-for-year basis for the required bachelor's degree.

Adult Day Care Training Curriculum

Approval of the initial one-hour training curriculum requires an application (DOEA Form ADC/ADRD-002) that addresses the following subject areas: understanding Alzheimer's disease or related disorders, characteristics of Alzheimer's disease or related disorders, and communicating with patients with Alzheimer's disease or related disorders.

Approval of the additional three-hour training curriculum requires an application (DOEA Form ADC/ADRD-002) that addresses the following subject areas: behavior management, assistance with activities of daily life to promote the participant's independence, activities for participants, stress management for the caregiver, family issues, participant environment, and ethical issues.

Home Health Agency Alzheimer's Disease Training Provider

Approval as a Home Health Agency Alzheimer's disease training provider requires an application (DOEA Form HH/ADRD-001) and documentation that the individual holds a bachelor's degree from an accredited college or university, or holds

a license as a registered nurse. Approval also requires that the individual:

- Have one year of teaching experience as an educator of caregivers for persons with Alzheimer’s disease and related disorders; or
- Have one year of clinical experience providing direct personal health care services to persons with Alzheimer’s disease and related disorders; or
- Have completed a specialized training program in Alzheimer’s disease and related disorders from a university or an accredited health care, human service, or gerontology continuing education provider.

A master’s degree from an accredited college or university in a subject related to the content of this training program may substitute for the required teaching or training experience. Years of teaching experience related to Alzheimer’s disease and related disorders may substitute on a year-for-year basis for the required bachelor’s degree.

Home Health Agency Alzheimer’s Disease Training Curriculum

Approval of the two-hour training curriculum requires an application (DOEA Form HH/ADRD-002) that addresses the following subject areas: understanding Alzheimer’s disease and related disorders, communicating with patients with these disorders, behavior management, promoting independence through assistance with activities of daily living, and developing skills for working with families and caregivers.

STATUTORY AUTHORITY:

Sections 400.1755, 429.178, 400.6045, 429.917, and 400.4785, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Program funding is from General Revenue.

APPROPRIATION HISTORY AND NUMBERS SERVED:

| STATE FISCAL YEAR | 2002-2003 | 2003-2004 | 2004-2005 | 2005-2006 | 2006-2007 | 2007-2008 | 2008-2009 | 2009-2010 | 2010-2011 | 2011-2012 | 2012-2013 |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| State Funding | \$100,000 | \$72,398 | \$72,398 | \$72,398 | \$76,469 | \$77,826 | \$77,826 | \$73,935 | \$73,935 | \$73,935 | \$73,935 |
| ALF Approved Trainers | 285 | 318 | 173 | 89 | 88 | 151 | 87 | 96 | 87 | 99 | 93# |
| ALF Approved Curriculum | 86 | 95 | 26 | 19 | 23 | 29 | 24 | 19 | 45 | 24 | 35# |
| NH Approved Trainers | 1,246 | 1,475 | 174 | 138 | 131 | 122 | 119 | 122 | 122 | 82 | 102# |
| NH Approved Curriculum | 99 | 104 | 16 | 37 | 29 | 23 | 23 | 21 | 33 | 18 | 26# |
| Hospice Approved Trainers | * | 89 | 23 | 24 | 31 | 26 | 30 | 23 | 15 | 28 | 22# |
| Hospice Approved Curriculum | * | 8 | 9 | 10 | 8 | 14 | 10 | 10 | 22 | 10 | 16# |
| Adult Day Care Approved Trainers | * | 14 | 7 | 8 | 12 | 19 | 6 | 16 | 10 | 14 | 12# |
| Adult Day Care Approved Curriculum | * | 1 | 7 | 0 | 0 | 6 | 3 | 3 | 4 | 6 | 10# |
| Home Health Agency Approved Trainers | ** | ** | ** | 347 | 184 | 146 | 167 | 103 | 104 | 63 | 84# |
| Home Health Agency Approved Curriculum | ** | ** | ** | 40 | 17 | 9 | 24 | 9 | 11 | 20 | 16# |

* Trainer/training approval for hospice and adult day care was implemented during SFY 2003-2004, following rule promulgation.

** The rule promulgation process for implementation of home health agency Alzheimer's disease training approval was completed in October 2005 (SFY 2005-2006). As a result, the numbers of approved trainers and curricula are unusually high for that year.

Projection

Source: University of South Florida Alzheimer's approval program database received through quarterly reports to DOEA from the contractor.

ALZHEIMER'S DISEASE INITIATIVE

DESCRIPTION:

The Alzheimer's Disease Initiative (ADI) was legislatively created in 1985 to provide a continuum of services to meet the changing needs of individuals with, and families affected by, Alzheimer's disease and similar memory disorders. In conjunction with a 10-member advisory committee appointed by the Governor, the program includes four components: 1) supportive services including counseling, consumable medical supplies, and respite for caregiver relief; 2) memory disorder clinics to provide diagnosis, education, training, research, treatment, and referral; 3) model day care programs to test new care alternatives, and 4) a research database and brain bank to support research.

SERVICES OR ACTIVITIES:

Respite Services for Caregiver Relief:

Alzheimer's Respite Care programs are established in all of Florida's 67 counties, with many counties having multiple service sites. Respite services were established in 38 counties in 1991-92, and five years later funds were appropriated to expand respite services to all 67 Florida counties.

Many Alzheimer's victims require care 24 hours a day, especially in the late stages of the disease. ADI respite includes in-home, facility-based (usually at adult day care centers), emergency, and extended care (up to 30 days) respite for caregivers who serve victims of memory disorders.

In addition to respite care services, caregivers and consumers may receive supportive services essential to maintaining persons with Alzheimer's disease or related dementia in their own homes. The supportive services may include caregiver training and support groups, counseling, consumable medical supplies, and nutritional supplements. Services are authorized by a case manager based on a comprehensive assessment and on unmet needs identified during that assessment.

Memory Disorder Clinics:

The Legislature has authorized 15 memory disorder clinics to provide comprehensive

diagnostic and referral services for persons with Alzheimer's disease and related dementia. The centers, 13 of which receive funding from the State, also conduct service-related research and develop caregiver training materials and educational opportunities. Memory disorder clinics are required to:

- Provide services to persons suspected of having Alzheimer's disease or other related dementia. Services include accepting referrals from all respite and model day care service providers and conducting subsequent diagnostic workups for all referred consumers and the general public within the memory disorder clinic's designated service area.
- Provide four hours of in-service training during the contract year to all ADI respite and model day care service providers in the designated service area, and develop and disseminate training models to service providers and the Department of Elder Affairs. A staff member of the memory disorder clinic is to be designated to act as a liaison for training and service providers.
- Develop training materials and educational opportunities for lay and professional caregivers who serve individuals with Alzheimer's disease or related dementia, and provide specialized training for caregivers and caregiver groups/organizations in the designated service area.
- Conduct service-related applied research. This research may address, but is not limited to, diagnostic technique, therapeutic interventions, and support services for persons suffering from Alzheimer's disease and related memory disorders.
- Establish a minimum of one annual contact with each respite care and model day care service provider to discuss, plan, develop, and conduct service-related research projects.

- Plan for the public dissemination of research findings through professional papers and, for key information, to the general public.

Memory disorder clinic services are available to individuals diagnosed with or suspected of having a memory loss where mental changes appear and gradually interfere with activities of daily living. Memory disorder clinic sites include: Mayo Clinic, Jacksonville; University of Florida, Gainesville; East Central Florida Memory Clinic, Melbourne; Orlando Regional Healthcare System, Orlando; University of South Florida, Tampa; North Broward Medical Center, Pompano Beach; University of Miami, Miami; Mount Sinai Medical Center, Miami Beach; West Florida Regional Medical Center, Pensacola; St. Mary's Medical Center, West Palm Beach; Tallahassee Memorial Healthcare, Tallahassee; Lee Memorial Memory Disorder Clinic, Fort Myers; Sarasota Memorial Hospital, Sarasota; Morton Plant Hospital, Clearwater; and Florida Atlantic University, Boca Raton.

Model Day Care: Four model day care programs have been established in conjunction with memory disorder clinics to test therapeutic models and provide day care services: Alz Place, Gainesville; Easter Seal Society, Miami; and Hillsborough County Adult Day Care Services, Tampa. The model day care program provides a safe environment where Alzheimer's patients congregate for the day and socialize with each other. Patients also receive therapeutic interventions designed to maintain or improve their cognitive functioning.

Research: The State of Florida Alzheimer's disease brain bank is a service, education, and research-oriented network of statewide regional sites. The intent of the brain bank program is to ultimately find a cure by collecting and studying the brains of deceased patients who in life were clinically diagnosed with dementia. Mt. Sinai Medical Center contracts annually with the State of Florida to operate the primary brain bank. Coordinators at regional brain bank sites in Orlando, Tampa, and Pensacola help recruit participants and act as liaisons between the brain bank and participants' families. Alzheimer's disease respite care

program providers, memory disorder clinics, and model day care programs also recruit brain bank participants. Families of Alzheimer's victims obtain two significant service benefits from the brain bank: 1) a diagnostic confirmation of the disease written in clear, understandable terms, and 2) involvement in various research activities both inside and outside of Florida.

ADMINISTRATION:

The Department plans, budgets, coordinates, and develops policy at the state level necessary to carry out the statutory requirements for the ADI.

The Alzheimer's Disease Initiative Advisory Committee, composed of 10 members selected by the Governor, advises the Department regarding legislative, programmatic, and administrative matters that relate to Alzheimer's disease victims and their caregivers.

ELIGIBILITY:

- ADI respite care is available for caregivers of adults age 18 and older who have been diagnosed as having probable Alzheimer's disease or other related memory disorders.
- ADI respite care is available for individuals who have been diagnosed with or suspected of having a memory loss where mental changes appear and gradually interfere with the activities of daily living.
- To be eligible for model day care, a consumer must be diagnosed by a memory disorder clinic, or have been diagnosed using standards adopted by memory disorder clinics, as having a memory loss where mental changes appear and gradually interfere with activities of daily living.
- Caregivers of eligible consumers can receive training and other ADI support services in addition to respite care. Individuals of any age suspected of having a memory disorder may request that memory disorder clinics conduct diagnostic evaluations to determine probable Alzheimer's disease or other related memory disorders.

- Individuals of any age with a diagnosis of Alzheimer’s disease or other related memory disorder are eligible to sign up with the Alzheimer’s disease brain bank. Medical records documenting a general physical examination, neurological examination, hematological and biochemical studies, and a scan of the brain must be available.

Consumers receiving ADI services are given an opportunity to participate in the cost of their care through a co-payment that is based on a sliding co-payment schedule developed by the Department. Co-payments are used to support and expand services.

STATUTORY AUTHORITY:

Sections 430.501-430.504, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Alzheimer’s Disease Initiative is funded by General Revenue. There is no match requirement. The Department allocates General Revenue funding to each of the Area Agencies on Aging, which then fund providers of model day care and respite care programs in designated counties. The allocation for ADI respite funding is based on each county’s population age 75 and older (50 percent weight) and probable number of Alzheimer’s cases (50 percent weight). Additional Alzheimer’s disease services are administered by Department staff through contracts with designated memory disorder clinics and the brain bank.

Remaining funds are allocated to special projects per proviso language and legislative intent in the General Appropriations Act.

MODEL DAY CARE

| STATE FISCAL YEAR | STATE FUNDING | CLIENTS SERVED |
|-------------------|---------------|----------------|
| 2006-2007 | \$376,530 | 101 |
| 2007-2008 | \$376,530 | 108 |
| 2008-2009 | \$372,879 | 142 |
| 2009-2010 | \$340,065 | 130 |
| 2010-2011 | \$340,065 | 110 |
| 2011-2012 | \$340,065 | 113 |
| 2012-2013 | \$340,065 | 113# |

Note: Model Day Care SFY 2006-2007 funding is not included with Memory Disorder Clinics as in past years.

Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHT

Mr. T is 59 years old and lives with his wife, who is a nurse and works at a nearby hospital. He began to develop memory problems about four years ago. At the beginning, it was assumed to be stress. As the memory impairment became worse, he was having difficulty at work. The neurological evaluation discovered he had early onset Alzheimer's. His impairment was such that he was no longer able to work. His wife began to leave him home alone with lunch. He would tinker around the yard and watch TV. One day she came home, and he was nowhere to be found. The following day he turned up some 25 miles away from home. It was now impossible to leave him home alone. Her children are still going to school, and they have no one else who can provide care. Her work schedule requires that she obtain assistance early in the day for some weeks and later in the day for other weeks. Another option was to place him in a nursing home.

When she was told about the Easter Seals model day care program, she felt the schedule was ideal, and it accommodated her working schedule. However, she was concerned that she might not be able to afford it. His Social Security benefit check and her pay check were insufficient to support the two of them and their children if they had to pay for his day care. The ADI funds were a life saver. He goes five days per week to the center; three of these days are ADI funded, and two are paid by the family. Mr. T. is in his first month of attendance. He will turn 60 in five months. At that time all paperwork will be submitted so that he can eventually be approved for a Medicaid waiver program.

In the future, he will need additional support. Mrs. T. will continue to raise her children with their father at home as long as it is safe for her to do so. Easter Seals will refer them to additional services as the need arises and ensure the family's journey, though difficult, with support can be satisfying.

APPROPRIATION HISTORY AND NUMBERS SERVED:

RESPITE/SPECIAL PROJECTS

| STATE FISCAL YEAR | STATE FUNDING | CLIENTS SERVED |
|-------------------|---------------|----------------|
| 1992-1993 | \$2,260,618 | 1,613 |
| 1993-1994 | \$2,260,618 | 1,773 |
| 1994-1995 | \$2,810,618 | 2,272 |
| 1995-1996 | \$3,797,301 | 2,566 |
| 1996-1997 | \$4,701,939 | 2,816 |
| 1997-1998 | \$6,301,939 | 3,209 |
| 1998-1999 | \$7,301,939 | 3,590 |
| 1999-2000 | \$7,801,939 | 3,468 |
| 2000-2001 | \$7,801,939 | 3,305 |
| 2001-2002 | \$7,801,939 | 3,101 |
| 2002-2003 | \$7,401,454 | 2,647 |
| 2003-2004 | \$7,401,454 | 2,749 |
| 2004-2005 | \$10,302,855 | 2,730 |
| 2005-2006 | \$9,971,754 | 2,429 |
| 2006-2007 | \$10,546,754 | 2,446 |
| 2007-2008 | \$10,291,005 | 2,379 |
| 2008-2009 | \$9,621,935 | 2,174 |
| 2009-2010 | \$8,050,666 | 1,999 |
| 2010-2011 | \$8,362,200 | 2,300 |
| 2011-2012 | \$9,404,262 | 3,348 |
| 2012-2013 | \$9,554,262 | 3,401# |

Projection

Source for clients served: CIRTS

MEMORY DISORDER CLINICS

| STATE FISCAL YEAR | STATE FUNDING | CLIENTS SERVED |
|-------------------|---------------|----------------|
| 1992-1993 | \$1,864,765 | 2,561 |
| 1993-1994 | \$2,169,676 | 2,534 |
| 1994-1995 | \$2,978,373 | 3,140 |
| 1995-1996 | \$2,964,266 | 3,579 |
| 1996-1997 | \$3,078,824 | 4,203 |
| 1997-1998 | \$3,078,824 | 3,794 |
| 1998-1999 | \$3,645,824 | 4,920 |
| 1999-2000 | \$3,834,824 | 4,832 |
| 2000-2001 | \$4,223,824 | 4,900 |
| 2001-2002 | \$4,223,824 | 6,314 |
| 2002-2003 | \$2,912,881 | 6,134 |
| 2003-2004 | \$2,912,881 | 7,328 |
| 2004-2005 | \$3,793,016 | 6,884 |
| 2005-2006 | \$4,039,411 | 6103 |
| 2006-2007 | \$3,286,351 | 4,872 |
| 2007-2008 | \$3,416,490 | 4,745 |
| 2008-2009 | \$3,254,474 | 4,761 |
| 2009-2010 | \$2,968,081 | 5,116 |
| 2010-2011 | \$2,968,081 | 7,096 |
| 2011-2012 | \$2,968,081 | 6,723 |
| 2012-2013 | \$2,968,081 | 6,722# |

Projection

Note: The definition of unduplicated persons served was revised effective SFY 2006-2007. The revised definition is: Total new patients seen plus registered persons who had at least one clinic visit during the annual contract. New and registered persons are counted only once each contract year for an unduplicated count.

Source: Manual reports from memory disorder clinics

BRAIN BANK

| STATE FISCAL YEAR | STATE FUNDING | PERSONS REGISTERED | AUTOPSIES |
|-------------------|---------------|--------------------|-----------|
| 1993-1994 | \$138,859 | 82 | 67 |
| 1994-1995 | \$138,859 | 80 | 84 |
| 1995-1996 | \$138,201 | 82 | 67 |
| 1996-1997 | \$130,139 | 100 | 87 |
| 1997-1998 | \$130,139 | 44 | 66 |
| 1998-1999 | \$130,139 | 54 | 67 |
| 1999-2000 | \$137,139 | 82 | 59 |
| 2000-2001 | \$130,139 | 130 | 90 |
| 2001-2002 | \$130,139 | 56 | 47 |
| 2002-2003 | \$130,139 | 56 | 47 |
| 2003-2004 | \$130,139 | 83 | 74 |
| 2004-2005 | \$130,139 | 61 | 40 |
| 2005-2006 | \$155,139 | 55 | 48 |
| 2006-2007 | \$130,139 | 76 | 72 |
| 2007-2008 | \$130,139 | 118 | 75 |
| 2008-2009 | \$128,876 | 159 | 79 |
| 2009-2010 | \$117,535 | 135 | 80 |
| 2010-2011 | \$117,535 | 120 | 87 |
| 2011-2012 | \$117,535 | 129 | 119 |
| 2012-2013 | \$117,535 | 130# | 120# |

Projection

Source: Brain Bank reports

PROGRAM HIGHLIGHT

Family members rely on the University of Florida Memory Disorder Clinic (MDC) team to help them with many home care situations and occasionally plan for upcoming necessary surgery. Recently a man in rural Florida who had moderate to severe Lewy body disease needed surgery to remove impacted teeth. His caregiver wife was very concerned about his undergoing anesthesia and then pain medication, because he had a lifelong history of being sensitive to medicines and the decline from Lewy body disease made him extra sensitive. Around the same time an adult daughter in central Florida phoned the clinic that her mother who had moderate to severe Alzheimer's disease needed eye surgery. In both cases MDC staff worked carefully with the family to discuss planning ahead for the before, during, and after surgery concerns.

Preparation for the surgery included careful communication with each member of the health team. MDC staff worked with each family caregiver on a schedule to arrange for a family member to be with the loved one before surgery until the anesthesia took effect, as the loved one was waking up from anesthesia, then 24/7 during in-hospital care, and for a couple of weeks afterward. Clinic staff planned simple, repeated messages to give to the loved one about the upcoming surgery and its benefits, and the importance of being well hydrated, and doing deep breathing exercises before and after surgery. MDC staff discussed the importance for the family caregiver and helpers to be prepared for increased confusion for several days after surgery, especially as long as pain medication was necessary. Equally important to recovery was having a familiar person at the bedside, familiar items on the bedside table such as a favorite picture, familiar soothing music in the background, and a familiar blanket or pillow. Finally, clinic staff also assisted the family caregiver with preparations for the possibility of needing outside help to be available in the event the loved one needed extra recuperation time.

In both cases, planning ahead with family members gave them a chance to discuss their worries with a specialist in dementia care, consider details of care, personalize the surgery, and care for the specific needs of their loved ones, thus allowing a positive health care experience for all involved.

COMMUNITY CARE FOR THE ELDERLY (CCE)

DESCRIPTION:

The Community Care for the Elderly (CCE) program provides community-based services organized in a continuum of care to help functionally impaired older people live in the least restrictive yet most cost-effective environment suitable to their needs.

SERVICES OR ACTIVITIES:

Eligible clients may receive a wide range of goods and services, including: adult day care, adult day health care, case management, case aide, chore, companionship, consumable medical supplies, counseling, escort, emergency alert response, emergency home repair, home-delivered meals, home health aide, homemaker, home nursing, legal assistance, material aid, medical therapeutic services, personal care, respite, shopping assistance, transportation, and other community-based services.

ADMINISTRATION:

The Department administers the program through contracts with Area Agencies on Aging, which subcontract with Community Care for the Elderly lead agencies. Service delivery is provided by 52 lead agencies and their subcontractors.

ELIGIBILITY:

Individuals must be age 60 or older and functionally impaired, as determined by an initial comprehensive assessment and annual reassessments. As directed by 1998 revisions to Section 430.205(5), Florida Statutes, primary consideration for services is given to elderly persons referred to Adult Protective Services (APS) and determined by APS to be victims of abuse, neglect, or exploitation who are in need of immediate services to prevent further harm.

STATUTORY AUTHORITY:

Sections 430.201-430.207, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is funded by General Revenue funds. A 10 percent match is required of service providers. Clients are assessed a co-payment based on a sliding scale developed by the Department. Co-pay collections help expand the availability of client services.

Non-weighted factors:

- A. Area Agency on Aging (AAA) administration - \$35,000 per AAA up to \$70,000 if negotiated with the Department to competitively procure CCE services through a request for proposals.
- B. County base - \$45,000 per county
- C. In addition to the base per county, counties receive the following:

| <u>60+ Population</u> | <u>Additional Funding</u> |
|-----------------------|---------------------------|
| 5,000 or less | \$12,500 |
| 5,000-100,000 | \$25,000 |
| 100,000-300,000 | \$75,000 |
| 300,000 or more | \$125,000 |

Weighted factors:

- A. Planning and Service Area (PSA) population age 75 and older, divided by the statewide population age 75 and older (50 percent weight in the total formula); and
- B. Planning and Service Area population age 65 and older living alone, divided by the statewide population age 65 and older living alone (50 percent weight).

APPROPRIATION HISTORY AND NUMBERS SERVED:

| STATE FISCAL YEAR | STATE FUNDING | CLIENTS SERVED |
|-------------------|----------------|----------------|
| 1992-1993 | \$36,082,001 | 36,462 |
| 1993-1994 | \$36,270,000 | 27,700 |
| 1994-1995 | \$38,660,000 | 30,990 |
| 1995-1996 | \$41,471,224 | 38,827 |
| 1996-1997 | \$41,158,448 | 41,990 |
| 1997-1998 | \$38,818,253 | 38,564 |
| 1998-1999 | \$33,891,064* | 35,580 |
| 1999-2000 | \$45,038,164** | 40,338 |
| 2000-2001 | \$46,933,055 | 40,804 |
| 2001-2002 | \$43,451,823 | 37,296 |
| 2002-2003 | \$43,451,823 | 34,476 |
| 2003-2004 | \$43,446,823 | 34,986 |
| 2004-2005 | \$43,446,823 | 33,909 |
| 2005-2006 | \$44,106,823 | 32,470 |
| 2006-2007 | \$47,106,823 | 28,485 |
| 2007-2008 | \$43,364,370 | 19,232 |
| 2008-2009 | \$41,521,133 | 15,773 |
| 2009-2010 | \$40,578,617 | 16,165 |
| 2010-2011 | \$50,378,099 | 16,015 |
| 2011-2012 | \$40,479,617 | 13,459 |
| 2012-2013 | \$41,479,617 | 13,790# |

In SFY 1993-1994, the formerly combined CCE and Medicaid waiver programs (and reported data) were separated.

Beginning in SFY 1996-97, the number of clients served reflects increasingly more accurate data collection, clients served with short-term case management, and co-pay collections used to make services available to more clients.

Funding includes allocations, Community Service Systems (CSS) Senior Companion Program match, and Operations & Maintenance Trust Fund (OMTF) dollars.

**Balance reflects \$3,007,562 transfer to the Home and Community-Based waiver program, creating \$6,807,519 in federal and General Revenue funds available for waiver-eligible clients.*

***Reflects \$1,761,646 transferred to the Home and Community-Based waiver.*

#Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHT

J.G., age 70, was born in Puerto Rico and raised in Cuba. As a Physician of Veterinary Medicine, his passion in life was caring for animals. Over 20 years ago, in search of a better life, he and his wife moved to Miami. After settling into their new home in Hialeah with their young son, Mr. G set out to become a licensed doctor of veterinary medicine in the U.S., but after several failed attempts, he took any work he could find. During his working years, he held several jobs in a sugar refinery and cardboard manufacturing factory. Life seemed to be looking up for him when he obtained an entry level job with Miami Dade Animal Control.

After working several years as a maintenance worker, he was promoted to a job in the laboratory due to his professional experience as a veterinarian. It was a difficult job that required euthanizing stray cats and dogs. After many years in this job, he began to experience “burnout” as the job entailed work that ran contrary to his helping profession. In 2002, he experienced a nervous breakdown. This was the beginning of a decline in his overall health. Soon after, his wife would also learn that he had Parkinson’s disease.

Mr. G. had to retire, and his wife became his full-time caregiver. A year ago, she called the Alliance for Aging seeking personal care and financial assistance to care for her husband. Today she is thrilled to have home care assistance from United Home Care through the Community Care for the Elderly (CCE) Program. As a breast cancer survivor, she is unable to provide the personal care her husband needs as his condition worsens. She appreciates the personal care assistance that Maria, her home health aide, provides three days per week. Also, the consumable medical supplies they receive are of great help, as they have limited financial resources. Mr. G’s wife is grateful for CCE assistance and believes that faith, love, laughter, and smiles are what helps her keep a positive outlook on her life as a family caregiver.

HOME CARE FOR THE ELDERLY (HCE)

DESCRIPTION:

The Home Care for the Elderly (HCE) program supports care for Floridians age 60 and older in family-type living arrangements within private homes, as an alternative to institutional or nursing home care. A basic subsidy is provided for support and maintenance of the elder, including some medical costs. A special subsidy may also be provided for services and/or supplies.

SERVICES OR ACTIVITIES:

A basic subsidy averaging \$106 per month is provided for all program participants. Special subsidies are authorized for some participants and can be used for the following: incontinence supplies, medications, medical supplies, wheelchairs, assistive devices, ramps and home accessibility modifications, nutritional supplements, home health aide, home nursing, and other services to help maintain the individual at home. Formal case management is provided when needed.

ADMINISTRATION:

The Department is responsible for planning, monitoring, training, and technical assistance. Unit rate contracts are established by Area Agencies on Aging for local administration of the program within each Planning and Service Area. Services include more than 100,000 subsidy checks issued annually.

ELIGIBILITY:

Individuals must be age 60 or older, have income less than the Institutional Care Program (ICP) standard, meet the ICP asset limitation, be at risk of nursing home placement, and have an approved adult caregiver living with them who is willing and able to provide or help arrange for care.

STATUTORY AUTHORITY:

Sections 430.601-430.608, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Current funding allocations are based on Department of Children and Families district allocations in use when the program was transferred to the Department of Elder Affairs in January 1996.

APPROPRIATION HISTORY AND NUMBERS SERVED:

| STATE FISCAL YEAR | STATE FUNDING | CLIENTS SERVED |
|-------------------|---------------|----------------|
| 1995-1996 | \$11,650,180* | 7,603 |
| 1996-1997 | \$13,458,403 | 8,901 |
| 1997-1998 | \$13,458,403 | 9,114 |
| 1998-1999 | \$13,458,403 | 9,381 |
| 1999-2000 | \$13,458,403 | 9,020 |
| 2000-2001 | \$13,458,403 | 8,813 |
| 2001-2002 | \$9,529,461 | 6,934 |
| 2002-2003 | \$9,529,461 | 5,599 |
| 2003-2004 | \$9,529,461 | 5,269 |
| 2004-2005 | \$9,529,461 | 5,414 |
| 2005-2006 | \$9,529,461 | 5,538 |
| 2006-2007 | \$9,529,461 | 5,420 |
| 2007-2008 | \$9,529,461 | 5,240 |
| 2008-2009 | \$8,319,323 | 4,204** |
| 2009-2010 | \$7,903,357 | 2,620 |
| 2010-2011 | \$7,903,357 | 2,624 |
| 2011-2012 | \$7,903,357 | 2,628 |
| 2012-2013 | \$7,903,357 | 2,628# |

* From its creation in 1977 through December 1995, the Home Care for the Elderly program was managed by the Department of Health and Rehabilitative Services. The second half of SFY 1995-96 was the first period for funding appropriated through the Department of Elder Affairs.

** Decline in clients served due to transfer of a portion of Home Care for the Elderly funding to the Community Care for the Elderly program. Also, restrictions on new client enrollments went into effect October 1, 2008. Since then, the HCE program accepts new enrollments only as vacancies are created by current clients ending their program participation.

Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHTS

Barry is an 84 year old residing in Highlands County. He lives with his wife, who also serves as his caregiver. Barry has a complicated medical history, suffering from kidney, cardiac, and respiratory problems, as well as a recurring Methicillin-resistant Staphylococcus aureus (MRSA) infection. He has poor mobility, shortness of breath, dizziness, and limited vision due to cataracts. He has a catheter, is on oxygen at night, must use a nebulizer frequently, and must have the stent for his one remaining kidney changed every two months. He is frequently hospitalized as a result of his medical conditions and relies heavily on his spouse for all aspects of care. His wife also has recurring health problems and medical expenses.

When Barry first applied to the Home Care for the Elderly (HCE) program, both he and his spouse/caregiver were in financial, emotional, and physical crisis. He had lost weight, worried greatly about his situation, and rated his own health as poor. At the time of the initial intake, his wife/caregiver had reported that the water heater failed. After starting the HCE program, she reported that cost of the phone and other basic necessities exceeded their income, and the stove and microwave had both stopped working properly. Shortly thereafter, the septic system also had problems, requiring the tank to be pumped. Each of these problems added much stress to an already difficult situation.

However, Barry and his wife were not alone. The case manager assigned to their case assisted them to resolve their issues. The case manager helped the client obtain home-delivered meals to prevent further weight loss. The case manager connected the client and caregiver to community resources, assisted them in obtaining a free phone through SafeLink, and helped them to get new cooking appliances and septic services through the HCE program.

Today, neither the caregiver nor client report that they are in crisis. The financial stipends and reimbursements provided through the HCE program have provided stability to the household. Both the client and caregiver feel reassured, knowing that the case manager is there to assist them in accessing needed resources.

LOCAL SERVICES PROGRAMS

DESCRIPTION:

Local Services Programs provide additional funding to expand long-term care alternatives that enable elders to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement.

SERVICES OR ACTIVITIES:

The table on the right identifies those Planning and Service Areas that offer specific services funded through Local Services Programs. PSAs 2, 3, 5, 6, 9, 10, and 11 offer at least one of these services.

ADMINISTRATION:

The Department administers these programs through contracts with Area Agencies on Aging, which then subcontract with local providers to deliver services.

ELIGIBILITY:

Individuals age 60 and older may receive these services. There are no income criteria; however, emphasis is placed on targeting those with greatest need.

STATUTORY AUTHORITY:

General Appropriations Act, State of Florida.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is 100 percent funded by state General Revenues, and funds are allocated as designated in proviso language of the General Appropriations Act. No match or co-payment is required.

| SERVICE | PLANNING AND SERVICE AREA(S) |
|---|------------------------------|
| Adult Day Care | 2, 3, 5, 10, 11 |
| Case Management | 2, 9 |
| Chore | 5 |
| Congregate Meals | 5, 10, 11 |
| Counseling | 5 |
| Emergency Alert Response | 5 |
| Health Promotion, Health Support, Health Risk | 11 |
| Home- Delivered Meals | 5, 11 |
| Homemaker | 5, 6, 9, 11 |
| Information | 5 |
| Legal Assistance | 5 |
| Material Aid | 10 |
| Nursing | 11 |
| Personal Care | 9, 11 |
| Physical Therapy | 11 |
| Recreation | 5, 10, 11 |
| Referral | 5 |
| Respite | 11 |
| Screening and Assessment | 9, 11 |
| Transportation | 5, 9, 10, 11 |

APPROPRIATION HISTORY AND NUMBERS SERVED:

| STATE FISCAL YEAR | STATE FUNDING | CLIENTS SERVED | |
|-------------------|---------------|---------------------------|-------|
| 1992-1993 | \$3,145,479 | Information not available | |
| 1993-1994 | \$3,395,479 | | |
| 1994-1995 | \$3,012,479 | | |
| 1995-1996 | \$3,198,210 | | |
| 1996-1997 | \$3,648,210 | | |
| 1997-1998 | \$3,333,433 | | |
| 1998-1999 | \$3,464,443 | | |
| 1999-2000 | \$3,351,313 | | |
| 2000-2001 | \$3,828,443 | | 5,570 |
| 2001-2002 | \$3,206,255 | | 6,460 |
| 2002-2003 | \$2,906,434 | 5,551 | |
| 2003-2004 | \$6,231,434* | 6,413* | |
| 2004-2005 | \$6,331,434 | 6,478 | |
| 2005-2006 | \$6,710,183 | 37,191** | |
| 2006-2007 | \$8,019,183 | 33,772 | |
| 2007-2008 | \$8,764,833 | 33,634 | |
| 2008-2009 | \$7,032,833 | 21,613 | |
| 2009-2010 | \$7,015,811 | 15,389 | |
| 2010-2011 | \$7,465,811 | 23,763 | |
| 2011-2012 | \$7,465,811 | 6,305 | |
| 2012-2013 | \$7,465,811 | 6,306# | |

* Funding increase was due in part to transfer of funding from Community Care Programs for the Elderly (CCPE). Increased funding permitted additional or augmented services for clients most in need of these services.

** Increased number for 2006-2007 reflects new contractor reporting duplicated counts for clients who receive more than one service.

Projection

Source for clients served: CIRTS and Manual Reports

PROGRAM HIGHLIGHT

When Rachel learned that her elderly mother was ill and homebound, she turned to Mount Sinai Medical Center’s “Geriatric House Calls Program,” funded under the Local Services Program for help. Through the program, Rachel’s mother received high-quality medical care in the privacy and comfort of her own home. The one-on-one attention from geriatric physicians, nurse practitioners, and home care services was “a miracle from above,” said Rachel who credited the program with keeping her mother healthy, happy, and independent during her final years. Shortly after her mother’s passing, Rachel received a call from her ailing 76-year-old brother who asked to come live with her. He was living in an assisted living facility in Miami, but was not getting the best treatment for his multiple health issues. Rachel invited her brother to live with her, confident that he, too, could benefit from Mount Sinai’s “Geriatric House Calls Program.” Today, he is thriving in his new home, thanks to his sister’s kindness and Mount Sinai’s caring team of professionals.

RESPIRE FOR ELDERS LIVING IN EVERYDAY FAMILIES (RELIEF)

DESCRIPTION:

The RELIEF program offers respite services to caregivers of frail elders and those with Alzheimer’s disease and related dementia. The intent is to provide respite to family caregivers in order to increase their ability to continue caring for a homebound elder, thus avoiding the need to institutionalize the elder. Individuals who do not currently receive other Department services are given first priority.

A multi-generational corps of volunteers receives pre-service training. These volunteers are then individually matched with clients to ensure that their personalities, skills, interests, and abilities are a good fit with the elders and caregivers they will be serving. Some volunteers may receive stipends.

SERVICES OR ACTIVITIES:

RELIEF respite is provided primarily during evenings and weekends, times that are not usually covered by other respite programs. Volunteers may spend up to four hours per visit providing companionship to a frail homebound elder, giving the caregiver an opportunity to take a much-needed break. Activities may include conversation, reading together, playing board games, or preparing a light snack.

ADMINISTRATION:

Services are administered through Area Agencies on Aging, and the Department provides contract management and technical assistance. The Area Agencies use contracted sub-providers to recruit, select, train, and manage volunteers according to Department policies and procedures for volunteer service. Contracted providers are responsible for identifying and matching clients with volunteers. Contracts require regular reporting of activities and expenses.

ELIGIBILITY:

This program serves frail homebound elders, age 60 and older, who live with a full-time caregiver who would benefit from up to four hours of respite, especially during evenings and weekends.

STATUTORY AUTHORITY:

Section 430.071, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The RELIEF program is 100 percent funded by state General Revenues. Area Agencies on Aging are selected for RELIEF contracts in Planning and Service Areas where it is determined that evening and weekend respite volunteers can be recruited, screened, matched, and supervised. Contracts are granted to agencies based on their ability to recruit and retain the necessary number of volunteers. The RELIEF program is currently administered in PSA’s 1,4,7,8,9,10, and 11.

PROGRAM HIGHLIGHT

“My RELIEF volunteer has gone above and beyond to provide loving care for my mother with Alzheimer’s and outstanding support for me.” RELIEF Caregiver

“I feel very safe leaving my wife in my RELIEF volunteer’s hands.” RELIEF Caregiver

“It has been a nice break to have someone interact with my mom. It is a welcome break for her and myself.” RELIEF Caregiver

“We are glad to know this program is available in case the need for assistance arises again.” RELIEF Caregiver

APPROPRIATION HISTORY AND NUMBERS SERVED:

| STATE FISCAL YEAR | STATE FUNDING | NUMBER OF CLIENTS SERVED | NUMBER OF VOLUNTEERS | UNITS (HOURS) |
|-------------------|---------------|--------------------------|----------------------|---------------|
| 1997-1998* | \$727,772 | 334 | 202 | 89,552 |
| 1998-1999** | \$930,044 | 371 | 235 | 141,366 |
| 1999-2000 | \$1,330,044 | 609 | 467 | 121,162 |
| 2000-2001 | \$1,330,044 | 449 | 396 | 193,597 |
| 2001-2002 | \$1,330,044 | 484 | 323 | 144,229 |
| 2002-2003 | \$1,294,530 | 369 | 242 | 151,715 |
| 2003-2004 | \$994,530 | 382 | 274 | 116,938 |
| 2004-2005 | \$1,044,530 | 586 | 393 | 132,134 |
| 2005-2006 | \$1,044,530 | 577 | 356 | 136,182 |
| 2006-2007 | \$1,044,530 | 554 | 332 | 132,156 |
| 2007-2008 | \$1,044,530 | 512 | 324 | 138,600 |
| 2008-2009 | \$1,044,530 | 510 | 303 | 121,326 |
| 2009-2010 | \$909,034 | 498 | 464 | 131,384 |
| 2010-2011 | \$909,034 | 499 | 410 | 153,575 |
| 2011-2012 | \$909,034 | 400 | 300 | 120,000 |
| 2012-2013 | \$909,034# | 400# | 350# | 130,000# |

Projection

Source: Monthly progress reports and contracts

STATEWIDE PUBLIC GUARDIANSHIP OFFICE

DESCRIPTION:

The Statewide Public Guardianship Office (SPGO), created by the Florida Legislature and staffed in June 2000, helps provide services to meet the needs of truly vulnerable persons who lack the capacity to make decisions on their own behalf. Guardians protect the property and personal rights of incapacitated individuals. SPGO is responsible for appointing and overseeing Florida's public guardians, as well as for the licensing and education of Florida's professional guardians.

SERVICES OR ACTIVITIES:

The Statewide Public Guardianship Office provides direction, coordination, and oversight of public guardianship services in the state; develops performance measures; collects data on individuals served; and works to find ways to enhance funding to increase the availability of public guardians to serve individuals in need. The office is responsible for the curriculum and training of public and professional guardians, and it licenses professional guardians as mandated by Florida Statute.

ADMINISTRATION:

The Secretary of the Department of Elder Affairs appoints an Executive Director, who serves at the Secretary's pleasure.

ELIGIBILITY:

Currently 13 public guardians serve 27 counties across Florida. Local public guardian offices are mandated by statute to provide guardianship services to persons of limited financial means in instances where no family member or friend is able to provide these services.

To meet the appointment criteria pursuant to Chapter 744, Florida Statutes, a potential public guardian must do the following:

- Be a resident of Florida, be at least 18 years old, and have full legal rights and capacity (be "Sui Juris");
- Have knowledge of the legal process and social services available to meet the needs of incapacitated persons;
- Maintain a staff or contract with professionally qualified individuals to carry out the guardianship functions, including an attorney who has experience in probate areas and another person who has a master's degree in social work or a gerontologist, psychologist, registered nurse, or nurse practitioner;
- Submit an annual registration form and related licensing fees;
- Undergo a criminal history check by the Federal Bureau of Investigation (FBI) and the Florida Department of Law Enforcement (FDLE);
- Submit to a credit history check;
- Complete the 40-hour guardianship course, pass the state exam, and maintain continuing education credits;
- Hold no position that would create a conflict of interest; and
- Maintain a current blanket bond.

Additionally, if the potential public guardian is a non-profit organization, it must also show that it has been granted tax-exempt status by the Internal Revenue Service.

Unlike public guardians, professional guardians receive compensation for services rendered to wards who have adequate income or assets to

pay for these services. To become a licensed professional guardian, an applicant must pass the professional guardian competency examination and submit the following:

- Annual registration form and related registration fees;
- Criminal history report from the FBI and FDLE;
- Credit history;
- Proof of professional guardian bond; and
- Proof of professional guardian training, including passage of the state exam and compliance with continuing education requirements.

STATUTORY AUTHORITY:

Chapter 744, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Funding appropriation is General Revenue and Administrative Trust Fund dollars. Some public guardians receive funding from the state. Funds are distributed based on contracts with local entities to meet local needs. Additional funding sources include counties, the United Way, and grants. Contracts are negotiated annually.

APPROPRIATION HISTORY AND NUMBERS SERVED:

| STATE FISCAL YEAR | STATE FUNDING | CLIENTS SERVED |
|-------------------|---------------|----------------|
| 2000-2001 | \$1,252,858 | 1,098 |
| 2001-2002 | \$1,302,858 | 1,405 |
| 2002-2003 | \$1,067,921 | 1,654 |
| 2003-2004 | \$1,188,344 | 1,714 |
| 2004-2005 | \$2,355,579 | 2,214 |
| 2005-2006 | \$2,380,003 | 2,486 |
| 2006-2007 | \$2,383,242 | 2,342* |
| 2007-2008 | \$2,279,718 | 2,544 |
| 2008-2009 | \$2,308,146 | 2,598 |
| 2009-2010 | \$2,498,558 | 2,622 |
| 2010-2011 | \$2,755,400 | 2,667 |
| 2011-2012 | \$2,963,687 | 2,650 |
| 2012-2013 | \$2,592,051 | 2,500# |

* Decrease due to anticipated overall increase in state-funded costs per ward. Effective July 1, 2004, an Article V revision to the Florida Constitution no longer permitted counties to impose an add-on filing fee to fund local public guardian offices, necessitating additional state funding for these offices.

Projection

Source: Statewide Public Guardianship Office reports and data

PROGRAM HIGHLIGHT

This year the Statewide Public Guardianship Office (SPGO) contracted with SEM Applications, Inc., to provide a comprehensive case management system for public guardians. The new system provides SPGO with oversight and management tools that allow for automation of data, which will allow SPGO to better perform planning and forecasting functions. It will also lead to a more efficient contract monitoring process. The system also provides the public guardians with a comprehensive and robust system that will lead to greater efficiencies in the management of their clients.

Section E

Medicaid Programs

INTRODUCTION TO MEDICAID PROGRAMS

Section E of this Summary of Programs and Services provides detailed information about the Department's Medicaid programs. The Department operates Medicaid Waiver programs in partnership with the Agency for Health Care Administration, which is Florida's designated Medicaid agency. Medicaid Waiver programs are administered through contracts with Area Agencies on Aging, local service providers, and managed care organizations. These programs provide alternative, less restrictive, long-term care options for elders who qualify for skilled nursing-home care. These options include care in the home or in a community setting, such as an assisted living facility or adult day care center, rather than in an institutional setting, such as a nursing home or other skilled nursing facility. Medicaid Waiver programs thus provide qualified elders with a choice of care settings in a way that promotes increased independence. Also described in this section is the CARES (Comprehensive Assessment and Review for Long-Term Care Services) Program. This program conducts medical assessments that are part of the process of determining Medicaid eligibility for individuals applying for a skilled nursing facility or for Medicaid-funded services. The Department of Children and Families and, in some instances, the Social Security Administration determine financial eligibility for the long-term care Medicaid programs.

AGED AND DISABLED ADULT WAIVER

DESCRIPTION:

Medicaid waiver home and community-based services are provided to older persons and disabled individuals assessed as being frail, functionally impaired, and at risk of nursing home placement. A case manager determines services based on a comprehensive assessment of needs. The services are designed to help the recipient remain in the community for as long as possible to avoid nursing home placement.

SERVICES OR ACTIVITIES:

Services include attendant care, case aide, case management, chore, companionship, consumable medical supplies, counseling, emergency alert response, environmental modifications, escort, family training and support, financial assessment, home-delivered meals, homemaker, personal care, pest control, rehabilitative engineering evaluation, respite, risk reduction, skilled nursing, specialized medical equipment and supplies, and therapies.

ADMINISTRATION:

The Department administers the waiver program in partnership with the Agency for Health Care Administration (Florida's Medicaid agency) for the age-60-and-older population, and the Department of Children and Families administers the program for the age-18-to-59 population.

ELIGIBILITY:

Individuals must be age 60 or older, or be disabled adults ages 18-59, and must meet the same technical and financial criteria as individuals seeking Medicaid assistance for nursing home status. Medical eligibility determinations are completed by CARES teams located within each of Florida's 11 Planning and Service Areas. Financial criteria are based on the individual's monthly income and assets, and are modified annually based on the federal cost of living adjustment (COLA) granted to Social Security beneficiaries. The Department of Children and Families and, in some instances, the Social

Security Administration determine financial eligibility for the Medicaid programs.

STATUTORY AUTHORITY:

Section 1915(c)(1) of the Social Security Act of 1965; 42 Code of Federal Regulations 441.302; Section 409.906(13), Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Base funding was established by the Legislature in SFY 1992-1993 using expenditure information from the Medicaid fiscal agent for that year. Current funding is allocated from the federal Medicaid Trust Fund and state General Revenue.

Typically, the Department allocates Aged and Disabled Adult Waiver spending authority to each of Florida's 11 Area Agencies on Aging.

ALLOCATION HISTORY AND NUMBERS SERVED:

| STATE FISCAL YEAR | COMBINED FEDERAL AND STATE FUNDING* | CLIENTS SERVED 60+ |
|-------------------|-------------------------------------|--------------------|
| 1992-1993 | \$14,298,627 | 6,848 |
| 1993-1994 | \$16,455,529 | 6,952 |
| 1994-1995 | \$20,971,119 | 8,047 |
| 1995-1996 | \$23,927,145 | 8,667 |
| 1996-1997 | \$36,112,463 | 10,605 |
| 1997-1998 | \$42,524,317 | 11,636 |
| 1998-1999 | \$51,197,577** | 12,197 |
| 1999-2000 | \$53,037,571*** | 12,483 |
| 2000-2001 | \$61,976,956 | 12,068 |
| 2001-2002 | \$82,188,322 | 15,079**** |
| 2002-2003 | \$87,604,575 | 14,197 |
| 2003-2004 | \$87,587,017 | 11,745 |
| 2004-2005 | \$79,025,827 | 10,981 |
| 2005-2006 | \$88,569,763 | 12,854 |
| 2006-2007 | \$85,594,582 | 13,420 |
| 2007-2008 | \$85,485,333 | 10,808 |
| 2008-2009 | \$85,485,333 | 10,344 |
| 2009-2010 | \$87,197,330 | 11,763 |
| 2010-2011 | \$98,117,691 | 11,732 |
| 2011-2012 | \$103,823,694 | 11,018 |
| 2012-2013 | \$106,651,856 | 11,346# |

* Approximate percentage changes at the start of each federal fiscal year

** Includes \$3,490,962 transferred from CCE/LSP

*** Includes \$1,761,646 transferred from CCE as of 11/99

****Beginning in SFY 2001-2002, includes Consumer-Directed Care Plus (CDC+) program clients served. Please see separate CDC+ program listing for further information.

Projection

Source for clients served: CIRTS, reports compiled from paid claims data submitted by fiscal agent for all services for persons age 60 and older

ASSISTED LIVING WAIVER

DESCRIPTION:

Assisted Living Medicaid Waiver services are for individuals age 60 and older who are at risk of nursing home placement and who meet additional specific criteria related to their ability to function. Recipients need additional support and services, which are made available in assisted living facilities with Extended Congregate Care or Limited Nursing Services licenses.

SERVICES OR ACTIVITIES:

Appropriate services are made available based on the recipient's level of need. The program includes three broad services: assisted living, case management, and incontinence supplies. The components of these services include attendant call system, attendant care, behavior management, case management, chore, companion, homemaker, incontinence supplies, intermittent nursing, medication management, occupational therapy, personal care, physical therapy, specialized medical equipment and supplies, speech therapy, and therapeutic social and recreational services.

ADMINISTRATION:

The Department administers the waiver program in partnership with the Agency for Health Care Administration (Florida's Medicaid agency).

ELIGIBILITY:

Recipients must be age 60 or older and must meet the medical and financial criteria applied to individuals seeking Medicaid assistance for nursing home status and at least one of the following additional criteria:

- Requires assistance with four or more activities of daily living (ADLs) or three ADLs plus supervision to administer medication.
- Requires total help with one or more ADL(s).

- Has a diagnosis of Alzheimer's disease or other dementia and requires assistance with two or more ADLs.
- Has a diagnosis of a degenerative or chronic medical condition requiring nursing services that cannot be provided in a standard assisted living facility, but are available in an assisted living facility licensed for limited nursing or extended congregate care.
- Is a Medicaid-eligible recipient awaiting discharge from a nursing home who cannot return to a private residence because he or she needs supervision, personal care, periodic nursing services, or a combination of the three.

Applicants may already reside in the participating assisted living facility or may reside in the community at the time of application.

CARES determines medical eligibility while the Department of Children and Families and, in some cases, the Social Security Administration determine financial eligibility for Medicaid programs. Recipients may have some payment responsibility depending on their monthly income and assets. The Assisted Living Waiver does not reimburse facilities for room and board. Reimbursement amounts are modified annually based on the federal cost of living adjustment (COLA) granted to Social Security beneficiaries. The Department of Children and Families establishes the amount allowed for room and board for consumers who are served by Florida's Optional State Supplementation program. Consumers in assisted living facilities may also be eligible to receive services through Medicaid Assistive Care Services.

STATUTORY AUTHORITY:

Section 1915(c) of the Social Security Act of 1965; 42 Code of Federal Regulations 441.302; General Appropriations Act, State of Florida; Section 409.906(13), Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Funding is allocated from the federal Medicaid Trust Fund and state General Revenue. Typically, the Department allocates Assisted Living Waiver spending authority to each of Florida's 11 Area Agencies on Aging.

ALLOCATION HISTORY AND NUMBERS SERVED:

| STATE FISCAL YEAR | COMBINED FEDERAL AND STATE FUNDING* | CLIENTS SERVED |
|-------------------|-------------------------------------|----------------|
| 1994-1995 | \$2,281,022 | 189 |
| 1995-1996 | \$2,262,612 | 376 |
| 1996-1997 | \$3,392,705 | 639 |
| 1997-1998 | \$5,638,466 | 1,175 |
| 1998-1999 | \$10,198,616 | 1,493 |
| 1999-2000 | \$14,518,316 | 2,421 |
| 2000-2001 | \$21,482,532 | 3,017 |
| 2001-2002 | \$27,127,294 | 3,910 |
| 2002-2003 | \$30,607,322 | 4,473 |
| 2003-2004 | \$30,601,014 | 4,200 |
| 2004-2005 | \$30,589,282 | 4,290 |
| 2005-2006 | \$31,626,666 | 5,141 |
| 2006-2007 | \$33,186,632 | 4,639** |
| 2007-2008 | \$33,186,632 | 3,186** |
| 2008-2009 | \$33,129,879 | 3,398 |
| 2009-2010 | \$35,165,608 | 3,931 |
| 2010-2011 | \$35,083,803 | 4,767 |
| 2011-2012 | \$35,083,803 | 4,593 |
| 2012-2013 | \$37,257,303 | 4,878# |

* Approximate Federal Financial Participation (FFP) percentage is determined each federal fiscal year.

** No enrollments 2/07 through 9/08 due to Florida General Revenue budget limitations

Projection

Source for clients served: CIRTS clients served

CHANNELING WAIVER

DESCRIPTION:

The Channeling Waiver, a home and community-based services program that began in 1985, is operated through an annual contract with an organized health care delivery system in Miami-Dade and Broward counties. Through contracts with the Department, the organization receives a per-diem payment to provide, manage, and coordinate enrollees' long-term care service needs.

SERVICES OR ACTIVITIES:

Services include case management, chore services, companion services, counseling, environmental accessibility adaptations, family training, financial education and protection services, home health aide services, occupational therapy, personal care services, personal emergency response systems, physical therapy, respite care, skilled nursing, special home-delivered meals, special drug and nutritional assessments, special medical supplies, and speech therapy.

ADMINISTRATION:

The Department administers this waiver program in partnership with the Agency for Health Care Administration (Florida's Medicaid agency).

ELIGIBILITY:

To be eligible for Channeling Waiver services, an individual must be age 65 or older; meet nursing facility level-of-care criteria as determined by CARES; meet the Supplemental Security Income (SSI) or Medicaid waiver assistance income and asset requirements; have two or more unmet long-term care service needs; and reside in Miami-Dade or Broward, counties in addition to meeting the Medicaid financial eligibility requirements as determined by the Department of Children and Families and the Social Security Administration.

STATUTORY AUTHORITY:

Sections 1915(c) of the Social Security Act of 1965; 42 Code of Federal Regulations 441.302; Section 409.906(13), Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Channeling was a national demonstration project through the Health Care Financing Administration from 1982-1985. After the demonstration project ended in 1985, the Florida Legislature continued the Channeling program by authorizing the appropriate agency (then the Department of Health and Rehabilitative Services) to seek a 1915(c) waiver for the program. The Channeling program was administered by the Department of Health and Rehabilitative Services and then the Agency for Health Care Administration before being transferred to the Department of Elder Affairs effective July 1, 2009. Funding is allocated from the Medicaid Trust Fund and state General Revenues.

ALLOCATION HISTORY AND NUMBERS SERVED:

| STATE FISCAL YEAR | FUNDING | CLIENTS SERVED |
|-------------------|--------------|----------------|
| 1997-1998 | \$11,217,689 | 1,480 |
| 1998-1999 | \$12,756,645 | 1,501 |
| 1999-2000 | \$12,731,412 | 1,563 |
| 2000-2001 | \$13,331,459 | 1,473 |
| 2001-2002 | \$13,998,031 | 1,721 |
| 2002-2003 | \$14,607,650 | 1,791 |
| 2003-2004 | \$15,380,055 | 1,684 |
| 2004-2005 | \$15,380,055 | 1,647 |
| 2005-2006 | \$12,918,308 | 1,646 |
| 2006-2007 | \$12,918,308 | 1,673 |
| 2007-2008 | \$14,152,393 | 1,627 |
| 2008-2009 | \$15,435,800 | 1,442 |
| 2009-2010 | \$14,700,762 | 1,622 |
| 2010-2011 | \$14,700,762 | 1,600 |
| 2011-2012 | \$14,700,762 | 1,510 |
| 2012-2013 | \$8,740,761 | 1,600# |

Projection based on total available program slots

CARES (COMPREHENSIVE ASSESSMENT AND REVIEW FOR LONG-TERM CARE SERVICES)

DESCRIPTION:

CARES (Comprehensive Assessment and Review for Long-Term Care Services) is Florida's federally mandated pre-admission screening program for nursing home applicants. A registered nurse and/or assessor performs client assessments face to face. A physician or registered nurse reviews each application to determine the medical level of care for the applicant. The assessment identifies long-term care needs, establishes the appropriate level of care (medical eligibility for nursing facility care/Medicaid waivers), and recommends the least restrictive, safe, and most appropriate placement. The program emphasizes approaches that make it possible for individuals to remain safely in their homes through home-based services or in alternative community placements, such as assisted living facilities.

Federal law mandates that the CARES program perform an assessment or review of each individual who requests Medicaid reimbursement for nursing facility placement or who seeks one of several home and community-based waivers including, but not limited to, the Project AIDS Care (PAC), the Aged and Disabled Adult Waiver (ADA), the Assisted Living (ALW), or Long-Term Care Community Diversion Pilot Project. A pre-admission screening is also mandatory for all private-pay applicants prior to admission to a Medicaid-certified nursing facility, to screen for intellectual disabilities or serious mental illness. Any person or family member can initiate a CARES assessment by applying for the Medicaid Institutional Care Program (ICP). An assessment may also be requested directly through a local CARES office if a family wants to know whether its loved one meets the level of care (medical criteria) for a nursing facility or would like to be assessed for other long-term care options. Assessments are completed at no cost to the clients.

SERVICES OR ACTIVITIES:

- Medical eligibility for the Medicaid Institutional Care Program (ICP).
- Medical eligibility for several Medicaid waivers that provide community services.
- Maintain or conduct screening of all individuals applying for the Medicaid ICP who are anticipating entering a nursing facility to determine whether they have a serious mental illness or intellectual disability which warrants further evaluation and determination before admittance.
- Medical assessment for residents in nursing facilities entering court-ordered receivership.
- Medical utilization review of Medicaid nursing facility residents for continuing eligibility.

ADMINISTRATION:

The Department of Elder Affairs is responsible for the federal program in partnership with the Agency for Health Care Administration. Nineteen CARES field offices are located throughout the state. CARES personnel include physicians, registered nurses, assessors, administrative support staff, office supervisors, and regional program supervisors. CARES management structure also includes central office staff responsible for program and policy development.

ELIGIBILITY:

The CARES program is the medical component of the Medicaid eligibility process for persons applying for a nursing facility or for Medicaid-funded community waivers. CARES personnel must determine whether medical criteria are met. The applicant's financial eligibility for Medicaid is completed by the Department of Children and Families through that agency's Automated Community Connection to Economic

Self-Sufficiency (ACCESS) system or the Social Security Administration. An applicant must meet Supplemental Security Income (SSI) or ICP income eligibility criteria.

More than 90 percent of the ICP applications originate in either the CARES or ACCESS units. The balance is referred from hospitals or other health/elder care sources. In this process each department must notify the other when it receives an application.

STATUTORY AUTHORITY:

Title XIX of the Social Security Act of 1965; 42 Code of Federal Regulations 456; 42 Code of Federal Regulations 483.100-483.138 (Subpart C); Sections 409.912(14)a-f, Florida Statutes; Chapter 59G-4.180 and 59G-4.290, Florida Administrative Code.

**FUNDING SOURCE AND ALLOCATION
METHODOLOGIES:**

The Department of Elder Affairs allocates CARES spending authority to each of the 19 CARES offices located in 11 Planning and Service Areas around the state, based on the number of client applications and assessments, and number of CARES personnel in each office.

ALLOCATION HISTORY AND NUMBERS SERVED:

| STATE FISCAL YEAR | FEDERAL FUNDING = 75%* STATE FUNDING = 25%* | TOTAL NUMBER OF ASSESSMENTS | % DIVERTED*** |
|-------------------|--|-----------------------------|---|
| 1992-1993 | \$4,498,250 | 41,568 | Baseline data collection on this measure began in 1998-1999 |
| 1993-1994 | \$4,498,250 | 43,513 | |
| 1994-1995 | \$4,498,250 | 44,899 | |
| 1995-1996 | \$6,914,062 | 46,475 | |
| 1996-1997 | \$8,060,115 | 50,068 | |
| 1997-1998 | \$8,289,228 | 61,618 | |
| 1998-1999 | \$8,448,930 | 54,926* | |
| 1999-2000 | \$9,361,546 | 62,341 | 17.8% |
| 2000-2001 | \$10,971,736 | 69,482 | 22.7% |
| 2001-2002 | \$11,095,299 | 80,157** | 24.3% |
| 2002-2003 | \$11,297,587 | 78,267* | 26.4% |
| 2003-2004 | \$10,967,368 | 74,229* | 26.1% |
| 2004-2005 | \$11,918,712 | 87,987 | 30% |
| 2005-2006 | \$13,694,333 | 87,218 | 31% |
| 2006-2007 | \$15,440,712 | 88,078 | 32% |
| 2007-2008 | \$16,311,511 | 88,316 | 30.1% |
| 2008-2009 | \$16,269,207 | 97,643 | 36.3% |
| 2009-2010 | \$16,135,481 | 105,217 | 34.3% |
| 2010-2011 | \$17,815,669 | 108,119 | 34.3% |
| 2011-2012 | \$17,643,458 | 120,603 | 44% |
| 2012-2013 | \$17,183,815 | 120,000# | 30%# |

* Numbers are smaller than in the previous year due to decrease in Continued Residency Reviews based on filled Medicaid nursing facility beds in some areas of the state and an increase in the number of Medicare dedicated beds.

** Corrected figure is based on the Summary of Cases by Assessment Site Report.

*** Percent Diverted is the percentage of initial CARES assessments where the person continues to reside in the community for 30 days or more after assessment. Percent Diverted is not based on the total number of assessments.

Projection is based on legislatively approved output standard as indicated in the Department's Long-Range Program Plan.

Source: CIRTS

CONSUMER-DIRECTED CARE PLUS (CDC+) PROGRAM

DESCRIPTION:

The Consumer-Directed Care Plus (CDC+) Program is a self-directed option for seniors participating in the Aged and Disabled Adult Waiver. The CDC+ Program allows participants to hire workers and vendors of their own choosing – including family members or friends – to help with daily needs such as house cleaning, cooking, and getting dressed. The program provides trained consultants to help consumers manage their budgets and make decisions. With the coaching of a consultant, program participants may manage their own care or they may elect to have a friend or family member represent them in making decisions about their services.

The objectives of the CDC+ Program are:

- To offer consumers of long-term care services the opportunity to make more individualized use of Medicaid resources by providing significant choice and control.
- To empower elders, individuals with disabilities, and their families to make choices about purchases from both formal and informal sources that best meet their needs.
- To provide consumers and their families the ability to make cost-effective purchases.

SERVICES OR ACTIVITIES:

Consumers are given a monthly budget to purchase the amounts and types of long-term care services and supplies they need from providers they choose. Providers may include family members, friends, and neighbors, as well as home care agencies and contractors. Consultants train, coach, and provide technical assistance to consumers or their representatives as needed. The Department, in conjunction with a contracted subagent, provides fiscal employer agent services including payroll, tax withholding, and a toll-free customer service line for program participants. The Department

also provides fiscal employer agent services for individuals served through the Department of Health's Traumatic Brain and Spinal Cord Injury Waiver, as well as for adults with disabilities under the age of 60 served through the Department of Children and Families.

ADMINISTRATION:

The Department of Elder Affairs administers the Consumer-Directed Care Plus Program in partnership with the Agency for Health Care Administration, the Department of Children and Families, and the Department of Health. Florida implemented the CDC+ Program under the authority of an Independence Plus 1115 waiver amendment approved by the Centers for Medicare & Medicaid Services in May 2003, and in March 2008, the CDC+ Program began operating under the 1915(j) State Plan Amendment.

ELIGIBILITY:

The Department's CDC+ Program is available for frail elders age 60 and older, who participate in the Aged and Disabled Adult Waiver. Consumers may have a representative (such as a friend, caregiver, or family member) manage the fiscal and program issues if they need or want assistance. The CDC+ Program is also available for individuals enrolled in the following Medicaid 1915(c) waiver programs:

- Aged and Disabled Adult Waiver for physically disabled adults ages 18 to 59, administered by the Florida Department of Children and Families.
- Aged and Disabled Waiver for persons with developmental disabilities age 3 and older, administered by the Agency for Persons with Disabilities.
- Traumatic Brain/Spinal Cord Injury Waiver for adults age 18 or older with traumatic brain and/or spinal cord injury, administered by the Florida Department of Health.

STATUTORY AUTHORITY:

Section 1915(c) of the Social Security Act of 1965; 42 Code of Federal Regulations 441.302; General Appropriations Act, State of Florida; Section 409.906(13), Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The CDC+ Program is a self-directed option under the 1915(j) Medicaid Waivers listed above. Because self-directing participants are funded through their respective 1915 waiver, the program does not have a separate allocation, from the Legislature.

LONG-TERM CARE COMMUNITY DIVERSION PILOT PROJECT

DESCRIPTION:

The Long-Term Care Community Diversion Pilot Project, also known as the Nursing Home Diversion (NHD) Program, is designed to target the frailest individuals who would otherwise qualify for Medicaid nursing home placement, instead offering them community-based alternatives. The project uses a managed care delivery system to provide comprehensive long-term care services and acute care (Medicare) service case management and coordination to individuals who are dually eligible for Medicare and Medicaid. Specifically, clients choose to receive care in a managed care delivery setting intended to increase the coordination of their care between service providers and Medicare. The state, through a monthly capitated rate, covers all home and community-based services and nursing home care. The rate also pays for Medicare co-insurance and deductibles. By receiving integrated acute and long-term services, such as home-delivered meals, coordination of health services, and intensive case management, clients are able to avoid nursing home placement.

The project is operated in 66 of 67 counties with 20 providers.

SERVICES OR ACTIVITIES:

Project participants receive long-term care and acute services. Long-term care services provided to project participants include a choice of providers for adult companion, assisted living services, case management, chore services, consumable medical supplies, environmental accessibility adaptation, escort, family training, financial assessment/risk reduction, home-delivered meals, homemaker, nutritional assessment/risk reduction, personal care, personal emergency response systems, respiratory therapy, respite care, occupational therapy, physical therapy, speech therapy, and nursing facility services. Acute-care services are covered for Medicaid recipients based on the Medicaid state plan approved by the federal

Centers for Medicare & Medicaid Services. These services are covered in the project to the extent that they are not covered by Medicare, or are reimbursed by Medicaid pursuant to Medicaid-Medicare cost-sharing policies and included in the capitation rate. Managed care organizations contracting with the Department under the Diversion Pilot Project are responsible for Medicare co-payments and deductibles.

ADMINISTRATION:

The Department administers the Long-Term Care Community Diversion Pilot Project in partnership with the Agency for Health Care Administration (Florida's Medicaid agency) through a cooperative agreement.

ELIGIBILITY:

Project enrollees must be age 65 or older; be enrolled in Medicare Parts A and B; be eligible for Medicaid up to the Institutional Care Program (ICP) income and asset levels; reside in the project service area; be determined by CARES to be a person who, on the effective date of enrollment, can safely be served with home and community-based services; and be determined by CARES to be at risk of nursing home placement and meet one or more of the following clinical criteria:

- Require some help with five or more activities of daily living (ADLs);
- Require some help with four ADLs plus require supervision or administration of medication;
- Require total help with two or more ADLs;
- Have a diagnosis of Alzheimer's disease or another type of dementia and require assistance or supervision with three or more ADLs; or
- Have a diagnosis of a degenerative or chronic condition requiring daily nursing services.

Project enrollees must be financially eligible for Medicaid as determined by the Department of Children and Families or the Social Security Administration.

STATUTORY AUTHORITY:

Section 1915(c), Social Security Act; Sections 430.701-430.709 and 409.912, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Funds are allocated from the federal Medicaid Trust Fund and state General Revenues.

ALLOCATION HISTORY AND NUMBERS SERVED:

| STATE FISCAL YEAR | COMBINED FEDERAL AND STATE FUNDING | CLIENTS SERVED |
|-------------------|------------------------------------|----------------|
| 1996-1997 | \$11,117,454 | N/A |
| 1997-1998 | \$22,769,909 | N/A |
| 1998-1999 | \$22,769,907 | 118 |
| 1999-2000 | \$22,769,907 | 814 |
| 2000-2001 | \$22,769,907 | 1,074 |
| 2001-2002 | \$26,119,143 | 1,165 |
| 2002-2003 | \$30,916,013 | 1,216 |
| 2003-2004 | \$68,082,110 | 4,247 |
| 2004-2005 | \$128,457,002 | 7,480 |
| 2005-2006 | \$209,000,000 | 9,348 |
| 2006-2007 | \$200,870,188 | 5,319 |
| 2007-2008 | \$224,335,496 | 13,024 |
| 2008-2009 | \$306,373,201* | 19,032 |
| 2009-2010 | \$327,899,046 | 25,165 |
| 2010-2011 | \$337,924,993 | 23,292 |
| 2011-2012 | \$355,766,698 | 24,539 |
| 2012-2013 | \$359,036,110 | 23,657# |

NOTE: Project implementation began in 12/98. Funding amounts represent combined federal and state appropriations. Table includes Program of All-Inclusive Care for the Elderly (PACE) appropriations and clients for SFY 2002-2003 through SFY 2011-2012 (see separate PACE listing).

* Includes reduction in funding via Legislative mandate

Projection

Source for Clients Served: Department program data and CIRTS reports

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

DESCRIPTION:

The Program of All-Inclusive Care for the Elderly (PACE) project is a model that targets individuals who would otherwise qualify for Medicaid nursing home placement and provides a comprehensive array of home and community-based services at a cost less than nursing home care. Individuals who choose to enroll in PACE have both their medical and long-term care needs managed through a single provider.

SERVICES OR ACTIVITIES:

In addition to services covered under the Long-Term Care Community Diversion Pilot Project, the PACE project includes all services covered by Medicare. PACE is unique, in several respects. PACE providers receive both Medicare and Medicaid capitated payments and are responsible for providing the full continuum of medical and long-term care services. In addition, PACE sites receive an enhanced capitation payment from Medicare beyond that of a traditional Medicare health maintenance organization. PACE also has a unique service delivery system, with many services being delivered through adult day care centers and case management provided by multi-disciplinary teams.

ADMINISTRATION:

The PACE project is administered by the Department of Elder Affairs in partnership with the Agency for Health Care Administration and the federal Centers for Medicare & Medicaid Services. The PACE project, which previously operated as a federal demonstration project, became a Medicaid State Plan service in the federal Balanced Budget Act of 1997. As a result, states can now implement PACE projects without a federal waiver.

ELIGIBILITY:

To be eligible for PACE, an individual must be age 55 or older, be eligible for Medicare or Medicaid with income and assets up to the Institutional Care Program (ICP) level, meet medical eligibility, and live in proximity to a PACE Center.

STATUTORY AUTHORITY:

42 Code of Federal Regulations 460; Balanced Budget Act of 1997; Sections 430.701-430.709 and 409.912, Florida Statutes; Laws of Florida 2004-270.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Funds come from the federal Medicaid Trust Fund and state General Revenues.

APPROPRIATION HISTORY AND NUMBERS SERVED:

The total number of individuals that may be served for FY 2012-13 is 1,300. Each state and federally approved site has a maximum number of individuals that may receive services through PACE as noted below:

| Pace Site and Counties Served | Clients Served |
|---|----------------|
| Florida PACE <i>Miami-Dade County</i> | 400 |
| Hope Select Care PACE <i>Lee County</i> | 165 |
| Hope Select Care PACE <i>Charlotte County</i> | 50 |
| Hope Select Care PACE <i>Collier County</i> | 35 |
| Suncoast PACE <i>Pinellas County</i> | 150 |
| Chapters Health PACE <i>Hillsborough County</i> | 200 |
| Chapters Health PACE <i>Polk, Highlands, and Hardee Counties</i> | 150 |
| Palm Beach PACE <i>Palm Beach County</i> | 150 |
| PROGRAM TOTAL | 1,300 |

The total appropriation to serve these individuals in FY 2012-13 is \$26,578,951.

| STATE FISCAL YEAR | COMBINED FEDERAL AND STATE FUNDING | CLIENTS SERVED |
|-------------------|------------------------------------|----------------|
| 2006-2007 | \$7,100,490 | 550 |
| 2007-2008 | \$9,055,012 | 550 |
| 2008-2009 | \$10,278,683* | 550 |
| 2009-2010 | \$10,278,683 | 550 |
| 2010-2011 | \$9,960,079 | 900 |
| 2011-2012 | \$14,269,333 | 795 |
| 2012-2013 | \$26,578,951 | 1,300# |

* Total represents PACE portion of Long-Term Care Community Diversion Pilot Project appropriations.

Projection

Increase in projection for clients served is due to the Legislature's authorization of additional PACE sites.

Section F

Other Department Programs

INTRODUCTION TO OTHER DEPARTMENT PROGRAMS

Section F of this Summary of Programs and Services provides descriptions of Department programs that do not fall strictly into Older Americans Act (OAA), General Revenue, or Medicaid categories. These programs are largely funded by the U.S. Department of Health and Human Services, U.S. Department of Agriculture, Centers for Medicare & Medicaid Services, or other federal sources. However, the Senior Companion Program receives state General Revenue matching funds to supplement federal grants awarded by the Corporation for National and Community Service. Also, the Nutrition Services Incentive Program is authorized by the Older Americans Act, and is currently administered by the Administration on Aging, part of the U.S. Department of Health and Human Services. Section F programs are listed alphabetically.

ADULT CARE FOOD PROGRAM

DESCRIPTION:

The program reimburses participating adult day care centers and other eligible centers to help them provide nutritious, wholesome meals to adult-care participants. Centers using this program help maintain participants' nutritional status while keeping food costs down.

SERVICES OR ACTIVITIES:

Participating centers may serve up to two reimbursable meals (breakfast, lunch, or supper) and one snack, or two snacks and one meal, to each eligible participant each day. Centers may seek reimbursement for up to three meals/snacks per day. The level of reimbursement for meals is determined by assessing the economic need of each participant.

ADMINISTRATION:

The Department of Elder Affairs directly administers the Adult Care Food Program.

ELIGIBILITY:

Centers eligible to receive meal reimbursement include:

- Licensed Adult Day Care Centers and public or proprietary centers (proprietary centers must receive Medicaid Title XIX funding for at least 25 percent of their participants).
- Mental Health Day Treatment or Psychosocial Centers.
- In-Facility Respite Centers under contract with Department-funded programs.
- Habilitation Centers approved by the Department of Children and Families.

To be eligible for the program, an individual must:

- Be age 60 or older, or age 18 and older with a functional disability.

- Reside in the home or in a community-based care facility.
- Be enrolled in a participating center.

STATUTORY AUTHORITY:

7 Code of Federal Regulations 226.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is funded through a grant from the U.S. Department of Agriculture as part of the Child and Adult Care Food Program. Funds are distributed to eligible centers on a reimbursement basis. No state or local match is required.

PROGRAM HIGHLIGHT

Our agency has been able to provide a well-balanced meal with a variety of food items as a result of the food program. We are able to offer seniors and disabled adults a nutritious breakfast, hearty lunch, and snack. These seniors would otherwise have to wait on family members to prepare items that may not have the same nutritional value. Seniors and disabled adults who are better nourished are able to actively participate in the daily activity programs. Seniors and disabled adults find the meal items appealing and on average consume about 85 percent or more of their lunch meal.

APPROPRIATION HISTORY AND NUMBERS SERVED:

| FEDERAL FISCAL YEAR | FEDERAL FUNDING | ADULT DAY CARE SITES | AVERAGE MEALS OR SNACKS SERVED* |
|---------------------|-----------------|----------------------|---------------------------------|
| 1997-1998 | \$1,522,310 | 43 | 1,426 |
| 1998-1999 | \$1,620,215 | 74 | 1,537 |
| 1999-2000 | \$1,758,186 | 83 | 1,800 |
| 2000-2001 | \$2,107,620 | 104 | 2,110 |
| 2001-2002 | \$2,213,000 | 114 | 2,146 |
| 2002-2003 | \$2,436,975 | 125 | 7,177* |
| 2003-2004 | \$2,721,000 | 113 | 7,327 |
| 2004-2005 | \$2,573,404 | 107 | 7,664 |
| 2005-2006 | \$2,526,004 | 106 | 8,338 |
| 2006-2007 | \$2,735,702 | 94 | 8,238 |
| 2007-2008 | \$3,509,380 | 94 | 8,942 |
| 2008-2009 | \$3,509,380 | 99 | 9,455 |
| 2009-2010 | \$3,680,000 | 116 | 8,006 |
| 2010-2011 | \$4,223,398 | 130 | 2,207,541** |
| 2011-2012 | \$4,995,904 | 131 | 2,319,931 |
| 2012-2013 | \$4,995,904 | 142# | 2,552,000# |

Program transferred to Department of Elder Affairs from Department of Education 10/1/97.

** Increase reflects improved data capture from sites by the Department.*

*** Data collection methodology changed in federal fiscal year 2010-2011 from daily participant average to total number of meals or snacks served annually.*

Projection

Source: DOEA program records

AMERICORPS

DESCRIPTION:

AmeriCorps is a network of national service programs that engages a multi-generational corps of members, who receive a living allowance and commit to one year of service in exchange for an education award. Members serve on a full-time, part-time, or quarter-time basis annually for 1,700 hours, 900 hours, and 450 hours, respectively. AmeriCorps programs recruit members and community volunteers for intensive service to meet critical needs in education, public safety, health, and the environment. Department program services include respite, education, and community outreach to elders, caregivers, and families.

SERVICES OR ACTIVITIES:

The Department operates a Legacy Corps (Easter Seals of South Florida Respite Program) project in Miami-Dade County, one of 11 projects administered around the nation by the University of Maryland Center on Aging. The Department partners with AmeriCorps members and community volunteers to provide respite services to multicultural caregivers of frail elders at risk of institutionalization. In addition, caregivers receive information regarding available community services and support to help relieve the stress of caring for an elderly loved one.

ADMINISTRATION:

The Department provides oversight, contract management, and technical assistance to local service providers to ensure that all AmeriCorps service provisions, contractual obligations, and programmatic and financial reporting requirements are met. Local program staff manages member recruitment and development, client services, and reporting requirements.

ELIGIBILITY:

All caregivers of frail homebound elders (except those already receiving paid respite services) who reside in Miami-Dade County and can benefit from program services are eligible for the Legacy Corps project.

STATUTORY AUTHORITY:

Citizens Service Act of 2002, which amends the National AmeriCorps and Community Service Act of 1990; Domestic Volunteer Service Act of 1973; Section 430.07(8), Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Department receives funding for the Legacy Corps project from the University of Maryland School of Public Health, through an AmeriCorps grant from the Corporation for National and Community Service. The Department contracts with Easter Seals of South Florida to provide services locally.

PROGRAM HIGHLIGHTS

One caregiver wrote: "Our AmeriCorps Volunteer has become the daughter we never had. She is the only one who is able to take my husband outside of our home for a walk, and she even helps us with cleaning, shopping, and making calls. I am very thankful for her help, because she is able to do the things I can't do anymore due to my health and age."

APPROPRIATION HISTORY AND NUMBERS SERVED:

| CALENDAR YEAR | FEDERAL FUNDING | STATE FUNDING | CLIENTS SERVED | MEMBERS | MEMBER HOURS OF SERVICE |
|---------------|-----------------|---------------|----------------|---------|-------------------------|
| 1997* | \$530,866 | \$30,000 | 530 | 40 | 56,847 |
| 1998 | \$834,711 | \$165,175 | 654 | 75 | 93,935 |
| 1999 | \$826,447 | \$103,275 | 611 | 83 | 93,830 |
| 2000 | \$695,765 | \$130,000 | 2,653 | 55 | 82,276 |
| 2001 | \$111,377 | \$18,000 | 291 | 13 | 10,622 |
| 2002 | \$242,000 | \$30,000 | 550 | 57 | 40,000 |
| 2003 | \$841,769 | \$108,000 | 800 | 80 | 100,000 |
| 2004 | \$626,404 | \$118,163 | 1,200 | 75 | 46,009** |
| 2005 | \$695,287 | \$130,928 | 2,500 | 78 | 50,000 |
| 2006 | \$230,000 | \$80,000 | 1,500 | 43 | 20,030*** |
| 2007 | \$137,813 | \$36,921 | 300 | 51 | 22,000 |
| 2008 | \$126,513 | \$36,921 | 300 | 49 | 22,050 |
| 2009 | \$121,000 | \$41,506 | 320 | 464 | 21,000 |
| 2010 | \$121,000 | \$41,602 | 315 | 52 | 22,050 |
| 2011 | \$165,000 | \$60,000 | 400 | 60 | 27,000 |
| 2012 | \$220,000 | \$65,530 | 400# | 80# | 40,000# |

Notes: Number of AmeriCorps programs differs from year to year. Required local and in-kind match contributions are not reflected in above dollar amounts. "Clients served" reflects clients receiving direct services, outreach, and education. Decrease in 2006 and 2007 funding due to reduction in number of AmeriCorps programs.

* Report period for calendar year 1997 was February-December 1997.

** Reduction in 2004 hours due to predominance of part-time members and member attrition during 2004 hurricane season.

*** Program sites with a majority of quarter-time members significantly decreased volunteer hours.

Program period is April through March; data are projections.

Source: Data from monthly progress reports, contracts and web-based reporting system

ELDER FARMERS' MARKET NUTRITION PROGRAM

DESCRIPTION:

The Elder Farmers' Market Nutrition Program provides coupons to low-income elders, promoting good nutrition through greater consumption of fresh fruits and vegetables. At the same time, the program also supports local farmers by increasing their sales through coupon redemption. Coupons can be exchanged for approved locally grown fresh fruits and vegetables at farmers' markets by eligible elders in Alachua, Bay, Hernando, Jackson, Leon, Liberty, Sumter, Suwannee, Union, and Washington counties. The coupon program typically begins April 1 and ends July 31 of each year. Funds remaining after the coupon program has ended may be reallocated to contract for additional coupons, which are subsequently distributed in the fall, with an expiration date of no later than November 15.

SERVICES OR ACTIVITIES:

Low-income elders who live in participating counties may apply for the program through the local elder-services lead agency. Eligible elders who participate in the produce-value coupon portion of the program receive two coupon booklets per season. Each booklet contains five \$4.00 coupons that can be used to purchase fresh fruits and vegetables from participating farmers' markets. To take advantage of Florida's fall growing season, the Department added an additional coupon issuance program option in 2010. Under this option, the lead elder-services agency in Leon County received additional coupons to be issued to low-income elders who did not participate in the program early in the calendar year. Regardless of season, participants receive a maximum program benefit of \$40 per household per year in farmers' market coupons and receive nutrition education about locally grown fresh fruits and vegetables.

ADMINISTRATION:

The Department coordinates with the Florida Department of Agriculture and Consumer Services (DACs), which operates the Women,

Infants, and Children (WIC) Farmers' Market Nutrition Program, to simplify administration of the Elder Farmers' Market Nutrition Program and reduce administrative expenses. A memorandum of agreement gives DACs primary responsibility to recruit, authorize, train, and monitor participating farmers. DACs is also responsible for providing participating farmers with vendor stamps, program manuals, and program participation signs to display at farmers' markets. The Department operates the program in cooperation with Elder Care of Alachua County, Suwannee River Economic Council, Mid-Florida Community Services, Bay County Council on Aging, Jackson County Senior Citizens Organization, Elder Care Services, Tallahassee Senior Citizens Foundation, Washington County Council on Aging, and Liberty County Senior Citizens Association. Family and Consumer Science agents from the University of Florida Institute of Food and Agricultural Science (IFAS) Extension Service provide nutrition education for program participants.

ELIGIBILITY:

Participants must be age 60 or older and have an annual income of less than 185 percent of federal poverty income levels. Participants must redeem coupons for approved produce at authorized farmers' markets sold by authorized farmers at designated locations.

STATUTORY AUTHORITY:

Section 5(e) of the Commodity Credit Corporation Charter Act, 15 United States Code 714c(e).

FUNDING SOURCE & ALLOCATION

METHODOLOGIES:

Coupon funding consists of federal funds from a grant award from the U.S. Department of Agriculture Commodity Credit Corporation. No state or local match is required. Although considerable administrative time is involved in overseeing the program, all program funds go to food value.

APPROPRIATION HISTORY AND NUMBERS SERVED:

| CALENDAR YEAR | FEDERAL FUNDING | STATE FUNDING | PARTICIPATING FARMERS | FARMERS' MARKETS | PARTICIPANTS RECEIVING COUPONS | PARTICIPANTS RECEIVING BUNDLED PRODUCE |
|---------------|-----------------|---------------|-----------------------|------------------|--------------------------------|--|
| 2001 | \$200,000 | \$0 | 59 | 5 | 1,440 | N/A |
| 2002 | \$163,136 | \$0 | 60 | 10 | 1,850 | N/A |
| 2003 | \$96,604 | \$0 | 48 | 6 | 1,749 | N/A |
| 2004 | \$96,576 | \$83,316* | 153 | 15 | 3,092 | N/A |
| 2005 | \$87,964 | \$76,000* | 205 | 18 | 3,300 | N/A |
| 2006 | \$92,911 | \$128,684* | 194 | 16 | 3,954 | N/A |
| 2007 | \$94,903 | \$31,335 | 233 | 17 | 3,274 | N/A |
| 2008 | \$104,903 | \$0 | 186 | 17 | 2,194 | 253 |
| 2009 | \$108,209 | \$0 | 203 | 17/2 | 2,714 | 272 |
| 2010 | \$107,200 | \$0 | 203 | 34/4 | 2,680 | N/A |
| 2011 | \$106,800 | \$0 | 202 | 24/2 | 2,448 | N/A |
| 2012 | \$106,577 | \$0 | 203# | 34/4# | 2448# | 400# |

* State Vitamin Settlement Grant

Projection

Source: Department program data and reports

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM (EHEAP)

DESCRIPTION:

The Emergency Home Energy Assistance for the Elderly Program (EHEAP) assists low-income households that include at least one person age 60 or older, when the households experience a home energy emergency.

SERVICES OR ACTIVITIES:

Payments are for home heating or cooling and other emergency energy-related costs during the heating (October-March) and cooling (April-September) seasons. Eligible households may be provided one benefit per season. Effective November 1, 2008, the crisis assistance benefit increased from \$400 to \$600 per season. Payments are made directly to the vendor or by a two-party check to the vendor and client for electricity, natural gas, propane, fuel oil, kerosene, or wood.

Program beneficiaries may receive vouchers to purchase blankets, portable heaters, and fans. The program can also help pay for repairs to existing heating or cooling equipment or for reconnection fees. Additional funds with increased benefits may be issued by the President of the United States during seasonal emergencies.

ADMINISTRATION:

The Department manages the program through a contract with the Florida Department of Economic Opportunity and through the Area Agencies on Aging. Monitoring, training, and technical assistance are performed by Department staff, while Area Agencies on Aging monitor local service providers. Contracts are established at each Area Agency on Aging for local administration of the program.

ELIGIBILITY:

To be eligible for assistance, households must have:

- A heating or cooling emergency;
- At least one individual age 60 or older in the home; and

- A net household annual income of no more than 150 percent of the federal poverty guidelines, minus certain exclusions.

STATUTORY AUTHORITY:

Low-Income Home Energy Assistance Act of 1981, 42 United States Code 8621 et seq.; Title XXVI of Public Law 97-35, as amended; 45 Code of Federal Regulations 96; Section 409.508, Florida Statutes; Chapter 91-115, Laws of Florida, Section 10; Chapter 9B-65, Florida Administrative Code.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

This program is 100 percent federally funded by the U.S. Department of Health and Human Services. There is no match requirement. EHEAP is a component of the federally funded Low-Income Home Energy Assistance Program (LIHEAP), which is administered by the Florida Department of Economic Opportunity. The amount of funds available varies each year, and Presidential awards for crisis funding may be made available to provide assistance during extreme weather conditions.

Allocation of Home Energy Assistance funding is based on the following:

- The Planning and Service Area population age 60 and older that is at or below 150 percent of the poverty level, divided by the statewide population age 60 and over that is at or below 150 percent of the poverty level.
- Factored into this is a percentage to take heating and cooling costs into consideration. Costs are determined after the state has been divided into three climatic regions (North, Central, and South) based on the average number of heating and cooling degree days over the most recent 10-year period.

APPROPRIATION HISTORY AND NUMBERS SERVED:

| EHEAP FISCAL YEAR (APRIL 1 - MARCH 31) | FEDERAL FUNDING | HOUSEHOLDS SERVED | |
|---|-----------------|-------------------|----------------|
| | | HEATING SEASON | COOLING SEASON |
| 1994-1995 | \$ 1,150,406 | 6,006 | 6,275 |
| 1995-1996 | \$ 1,049,631 | 5,839 | 6,665 |
| 1996-1997 | \$ 995,347 | 5,971 | 2,959 |
| 1997-1998 | \$794,506 | 4,555 | 3,898 |
| 1998-1999 | \$2,823,751* | 3,278 | 6,157 |
| 1999-2000 | \$873,649 | 2,793 | 3,434 |
| 2000-2001 | \$1,013,152** | 3,965 | 2,894 |
| 2001-2002 | \$1,369,942** | 3,547 | 3,636 |
| 2002-2003 | \$1,479,529 ** | 3,844 | 3,433 |
| 2003-2004 | \$1,343,391 | 3,710 | 3,575 |
| 2004-2005 | \$1,468,578 | 3,489 | 3,291 |
| 2005-2006 | \$1,751,721 | 4,278 | 4,120 |
| 2006-2007 | \$2,987,094*** | 3,841 | 4,978 |
| 2007-2008 | \$1,892,884 | 1,931 | 3,949 |
| 2008-2009 | \$1,761,778 | 3,854 | 3,696 |
| 2009-2010 | \$6,178,472 | 5,671 | 6,130 |
| 2010-2011**** | \$7,697,784 | 9,779 | 10,991 |
| 2011-2012 | \$6,024,004 | 9,283 | 6,556 |
| 2012-2013 | \$4,681,212 | 8,735# | |

* Includes regular EHEAP (\$794,506) and special Presidential award for cooling assistance for the 1998 summer heat wave.

** Includes Winter Contingency Funds (2000-2001 \$139,215; 2001-2002 \$251,479; 2002-2003 \$116,540)

***Includes additional LIHEAP award of \$1,380,097

****Contract period was extended through August 2011

Projection - Households include duplication, as they may receive service in each season.

Source of Households Served: Contractor reports (prior to 2011-12); CIRTS(beginning in 2011-12)

PROGRAM HIGHLIGHT

Drained mentally and physically after a hospital stay last spring, 60-year-old Sandra was diabetic and overweight. The family's finances were strained, causing Sandra and her husband, Mike, to seek Emergency Home Energy Assistance Program funds to tide them over during their financial crisis. The Senior Citizens Council of Madison County, Inc., helped the couple obtain electric assistance and invited them to become congregate meal members. The Madison County Senior Center received a U.S. Department of Agriculture grant to purchase rehabilitation equipment, powered by pneumatic air. This gentle exercise equipment was perfect for Sandra's workout routine. She already had taken charge of her health by improving her diet and adding weekday workouts in the fitness room. As a result, Sandra lost over 60 pounds in five months. Because of her weight loss, she was able to enjoy wearing new clothes and makeup. Best of all, she recently was hired to work with the Council's Senior Companion program and earns a monthly stipend while serving homebound seniors as a companion and helper.

SENIOR COMPANION PROGRAM

DESCRIPTION:

Senior Companion is a national service peer-volunteer program funded by a grant from the Corporation for National and Community Service. Senior Companion volunteers provide services to elders at risk of institutionalization due to chronic illnesses, disabilities, or isolation. Volunteers receive pre-service and monthly training, a modest tax-free stipend to help defray expenses, local transportation reimbursement, accident and liability insurance while on duty, and an annual medical checkup.

SERVICES OR ACTIVITIES:

Senior Companion volunteers provide transportation to medical appointments, shopping assistance, meal preparation, companionship, and advocacy. They also provide respite to caregivers of frail elders. By remaining active and contributing to their communities, Senior Companion volunteers benefit from the program along with the clients they serve.

ADMINISTRATION:

The Department partners with local providers, which act as volunteer stations, administer program services, and recruit, train, and assign Senior Companions. The Department provides ongoing program supervision and technical support to local volunteer stations.

ELIGIBILITY:

Volunteers must be low-income individuals age 55 and older who pass a criminal background check and are able to commit to 15 hours of service per week.

Recipients of Senior Companion volunteer services are elders age 60 and older who are at risk of institutionalization due to chronic illness, disability, or isolation.

STATUTORY AUTHORITY:

Sections 430.07- 430.071, Florida Statutes; Public Law 93-113, Domestic Volunteer Service Act.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Corporation for National and Community Service awards the Senior Companion grant to the Department of Elder Affairs. Matching funds are from state General Revenues. Service providers are selected for program contracts based on their ability to recruit and retain volunteers and to provide required local matching funds. The program is administered through contracts with providers in Palm Beach, Duval, Citrus, and Marion counties.

PROGRAM HIGHLIGHTS

The following is a sample of comments relayed to volunteer stations about the Senior Companion Program:

“I love every one of you. My companions keep me going.”

“She has encouraged me to not give up, as a light at the end of the rainbow.”

“Before having a companion I never had a person to see or talk to (except by phone) and never was able to go anywhere. It’s wonderful to get out of the house, meet people, and go get groceries. It adds a wonderful new dimension to my life.”

“Now I have something to look forward to every week with a wonderful companion.”

“You can’t improve on perfection.”

APPROPRIATION HISTORY AND NUMBERS SERVED:

| STATE FISCAL YEAR | FEDERAL FUNDING | STATE FUNDING | CLIENTS SERVED | VOLUNTEER COMPANIONS | HOURS OF SERVICE |
|-------------------|-----------------|---------------|----------------|----------------------|------------------|
| 1994-1995 | \$174,359 | \$83,155 | 475 | 75 | 78,300 |
| 1995-1996 | \$174,359 | \$85,438 | 525 | 95 | 99,180 |
| 1996-1997 | \$174,359 | \$84,264 | 614 | 141 | 80,716 |
| 1997-1998 | \$188,100 | \$85,878 | 801 | 140 | 125,919 |
| 1998-1999 | \$227,964 | \$95,882 | 600 | 153 | 121,456 |
| 1999-2000 | \$232,457 | \$73,645 | 738 | 125 | 99,790 |
| 2000-2001 | \$301,106 | \$80,076 | 725 | 214 | 93,355 |
| 2001-2002 | \$351,328 | \$93,908 | 701 | 201 | 109,043 |
| 2002-2003 | \$366,967 | \$89,607 | 521 | 146 | 109,515 |
| 2003-2004 | \$353,363 | \$90,530 | 678 | 180 | 121,760 |
| 2004-2005 | \$352,363 | \$90,530 | 759 | 181 | 119,548 |
| 2005-2006 | \$352,363 | \$90,656 | 845 | 178 | 126,919 |
| 2006-2007 | \$ 357,860 | \$117,764 | 873 | 161 | 93,967 |
| 2007-2008 | \$277,928 | \$117,764 | 600 | 179 | 89,400 |
| 2008-2009 | \$351,608 | \$117,764 | 481 | 158 | 82,151 |
| 2009-2010 | \$351,608 | \$117,764 | 308 | 121 | 80,000 |
| 2010-2011 | \$337,320 | \$58,328 | 324 | 102 | 72,000 |
| 2011-2012 | \$369,000 | \$58,328 | 347 | 100 | 66,692 |
| 2012-2013 | \$368,882 | \$58,328 | 350# | 120# | 70,000# |

Note: Required local match and in-kind contributions are not reflected in the above dollar amounts.

Projection

Source: Department records and manual reports submitted by program sites (client and companion data)

SHINE (SERVING HEALTH INSURANCE NEEDS OF ELDERS) PROGRAM

DESCRIPTION:

Through a statewide network of trained volunteer counselors, the SHINE (Serving Health Insurance Needs of Elders) Program provides the only source of free, personal, and confidential Medicare-related counseling assistance for Florida's Medicare beneficiaries, their families, and caregivers. SHINE is part of the national State Health Insurance Assistance Program (SHIP).

SERVICES OR ACTIVITIES:

More than 450 trained volunteers provide free and unbiased information, counseling, and assistance related to Medicare, Medicaid, long-term care insurance, prescription assistance, supplement insurance, preventive benefits, fraud prevention, and beneficiary rights. Counseling and other services are provided at counseling sites, via telephone, and over the internet.

In addition to counseling, SHINE has a strong community education and outreach component. Volunteers make educational presentations on Medicare and health-insurance issues to a variety of community groups and disseminate information at numerous health and senior fairs throughout the state. Education and outreach efforts focus on health promotion, consumer protection, and beneficiary rights.

ADMINISTRATION:

SHINE is a program of the Department of Elder Affairs. Department staff provide planning, training, technical assistance, and support to volunteers. SHINE is operated at the local level through a partnership with the state's 11 Area Agencies on Aging.

ELIGIBILITY:

All Medicare beneficiaries, their representatives, family members, and caregivers are eligible to receive free, unbiased services and information from SHINE.

STATUTORY AUTHORITY:

Omnibus Budget Reconciliation Act of 1990, Section 4360; Section 430.07, Florida Statutes.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

SHINE, which began providing services in 1993, is funded through a federal grant from the Centers for Medicare & Medicaid Services. Funding allocations are based on the number of beneficiaries in the state with adjustments based on concentrations of low-income or rurally located beneficiaries.

PROGRAM HIGHLIGHT

During the 2011-2012 grant year, the SHINE program experienced a substantial growth in services provided. Volunteer counselors reported 106,052 interactions with clients, an increase of nearly 15 percent from the previous year. Many of these interactions involve volunteer counselors helping Medicare beneficiaries to find cost-saving programs. Reflecting on the assistance received from the SHINE program, Nancy of Cutler Bay, Fla., stated, "Our counselor, Carol, did quite a lot of research on Medicare for me and [my husband] including ways to help us afford prescribed medications. We sincerely thank [her]. This has eliminated a very large financial burden for me."

The SHINE program has received three Davis Productivity Awards from Florida Tax Watch for Exemplary State Agency, Sustained Exemplary Performance, and an Award of Distinction.

APPROPRIATION HISTORY AND NUMBERS SERVED:

| FEDERAL FISCAL YEAR | FEDERAL FUNDING | NUMBER OF VOLUNTEERS | NUMBER OF CLIENTS CONTACTED |
|---------------------|-----------------|----------------------|-----------------------------|
| 1993-1994 | \$774,814 | 430 | 8,270 |
| 1994-1995 | \$556,386 | 496 | 12,404 |
| 1995-1996 | \$684,386 | 575 | 19,226 |
| 1996-1997 | \$598,543 | 600 | 29,000 |
| 1997-1998 | \$591,637 | 600 | 30,000 |
| 1998-1999 | \$1,036,679 | 600 | 80,457 |
| 1999-2001* | \$4,186,952 | 500 | 142,647 |
| 2001-2002 | \$989,837 | 425 | 94,315 |
| 2002-2003 | \$734,740 | 480 | 89,887 |
| 2003-2004 | \$1,050,689 | 450 | 96,149 |
| 2004-2005 | \$1,316,875 | 440 | 33,000/93,740** |
| 2005-2006 | \$1,946,387 | 400 | 55,000/200,249 |
| 2006-2007 | \$1,963,474 | 400 | 49,000/222,435 |
| 2007-2008 | \$2,267,337 | 425 | 47,000/260,424 |
| 2008-2009 | \$2,349,987 | 391 | 51,000/505,700 |
| 2009-2010 | \$2,349,987 | 400 | 65,887/550,000 |
| 2010-2011 | \$2,724,005 | 400 | 92,511*** |
| 2011-2012 | \$3,001,141 | 475 | 106,052 |
| 2012-2013 | \$3,001,141 | 500# | 116,660# |

* SHINE operates on an April-to-March grant year. Funding and clients contacted reflect this grant year period.

** Beginning with the 2004-2005 and ending with the 2009-2010 program year, the clients contacted column has two entries. The first number is Medicare beneficiaries provided one-on-one Medicare-related counseling (e.g., Part D plan enrollment, completing Low-Income Subsidy and Medicare Savings Program applications, and billing and coverage issues). The second number includes all customers served indirectly (e.g., information-based assistance, referrals, and general education at outreach and publicity events).

*** Beginning in the 2010-2011 program year, the SHINE program began collecting only data on Medicare beneficiaries receiving one-on-one counseling as per Centers for Medicare & Medicaid Services National Performance Reporting database requirements. Thus, for 2010-2011, the number of clients (Medicare beneficiaries) contacted was 92,511.

Projection

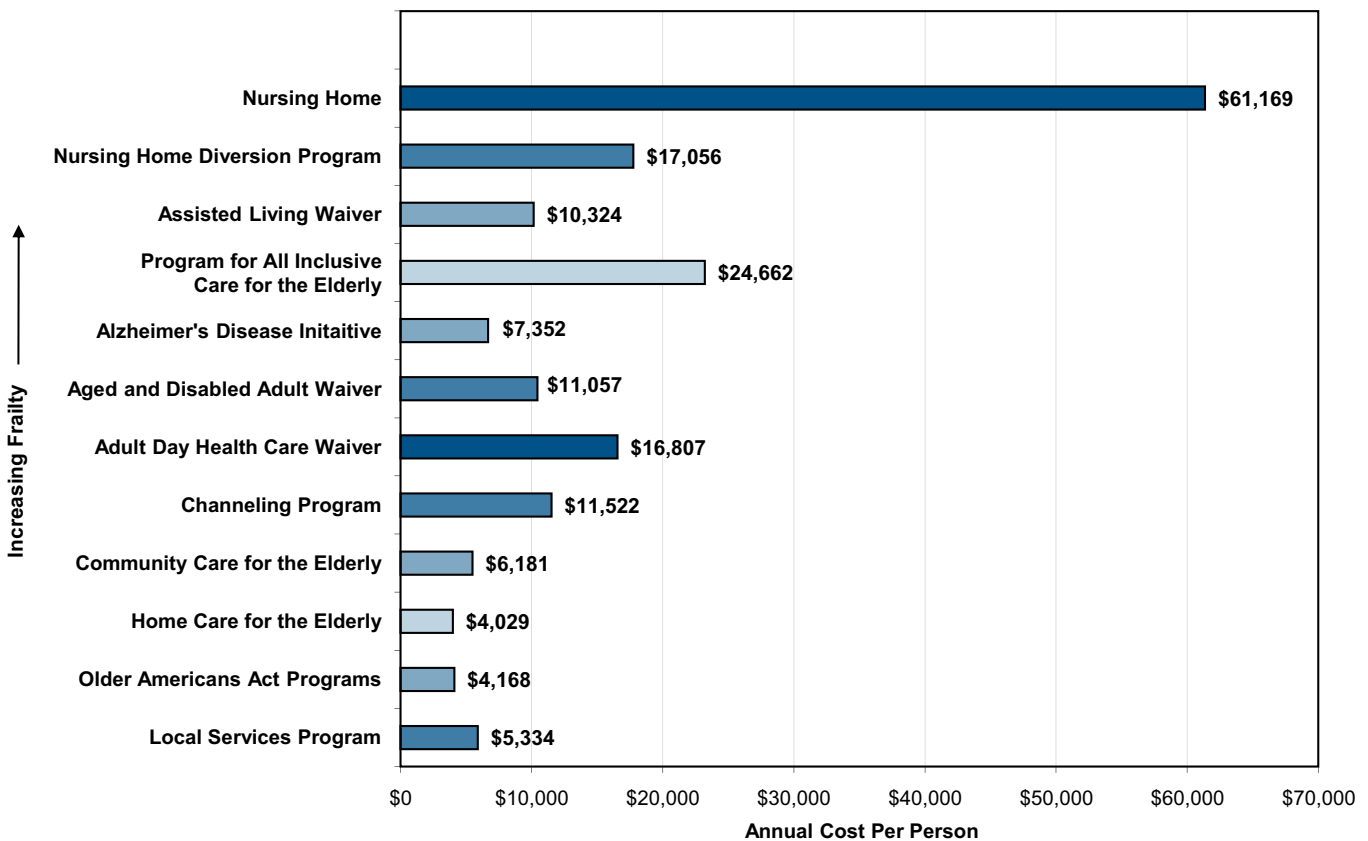
Source: SHIP National Performance Reporting System

Appendix

COST COMPARISONS SFY 2011-2012

In addition to serving the needs of elders, Department programs save the state an average of \$1.71 in nursing home care for every dollar spent on home and community-based services. By determining the number of case months of nursing home care that are avoided through home and community-based services and then factoring in the average monthly costs of each kind of service, it is possible to estimate the value of the avoided nursing home care. This shows that in fiscal year 2011-2012, the state was able to avoid more than \$1,052,763,692 in nursing home payments by spending \$617,349,905 for home and community-based services.

COMPARISON OF ANNUAL COST PER CLIENT OF PROGRAMS SERVING FLORIDA'S ELDERLY STATE FISCAL YEAR 2011-2012



LONG-RANGE PROGRAM PLAN – SERVICES TO ELDER

This table provides a cross-reference of how programs fit into activities and budget entities in the Department’s Long-Range Program Plan.

| SERVICE/BUDGET ENTITY | ACTIVITY | PROGRAM | PAGE |
|------------------------------------|-------------------------------|---|------|
| Comprehensive Eligibility Services | Universal Frailty Assessment | (CARES) Comprehensive Assessment and Review for Long-Term Care Services | 121 |
| Home and Community Services | Caregiver Support | Alzheimer’s Disease Initiative | 91 |
| | | AmeriCorps | 136 |
| | | Home Care for the Elderly (HCE) | 102 |
| | | Older Americans Act Title III E (National Family Caregiver Support Program) | 71 |
| | | Respite for Elders Living in Everyday Families (RELIEF) | 108 |
| | | Senior Companion Program | 143 |
| | Early Intervention/Prevention | Elder Abuse Prevention Program (OAA Title VII) | 75 |
| | | Emergency Home Energy Assistance for the Elderly (EHEAP) | 140 |
| | | Health Promotion and Wellness Initiatives (OAA Title III D) | 69 |
| | | Information & Referral/Assistance | 63 |
| | | Senior Community Service Employment Program (OAA Title V) | 72 |
| | | Serving Health Insurance Needs of Elders (SHINE) | 145 |

| SERVICE/BUDGET ENTITY | ACTIVITY | PROGRAM | PAGE |
|--|--|---|------|
| Home and Community Services (continued) | Supportive Community Care | Local Services Programs | 105 |
| | | Older Americans Act Programs (OAA Title III B) | 61 |
| | Housing, Hospice, and End of Life | Alzheimer’s Disease and Related Disorders Training Provider and Curriculum Approval | 84 |
| | Residential Assisted Living Support | Assisted Living Waiver | 118 |
| | Nutritional Services for the Elderly | Adult Care Food Program | 134 |
| | | Elder Farmers’ Market Nutrition Program | 138 |
| | | Local Services Programs (meals only) | 105 |
| | | Nutrition Services Incentive Program (NSIP) | 67 |
| | | Older Americans Act Programs (OAA Title III C1, Title III C2) | 65 |
| | Long-Term Care Initiatives | Long-Term Care Community Diversion Pilot Project | 126 |
| | | Program of All-Inclusive Care (PACE) | 128 |
| | | Channeling Waiver | 120 |
| | Home and Community Services Diversions | Community Care for the Elderly (CCE) | 99 |
| | | Consumer-Directed Care Plus (CDC+) Program | 124 |
| | | Aged and Disabled Adult Waiver | 116 |
| Consumer Advocate Services | Long-Term Care Ombudsman Council | Long-Term Care Ombudsman Program | 77 |
| | Public Guardianship Program | Statewide Public Guardianship Office | 110 |

GENERAL ELIGIBILITY REQUIREMENTS FOR MAJOR PROGRAMS & SERVICES

NOTE: Eligibility requirements listed below are for general informational purposes only. Information may be subject to change. Before relying on this information, please contact the Department of Elder Affairs for the most current program eligibility requirements.

For other general program information, please refer to the individual program descriptions listed in Sections C, D, E, and F of this Summary of Programs and Services.

Please note that poverty guidelines and Institutional Care Program (ICP) standards are revised annually.

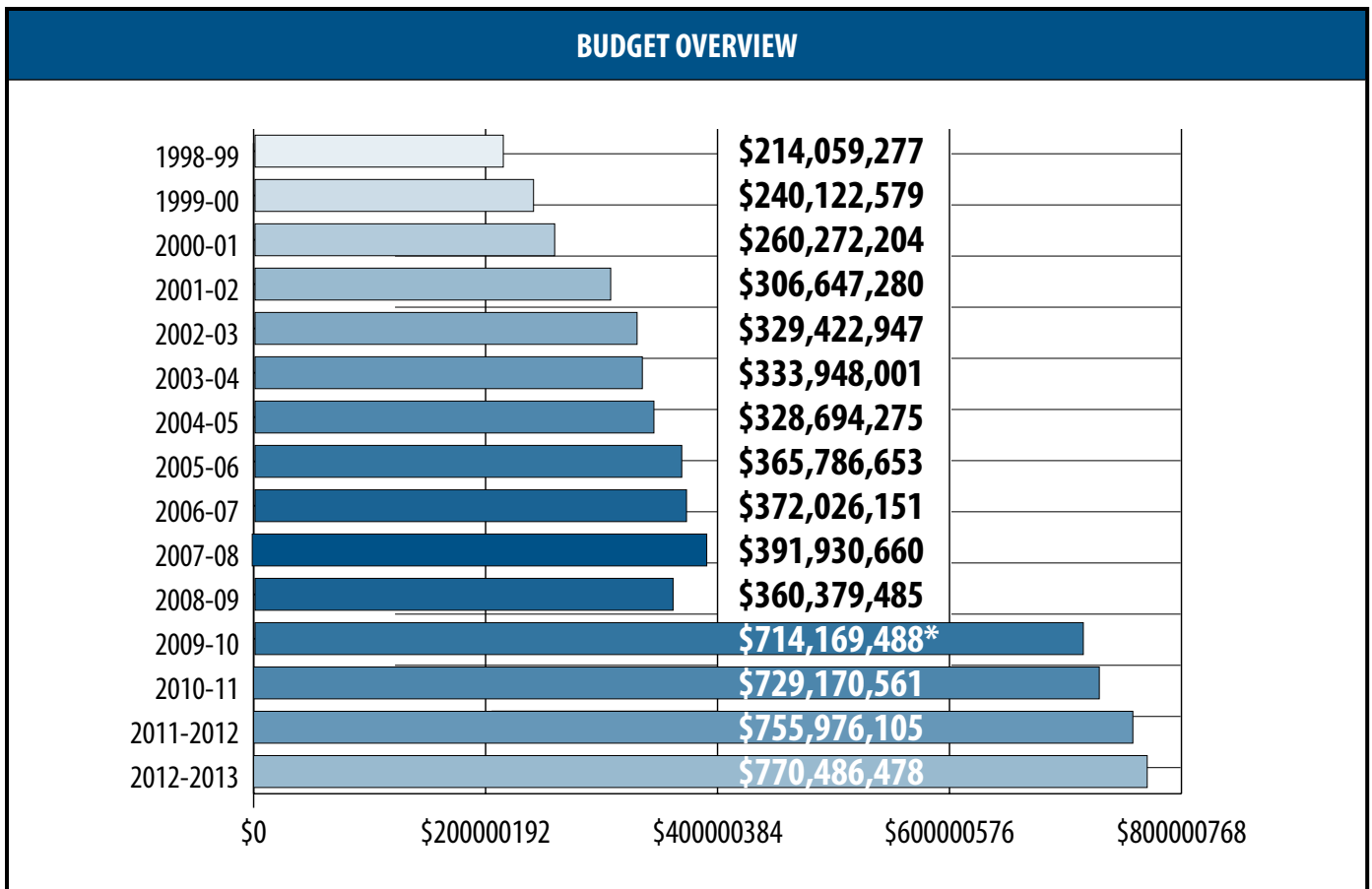
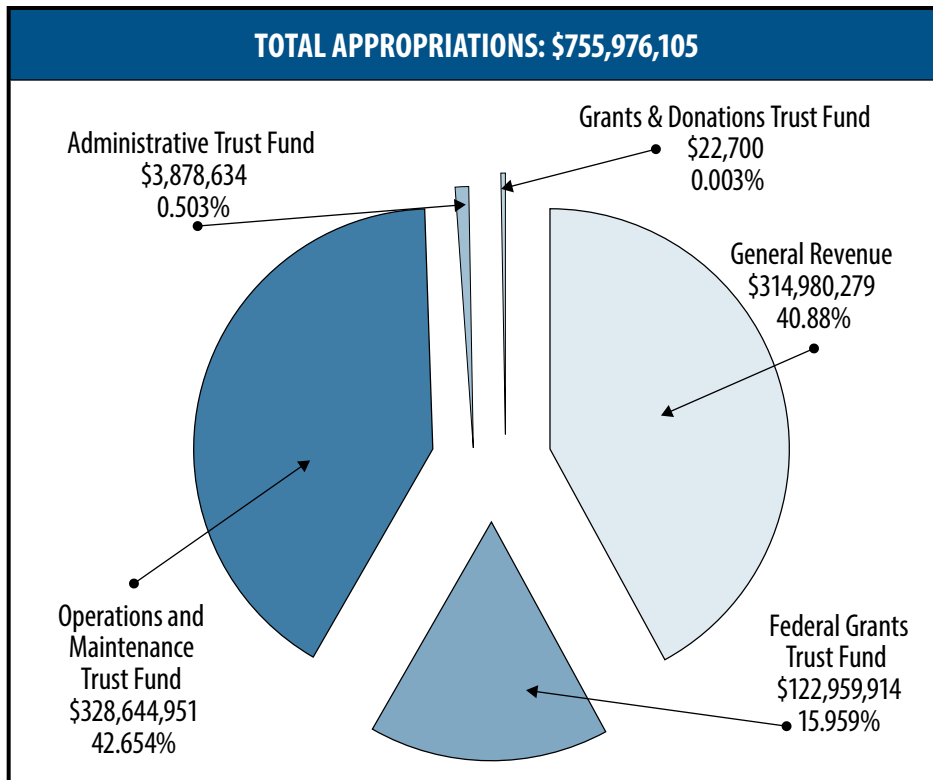
| PROGRAM | AGE | INCOME | OTHER REQUIREMENTS/ FRAILITY LEVELS |
|--------------------------------|--|---|--|
| Adult Care Food Program | 60 and older, or 18 and older and chronically impaired | Level of reimbursement per client to center is based on participants' assessed level of need in accordance with USDA's annual adjustments to Income Eligibility Guidelines. | Must reside in the home or in a "community-based" care facility. Must be enrolled in an Adult Care Center. Center's reimbursement based on participant's assessed level of need. |
| Aged and Disabled Adult Waiver | 60 and older, or 18-59 and disabled | Medicaid-eligible up to Institutional Care Program (ICP) income and asset level. | Must be at risk of nursing home placement. Must meet technical criteria for individuals seeking Medicaid assistance for nursing homes. |
| Alzheimer's Disease Initiative | Caregivers for adults 18 and older; no requirement for Memory Disorder Clinics | No income test; consumers are given opportunity to co-pay based on a sliding scale. | Diagnosed as having probable Alzheimer's disease or other memory disorder. |
| Assisted Living Waiver | 60 and older | Medicaid-eligible up to Institutional Care Program (ICP) income and asset level. | Must be at risk of nursing home placement. Must meet technical criteria for individuals seeking Medicaid assistance for nursing homes. Some additional clinical criteria apply. |
| Channeling Waiver | 65 and older | Medicaid-eligible up to Institutional Care Program (ICP) income and asset level. | Must reside with a caregiver in project service area. Must meet technical criteria for individuals seeking Medicaid assistance for nursing homes. Some additional clinical criteria apply. |
| Community Care for the Elderly | 60 and older | Co-payment is assessed based on sliding schedule. | Must be assessed as functionally impaired. Primary consideration to persons referred by Adult Protective Services. |

| PROGRAM | AGE | INCOME | OTHER REQUIREMENTS/ FRAILTY LEVELS |
|---|--|---|--|
| Elder Farmers' Market Nutrition Program | 60 and older | Household income 185% of Federal Poverty Guidelines or less | Must live in a participating county. |
| Emergency Home Energy Assistance for the Elderly | At least one household member age 60 and older | Household income 150% of poverty guidelines or less; certain exclusions apply. | Must have a heating or cooling emergency. |
| Home Care for the Elderly | 60 and older | Less than Institutional Care Program (ICP) standard for income and assets. | Must be at risk of nursing home placement and have approved adult caregiver willing and able to provide or assist in arranging for care. |
| Long-Term Care Community-Based Diversion Project | 65 and older | Medicare-eligible, Medicaid-eligible up to Institutional Care Program (ICP) income and asset level. | Must reside in project service area. Must be at risk of nursing home placement. Some additional clinical criteria apply. |
| Older Americans Act Programs (except Title V) | 60 and older; spouse under 60 and disabled adults may be served meals under some circumstances | No income test. | Preference to persons with greatest economic or social needs, with particular attention to low-income minority and rural individuals. |
| Senior Community Service Employment Program (OAA Title V) | 55 and older | Household income 125% of poverty guidelines or less; certain exclusions apply. | Targets persons with poor employment prospects and greatest economic need. |
| Senior Companion | Volunteer: 55 and older | Household income 200% of federal poverty guidelines or less as set forth in 42 U.S.C. 9902. | Volunteers serve clients at risk of institutionalization due to chronic illness, disability, or isolation. |

SOURCE OF REVENUE - STATE FISCAL YEAR 2012-2013*

| | |
|---|-----------------------|
| General Revenue | \$ 314,980,279 |
| Legislative Appropriation | |
| Grants and Donations Trust Fund | \$ 22,700 |
| Donations | |
| Operations and Maintenance Trust Fund | \$ 328,644,951 |
| Aged and Disabled Adult Medicaid Waiver | |
| Assisted Living for the Frail Elderly Medicaid Waiver | |
| CARES (Comprehensive Assessment and Review for Long-Term Care Services) | |
| Medicaid Administration | |
| Federal Grants Trust Fund | \$ 122,959,914 |
| Title III and Title VII, Older Americans Act | |
| Title V Senior Community Services Employment Program | |
| HHS Nutrition Services Incentive Program | |
| USDA Adult Day Care Food Program | |
| Emergency Home Energy Assistance Program | |
| Serving Health Insurance Needs of Elders (SHINE) | |
| Elder Farmers' Market Nutrition Program | |
| Administrative Trust Fund | \$ 3,878,634 |
| Public Guardianship Services | |
| Assisted Living Facility Licensure Fees | |
| Total | \$770,486,478 |

*Source: 2012-2013 General Appropriations Act less vetoed amounts and Department of Elder Affairs' electronic Approved Operating Budget 2012-2013.



NOTES:

Department programs and services are 94 percent privatized through contracts with Area Agencies on Aging and other providers. Executive Direction and Support Services represents .97 percent of the Department's expenditures.

*Amount reflects legislative transfer of Medicaid waiver budgets to DOEA from Agency for Health Care Administration.

ELDER DEMOGRAPHICS/PROGRAM ENROLLMENT BY COUNTY

| COUNTY | TOTAL POPULATION | | | | | PERCENT OF POPULATION WHO ARE ELDERS | | | | |
|--------------|------------------|---------|---------|--------|--------|--------------------------------------|-------|-------|------|--------------|
| | ALL AGES | 60+ | 65+ | 75+ | 85+ | 60+ | 65+ | 75+ | 85+ | MINORITY 60+ |
| Alachua | 258,598 | 39,550 | 27,818 | 12,875 | 4,341 | 15.3% | 10.8% | 5.0% | 1.7% | 8,711 |
| Baker | 26,044 | 4,480 | 3,070 | 1,218 | 321 | 17.2% | 11.8% | 4.7% | 1.2% | 473 |
| Bay | 170,986 | 39,157 | 27,791 | 12,429 | 3,578 | 22.9% | 16.3% | 7.3% | 2.1% | 4,214 |
| Bradford | 29,518 | 5,851 | 4,228 | 1,982 | 647 | 19.8% | 14.3% | 6.7% | 2.2% | 751 |
| Brevard | 555,717 | 159,235 | 121,172 | 61,088 | 18,255 | 28.7% | 21.8% | 11.0% | 3.3% | 17,863 |
| Broward | 1,742,481 | 345,071 | 254,707 | 31,991 | 49,561 | 19.8% | 14.6% | 7.6% | 2.8% | 107,662 |
| Calhoun | 14,492 | 3,018 | 2,306 | 1,120 | 374 | 20.8% | 15.9% | 7.7% | 2.6% | 352 |
| Charlotte | 166,703 | 71,276 | 57,161 | 31,444 | 10,216 | 42.8% | 34.3% | 18.9% | 6.1% | 5,327 |
| Citrus | 143,443 | 60,427 | 47,375 | 24,554 | 7,768 | 42.1% | 33.0% | 17.1% | 5.4% | 3,319 |
| Clay | 186,752 | 33,952 | 23,340 | 9,972 | 3,128 | 18.2% | 12.5% | 5.3% | 1.7% | 3,587 |
| Collier | 335,592 | 106,678 | 82,316 | 40,977 | 11,309 | 31.8% | 24.5% | 12.2% | 3.4% | 9,442 |
| Columbia | 67,751 | 15,535 | 11,311 | 5,167 | 1,555 | 22.9% | 16.7% | 7.6% | 2.3% | 2,137 |
| De Soto | 34,424 | 8,413 | 6,407 | 3,120 | 851 | 24.4% | 18.6% | 9.1% | 2.5% | 1,204 |
| Dixie | 16,239 | 4,500 | 3,366 | 1,566 | 431 | 27.7% | 20.7% | 9.6% | 2.7% | 236 |
| Duval | 901,591 | 153,781 | 106,673 | 49,245 | 15,739 | 17.1% | 11.8% | 5.5% | 1.7% | 42,147 |
| Escambia | 312,288 | 65,357 | 48,339 | 23,958 | 8,013 | 20.9% | 15.5% | 7.7% | 2.6% | 13,279 |
| Flagler | 97,753 | 35,989 | 27,936 | 13,806 | 3,613 | 36.8% | 28.6% | 14.1% | 3.7% | 5,963 |
| Franklin | 12,362 | 3,320 | 2,477 | 1,068 | 308 | 26.9% | 20.0% | 8.6% | 2.5% | 244 |
| Gadsden | 49,878 | 10,033 | 7,203 | 3,329 | 1,013 | 20.1% | 14.4% | 6.7% | 2.0% | 5,034 |
| Gilchrist | 17,770 | 4,200 | 3,083 | 1,361 | 363 | 23.6% | 17.3% | 7.7% | 2.0% | 228 |
| Glades | 11,353 | 2,910 | 2,145 | 903 | 233 | 25.6% | 18.9% | 8.0% | 2.1% | 363 |
| Gulf | 16,725 | 3,951 | 2,917 | 1,338 | 408 | 23.6% | 17.4% | 8.0% | 2.4% | 366 |
| Hamilton | 14,727 | 2,701 | 1,908 | 901 | 295 | 18.3% | 13.0% | 6.1% | 2.0% | 761 |
| Hardee | 28,211 | 4,949 | 3,825 | 2,002 | 630 | 17.5% | 13.6% | 7.1% | 2.2% | 1,097 |
| Hendry | 40,949 | 5,921 | 4,389 | 2,070 | 599 | 14.5% | 10.7% | 5.1% | 1.5% | 2,070 |
| Hernando | 166,759 | 62,437 | 49,228 | 25,834 | 7,826 | 37.4% | 29.5% | 15.5% | 4.7% | 5,380 |
| Highlands | 100,148 | 39,921 | 32,662 | 17,905 | 5,739 | 39.9% | 32.6% | 17.9% | 5.7% | 3,892 |
| Hillsborough | 1,205,881 | 215,224 | 154,193 | 73,615 | 24,194 | 17.8% | 12.8% | 6.1% | 2.0% | 64,174 |
| Holmes | 19,918 | 4,578 | 3,449 | 1,643 | 527 | 23.0% | 17.3% | 8.2% | 2.6% | 210 |
| Indian River | 142,899 | 50,820 | 39,874 | 21,765 | 7,402 | 35.6% | 27.9% | 15.2% | 5.2% | 3,754 |
| Jackson | 53,015 | 11,856 | 8,847 | 4,391 | 1,444 | 22.4% | 16.7% | 8.3% | 2.7% | 2,598 |
| Jefferson | 14,837 | 3,482 | 2,451 | 1,200 | 393 | 23.5% | 16.5% | 8.1% | 2.6% | 965 |
| Lafayette | 10,978 | 1,764 | 1,328 | 635 | 187 | 16.1% | 12.1% | 5.8% | 1.7% | 132 |
| Lake | 296,029 | 99,909 | 77,399 | 37,657 | 10,800 | 33.7% | 26.1% | 12.7% | 3.6% | 8,488 |

| COUNTY | TOTAL POPULATION | | | | | PERCENT OF POPULATION WHO ARE ELDERS | | | | |
|------------|------------------|-----------|-----------|-----------|---------|--------------------------------------|-------|-------|------|--------------|
| | ALL AGES | 60+ | 65+ | 75+ | 85+ | 60+ | 65+ | 75+ | 85+ | MINORITY 60+ |
| Lee | 624,188 | 198,312 | 152,066 | 76,814 | 23,314 | 31.8% | 24.4% | 12.3% | 3.7% | 17,219 |
| Leon | 275,254 | 38,664 | 26,157 | 11,876 | 4,130 | 14.0% | 9.5% | 4.3% | 1.5% | 8,871 |
| Levy | 40,874 | 11,239 | 8,243 | 3,797 | 1,129 | 27.5% | 20.2% | 9.3% | 2.8% | 1,182 |
| Liberty | 8,273 | 1,379 | 988 | 448 | 123 | 16.7% | 11.9% | 5.4% | 1.5% | 162 |
| Madison | 20,289 | 4,280 | 3,210 | 1,570 | 532 | 21.1% | 15.8% | 7.7% | 2.6% | 1,242 |
| Manatee | 319,564 | 94,648 | 72,891 | 38,738 | 13,254 | 29.6% | 22.8% | 12.1% | 4.1% | 7,263 |
| Marion | 332,387 | 106,485 | 82,739 | 42,674 | 12,964 | 32.0% | 24.9% | 12.8% | 3.9% | 11,630 |
| Martin | 144,009 | 52,826 | 41,449 | 21,675 | 7,382 | 36.7% | 28.8% | 15.1% | 5.1% | 2,853 |
| Miami-Dade | 2,481,376 | 485,275 | 357,914 | 173,724 | 55,406 | 19.6% | 14.4% | 7.0% | 2.2% | 393,712 |
| Monroe | 77,597 | 21,247 | 14,926 | 6,468 | 1,885 | 27.4% | 19.2% | 8.3% | 2.4% | 3,261 |
| Nassau | 73,817 | 18,122 | 12,581 | 5,098 | 1,229 | 24.5% | 17.0% | 6.9% | 1.7% | 1,183 |
| Okaloosa | 197,825 | 41,012 | 29,130 | 12,873 | 3,652 | 20.7% | 14.7% | 6.5% | 1.8% | 3,971 |
| Okeechobee | 39,902 | 8,995 | 7,002 | 3,637 | 1,063 | 22.5% | 17.5% | 9.1% | 2.7% | 995 |
| Orange | 1,118,487 | 157,408 | 108,990 | 49,145 | 14,373 | 14.1% | 9.7% | 4.4% | 1.3% | 64,294 |
| Osceola | 276,973 | 43,377 | 30,033 | 12,921 | 3,749 | 15.7% | 10.8% | 4.7% | 1.4% | 18,766 |
| Palm Beach | 1,289,304 | 360,150 | 281,709 | 157,010 | 56,325 | 27.9% | 21.8% | 12.2% | 4.4% | 55,656 |
| Pasco | 442,647 | 135,754 | 105,322 | 55,137 | 18,222 | 30.7% | 23.8% | 12.5% | 4.1% | 9,924 |
| Pinellas | 923,466 | 266,052 | 202,461 | 107,599 | 39,721 | 28.8% | 21.9% | 11.7% | 4.3% | 25,570 |
| Polk | 585,935 | 144,391 | 108,946 | 54,305 | 16,651 | 24.6% | 18.6% | 9.3% | 2.8% | 21,373 |
| Putnam | 73,937 | 19,972 | 14,858 | 6,908 | 1,869 | 27.0% | 20.1% | 9.3% | 2.5% | 2,643 |
| St. Johns | 189,545 | 44,230 | 31,441 | 14,764 | 4,411 | 23.3% | 16.6% | 7.8% | 2.3% | 3,293 |
| St. Lucie | 278,531 | 80,813 | 62,217 | 32,357 | 9,416 | 29.0% | 22.3% | 11.6% | 3.4% | 12,443 |
| Santa Rosa | 146,613 | 27,886 | 19,234 | 7,980 | 2,287 | 19.0% | 13.1% | 5.4% | 1.6% | 2,112 |
| Sarasota | 391,467 | 158,499 | 125,612 | 69,143 | 24,465 | 40.5% | 32.1% | 17.7% | 6.2% | 7,392 |
| Seminole | 424,976 | 73,722 | 50,455 | 22,735 | 6,598 | 17.3% | 11.9% | 5.3% | 1.6% | 16,656 |
| Sumter | 103,299 | 39,899 | 33,281 | 18,139 | 4,557 | 38.6% | 32.2% | 17.6% | 4.4% | 2,547 |
| Suwannee | 45,494 | 11,243 | 8,527 | 4,258 | 1,378 | 24.7% | 18.7% | 9.4% | 3.0% | 1,123 |
| Taylor | 23,133 | 4,869 | 3,454 | 1,566 | 432 | 21.0% | 14.9% | 6.8% | 1.9% | 657 |
| Union | 15,813 | 2,211 | 1,470 | 611 | 168 | 14.0% | 9.3% | 3.9% | 1.1% | 335 |
| Volusia | 507,603 | 146,836 | 111,646 | 57,876 | 19,432 | 28.9% | 22.0% | 11.4% | 3.8% | 15,603 |
| Wakulla | 31,804 | 6,470 | 4,336 | 1,608 | 468 | 20.3% | 13.6% | 5.1% | 1.5% | 589 |
| Walton | 58,347 | 14,976 | 11,251 | 5,372 | 1,517 | 25.7% | 19.3% | 9.2% | 2.6% | 1,156 |
| Washington | 25,308 | 5,728 | 4,230 | 1,971 | 629 | 22.6% | 16.7% | 7.8% | 2.5% | 606 |
| Florida | 18,850,848 | 4,507,216 | 3,381,463 | 1,704,926 | 554,792 | 23.9% | 17.9% | 9.0% | 2.9% | 1,042,705 |

| COUNTY | PERCENT OF POPULATION | | | | PROGRAM ENROLLMENTS | | | | | | |
|--------------|-------------------------|-------------------------|------------------|---------------------------------|---------------------|-----|-----|------|-----|--------------------|---|
| | BELOW POVERTY LEVEL 60+ | ALZHEIMER'S DISEASE 65+ | LIVING ALONE 60+ | 65+ WITH SELF-CARE DISABILITIES | ADA | ADI | ALE | CCE | HCE | NH DIVERSION (NHD) | COMMUNITY NURSING HOME BEDS PER 1,000 (75+) |
| Alachua | 8.3% | 12.7% | 19.1% | 10.1% | 156 | 50 | 7 | 113 | 51 | 20 | 72.5 |
| Baker | 9.9% | 10.4% | 14.3% | 0.0% | 12 | 9 | 3 | 61 | 6 | | 154.4 |
| Bay | 8.4% | 11.8% | 19.8% | 10.9% | 210 | 23 | 47 | 75 | 26 | | 68.7 |
| Bradford | 13.5% | 12.7% | 16.9% | 0.0% | 9 | 4 | 13 | 33 | 8 | 1 | 121.1 |
| Brevard | 7.3% | 13.3% | 19.5% | 5.4% | 234 | 64 | 128 | 233 | 18 | 874 | 43.0 |
| Broward | 11.4% | 14.5% | 23.1% | 9.2% | 680 | 237 | 245 | 1535 | 104 | 2754 | 32.0 |
| Calhoun | 10.8% | 13.2% | 23.5% | 0.0% | 45 | 1 | 3 | 25 | 6 | | 219.6 |
| Charlotte | 6.5% | 14.7% | 17.4% | 5.4% | 75 | 18 | 8 | 176 | 29 | 194 | 35.2 |
| Citrus | 8.8% | 13.8% | 15.3% | 5.2% | 95 | 12 | 79 | 178 | 25 | 112 | 44.0 |
| Clay | 7.5% | 11.6% | 14.6% | 6.9% | 126 | 18 | 48 | 89 | 28 | 36 | 103.6 |
| Collier | 6.2% | 12.9% | 15.6% | 5.4% | 66 | 48 | 4 | 216 | 33 | 91 | 18.4 |
| Columbia | 11.3% | 12.2% | 16.2% | 5.3% | 112 | 10 | 33 | 59 | 41 | 2 | 59.0 |
| De Soto | 11.5% | 12.6% | 16.8% | 0.0% | 15 | 2 | 8 | 51 | 13 | 4 | 13.1 |
| Dixie | 10.0% | 12.1% | 13.9% | 0.0% | 21 | 4 | | 33 | 7 | | 38.3 |
| Duval | 9.7% | 12.5% | 20.8% | 9.4% | 508 | 22 | 124 | 371 | 49 | 545 | 79.9 |
| Escambia | 9.5% | 13.5% | 20.8% | 9.6% | 301 | 32 | 113 | 203 | 22 | 43 | 70.5 |
| Flagler | 6.1% | 12.6% | 15.0% | 6.5% | 29 | 11 | 4 | 88 | 10 | 54 | 17.4 |
| Franklin | 14.2% | 11.5% | 17.8% | 0.0% | 32 | 3 | 14 | 27 | 4 | | 84.3 |
| Gadsden | 15.7% | 12.4% | 18.6% | 0.0% | 60 | 6 | 18 | 41 | 5 | 1 | 36.0 |
| Gilchrist | 12.8% | 11.5% | 18.7% | 0.0% | 16 | 2 | 2 | 30 | 8 | | 147.7 |
| Glades | 9.5% | 10.9% | 14.5% | 0.0% | | 2 | | 37 | 8 | | 0.0 |
| Gulf | 10.8% | 12.3% | 15.8% | 0.0% | 31 | 5 | 14 | 20 | 1 | | 89.7 |
| Hamilton | 14.7% | 12.8% | 19.6% | 0.0% | 71 | 10 | 9 | 38 | 28 | | 66.6 |
| Hardee | 17.8% | 13.9% | 13.8% | 0.0% | 19 | 2 | 13 | 57 | 9 | | 51.9 |
| Hendry | 13.5% | 12.4% | 13.8% | 0.0% | 17 | 8 | 2 | 81 | 26 | 10 | 119.8 |
| Hernando | 7.2% | 13.8% | 17.5% | 7.2% | 82 | 11 | 90 | 140 | 33 | 236 | 25.5 |
| Highlands | 9.9% | 14.6% | 18.8% | 8.5% | 53 | 14 | 86 | 226 | 26 | 65 | 33.4 |
| Hillsborough | 9.7% | 13.0% | 19.0% | 7.6% | 509 | 58 | 309 | 853 | 138 | 1842 | 49.5 |
| Holmes | 13.4% | 12.9% | 21.6% | 0.0% | 85 | 2 | 27 | 27 | 11 | | 109.6 |
| Indian River | 7.5% | 14.8% | 20.4% | 8.9% | 34 | 8 | 33 | 104 | 9 | 144 | 25.0 |
| Jackson | 23.5% | 13.4% | 18.2% | 0.0% | 125 | 9 | 17 | 68 | | | 123.0 |
| Jefferson | 18.4% | 13.3% | 15.4% | 0.0% | 79 | 3 | 2 | 25 | 1 | | 130.8 |
| Lafayette | 15.9% | 12.6% | 6.8% | 0.0% | 16 | 4 | 21 | 21 | 2 | | 94.5 |
| Lake | 6.2% | 12.7% | 15.7% | 8.5% | 96 | 7 | 58 | 164 | 56 | 297 | 37.1 |
| Lee | 6.9% | 13.4% | 17.2% | 5.9% | 140 | 49 | 199 | 260 | 60 | 526 | 26.3 |

| COUNTY | PERCENT OF POPULATION | | | | PROGRAM ENROLLMENTS | | | | | | |
|------------|-------------------------|-------------------------|------------------|---------------------------------|---------------------|------|------|-------|------|--------------------|---|
| | BELOW POVERTY LEVEL 60+ | ALZHEIMER'S DISEASE 65+ | LIVING ALONE 60+ | 65+ WITH SELF-CARE DISABILITIES | ADA | ADI | ALE | CCE | HCE | NH DIVERSION (NHD) | COMMUNITY NURSING HOME BEDS PER 1,000 (75+) |
| Leon | 6.6% | 12.6% | 19.9% | 7.4% | 146 | 14 | 5 | 67 | 25 | 1 | 62.6 |
| Levy | 13.9% | 12.2% | 15.3% | 0.0% | 70 | 6 | 31 | 42 | 23 | 1 | 47.4 |
| Liberty | 20.6% | 11.8% | 21.8% | 0.0% | 16 | 2 | 17 | 18 | 6 | | 0.0 |
| Madison | 15.4% | 13.4% | 17.4% | 0.0% | 63 | 3 | 43 | 46 | 9 | | 151.6 |
| Manatee | 7.7% | 14.5% | 20.0% | 5.1% | 63 | 13 | 55 | 192 | 18 | 278 | 35.1 |
| Marion | 9.2% | 13.6% | 17.0% | 6.4% | 184 | 24 | 73 | 256 | 41 | 344 | 32.2 |
| Martin | 6.2% | 14.2% | 20.5% | 6.1% | 41 | 36 | | 115 | 5 | 99 | 36.7 |
| Miami-Dade | 19.9% | 13.1% | 16.1% | 11.8% | 3250 | 334 | 861 | 1403 | 856 | 7086 | 46.5 |
| Monroe | 10.6% | 11.5% | 16.5% | 3.6% | 20 | 17 | | 98 | 29 | 3 | 37.1 |
| Nassau | 8.7% | 10.4% | 13.8% | 9.2% | 75 | 11 | 4 | 60 | 20 | 10 | 47.1 |
| Okaloosa | 6.4% | 11.7% | 18.8% | 9.2% | 54 | 8 | 29 | 65 | 14 | 19 | 69.8 |
| Okeechobee | 10.9% | 13.6% | 16.8% | 0.0% | 44 | 3 | 7 | 59 | 9 | 3 | 49.5 |
| Orange | 9.6% | 12.0% | 16.6% | 9.7% | 292 | 275 | 185 | 264 | 42 | 924 | 82.9 |
| Osceola | 9.9% | 11.5% | 12.3% | 12.4% | 174 | 11 | 20 | 55 | 3 | 355 | 83.6 |
| Palm Beach | 8.0% | 15.3% | 21.7% | 7.4% | 651 | 137 | 111 | 736 | 96 | 1597 | 38.5 |
| Pasco | 8.5% | 14.1% | 18.5% | 5.9% | 226 | 19 | 309 | 284 | 31 | 516 | 35.1 |
| Pinellas | 9.1% | 14.8% | 24.5% | 7.3% | 648 | 31 | 548 | 567 | 40 | 1720 | 72.3 |
| Polk | 8.9% | 13.2% | 18.0% | 7.2% | 249 | 35 | 106 | 467 | 101 | 547 | 52.0 |
| Putnam | 18.0% | 12.1% | 20.2% | 5.1% | 62 | 14 | 53 | 74 | 31 | 1 | 48.8 |
| St. Johns | 6.1% | 12.5% | 15.6% | 10.8% | 71 | 13 | 43 | 67 | 11 | 71 | 41.0 |
| St. Lucie | 8.0% | 13.6% | 17.4% | 5.6% | 121 | 46 | 75 | 190 | 52 | 298 | 32.5 |
| Santa Rosa | 7.2% | 11.1% | 14.0% | 8.4% | 82 | 12 | 95 | 68 | 8 | 24 | 51.4 |
| Sarasota | 7.1% | 15.1% | 20.8% | 4.9% | 106 | 41 | 71 | 244 | 39 | 475 | 40.5 |
| Seminole | 7.8% | 11.9% | 16.9% | 8.0% | 94 | 71 | 187 | 93 | 19 | 455 | 51.6 |
| Sumter | 7.1% | 13.7% | 16.4% | 4.0% | 42 | 8 | 13 | 56 | 24 | 5 | 14.9 |
| Suwannee | 14.6% | 13.5% | 21.1% | 0.0% | 60 | 7 | 17 | 51 | 31 | | 94.2 |
| Taylor | 15.1% | 11.9% | 19.5% | 0.0% | 53 | 3 | 1 | 32 | 3 | | 76.6 |
| Union | 14.6% | 11.0% | 18.2% | 0.0% | 6 | 5 | | 31 | 8 | | 0.0 |
| Volusia | 8.9% | 14.1% | 20.7% | 6.4% | 314 | 20 | 126 | 347 | 54 | 766 | 55.3 |
| Wakulla | 11.0% | 10.1% | 15.5% | 0.0% | 42 | 7 | | 32 | 4 | | 74.6 |
| Walton | 9.6% | 12.5% | 18.9% | 0.0% | 42 | 9 | 26 | 57 | 14 | 1 | 51.6 |
| Washington | 11.5% | 12.6% | 24.5% | 0.0% | 94 | 7 | 2 | 41 | 8 | 1 | 91.3 |
| Florida | 9.9% | 13.6% | 19.0% | 7.5% | 11614 | 2011 | 4894 | 11935 | 2575 | 23464 | 46.5 |

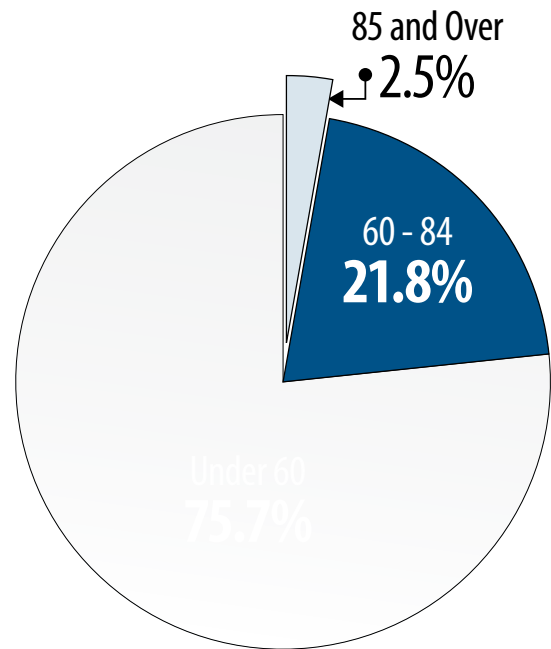
Source: Department of Elder Affairs calculations based on Florida Demographic Estimating Conference, January 2010, and the Florida Demographic Database, August 2010, provided by Florida Legislature, Office of Economic and Demographic Research projections for 11/10; and 2005-2009 American Community Survey Five-Year Estimates

AGE DISTRIBUTION

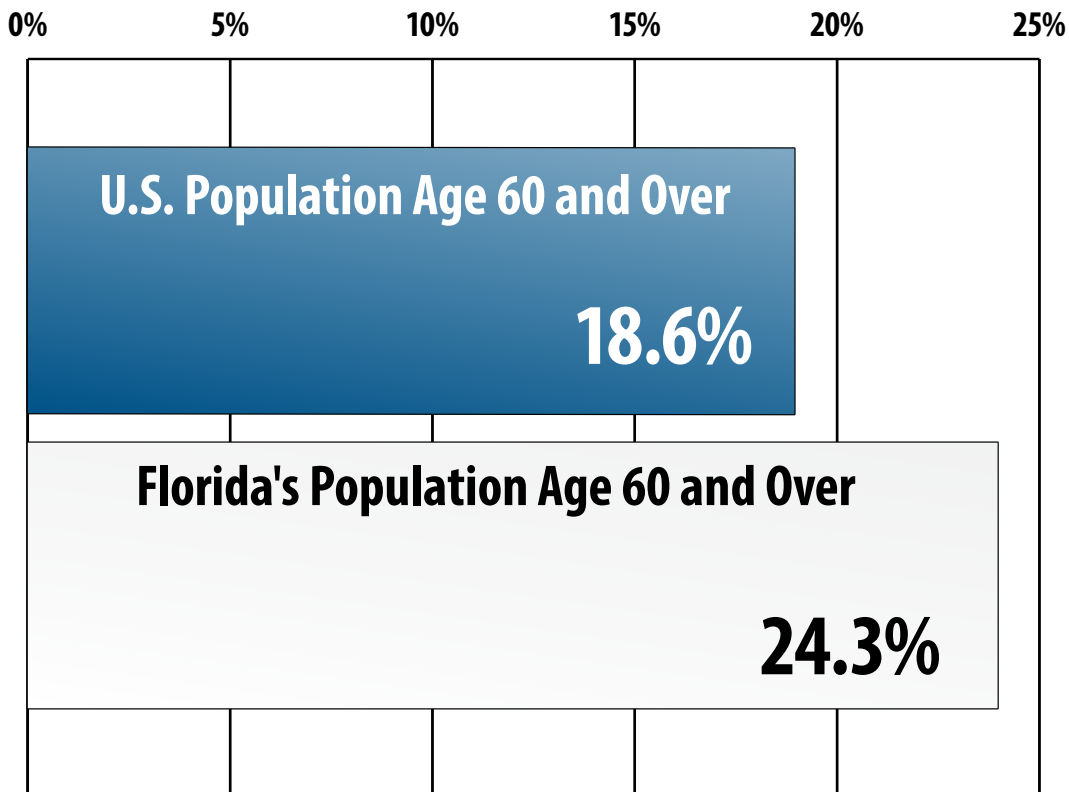
Florida is the fourth most populous state with 19,165,559 citizens. Among the 50 states, Florida has the highest percentage of elders age 60 and older (24.3 percent) compared with a national percentage of 18.6 percent. Of Florida's 4,656,284 elders age 60 and older, 471,125 are age 85 and older.

Most Florida elders 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 37.6 percent of the total state population age 60 and older, and 42.5 percent of the population 85 and older.

In terms of density, Florida's population 60 and older comprises at least 30 percent of the total residents in 14 counties. Interestingly, none of the five counties with the largest populations 60 and older is among that group.

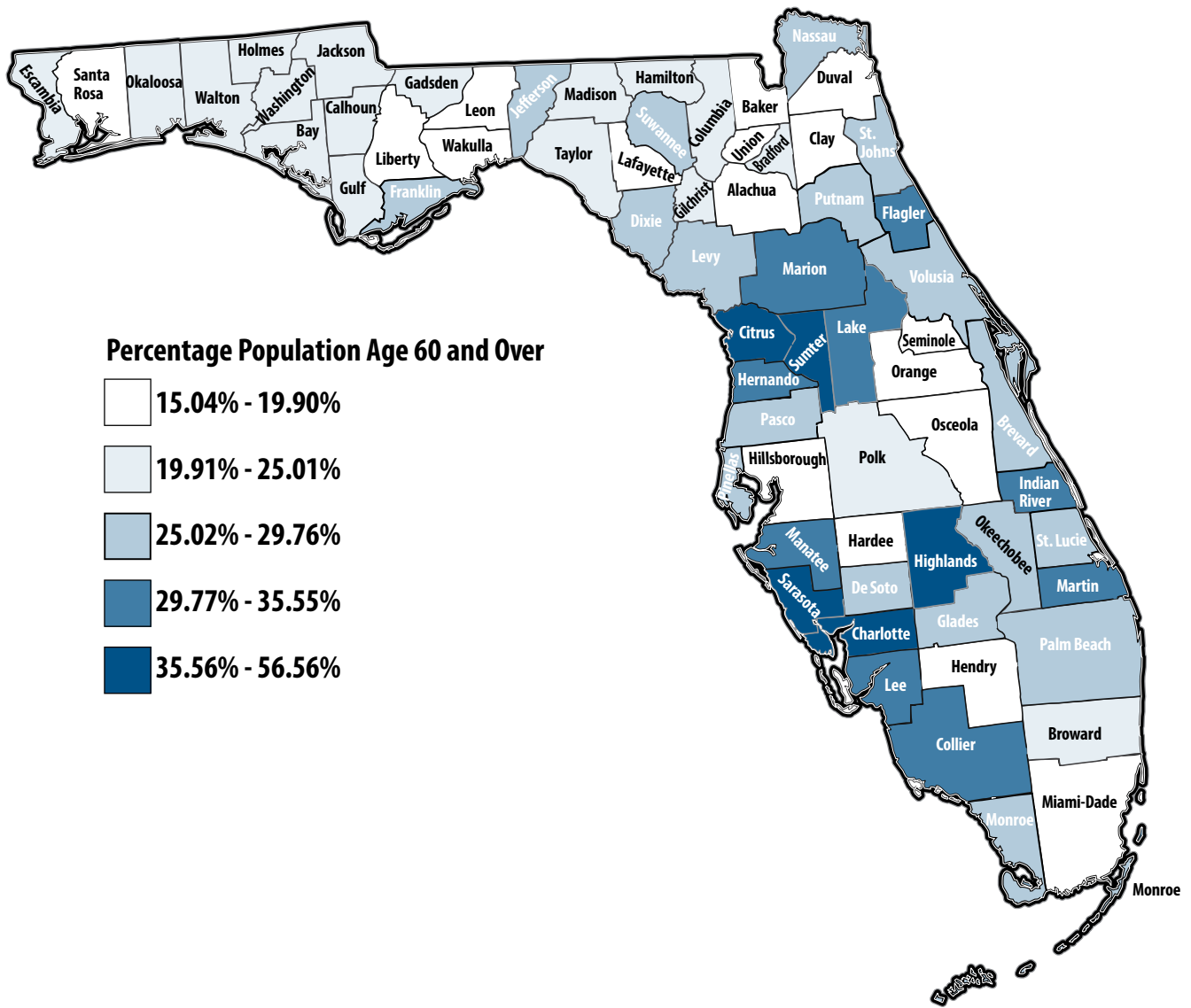


FLORIDA'S AGE DISTRIBUTION



60+ PERCENTAGE: FLORIDA VS. UNITED STATES

FLORIDA'S ELDER POPULATION AGE 60 AND OLDER BY COUNTY AS A PERCENTAGE OF OVERALL POPULATION



The five counties with the most dense population of elders age 60 and older are Sumter (56.56 percent), Charlotte (43.78 percent), Citrus (41.39 percent), Sarasota (40.13 percent), and Highlands (39.74 percent). Two areas of the state, West Central and Southwest Florida, consist of counties with 30 percent or more of the population age 60 and older. West Central Florida is located north of Tampa, west of Orlando, and south of Gainesville. Southwest Florida is on the Gulf of Mexico south of Bradenton.

MINORITY DISTRIBUTION

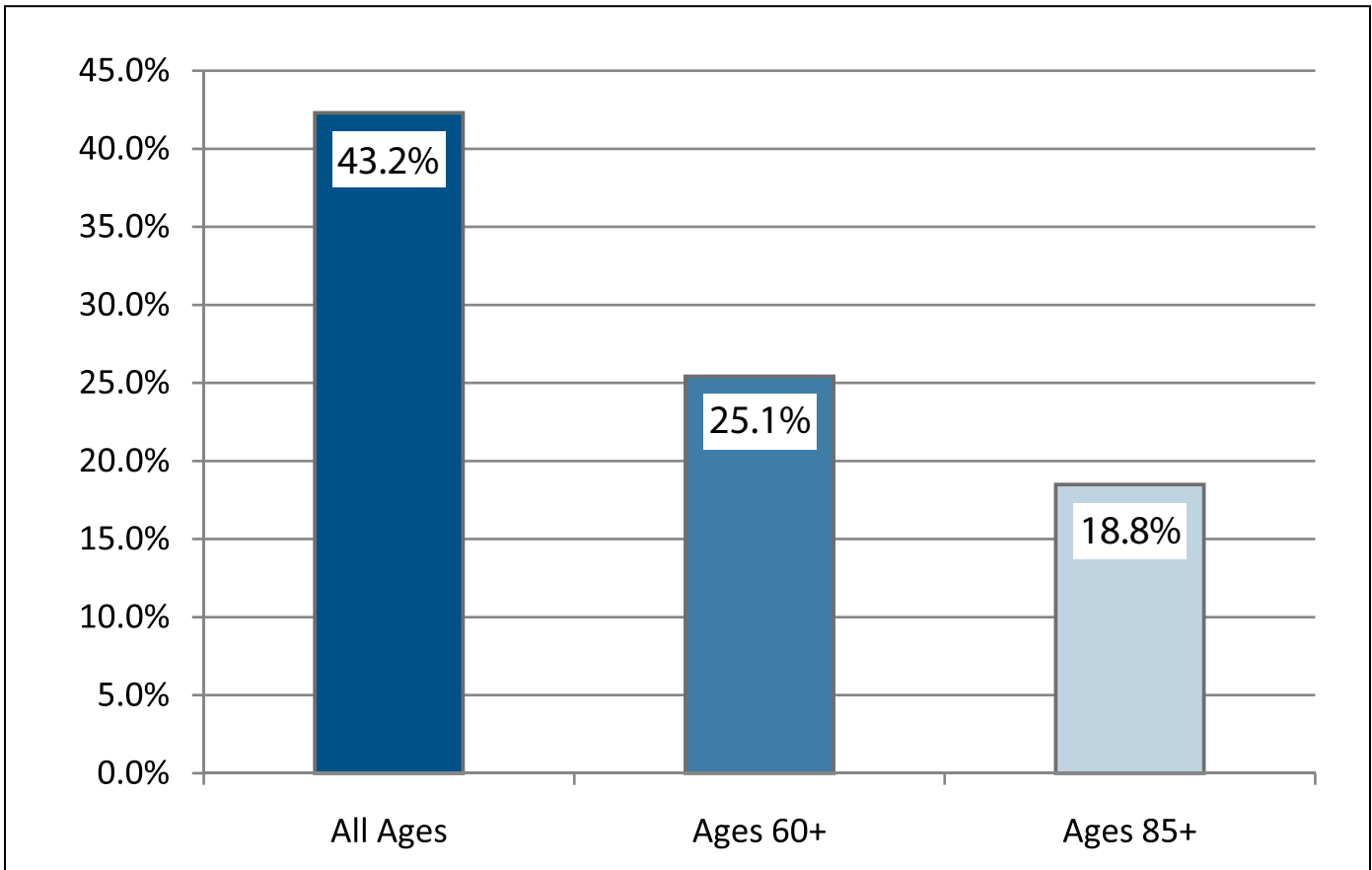
As the age of Florida population groups increases, their racial and ethnic diversity decreases. This decrease in diversity can be attributed to the migration of elders into Florida and the life span of minorities within the state. While almost two in five (43.2 percent) Floridians are minority, this percentage declines to about one in four (25.1 percent) of all elders age 60 and older, and about one in six (18.8 percent) of all elders age 85 and older.

In Florida, 74.9 percent of the total 60-and-older population are white non-Hispanics. In comparison, minorities generally constitute a smaller percentage of elders among their respective populations. Statewide, 14.1 percent of the total 60-and-older population are Hispanics and 9.2 percent of the total 60-and-older population are African-Americans.

Counties with the highest percentages of residents age 60 and older also show differences

between white non-Hispanics and minorities. The top five counties with white non-Hispanic elders (60+) representing 45 percent or more of their white non-Hispanic populations (all ages) are Sumter (65.0 percent), Highlands (50.4 percent), Charlotte (47.7 percent), Collier (47.4 percent), and Sarasota (45.1 percent). One of these counties is in West Central Florida, and four are in Southwest Florida.

The top fifteen counties with minority elders (60+) representing 15 percent or more of their minority populations (all ages) are Citrus (23.5 percent), Flagler (22.9 percent), Charlotte (21.3 percent), Miami-Dade (19.1 percent), Jefferson (18.4 percent), Hernando (18.0 percent), Levy (16.4 percent), Nassau (16.4 percent), Marion (16.1 percent), Brevard (16.1 percent), Madison (16.1 percent), Monroe (15.3 percent), Highlands (15.2 percent), Jackson (15.1 percent), and Sumter (15.1 percent). These counties do not appear to exhibit any geographical grouping patterns.



CUSTOMER ASSESSMENT PROFILES BY PRIORITY LEVEL

The Department of Elder Affairs assesses applicants into one of five priority levels based on their need for home and community-based services. Priority level 1 is the lowest level of need and level 5 is the highest. In addition, clients may be placed in three special high-risk categories: Adult Protective Services (APS) referrals, elders

identified as being at imminent risk of nursing home placement, and individuals aging out of DCF services. The Department’s prioritization policy requires service agencies to provide services in the following order of priority: APS high-risk, imminent-risk, aging out, priority level 5, level 4, level 3, level 2, and then level 1.

**KEY: ADL = ACTIVITY OF DAILY LIVING;
IADL = INSTRUMENTAL ACTIVITY OF DAILY LIVING (SEE LIST BELOW TABLE)**

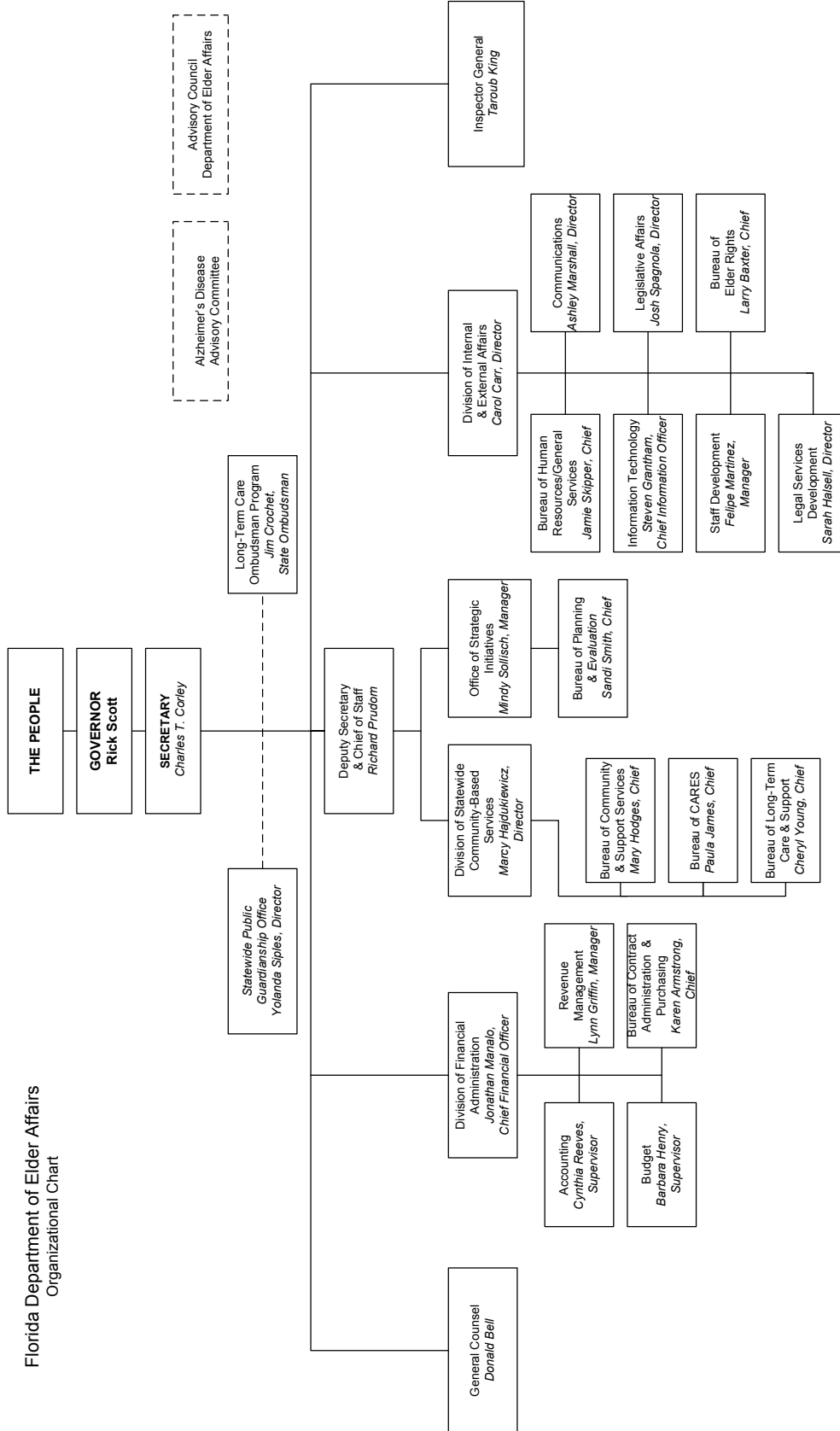
| CUSTOMER PROFILE LEVELS | | | | |
|---|---|---|---|---|
| LEVEL 1 | LEVEL 2 | LEVEL 3 | LEVEL 4 | LEVEL 5 |
| DISABILITIES | | | | |
| Number of ADLs that require total help = 0 ...require some help = 2 ...require total help = 2-3 Number of IADLs that require some help = 6 | Number of ADLs that require total help = 0-1 ...require some help = 3 Number of IADLs that require total help = 5 ...require some help = 7 | Number of ADLs that require total help = 2 ...require some help = 4 Number of IADLs that require total help = 5-6 ...require some help = 7 | Number of ADLs that require total help = 1 ...require some help = 4 Number of IADLs that require total help = 6 ...require some help = 7-8 | Number of ADLs that require total help = 3 ...require some help = 5 Number of IADLs that require total help = 7 ...require some help = 8 |
| SELF-ASSESSED HEALTH | | | | |
| Fair | Fair | Fair | Fair | Fair-Poor |
| CAREGIVER SITUATION | | | | |
| 67% of primary caregivers in good or excellent health, 24% experiencing health crisis | 56% of primary caregivers in good or excellent health, 32% experiencing health crisis | 50% of primary caregivers in good or excellent health, 51% experiencing health crisis | 45% of primary caregivers in good or excellent health, 70% experiencing health crisis | 40% of primary caregivers in good or excellent health, 74% experiencing health crisis |
| RISK SCORE | | | | |
| Average Risk Score of nursing home placement = 20 | Average Risk Score of nursing home placement = 38 | Average Risk Score of nursing home placement = 46 | Average Risk Score of nursing home placement = 45 | Average Risk Score of nursing home placement = 57 |

Revised January 2009

ADLs: bathing, dressing, eating, using the bathroom, transferring, walking/mobility

IADLs: do heavy chores, do light housekeeping, use phone, manage money, prepare meals, do shopping, take medication, use transportation

FLORIDA DEPARTMENT OF ELDER AFFAIRS ORGANIZATIONAL CHART



Florida Department of Elder Affairs
Organizational Chart

UPDATED: 11/02/12

DEFINITIONS

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

Adult Family Care Home – A full-time, family-type living arrangement in a private home, where 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 – 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 and community-based services.

Area Agency on Aging – A public or non-profit private agency or office designated by the Department of Elder Affairs to coordinate and administer the Department's programs and to provide, through contracting agencies, services within a Planning and Service Area.

Assisted Living Facility – 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, that 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.

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

Client Information and Registration Tracking System (CIRTS) – The Department of Elder Affairs' centralized customer registry and database holding information about customers who have received services from Area Agencies on Aging since 1997. CIRTS is a dynamic database that is updated on a real-time basis every time a new customer enrolls or an existing customer receives a service.

Consumer-Directed Care – Also known as participant-directed care, an option that puts Medicaid participants in charge of their care dollars under the Aged and Disabled Adult Waiver or Traumatic Brain and Spinal Cord Injury Waiver. Participants hire employees or vendors, including, if desired, friends and family members or vendors who are not Medicaid-enrolled providers. Employees and vendors are selected to meet identified needs such as personal care, respite, transportation, and consumable medical supplies. Consumer direction offers enhanced choice and control.

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.

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

Level of Care – 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 services, the applicant must meet the nursing home level of care.) Level of care is also a term used to describe the frailty level of a consumer seeking Department of Elder Affairs services, as determined by the frailty level prioritization assessment tool.

Long-Range Program Plan – A plan developed annually by each state government agency. 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, by the agency mission, and by legislative authorization. The plan provides the framework and context for preparing the Legislative Budget Request and includes performance indicators for evaluating the impact of programs and agency performance.

Medicaid – A medical assistance program funded with federal matching funds that serves low-income families, those age 65 and older, people who are blind, and people with disabilities. A person must apply and qualify before being eligible for Medicaid coverage. The Department of Children and Families' Medicaid Economic Services office determines financial eligibility for Medicaid services. Financial eligibility is based on assets and income. The requirements are not universal for all Medicaid services; therefore, individuals may qualify for some Medicaid services but not others.

Medicaid Waivers – Programs for which certain federal requirements have been waived to allow states to provide home and community-based services to individuals who otherwise would require institutionalization. Florida Medicaid currently has 15 waivers, four of which are coordinated by the Department of Elder Affairs.

Medicare – A federal health insurance program that serves people 65 and older and those with certain disabilities, regardless of income. Medicare has three parts: Part A (hospital insurance), Part B (medical insurance), and Part D (prescription assistance). Qualified individuals are automatically enrolled in Medicare Part A, but must apply to become eligible for Part B and Part D coverage.

Older Americans Act Programs – Programs funded by the Older Americans Act that provide a variety of in-home and community-based services to persons age 60 and older. Local service providers deliver services through contracts with Area Agencies on Aging.

Planning and Service Area (PSA) – A distinct geographic area, established by the Department of Elder Affairs, in which the Department's service delivery programs are administered by quasi-governmental entities called Area Agencies on Aging.

Respite – In-home or short-term facility-based assistance for a homebound elder provided by someone who is not a member of the family unit, to allow the family to leave the homebound elder for a period of time.

ACRONYMS/ABBREVIATIONS

| | | | |
|--------------|---|---------------|--|
| AAA | Area Agency on Aging | EHEAP | Emergency Home Energy Assistance for the Elderly Program |
| ACFP | Adult Care Food Program | FMMIS | Florida Medicaid Management Information System |
| ADA | Aged and Disabled Adult Medicaid Waiver | HCBS | Home and Community-Based Services |
| ADI | Alzheimer’s Disease Initiative | HCE | Home Care for the Elderly |
| ADL | Activities of Daily Living | HIPAA | Health Insurance Portability and Accessibility Act |
| ADRC | Aging and Disability Resource Center | HMO | Health Maintenance Organization |
| ADRD | Alzheimer’s Disease and Related Disorders Training Provider and Curriculum Approval | IADL | Instrumental Activities of Daily Living |
| AFCH | Adult Family Care Home | ICP | Institutional Care Program |
| AHCA | Agency for Health Care Administration | LRPP | Long-Range Program Plan |
| ALW | Assisted Living Waiver | LSP | Local Services Programs |
| ALF | Assisted Living Facility | LTCCDP | Long-Term Care Community Diversion Pilot Project, also known as Nursing Home Diversion (NHD) |
| AoA | Administration on Aging (U.S. Department of Health and Human Services) | LTCOP | Long-Term Care Ombudsman Program |
| APS | Adult Protective Services | NASUAD | National Association of States United for Aging and Disability |
| ARC | Aging Resource Center | NHD | Nursing Home Diversion Program |
| BEBR | Bureau of Economic and Business Research | NSIP | Nutrition Services Incentive Program |
| CARES | Comprehensive Assessment and Review for Long-Term Care Services | OAA | Older Americans Act |
| CCE | Community Care for the Elderly | PACE | Program of All-Inclusive Care for the Elderly |
| CDC+ | Consumer-Directed Care Plus | PSA | Planning and Service Area |
| CIRTS | Client Information and Registration Tracking System | RELIEF | Respite for Elders Living in Everyday Families |
| CMS | Centers for Medicare & Medicaid Services | SCSEP | Senior Community Service Employment Program |
| COLA | Cost of Living Adjustment | SHINE | Serving Health Insurance Needs of Elders |
| DOEA | Department of Elder Affairs | SPGO | Statewide Public Guardianship Office |
| EFMNP | Elder Farmers’ Market Nutrition Program | | |

INDEX

A

ADA 20, 21, 36, 121, 167, 172

ADI 22, 36, 172

Adult Care Food Program , 20, 23, 36, 134, 37, 134, 151, 152, 167, 172

Adult Day Care 7, 20, 21, 23, 37, 85, 88, 90, 92, 105, 134, 154

Adult Day Health Care 21, 22, 37

Aged and Disabled Adult Waiver 20, 21, 36, 121, 172

Aging and Disability Resource Center 167

Aging Resource Center 12, 21, 167

ALW 21, 36, 121, 167

Alzheimer's 20, 22, 23, 24, 36, 37, 47, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 108, 118, 126, 150, 151, 152, 167, 172

Alzheimer's Disease Initiative 36, 150, 172

AmeriCorps 20, 51, 23, 23, 36, 136, 137, 150, 136, 172

Area Agency on Aging 26, 26, 36, 26, 75, 59, 99, 140, 165, 167

Assessment 6, 12, 15, 19, 20, 25, 36, 38, 40, 43, 47, 50, 115, 150, 154, 121, 123, 163, 167, 105, 172

Assisted Living 16, 17, 20, 21, 36, 37, 46, 84, 86, 87, 118, 119, 121, 154, 165, 167, 172

B

Basic Subsidy 38

Brain Bank 20, 22

C

Caregiver Support 21, 22, 23, 58, 71, 150, 172

CARES , 15, 19, 20, 36, 47, 36, 6, 121, 122, 12, 126, 15, 19, 20, 115, 150, 116, 154, 120, 123, 167

Case Aide 21, 38

Case Management 21, 22, 38, 105

CCE 22, 36, 167, 172

Channeling Waiver 21, 172

Child Day Care 38

Chore 21, 37, 39, 46, 51, 105

Communities for a Lifetime 6, 11, 16, 17, 28

Community Care for the Elderly 14, 20, 22, 36, 99, 103, 151, 152, 167, 172

Companionship 23, 39, 52

Complaint Investigation 46

Comprehensive Assessment and Review for Long-Term Care Services 19, 36, 121, 150, 154, 167, 172

Congregate Meals , 39, 65, 105, 172

Consumable Medical Supplies 21, 22, 40

Consumer-Directed Care Plus 14, 20, 117, 124, 125, 151, 167

Counseling 17, 21, 22, 40, 42, 43, 46, 47, 105, 145

D

Dental Services 40

Disaster Preparedness 15, 16, 51

Disease Information 41

E

Education 15, 17, 22, 40, 41, 43, 46, 47, 51

EHEAP 20, 22, 36, 45, 140, 150, 167, 172

Elder Abuse 17, 75, 76, 150, 76

Elder Abuse Prevention 17, 150

Elder Farmers' Market Nutrition Program 20, 23, 36, 138, 151, 153, 154, 167, 172

Emergency Alert Response 21, 22, 41, 105

Emergency Home Energy Assistance for the Elderly Program 20, 22, 140, 167, 172

Emergency Home Repair 41

Employment , 17, 36, 42, 17, 57, 150, 36, 153, 154, 72, 73, 167, 172

Environmental Accessibility Adaptations 42

Escort 42

F

Family Training Services 42

Financial Risk Reduction 42, 43

H

HCE 22, 36, 150, 167, 172

Health Articles 43

Health Fair 43

Health Insurance 15, 17, 36, 40, 145, 150, 154, 167, 172

Health Promotion , 43, 69, 105, 150

Health Risk 21, 43

Health Support 44

Home Care for the Elderly 20, 22, 36, 102, 103, 150, 153, 167, 172

Home-Delivered Meals 21, 23, 44, 66, 172

Home Health Aide 22, 44

Home Injury Control 43, 45

Homemaker 21, 37, 45

Home Repair 22, 41, 75

Housing , 17, 22, 45, 46, 17, 151

Housing Improvement 22, 45, 46

I

Information & Referral 22, 63, 64, 150

Inpatient Hospital Services 45

Intake 39, 44, 45, 47, 65, 66

Intergenerational 10, 18

J

Job Training 42

L

Legal Assistance 18, 46, 105

Legal Services Development 16, 18

Long-Range Program Plan 150, 167

Long-Term Care Community Diversion Pilot Project 21, 36, 121

Long-Term Care Ombudsman Program 16,
36, 167, 172

LTCOP 16, 36, 46, 167, 172

M

Material Aid 46, 105

Meals 13, 21, 23, 37, 39, 44, 65, 66, 105, 153, 172

Medicaid , 14, 15, 17, 19, 20, 20, 21, 21, 113,
115, 116, 118, 38, 6, 120, 121, 10, 123, 11, 124,
12, 125, 126, 127, 128, 100, 52, 21, 115, 133,
134, 152, 153, 119, 154, 155, 145, 165, 166, 167

Medicaid Waiver , 20, 20, 52, 20, 115, 154, 167

Medical Equipment 42, 51

Medicare 17, 21, 38, 40, 123, 124, 126, 128, 145,
146, 153, 166, 167

Medication Management 17, 43, 45, 46

Memory Disorder Clinics 20, 22, 172

Model Day Care 22, 47, 92, 93

N

National Family Caregiver Support Program
22, 150

Nursing Home Diversion 36, 167, 172

Nursing home pre-admission screening 19

Nutrition Counseling 17, 47

Nutrition Education 22, 47

Nutrition Services Incentive Program 23, 154,
167, 172

O

Older Americans Act , 6, 14, 17, 18, 19, 20, 21,
22, 24, 55, 57, 58, 36, 61, 63, 65, 66, 67, 69, 71,
72, 75, 77, 133, 150, 151, 153, 154, 166, 167,
172

Ombudsman 6, 16, 27, 36, 77, 151, 167, 172

Osteoporosis 43

Outpatient Hospital Services 48

Outreach 48, 51

P

PACE 21, 127, 128, 129, 151, 167, 172

Personal Care 21, 22, 37, 38, 48, 44, 105

Pest Control 39, 48

Physical Fitness 48

Physical Therapy 21, 48

Program of All-Inclusive Care for the Elderly
167, 172

Public Guardianship , 14, 15, 6, 14, 15, 36, 49,
110, 151, 154, 167, 172, 110, 111

R

Recreation 49, 105

Referral and Assistance 49

RELIEF , 20, 22, 50, 20, 52, 36, 22, 108, 150, 167,
172, 108

Respiratory Therapy 49

Respite 20, 21, 22, 23, 36, 50, 51, 52, 91, 95, 105,
108, 134, 136, 150, 166, 167, 172

Risk Reduction 42, 43

S

Screening and Assessment 50

SCSEP 17, 36, 42, 167

Senior Centers 43

Senior Community Service Employment Program 17, 36, 57, 72, 150, 153, 167, 172

Senior Companion 20, 23, 36, 52, 100, 133, 143, 150, 153, 172

Senior Employment 17

SHINE , 17, 17, 36, 145, 146, 150, 154, 145, 167

Shopping Assistance 22, 45, 50, 52

Silver Alert 22

Sitter 50

Skilled Nursing 14, 38, 50

Specialized Medical Equipment 51

SPGO 15, 36, 49, 167

Statewide Public Guardianship Office 14, 15, 36, 167, 172

Supplemental Nutrition Assistance Program 23

T

Telephone Reassurance 51

Transportation 18, 22, 42, 45, 51, 52, 105

V

Volunteer Recruitment 51, 52

Volunteers 14, 18, 23, 52, 77, 108, 109, 143, 145, 146, 153, 172

Volunteer Training 52

ELDER SERVICES AT A GLANCE - STATE FISCAL YEAR 2011-2012

| PROGRAM* | FUNDING | CLIENTS SERVED |
|---|---------------|--|
| Adult Care Food Program | \$4,995,904 | 131 Program Sites 2,319,931 Meals or Snacks Served |
| Aged and Disabled Adult Waiver (ADA) | \$103,823,694 | 11,018 |
| Alzheimer's Disease Initiative (ADI) Respite/Special Projects | \$9,404,262 | 3,348 |
| Alzheimer's Disease Initiative (ADI) Memory Disorder Clinics | \$2,968,081 | 6,723 |
| AmeriCorps | \$60,000 | 60 Volunteer Members 27,000 Member Hours of Service |
| Assisted Living Waiver | \$35,083,803 | 4,593 |
| Channeling Waiver | \$14,700,762 | 1,510 |
| Community Care for the Elderly (CCE) | \$40,479,617 | 13,459 |
| CARES (Comprehensive Assessment and Review for Long-Term Care Services) | \$17,643,458 | 120,603 Assessments 44% of Clients Assessed Diverted to Home and Community-Based Services |
| Elder Farmers' Market Nutrition Program | \$106,800 | 24 Farmers' Markets 2,448 Clients Receiving Produce Coupons |
| Emergency Home Energy Assistance for the Elderly Program (EHEAP) | \$6,024,004 | 15,839 Households Served |
| Home Care for the Elderly (HCE) | \$7,903,357 | 2,628 |
| Local Services Programs | \$7,465,811 | 6,305 |
| Long-Term Care Community Diversion Pilot Program (Nursing Home Diversion) | \$355,766,698 | 24,539 |
| Long-Term Care Ombudsman Program (LTCOP) | 3,952,208 | 4,269 Administrative Assessments 8,600 Complaints Investigated |
| Nutrition Services Incentive Program (NSIP) | \$7,736,228 | 11,370,000 Meals Served |
| Older Americans Act Title III B Supportive Services | \$26,156,381 | 35,160 |
| Older Americans Act Title III C1 Congregate Meals | \$31,377,920 | 32,677 |
| Older Americans Act Title III C2 Home-Delivered Meals | \$15,778,524 | 20,132 |
| Older Americans Act Title III D Preventive Health Services | \$1,554,456 | 95,471 |
| Older Americans Act Title III E Caregiver Support | \$12,230,935 | 20,805** |
| Older Americans Act Title V Senior Community Service Employment Program | \$5,031,981 | 940 |
| Program of All-Inclusive Care for the Elderly (PACE) | \$14,269,333 | 795 Clients Approved |
| Respite for Elders Living in Everyday Families (RELIEF) | \$909,034 | 300 Volunteers 120,000 Hours of Service |
| Senior Companion Program | \$427,328 | 347 Clients Served 100 Volunteer Companions 66,692 Hours of Service |
| SHINE (Serving Health Insurance Needs of Elders) | \$3,001,141 | 475 Volunteers 106,052 Clients Contacted |
| Statewide Public Guardianship Office | \$2,963,687 | 2,650 Public Wards Provided Services |

*Programs operate on different annual periods, for example, state fiscal year or calendar year. For the latter, the most recent final data available at the time of publication is for calendar year 2011 except as noted. Please refer to individual program listings for information on their respective program periods.

**Most recent available final data is for federal fiscal year 2010-2011.

This 2013 edition of the *Summary of Programs & Services* provides comprehensive information about the Florida Department of Elder Affairs and the programs it administers. Specifically, the 2013 *Summary of Programs & Services* contains the following information for each of the programs the Department administers:

- Activities and services;
- Administration;
- Eligibility rules;
- Statutory authority;
- Appropriations and budget history;
- Numbers of consumers served;
- Funding allocation methods; and
- Program highlights and consumer testimonials.

The 2013 *Summary of Programs & Services* also includes an appendix with demographic and budget information. Unless otherwise notated, this publication contains information and data compiled as of January 2012.

The Department produces other publications, including the *Consumer Resource Guide* and the *Long-Range Program Plan*. For copies of these publications, or for more information about any of the services or programs listed in this document, please visit us online at elderaffairs.state.fl.us or call us toll-free at 1-800-963-5337.

