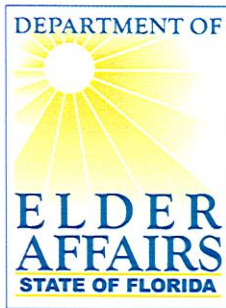

RICK SCOTT
GOVERNOR

CHARLES T. CORLEY
SECRETARY

LONG RANGE PROGRAM PLAN

September 30, 2013

Jerry L. McDaniel, Director
Office of Policy and Budget
Executive Office of the Governor
1701 Capitol
Tallahassee, Florida 32399-0001

JoAnne Leznoff, Staff Director
House Appropriations Committee
221 Capitol
Tallahassee, Florida 32399-1300

Mike Hansen, Staff Director
Senate Budget Committee
201 Capitol
Tallahassee, FL 32399-1300

Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Long Range Program Plan (LRPP) for the Department of Elder Affairs is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives, and measures for the Fiscal Year 2014-15 through Fiscal Year-2018-19. The internet website address that provides the link to the LRPP located on the Florida Fiscal Portal is http://elderaffairs.state.fl.us/doea/publications.php. As Secretary of this Department, I have approved this submission.

Sincerely,

Charles T. Coley
Secretary

CTC/arm

4040 ESPLANADE WAY
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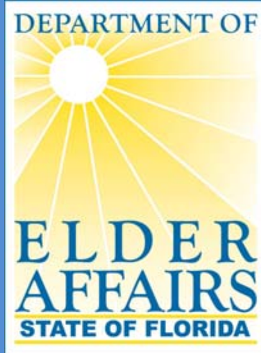

RICK SCOTT
GOVERNOR

CHARLES T. CORLEY
SECRETARY

Long-Range Program Plan Fiscal Years 2014-15 through 2018-19

elderaffairs.state.fl.us

Bureau of Planning & Evaluation, September 2013

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MISSION:

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

VISION:

All Floridians aging with dignity, purpose, and independence.

VALUES:

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

GOALS and OBJECTIVES

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

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

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

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

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

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

Goal 5: Maintain effective and responsive management

Goal 6: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population

The goals provide the framework for the Department's objectives and outcomes:

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

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

Objective 2.2: Improve caregiver supports

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

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

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

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

Objective 6.1: Promote safe and affordable communities for elders that will benefit people of all ages

Goals, Objectives, and Outcomes

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

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

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

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

Baseline Year 1998-99	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
91.6%	97%	97%	97%	97%	97%

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

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

Outcome 1.1.2: Percent of elders the CARES (Comprehensive Assessment and Review for Long Term-Care Services) Program determined to be eligible for nursing home placement that are diverted into the community

Baseline Year 1998-99	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
15.3%	30%	30%	30%	30%	30%

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

Baseline Year 1998-99	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
$2,221	$1,000	$1,000	$1,000	$1,000	$1,000

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

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

Baseline Year 1997-99	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
59.1%	65%	65%	65%	65%	65%

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

Baseline Year 1997-99	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
58%	62.3%	62.3%	62.3%	62.3%	62.3%

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

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

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

Baseline Year 2003-2004	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
90%	90%	90%	90%	90%	90%

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

Baseline Year 2002-2003	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
2.8 months	2.8 months	2.8 months	2.8 months	2.8 months	2.8 months

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

Baseline Year 1999-00	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
94%*	97%	97%	97%	97%	97%

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

Objective 2.2: Improve caregiver supports

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

Baseline Year 2002-2003	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
87%	85%	85%	85%	85%	85%

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

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

Baseline Year 1997-1998	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
90.2%	0%	0%	0%	0%	0%

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

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

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

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

Baseline Year 1997-99	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
58.6%	66%	66%	66%	66%	66%

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

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

Baseline Year 2002-03	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
79.3%	79.3%	79.3%	79.3%	79.3%	79.3%

(Explanatory note: This outcome refers to persons age 60 and older served by DOEA programs. The baseline was adjusted from the original SFY 1996-98 baseline due to changes from implementation of a new assessment instrument in 2000.)

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

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

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

Baseline Year 1998-99	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
90.2%	91%	91%	91%	91%	91%

(Explanatory note: This is a technical change to the measure from five working days to seven calendar days to match the federal reporting requirements.)

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

Baseline Year 1999-00	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
90%	100%	100%	100%	100%	100%

Goal 5: Maintain effective and responsive management

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

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

Baseline Year 2001-2002	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
2.7%/21.2%	1.8%/ 22.2%	1.8%/ 22.2%	1.8%/ 22.2%	1.8%/ 22.2%	1.8%/ 22.2%

Goal 6: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population

Objective 6.1: Promote safe and affordable communities for elders that will benefit people of all ages

Outcome 6.1.1: Number of *Community for a Lifetime* communities*

Baseline Year 2012-2013	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
118	121	124	127	130	133

*To be designated as a *Community for a Lifetime* (CFAL), the community's governing body must pass a resolution or proclamation in support of the CFAL program and notify the Department of Elder Affairs.

Linkage to Governor's Priorities

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

1. Improving Education

2. Economic Development and Job Creation

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

Goal 6: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population

3. Maintaining Affordable Cost of Living in Florida

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

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

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

Goal 5: Maintain effective and responsive management

Trends and Conditions Statement

Agency Primary Responsibilities

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

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

1. Administer human services and long-term care programs, including programs funded under the federal Older Americans Act and other programs that are assigned to the Department by law.

2. Be responsible for ensuring that each Area Agency on Aging operates in a manner that provides Florida elders with the best services possible.

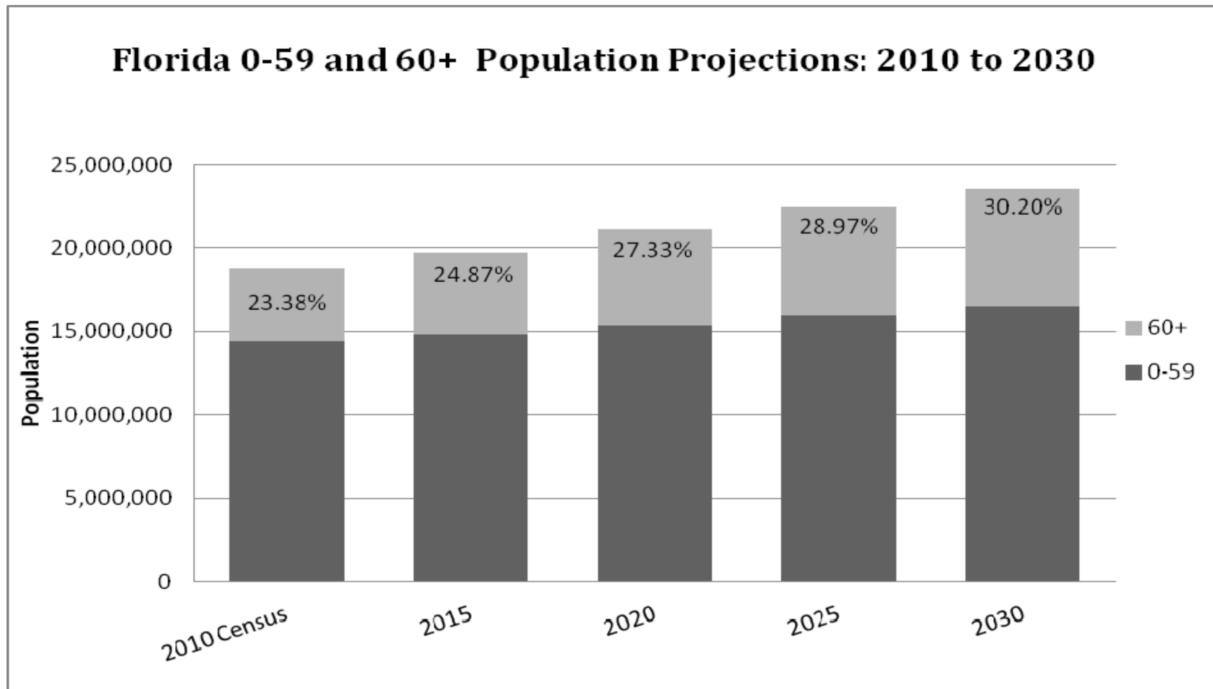
3. Serve as an information clearinghouse at the state level, and assist local-level information and referral resources as a repository and means for the dissemination of information regarding all federal, state, and local resources for assistance to the elderly in the areas of, but not limited to, health, social welfare, long-term care, protective services, consumer protection, education and training, housing, employment, recreation, transportation, insurance, and retirement.

4. Review and coordinate aging research plans of all state agencies to ensure that research objectives address issues and needs of the state's elderly population. The research activities that must be reviewed and coordinated by the Department include, but are not limited to, contracts with academic institutions, development of educational and training curricula, Alzheimer's disease and other medical research, studies of long-term care and other personal assistance needs, and design of adaptive or modified living environments.

5. Request other departments that administer programs affecting the state's elderly population to amend their plans, rules, policies, and research objectives as necessary to ensure that programs and other initiatives are coordinated and maximize the state's efforts to address the needs of the elderly.

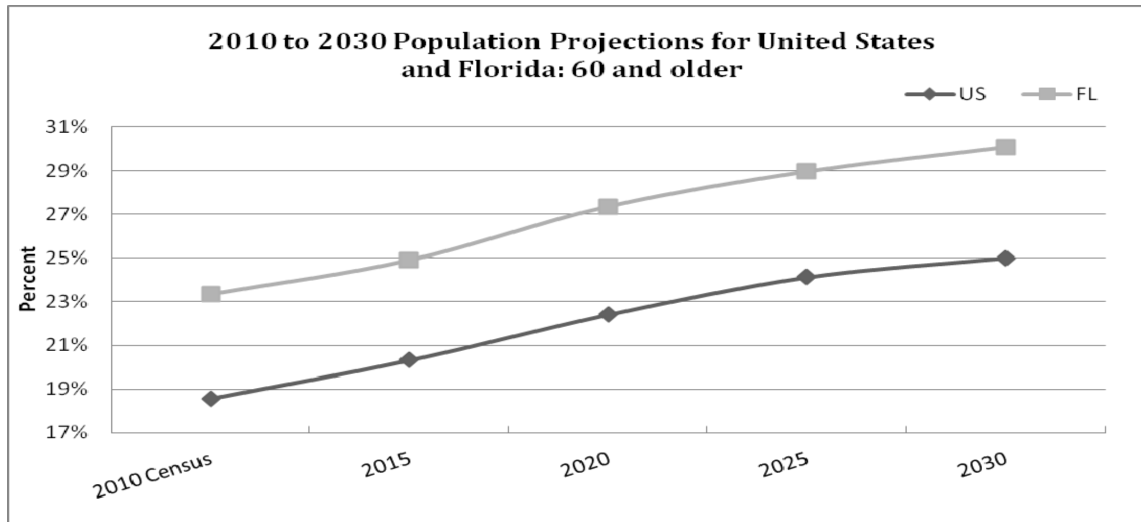
Current Conditions

Florida is the fourth most populous state in the United States with 19.3 million residents. If current trends continue, Florida will replace New York as the third most populous state by 2015. With approximately 4.6 million residents age 60 and older, Florida will continue to have the highest percentage of elder citizens, while it is second to California in the actual number of residents age 60 and older residing in the state. Because of this large proportion of elders, Florida's future is linked to the financial security and physical health of its senior population.



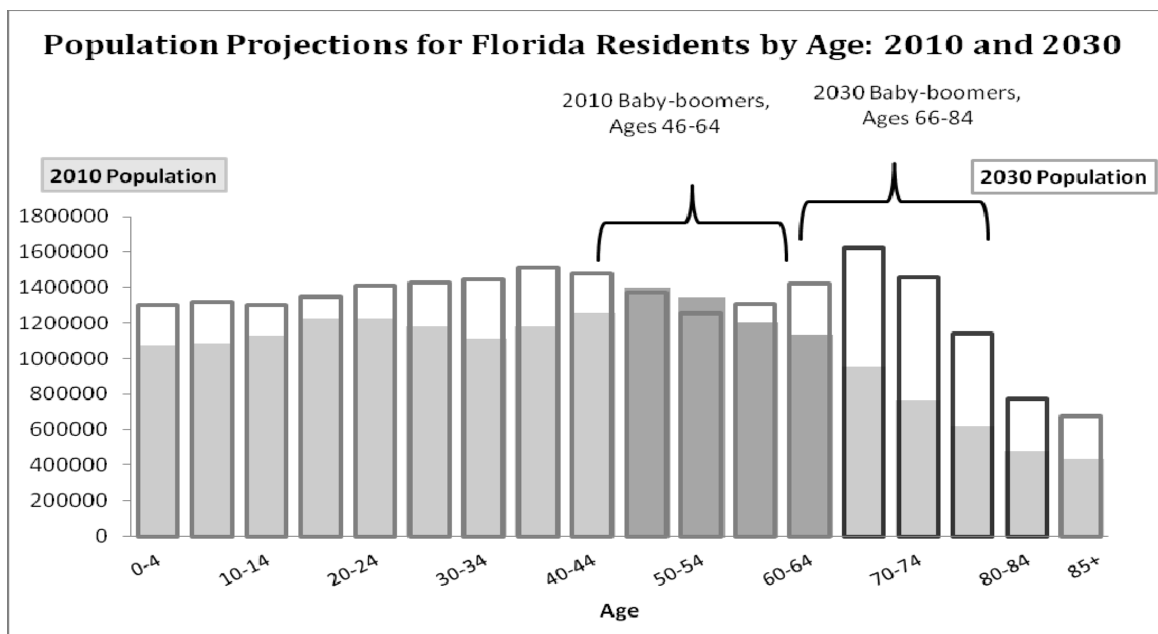
Source: The Office of Economic and Demographic Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2012 Estimates

In 2010, the U.S. Census Bureau approximated that 23 percent of Floridians were age 60 and older, compared to only 19 percent of the U.S. population. As illustrated in the graph above, Florida will continue to see a considerable number of residents become elders over the next 10 years, as the cohort of "baby boomers" continues to age into retirement. The graph below shows that in the next 20 years, the number of Floridians 60 and older is expected to rise faster than the rest of the country, to an estimated 30 percent of the state's population in 2030.

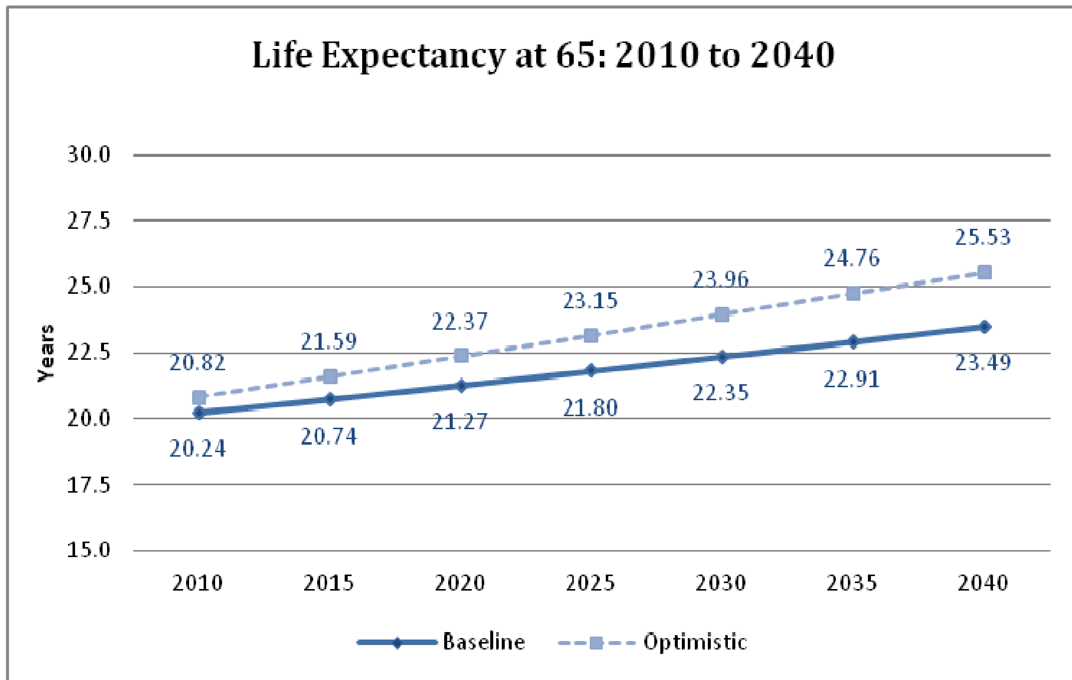


Source: The Office of Economic and Demographic Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2012 Estimates and the Census Bureau's International Data Base, Mid-year Population by Older Five Year Age Groups and Sex, August 2012

Roughly one-quarter of Florida's current population is composed of baby boomers who will continue to age into retirement over the next 10 years. The population projections below illustrate that in 2010, 27 percent of Florida's population age 45 to 64 will greatly increase the retirement-age population by 2030. These graphs show that, despite attrition and out-migration, Florida can expect to see an increase of elders over the next two decades.



Source: The Office of Economic and Demographic Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2012 Estimates



Source: Milken Institute analysis based on MEPS and NHIS: 2010 (Life Expectancy)

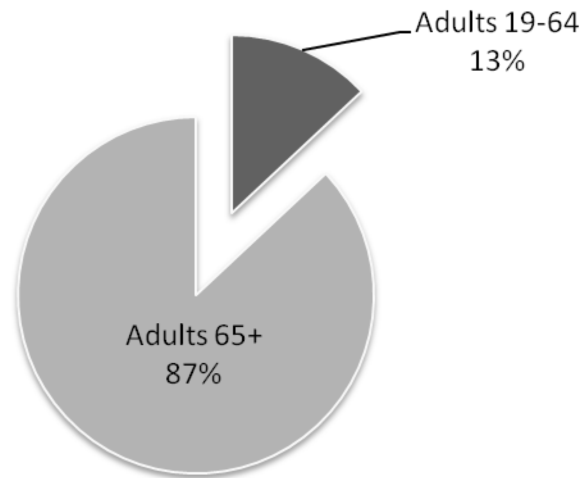
In addition to the number and percentage of elders projected to increase in the coming years, people are also living longer. As the graph above illustrates, by 2040, life expectancy at age 65 is estimated to be between 23 and 26 years. An expected consequence is that the need for long-term care services will similarly rise. Public health and long-term care programs must be well managed to avoid the unwanted results of depleted personal savings, strained government entitlement programs, and unrealistic expectations of providers and caregivers.

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

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

In addition, Florida benefits from a continuity of resources available to elders created by Social Security benefits and health programs such as Medicare and Medicaid. In part due to the stability produced by these programs, elders in Florida have weathered the recent financial crisis better than any other socioeconomic group.[1]

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



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

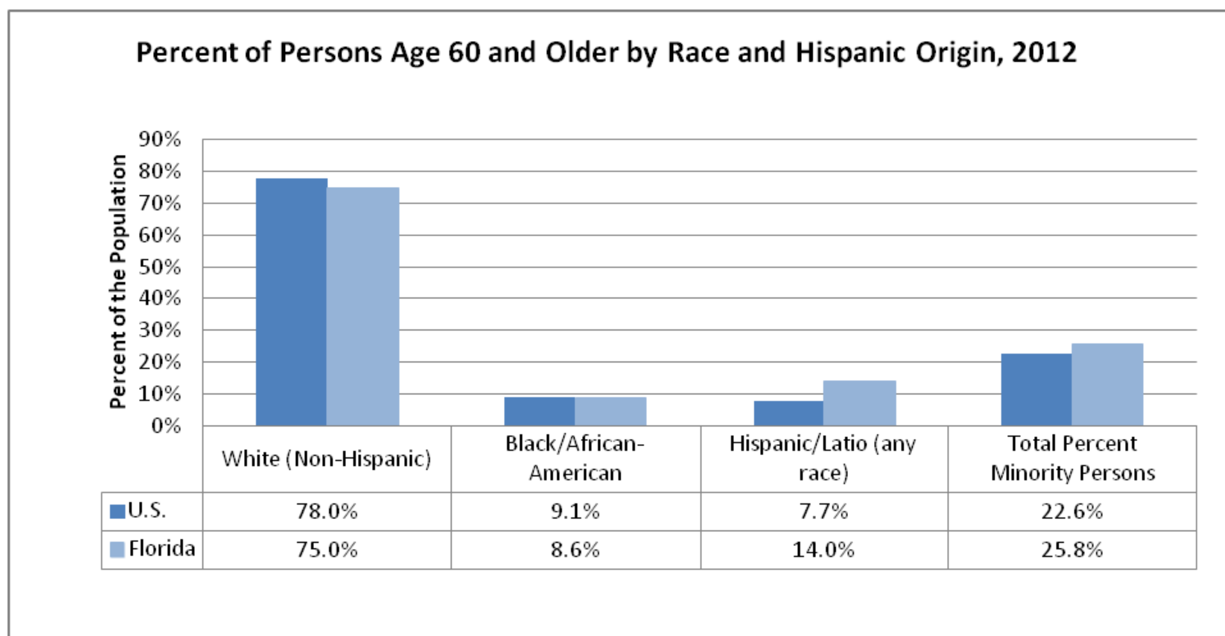
The Department envisions a changing service paradigm to correspond with the changing population. Providing services that will respond to the different needs of the baby boom elder will require innovation and creativity. Florida has pursued and is pursuing innovative ways to provide seniors with the services they want and need, through a number of approaches, including the following activities and programs:

- Establishing Aging and Disability Resource Centers statewide;
- Promoting Communities for a Lifetime throughout the state;
- Expanding the broad array of volunteer opportunities by and for elders;
- Promoting awareness of how to age in place through partnering with a Tallahassee builder to build a model home incorporating extensive universal design elements that facilitate independent living for people with disabilities;
- Redesigning the comprehensive assessment instrument, used to determine client needs for care plan development, to include questions that address the different lifestyles of the baby boom generation;
- Adding services at senior centers that appeal to the people newly turning 60, such as different types of activities and exercise classes; and
- Incorporating electronic information sharing and outreach through the Internet and Facebook to provide education about elder issues.

The Department also recognizes the positive impact of individuals age 60 and older. Elder volunteerism has enhanced communities throughout Florida. In 2011, Florida's elders provided approximately 154 million hours of volunteer service valued at $2.9 billion. Elder volunteerism is evident in programs and services in many communities, such as in libraries, schools, community-service organizations, museums, theater groups, and art galleries. In addition, Florida's fiscal advantage from retirees exceeds that of most other states. In a study completed for the

Department, the University of Florida's Bureau of Economic and Business Research estimates the annual net benefit of an average retiree in Florida to state and local budgets to be $2,850.

Florida is rich in generational and cultural diversity. About 45 percent of Floridians are minorities. Among people age 60 and older, this percentage is much smaller, at 25.8 percent, and 19.6 percent for elders age 85 and older. This difference in diversity among the different age groups can be attributed to the migration of white elders into Florida and the expected shorter life span of minorities. The chart below shows the breakdown of the elder population by race and ethnicity.



Source: Census Bureau, Population Division, Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2012

Most Floridians age 60 and older reside in urban areas and are concentrated in Miami-Dade, Palm Beach, Broward, Pinellas, and Hillsborough counties. These five counties account for 37.7 percent of the total state population age 60 and older and 42.6 percent of the population 85 and older. In terms of density, Floridians 60 and older comprise at least 30 percent of the total number of residents in 14 counties as shown in the following table. Interestingly, none of the five counties with the largest populations 60 and older is among these. More than 40 percent of the population in four counties, Sumter, Charlotte, Citrus, and Sarasota, is age 60 and older.[2]

[2] Florida Charts, 2013 Estimates, http://www.floridacharts.com

Counties in Florida Where 30 Percent or More of the Total Population Is 60 or Older, 2012

County	Total Population (All Ages)	60+	Percent 60+
Sumter	100,198	56,427	56.3%
Charlotte	163,357	71,402	43.7%
Citrus	140,761	58,084	41.3%
Sarasota	383,664	152,949	39.9%
Highlands	98,955	39,247	39.7%
Martin	147,203	51,882	35.2%
Indian River	139,446	48,810	35.0%
Collier	329,849	111,780	33.9%
Marion	332,989	111,881	33.6%
Hernando	173,104	57,507	33.2%
Flagler	97,160	31,900	32.8%
Lake	299,677	93,508	31.2%
Lee	638,029	198,143	31.1%
Manatee	330,302	102,150	30.9%

Source: DOEA County Profile, 2012 Estimates

Description of Current Service Population

The Older Americans Act requires that states emphasize serving older individuals with the greatest economic and social needs and give particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas.

The Department uses poverty level as a measure of economic need. Of the clients served by the Department, 48 percent are below the poverty level compared to 10 percent in the general 60-and-older population. The client's living situation is used to measure social need. Forty-three percent of the service population lives alone, compared to 23 percent in the general population of people age 60 and older. Thirty-two percent of the Department's clients are minority and living below the poverty level compared to five percent in the general 60-and-older population.

Targeting Report 2012				
Characteristic	Florida 60+ Population*	Percent 60+	Number of Registered Services** Recipients	Percent Receiving Services
All 60+	4,576,344	100%	107,672	100%
60+ Below Poverty Level	454,806	10%	51,872	48%
60+ Living Alone	1,065,305	23%	45,958	43%
60+ Minority	1,129,778	25%	51,984	48%
60+ Minority Below Poverty Level	212,332	5%	34,266	32%

Sources: 2012 Florida State Profile (projection) and 2012 National Aging Program Information Systems (NAPIS) Report
*Using 2012 projections
**Registered Services include personal care, homemaker, chore, home delivered meals, adult day/health care, case management, escort, and congregate meals.

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

Family caregivers are the backbone supporting many home-based services. The Department's programs and services help to keep many very frail people in their homes by augmenting the care provided by family caregivers. A study commissioned by AARP[3] indicates that caregivers provide $10.4 billion in care each year. Statewide, between 20 and 25 percent of elders are themselves caregivers.[4] The Department served an estimated 58,300 caregivers during 2012.

OTHER CONSIDERATIONS

During the 2011 legislative session, the Florida Legislature created the Statewide Medicaid Managed Care (SMMC) Program, changing the way individuals receive their long-term and acute care from the Florida Medicaid Program. One of the components of SMMC is the Long-Term Care (LTC) Program, which began phasing in the first PSA in August of 2013. Medicaid recipients who qualify and become enrolled in the SMMC LTC Program now receive their services from a managed care plan.

Individuals will be eligible for enrollment in SMMC LTC services if they are the following:

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

[3] *Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving*, June 2007
[4] *Assessing the Needs of Elder Floridians*, January 2012, a statewide survey to measure elder Floridians' needs conducted by DOEA

The Department has worked closely with the Agency for Health Care Administration (AHCA), the state agency with primary responsibility for the Medicaid program, on SMMC LTC Program development and implementation activities. Although the funding for SMMC is allocated by the Florida Legislature to AHCA, DOEA has a number of designated responsibilities under the LTC program, which include the following:

- Managing the CARES (Comprehensive Assessment and Review for Long-Term Care Services) Program;
- Monitoring contract compliance and the quality of services;
- Managing the statewide waiting list for Medicaid home and community-based services,
- Administering the Independent Consumer Support Program (ICSP) by ensuring that SMMC LTC consumers have multiple access points for information, complaints, grievances, appeals, or questions;
- Assisting clients and families to address complaints with the managed care plans; and
- Facilitating working relationships between managed care plans and providers serving elders and disabled individuals.

Following the receipt of multiple grants from the U.S. Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services, the Department began, in 2005, to designate Area Agencies on Aging (AAAs) as Aging and Disability Resource Centers (ADRCs). By early 2012, all AAAs in Florida had completed transition to ADRCs, furthering the AoA vision of highly visible and trusted places in the community for all persons to receive information and access to long-term services and supports. This transition positioned the ADRCs to perform their key roles under the new SMMC LTC Program. They conduct Medicaid outreach activities and other educational activities to provide consistent and uniform information about the SMMC LTC enrollment process. Trained ADRC employees administer a standard, DOEA-approved, intake and screening instrument to gather information about applicants for publicly funded long-term care services and screen them for potential Medicaid eligibility. In addition, they assist SMMC LTC applicants with the Medicaid eligibility process.

With the strengthening of Florida's economy, the 2013 Legislature appropriated increased funding for the Department. An additional $19.7 million was authorized to serve more Florida elders who are on the waiting list for the Aged and Disabled Adult Medicaid Waiver. The Legislature also expanded, by an additional $5.5 million, the cost-saving Long-Term Care Community Diversion Project, a program that serves those who are age 65 and older and dually eligible for Medicare and Medicaid, who are most at risk of being placed in a nursing home, and who qualify for Medicaid nursing home placement. A $3.75 million increase in General Revenue, of which $750,000 is non-recurring, was appropriated to address the highest priority elders on the waiting list for the Community Care for the Elderly Program. The Alzheimer's Disease Initiative Respite Care Services received over $1.2 million in additional funds. The ADRCs were allocated an additional $1.3 million in non-recurring funds to assist seniors enrolling in the SMMC LTC Program. Funding of $445,602 was awarded to the two Memory Disorder Clinics (Morton Plant and Florida Atlantic University) that had not previously received state funding.

Priority-Setting Framework

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

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

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

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

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

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

Goal 5: Maintain effective and responsive management

Goal 6: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population

SWOT Analysis

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

Strengths:

- The Department's highly privatized structure, which limits excessive administrative costs;
- The Department's culture, which fosters innovation and productivity;
- The Department's ability to efficiently and effectively administer human services and long-term care programs;
- The Department and the aging network's experience with, and willingness to explore, innovative and cost-effective solutions to serve the long-term care needs of elders;

- The Department's experience in administering a variety of innovative home and community-based program approaches including managed care, fee-for-service, and federal and state-funded services that result in significant cost savings for Florida;
- The Department's leadership in emergency management/disaster preparedness planning in partnership with other federal and state agencies and the aging network;
- Strong established partnerships relating to planning and advocacy for elder needs and issues;
- The Department's ability to cultivate and coordinate the number of volunteers and hours of volunteer time through the aging network;
- The Department's existing infrastructure of evidenced-based programming, including disease prevention, health promotion, Alzheimer's disease initiatives, and services to caregivers, and the capacity to expand programming as resources become available;
- Diversion or transition of consumers from nursing facility placement to less restrictive and less costly environments by the CARES (Comprehensive Assessment and Review for Long-Term Care Services) Program with the support and services provided by the aging network;
- The Department's internally created, flexible data systems that enable the Department to make adjustments as needed to enhance service delivery;
- Ability to promote and foster intergenerational opportunities to meet consumer needs;
- Provision of statewide leadership in the protection of elder rights;
- The Department's involvement in and development, implementation, and future adjustments of the Statewide Medicaid Managed Care Long-Term Care Program (SMMC LTC);
- Use of internal resources to automate forms and workflows, enhance internal services, and reduce and/or eliminate process bottlenecks; and
- Development of an electronic level I Preadmission Screening and Resident Review (PASRR) portal, providing a more efficient and effective method of sharing client information and saving staff time.

WEAKNESSES:

- Lack of funding to expand public guardians statewide;
- High rate of staff turnover due to non-competitive salaries/compensation and a high number of Other Personnel Services (OPS) staff who leave for jobs with additional benefits;
- Limited access and opportunities for the Department to educate the judicial system and first responders (EMTs and law enforcement) about ways to identify and prevent elder abuse, neglect, and exploitation, including fraud;
- Lack of funding to promote public awareness of the Department's programs and services; and
- Lack of sufficient technology resources (both capital and manpower) to achieve maximum efficiencies in service delivery and oversight of existing programs.

OPPORTUNITIES:

- Florida's abundance of retirees and elders, who could provide even more contributions to the state and are potentially available to volunteer and advocate on behalf of elders;
- Number of retired health care professionals who could be enlisted to provide preventive care and screening;

- Interest by the Department in faith-based involvement in providing services for and outreach to elders;
- Potential to increase the number of dedicated and committed caregivers who provide informal support, enhancing the effect of paid care;
- Willingness of health care providers to partner with aging network providers to reduce hospital/emergency department readmissions and provide in-home services;
- Potential to increase partnerships with colleges and universities to increase the workforce trained in geriatric care, research efforts to benefit elders, and lifelong learning opportunities;
- Accessible emerging technology and online options to enhance the availability of training and outreach programs to educate the public on elder issues and services;
- Availability of affordable technology for telemedicine and telehealth activities;
- Availability of online resources for legal services to elders;
- Potential for increased funding through insurance reimbursement for evidence-based health promotion/disease prevention programming;
- Involvement with the Medicaid managed long-term care reform initiatives;
- Further development of the Direct-Support Organization (DSO) to provide assistance, funding, and support to the Department;
- New developments in the prevention and treatment of chronic conditions that promote the independence of elders;
- Potential to promote public and private ventures to increase aging in place;
- More than 100 communities throughout the state committed to the *Communities for a Lifetime* (CFAL) initiative, designed to enhance opportunities for people to age in place or continue living in their own communities for a lifetime;
- Access to long-term care information and public and private services for elders, families, and caregivers through the Aging and Disability Resource Centers and CARES; and
- Increased coordination between the aging network and legal services.

THREATS:

- Lack of suitable and affordable housing for elders;
- Increased incidence of homelessness;
- Inadequate transportation alternatives limiting elder mobility and access to services (such as SHINE counseling centers and evidence-based programs);
- The lack of hold-harmless/immunity legislation for people who would volunteer to drive elders to appointments, limiting the opportunity to help increase mobility choices for elders;
- Ageist viewpoints and practices in the workplace and other environments;
- Difficulty faced by elders wanting to find jobs or pursue employment;
- Lack of early intervention services resulting in greater numbers of individuals becoming Medicaid eligible;
- Fewer resources in rural areas to provide home and community-based service options to elders;
- Service demands growing faster than current funding for home and community-based services intake and eligibility services;
- Increasing number of low-income elders needing services;

- Increased risk of domestic violence, abuse, neglect, and exploitation;
- Societal/public perception and acceptance that elder abuse rarely occurs;
- Growth in identify theft and fraud in a state with the highest per capita rate of reported fraud and reported identity theft complaints as well as the highest foreclosure rate in the United States;
- Lack of awareness of services that are offered by and through the Department;
- Incorrect perception of some elders that senior centers are only for people older than they are;
- Lack of available guardians for low-income elders who are incapacitated;
- Limited coverage in the state by Offices of the Public Guardian;
- Decreased availability of caregivers to provide care for frail elders;
- Lack of adequate retirement savings by Florida's pre-retirees;
- Current shortfall of adequately trained staff to provide medical and mental health services to elders;
- Florida's geographic vulnerability to hurricanes and tropical storms;
- Lack of sufficient resources to serve all high-priority (frail) individuals requesting home and community-based services, resulting in skilled nursing facility placements, hospitalizations, sizeable waitlists, and increased social isolation;
- Limited access to programs and services for elders in rural areas, and low-income and minority elders statewide;
- Insufficient number of elders who have completed advance directive and durable power of attorney documents; and
- Continuous generation of new scams and new populations being targeted for scams.

Agency Priorities for the Next Five Years

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

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

PROPOSED NEW PROGRAMS

There are no new programs being proposed.

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

The Department is requesting to modify the measures, methodology, and/or standards for 2013-14 for several measures as explained below. The standards for most of the DOEA outcome measures will remain stable at the SFY 2013-14 target level.

DOEA is requesting to add two performance measures:

- Percent of clients surveyed who believe services help them remain in their home or in the community, and
- Percent of clients surveyed who are satisfied with the services they receive.

DOEA is requesting to add the two measures listed above to augment program monitoring efforts to ensure service quality and effectiveness.

DOEA is requesting to revise the following measures:

- Performance Measure: Percentage of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor).

  The request is to change the measure to "After service intervention, the percent of caregivers who self-report they are very confident they will have the ability to continue to provide care." A proposed standard to correspond with the change is 85 percent.

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

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

  The request is to change the measure to "Percent of active clients not eating two or more meals per day at time of assessment who upon annual reassessment were eating two or more meals a day." The standard will remain unchanged from the original measure at 66 percent.

  Nutrition is an important determinant of health in the elderly. Not eating at least two meals a day is one of the warning signs of poor nutritional health.

  The nutrition risk assessment, upon which the current measure is based, is not sensitive enough to reflect much of what providers do to improve a client's nutritional status. For example, for a client with tooth, mouth, or throat problems, a provider may give pureed meals. While the health of the client has improved, their tooth, mouth, or throat problems may persist, leaving the nutritional risk score unchanged. Other factors included in the nutrition assessment that services may not directly change include the following: number of

medicines per day the client takes, whether the client has an illness or condition that caused a change in foods eaten, and whether the client eats alone most of the time.

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

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

  The methodology is being revised to more accurately describe diversions.

- Performance Measure: Number of CARES assessments

  DOEA is requesting a revision to the standard because the CARES Program performance has increased due to growth in staffing and external factors. The standard is being adjusted from 85,000 to 100,000.

- Performance Measure: Number of elders served (supported community care)

  The Department is requesting the standard be changed from 56,631 to 35,400. The largest program in the Supported Community Care activity is the IIIB program. Client care plans in Title IIIB are more robust with clients being provided more units of key services to enable them to stay in the community. Therefore, not as many people can be served.

DOEA is requesting to delete one measure:

- Performance Measure: Percentage of family and family-assisted caregivers who self-report they are very likely to provide care

  The Department has revised the assessment instrument used to assess clients and caregivers. This question, which appeared on the former version of the assessment, has been removed and is no longer asked of caregivers. The other remaining caregiver performance measure is proposed for revision as indicated above. The comprehensive client assessment was updated using subject matter experts. The subject matter experts added questions to the caregiver assessment that in their estimation would better gauge the caregiver's functional status. To keep the assessment as brief and as thorough as possible, they recommended asking only one question relating to the caregiver's ability to continue to provide care.

Transition of Medicaid waiver clients into the SMMC LTC program, which began August 1, 2013, will be completed in March 2014. Performance measures in the *DOEA Long-Range Program Plan FY 2015-2016 through FY 2019-2020* that evaluate the performance of DOEA-administered Medicaid waivers will be updated to include the SMMC LTC program.

List of Potential Policy Changes Affecting the Agency Budget Request

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

LIST OF CHANGES WHICH WOULD REQUIRE LEGISLATIVE ACTION

There are no changes that will require legislative action.

LIST OF ALL TASK FORCES AND STUDIES IN PROGRESS

Work Group/Task Force	Legislative Mandate	Comments
AHCA Interagency Workgroup		Workgroup on pre-admission screening and resident review (PASRR).
AHCA Multiple Interagency Workgroups for Statewide Medicaid Managed Care Long-Term Care Program Implementation	Part IV of Chapter 409, Florida Statutes	In 2011, the Florida Legislature created Part IV of Chapter 409, Florida Statutes, directing the Agency to create the Statewide Medicaid Managed Care (SMMC) Program. The SMMC Program has two key components: the Managed Medical Assistance Program and the Long-Term Care Managed Care Program. On August 1, 2011, the Agency submitted the required documents requesting the necessary authorities to implement the program. The Long-Term Care Managed Care component of the Statewide Medicaid Managed Care Program will be implemented first. The legislation sets specific timelines for implementation of the Long-Term Care Managed Care component.
Alzheimer's Disease Advisory Committee	s. 430.501, F.S	The committee, composed of 10 members selected by the Governor, advises the Department of Elder Affairs in the performance of its duties. All members must be residents of the state. The committee advises the Department regarding legislative, programmatic, and administrative matters that relate to Alzheimer's disease victims and their caretakers.
Bicycle and Pedestrian Partnership Council		The council was established by the Florida Department of Transportation (FDOT) to make policy recommendations to FDOT and transportation partners throughout Florida on the state's walking, bicycling, and trail facilities. The council includes representatives from multiple state agencies, local governments, and external stakeholders (including walkers, bicyclists, and trail users) needed to make statewide improvements in safety and facilities integration. The council makes recommendations on design, planning, safety, and other programs involving bicycle and pedestrian issues. The council meets four times a year.
Big Bend Directors of Volunteers Association (DOVA)		The association exists to promote advocacy, networking, and the professional development of managers of volunteers and to support and foster the effective use of volunteers in the community.

Work Group/Task Force	Legislative Mandate	Comments
Big Bend Fraud Task Force		Comprised of a group of professional individuals and organizations. The task force was formed as a result of the rising number of financial crimes committed against individuals, businesses, and the banking communities in the Big Bend area. Due to the sophisticated nature of many of these crimes, the law enforcement, banking, and business communities needed a way to exchange information. An alliance was formed to provide these entities with an opportunity to network and reduce the overall economic loss and ensure successful criminal prosecution. Since its inception, the task force has been instrumental in the fight against financial crimes through the development of various anti-fraud programs.
Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Review Committee		Reviews and determines successors for expansion and implementation grants at the request of the Secretary of the Department of Children and Families.
Community Assistance Advisory Council	2012 Consolidated Appropriations Act, Public Law No. 112-74, and continued in the 2013 Continuing Resolution, Public Law No. 112-175	Community Assistance Advisory Council oversees the implementation of the Weatherization Assistance Program (WAP) and the Community Services Block Grant (CSBG) Programs of the Department of Economic Opportunity. The council reviews the annual state plans for these programs as well as any proposed rule revisions.
Department of Elder Affairs Advisory Council	s. 430.05, F.S.	The council is located for administrative purposes in the Department of Elderly Affairs. It is the intent of the Legislature that the advisory council shall be an independent nonpartisan body and shall not be subject to control, supervision, or direction by the Department. The council serves in an advisory capacity to the Secretary of Elderly Affairs to assist the Secretary in carrying out the purposes, duties, and responsibilities of the Department, as specified in the Chapter 430, F.S. The council may make recommendations to the Secretary, the Governor, the Speaker of the House of Representatives, and the President of the Senate regarding organizational issues and additions or reductions in the Department's duties and responsibilities.
Department of Financial Services State Agency Consumer Roundtable		The consumer roundtable unites Florida's state agency contacts providing consumer services. Agencies serving Florida citizens are encouraged to respond to each inquiry accurately and professionally. The group meets quarterly and is committed to sharing resources and supporting each other by implementing best practices and incorporating technology to remove barriers.

Work Group/Task Force	Legislative Mandate	Comments
Department of Health (DOH) - Community Health Worker Task Force		Community health workers (CHWs) are recognized as a critical part of the health care system. The Florida Community Health Worker Task Force is bringing important stakeholders together to support and promote the CHW profession in Florida.
DOH HIV/AIDS Focus Group		The program focuses on prevention of HIV/AIDS among the senior population.
DOH Office of Trauma, Florida Trauma System Plan Committee		The Office of Trauma needs a representative from DOEA to join its Prevention Planning Team to serve as a resource for senior falls prevention.
DOH-SpNS Discharge Planning Subcommittee, Co-champions	s. 381.0303, F.S., and Chapter 2006-71, L.O.F.	As a part of the Special Needs Shelter (SpNS) Interagency Committee, DOEA serves as the champion for the committee's Discharge Planning Subcommittee. The subcommittee is responsible for developing and updating standard operating procedures for Multi-agency SpNS Discharge Planning Teams, rapid assessment tools used to determine the viability of SpNS client post-shelter housing and continuity of service provision, and procedures for using these tools.
DOH-SpNS Special Needs Shelter Interagency Committee	s. 381.0303, F.S., and Chapter 2006-71, L.O.F.	DOEA serves as a member of the SpNS Interagency Committee. The committee addresses and resolves problems related to special needs shelters not addressed in the state comprehensive emergency medical plan and consults on the planning and operation of special needs shelters. The committee is required to develop, negotiate, and regularly review any necessary interagency agreements; undertake other such activities DOH deems necessary to facilitate the implementation of the committee's assignment; and submit recommendations to the Legislature as necessary.
Florida Alliance of Information & Referral Services (FLAIRS) Board of Directors	s. 408.918, F.S.	Statewide association committed to the provision of quality information, referral, and hotline services. Duties of the board members include approval of board membership recommendations and planning of education and training opportunities at state and national conferences. FLAIRS is the 211 collaborative organization for the state and is responsible for studying, designing, implementing, supporting, and coordinating the Florida 211 Network and for receiving federal grants.
Florida Commission for the Transportation Disadvantaged	Chapter 427, F.S.	Secretary or senior-management-level representative serves as an ex officio, non-voting advisor to the commission. The commission is responsible for ensuring the coordination of transportation services for older adults, persons with disabilities, and people with low income who are dependent upon others to access employment, health care, education, and other life-

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

Work Group/Task Force	Legislative Mandate	Comments
Florida Senior Falls Prevention Coalition		The Statewide Senior Falls Prevention Coalition helps to disseminate information about senior falls prevention awareness and evidence-based preventative measures throughout Florida. A Senior Falls Prevention Plan is in development to aid in the guidance of future preventative actions. In addition, the Senior Falls Prevention Coalition works with local coalitions to help build a sustainable infrastructure through the identification and securing of key resources.
Governor’s Assisted Living Workgroup		The Assisted Living Workgroup is continuing its comprehensive review of the regulation and oversight of assisted living facilities in Florida. The workgroup's purpose is to develop recommendations for improvement in the State's ability to monitor quality and safety in assisted living facilities. The State Long-Term Care Ombudsman is a member of this working group.
Governor's Gold Seal Panel	s. 400.235, F.S. & 59A-4.200, FAC	The Governor's Panel on Excellence in Long-Term Care, known as the Gold Seal Panel, awards and recognizes nursing home facilities that demonstrate excellence in long-term care over a sustained period and it promotes the stability of the industry and facilitates the physical, social, and emotional well-being of nursing home facility residents. The State Long-Term Care Ombudsman is a member.
Governor's Mental Health Transformation – Recovery and Resiliency Workgroup		Florida's Transformation Working Group has been charged with providing the leadership to make this vision a reality. State agency partners include the following: Agency for Health Care Administration, Department of Education, Department of Corrections, Department of Elder Affairs, and Department of Juvenile Justice.
Governor’s Office of Drug Control Suicide Prevention Coordinating Council		The Governor’s Office is leading an integrated and long-term approach to lowering the state’s current suicide rate. The Suicide Prevention Coordinating Council serves in an advisory role to the Statewide Office of Suicide Prevention, which is charged with developing and implementing a statewide plan to decrease the suicide rate in the state.
Horizon 2060 Advisory Groups Safety, Security, and Infrastructure Preservation Advisory Group Community Livability, Environmental Stewardship, and Mobility Advisory Group		The Florida Transportation Plan (FTP) is the state’s long-range transportation plan. The 2060 FTP provides a vision for the future of transportation over the next 50 years. The finished plan was delivered to the Florida Legislature in December 2010.
Interagency Committee on Women’s Health	s. 381.04015, F.S.	Created an Officer of Women's Health Strategy within the Department of Health for the purpose of improving the overall health status of women in Florida through research, awareness, and education. This legislation also charged the Officer of Women's Health Strategy to organize an Interagency Committee for Women's Health.

Work Group/Task Force	Legislative Mandate	Comments
Interagency Smart Growth Technical Assistance Team Memorandum of Agreement among Florida Department of Health, Florida Department of Transportation, Florida Department of Community Affairs, Florida Department of Environmental Protection, and Florida Department of Elder Affairs		Collaborative agreement among agencies in support of Smart Growth. To assist Florida's local governments in creating healthy and sustainable communities, develop ongoing cooperative relationships among the parties, and promote efficient use of state resources by identifying and collaborating on commonalities across programs. DOEA was added in August 2009.
Learning Network		Eight states were selected to participate in this technical assistance network from AoA, CDC, NCOA, and Agency for Healthcare Research and Quality. Participants gain greater knowledge regarding the research about applying evidence-based interventions, assurance that the intervention will be successful, and better understanding of how to use the Social-Ecologic Model of Healthy Aging to evaluate progress toward goals.
Lighting the Way to Guardianship and Other Decision-Making Alternatives		The DOEA Statewide Public Guardianship Office, in partnership with the Office of the Public Guardian, Inc., and the Agency for Persons with Disabilities has revised the Florida Developmental Disabilities Council's two current curricula (one for families and one for attorneys and professionals). These focus on decision-making options for people with developmental disabilities. The partnership also provides workshops for attorneys, judges, client advocates, and family members utilizing the revised materials and evaluates whether these sessions meet the purpose of this grant.
Multi-agency Special Needs Shelter Discharge Planning Teams	Chapter 2006-71, L.O.F.	The Secretary of Elder Affairs shall convene, at any time deemed appropriate and necessary, a multiagency special needs shelter discharge planning team to assist local areas that are severely affected by a natural or manmade disaster that requires the use of special needs shelters. These teams provide assistance to local emergency management agencies with the continued operation or closure of shelters, as well as with the discharge of special needs clients to alternate facilities if necessary. The Secretary may call upon any state agency or office to provide staff to assist these teams. Each team shall include at least one representative from Elder Affairs, Health, Children and Family Services, Veterans' Affairs, Community Affairs, Agency for Health Care Administration, and Agency for Persons with Disabilities.

Work Group/Task Force	Legislative Mandate	Comments
National Association of PASRR Professionals (NAPP)		NAPP is a national organization of professionals who collaborate to improve the quality of long-term care for individuals with mental illness, developmental disabilities, and related conditions. DOEA is a founding member.
National Council on Aging		Department staff participates in technical assistance conference calls for the following: Healthy Aging Evidence-based programs Falls Prevention
National Working Conference on Emergency Management and Individuals with Disabilities and the Elderly		Working conference jointly sponsored by the U.S. Departments of Health and Human Services (HHS) and Homeland Security. One of four designated state representatives (DHS).
Rural Economic Development Initiative Committee	s. 288.0656, F.S.	Appointed by the DOEA Secretary in response to request from the Governor's Office of Tourism, Trade, and Economic Development.
Silver Alert Support Committee	Executive Order 08-211	Working committee established by the DOEA Secretary to bring stakeholders together to set responsibilities and develop working protocols for law enforcement and for the aging network. An additional responsibility is to develop and disseminate training materials for law enforcement and informational brochures, videos, and training materials for the network and general public.
State Mental Health Planning Council		Oversees the U.S. Substance Abuse and Mental Health Services Administration application for block grant funding for mental health services in Florida and the service delivery by contractors.
State Plan on Aging Advisory Group		The State Plan Advisory Group was formed in November 2011 to develop recommendations for the plan. The advisory group is comprised of 17 member organizations of the aging network in Florida. The advisory group will meet on at least an annual basis throughout the period of the plan to assess progress toward the plan's objectives and strategies.
Substance Abuse and Mental Health Corporation		The Florida Substance Abuse and Mental Health Corporation is a non-profit corporation created by the Legislature to oversee the state's publicly funded substance abuse and mental health services.
Workforce Florida Board	Chapter 445, F.S.	A 45-member board appointed by the Governor, which oversees and monitors the administration of the state's workforce policy, programs, and services, carried out by the 24 business-led Regional Workforce Boards and the Agency for Workforce Innovation. Direct services are provided at nearly 100 One-Stop Centers with locations in every county in the state.

LRPP Exhibit II: Performance Measures and Standards

Department: Department of Elder Affairs	Department No.: 65

Program: Services to Elders	Code: 65100000
Service/Budget Entity: Comprehensive Eligibility Services	Code: 65100200

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2012-13	Approved Prior Year Standard FY 2012-13	Prior Year Actual FY 2012-13	Approved Standard for FY 2013-14	Requested FY 2013-14 Standard
Percent of elders CARES determined to be eligible for nursing home placement who are diverted	30%	36.1%	30%	30%
Total number of CARES assessments	85,000	122,606	85,000	100,000

Department: Department of Elder Affairs	Department No.: 65

Program: Services to Elders	Code: 65100000
Service/Budget Entity: Home and Community Services	Code: 65100400

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2012-13	Approved Prior Year Standard FY 2012-13	Prior Year Actual FY 2012-13	Approved Standard for FY 2013-14	Requested FY 2014-15 Standard
Percent of most frail elders who remain at home or in the community instead of going into a nursing home	97%	96%	97%	97%
Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours	97%	99.6%	97%	97%
Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups	$3,988	$1,427	$3,988	$1,000
Percent of elders assessed with high or moderate risk environments who improved their environment score	79.3%	59.2%	79.3%	79.3%
Percent of new service recipients with high-risk nutrition scores whose nutritional status improved	66%	66%	66%	66%
Percent of new service recipients whose ADL assessment score has been maintained or improved	65%	65%	65%	65%
Percent of new service recipients whose IADL assessment score has been maintained or improved	62.3%	64.7%	62.3%	62.3%
Percent of family and family-assisted caregivers who self-report they are very likely to continue to provide care	89%	91.6%	89%	89%

Approved Performance Measures for FY 2012-13	Approved Prior Year Standard FY 2012-13	Prior Year Actual FY 2012-13	Approved Standard for FY 2013-14	Requested FY 2014-15 Standard
Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)	90%	96.4%	90%	85%
Average time in the Community Care for the Elderly Program for Medicaid Waiver probable customers	2.8 months	4.1 months	2.8 months	2.8 months
Percent of customers who are at imminent risk of nursing home placement who are served with community-based services	90%	78.5%	90%	90%
Number of elders served with registered long-term care services	186,495	211,459	186,495	186,495
Number of congregate meals provided	5,300,535	4,674,237	5,300,535	5,300,535
Number of elders served (caregiver support)	54,450	71,326	54,450	54,450
Number of elders served (early intervention/ prevention)	355,908	805,442	355,908	355,908
Number of elders served (home & community services diversion)	51,272	57,193	51,272	51,272
Number of elders served (LTC initiatives)	12,150	26,639	12,150	22,000
Number of elders served (meals, nutrition education, and nutrition counseling)	81,903	70,641	81,903	81,903
Number of elders served (residential assisted living support and elder housing issues)	3,997	3,945	3,997	3,997
Number of elders served (supported community care)	56,631	35,408	56,631	35,400

Department: Department of Elder Affairs	Department No.: 65

Program: Services to Elders	Code: 65100000
Service/Budget Entity: Executive Direction and Support Services	Code: 65100600

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2012-13	Approved Prior Year Standard FY 2012-13	Prior Year Actual FY 2012-13	Approved Standard for FY 2013-14	Requested FY 2014-15 Standard
Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions	1.8% / 22.2%	1.0%/16.4%	1.8% / 22.2%	1.8%/22.2%

Department: Department of Elder Affairs	Department No.: 65

Program: Services to Elders	Code: 65100000
Service/Budget Entity: Consumer Advocate Services	Code: 65101000

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2012-13	Approved Prior Year Standard FY 2012-13	Prior Year Actual FY 2012-13	Approved Standard for FY 2013-14	Requested FY 2014-15 Standard
Percent of complaint investigations initiated by the ombudsman within seven calendar days	91%	95.3%	91%	91%
Percent of service activities on behalf of frail or incapacitated elders initiated by public guardianship within five days of receipt of request	100%	99%	100%	100%
Number of judicially approved guardianship plans including new orders	2,000	3,156	2,000	2,000
Number of complaints investigated (long-term care ombudsman council)	8,226	8,566	8,226	8,226

LRPP Exhibit III: Performance Measurement Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
85,000	122,606	Over 37,606	+44.2%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

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

☐ Training ☐ Technology
☐ Personnel ☐ Other (Identify)

Recommendations:

The Department is requesting a change to the standard from 85,000 to 100,000. The CARES Program performance has increased because of growth in staffing, the availability of adequate facilities in which to transition clients, and a lack of disasters during the past several years that would have required the CARES Program to staff Special Needs Shelters. CARES staff has

increased from 250 people in 2009-2010 to 275 in 2012-2013, due to the growth in the Nursing Home Diversion Program.

LRPP Exhibit III: Performance Measurement Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
97%	96%	1% under	-1%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

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

External Factors (check all that apply)

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

Explanation:

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

☐ Training
☐ Personnel
☐ Technology
☐ Other (Identify)

Recommendations:

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

LRPP Exhibit III: Performance Measure Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
$3,988*	$1,427	$2,561 under	64% under

Factors Accounting for the Difference:

Internal Factors (check all that apply)

☐ Personnel Factors
☐ Competing Priorities
☐ Previous Estimate Incorrect
☐ Staff Capacity
☐ Level of Training
☒ Other (Identify) Revised methodology

Explanation:

*The Department implemented a revised methodology to more accurately reflect the savings. See pages 75-76. The revised methodology for calculating performance reflects fewer savings per consumer.

External Factors (check all that apply)

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

Explanation:

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

☐ Training
☐ Personnel
☐ Technology
☐ Other (Identify)

Recommendations:

No adjustment to the standard is requested at this time.

LRPP Exhibit III: Performance Measurement Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
79.3%	59.2%	20.1% under	-25.3%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

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

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

☐ Training	☐ Technology
☐ Personnel	☐ Other (Identify)

Recommendations:

The Department just started implementing the revised comprehensive client assessment instrument. In the revised instrument, the environment section has been significantly modified. Once the instrument is implemented for at least a year, the Department will monitor performance and counts to see if a change in standard is needed.

LRPP Exhibit III: Performance Measurement Assessment

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

Percent of active clients not eating two or more meals per day at time of assessment who upon annual reassessment were eating two or more meals per day (requested revision)

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
66%	66%	0%	0%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

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

☐ Training
☐ Personnel
☐ Technology
☐ Other (Identify)

Recommendations:

Nutrition is an important determinant of health in the elderly. Not eating at least two meals a day is one of the warning signs of poor nutritional health.

The nutrition risk assessment, upon which the current measure is based, is not sensitive enough to reflect much of what providers do to improve a client's nutritional status. For example, for a client with tooth, mouth, or throat problems, a provider may give pureed meals. While the health of the client has improved, their tooth, mouth, or throat problems may persist leaving the nutritional risk score unchanged. Other factors included in the nutrition assessment that services may not directly change include the following: number of medicines per day the client takes, whether the client has an illness or condition that caused a change in foods eaten, and whether the client eats alone most of the time.

LRPP Exhibit III: Performance Measurement Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
89%	91.6%	Over 2.6%	+2.9%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

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

☐ Training
☐ Personnel
☐ Technology
☐ Other (Identify)

Recommendations:

The Department is requesting the deletion of this measure. The Department has revised the comprehensive assessment instrument used to assess clients and caregivers. This question, which was on the prior version of the assessment, has been removed and will not be asked of

caregivers. Therefore, the Department is requesting the measure be deleted. Another caregiver performance measure will remain: Percent of caregivers who self-report they are very likely to be able to continue providing care after service intervention.

LRPP Exhibit III: Performance Measurement Assessment

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: Percentage of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor) (existing)

Percent of caregivers who self-report they are very likely to be able to continue providing care after service intervention (requested revision)

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
90%	96.4%	+6.4%	+7.1%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

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

☐ Training
☐ Personnel
☐ Technology
☐ Other (Identify)

Recommendations:

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

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

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

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

LRPP Exhibit III: Performance Measurement Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2.8 months	4.1 months	1.3 months over	-46.4%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

The Department began managing releases from the wait list for Medicaid waivers in December 2012. Prior to then, the releases were managed at the local level by the Area Agencies on Aging. Releases from the applicant list are determined by budget availability. The statewide release is based on Medicaid waiver applicants with the highest priority ranking. Applicants who are not in the CCE program may have higher priority than those who are in CCE. Therefore, some clients may remain in CCE for much longer than the standard of 2.8 months.

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

☐ Training
☐ Personnel
☐ Technology
☐ Other (Identify)

Recommendations:

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

LRPP Exhibit III: Performance Measurement Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
5,300,535	4,674,237	626,298 under	-11.8%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

This measure includes the Older Americans Act Title IIIC1 congregate meals program. The statewide expenditures in the congregate meals program have decreased by 31 percent since the standard was established in 2007.

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

☐ Training ☐ Technology
☐ Personnel ☐ Other (Identify)

Recommendations:

No adjustment to the standard is requested.

LRPP Exhibit III: Performance Measurement Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
81,903	70,641	11,262 under	-113.9%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

This measure includes the Older Americans Act Titles IIIC1 and IIIC2 programs. In comparison to 2009, the year when expenditures were the highest in the last six years, a greater percentage of the 2012 budget in Older Americans Act Title IIICI (congregate meals) and Title IIIC2 (home-delivered meals) was used for nutrition education and outreach, which are more expensive services to provide than meals. Nutrition education and outreach services are beneficial for producing lifestyle changes.

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

☐ Training	☐ Technology
☐ Personnel	☐ Other (Identify)

Recommendations:

No adjustment to the standard is requested at this time.

LRPP Exhibit III: Performance Measurement Assessment

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: Number of elders served (Residential living support and elder housing issues)

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
3,997	3,945	Under 52	-1.3%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

☐ Personnel Factors
☒ Competing Priorities
☐ Previous Estimate Incorrect
☐ Staff Capacity
☐ Level of Training
☒ Other (Identify) Wait list variation

Explanation:

The Department began managing releases from the wait list for Medicaid waivers in December 2012. Prior to then, the releases were managed at the local level by the Area Agencies on Aging. Releases from the applicant list are determined by budget availability. In December 2012, all eligible applicants still waiting for Assisted Living waiver services were enrolled in the program. There was not another release until July 2013, which marked the beginning of a new fiscal year and a new appropriation cycle.

External Factors (check all that apply)

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

Explanation:

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

☐ Training	☐ Technology
☐ Personnel	☐ Other (Identify)

Recommendations:

No adjustment to the standard is requested at this time.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
56,631	35,408	21,233 under	-37.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation:

This measure includes the Older Americans Act Title IIIB program. There has been a 36 percent decrease in Title IIIB expenditures since 2009. At the same time, for three key services in IIIB, personal care, homemaker, and transportation, the overall number of units provided has increased. In addition, the average cost per person increased as well, resulting in fewer people being served with a more robust set of services. For personal care, the average cost per person served increased by 37 percent, for homemaker by 40 percent, and for transportation by 57 percent.

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

☐ Training
☐ Personnel
☐ Technology
☐ Other (Identify)

Recommendations:

The Department is requesting the standard be changed from 56,631 to 35,400. Clients are being provided more units of key Older Americans Act Title IIIB program services to enable them to stay in the community. Therefore, not as many people can be served. The largest program in the Supported Community Care activity is the IIIB program.

LRPP Exhibit III: Performance Measurement Assessment

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

Action:

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

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

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

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

External Factors (check all that apply)

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

Explanation:

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

☐ Training
☐ Personnel
☐ Technology
☐ Other (Identify)

Recommendations:

No adjustment to the standard is requested.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

This measure is based on a question from a 15-item client satisfaction survey the Department conducts annually of clients randomly selected from the Department's largest programs. Clients are surveyed who have been active in the program for at least three months, received a service within 90 days of the date the sample was selected, and who received services other than case management and meals within the last year. The number of completes is determined to ensure a 90 percent confidence level.

Clients are contacted by telephone and are asked whether the services they receive help them stay in their home. If clients reside in an assisted living facility, they are asked if the services they receive help them avoid moving into a nursing home. This question uses a dichotomous "yes/no" scale to measure satisfaction. Clients are also allowed to answer, "Don't know."

Validity:

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

Reliability:

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

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

This measure is based on a question from a 15-item client satisfaction survey the Department conducts annually of clients randomly selected from the Department's largest programs. Clients are surveyed who have been active in the program for at least three months, who received a service within 90 days of the date the sample was selected, and who received services other than case management and meals within the last year. The number of completes is determined to ensure a 90 percent confidence level.

Clients are contacted by telephone and are asked a number of questions about client satisfaction. The last question ("Overall, how satisfied are you with the services you receive?") is the one used for this measure. The response options are "very satisfied," "satisfied," "neither satisfied nor dissatisfied," and "dissatisfied." Clients who respond that they are "very satisfied" or "satisfied" are included in the numerator to calculate the results.

Validity:

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

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

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

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

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

Validity:

The validity of this measure is determined through staff analysis of the pertinence and relevance of the data and results of current data reports compared to expectations based on historical results. Performance under this measure is affected by the availability of home or community-based program services for people whom CARES diverts from nursing home placement. If adequate services are not available in the community, then the person may have no other option than the nursing home. The availability of home or community options is contingent upon federal, state, and local funding for these services and the demand for the services by an aging population.

This is an appropriate measure to ensure that individuals are served in the least restrictive and most appropriate setting. The Department's ability to divert people who are nursing home bound to less restrictive, less costly settings is an appropriate measure of effectiveness.

Reliability:

Reliability is determined through analysis of CARES Program data over time.

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

* Florida began phasing in implementation of the Statewide Medicaid Managed Long-term Care Program (SMMC LTC) in August 2013. Statewide SMMC LTC implementation will be complete in March 2014. In the interim, the following Medicaid waivers will continue to operate in areas where SMMC LTC is not yet implemented: Aged and Disabled Adult Medicaid Waiver (ADA), Consumer Directed Care Plus (CDC+), Assisted Living Medicaid Waiver (AL), Channeling, and Long-Term Care Community Diversion Pilot Project (NHD). The only Medicaid program serving the elderly that will operate once SMMC LTC is fully operational is the Program for All-Inclusive Care for the Elderly (PACE), which will continue to be administered by DOEA.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source for this outcome measure is CIRTS, which is maintained by DOEA.

CARES is the nursing home pre-admission screening program. The total number of assessments includes all people who are assessed for nursing home placement and the Medicaid waiver* programs during the fiscal year. Assessment counts also include the Continued Residency Reviews (CRRs) and New Admission Reviews (NARs). The CRRs are a reassessment of individuals who are already in the nursing home under Medicaid. NARs are on-site review of a sample of nursing facility residents/charts, regardless of funding source, that are expected to have a nursing facility stay in excess of 20 days. The CARES Program assesses a sample of the Medicaid residents to determine whether they continue to meet the requisite level of care designation. This number is reflected in the number of assessments but not in the diversion statistics.
CARES tracks program performance data on a monthly basis.

Validity:

The validity is determined by review of data options available. This measure reflects the major areas of work associated with the CARES Program. The data also reflects the number of individuals applying for nursing home care, Medicaid waivers, and the quota that each Planning and Service Area is required to conduct for Continued Residency Reviews. The number of assessments in this output may be affected in the future by the availability of services in either the Medicaid waiver or nursing home programs.

The CARES data system is appropriate for determining the number of assessments. The system is designed to give the program aggregate data on the results of consumer assessments. This is an appropriate measure of output from the CARES Program, which is related to the goal of ensuring that individuals are served in the least restrictive and most appropriate setting. This is one of the core purposes of the Services to the Elders Program. In addition, the primary reason that CARES receives federal funding is to ensure that individuals applying for Medicaid nursing home care and services in the Medicaid waivers meet the appropriate criteria. The data system

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

Reliability:

Reliability is determined through staff analysis of manual data reports compared to the system reports. The performance measure data are internet-based and consistently collected by the CARES Program. Staff at the DOEA main office can run a statewide report at any time. The CARES Program monitors data to ensure data accuracy.

The measure has longitudinal and inter-rater reliability as shown by the consistency of data over time. Electronic data was checked through comparison to manual data to ensure accuracy.

* Florida began phasing in implementation of the Statewide Medicaid Managed Long-term Care Program (SMMC LTC) in August 2013. Statewide SMMC LTC implementation will be complete in March 2014. In the interim, the following Medicaid waivers will continue to operate in areas where SMMC LTC is not yet implemented: Aged and Disabled Adult Medicaid Waiver (ADA), Consumer Directed Care Plus (CDC+), Assisted Living Medicaid Waiver (AL), Channeling, and Long-Term Care Community Diversion Pilot Project (NHD). The only Medicaid program serving the elderly that will operate once SMMC LTC is fully operational is the Program for All-Inclusive Care for the Elderly (PACE), which will continue to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

The data source for this measure is CIRTS for non-Nursing Home Diversion Program clients and Medicaid nursing home paid claims for Nursing Home Diversion Program* clients.

The methodology used to collect the data is selecting consumers who are most frail – the top quintile of nursing home risk scores.

The indicator is measured by determining those clients who had a nursing home stay of 30 or more days in the fiscal year who had been active consumers at the beginning of the fiscal year with risk scores in the top quintile.

Validity:

Validity is established by comparing the Department's customer population to a reference frail elder population, using Medicare data (elders 85 and older). The Medicare beneficiary data revealed that about 18 percent were long-term care residents. This measure can be used as a comparable reference.

The instrument used to determine service eligibility is the comprehensive client assessment. This is very appropriate since the form was developed specifically to measure a person's frailty and need of services.

Reliability:

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

* Florida began phasing in implementation of the Statewide Medicaid Managed Long-term Care Program (SMMC LTC) in August 2013. Statewide SMMC LTC implementation will be complete in March 2014. In the interim, the following Medicaid waivers will continue to operate in areas where SMMC LTC is not yet implemented: Aged and Disabled Adult Medicaid Waiver

(ADA), Consumer Directed Care Plus (CDC+), Assisted Living Medicaid Waiver (AL), Channeling, and Long-Term Care Community Diversion Pilot Project (NHD). The only Medicaid program serving the elderly that will operate once SMMC LTC is fully operational is the Program for All-Inclusive Care for the Elderly (PACE), which will continue to be administered by DOEA.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source for this measure is CIRTS. Individuals referred to DOEA as high risk by the Department of Children and Families' Adult Protective Services (APS) who are tracked and subsequently served will be counted and reported on an annual basis.

Individuals referred are at risk of abuse, neglect, or exploitation and are in need of immediate services to prevent further harm, as determined by APS. The demographic section of the comprehensive assessment form includes APS as one of the referral sources, along with a place to indicate the degree of risk indicated by the referral. Many providers enter services-received data at the end of the month with an indicator of number of units of service. They do not provide the dates the services were rendered. Special efforts were instituted to be able to track APS referrals by the date the service was first received, since it is critical these consumers are served quickly. CIRTS was modified in March 1999, and a policy memo was issued to make sure providers supply the service data as needed.

Consumers who are referred at high risk will be tracked to determine when services were received. The percentage of consumers who are served within the 72-hour time frame are counted.

Validity:

Validity is determined through an analysis of available data options. It was determined that the system changes could be instituted to make it easy to track the APS referrals. Those changes were implemented in March 1999.

CIRTS data are appropriate for obtaining data for this measure. The data elements required to track the data needed by the Department are included.

Reliability:

Reliability is determined through data analysis and comparisons of CIRTS data to consumer files. The Department has an exception report which details when services are not received in a timely fashion. Providers are required to explain the situation.

This measure is reliable since the method of counting the number of people referred and served is consistently applied. Service providers track the data on people served in their programs. There is an incentive for this data to be reliable and accurate since contractors are paid based on the service units provided. The policy memo mentioned above about APS referrals also informs providers that reimbursement for case management is contingent on timely provision of services for these consumers. This is to incentivize providers to correctly enter into CIRTS the date services are received by APS referrals.

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

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

This measure is computed by determining the total cost of home and community-based services for the state fiscal year. This cost is divided by the number of case months of care received to determine a per-person-per-month estimate. The number of case months is then multiplied by clients' average risk score (a number between 0 and 100 percent which represents the likelihood of clients entering a nursing home), resulting in a number representing the number of nursing home case months avoided. The savings (cost of avoided nursing home care) is calculated by subtracting the cost to serve clients for these "avoided" case months in the community from the cost to serve these clients in a nursing home. Dividing the savings by the total number of case months of care, it results in the average monthly savings per client.

Not all clients would be placed in a nursing home if they had not received HCBS. A "risk score" is calculated from the assessment, which reflects the likelihood of being placed in a nursing home. This performance measure uses a weighted risk score as a proxy for the percentage of HCBS case months that would have been spent in a nursing home if those HCBS were not available.

Validity:

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

accuracy. A complete census of all program participation is used; there is no sampling or estimation.

Reliability:

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

* Florida began phasing in implementation of the Statewide Medicaid Managed Long-term Care Program (SMMC LTC) in August 2013. Statewide SMMC LTC implementation will be complete in March 2014. In the interim, the following Medicaid waivers will continue to operate in areas where SMMC LTC is not yet implemented: Aged and Disabled Adult Medicaid Waiver (ADA), Consumer Directed Care Plus (CDC+), Assisted Living Medicaid Waiver (AL), Channeling, and Long-Term Care Community Diversion Pilot Project (NHD). The only Medicaid program serving the elderly that will operate once SMMC LTC is fully operational is the Program for All-Inclusive Care for the Elderly (PACE), which will continue to be administered by DOEA.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source is CIRTS.

This measure will report the percentage of elders with high or moderate risk environments who improved when reassessed.

This measure is captured through the environmental assessment section of the comprehensive client assessment. This assessment is administered to all elders who receive case management. This measure represents the case manager's clinical judgment of risk in the consumer's home environment. The case manager responses and corresponding values are no risk, low risk, moderate risk, and high risk.

Validity:

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

Reliability:

Reliability is ensured by including on the assessment the description of what the particular score represents. In addition, the form includes a checklist of environmental factors to be reviewed.

The measure has longitudinal reliability. The same case managers assessing the same environment over time will almost always score the environment the same, if there have been no changes. Inter-rater reliability is likely to be somewhat less consistent, because it involves clinical judgment of the risks perceived in the consumer's home. The Department attempts to minimize inter-rater differences through case manager training and by including an environmental checklist as a part of each assessment. In addition, a narrative description follows

each score option. For instance, the explanation for high risk is "Serious hazards are present. The client must change dwellings or immediate corrective action must be taken to correct issues noted above."

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department:	**Department of Elder Affairs**
Program:	**Services to Elders**
Service/Budget Entity:	**Home and Community Services**
Measure:	**Percent of new service recipients with high-risk nutrition scores whose nutritional status improved (existing)** **Percent of active clients not eating two or more meals per day at time of assessment who upon annual reassessment were eating two or more meals per day (requested revision)**

Action (check one):

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

Data Sources and Methodology:

The data source is CIRTS.

This outcome measure is captured in the "Nutrition Status" section of the 701A, 701B, and 701C assessments. This measure is the percentage of clients who indicated in the assessment a year earlier that they were not eating two or more meals per day and are now eating two or more meals a day.

Validity:

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

Reliability:

Reliability of the scale is determined through the research that is part of the Nutritional Risk Initiative. The nutrition screening was developed as a part of the national research project.

The measure has inter-rater and longitudinal reliability since the questions are likely to be answered consistently over time when asked by the same or a different assessor.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source is CIRTS.

This measure is captured through the functional status section of the comprehensive client assessment. This measure is the percentage of new consumers in home and community-based service programs who have maintained or improved their ADL score when re-assessed one year later.

The scoring range for ADLs is 0 to 24. The self-care tasks associated with ADLs include bathing, dressing, eating, toileting, transferring, and walking/mobility. This measure focuses on new consumers only since the greatest opportunity to achieve and measure an impact on a person's functional status is when they are new to home and community-based service programs. DOEA plans to track consumer functional status over a period of years to determine standards for achieving functional status maintenance and/or improvement over time.

Validity:

Validity is determined through comparison with instruments used in other aging services programs. The instruments are very similar. DOEA's original instrument was developed in 1992 using national experts as consultants. The Department has modified the ADL domain of the instrument only slightly since then.

ADL scores are a standard and appropriate way to measure an individual's functional abilities. Activities of daily living scales are commonly used in social service research. As the consumer population ages and becomes frailer, the ability to maintain or improve functional status will diminish.

Because data are collected at reassessment only for individuals who do not exit the program, the measure suffers from selectivity bias in that consumers whose activities of daily living have been

successfully addressed are more likely to survive in the program to reassessment time. Those who may not have been properly served drop out and are not included in the measure.

Reliability:

Reliability is determined through the online assessment training for case managers. The case manager must score at least 90 percent on the test on use of the assessment tool given at the end of the training. The assessment instructions (701D) and the *Programs and Services Handbook* provide directions for completing the ADL section of the assessment as well.

The instrument has longitudinal reliability, based on the Department's experience. Wide variances in how different case managers would score a given consumer have not been found.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source is CIRTS.

This measure is captured through the functional status section of the comprehensive client assessment. This measure is the percentage of new consumers in home and community-based service programs who have maintained or improved their IADL score when reassessed one year later.

The scoring range for IADLs is 0 to 32 for tasks including heavy chores, housekeeping, making telephone calls, managing money, preparing meals, shopping, taking medications, and transportation ability. This measure focuses on new consumers only, since the greatest opportunity to achieve and measure an impact on a person's functional status is when they are new to home and community-based service programs. DOEA plans to track consumer functional status over a period of years to determine standards for achieving functional status improvements over time.

Validity:

Validity is determined through comparison with instruments used in other aging services programs. The instruments are very similar. DOEA's original instrument was developed in 1992 using national experts as consultants. The Department has modified the IADL domain of the instrument only slightly since then.

IADL scores are a standard and appropriate way to measure individuals' ability to function in their homes and the communities. Instrumental activities of daily living scales are commonly used in social service research. As the consumer population ages and becomes frailer, the ability to maintain or improve IADLs will diminish.

Because data are collected at reassessment only for individuals who do not exit the program, the measure suffers from selectivity bias in that consumers whose activities of daily living have been

successfully addressed are more likely to survive in the program to reassessment time. Those who may not have been properly served drop out and are not included in the measure.

Reliability:

Reliability is determined through the online assessment training for case managers. The case manager must score at least 90 percent on the test on use of the assessment tool given at the end of the training. The assessment instructions (701D) and the *Program and Services Handbook* provide directions for completing the IADL section of the assessment as well.

The instrument has longitudinal reliability, based on the Department's experience. Wide variances in how different case managers would score a given consumer have not been found.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source is CIRTS.

This outcome measure is captured through the caregiver section of the comprehensive assessment.

This assessment is administered to all elders and their caregivers. Each caregiver is asked to select a response to the question "How likely is it that you will continue providing care to the client?" The response options are "very likely," "somewhat likely," and "unlikely." The measure will reflect the percentage of caregivers of participants in DOEA services who report they are "very likely" to continue providing care.

Validity:

Validity is determined by review of data options available. This measure is based on tracking all caregivers and the percentage of those who respond say they are very likely to continue providing care.

The instrument is very appropriate for the measure. However, the response of the caregiver may be affected by numerous factors, some of which are outside of the Department's control. The caregiver's health may change suddenly, or the consumer's condition may worsen. Both of these situations may be beyond the control of DOEA programs, which primarily assist caregivers through services such as respite, adult day care, caregiver training, and case management. Services received by consumers, such as home delivered meals or homemaking, all serve to assist the client primarily, but the caregiver also benefits.

Reliability:

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

Note: This measure is proposed for deletion.

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

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source is CIRTS.

This outcome measure is captured through the caregiver section of the comprehensive assessment.

This assessment is administered to all elders and their caregivers. Each assessor rates the caregiver on his/her ability to continue to provide care. The question is, "How likely is it that you will have the ability to continue to provide care?" The form includes a space for the caregiver self-rating and a space for the assessor's opinion. The response options are "very likely," "somewhat likely," and "unlikely." The total number of caregivers who indicated their ability to continue providing care is "likely" or "very likely" is compared to the total number of assessors who indicated they thought the caregiver's ability to continue providing care was "likely" or "very likely." The lesser of the two numbers is selected.

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

Validity:

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

ability to continue providing care, we compared the opinions of the professional assessor and the caregiver at the initial assessment and at the yearly reassessment.

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

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

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology:

The data source for this output measure is CIRTS.

Program participants who are probably eligible have minimal income and assets and limitations in two or more ADLs. The demographic section of the comprehensive client assessment includes income and asset information. The assessment also includes a domain on Activities of Daily Living. Limitations in ADLs are noted and entered into the CIRTS assessment database.

CIRTS reports will be generated to determine the percentage of clients in Community Care for the Elderly (CCE) who are probably Medicaid waiver* eligible. Only consumers who have left the CCE Program are included in the report. (An exception may be when a service is needed that is offered in CCE and not in the waiver.)

Validity:

The measure is a valid metric to assess the optimal use of federal resources. When qualified customers are served with programs that have a federal match, general revenue program dollars can be used to serve customers who do not qualify for the Medicaid programs. The measure has high correlation with the amount of general revenue dollars that are freed to accommodate customers who do not qualify for Medicaid. The speed at which the transition takes place is important. A faster transition means a savings of general revenue dollars.

Reliability:

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

* Florida began phasing in implementation of the Statewide Medicaid Managed Long-term Care Program (SMMC LTC) in August 2013. Statewide SMMC LTC implementation will be complete in March 2014. In the interim, the following Medicaid waivers will continue to operate in areas where SMMC LTC is not yet implemented: Aged and Disabled Adult Medicaid Waiver (ADA), Consumer Directed Care Plus (CDC+), Assisted Living Medicaid Waiver (AL), Channeling, and Long-Term Care Community Diversion Pilot Project (NHD). The only Medicaid program serving the elderly that will operate once SMMC LTC is fully operational is the Program for All-Inclusive Care for the Elderly (PACE), which will continue to be administered by DOEA.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source for this output measure is CIRTS.

This measure will be the percentage of all individuals determined at imminent risk of nursing home placement who are served in home and community-based programs.
The indicator is measured by obtaining a count of all consumers who were found at assessment to be at imminent risk of nursing home placement and a count of all who are then served in community-based programs. The percentage is then calculated.

Validity:

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

Reliability:

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

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

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source for this measure is CIRTS, Florida Medicaid Managed Information System (FMMIS), and manual data.

The measure is a count of individuals served in the Department's home and community-based service programs during a fiscal year. The count includes people who received a service in the following programs and service categories: Community Care for the Elderly; Aged and Disabled Adult Medicaid Waiver*; Assisted Living Medicaid Waiver; Channeling; Long-Term Care Community Diversion pilot project; Home Care for the Elderly; Older Americans Act Titles IIIB, IIIC1, IIIC2, IIID, and IIIE; Alzheimer's Disease Initiative; Local Services Program; and Emergency Home Energy Assistance Program (EHEAP). In addition, manual counts are included for the Memory Disorder Clinics and the Adult Care Food Program.

The indicator is measured by a sum of the counts obtained from the CIRTS report and the manual reports of number of people served.

Validity:

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

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

Reliability:

The Department has made efforts to ensure reliability through using CIRTS data as the primary source supplemented with manual data on smaller programs that are not in CIRTS. Providers

have an incentive to enter accurate service data in CIRTS, because they are paid in accordance with the units of service provided. The smaller programs have fixed reimbursement rates, which correlate to the number of consumers who can be served, based on expenditures.

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

* Florida began phasing in implementation of the Statewide Medicaid Managed Long-term Care Program (SMMC LTC) in August 2013. Statewide SMMC LTC implementation will be complete in March 2014. In the interim, the following Medicaid waivers will continue to operate in areas where SMMC LTC is not yet implemented: Aged and Disabled Adult Medicaid Waiver (ADA), Consumer Directed Care Plus (CDC+), Assisted Living Medicaid Waiver (AL), Channeling, and Long-Term Care Community Diversion Pilot Project (NHD). The only Medicaid program serving the elderly that will operate once SMMC LTC is fully operational is the Program for All-Inclusive Care for the Elderly (PACE), which will continue to be administered by DOEA.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The source of the data for this measure is CIRTS. Data on the consumers in congregate meals programs, funded by the Older Americans Act, Local Services Program, and the High Risk Nutritional Program for the Elderly (Miami-Dade only), are primarily used for this measure.

The data are obtained from a CIRTS report on consumers who received a congregate meal through the programs listed above.

Validity:

Since the measure is an output measure, the method for establishing validity is straightforward. Staff analysis established that the best output for the congregate meals program is the number of meals served.

The measuring instrument, service data in CIRTS submitted for billing, is very appropriate. Contracted service providers are paid in accordance with the units of service that are entered in CIRTS.

Reliability:

Reliability is determined through monitoring and quality assurance efforts. Data accuracy is partly assured through exception reports that are generated to highlight data anomalies. Providers are paid based on number of meals served that are reported in the system.

The measure is reliable as shown through consistency of results over time.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source for this measure is from contracted services, including the RELIEF Program, Alzheimer's Disease Initiative (ADI) Memory Disorder Clinics, Home Care for the Elderly, the AmeriCorps Program, Senior Companion, and the National Family Caregiver Support Program (Older Americans Act Title IIIE). Program counts from the ADI respite programs are also included.

The methodology used to collect data is to obtain counts of consumers served through monthly and quarterly reports from the AmeriCorps Program, reports submitted on the monthly information sheets for the Senior Companion, reports from the Memory Disorder Clinics, the Monthly Standard Information Sheet for the RELIEF Program, Area Agency on Aging estimates for Title IIIE, and CIRTS reports for the ADI respite programs.

The indicator is measured by a sum of the consumer counts.

Validity:

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

The current data collection systems described above are very appropriate for capturing the number of consumers served.

Reliability:

Reliability is determined through audits and consumer interviews for the AmeriCorps Program. The RELIEF Program has made efforts to ensure reliability by only counting consumers served

through records obtained from the Area Agency on Aging. CIRTS data reliability is determined through monitoring and case file reviews.

Reliability is above 95 percent for the AmeriCorps Program because of the documentation and auditing required. Requiring the Monthly Standard Information Sheet in the contracts has made the data for the RELIEF Program very reliable. CIRTS data has longitudinal reliability, as found by different staff in the Department producing similar results when extracting data for the same time periods and using similar calculations. Both Senior Companion and Title IIIE data show consistency over time.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data sources for this measure are the following programs: SHINE (Serving Health Insurance Needs of Elders), Health and Wellness Initiatives, Elder Abuse Prevention Education, Elder Helpline, Emergency Home Energy Assistance for Elders Program (EHEAP), and the Senior Community Service Employment Program.

The methodology used to collect the data varies by program as follows: The SHINE Program is using monthly counselor reporting forms, submitted through local coordinators and the Area Agencies on Aging (AAAs). Centers for Medicare & Medicaid Services (CMS) Consumer Contact and Public/Media Activity forms are used in conjunction with a quarterly volunteer time sheet. CMS has a database for reporting purposes.

Health and Wellness Initiatives use monthly reports and databases to gather data on evidence-based interventions funded by Older Americans Act Title IIID. DOEA contracts with the 11 Aging and Disability Resource Centers (ADRCs)/AAAs to implement evidenced-based programs. The projected number of elders served under the health and wellness initiatives is based on the number of clients participating in these evidence-based interventions.

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

The data on EHEAP and Elder Helpline information, referral, and assistance are maintained electronically and extracted from CIRTS. Elder Helplines throughout the state are currently operated by the ADRCs. The Elder Helplines use a common internet accessible Information and Referral (I&R) software system, ReferNet, designed for I&R networks with multiple member organizations. The system records caller/client contact information and provides access to service provider resource data. Provider resource data are updated when the ADRC is notified of a change and when routine updates are conducted at least annually.

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

Validity:

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

Validity for the Health and Wellness Initiatives is determined through periodic site visits and quality assurance checks conducted by the Department's contract manager. During the contract manager's desk review, the actual data collected at the local level are analyzed for contract compliance.

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

Elder Helpline staff at the ADRC maintains records of the in-coming contacts, which can include phone calls, emails, letters, and walk-in visits. The Department's Elder Helpline Specialist has determined that incoming contacts recorded in ReferNet are a valid source of data. DOEA established guidelines with the ADRCs to ensure each is documenting and reporting contacts in the same way, including the reasons for the contact, contact type, and needs identified, and in accordance with Alliance of Information and Referral Systems standards and common reporting methods. ADRCs enter the contacts from ReferNet as the units of I&R service in CIRTS.

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

The Health and Wellness Initiative's method for collecting data is also very appropriate. Keeping the data at the local level has worked well for both the provider and the Department contract manager.

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

Reporting Elder Helpline data in CIRTS is very appropriate, since it is based on contacts recorded in ReferNet.

Reliability:

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

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

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

Reliability of the Elder Helpline data is ensured by establishing uniform I&R reporting guidelines, including I&R in the program monitoring, resource data management updates, and review of quarterly reports submitted to DOEA. In addition, program reports are used to identify additional training issues that may be needed.

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

The Health and Wellness Initiative activity data are reliable because the counts are based on workshop sign-in sheets. .

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

Reliability has been established with the standardization of the I&R reporting in ReferNet.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source for this measure is CIRTS and Medicaid paid claims data.

The methodology used to collect the data is to select from the CIRTS Services Reported table an unduplicated count of participants in Community Care for the Elderly. To get the data on Medicaid programs, the paid claims data was used for Aged and Disabled Adult Medicaid Waiver*, including Consumer Directed Care; Channeling; the Adult Day Health Care Waiver; and the Long-Term Care Diversion Pilot Project.

The indicator is measured by computing a sum of the unduplicated participants across the Planning and Service Areas.

Validity:

Validity is determined through a review of available data sources. CIRTS was chosen because it is the most complete source of participant data across programs and can create an unduplicated count.

CIRTS data are very appropriate as a source for consumer counts. Clients are registered in CIRTS with at least demographic data when they receive on-going services.

Reliability:

The Department has made efforts to ensure reliability by only counting people who were recorded as receiving a service in CIRTS. This is an effective and reliable method. Since contract providers have an incentive to enter accurate service data in CIRTS, many are paid in accordance with the units of services provided. The number of elders served by the Medicaid waivers is based on paid claims.

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

* Florida began phasing in implementation of the Statewide Medicaid Managed Long-term Care Program (SMMC LTC) in August 2013. Statewide SMMC LTC implementation will be complete in March 2014. In the interim, the following Medicaid waivers will continue to operate in areas where SMMC LTC is not yet implemented: Aged and Disabled Adult Medicaid Waiver (ADA), Consumer Directed Care Plus (CDC+), Assisted Living Medicaid Waiver (AL), Channeling, and Long-Term Care Community Diversion Pilot Project (NHD). The only Medicaid program serving the elderly that will operate once SMMC LTC is fully operational is the Program for All-Inclusive Care for the Elderly (PACE), which will continue to be administered by DOEA.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source for this measure is the Medicaid claim files and the Florida Medicaid Management Information System (FMMIS).

The methodology used to collect the data is to query FMMIS to obtain an unduplicated count of Long-Term Care Community Diversion Pilot Project* and Program for All-Inclusive Care for the Elderly (PACE) participants based on claims data.

The indicator is measured by computing a sum of the unduplicated participants.

Validity:

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

Reliability:

Reliability is assured through cross-checking with the Medicaid claims files to ensure the program billings are appropriate.

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

* Florida began phasing in implementation of the Statewide Medicaid Managed Long-term Care Program (SMMC LTC) in August 2013. Statewide SMMC LTC implementation will be complete in March 2014. In the interim, the following Medicaid waivers will continue to operate in areas where SMMC LTC is not yet implemented: Aged and Disabled Adult Medicaid Waiver (ADA), Consumer Directed Care Plus (CDC+), Assisted Living Medicaid Waiver (AL), Channeling, and

Long-Term Care Community Diversion Pilot Project (NHD). The only Medicaid program serving the elderly that will operate once SMMC LTC is fully operational is the Program for All-Inclusive Care for the Elderly (PACE), which will continue to be administered by DOEA.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data sources for this measure are CIRTS and manual data from the Adult Care Food Program and the Elder Farmers Market Nutrition Program.

The methodology used to collect the data is to select from the CIRTS Services Received table a count of participants in the Older Americans Act Home Delivered and Congregate Meals Programs and the Local Services Program (meals only) who received any of the following services: meals, nutrition education, and nutrition counseling. Due to the umbrella nature of the report, the counts may also, to a lesser extent, include people who received nutrition services in other Department programs, such as Community Care for the Elderly (CCE). Manual counts are derived for the Adult Care Food Program based on the units of service provided and the contracted cost per participant.

The indicator is measured by computing a sum of participants in each program for the data available in CIRTS and adding in the manual derived counts from the Adult Care Food Program and Elder Farmers Market Nutrition Programs.

Validity:

Validity is determined through a review of available data sources. CIRTS was chosen as the primary source because it is the most complete source of participant data across programs and can create unduplicated counts. The manual counts are for much smaller programs with less readily available consumer data.

CIRTS data are very appropriate as a source for consumer counts. Clients are registered in CIRTS with at least demographic data when they receive on-going services. Manual counts of consumers served in the Adult Care Food and Elder Farmers Market Programs are an appropriate means to collect the data on these smaller programs, since the services are not reported in CIRTS.

Reliability:

The Department has made efforts to ensure reliability by only counting consumers who are recorded as receiving a service in CIRTS (except for the Adult Care Food and Elder Farmers Market Programs). This is an effective and reliable method, since contract providers have an incentive to enter accurate service data in CIRTS, because many are paid in accordance with the units of services provided. Reliability is ensured through the routine monitoring process conducted by the Area Agencies on Aging and the Department.

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

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source for this measure is the Medicaid* claim files and the FMMIS.

The methodology used to collect the data is to query FMMIS to obtain an unduplicated count of participants in the Assisted Living Medicaid Waiver based on claim data.

The indicator is measured by computing a sum of the unduplicated participants across the Planning and Service Areas.

Validity:

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

Reliability:

Reliability is assured through cross-checking with Medicaid claim files to ensure the program billings are appropriate.

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

* Florida began phasing in implementation of the Statewide Medicaid Managed Long-term Care Program (SMMC LTC) in August 2013. Statewide SMMC LTC implementation will be complete in March 2014. In the interim, the following Medicaid waivers will continue to operate in areas where SMMC LTC is not yet implemented: Aged and Disabled Adult Medicaid Waiver (ADA), Consumer Directed Care Plus (CDC+), Assisted Living Medicaid Waiver (AL), Channeling, and

Long-Term Care Community Diversion Pilot Project (NHD). The only Medicaid program serving the elderly that will operate once SMMC LTC is fully operational is the Program for All-Inclusive Care for the Elderly (PACE), which will continue to be administered by DOEA.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source for this measure is CIRTS.

The methodology used to collect the data is to select from the CIRTS Services Reported table an unduplicated count of participants in the Older Americans Act Title IIIB (Supportive Services and Senior Centers) and the Local Services Programs (for non-meals services).

The indicator is measured by computing a sum of the unduplicated participants across the Planning and Service Areas.

Validity:

Validity is determined through a review of available data sources. CIRTS was chosen because it is the most complete source of participant data across programs and can create an unduplicated count.

CIRTS data are very appropriate as a source for consumer counts. Clients are registered in CIRTS with at least demographic data when they receive on-going services.

Reliability:

The Department has made efforts to ensure reliability by only counting people who are recorded as receiving a service in CIRTS. This is an effective and reliable method, since contract providers have an incentive to enter accurate service data in CIRTS, because many are paid in accordance with the units of services provided. Reliability is ensured through the routine monitoring process the Area Agencies on Aging conduct with their provider agencies.

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

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source for the measure is Legislative Appropriations System/Planning and Budgeting Subsystem (LAS/PBS).

In LAS/PBS, the data are obtained from the prior year actual expenditures (Column A36). The Long-Term Care Community Diversion Pilot Program expenditures*, which are administered by the Department, but billed through FMMIS, are manually added to the total agency costs.

The administrative and support costs and positions are divided by the total agency cost and positions to calculate the percentage of the Department's costs for administration and support and positions associated with administration and support.

Validity:

Validity is determined through an analysis of available data. LAS/PBS is the common data source for the Governor's Office, the Legislature, and state agencies and was determined to be the best source for data on Executive Direction and Support. There is not a standard for how the calculation of administrative costs is determined across agencies, since each agency is set up differently.

LAS/PBS contains the General Appropriations Act and adjustments, which are initiated by legislation, and therefore is the appropriate source for data on Departmental budget issues. The Department's budget is arrayed by budget entity, program component, and activity codes, which breaks down the budget to discrete categories.

Reliability:

Reliability is determined through analysis of the Department's budget over time. The same major elements are used for comparison from year to year.

The measure is very reliable as evidenced by the historical trends. The measure remains stable over time.

* Florida began phasing in implementation of the Statewide Medicaid Managed Long-term Care Program (SMMC LTC) in August 2013. Statewide SMMC LTC implementation will be complete in March 2014. In the interim, the following Medicaid waivers will continue to operate in areas where SMMC LTC is not yet implemented: Aged and Disabled Adult Medicaid Waiver (ADA), Consumer Directed Care Plus (CDC+), Assisted Living Medicaid Waiver (AL), Channeling, and Long-Term Care Community Diversion Pilot Project (NHD). The only Medicaid program serving the elderly that will operate once SMMC LTC is fully operational is the Program for All-Inclusive Care for the Elderly (PACE), which will continue to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department:	Department of Elder Affairs
Program:	Services to Elders
Service/Budget Entity:	Consumer Advocate Services
Measure:	**Percent of complaint investigations initiated by the Ombudsman within seven calendar days (Applies to the Long-Term Care Ombudsman Council)** ***Note: This is a technical change to the measure from percent of complaint investigations initiated by the Ombudsman within five working days to percent of complaint investigations initiated within seven calendar days to match federal reporting.**

Action (check one):

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

Data Sources and Methodology:

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

The data on the number of complaints received, and when they are investigated, are tracked and recorded.

Validity:

Staff analysis determined that the number of complaints investigated is deemed to be the most valid, objective output available.

The investigation data as the measuring instrument is appropriate for use for this measure. The summary of the outcome of the complaint is included and accurately reflects the status of the complaint.

Reliability:

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

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source for this measure is each of the circuit courts with an Office of Public Guardian funded by general revenue dollars.

Each office keeps a record of the total number of guardianship orders, the date the request came in, and when activity was initiated on behalf of the consumers.
The indicator is measured by dividing the total number of requests by the number that had activity initiated within five days of receipt of the request, to obtain the percentage.

Validity:

The methodology is developed through staff analysis of data available. Each Office of the Public Guardian has operated independently under the direction of the local circuit court. There is not a consistent means of tracking demographic or other consumer data across the state.

The measure is appropriate for determining the timeliness of response to requests for assistance.

Reliability:

Reliability is established through interaction with each of the Offices of the Public Guardian. Each keeps a record of date of the referrals, when activity was initiated, and whether the consumer needed to have a guardian appointed.

The measure is reliable. Any person reviewing the data submitted would draw the same conclusions, because the measure is straightforward and based on data submitted by each Office of the Public Guardian.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

Data Sources and Methodology:

The data source for this measure is tracked by each of the circuit courts with an Office of Public Guardian funded by general revenue dollars.

Each office keeps a record of the total number of plans, which is its current caseload, and new orders.

The measure is the combined number of guardianship plans and orders.

Validity:

The methodology is developed through staff analysis of data available. Each Office of the Public Guardian operates independently under the direction of the local circuit court. The Department now has oversight of the guardianship program statewide.

The measure is appropriate for determining whether the ward's best interest and safety are being considered. If the guardianship plan is not satisfactory, the court has an opportunity to disapprove the plan and require an alternate approach.

Reliability:

Reliability is established through interaction with each of the Offices of the Public Guardian, which keeps a record of the number of plans submitted and approved by the circuit court and new orders.

The measure is reliable. Any person reviewing the data submitted would draw the same conclusions, because the measure is a simple count of numbers provided from each circuit with a guardianship program.

LRPP Exhibit IV: Performance Measure Validity & Reliability

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Consumer Advocate Services
Measure: Number of complaints investigated (Long-Term Care Ombudsman Council)
*Note: This is a technical change to the measure from complaint investigations completed to number of complaints investigated to match federal reporting.

Action (check one):

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

Data Sources and Methodology:

The data source for the measure is the Long-Term Care Ombudsman investigation data collected and stored in each Ombudsman office within each district and compiled at the state office.

The number of complaints investigated is determined by reviewing the investigation data. An Ombudsman investigates a complaint by conducting interviews, making observations, and reviewing records with appropriate consent. Each complaint investigation is identified as "verified" or "not verified." Upon completion of an investigation, a complaint disposition is also assigned. Some complaints may take months to complete because of the complexity of the issue involved. While the Ombudsman strives to resolve a complaint to the satisfaction of the resident(s) involved in the complaint, a complaint investigation must be completed at the end of 90 days unless an extension has been granted by the district Ombudsman manager, pursuant to rule 58L-1.007(2)(d), Florida Administrative Code.

The data on the number of complaints received, and when they are investigated, is tracked and recorded.

Validity:

Staff analysis determines that the number of complaints investigated is deemed to be the most valid, objective output available.

The investigation data as the measuring instrument is appropriate for use for this measure. The summary of the outcome of the complaint is included and accurately reflects the status of the complaint.

Reliability:

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

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

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures			
Measure Number	**Approved Performance Measures for FY 2011-12**		**Associated Activities Title**
1	Percent of Elders the CARES program determined eligible for nursing home placement who are diverted		Universal Frailty Assessment ACT 2000
2	Number of CARES assessments		Universal Frailty Assessment ACT 2000
3	Percent of most frail elders who remain at home or in the community instead of going into a nursing home		Home and Community Services Diversions, Long-Term Care initiatives, Nutritional Services For the Elderly, Residential Assisted Living Support and Elder Housing Issues, Early Int./Prev., Supportive Comm. Care, Caregiver Support
4	Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm		Home and Community Services Diversions, Long-Term Care initiatives, Nutritional Services For the Elderly, Residential Assisted Living Support and Elder Housing Issues, Early Int./Prev., Supportive Comm. Care, Caregiver Support
5	Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups		All Home and Community-Based Services
6	Percent of elders assessed with high or moderate risk environments who improved their environment score		All Home and Community-Based Services
7	Percent of new service recipients with high-risk nutrition scores whose nutritional status improved		All Home and Community-Based Services
8	Percent of new service recipients whose ADL assessment score has been maintained or improved		All Home and Community-Based Services
9	Percent of new service recipients whose IADL assessment score has been maintained or improved		All Home and Community-Based Services
10	Percent of family and family-assisted caregivers who self-report they are very likely to provide care		All Home and Community-Based Services
11	The percentage of caregivers whose ability to continue to provide care is maintained or improved after service intervention (as determined by the caregiver and the assessor)		All Home and Community-Based Services
12	Average time in the Community Care for the Elderly Program for Medicaid waiver-probable customers		All Home and Community-Based Services
Office of Policy and Budget – July 2008			

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures			
Measure Number	**Approved Performance Measures for FY 2011-12**		**Associated Activities Title**
13	Percent of customers who are at imminent risk of nursing home placement who are served with community-based services		All Home and Community-Based Services
14	Number of elders served with registered long-term care services		All Home and Community-Based Services
15	Number of congregate meals provided		Nutritional Services for the Elderly ACT 4000
16	Number of elders served (caregiver support)		Caregiver Support ACT 4200
17	Number of elders served (early intervention/prevention)		Early Intervention/Prevention ACT 4100
18	Number of elders served (home and community services)		Home and Community Services Diversion ACT 4500
19	Number of elders served (LTC initiatives)		Long-Term Care Initiatives ACT 4800
20	Number of elders served (meals, nutrition education and counseling)		Nutritional Services for the Elderly ACT 4000
21	Number of elders served (residential assisted living support and elder housing issues)		Residential Living Support Elder Housing Issues ACT 4300
22	Number of elders served (supported community care)		Supportive Community Care ACT 4400
23	Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions		Executive Direction
24	Percent of complaint investigations initiated by the ombudsman within 7 calendar days		Long-Term Care Ombudsman Council ACT 1100
25	Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within five days of receipt of request		Public Guardianship ACT 1200
Office of Policy and Budget – July 2008			

SCHEDULE XI/EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY

ELDER AFFAIRS, DEPARTMENT OF	FISCAL YEAR 2012-13				
SECTION I: BUDGET	OPERATING				FIXED CAPITAL OUTLAY
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT			775,336,478		1,500,000
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)			-6,291,212		-1,400,000
FINAL BUDGET FOR AGENCY			769,045,266		1,500,000
SECTION II: ACTIVITIES * MEASURES	Number of Units	*(1) Unit Cost*	*(2) Expenditures (Allocated)*		*(3) FCO*
Executive Direction, Administrative Support and Information Technology (2)					0
Long-term Care Ombudsman Council * Number of complaint investigations completed	8,566	418.84	3,587,777		
Public Guardianship Program * Number of judicially approved guardianship plans	3,156	806.38	2,544,940		
Universal Frailty Assessment * Total number of CARES assessments	122,606	179.53	22,011,524		
Meals, Nutrition Education, And Nutrition Counseling * Number of people served	70,641	666.69	47,095,590		
Early Intervention/Prevention * Number of elders served	805,442	25.02	20,152,734		
Caregiver Support * Number of elders served	71,326	412.32	29,409,453		
Residential Assisted Living Support And Elder Housing Issues * Number of elders served	3,945	4,080.02	16,095,660		
Supportive Community Care * Number of elders served	35,408	1,290.43	45,691,555		
Home And Community Services Diversions * Number of elders served	57,193	1,663.40	95,134,841		
Long Term Care Initiatives * Number of elders served	26,639	6,299.46	167,811,301		
TOTAL			449,535,375		1,500,000
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER			112,694		
REVERSIONS			319,397,225		
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)			769,045,294		1,500,000

(1) Some activity unit costs may be overstated due to the allocation of double budgeted items.

(2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.

(3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.

(4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

UCSLP01 LAS/PBS SYSTEM SCHEDULE XI: AGENCY-LEVEL UNIT COST SP 02 09/13/2013 10:09 PAGE: 1
BUDGET PERIOD: 2004-2015 SUMMARY - OCTOBER SUBMISSION SCHED XI: AGENGY-LEVEL UNIT COST SUMMARY
STATE OF FLORIDA ELDER AFFAIRS, DEPT OF

ACTIVITY ISSUE CODES SELECTED:
TRANSFER-STATE AGENCIES ACTIVITY ISSUE CODES SELECTED:
1-8:
AID TO LOCAL GOVERNMENTS ACTIVITY ISSUE CODES SELECTED:
1-8:

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

*** NO ACTIVITIES FOUND ***

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

*** NO OPERATING CATEGORIES FOUND ***

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

BE	PC	CODE	TITLE	EXPENDITURES	FCO
65100400	1303000000	ACT4700	HOUSING, HOSPICE AND END OF LIFE	47,050	
65100600	1208000000	ACT6000	DISASTER PREPAREDNESS AND	65,644	

TOTALS FROM SECTION I AND SECTIONS II + III:

DEPARTMENT: 65	EXPENDITURES	FCO
FINAL BUDGET FOR AGENCY (SECTION I):	769,045,266	1,500,000
TOTAL BUDGET FOR AGENCY (SECTION III):	769,045,294	1,500,000
DIFFERENCE:	15-	28
(MAY NOT EQUAL DUE TO ROUNDING)	===============	===============

NOTES:
ACT4700 - Housing, Hospice and End of Life - This is no longer a part of the Department's approved measures, since the activity is administrative in nature.

ACT6000 - Although Disaster Preparedness and Operations is an Executive Direction and Support Services activity, the assigned code does not fall in the appropriate range ACT0010 through ACT0490 for it to be recognized as such.

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

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

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

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

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

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

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

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

AHCA – Agency for Health Care Administration

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

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

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

AoA – Administration on Aging, now part of the Administration for Community Living (ACL), which is administratively housed within the U.S. Department of Health and Human Services.

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

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

APS – Adult Protective Services

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

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

BPL – Below Poverty Level

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

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

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

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

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

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

COA – Council on Aging

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

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

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

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

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

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

DOEA – Department of Elder Affairs

EOG – Executive Office of the Governor

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

FEMA – Federal Emergency Management Agency

FLAIR – Florida Accounting Information Resource Subsystem

FMMIS – Florida Medicaid Management Information System

F.S. – Florida Statutes

FY – Fiscal Year

GAA – General Appropriations Act

GR – General Revenue Fund

HCBS – Home and Community-Based Services

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

HMO – Health Maintenance Organization

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

HS – U.S. Department of Homeland Security

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

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

Input – See performance measure.

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

IT – Information Technology

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

L.O.F. – Laws of Florida

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

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

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

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

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

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

official name is the Long-Term Care Ombudsman Council (LTCOC), it is commonly referred to as the Long-Term Care Ombudsman Program (LTCOP).

LSP – Local Services Program

LTC – Long-Term Care

MCO – Managed Care Organization

MDC – Memory Disorder Clinic

NAPIS – National Aging Program Information System

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

NASUAD – National Association of States United for Aging and Disabilities

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

NCOA – National Council on Aging

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

OAA – Older Americans Act

Outcome – See Performance Measure.

Output – See Performance Measure.

PASRR – Pre-Admission Screening and Resident Review

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

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

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

Program of All-Inclusive Care for the Elderly (PACE) – A project within the Long-Term Care Community Diversion Pilot Project that targets individuals who would otherwise qualify for Medicaid nursing home placement and provides them with a comprehensive array of home and community-based services at a cost less than nursing home care.

Input – The quantities of resources used to produce goods or services and the demand for those goods and services.

Outcome – An indicator of the actual impact or public benefit of a service.

Output – The actual service or product delivered by a state agency.

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

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

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

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

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

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

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

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

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

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

Service – See Budget Entity

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

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

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

SWOT – Strengths, Weaknesses, Opportunities, and Threats

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

USDA – U.S. Department of Agriculture

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