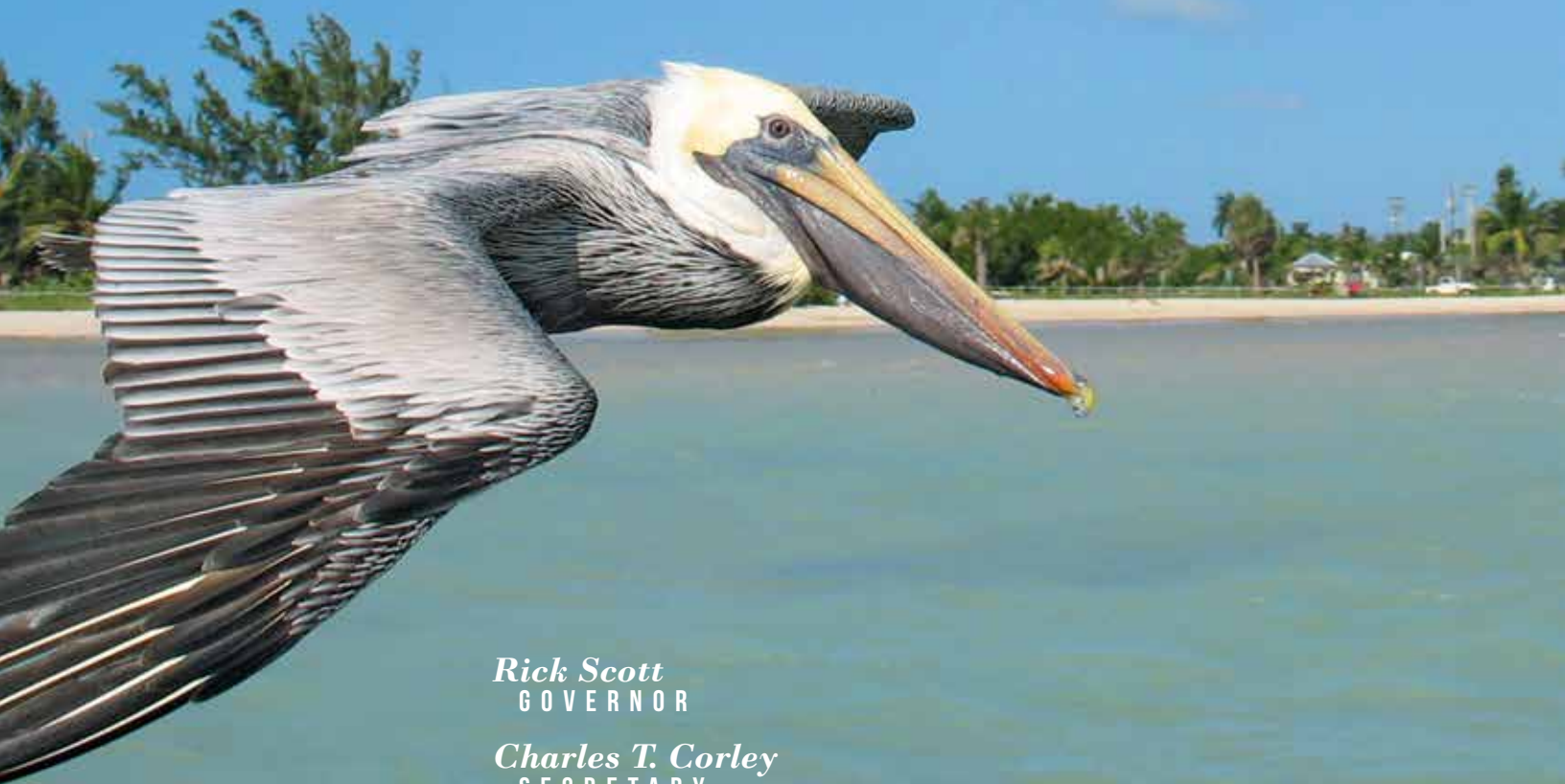


FLORIDA DEPARTMENT OF ELDER AFFAIRS

2014

SUMMARY OF PROGRAMS & SERVICES



Rick Scott
GOVERNOR

Charles T. Corley
SECRETARY

Summary of Programs and Services

FEBRUARY 2014



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ELDER SERVICES AT A GLANCE - STATE FISCAL YEAR 2012-2013

PROGRAM*	FUNDING	CLIENTS SERVED
Adult Care Food Program	\$4,806,225	86 Program Sites 1,809,708 Meals or Snacks Served
Aged and Disabled Adult Waiver (ADA)	\$106,651,856	11,321
Alzheimer's Disease Initiative (ADI) Respite/Special Projects	\$9,554,262	1,808
Alzheimer's Disease Initiative (ADI) Memory Disorder Clinics	\$2,968,081	6,886
AmeriCorps	\$285,530	83 Volunteer Members 27,285 Member Hours of Service
Assisted Living Waiver	\$37,257,303	3,955
Channeling Waiver	\$8,740,761	1,345
Community Care for the Elderly (CCE)	\$41,479,617	14,244
CARES (Comprehensive Assessment and Review for Long-Term Care Services)	\$17,183,815	122,894 Assessments 36% of Clients Assessed Diverted to Home and Community-Based Services
Emergency Home Energy Assistance for the Elderly Program (EHEAP)	\$4,681,212	16,528 Households Served
Home Care for the Elderly (HCE)	\$7,903,357	2,877
Local Services Programs	\$7,465,811	5,766
Long-Term Care Community Diversion Pilot Program (Nursing Home Diversion)	\$359,036,110	25,631
Long-Term Care Ombudsman Program (LTCOP)	3,126,507	4,091 Administrative Assessments 2,966 Visitations 7,336 Complaints Investigated
Nutrition Services Incentive Program (NSIP)	\$6,247,984	9,535,539 Meals Served
Older Americans Act Title III B Supportive Services	\$25,001,310	33,062
Older Americans Act Title III C1 Congregate Meals	\$28,468,480	32,435
Older Americans Act Title III C2 Home-Delivered Meals	\$15,035,675	19,915
Older Americans Act Title III D Preventive Health Services	\$1,461,664	52,621
Older Americans Act Title III E Caregiver Support	\$11,527,293	**18,333
Older Americans Act Title V Senior Community Service Employment Program	\$5,235,172	731
Program of All-Inclusive Care for the Elderly (PACE)	\$25,207,786	1,018 Clients Approved
Respite for Elders Living in Everyday Families (RELIEF)	\$909,034	336 Volunteers 69,213 Hours of Service
Senior Companion Program	\$415,210	255 Clients Served 84 Volunteer Companions 60,031 Hours of Service
Senior Farmers' Market Nutrition Program	\$106,577	34 Farmers' Markets 2,467 Clients Receiving Produce Coupons
SHINE (Serving Health Insurance Needs of Elders)	\$3,494,146	481 Volunteers 148,296 Client Contacts
Statewide Public Guardianship Office	\$2,592,051	3,156 Public Wards Provided Services

*Programs operate on different annual periods, for example, state fiscal year or calendar year. For the latter, the most recent final data available at the time of publication is for calendar year 2012 except as noted. Please refer to individual program listings for information on their respective program periods.

**Most recent available final data is for federal fiscal year 2011-2012.

This document is produced by the Florida Department of Elder Affairs and updated periodically to provide the public and the Legislature with information about programs and services for Florida's elders. Services and programs for elders vary in relation to consumer needs, demographics, funding availability, and legislative directives. This Summary of Programs and Services, unless otherwise noted, contains information and data compiled as of September 2013.

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

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PREFACE

This 2014 Summary of Programs and Services contains comprehensive information about the activities of the Florida Department of Elder Affairs and those it serves. It is organized as follows:

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

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

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

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

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

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

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

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

Section A

General Overview

FLORIDA DEPARTMENT OF ELDER AFFAIRS

OVERVIEW

Rick Scott, Governor
Charles T. Corley, Secretary

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

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

With approximately 4.7 million residents age 60 and older, Florida currently ranks first in the nation in the percentage of its citizens who are elders, and will continue to do so for the foreseeable future (23 percent in 2010 growing to 35 percent in 2030). More than 1.7 million Floridians are age 75 and older. The population age 100 and older is currently the state's fastest-growing age group by percentage. Florida is also rich in generational and cultural diversity, especially among individuals age 55 and older. Florida's future is linked to the financial health and physical security of its elder population.

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

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

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

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

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

MISSION STATEMENT

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

VISION

All Floridians aging with dignity, purpose, and independence.

PRINCIPLES GOVERNING THE DEPARTMENT'S SERVICES

FLORIDA FOR A LIFETIME:

Empowering and Protecting Seniors

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

This commitment focuses on the following guiding principles:

- **Affordability** – Ensure affordable housing options that provide Florida's seniors the freedom and flexibility to live in homes that accommodate their lifestyles and unique needs.
- **Accessibility** – Increase access to affordable long-term care for Florida's most vulnerable citizens while ensuring the quality of care and cost effectiveness. Enhance opportunities for home and community-based care, because many seniors do not require institutional care and may be better served at home or in their communities.
- **Empowerment** – Increase awareness among Floridians as health care consumers by improving access to meaningful information that helps in comparing the quality and cost of health-care options.
- **Intergenerational Partnerships** – Increase lifelong learning opportunities for seniors and assistance to caregivers by developing partnerships with schools and workforce programs. Enhance opportunities for seniors who are or want to be in the workforce so that as baby boomers retire, their expertise is available to strengthen the workforce.

THE ELDER SERVICES NETWORK

- 11 Area Agencies on Aging
 - 52 Community Care lead agencies
 - 15 memory disorder clinics
 - 3,033 assisted living facilities
 - 362 adult family care homes
 - 683 nursing homes
 - 410 municipal governments and 67 county governments
 - Over 205 million volunteer service hours
 - 260+ senior centers
 - Approximately 425 congregate meal sites
- **Protection and Safety** – Emphasize the importance of preparing for storms and other emergencies by assisting efforts to put up shutters, secure yard furniture, purchase supplies, understand the availability and logistics of evacuation shelters for individuals with special needs, and produce the annual *Disaster Preparedness Guide for Elders*. Empower seniors in combating fraud, scams, and identity theft.
 - **Ageing-In-Place** – Increase awareness among Florida's consumers, home designers/builders, and home renovation professionals of the benefits of universal design features in the home that enable seniors to remain active and independent in the home and community of their choosing.

COMMUNITIES FOR A LIFETIME

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

Communities for a Lifetime focuses on enhancing opportunities available for people of all ages to continue living in their own communities for a lifetime and encourages partnerships and collaborations to meet identified needs. Communities for a Lifetime provides the Department with a mechanism to help more elders live independently, as well as to help communities plan for the future needs of all their citizens, both young and old.

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

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

Under CFAL, the Elder Housing Unit provides information and technical assistance to elders

As of October 2013, a total of 124 Florida cities, counties, towns, and villages were Communities for a Lifetime partners.

and community leaders to help them identify affordable senior housing choices and assisted living to promote aging in place with dignity. The Housing Unit also provides information about assisted living facilities, adult family care homes, and other affordable supportive housing, as well as access to the most appropriate information and resources to meet an individual's housing needs and preferences.

The Office of Volunteer and Community Services provides technical assistance, public awareness, and other support for volunteer-based programs, as well as innovative demonstration projects that foster intergenerational connections – interaction between youth and elders – at the state and local levels. Elders serve as mentors to youth by sharing life experiences, while youth provide companionship to elders. Intergenerational activities encourage elders and youth to make connections necessary to bridge the generation gap.

Department staff actively participates in Florida's Mentoring Partnership through one-on-one mentoring, special projects at partner schools, and activities that promote community volunteerism. The Department also works with local providers to coordinate information on available funding for volunteer or intergenerational programs, partnership development, coordination of resources for grandparents raising grandchildren, and coordination of health and education events to engage the skills and talents of elders and young people.

AGING AND DISABILITY RESOURCE CENTERS

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

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

AGING & DISABILITY RESOURCE CENTERS (ADRC) FUNCTIONS

- Provide information and referral services
- Assist clients with the Medicaid eligibility application process
- Triage clients who require assistance
- Maintain the client waitlists for long-term care programs and services
- Operate statewide toll-free Elder Helplines

STATEWIDE TRANSITION TO AGING & DISABILITY RESOURCE CENTERS

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

The transition of the remaining eight ARCs to ADRCs was completed in March 2012. All 11 ADRCs in Florida are now providing streamlined access to long-term care services. Florida's ADRCs provide information and referral not only to elders but also to adults with physical and mental disabilities. Each ADRC expanded its partnerships with the disability community. Information and referral specialists are trained to refer callers to resources that can help address their needs.

The development of ADRCs has increased the efficiency of long-term care service delivery and helped individuals navigate the long-term care system more easily. ADRCs build on the strengths of the current long-term care network and give Florida's citizens better opportunities to receive services in a seamless and highly responsive manner.

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

To improve an individual's entry into the system, the ADRC is accessible through a number of local providers, including senior centers, lead agencies, health care providers, and other community agencies. Additionally, individuals can access ADRC services by telephone or through the internet. It is anticipated that approximately 80 percent of questions and service needs will be handled through improved access to information and referral to community, faith-based, charitable, for-profit, and public non-long-term care programs.

To ensure consistent access to aging and other long-term care resources, the ADRCs are using a common information and referral software system that is centralized and web-based.

Statewide information is now available to consumers regardless of their access location.

AGING AND DISABILITY RESOURCE CENTERS AND IMPLEMENTATION OF STATEWIDE MEDICAID MANAGED CARE LONG-TERM CARE (SMMC LTC)

With the transition of Medicaid recipients (including individuals ages 18 and older with disabilities) from Fee-For-Service Waivers to the Statewide Medicaid Managed Care Long-Term Care Program (SMMC LTC), assuring a single point of entry and a “no wrong door” approach to support and services is a role of the ADRCs. The ADRCs provide a single, coordinated method of access and assistance for all persons seeking long-term care support. The role of the ADRCs is to minimize confusion, enhance individual choice, and support informed decision-making.

The ADRCs have been trained and equipped to provide unbiased long-term care program education to elders, individuals with disabilities, family members, and caregivers when conducting person-centered intake and screening processes.

SERVICES TO ELDERLY IN STATE FISCAL YEAR 2012-2013 INCLUDED:

- More than 7.2 million “Meals on Wheels” delivered to homebound elders;
- More than 5.9 million meals served at nutrition sites, preventing isolation and loneliness;
- More than 3.6 million hours of caregiver respite;
- More than 6.5 million hours of homemaker and personal care; and
- More than 1.4 million trips to or from doctors’ appointments, senior centers, and shopping.

DIVISION AND UNIT RESPONSIBILITIES WITHIN THE DEPARTMENT

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

ELDER VOLUNTEERS

In one year, 880,028 elder Floridians contributed a total of 154,195,121 volunteer hours. Calculated at a full 40 hours a week, this volunteer contribution is equivalent to 74,132 full-time positions. Using the Independent Sector's estimate of \$18.85 an hour, these volunteer hours have an estimated economic value of approximately \$3,303 per volunteer each year, which results in a total value of \$2,906,578,028 for the state.

At a per capita level across the population of elders in Florida, the estimate of elder volunteers is only 36 hours per elder in 2011, which is modest relative to other states. However, those seniors who do volunteer in Florida spend an estimated 175 hours of their time in service to others, which is far above the national average and ranks seventh against other states. These findings suggest that those Florida elders who are able and inclined to do so are highly committed to civic engagement. Data compiled by Florida's Department of Elder Affairs, Bureau of Planning and Evaluation

The Department, one of the smallest of the Governor's executive agencies, implements a variety of innovative programs such as Medicaid Home

and Community-Based Waivers, Community Care for the Elderly, and Home Care for the Elderly. These programs result in significant cost savings for Florida. Home and community-based services are provided at an average annual cost per client between \$4,671 and \$16,755, compared to an average annual cost of \$61,209 for care in a skilled nursing facility.

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

OFFICE OF THE SECRETARY

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

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

OFFICE OF THE SECRETARY

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

OFFICE OF THE GENERAL COUNSEL

The Office of the General Counsel provides legal services for the Department including: legal advice and review of contracts, grants, interagency, and other Department agreements, policies, and procurement documents; drafting of specific Departmental policies; drafting and promulgation of Department's administrative rules; acts as lead on fulfillment of public records requests; represents the Department in litigation and other legal matters; and assists in the review of legal aspects of proposed legislation and Level II background screening results.

Statewide Public Guardianship Office – Established in 1999 by Sections 744.701-709, Florida Statutes, the Statewide Public Guardianship Office (SPGO) is responsible for appointing and overseeing Florida's public guardians. SPGO contracts with 17 local Offices of Public Guardianship to provide services throughout Florida.

A guardian serves as a surrogate decision maker for individuals who have been deemed incapacitated by the court and can no longer manage their personal and/or financial affairs. Public guardians specifically serve persons of limited means who lack the capacity to make their own decisions and have no willing or able family or friends to act as their guardian.

The Statewide Public Guardianship Office is responsible for the creation and administration of the 40-hour professional guardian training course and the professional guardian competency exam. The office is also responsible for the registration and education of professional guardians and the education of examining committee members. In 2013, SPGO accomplished, for the first time, statewide coverage for public guardianship programs.

OFFICE OF INSPECTOR GENERAL

The Office of Inspector General provides independent, objective assurance and consulting activities designed to add value and improve the Department's operations. The office provides a central point to coordinate activities, including investigations, that promote accountability,

integrity, and efficiency in government. The office helps the Department accomplish its objectives by providing a systematic, disciplined approach to evaluating risk management, internal controls, and Department performance.

DIVISION OF INTERNAL AND EXTERNAL AFFAIRS

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

INTERNAL AFFAIRS

Internal Affairs includes Human Resources and General Services; Information Technology; and Staff Development.

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

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

Information Technology

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

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

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

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

Staff Development

The Office of the Staff Development Coordinator is responsible for the development function and delivery of training at the Department. The Training Manager takes a lead role in assisting employees and supervisors achieve higher levels of performance and attain professional and personal growth. This office also formulates training policy for all Department divisions and programs and provides guidance to program training developers and trainers, ensuring quality employee development throughout the state. The office also coordinates external staff development opportunities for employees.

EXTERNAL AFFAIRS

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

Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program (LTCOP) advocates on behalf of residents of long-term care facilities through a statewide system of 13 districts comprised of volunteer ombudsmen. Ombudsmen identify, investigate, and resolve complaints made by or on behalf of residents of nursing homes, assisted living facilities, adult family care homes, and continuing care retirement communities.

Legislative Affairs

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

Communications

The Office of Communications is responsible for educating the public about the Department's programs and services. Communications team

members ensure that all Department materials present an appropriately positive image of aging. The office also promotes key highlights and achievements of the Department through media campaigns, opinion editorials, interviews, pamphlets and fliers, and special events. The Department's audience includes Florida's elders, caregivers, the general public, media, aging network professionals, and other state and federal agencies. To communicate to this diverse audience, the office utilizes the Department's *Elder Update* newspaper, the Department website, and the mass media.

Elder Update – The Department's bi-monthly newspaper includes articles covering relevant topics important to Florida elders. Some 60,000 copies of *Elder Update* are distributed at no cost to individuals or groups within Florida, and the publication is also available on the Department's website.

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

ANNUAL ELDER UPDATE DISASTER PREPAREDNESS SPECIAL ISSUE

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

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

—Sharon Goldman, Miami Beach

Elder Rights

The Elder Rights Bureau helps elders to age with security through programs that ensure elders can access and maintain benefits. This includes protection from abuse, neglect, exploitation,

and other crimes, whether at home, in the community, or in institutional care. Elder rights includes the following:

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

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

Communities for a Lifetime

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

Housing – The Elder Housing Unit provides technical assistance and resources for housing for elders, including adult day care, adult family care homes, assisted living facilities, hospice, and independent affordable housing. The unit is responsible for certifying assisted living facility core trainers, monitoring core trainer programs, developing curriculum and competency tests in English and Spanish, and administering the exam in locations throughout Florida. The unit provides information to local governments, community organizations, providers, state agencies, and the general public, working to address senior housing and supportive service needs. The unit promotes and represents elder interests

on relevant committees and various work groups that address the needs of housing and assisted living facilities. In addition, the unit partners and collaborates with providers, stakeholders, and consumer groups to support options for seniors to remain in their home as they age. The unit developed a SAFE Homes Program that provides a collection of home-related safety tips to help keep homes in the best shape for secure and mobile accessibility and comfort.

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

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

Aging-In-Place – Through public forums, summits, educational workshops (SAFE Homes), and collaborative networking, the Housing Unit promotes universal design features in new home construction and in the renovation of existing homes. Other aging-in-place considerations presented include downsizing and repurposing the home to maximize the interest of the aging home owner, identifying local transportation options, and the availability and access of community resources and services. The goal is to remain in the home and community of choice with dignity and independence as one ages.

Volunteerism and Intergenerational Programs – This unit works to bring elders

together with their communities to share their knowledge and experience, recognizing that volunteers enhance their own lives and those of the people they serve. The unit also works with Florida’s communities to create local programs that cross generational boundaries to benefit both elders and youth.

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

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

Legal Services Development

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

DIVISION OF FINANCIAL ADMINISTRATION

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

Contract Administration and Purchasing

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

Budget

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

Accounting and Contract Payment

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

Revenue Management

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

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

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

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

OFFICE OF THE DEPUTY SECRETARY AND CHIEF OF STAFF

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

OFFICE OF THE DEPUTY SECRETARY AND CHIEF OF STAFF

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

OFFICE OF STRATEGIC INITIATIVES

The Office of Strategic Initiatives leads and manages strategic project initiatives, including

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

Planning and Evaluation

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

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

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

PLANNING AND EVALUATION BUREAU PUBLICATIONS

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

DIVISION OF STATEWIDE COMMUNITY-BASED SERVICES

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

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

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

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

Programs administered by the Department and contracted to entities other than Area Agencies on Aging - These programs include the Adult Care Food Program, Senior Farmers' Market Nutrition Program, memory disorder clinics, brain bank, Americorps, and the Senior Companion Program. The Division also approves Alzheimer's disease and related disorders training providers and training curricula for specified staff of nursing homes, assisted living facilities, and other long-term care facilities.

COST SAVINGS

In Fiscal Year 2012-2013, the State had a cost avoidance of more than \$1 billion in General Revenue expenditures for nursing home payments by spending \$664.6 million on home and community-based services.

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

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

less restrictive alternatives that may allow the client to live safely at home or in a community setting rather than in a nursing home.

Long-Term Care and Support

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

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

Long-Term Care Community Diversion Pilot Project – Designed to target the frailest individuals who would otherwise qualify for Medicaid nursing home placement, this project strives to provide dual eligible frail elders with community-based alternatives in lieu of nursing home placement. By using managed care principles, the project provides these alternatives at a cost less than Medicaid nursing home care. This program has been expanded from four service providers in four counties serving 950 enrollees in October 2003 to 18 providers in 66 counties serving 20,240 enrollees as of August 2013.

Aged and Disabled Adult Waiver (ADA) – This statewide program helps maintain independence while living at home for Medicaid-eligible frail elders (age 60 and older) and persons with disabilities (age 18-59) who are at risk of nursing home placement. The program

provides services and items including chore assistance, homemaker, personal care, respite, case management, counseling, case aide, physical therapy, caregiver training and support, emergency alert response, consumable medical supplies, home-delivered meals, environmental modification, health risk management, speech therapy, and occupational therapy.

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

Program of All-Inclusive Care (PACE) – The PACE Program provides voluntary managed long-term care services to address the needs of clients in this unique service model. PACE targets eligible individuals (age 55 and older) for Medicaid nursing home placement and provides a comprehensive array of home and community-based, long-term care services, as well as all Medicare (acute care) services. Acute and long-term care services are typically delivered in an adult day health care setting for the clients.

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

Please note that the Medicaid Waiver Programs, with the exception of PACE, that are listed above will transition to the Statewide Medicaid Managed Care Long-Term Care Program by March 2014.

Community and Support Services

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

Health, Wellness, and Injury Prevention

This unit provides opportunities for health education, nutrition counseling, fitness, medication management, and preventive health screenings considered to be evidence-based by the U.S. Administration on Community Living. This unit also works closely with the Florida Department of Health regarding its falls prevention awareness initiatives and brings awareness of health issues relevant to the well-being of Florida's seniors.

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

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

Older Americans Act (OAA) – Services funded through Florida's federal OAA allotment include adult day care, caregiver training and support, chore assistance, congregate meals, home-delivered meals, homemaker services, information and referral assistance, medical transportation, nutrition education, personal care, and shopping assistance.

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

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

Community Care for the Elderly (CCE) – This program utilizes state General Revenue funds to provide case management and a variety of other services to frail elders age 60 and older. Other services include adult day

health care, home health aide, counseling, home repair, medical therapeutic care, home nursing, emergency alert response, and information. Eligibility is based in part on a client's inability to perform certain daily tasks such as meal preparation, bathing, or grooming.

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

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

Caregiver Support

The Department administers the following caregiver support programs:

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

Respite for Elders Living in Everyday Families (RELIEF) – Provides in-home respite care services for caregivers of frail elders and those with Alzheimer's disease and related dementia through community volunteers.

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

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

Nutrition

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

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

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

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

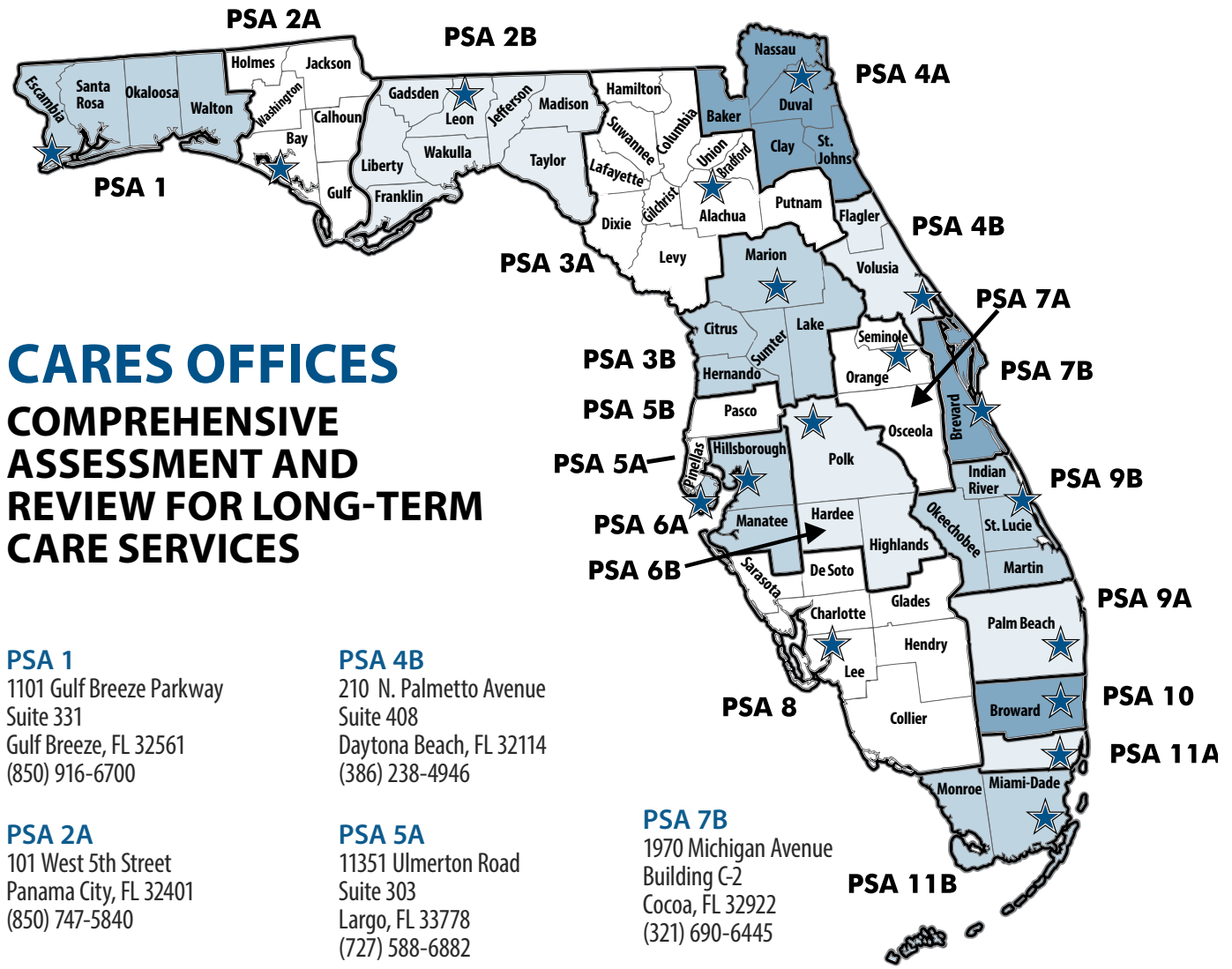
Supplemental Nutrition Assistance Program (SNAP) – This three-year pilot program began as a collaborative partnership initiative in 2010 between the

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

ELDER SERVICES NETWORK COMPONENTS AND THEIR ROLES

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

AGING SERVICES NETWORK



CARES OFFICES COMPREHENSIVE ASSESSMENT AND REVIEW FOR LONG-TERM CARE SERVICES

PSA 1
1101 Gulf Breeze Parkway
Suite 331
Gulf Breeze, FL 32561
(850) 916-6700

PSA 2A
101 West 5th Street
Panama City, FL 32401
(850) 747-5840

PSA 2B
4040 Esplanade Way
Suite 380
Tallahassee, FL 32399
(850) 414-9803

PSA 3A
3801 NW 40th Terrace
Suite A
Gainesville, FL 32606
(352) 955-6560

PSA 3B
1515 E. Silver Springs Boulevard
Suite 203
Ocala, FL 34470
(352) 620-3457

PSA 4A
4161 Carmichael Avenue
Suite 101
Jacksonville, FL 32207
(904) 391-3920

PSA 4B
210 N. Palmetto Avenue
Suite 408
Daytona Beach, FL 32114
(386) 238-4946

PSA 5A
11351 Ulmerton Road
Suite 303
Largo, FL 33778
(727) 588-6882

PSA 5B
2525 Seven Springs Boulevard
New Port Richey, FL 34655
(727) 376-7152

PSA 6A
701 W. Fletcher Avenue
Suite D
Tampa, FL 33612
(813) 631-5300

PSA 6B
200 N. Kentucky Avenue
Suite 302
Lakeland, FL 33801
(863) 680-5584

PSA 7A
Hurston Building
400 West Robinson St.
Suite 709 South Tower
Orlando, FL 32801
(407) 228-7700

PSA 7B
1970 Michigan Avenue
Building C-2
Cocoa, FL 32922
(321) 690-6445

PSA 8
12381 S. Cleveland Avenue
Suite 402
Fort Myers, FL 33907
(239) 278-7210

Effective 8/1/14
Ft. Myers Regional
Service Center
2295 Victoria Ave.
Suite 153
Ft. Myers, FL 33901

PSA 9A
4400 N. Congress Avenue
Suite 102
West Palm Beach, FL 33407
(561) 840-3150

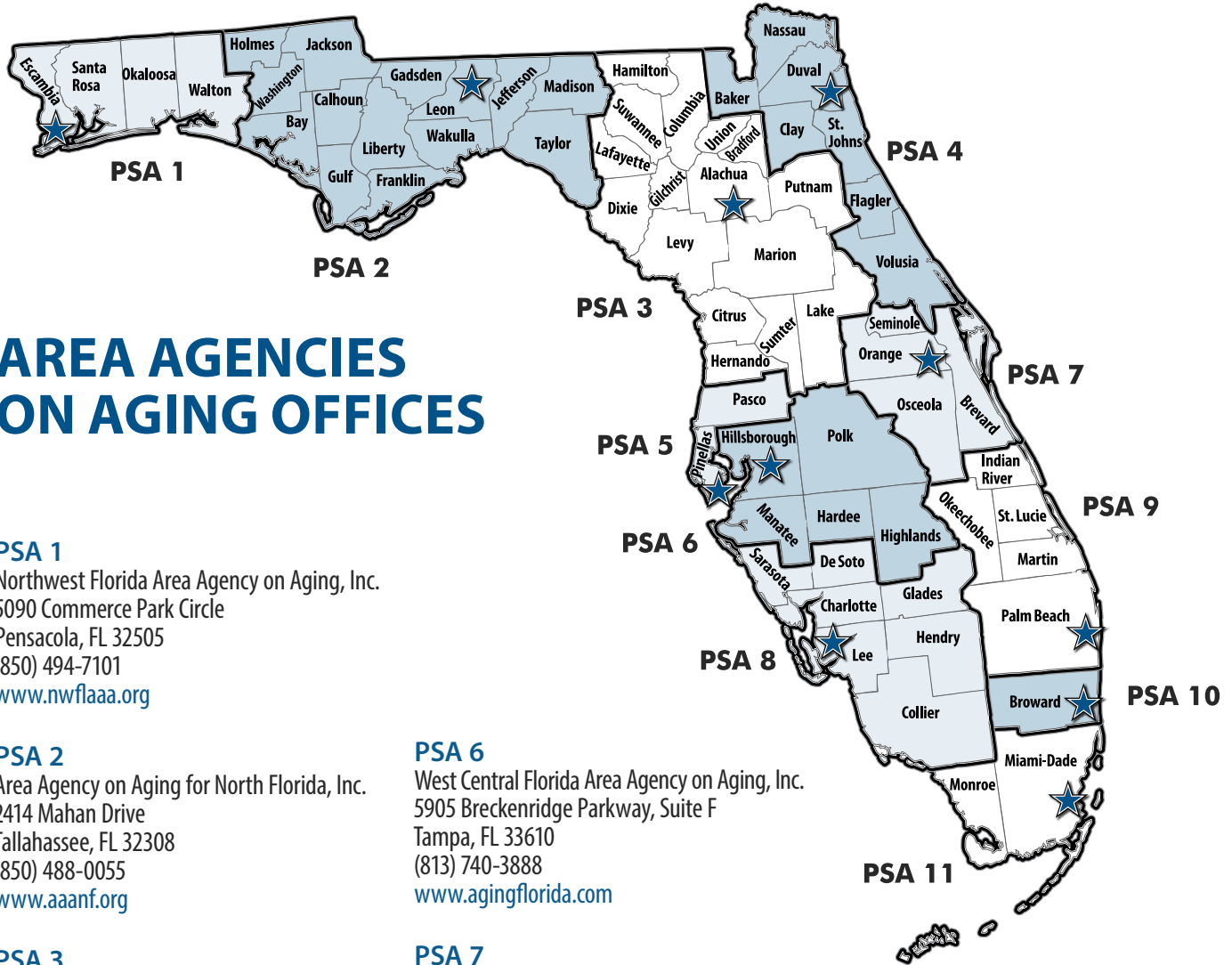
PSA 9B
337 N. 4th Street
Suite E
Ft. Pierce, FL 34950
(772) 460-3692

PSA 10
8333 W. McNab Road
Suite 235
Tamarac, FL 33321
(954) 597-2240

PSA 11A
7270 NW 12th Street
Suite 130
Airport Executive
Tower 2
Miami, FL 33126
(786) 336-1400

PSA 11B
7300 N. Kendall Drive
Suite 780
Miami, FL 33156
(305) 671-7200

PSA - Planning and Service Area



AREA AGENCIES ON AGING OFFICES

PSA 1

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

PSA 2

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

PSA 3

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

PSA 4

ElderSource, The Area Agency on Aging of Northeast Florida
10688 Old St Augustine Road
Jacksonville, FL 32257
(904) 391-6600
www.myeldersource.org

PSA 5

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

PSA 6

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

PSA 7

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

PSA 8

Area Agency on Aging for Southwest Florida
15201 North Cleveland Avenue, Suite 1100
North Fort Myers, FL 33903
(239) 652-6900
www.aaaswfl.org

PSA 9

Your Aging Resource Center
4400 N. Congress Avenue
West Palm Beach, FL 33407
(561) 684-5885
www.youragingresourcecenter.org

PSA 10

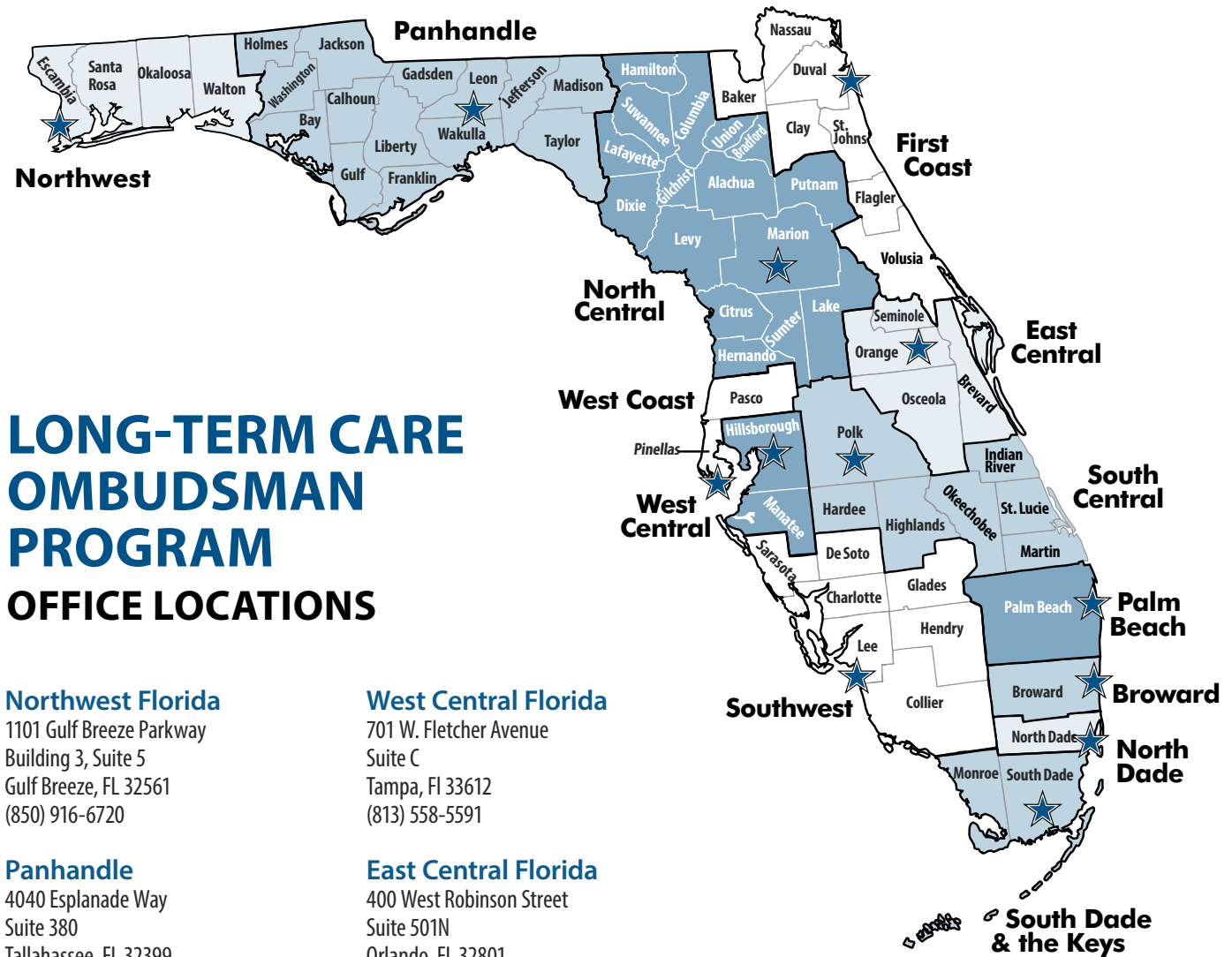
Aging & Disability Resource Center of Broward County, Inc.
5300 Hiatus Road
Sunrise, FL 33351
(954) 745-9567
www.adrcbroward.org

PSA 11

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

PSA - Planning and Service Area

AGING SERVICES NETWORK



LONG-TERM CARE OMBUDSMAN PROGRAM OFFICE LOCATIONS

Northwest Florida

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

Panhandle

4040 Esplanade Way
Suite 380
Tallahassee, FL 32399
(850) 921-4703

North Central Florida

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

First Coast

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

West Coast

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

West Central Florida

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

East Central Florida

400 West Robinson Street
Suite 501N
Orlando, FL 32801
(407) 245-0651

Southwest Florida

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

Palm Beach County

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

Broward County

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

South Dade & the Keys

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

North Dade

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

South Central Florida

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

COMMUNITIES FOR A LIFETIME

PARTICIPATING CITIES, TOWNS AND COUNTIES

Alachua County

City of Alachua
City of Gainesville
City of Hawthorne

Baker County

City of Macclenny

Bay County

City of Panama City
City of Panama City Beach

Bradford County

City of Starke

Brevard County

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

Broward County

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

Charlotte County

Citrus County

Clay County

City of Keystone Heights
Town of Penny Farms

Collier County

City of Marco Island

Columbia County

City of Lake City

Duval County

City of Jacksonville

Escambia County

City of Pensacola

Flagler County

City of Palm Coast

Gadsden County

City of Quincy
City of Chattahoochee
City of Midway

Hardee County

Hendry County

Highlands County

City of Sebring

Hillsborough County

City of Tampa
City of Plant City

Jefferson County

City of Monticello

Lake County

City of Tavares

Lee County

City of Cape Coral

Leon County

City of Tallahassee

Madison County

City of Madison

Manatee County

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

Martin County

Miami-Dade County

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

Okaloosa County

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

Orange County

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

Osceola County

Palm Beach County

City of Delray Beach
Town of Jupiter
City of Lake Worth
Village North Palm Beach
Village of Palm Springs
City of Boynton Beach
West Palm Beach

Pinellas County

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

Polk County

City of Davenport
City of Fort Meade

Putnam County

City of Crescent City

Santa Rosa County

Town of Jay

Sarasota County

City of Sarasota

Seminole County

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

St. Johns County

Volusia County

City of Ormond Beach
City of DeLand

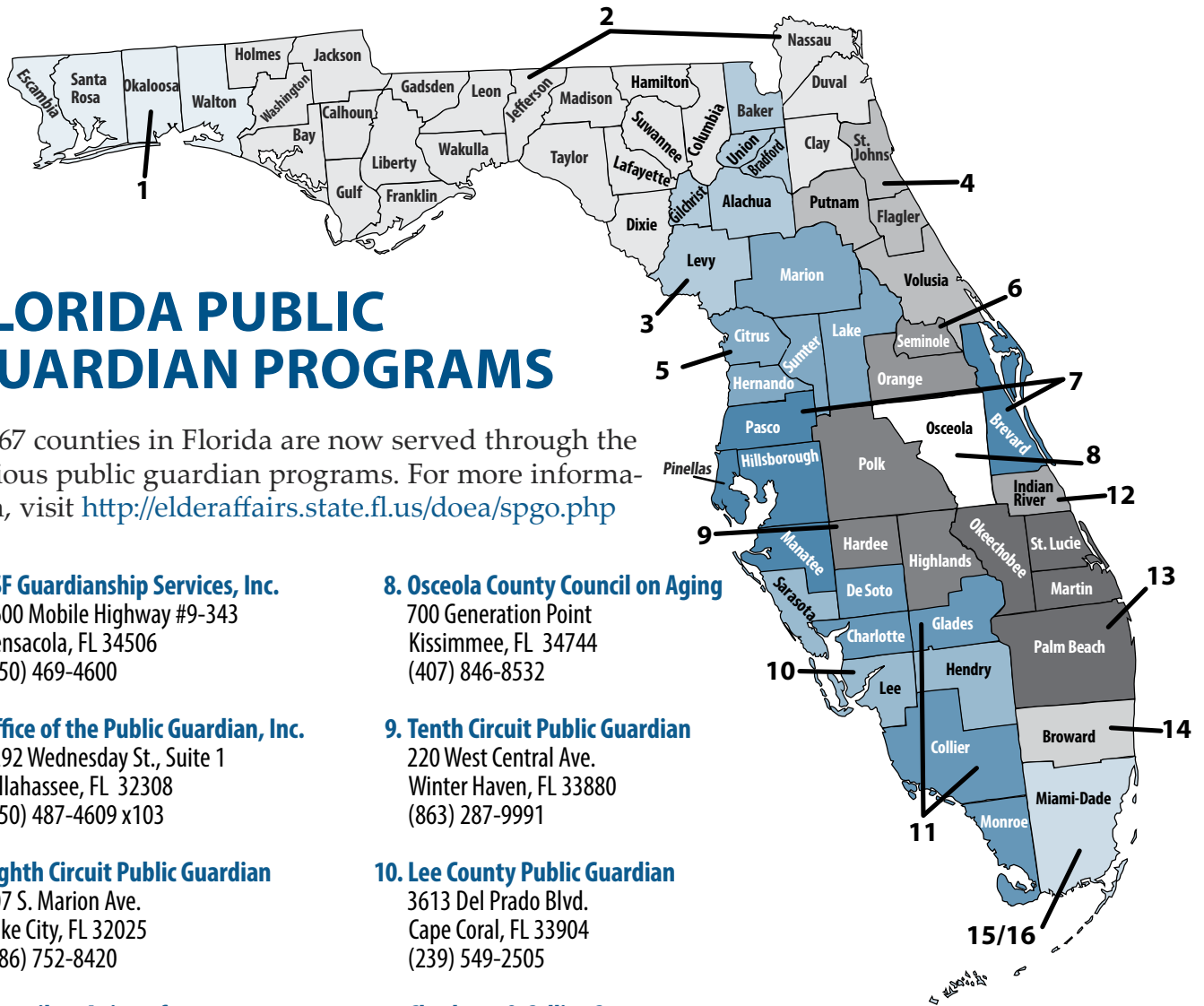
Wakulla County

Walton County

City of DeFuniak Springs
City of Freeport
City of Paxton

Blue Indicates
a CFAL County

As of 11/12/2013



FLORIDA PUBLIC GUARDIAN PROGRAMS

All 67 counties in Florida are now served through the various public guardian programs. For more information, visit <http://elderaffairs.state.fl.us/doea/spgo.php>

- 1. LSF Guardianship Services, Inc.**
4600 Mobile Highway #9-343
Pensacola, FL 34506
(850) 469-4600
- 2. Office of the Public Guardian, Inc.**
2292 Wednesday St., Suite 1
Tallahassee, FL 32308
(850) 487-4609 x103
- 3. Eighth Circuit Public Guardian**
207 S. Marion Ave.
Lake City, FL 32025
(386) 752-8420
- 4. Council on Aging of Volusia County**
160 N. Beach St.
Daytona Beach, FL 32114
(386) 253-4700
- 5. Fifth Circuit Public Guardian Corporation**
110 NW 1st Ave., 4th Floor
Ocala, FL 34475
(352) 401-6753
- 6. Seniors First, Inc.**
5395 L.B. McLeod Rd.
Orlando, FL 32811
(407) 297-9980
- 7. Aging Solutions**
312 W. Lutz Lake Fern Rd.
Lutz, FL 33548
Hillsborough Phone: 813-949-1888
Brevard: (866) 92-Aging
Pasco & Pinellas: (727) 442-1188

- 8. Osceola County Council on Aging**
700 Generation Point
Kissimmee, FL 34744
(407) 846-8532
- 9. Tenth Circuit Public Guardian**
220 West Central Ave.
Winter Haven, FL 33880
(863) 287-9991
- 10. Lee County Public Guardian**
3613 Del Prado Blvd.
Cape Coral, FL 33904
(239) 549-2505
- 11. Charlotte & Collier County Public Guardians**
4670 Cardinal Way, Suite 301
Naples, FL 34112
(239) 417-1040
- 12. The Public Guardianship Program of Indian River, Inc.**
2101 Indian River Blvd., Suite 200
Vero Beach, FL 32960
(772) 532-0474
- 13. Legal Aid Society of Palm Beach County, Inc.**
423 Fern St., Suite 200
West Palm Beach, FL 33401
(561) 655-8944
- 14. Barry University School of Social Work**
12401 Orange Dr., Suite 211
Davie, FL 33330
(954) 862-3655

- 15. Guardianship Care Group, Inc.**
2199 Ponce de Leon Blvd., 5th Floor
Coral Gables, FL 33134
(305) 448-6111 ext. 109
- 16. Guardianship Program of Dade County, Inc.**
8300 NW 53rd St., Ste. 402
Miami, FL 33166
(305) 592-7642

For additional information, please contact The Statewide Public Guardianship Office at:

Florida Department of Elder Affairs
4040 Esplanade Way
Tallahassee, Florida 32399
(850) 414-2381

SENIOR CENTERS AND FLORIDA'S AGING NETWORK

Florida's aging services network encompasses a wide range of organizations and providers that help create a better life for Florida's 4.7 million seniors.

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

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

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

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

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

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

Brandon Senior Center

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

Miramar Senior Center

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

Town 'N Country Senior Center

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

Tallahassee Senior Center

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

Senior Friendship Center of Sarasota

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

Coastal Community Center (St. Augustine)

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

Mae Volen Senior Center (Boca Raton)

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

Gulfport Multipurpose Senior Center

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

Kathleen K. Catlin Friendship Center

Accredited 2003
2350 Scenic Drive
Venice, FL 34293
Phone: 941-493-3065
Website: seniorfriendship.com

** Source: National Institute of Senior Centers*

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

Section B

Services and Utilization

INTRODUCTION TO SERVICES AND UTILIZATION

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

- State Fiscal Year 2012-2013 (July 1, 2012, through June 30, 2013); or
- Federal Fiscal Year 2011-2012 (October 1, 2012, through September 30, 2013); or
- In the case of programs operating on a calendar year, January 1 through December 31, 2012.

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

PROGRAM CODES USED IN THIS SECTION

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

AC	AmeriCorps
ACFP	Adult Care Food Program
ADA	Aged and Disabled Adult Waiver
ADDGS	Alzheimer’s Disease Demonstration Grants to States
ADI	Alzheimer’s Disease Initiative
ADRD	Alzheimer’s Disease and Related Disorders Training Provider and Curriculum Approval
AL	Assisted Living Waiver
CARES	Comprehensive Assessment and Review for Long-Term Care Services
CCE	Community Care for the Elderly
CH	Channeling Waiver
CLP	Community Living Program
EHEAP	Emergency Home Energy Assistance for the Elderly
HCE	Home Care for the Elderly
HRNPE	High-Risk Nutrition Program for the Elderly*
LSP	Local Services Programs

LTCOP	Long-Term Care Ombudsman Program
NHD	Nursing Home Diversion Program (formally known as the Long-Term Care Community Diversion Pilot Project)
OAA	Older Americans Act
PACE	Program for All-Inclusive Care for the Elderly
RELIEF	Respite for Elders Living in Everyday Families
SC	Senior Companion Program
SCSEP	Senior Community Service Employment Program
SFMNP	Senior Farmers’ Market Nutrition Program
SHINE	Serving Health Insurance Needs of Elders Program
SPGO	Statewide Public Guardianship Office

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

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
A Matter of Balance	This program was adapted from Boston University’s Roybal Center by Maine’s Partnership for Healthy Aging. “A Matter of Balance” uses practical coping strategies to reduce fear of falling and to diminish the risk of falling including group discussions; mutual problem-solving exercises to improve strength, coordination, and balance; and home safety evaluation. Includes Asunto de Equilibrio which is the Spanish version of “A Matter of Balance.” The materials and videos are translated to Spanish.	Episodes	OAA	105
Active Living Every Day	Active Living Every Day (ALED) is a step-by-step behavior change program that helps individuals overcome their barriers to physical activity. As participants work through the course, they learn lifestyle management skills and build on small successes – methods that have proven effective in producing lasting change.	Episodes	OAA	3
Adult Care Food Program	USDA-funded program that subsidizes meals served to Licensed Adult Day Care Center participants.	Meals	ACFP	1,809,708
Adult Day Care	Therapeutic social and health activities and services provided to adults who have functional impairments in a protective environment as non-institutional as possible.	Hours	CCE, HCE, LSP, OAA	717,351
Adult Day Health Care	Services furnished four or more hours per day on a regularly scheduled basis for one or more days per week in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.	Hours	ADA, CCE, NHD, OAA	1,952,088
Alzheimer’s Disease and Related Disorders Training Provider and Curriculum Approval	Approves Alzheimer’s disease training providers and training curricula for specified nursing home, assisted living facility, hospice, adult day care, and home health agency staff.	Training providers approved	ADRD	292
		Training curricula approved		66
Arthritis Foundation Exercise Program	A group recreational exercise program designed specifically for people with arthritis and related diseases. The program uses gentle activities to help increase joint flexibility and range of motion, to maintain muscle strength, and to increase overall stamina.	Episodes	OAA	50
Assisted Living Services	Personal care services, homemaker services, chore services, attendant care, companion services, medication oversight, and therapeutic social and recreational programming provided in a home-like environment in an assisted living facility, licensed pursuant to Chapter 429 Part I, F.S., in conjunction with living in the facility. This service does not include the cost of room and board furnished in conjunction with residing in the facility.	Hours	AL	1,025,920
		Days	NHD	3,134,254

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Attendant Care	Attendant Care services are both supportive and health-related hands-on services specific to the needs of the individual. Attendant Care services are those that substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. Services may include skilled nursing care or personal care to the extent permitted by state law. Housekeeping activities incidental to the performance of care may also be furnished as part of this activity. This service can be authorized when the recipient's mental or physical condition requires assistance with medically related needs.	Hours	ADA, NHD	652,842
Basic Subsidy	A fixed-sum cash payment made to an eligible caregiver each month to reimburse some of his/her expenses of caring for the client. A basic subsidy is provided for support and maintenance of the care recipient, including medical costs not covered by Medicaid, Medicare, or any other insurance.	Months of service	HCE	23,643
Caregiver Training and Support	Training of caregivers, individually or in group settings, to reduce stress, increase coping skills, provide strategies for effective management of caregiving tasks, and enable them to provide high quality care to recipients within the home. Caregiver training and support may be provided through forums including community workshops, seminars, and other organized local, regional, or statewide events. Support may also be provided to caregivers through telecommunications media.	Hours	ADA, ADI, OAA	6,289 (Group) 2,176 (Individual)
Case Aide	Services that are an adjunct and supplemental to case management services and are provided by paraprofessionals under the direction of case managers or designated supervisory staff.	Hours	ADA, ADI, CCE, HCE, NHD, OAA	53,143
Case Management	A client-centered service that assists individuals in identifying physical and emotional needs and problems through an interview and assessment process, discussing and developing a plan for services that addresses these needs, arranging and coordinating agreed-upon services, and monitoring the quality and effectiveness of the services. Case management is a service for actively enrolled clients that provides continuing support and addresses the changing needs of clients.	Hours	ADA, ADI, ALW, CCE, CLP, HCE, LSP, NHD, OAA	1,321,786
Child Day Care	Services provided to a minor child no older than 18 or a child with a disability who resides with a grandparent or other related caregiver age 55 or older.	Hours	OAA	15,581

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Chore Assistance	The performance of routine house or yard tasks, including such jobs as seasonal cleaning; yard work; lifting and moving furniture, appliances, or heavy objects; household repairs that do not require a permit or specialist; and household maintenance. Pest control may be included when not performed as a distinct activity.	Hours	ADA, CCE, HCE, LSP, NHD, OAA	42,361
Chore - Enhanced	Performance of any house or yard task beyond the scope of regular chore services due to more demanding circumstances requiring more intensified, thorough cleaning.	Hours	ADA, CCE, HCE, OAA	7,806
Chronic Disease Self-Management Program	The Chronic Disease Self-Management Program (Living Healthy) was developed by Stanford University. People with different chronic health problems attend workshops in a community setting. Subjects covered include the following: 1) Techniques to deal with problems such as frustration, fatigue, pain, and isolation; 2) Appropriate exercise for maintaining and improving strength, flexibility, and endurance; 3) Appropriate use of medications; 4) Communicating effectively with family, friends, and health professionals; 5) Nutrition; and 6) How to evaluate new treatments.	Episodes	OAA	44
Companionship	Visiting a client who is socially and/or geographically isolated for the purpose of relieving loneliness and providing client with continuing social contact with the community. It includes engaging in casual conversation; providing assistance with reading and writing letters; playing entertaining games; escorting a client to a doctor's appointment; and conducting diversion activities such as going to the movies, the mall, the library, or the grocery store. Companions may also assist the recipient with such tasks as meal preparation, laundry, and light housekeeping tasks that are incidental to the individual's care and supervision.	Hours	ADA, CCE, CLP, NHD, OAA	706,600
Congregate Meals	The provision of a meal at a congregate meal site that complies with the Dietary Guidelines for Americans and provides one-third daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient) as established by the Food and Nutrition Board of National Academy of Sciences.	Meals	HRNPE, LSP, OAA	4,107,920
Congregate Meals Screening	Conducts assessments for congregate meal applicants or recipients with referral and follow-up as needed.	Hours	OAA	13,627

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Consumable Medical Supplies	Consumable Medical Supplies are disposable supplies used by the recipient that are essential to care for the recipient's needs. Such supplies enable a recipient to either perform activities of daily living or stabilize and monitor a health condition.	Episodes	ADA, AL	1,910,937
Consumable Medical Supplies - Enhanced	(See above definition)	Episodes	ADA	105
Counseling	Uses the casework mode of relating to a client (via interview, discussion, or lending a sympathetic ear) to advise and enable the older person and/or his/her family to resolve problems (concrete or emotional) or to relieve temporary stresses. Through counseling, persons are helped to maximize the use of available resources to assure physical and emotional well-being.	Hours	ADA, NHD, OAA	3,726
Counseling - Gerontological	Gerontological counseling provides emotional support, information, and guidance through a variety of modalities including mutual support groups for older adults who are having mental, emotional, or social adjustment problems as a result of the process of aging.	Hours	ADI, CCE, HCE, LSP, OAA	1,567 (Group) 14,671 (Individual)
Counseling - Medicare and Health Insurance	Provides Medicare and health insurance education, counseling, and assistance to Medicare beneficiaries, their families, and caregivers.	Client Contacts	SHINE	148,296
Counseling - Mental Health Counseling and Screening	Services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group, and family therapy provided to clients using techniques appropriate to this population. Specialized mental health services include information gathering and assessment, diagnosis, and development of a treatment plan in coordination with the client's care plan. This specialized treatment will integrate the mental health interventions with the overall service and supports to enhance emotional and behavioral functions. This may be done on a one-to-one or group basis.	Hours	ADI, CCE, LSP, OAA	325 (Group) 4,973 (Individual)
Dental Services	Medically necessary emergency dental care limited to emergency oral examination, necessary radiographs, extractions, incision and drainage of abscess, and full or partial dentures. Dentures are limited to one set of full or partial dentures a lifetime. Such services must be provided in accordance with the policy and service provisions specified in the Medicaid Dental Services Coverage and Limitations Handbook, and must be provided by providers licensed under Chapter 466, F.S.	Visits	NHD	1,695,644

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Diabetes Self-Management Program	In this program developed by Stanford University, people with type 2 diabetes attend workshops in a community setting. Subjects covered include the following: 1) techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional programs such as depression, anger, fear and frustration; 2) appropriate exercise for maintaining and improving strength and endurance; 3) healthy eating; 4) appropriate use of medication; and 5) working more effectively with health care providers. Participants will make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program.	Episodes	OAA	25
Disease Information - Group	Providing information to clients, families, caregivers, and the general public about chronic conditions and diseases, and prevention measures and services, treatment, rehabilitation, and coping strategies for those factors that cannot change. This can be done on a one-on-one or group basis.	Episodes	OAA	2
Eat Better Move More	This program was developed for congregate meal program participants. It provides basic activity and nutrition education, encouraging participants to be physically active and eat a more healthy diet.	Episodes	OAA	1
Education	Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities. Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience, or skills; increasing awareness in such areas as crime or accident prevention; promoting personal enrichment; and enhancing skills in a specific craft, trade, job, or occupation. Other options include training individuals or groups in guardianship proceedings for older individuals if other adequate representation is unavailable.	Hours	OAA	1,878
Education and Training	(See above definition.)	Episodes	ADI, OAA	11,652 (Group) 578 (Individual)

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Emergency Alert Response - Maintenance	A community-based electronic surveillance service that monitors the frail homebound elder by means of an electronic communication link with a response center by providing an electronic device that enables individuals at high risk of institutionalization to secure help in an emergency. The recipient can also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated.	Days	ADA, CCE, LSP, NHD, OAA	2,848,316
Emergency Alert Response - Installation	(See above definition)	Episodes	ADA, CCE, NHD, OAA	451
Emergency Home Repair	Includes assistance in obtaining critical repairs or alterations to correct deficiencies or situations identified as a barrier to the eligible person’s health, safety, or ability to perform activities of daily living or as an impediment to the delivery of services to that eligible person.	Episodes	CCE	1
Emergency Room Services	Outpatient preventive, diagnostic, therapeutic, or palliative care provided under the direction of a physician at a licensed hospital. Such services include emergency room, dressings, splints, oxygen, physician-ordered services, and supplies necessary for the clinical treatment of a specific diagnosis or treatment as specified in the <i>Medicaid Hospital Coverage and Limitations Handbook</i> .	Visits	NHD	16,398
Employment and Job Training	Provides up to 20 hours a week of paid part-time community service work for unemployed low-income persons who are age 55 and older. Assists with placement in unsubsidized employment.	Clients served	SCSEP	731
EnhanceFitness	Developed by the University of Washington in collaboration with Senior Services, this is a group exercise program that focuses on stretching, flexibility, balance, low-impact aerobics, and strength training exercises..	Hours	OAA	390
EnhanceWellness	Also developed by the University of Washington in collaboration with Senior Services, this evidence-based program shows participants how to lower the need for drugs that affect thinking or emotions, lessen symptoms of depression and other mood problems, and develop a sense of greater self-reliance..	Hours	OAA	15

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Environmental Accessibility Adaptations	Physical adaptations to the home required by the enrollee's care plan which are necessary to ensure the health, welfare, and safety of the enrollee or which enable the enrollee to function with greater independence in the home and without which the enrollee would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate the medical equipment and supplies, which are necessary for the welfare of the enrollee. All services must be provided in accordance with applicable state and local building codes.	Episodes	ADA, NHD	1,786
Escort	Personal accompaniment and assistance to a person who has physical or cognitive difficulties using regular vehicular transportation. The accompaniment and assistance is provided to individuals to or from service providers, medical appointments, or other destinations needed by the client. Escort is essential during travel to provide safety, security, and support.	One-way trips	CCE, OAA	2,261
		Hours	ADA, NHD	26,417
Family Training Services	Training and counseling services for the families of enrollees served under this contract. For purposes of this service, "family" is defined as the individuals who live with or provide care to a person served by the contractor and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include persons who are employed to care for the enrollee. Training includes instruction and updates about treatment regimens and use of equipment specified in the plan of care to safely maintain the enrollee at home.	Hours	NHD	5 (Group) 127 (Individual)
Financial Risk Reduction - Assessment	Provides assessment of problem area(s) and guidance for managing income, assets, liabilities, and expenditures.	Hours	ADA, CCE, NHD	294
Financial Risk Reduction - Maintenance	Provides maintenance of problem area(s), and guidance for managing income, assets, liabilities, and expenditures.	Hours	ADA, CCE, NHD	711

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Health Promotion	Offers individual and/or group sessions that help participants understand how lifestyle affects physical and mental health and develop personal practices that enhance total well-being. Services are provided at multipurpose senior centers, congregate meal sites, and other appropriate places that target elders who are low income, minorities, or medically under-served. Services related to health promotion include the following: health risk assessments; routine health screenings; physical activity; home injury control services; mental health screenings for prevention and diagnosis; medication management, screening and education; gerontological counseling; distribution of information concerning diagnosis, prevention, treatment, and rehabilitation of age-related diseases and chronic disabling conditions such as osteoporosis; and cardiovascular diseases.	Episodes	LSP, OAA	192 (Group) 221 (Individual)
Health Risk Assessment - Individual	An assessment utilizing one tool or a combination of tools to test older persons for certain risk factors that are known to be associated with a disease or condition. Many factors can be modified, including diet, risk-taking behaviors, coping styles, and lifestyle choices (such as smoking and overeating), and can be measured or identified through risk appraisal questionnaires. The health risk assessment helps the individual determine the addictive nature of many factors in a client's life. This can be done on a one-on-one or group basis.	Episodes	LSP	510 (Episodes) 483 (Hours)
Health Risk Screening - Individual	Utilizes diagnostic tools to screen large groups of people or clients for the presence of a particular disease or condition. This service is designed for early intervention and detection. Referral is required when screening results indicate professional services are needed, or when a request is made by the client being served. Health risk screening procedures screen for diseases and ailments such as hypertension, glaucoma, cholesterol, cancer, vision or hearing loss, HIV/AIDS, sexually transmitted diseases, diabetes, osteoporosis, and nutrition deficiencies.	Episodes	OAA	9,257
Health Support	Helps individuals secure and utilize necessary medical treatment as well as preventive, emergency, and health maintenance services.	Hours	LSP, OAA	15,772 (Group) 14,056 (Individual)
		Episodes	OAA	288

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Healthy Eating Every Day	This program helps individuals establish healthy eating habits. Participants will identify the reasons for their poor eating choices, learn management skills, and improve their eating habits. Healthy Eating Every Day follows the USDA Nutrition Guidelines.	Episodes	OAA	4
Healthy IDEAS	Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations. This case manager-led program typically lasts for three to six months. It was developed by the Huffington Center on Aging at Baylor College of Medicine, Sheltering Arms, and the Care for Elders Partnership in Houston.	Hours	OAA	277
Home-Delivered Meals	Provides a home-delivered meal that complies with the Dietary Guidelines for Americans and provides one-third daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient), as established by the Food and Nutrition Board of National Academy of Sciences. May include hot, frozen, and/or emergency shelf meals.	Meals	ADA, CCE, CLP, HCE, LSP, NHD, OAA	7,230,252
Home Health Aide Service	Provides hands-on personal care services, performs simple procedures as an extension of therapy or nursing services, assists with ambulation or exercises, and assists with self-administered medication as defined by Chapter 400.488, Florida Statutes, and Chapter 59A-8.020, Florida Administrative Code.	Hours	OAA	46
Homemaker	Performs specific home management duties including house-keeping, laundry, cleaning refrigerators, clothing repair, minor home repairs, assistance with budgeting and paying bills, client transportation, meal planning and preparation, shopping assistance, and routine household activities conducted by a trained homemaker.	Hours	ADA, CCE, CLP, HCE, LSP, NHD, OAA	2,952,175
HomeMeds	HomeMeds, previously known as Medication Management Improvement System (MMIS) was designed to identify, assess, and resolve medication problems that are common among frail older adults.	Hours	OAA	746
Housing Improvement	Provides home repairs, environmental modifications, adaptive alterations, security device installation, or payments for households experiencing a home-energy emergency.	Hours	CCE, HCE, OAA	21,460
		Episodes	HCE	14
Housing Improvement - Energy Assistance	Provides assistance to low-income households experiencing a home energy emergency.	Households served	EHEAP	16,558

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Information	Responds to an inquiry from or on behalf of a person regarding public and private resources and available services.	Episodes	OAA	604,055
Inpatient Hospital Services	Medically necessary services, including ancillary services, furnished to inpatient enrollees, provided under the direction of a physician or dentist, in a hospital maintained primarily for the care and treatment of patients with disorders other than mental diseases. Such services must be provided in accordance with the policy and service provisions specified in the <i>Medicaid Hospital Coverage and Limitations Handbook</i> .	Visits	NHD	34,526
Intake	Administers standard intake and screening instruments in order to gather information about an applicant for services.	Hours	CCE, OAA	13,801
Legal Assistance	Legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney) to older individuals with economic or social needs. Legal services include counseling or representation by a non-lawyer, when permitted by law. Legal assistance protects against the loss of basic civil rights and ensures the autonomy and independence of older persons.	Hours	LSP, OAA	31,084
Long-Term Care Alternatives to Nursing Homes	Services that provide home, community-based, or assisted living long-term care as alternatives to nursing home placement and integrate the delivery of acute and long-term care.	Clients served	ADA, AL, CCE, CH, HCE, NHD, PACE	60,571
Long-Term Care Consumer Complaint Investigation	Investigates and resolves complaints by or on behalf of residents of long-term care facilities. Maintains statewide reporting system and provides information regarding long-term care facilities.	Administrative assessments	LTCOP	4,091
		Visitations	LTCOP	2,966
		Investigations	LTCOP	7,336

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Material Aid	Aid in the form of: (1) Goods or food such as the direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc. (2) Food item(s) necessary for health, safety, or welfare. This may include condiments or paper products necessary for food consumption, as well as delivery charges. Alcohol, drug, and tobacco products are excluded. (3) The repair, purchase, delivery, and installation of any household appliance necessary to maintain a home or assist with household tasks necessary for the health, safety, or welfare of the person. (4) The purchase of materials necessary to perform chore or enhanced chore services (see Chore and Enhanced Chore service descriptions above). (5) The purchase of construction materials necessary to perform housing improvements, alterations, and repairs (see Housing Improvement service descriptions above).	Episodes	CCE, HCE, LSP, OAA	12,675
Medication Management	Screening, education, identification, and counseling regarding the medication regimes that clients are using, including prescription and over-the-counter medications, vitamins, and home remedies. These services also help to identify any dietary factors that may interact with the medication regime. The combination of alcohol or tobacco with various medications and diets, along with the effects on specific conditions, would ideally be included in this service. This can be done on a one-on-one or group basis.	Hours	OAA	150 (Group)
		Episodes	CCE	871 (Individual)
Model Day Care	Therapeutic, social, and health activities specific to clients with memory disorders. Services and activities include, but are not limited to, active and quiet games, reminiscence, validation therapy, pet therapy, water therapy, and other failure-free activities appropriate to the client's level of functioning. Model day care centers also provide training for health care and social service personnel in the care of persons having Alzheimer's disease or related memory disorders.	Hours	ADI	46,164
Nursing Home Applicant Assessment	Designed to evaluate the medical necessity for nursing facility care, the level of care required by the individual, and preadmission screening of all nursing facility applicants to determine mental illness or intellectual disabilities.	Number of assessments	CARES	122,894
Nutrition Assistance	Provides low-income elders living in targeted service counties with coupons that can be exchanged for locally grown fresh produce at area farmers' markets.	Clients served	SFMNP	2,467

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Nutrition Counseling - Individual	Provides one-on-one individualized advice and guidance to persons who are at nutritional risk because of poor health, nutritional history, current dietary intake, medication use, or chronic illnesses. Nutrition counseling includes options and methods for improving a client's nutritional status.	Hours	CCE, OAA	1,844
Nutrition Education	Promotes better health by providing accurate, scientifically sound, practical, and culturally sensitive nutrition information and instruction to participants in a group or individual setting consistent with their needs and food resources. Nutrition education is the process by which individuals gain the understanding, skills, and motivation necessary to promote and protect their nutritional well-being through their food choices and food preparation methods.	Clients served	LSP, OAA	287,583
Nutritional Risk Reduction	Conducts a nutritional status assessment and provides a nutritional care plan for the recipient and/or caregiver, specified as necessary to promote the participants' health and safety.	Hours	CCE, ADA, NHD	1,806
Occupational Therapy	Treatment to restore, improve, or maintain impaired functions aimed at increasing or maintaining the enrollee's ability to perform tasks required for independent functioning when determined through a multi-disciplinary assessment to improve an enrollee's capability to live safely in the home setting.	Hours	NHD	4
Other Services	A miscellaneous category for goods or services not defined elsewhere that are necessary for the health, safety, or welfare of the person.	Episodes	CCE, HCE, LSP	8,974
		Visits	NHD	100,747
Outpatient Hospital Services	Outpatient preventive, diagnostic, therapeutic, or palliative care provided under the direction of a physician at a licensed hospital. Such services include emergency room, dressings, splints, oxygen, physician ordered services, and supplies necessary for the clinical treatment of a specific diagnosis or treatment as specified in the <i>Medicaid Hospital Coverage and Limitations Handbook</i> .	Visits	NHD	24,848
Outreach	An OAA-required access service making active efforts to reach target individuals face to face, either in a community setting or in home neighborhoods with large numbers of low-income minority elderly, making one-to-one contact, identifying their service need, and encouraging their use of available resources.	Episodes	OAA	28,076

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Personal Care	Assistance with eating, dressing, personal hygiene, and other activities of daily living. This service may include assistance with meal preparation and housekeeping chores such as bed making, dusting, and vacuuming incidental to the care furnished or essential to the health and welfare of the individual.	Hours	ADA, CCE, CLP, HCE, LSP, NHD, OAA	3,562,981
Pest Control Initiation	Helps rid the environment of insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients. Initiation covers start-up costs.	Episodes	ADA, CCE, NHD	356
Pest Control Maintenance	Helps rid the environment of insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients.	Episodes	ADA, CCE, NHD	8,607
Pest Control - Rodent	Helps rid the environment of rodents and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients. Rodent service consists of trapping, baiting, or other treatments or applications that result in the elimination of rodent(s).	Episodes	CCE	5
		Hours	CCE	14
Physical Fitness	Physical fitness services are defined as activities for elders to improve their strength, flexibility, endurance, muscle tone, range of motion, reflexes, cardiovascular health, and/or other aspects of physical functioning.	Hours	OAA	441
Physical Therapy	A service prescribed by a physician that is necessary to produce specific functional outcomes in ambulation, muscle control and postural development, and prevent or reduce further physical disability.	Hours	NHD	98
Programa de Manejo Personal de la Diabetes	Programa de Manejo Personal de la Diabetes was designed for Spanish speaking individuals with type 2 diabetes to attend workshops in a community setting. Participants will make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program.	Episodes	OAA	2
Public Guardianship	Provides services to meet the needs of the most vulnerable persons who lack the capacity to make decisions on their own behalf and in their own best interests. Guardians protect the property and personal rights of incapacitated persons.	Wards of limited financial means with no willing or able family or friend to serve	SPGO	3,156
Recreation	Assists with participation in or attendance at planned leisure events such as games, sports, arts and crafts, theater, trips, and other relaxing social activities.	Hours	LSP, OAA	349,104

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Referral and Assistance	An activity provided via telephone or person-to-person contact. Information is obtained about a person's needs; these needs are assessed; and the person is directed to the appropriate resources most able to meet the need. Contact with the resource is made for the person, as needed. Follow-up is a mandatory part of referral/assistance and is conducted with the referred person and/or the resource to determine the outcome.	Episodes	OAA	60,334
Respiratory Therapy	Treatment of conditions that interfere with respiratory functions or other deficiencies of the cardiopulmonary system. Services include evaluation and treatment related to pulmonary dysfunction. Examples are ventilator support, therapeutic and diagnostic use of medical gases, respiratory rehabilitation, management of life support systems and bronchopulmonary drainage, breathing exercises, and chest physiotherapy.	Hours	NHD	3
Respite - In-Home	In-home respite services are provided to individuals unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those persons normally providing care.	Hours	ADA, ADI, CCE, CLP, HCE, LSP, NHD, OAA, RELIEF, SC	3,615,137
Respite - In-Facility	Facility-based respite care is the provision of relief or rest for a primary caregiver from the constant, continued supervision and care of a functionally impaired older person by providing care for the older person in an approved facility-based environment for a specified period of time.	Hours	ADA, ADI, CCE, HCE, OAA	636,579
		Days	NHD	1,710
Screening and Assessment	Administers standard assessment instruments to gather information and prioritize clients at the time of active enrollment or to reassess currently active clients to determine need and eligibility for services.	Hours	LSP, OAA	53,127
Shopping Assistance	Helps a client get to and from stores or shops on behalf of a client. Includes proper selection of items to purchase, as well as storing purchased items upon return to the client's home. A shopping aide may assist more than one client during a shopping trip.	One-way trips	OAA	10,063
Sitter	Services provided to a minor child no older than 18, or a child with a disability, who resides with a grandparent age 55 and older or other related caregiver age 55 and older. Sitter services may be carried out in the home or in a facility during the day, at night, or on weekends.	Hours	OAA	9,933

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Skilled Nursing Services	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse, or advanced registered nurse practitioner, in the client’s place of residence, pursuant to a plan of care approved by a licensed physician.	Hours	ADA, CCE, LSP, NHD, OAA	7,252
		Visits	NHD	1,379
Skilled Nursing Facility Services	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse, or advanced registered nurse practitioner, in a skilled nursing facility, pursuant to a plan of care approved by a licensed physician.	Visits	NHD	27,843
		Days		57,685
Speech Therapy	The identification and treatment of neurological deficiencies related to feeding problems, congenital or trauma-related maxillofacial anomalies, autism, or neurological conditions that affect oral motor functions. Therapy services include the evaluation and treatment of problems related to an oral motor dysfunction when determined through a multi-disciplinary assessment to improve an enrollee’s capability to live safely in the home setting.	Hours	NHD	1
Specialized Medical Equipment, Services, and Supplies	Services include the following: (1) Adaptive devices, controls, appliances, or services that enable individuals to increase their ability to perform activities of daily living. This service also includes repair of such items as well as replacement parts; (2) Dentures; walkers; reachers; bedside commodes; telephone amplifiers; touch lamps; adaptive eating equipment; glasses; hearing aids; and other mechanical or non-mechanical, electronic, and non-electronic adaptive devices; (3) Supplies such as adult briefs, bed pads, oxygen, or nutritional supplements; (4) Medical services paying for doctor or dental visits; and (5) Pharmaceutical services paying for needed prescriptions.	Episodes	ADA, ADI, CCE, HCE, OAA	35,204
Tai Chi: Moving for Better Balance	Developed out of the Oregon Research Institute, this simplified, eight-form version of Tai Chi, offered in community settings, has been proven to decrease the number of falls and risk of falling in older adults. Other benefits associated with this program include social and mental well-being, balance and daily physical functioning, self-confidence in performing daily activities, personal independence and improved quality of life, and overall health.	Episodes	OAA	53

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Telephone Reassurance	Communicating with designated clients by telephone on a mutually agreed schedule to determine that they are safe and to provide psychological reassurance, or to implement special or emergency assistance.	Episodes	OAA	46,917
Tomando Control de su Salud	Tomando Control de su Salud was designed to teach a range of skills in managing chronic conditions for the Spanish speaking population. The program is not a translation of the Chronic Disease Self-Management Program but was developed separately in Spanish. Subjects covered are similar, but they are presented in ways that are culturally appropriate.	Episodes	OAA	4
Transportation	Travel to or from community services and resources, health and medical care, shopping, social activities, or other life sustaining activities.	Trips	CCE, HCE, LSP, NHD, OAA	1,415,453
Volunteer Recruitment, Training and Placement - Americorps	Engages members (volunteers) in intensive service to meet critical needs in education, public safety, health, and the environment, including respite, home modification and repair, chore services, disaster preparedness, and community outreach to elders, caregivers, and families.	Members	AC	83
		Clients served		100
Volunteer Recruitment, Training and Placement - Senior Companion	Engages elder volunteers to provide services to elders at risk of institutionalization, such as transportation to medical appointments, shopping assistance, meal preparation, companionship, and advocacy.	Volunteers	SC	84
		Clients served		255
Volunteer Training	Provides training to individuals interested in helping caregivers with respite services.	Hours	RELIEF	69,213

SERVICES TABLE DATA SOURCES

Service definitions and programs providing services:

DOEA Programs and Services Handbook, July 2013

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

Units of Service:

DOEA CIRTS Report for Services 7/1/2012 - 6/30/2013

AHCA/FMMIS Medicaid Paid Claims for Medicaid Waiver Services 7/1/2012 - 6/30/2013

DOEA Division of Internal & External Affairs report data

DOEA Division of Statewide Community-Based Services report data

Section C

Older Americans Act Programs and Services

SUMMARY OF OLDER AMERICANS ACT PROGRAM SERVICES

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

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

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

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

OLDER AMERICANS ACT TITLE III

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

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

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

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

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

ADMINISTRATION:

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

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

ELIGIBILITY:

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

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

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

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

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

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

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

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

- **25 percent weight** – Number of counties in the Planning and Service Area.
- **25 percent weight** – Community Care for the Elderly Core Services allocation.

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

OAA TITLE III FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING OAA TITLE III	CLIENTS SERVED*
1991-1992	\$44,068,537	341,687
1992-1993	\$47,768,315	328,235
1993-1994	\$45,691,633	367,099
1994-1995	\$47,673,802	359,481
1995-1996	\$47,636,129	74,144
1996-1997	\$45,419,240	81,695
1997-1998	\$45,522,319	107,074
1998-1999	\$47,148,432	94,929
1999-2000	\$47,240,735	91,173
2000-2001	\$49,299,486	89,058
2001-2002	\$61,339,936	112,613
2002-2003	\$72,368,906	96,901
2003-2004	\$71,197,508	90,895
2004-2005	\$73,160,794	87,848
2005-2006	\$74,503,185	86,613
2006-2007	\$80,169,479	84,642
2007-2008	\$82,011,444	80,326
2008-2009	\$87,263,090	77,319
2009-2010	\$88,837,557	95,087
2010-2011	\$87,327,622	99,648
2011-2012	\$87,183,439	74,777
2012-2013	\$81,494,422	72,957
2013-2014	#\$81,494,422	#68,751

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

Projection

Source for clients served: CIRTS

OLDER AMERICANS ACT TITLE III B

SUPPORTIVE SERVICES

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

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

OAA TITLE III B FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$26,208,251	54,541
2002-2003	\$26,095,184	56,877
2003-2004	\$25,756,732	52,010
2004-2005	\$25,750,864	52,323
2005-2006	\$25,261,848	51,759
2006-2007	*\$25,270,584	50,148
2007-2008	\$25,269,175	47,093
2008-2009	\$26,072,475	45,542
2009-2010	\$26,729,390	43,921
2010-2011	\$26,238,773	39,131
2011-2012	\$26,219,739	35,160
2012-2013	\$25,001,310	33,062
2013-2014	#\$25,001,310	#31,725

* Allotment plus carry forward dollars.

Projection

Source for clients served: CIRTS

See Information and Referral/Assistance Units of Service table on page 63 for data on services assisting elders, caregivers and the general public with their information and referral needs.

INFORMATION & REFERRAL/ASSISTANCE

DESCRIPTION:

Information & Referral/Assistance (I&R/A) is a service for older individuals and persons with disabilities that provides current information on opportunities and services available within their communities, including information relating to assistive technology. I&R/A services are provided through a statewide network of 11 Elder Helplines. Individuals and community agencies seeking accurate, unbiased information about federal, state, or local social and health services can access Florida's Elder Helpline information and referral service by calling toll free 1-800-96-ELDER (1-800-963-5337).

SERVICES OR ACTIVITIES:

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

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

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

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

INFORMATION & REFERRAL/ASSISTANCE UNITS OF SERVICE:

UNITS OF SERVICE			
STATE FISCAL YEAR	INFORMATION	REFERRALS	TOTAL
2001-2002	790,644	89,699	880,343
2002-2003	745,067	74,433	819,500
2003-2004	814,168	80,364	894,532
2004-2005	911,790	90,949	1,002,739
2005-2006	672,927	92,185	765,112
2006-2007	621,886	41,503	663,389
2007-2008	455,614	38,382	493,996
2008-2009	567,259	41,143	608,402
2009-2010	715,011	50,851	765,862
2010-2011	653,744	53,917	707,661
2011-2012	625,655	56,437	682,092
2012-2013	506,479	59,012	565,491
2013-2014	#486,000	#56,626	#542,626

Projection

Source: CIRTS

PROGRAM HIGHLIGHT

Information & Referral staff assisted a client who was homeless and a recovering drug addict. Her only source of income was Social Security Disability. The client was seeking assistance in finding low-income housing, as well as applying for Supplemental Nutrition Assistance Program (SNAP) benefits and Medicaid and Medicare Savings Program/Low-Income Subsidy (MSP/LIS).

A staff member researched all of the low-income housing resources for Lee County, notifying the client of those that were accepting applications and had openings. Staff also assisted the client with submitting applications for SNAP and MSP/LIS benefits.

OLDER AMERICANS ACT TITLE III C1

CONGREGATE MEALS

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

OAA TITLE III C1 FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$26,723,715	40,228
2002-2003	\$25,840,559	40,432
2003-2004	\$25,718,968	38,584
2004-2005	\$25,790,674	36,822
2005-2006	\$25,239,065	34,424
2006-2007	*\$27,155,334	35,215
2007-2008	\$28,526,170	32,674
2008-2009	\$31,341,465	32,709
2009-2010	\$31,992,629	29,403
2010-2011	\$31,468,259	34,640
2011-2012	\$31,467,368	32,677
2012-2013	\$28,468,480	32,435
2013-2014	#\$28,468,480	#29,521

* Allotment plus carry-forward dollars.

Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHT

Ms. C is an 85-year-old woman who had an automobile accident and was unable to continue driving. She lives in HUD housing. Until her accident, she attended senior center classes and volunteered at the local theater. Because of her inability to drive and not having family near her, she became increasingly isolated and felt that she had lost her independence. Her HUD building manager asked staff to meet with Ms. C to explain what services might be available to help her. She liked the idea of attending the congregate meal program at the senior center, which would allow her to socialize with other seniors and participate in the center’s exercise and balance movement classes, which she attended prior to her accident. Ms. C now attends the congregate meal program using OAA-funded transportation services twice a week, and she is able to both volunteer and participate in the balance movement class. The transportation services also enable her to shop for herself and see her doctor regularly. These services have helped to restore her independence and improve her quality of life.

OLDER AMERICANS ACT TITLE III C2

HOME-DELIVERED MEALS

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

PROGRAM HIGHLIGHTS

A senior and her caregiver spouse live in a small rural community located near Lake Okeechobee. There are no stores that sell food in the community so residents must travel to obtain groceries. Neither the client nor her spouse is able to travel regularly to do shopping. The home-delivered meals program provides daily meals for the client and the caregiver spouse. Having a nutritious meal daily has allowed them to remain in their home.

A Hendry County elder had a stroke, and her family became concerned about her social isolation during a visit. On a tour of the local senior center, the family learned about the home-delivered meals program. Because of the client’s isolation, the Senior Companion Program was contacted and a companion was assigned to her. The companion visits her home several times each week to share a meal and help reduce her isolation.

OAA TITLE III C2 FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR*	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$13,020,443	27,027
2002-2003	\$13,353,441	28,792
2003-2004	\$13,264,023	27,146
2004-2005	\$13,489,352	25,297
2005-2006	\$13,422,360	24,504
2006-2007	\$13,398,363	23,627
2007-2008	\$14,404,118	22,409
2008-2009	\$15,882,387	21,743
2009-2010	\$16,091,728	21,763
2010-2011	\$15,810,460	21,469
2011-2012	\$15,874,292	20,132
2012-2013	\$15,035,675	19,915
2013-2014	#\$15,035,675	#18,937

* Allotment plus carry-forward dollars.

Projection

Source for clients served: CIRTS

NUTRITION SERVICES INCENTIVE PROGRAM

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

The NSIP reimburses Area Agencies on Aging and service providers for the costs of congregate and home-delivered meals through a supplement of approximately \$0.70 per meal (reimbursement rate varies annually).

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Nutrition Services Incentive Program is 100-percent federally funded. NSIP allotments by the Administration on Aging to State Units

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

The NSIP allocation allows providers to serve approximately 26,675 additional meals for congregate and home-delivered meals for homebound elders. These meals provide nutrition to elders that would otherwise be lacking and without food.

PROGRAM HIGHLIGHT

A 97-year-old Polk County woman at a community center in Lake Wales has been attending the Polk County congregate meal site for over 31 years. She has been able to receive nutritious meals through the Nutrition Services Incentive Program (NSIP) and Older Americans Act (OAA) funded meals program since February 1982 and has attended on a regular basis ever since. She is able to safely get on and off the van used to transport the clients to and from the center and only uses a walker to assist with mobility.

She states, "I have always enjoyed coming to the site, especially in my older years. The food is good, and I enjoy the activities, but most of all I enjoy coming out to talk with other people here at the site."

FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FUNDING ALLOCATED TO PSAS	NUMBER OF MEALS SERVED
1993-1994	\$6,878,452	Information not Available
1994-1995	\$6,634,928	
1995-1996	\$6,197,272	
1996-1997	\$6,584,425	
1997-1998	\$6,219,477	
1998-1999	\$6,181,148	11,092,344
1999-2000	\$6,095,408	11,159,321
2000-2001	\$6,095,408	11,279,706
2001-2002	\$6,768,177	11,168,424
2002-2003	\$6,659,871	11,668,424
2003-2004	\$7,441,372	12,372,254
2004-2005	\$7,441,372	12,828,297
2005-2006	\$8,007,700	13,083,624
2006-2007	\$10,002,339	12,966,176
2007-2008	\$7,632,468	12,055,381
2008-2009	\$7,434,170	11,388,443
2009-2010	\$7,632,469	*10,940,795
2010-2011	\$7,528,758	*10,160,945
2011-2012	\$6,978,546	*11,473,075
2012-2013	\$7,752,196	*11,376,805
2013-2014	\$7,187,763	11,370,000
	\$6,247,984	8,677,755
	#\$6,247,984	#8,677,755

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

Projection

Source for meals served: Department program reports

OLDER AMERICANS ACT TITLE III D

PREVENTIVE HEALTH SERVICES

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

OAA TITLE III D FUNDING HISTORY:

FEDERAL FISCAL YEAR*	FUNDING
2001-2002	\$1,558,493
2002-2003	\$1,617,427
2003-2004	\$1,606,633
2004-2005	\$1,595,068
2005-2006	\$1,579,267
2006-2007	\$1,579,814
2007-2008	\$1,557,582
2008-2009	\$1,557,571
2009-2010	\$1,557,571
2010-2011	\$1,554,456
2011-2012	\$1,551,522
2012-2013	\$1,461,664
2013-2014	#\$1,461,664

* Federal Fiscal Year is October to September, but contract period is January to December. Therefore the dollar amounts are based on the contracts.

Projection

Health Promotion and Wellness Initiatives

DESCRIPTION:

Disease Prevention & Health Promotion Evidence-Based Interventions are programs that have been researched and proven to be effective in the prevention and symptom management of chronic health conditions. There are many types

of evidence-based interventions. These include chronic disease self-management programs, falls prevention programs, fitness programs, nutrition programs, strength and balance programs, mental health programs, and many others. Some of the evidence-based programs conducted in the State of Florida include the Living Healthy – also known as the Chronic Disease Self-Management Program (CDSMP), A Matter of Balance, EnhanceFitness, Healthy Ideas, Tai Chi: Moving for Better Balance, Eat Better Move More, Tomando Control de su Salud, and Diabetes Self-Management Program.

Some of the benefits of these programs include learning to overcome fatigue, positively managing symptoms/pain management, making healthier food choices and learning portion control, connecting with other individuals, managing medications, building strength, and maintaining balance. Initiatives are developed and conducted to educate seniors and their caregivers to deliver effective interventions, to make a noticeable difference in elders' health and well-being, and to increase the overall health of elder Floridians.

SERVICES OR ACTIVITIES:

Disease Prevention and Health Promotion evidence-based services include gerontological counseling, mental health counseling and screening, disease information, health promotion, health risk assessment and screening, home injury control, medication management, nutrition counseling and programs, physical fitness programs, and many other evidence-based interventions which can be viewed online in the *Department of Elder Affairs Programs and Services Handbook - Appendix A*.

These services must meet at least one of the Administration for Community Living, Administration on Aging's three tier criteria which can be located on the Administration on Aging website.

NUMBERS SERVED:

FEDERAL FISCAL YEAR (FFY)/ CALENDAR YEAR (CY)	CLIENTS SERVED
FFY 1998-1999	Information not available
FFY 1999-2000	23,808
FFY 2000-2001	*472,764
FFY 2001-2002	97,461
**FFY 2002-2003	**39,925
CY 2003	91,247
CY 2004	78,902
CY 2005	73,797
CY 2006	52,084
CY 2007	61,781
CY 2008	71,514
CY 2009	44,140
CY 2010	94,634
CY 2011	95,471
CY 2012	52,621
CY 2013	***21,422

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

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

***Decreased CY 2012 performance and CY 2013 projection are due to increased emphasis on evidence-based programs requiring a longer duration of workshops and smaller class sizes targeting special or hard-to-serve populations including rural, low-income, and non-English-speaking individuals.

Source: Contractor quarterly reports

PROGRAM HIGHLIGHT

A 74-year-old man has participated in the EnhanceFitness program since it began in 2011 through funding from the Healthy Aging Regional Collaborative. He joined the exercise program at the insistence of his wife who was worried that he was sad and inactive because of the illness of a close family member. Since joining, he is one of the most consistent participants. From his report, the program has made him feel better both physically and mentally, and he has more energy. Because of these results, he has made other important changes to improve additional areas of his health and fitness.

OLDER AMERICANS ACT TITLE III E

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

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

and grandparents or older individuals who are caregivers for relatives.

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

OAA TITLE III E FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$10,083,438	3,778
2002-2003	\$11,046,746	5,541
2003-2004	\$11,924,721	3,533
2004-2005	\$12,199,251	5,512
2005-2006	\$12,179,170	Not Available
2006-2007	\$12,183,384	Not Available
2007-2008	\$12,254,399	9,081
2008-2009	\$12,409,192	*20,206
2009-2010	\$12,466,239	**18,674
2010-2011	\$12,255,674	17,169
2011-2012	\$12,070,518	18,333
2012-2013	\$11,527,293	16,329
2013-2014	#\$11,527,293	#17,508

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

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

#Projection

Source for clients served: 2007-2012 NAPIS Reports

PROGRAM HIGHLIGHT

“It (Adult Care Services) is a wonderful program. My mother made friends and did stimulating activities” J. Boggs, Caregiver

“The quality of services is spectacular (Respite Services). My health was deteriorating from lack of sleep because of my caregiving and stress. I am extremely grateful for the help I have received.” R. Pitaluga, Caregiver

“As a result of the program (Adult Day Care) my husband has gotten better. The services received over the last several months have helped us very much.” F. Garcia, Caregiver

OLDER AMERICANS ACT TITLE V

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

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

ADMINISTRATION:

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

ELIGIBILITY:

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

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

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

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

NUMBER OF PROGRAM SLOTS:

STATE FISCAL YEAR	STATE-SHARE PROGRAM SLOTS	FUNDING ALLOCATION	NATIONAL SPONSOR PROGRAM SLOTS
1995-1996	State share slots prior to SFY 2001-2002 are included in national sponsor slot allocations.	Not Available	3,783
1996-1997			3,510
1997-1998			3,528
1998-1999			3,512
1999-2000			3,547
2000-2001			3,547
2001-2002			723
2002-2003	837	2,827	
2003-2004	821	\$5,869,211	2,287
2004-2005	724	\$5,171,937	2,824
2005-2006	718	\$5,146,318	2,813
2006-2007	712	\$5,094,851	2,785
2007-2008	712	\$5,661,826	2,785
2008-2009	692	\$6,088,015	2,707
2009-2010	695	\$6,436,237	2,719
2010-2011	727	\$6,781,930	2,825
2011-2012	543	\$5,031,981	2,124
2012-2013	540	\$5,235,172	2,111
2013-2014	516	\$5,006,353	#2,019

Projection

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

PROGRAM HIGHLIGHT

When Ms. S. applied for the Senior Community Service Employment Program in Miami, she lacked sufficient skills to find a job on her own. Her self-esteem and confidence were very low because of her inability to find employment. She believed the older worker program would provide her the skills and training she needed to improve her employment outlook.

Upon enrollment in the program, Ms. S. took classes to improve her English, and she completed several courses in accounting and bookkeeping to increase her chances of finding a job. Because she was very eager to learn and she wanted to take advantage of the training that was available to her, she also took 15 hours of Money Smart classes at a local college.

After completing rigorous training courses and enhancing her skills in her community service assignment at her host site, Miami-Dade College, Ms. S. secured a job as a clerk in the private sector at an accounting firm. Ms. S. feels that her self-confidence has increased significantly as a result of the Senior Community Service Employment Program. She believes that she is now equipped with the skills necessary to not only make a positive impact in her community but also to help support her family.

OLDER AMERICANS ACT TITLE VII

ELDER ABUSE PREVENTION

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

Elder Abuse Prevention Program

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

The program has developed, distributed, and made available online a fact sheet called “How to Minimize the Risk of Becoming a Victim,” and the following brochures: “Preventing Financial

Exploitation,” “Preventing Home Repair Fraud,” and “Prevent Identity Theft.”

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

OAA TITLE VII FUNDING HISTORY:

FEDERAL FISCAL YEAR	FEDERAL FUNDING
1999-2000	\$169,537
2000-2001	\$172,259
2001-2002	\$344,252
2002-2003	\$383,366
2003-2004	\$380,874
2004-2005	\$378,726
2005-2006	\$378,779
2006-2007	\$377,396
2007-2008	\$382,298
2008-2009	\$372,498
2009-2010	\$373,679
2010-2011	\$367,419
2011-2012	\$361,264
2012-2013	\$344,252
2013-2014	#\$344,252

Projection

PROGRAM HIGHLIGHT

Each year, June 15 is recognized as World Elder Abuse Awareness Day, highlighting the significance of elder abuse as a public health and human rights issue. In 2013, Governor Rick Scott issued a proclamation emphasizing the importance of public awareness of elder abuse. In addition, Florida's 11 Area Agencies on Aging coordinated a concerted effort to provide elder-abuse prevention education and outreach in June 2013, timed to occur on and around World Elder Abuse Awareness Day. Collaborations among communities included law enforcement and other local government entities, community-based non-profit organizations, domestic-violence prevention advocates, local media, local non-profits, and health professionals. In addition, the Department partnered with the local Big Bend Fraud Task Force to provide the 2013 Fraud Prevention Seminar in Tallahassee, Florida, where over 130 attendees learned about preventing frauds and scams; preventing identity theft and consumer fraud related to financial institutions; and identifying and reporting elder abuse, neglect, and exploitation. The Task Force is a group of professionals and organizations formed as a result of the rising number of economic crimes perpetuated against the business and banking communities of the Big Bend area. Because of the sophisticated nature of many of these crimes, law enforcement, banking institutions, and business communities needed a way to exchange information, explain the problems faced by each member, reduce the economic loss suffered by business and banking institutions, and ensure successful criminal prosecution.

Long-Term Care Ombudsman Program

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

Ombudsmen investigate all complaints brought to the attention of the program’s representatives concerning the health, safety, welfare, or rights of residents of long-term care facilities. Ombudsmen work with residents and facilities to develop a resolution plan that resolves the residents’ concerns. In addition, the program:

- Provides information and resources regarding residents’ rights in all long-term care facilities;
- Helps develop and support resident and family councils to protect the well-being of residents;
- Conducts annual resident-centered administrative assessments that focus on quality-of-life issues in each long-term care facility;
- Responds to complaints filed by long-term care residents, their families, or guardians; and
- Monitors and comments on the development and implementation of federal, state, and local laws, regulations, and policies that pertain to the health, safety, and welfare of residents in long-term care facilities.

ADMINISTRATION:

The Long-Term Care Ombudsman Program is administered by the Department of Elder Affairs. The program operates through 13 districts, and paid staff at the state and local levels coordinate and support the work of certified volunteers.

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Long-Term Care Ombudsman Program is funded by Title III and Title VII of the Older Americans Act and by General Revenue dollars.

APPROPRIATION HISTORY

STATE FISCAL YEAR	FEDERAL	STATE	TOTAL*
1994-1995	\$722,597	\$112,387	\$834,984
1995-1996	\$720,872	\$143,001	\$863,873
1996-1997	\$723,359	\$138,530	\$861,889
1997-1998	\$724,095	\$147,749	\$871,844
1998-1999	\$945,993	\$159,634	\$1,105,627
1999-2000	\$1,011,559	\$259,634	\$1,271,193
2000-2001	\$1,011,559	\$339,634	\$1,351,193
2001-2002	\$1,082,358	\$1,205,102	\$2,287,460
2002-2003	\$1,316,838	\$1,285,102	\$2,601,940
2003-2004	\$1,394,945	\$1,361,593	\$2,756,538
2004-2005	\$1,450,999	\$1,351,432	\$2,802,431
2005-2006	\$1,205,727	\$1,267,764	\$2,473,491
2006-2007	\$1,505,485	\$1,447,583	\$2,953,068
2007-2008	\$1,115,096	\$1,401,870	\$2,516,966
2008-2009	\$1,153,739	\$1,370,388	\$2,524,127
2009-2010	\$1,618,461	\$1,337,849	\$2,956,310
2010-2011	\$1,239,282	\$1,329,103	\$2,568,385
2011-2012	\$2,639,270	\$1,312,938	\$3,952,208
2012-2013	*\$1,821,163	\$1,305,344	\$3,126,507
2013-2014	*\$1,743,137	\$1,297,377	\$3,040,514

* The total does not include unallocated costs.

INSPECTIONS AND INVESTIGATIONS

FEDERAL REPORTING YEAR	FACILITIES	ASSESSMENTS	COMPLAINTS INVESTIGATED
1993-1994	1,677	1,953	5,206
1994-1995	3,016	2,235	6,295
1995-1996	2,925	2,082	5,455
1996-1997	3,053	2,097	6,635
1997-1998	3,237	2,474	10,071
1998-1999	3,378	2,761	7,969
1999-2000	3,661	2,886	8,040
2000-2001	3,567	2,832	7,664
2001-2002	3,470	2,240	7,643
2002-2003	3,653	3,120	8,667
2003-2004	3,702	2,894	9,035
2004-2005	3,500	2,944	7,963
2005-2006	3,585	2,582	7,905
2006-2007	3,585	2,582	7,905
2007-2008	3,932	3,932	7,715
2008-2009	3,932	3,932	8,302
2009-2010	4,016	4,016	8,651
2010-2011	4,039	3,347	7,534
2011-2012	4,039	4,269	8,600
2012-2013	4,074	4,091	7,336
2013-2014	#4,090	#4,090	#7,500

Projection

Source: Data collected and reported from district ombudsman offices.

PROGRAM HIGHLIGHT

Advocating for long-term care residents sometimes means looking outside the box to find unique solutions that will work for the resident, the facility and the community. Recently, in the Treasure Coast District, a complaint was filed on behalf of a resident stating that the resident would not eat the food that the facility provided. Upon investigation, the ombudsman discovered that the resident had religious restrictions that made it difficult to eat from the facility's menu. The facility accommodated the resident's dietary and religious needs once the restrictions were brought to their attention. The ombudsman also worked with the resident's religious group, who arranged for members to bring the resident home cooked meals that met the religious restrictions. With solutions like this, the community, the facility and, most importantly, the resident's quality of life, were made better; a win-win situation for everyone.

Section D

State General Revenue Programs

INTRODUCTION TO STATE GENERAL REVENUE PROGRAMS

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

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

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

In 2012, the Florida Legislature created the Specialized Alzheimer's Services Adult Day Care Act specifying, among other requirements, additional ADRD training for adult day care centers

providing specialized Alzheimer's services pursuant to Section 429.918(6), Florida Statutes.

The Specialized Alzheimer's Services Adult Day Care law requires that adult day care center employees hired on or after July 1, 2012, who have direct contact with ADRD participants must complete four-hours of dementia-specific training within three months of employment. Employees who provide direct care to ADRD participants must complete an additional four hours of dementia-specific training within six months of employment. Section 429.918(6) requires the Department to approve the Specialized Alzheimer's Services training and to develop administrative rules establishing training standards for adult day care center employees and trainers.

Individuals seeking the Department's approval as an Adult Day Care Alzheimer's disease training provider and approval of their training curriculum must submit the required applications to the Department's contractor. Training provider and curriculum requirements are outlined in Section 429.917(1), Florida Statutes, and Rules 58A-6.015 and 6.016, Florida Administrative Code.

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

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

The law requires that home health agency personnel providing direct care to patients must complete two hours of Alzheimer's disease approved training within nine months of beginning employment with the agency. Section 400.4785(1)(f), Florida Statutes, requires the Department to adopt rules to establish standards for home health agency personnel

who are subject to this training, for the trainers, and for the required training. In October 2005, the Department completed the rule promulgation process to establish standards for the training, trainers, and curricula by holding rule development workshops to obtain comments from the public. The Home Health Agency ADRD was implemented in October 2005.

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

ADMINISTRATION:

The Department is responsible for planning, budgeting, monitoring, and coordinating the ADRD process. The Department contracts with the University of South Florida's Training Academy on Aging within the Florida Policy Exchange Center on Aging to administer the program and to ensure that qualified clinical professionals review and approve the training providers and curricula. The University of South Florida also maintains the list of approved training providers, which can be accessed on the internet at www.trainingonaging.usf.edu.

ELIGIBILITY:

Assisted Living Eligibility Alzheimer's Disease Training Provider

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

- One year of teaching experience as an educator of caregivers for persons with Alzheimer's disease and related disorders;

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

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

Assisted Living Facility Alzheimer’s Disease Training Curriculum

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

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

Nursing Home Alzheimer’s Disease Training Provider

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

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

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

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

Nursing Home Alzheimer’s Disease Training Curriculum

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

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

Hospice Alzheimer’s Disease Training Provider

Approval as a Hospice Alzheimer’s disease training provider requires an application (DOEA

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

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

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

Hospice Alzheimer's Disease Training Curriculum

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

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

stress management for the caregiver, family issues, patient environment, and ethical issues.

Adult Day Care Training Provider

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

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

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

Adult Day Care Training Curriculum

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

Approval of the additional three-hour training curriculum requires an application (DOEA Form

ADC/ADRD-002) that addresses the following subject areas: behavior management, assistance with activities of daily life to promote the participant's independence, activities for participants, stress management for the caregiver, family issues, participant environment, and ethical issues.

Home Health Agency Alzheimer's Disease Training Provider

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

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

A master's degree from an accredited college or university in a subject related to the content of this training program may substitute for the required teaching or training experience. Years of teaching experience related to Alzheimer's

disease and related disorders may substitute on a year-for-year basis for the required bachelor's degree.

Home Health Agency Alzheimer's Disease Training Curriculum

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

STATUTORY AUTHORITY:

Sections 400.1755, 429.178, 400.6045, 429.917, 429.918, and 400.4785, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Program funding is from General Revenue.

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	2002- 2003	2003- 2004	2004- 2005	2005- 2006	2006- 2007	2007- 2008
State Funding	\$100,000	\$72,398	\$72,398	\$72,398	\$76,469	\$77,826
ALF Approved Trainers	285	318	173	89	88	151
ALF Approved Curriculum	86	95	26	19	23	29
NH Approved Trainers	1,246	1,475	174	138	131	122
NH Approved Curriculum	99	104	16	37	29	23
Hospice Approved Trainers	*	89	23	24	31	26
Hospice Approved Curriculum	*	8	9	10	8	14
Adult Day Care Approved Trainers	*	14	7	8	12	19
Adult Day Care Approved Curriculum	*	1	7	0	0	6
Home Health Agency Approved Trainers	**	**	**	347	184	146
Home Health Agency Approved Curriculum	**	**	**	40	17	9

STATE FISCAL YEAR	2008- 2009	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
State Funding	\$77,826	\$73,935	\$73,935	\$73,935	\$73,935	\$73,935
ALF Approved Trainers	87	96	87	99	105	#97
ALF Approved Curriculum	24	19	45	24	18	#29
NH Approved Trainers	119	122	122	82	70	#91
NH Approved Curriculum	23	21	33	18	15	#22
Hospice Approved Trainers	30	23	15	28	17	#20
Hospice Approved Curriculum	10	10	22	10	18	#17
Adult Day Care Approved Trainers	6	16	10	14	10	#11
Adult Day Care Approved Curriculum	3	3	4	6	6	#5
Home Health Agency Approved Trainers	167	103	104	63	90	#86
Home Health Agency Approved Curriculum	24	9	11	20	9	#13

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

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

Projection

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

ALZHEIMER'S DISEASE INITIATIVE

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

Respite Services for Caregiver Relief:

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

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

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

Memory Disorder Clinics:

The Legislature has authorized 15 Memory Disorder Clinics to provide comprehensive

diagnostic and referral services for persons with Alzheimer's disease and related dementia. The centers, 15 of which receive funding from the State, also conduct service-related research and develop caregiver training materials and educational opportunities. Memory Disorder Clinics are required to:

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

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

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

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

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

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

ADMINISTRATION:

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

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

ELIGIBILITY:

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

disorder are eligible to sign up with the Alzheimer’s disease Brain Bank. Medical records documenting a general physical examination, neurological examination, hematological and biochemical studies, and a scan of the brain must be available.

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

STATUTORY AUTHORITY:

Sections 430.501-430.504, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

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

MODEL DAY CARE

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
2006-2007	\$376,530	101
2007-2008	\$376,530	108
2008-2009	\$372,879	142
2009-2010	\$340,065	130
2010-2011	\$340,065	110
2011-2012	\$340,065	113
2012-2013	\$340,065	115
2013-2014	\$340,065	#115

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

Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHT

Ms. J is 69 years old and attends the local Alzheimer's Disease Initiative Model Day Care (ADI MDC). She previously worked at a health care system at a major university for many years. When the department in which she worked was transferred to the new hospital, it was apparent that she had advancing dementia, as she could no longer complete simple tasks in the new environment.

Ms. J went from working, driving, and living independently to being forced into retirement and having her daughter come live with her. Ms. J's daughter is in her thirties and works full-time. It became clear quickly that Ms. J could not be left alone, as she began to wander away from the home during the day. Ms. J's family was referred to the ADI MDC, and she was quickly added for service. This allowed her daughter to continue working.

If not for the ADI MDC, Ms. J would be living in a nursing home. She enjoys participating in all of the activities offered and enjoys helping her peers. The cognitive stimulation has helped her continue to maintain and even improve her cognitive status. Ms. J knows she has a memory problem and is often frustrated, but she tells staff that she loves coming to the ADI MDC. She says she feels comfortable knowing someone is always there to help her if she becomes confused.

APPROPRIATION HISTORY AND NUMBERS SERVED:

RESPIRE/SPECIAL PROJECTS

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$2,260,618	1,613
1993-1994	\$2,260,618	1,773
1994-1995	\$2,810,618	2,272
1995-1996	\$3,797,301	2,566
1996-1997	\$4,701,939	2,816
1997-1998	\$6,301,939	3,209
1998-1999	\$7,301,939	3,590
1999-2000	\$7,801,939	3,468
2000-2001	\$7,801,939	3,305
2001-2002	\$7,801,939	3,101
2002-2003	\$7,401,454	2,647
2003-2004	\$7,401,454	2,749
2004-2005	\$10,302,855	2,730
2005-2006	\$9,971,754	2,429
2006-2007	\$10,546,754	2,446
2007-2008	\$10,291,005	2,379
2008-2009	\$9,621,935	2,174
2009-2010	\$8,050,666	1,999
2010-2011	\$8,362,200	2,300
2011-2012	\$9,404,262	3,348
2012-2013	\$9,554,262	1,808
2013-2014	\$10,412,201	#1,970

*Unduplicated count of clients. In previous years, client counts were duplicated across ADI services.

Projection

Source for clients served: CIRTS

MEMORY DISORDER CLINICS

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$1,864,765	2,561
1993-1994	\$2,169,676	2,534
1994-1995	\$2,978,373	3,140
1995-1996	\$2,964,266	3,579
1996-1997	\$3,078,824	4,203
1997-1998	\$3,078,824	3,794
1998-1999	\$3,645,824	4,920
1999-2000	\$3,834,824	4,832
2000-2001	\$4,223,824	4,900
2001-2002	\$4,223,824	6,314
2002-2003	\$2,912,881	6,134
2003-2004	\$2,912,881	7,328
2004-2005	\$3,793,016	6,884
2005-2006	\$4,039,411	6,103
2006-2007	\$3,286,351	4,872
2007-2008	\$3,416,490	4,745
2008-2009	\$3,254,474	4,761
2009-2010	\$2,968,081	5,116
2010-2011	\$2,968,081	7,096
2011-2012	\$2,968,081	6,732
2012-2013	\$2,968,081	6,886
2013-2014	\$3,413,603	#7,046

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

Source for clients served: Manual reports from Memory Disorder Clinics

BRAIN BANK

STATE FISCAL YEAR	STATE FUNDING	PERSONS REGISTERED	AUTOPSIES
1993-1994	\$138,859	82	67
1994-1995	\$138,859	80	84
1995-1996	\$138,201	82	67
1996-1997	\$130,139	100	87
1997-1998	\$130,139	44	66
1998-1999	\$130,139	54	67
1999-2000	\$137,139	82	59
2000-2001	\$130,139	130	90
2001-2002	\$130,139	56	47
2002-2003	\$130,139	56	47
2003-2004	\$130,139	83	74
2004-2005	\$130,139	61	40
2005-2006	\$155,139	55	48
2006-2007	\$130,139	76	72
2007-2008	\$130,139	118	75
2008-2009	\$128,876	159	79
2009-2010	\$117,535	135	80
2010-2011	\$117,535	120	87
2011-2012	\$117,535	129	119
2012-2013	\$117,535	89	69
2013-2014	\$117,535	#93	#70

Projection

Source for persons registered and autopsies: Brain Bank reports

PROGRAM HIGHLIGHT

A 92-year-old man came to the Memory Disorder Clinic for a neuropsychological evaluation. This gentleman wanted to come in for testing because, approximately two years before, he was diagnosed with Alzheimer's disease (AD). Due to this diagnosis, the man's doctor informed him that he could no longer drive. However, like many other patients who come through the clinic, he believed he did not have any memory concerns and felt that his diagnosis of Alzheimer's was not correct.

During his psychosocial assessment, the man proceeded to share the story behind his diagnosis of AD. This gentleman gently wept as he described how his wife of seventy years had died two years ago. He described how he stopped taking care of himself due to grief over her loss. Because he was not caring for himself, this gentleman was placed in a nursing home where his sadness grew. Now, his wife had passed, and he had been taken from his home as well. The man then spoke about how, while he was in the nursing home, grieving for his wife and the life he once had, the physician at the nursing home met with him briefly and diagnosed him with Alzheimer's disease.

This gentleman further explained how it had now been two years, and all he wanted was to have his driver's license back so he could drive himself to church, the source of most of his emotional support. He said that he remembers everything and knows he would have no problems driving. The man proceeded with his psychological testing and in fact scored higher in all areas than most people of his age and education, showing no signs of Alzheimer's disease or any other type of dementia.

Because the time was not taken to understand the social elements at play in this man's life, he was misdiagnosed. Being misdiagnosed had a huge impact on all areas of his life. Memory Disorder Clinics take the time to understand the full picture prior to giving someone a difficult diagnosis such as Alzheimer's disease. For those individuals who do have a progressive dementia, clinic staff provide emotional support, resources, and education to help guide them and their families/caregivers through the progression of the dementia. Planning ahead with family members gives them a chance to discuss their worries with a specialist in dementia care, consider details of care, and care for the specific needs of their loved ones, thus promoting a positive health care experience for all involved.

COMMUNITY CARE FOR THE ELDERLY (CCE)

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

Sections 430.201-430.207, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

Non-weighted factors:

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

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

Weighted factors:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$36,082,001	36,462
1993-1994	\$36,270,000	27,700
1994-1995	\$38,660,000	30,990
1995-1996	\$41,471,224	38,827
1996-1997	\$41,158,448	41,990
1997-1998	\$38,818,253	38,564
1998-1999	*\$33,891,064	35,580
1999-2000	**\$45,038,164	40,338
2000-2001	\$46,933,055	40,804
2001-2002	\$43,451,823	37,296
2002-2003	\$43,451,823	34,476
2003-2004	\$43,446,823	34,986
2004-2005	\$43,446,823	33,909
2005-2006	\$44,106,823	32,470
2006-2007	\$47,106,823	28,485
2007-2008	\$43,364,370	19,232
2008-2009	\$41,521,133	15,773
2009-2010	\$40,578,617	16,165
2010-2011	\$40,479,617	16,015
2011-2012	\$40,479,617	13,459
2012-2013	\$41,479,617	14,244
2013-2014	\$45,229,617	#15,728

Note: In SFY 1993-1994, the formerly combined CCE and Medicaid waiver programs (and reported data) were separated. Beginning in SFY 1996-97, the number of clients served reflects increasingly more accurate data collection, clients served with short-term case management, and co-pay collections used to make services available to more clients.

**Balance reflects \$3,007,562 transferred to the home and community-based waiver program, creating \$6,807,519 in federal and General Revenue funds available for waiver-eligible clients.*

***Reflects \$1,761,646 transferred to the home and community-based waiver.*

#Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHTS

Mrs. F, an 83-year-old Community Care for the Elderly client, lives in her own mobile home on the edge of her daughter's property. She also cares for her adult disabled son who suffers from a psychiatric disorder and takes medication daily. The client's daughter, who works full-time, checks in on her mom and brother daily by calling or stopping by on her way home from work. She shops for both of them and provides transportation to doctors' appointments. Mrs. F does not drive and can no longer perform household tasks as she is at risk of falling. Mrs. F also suffers from depression and chronic pain in her legs and feet due to her diabetes and neuropathy. She takes medication for both and goes to pain-management therapy.

The client is now receiving personal care services. Homemaking services help keep her environment safe and clean while reducing fall risk due to clutter. She receives meals which enable her to have balanced nutrition. Community Care for the Elderly services allow Mrs. F to continue to live in the community with her son and be near family. Services received have also been beneficial in reducing the stress of the client and her daughter.

Mr. G, age 70, was born in Puerto Rico and raised in Cuba. As a Physician of Veterinary Medicine, his passion in life was caring for animals. Over 20 years ago, in search of a better life, he and his wife moved to Miami. After settling into their new home in Hialeah with their young son, Mr. G set out to become a licensed doctor of veterinary medicine in the U.S., but after several failed attempts, he took any work he could find. During his working years, he held several jobs in a sugar refinery and cardboard manufacturing factory. Life seemed to be looking up for him when he obtained an entry level job with Miami Dade Animal Control. After working several years as a maintenance worker, he was promoted to a job in the laboratory due to his professional experience as a veterinarian. It was a difficult job that required euthanizing stray cats and dogs. In 2002, he experienced a nervous breakdown. This was the beginning of a decline in his overall health.

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

HOME CARE FOR THE ELDERLY (HCE)

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

Sections 430.601-430.608, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1995-1996	*\$11,650,180	7,603
1996-1997	\$13,458,403	8,901
1997-1998	\$13,458,403	9,114
1998-1999	\$13,458,403	9,381
1999-2000	\$13,458,403	9,020
2000-2001	\$13,458,403	8,813
2001-2002	\$9,529,461	6,934
2002-2003	\$9,529,461	5,599
2003-2004	\$9,529,461	5,269
2004-2005	\$9,529,461	5,414
2005-2006	\$9,529,461	5,538
2006-2007	\$9,529,461	5,420
2007-2008	\$9,529,461	5,240
2008-2009	\$8,319,323	**4,204
2009-2010	\$7,903,357	2,620
2010-2011	\$7,903,357	2,624
2011-2012	\$7,903,357	2,628
2012-2013	\$7,903,357	2,877
2013-2014	\$7,903,357	#2,877

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

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

Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHTS

Ms. Y is an 81 year-old client who lives in Walton County with her son, who is also her caregiver. She suffers from dementia and has a history of strokes. She and her son were living on a very limited income, which included her Social Security and the funds that her son received from the Veterans' Administration. The two were often finding it hard to make ends meet, making it difficult for her to purchase her prescription medications. Ms. Y and her son were very proud and did not like asking for assistance from anyone. Her son was determined that Ms. Y would not go without her medication, so he would often write checks from accounts with insufficient funds or charge medication on an account and later not be able to pay the bill. This was causing a great financial and emotional strain on them both.

Today, under the Home Care for the Elderly (HCE) program, Ms. Y is now receiving financial assistance to purchase her medications. Ms Y's son submits the receipts for the medication recently purchased, and they are reimbursed this expense. The HCE program also provides them with a monthly stipend for other medical costs not covered by Ms. Y's insurance provider. The financial stipend is alleviating the stress of worrying about the ability to afford her medications and dealing with the aftermath of returned checks and the associated fees.

The HCE case manager has also assisted Ms. Y in accessing services through community organizations including the State Housing Initiatives Partnership (SHIP), which has resulted in assistance with some much needed home repairs. The case manager has also assisted the family in applying for Supplemental Nutrition Assistance Program (SNAP) and other benefits available through the Florida Department of Children and Families (DCF). Ms. Y was even able to get a new portable air conditioner through the Department of Elder Affairs Emergency Home Energy Assistance For the Elderly Program (EHEAEP). Through the assistance of the local Council On Aging and HCE Program, the family is able to feel a sense of stability with having some of their financial issues resolved and knowing that the case manager is there to assist and guide them when needed.

LOCAL SERVICES PROGRAMS

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

General Appropriations Act, State of Florida.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED	
1992-1993	\$3,145,479	Information not available	
1993-1994	\$3,395,479		
1994-1995	\$3,012,479		
1995-1996	\$3,198,210		
1996-1997	\$3,648,210		
1997-1998	\$3,333,433		
1998-1999	\$3,464,443		
1999-2000	\$3,351,313		
2000-2001	\$3,828,443		5,570
2001-2002	\$3,206,255		6,460
2002-2003	\$2,906,434	5,551	
2003-2004	*\$6,231,434	* 6,413	
2004-2005	\$6,331,434	6,478	
2005-2006	\$6,710,183	**37,191	
2006-2007	\$8,019,183	33,772	
2007-2008	\$8,764,833	33,634	
2008-2009	\$7,032,833	21,613	
2009-2010	\$7,015,811	15,389	
2010-2011	\$7,465,811	23,763	
2011-2012	\$7,465,811	6,305	
2012-2013	\$7,465,811	5,766	
2013-2014	\$8,915,811	#6,886	

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

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

Projection

Source for clients served: CIRTS and Manual Reports

PROGRAM HIGHLIGHT

Jewish Community Services (JCS) is a not-for-profit organization serving Miami-Dade County. Adult Day Care is among the services JCS provides in the community with Local Service Program (LSP) funding. JCS' Miami Beach Senior Center provides a structured day care program offering various activities as well as supervision to many older adults.

Mr. P is 86 years old and has multiple medical conditions including high blood pressure, diabetes, and asthma, as well as being legally blind. Mr. P came to the center with feelings of depression and isolation, which were growing as a result of staying home alone. Through the center's referral efforts, he was trained by The Light House for The Blind, which has helped him gain independence and self-esteem through training and support. He is now able to perform his activities of daily living such as shaving, dressing, bathing, and walking without assistance. His ability to receive proper nutrition was hindered by extensive dental problems. He was referred by the social worker to a dental facility that provided free dental care and obtained the needed dental procedures and dentures. The nurse identified asymptomatic life-threatening blood-pressure readings and immediately sent him for medical care. After his hospitalization, his medications were changed, and his health is now being monitored by a specialist who has helped him keep his blood pressure under control. By working with the nurse and through the health-promotion education he received, Mr. P is now more involved in his medical care and is proactively participating in healthier lifestyle habits including the benefit of receiving two well balanced meals in the program. He stated that his energy and physical stamina have improved by participating in the program's exercises. He also participates in music and memory games, which keep his mind active. Mr. P has made many new friends and looks forward to participating in the program on a regular basis. His wife is able to remain active in the community and run household errands by receiving the much needed respite that is provided with LSP. Mr. P repeatedly expresses his gratitude for this program and even refers to the staff as part of his family.

RESPIRE FOR ELDERS LIVING IN EVERYDAY FAMILIES (RELIEF)

DESCRIPTION:

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

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

Section 430.071, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHT

The following are program testimonials from RELIEF caregivers:

“This service is such a blessing to caregivers. I am grateful to have learned about this program.”

“Words cannot express our gratitude for the RELIEF program and to Martha, who was assigned to us during this time of need. Martha is a compassionate and caring person who always brings a smile into our home. My husband and I feel very comfortable with Martha as she also brings comfort and peace when she walks through our door. We thank you very much.”

“My RELIEF volunteer was always reliable.”

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

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	NUMBER OF CLIENTS SERVED	NUMBER OF VOLUNTEERS	UNITS (HOURS)
*1997-1998	\$727,772	334	202	89,552
**1998-1999	\$930,044	371	235	141,366
1999-2000	\$1,330,044	609	467	121,162
2000-2001	\$1,330,044	449	396	193,597
2001-2002	\$1,330,044	484	323	144,229
2002-2003	\$1,294,530	369	242	151,715
2003-2004	\$994,530	382	274	116,938
2004-2005	\$1,044,530	586	393	132,134
2005-2006	\$1,044,530	577	356	136,182
2006-2007	\$1,044,530	554	332	132,156
2007-2008	\$1,044,530	512	324	138,600
2008-2009	\$1,044,530	510	303	121,326
2009-2010	\$909,034	498	464	131,384
2010-2011	\$909,034	499	410	153,575
2011-2012	\$909,034	400	300	120,000
2012-2013	\$909,034	486	336	69,213
2013-2014	\$909,034	#486	#336	#69,213

Projection

Source for clients served, volunteers, and hours: Monthly progress reports and contracts

STATEWIDE PUBLIC GUARDIANSHIP OFFICE

DESCRIPTION:

The Statewide Public Guardianship Office (SPGO), created by the Florida Legislature in 1999, helps provide services to meet the needs of vulnerable persons who lack the capacity to make decisions on their own behalf. Guardians protect the property and personal rights of incapacitated individuals. SPGO is responsible for appointing and overseeing Florida's public guardians, as well as for the registration and education of Florida's professional guardians.

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

Currently, 17 public guardian programs serve all 67 counties across Florida. Local public guardian offices are mandated by statute to provide guardianship services to persons of limited financial means in instances where no family member or friend is able to provide these services.

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

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

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

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

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

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

STATUTORY AUTHORITY:

Chapter 744, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
2000-2001	\$1,252,858	1,098
2001-2002	\$1,302,858	1,405
2002-2003	\$1,067,921	1,654
2003-2004	\$1,188,344	1,714
2004-2005	\$2,355,579	2,214
2005-2006	\$2,380,003	2,486
2006-2007	\$2,383,242	*2,342
2007-2008	\$2,279,718	2,544
2008-2009	\$2,308,146	2,598
2009-2010	\$2,498,558	2,622
2010-2011	\$2,755,400	2,667
2011-2012	\$2,963,687	2,650
2012-2013	\$2,592,051	3,156
2013-2014	\$2,769,851	#3,334

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

Projection

Source for clients served: Statewide Public Guardianship Office reports and data

PROGRAM HIGHLIGHT

As of January 1, 2013, there were 13 offices of public guardian that served 27 of the 67 counties in Florida. This year, the Statewide Public Guardianship Office (SPGO) has worked to expand public guardianship services to cover all 67 counties in the State of Florida. Through a combination of grants from the Foundation for Indigent Guardianship, SPGO's direct services organization, and monies from its Administrative Trust Fund, SPGO has been able to fund the expansion of existing public guardianship offices and new start-up programs in counties not previously served. By December 2013, SPGO had secured public guardianship coverage in all 67 counties. Florida is the only state, except for Delaware with 3 counties, to accomplish statewide coverage of public guardian services in every county.

Section E

Medicaid Programs

INTRODUCTION TO MEDICAID PROGRAMS

Section E of this Summary of Programs and Services provides detailed information about the Department's Medicaid programs. The Department operates Medicaid Waiver Programs in partnership with the Agency for Health Care Administration, Florida's designated Medicaid Agency. Medicaid Waiver Programs are administered through contracts with Area Agencies on Aging, local service providers, and managed care organizations. These programs provide alternative, less restrictive, long-term care options for elders who qualify for skilled nursing-home care. These options include care in the home or in a community setting, such as an assisted living facility or adult day care center, rather than in an institutional setting, such as a nursing facility. Medicaid Waiver Programs provide qualified elders with a choice of care settings which promotes increased independence. As of March 1, 2014, all Medicaid waiver program participants will be transitioned into the new Statewide Medicaid Managed Care Long-Term Care Program (SMMC LTC). Also described in this section is the CARES (Comprehensive Assessment and Review for Long-Term Care Services) Program. CARES conducts medical assessments that are part of the process of determining Medicaid eligibility for individuals applying for a skilled nursing facility or for Medicaid-funded long-term care services. The Florida Department of Children and Families and, in some instances, the U.S. Social Security Administration determine financial eligibility for the long-term care Medicaid Programs.

AGED AND DISABLED ADULT WAIVER

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

the Social Security Administration determine financial eligibility for the Medicaid programs.

STATUTORY AUTHORITY:

Section 1915(c)(1) of the Social Security Act of 1965; 42 Code of Federal Regulations; Section 409, Part III, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Current funding is allocated from the federal Medicaid Trust Fund, as well as General Revenue dollars.

All individuals served in ADA transition to Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) effective March 1, 2014.

FUNDING HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$14,298,627	6,848
1993-1994	\$16,455,529	6,952
1994-1995	\$20,971,119	8,047
1995-1996	\$23,927,145	8,667
1996-1997	\$36,112,463	10,605
1997-1998	\$42,524,317	11,636
1998-1999	*\$51,197,577	12,197
1999-2000	**\$53,037,571	12,483
2000-2001	\$61,976,956	12,068
2001-2002	\$82,188,322	***15,079
2002-2003	\$87,604,575	14,197
2003-2004	\$87,587,017	11,745
2004-2005	\$79,025,827	10,981
2005-2006	\$88,569,763	12,854
2006-2007	\$85,594,582	13,420
2007-2008	\$85,485,333	10,808
2008-2009	\$85,485,333	10,344
2009-2010	\$87,197,330	11,763
2010-2011	\$98,117,691	11,732
2011-2012	\$103,823,694	11,018
2012-2013	\$106,651,856	11,321
2013-2014	\$126,013,685	#13,376

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

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

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

Projection

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

ASSISTED LIVING WAIVER

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

- Requires assistance with four or more activities of daily living (ADLs) or three ADLs plus supervision to administer medication;
- Requires total help with one or more ADL(s);
- Has a diagnosis of Alzheimer's disease or other dementia and requires assistance with two or more ADLs;

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

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

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

STATUTORY AUTHORITY:

Section 1915(c) of the Social Security Act of 1965; 42 Code of Federal Regulations 441.302; General Appropriations Act, State of Florida; Section 409, Part III, Florida Statutes.

All individuals served in AL transition to Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) effective March 1, 2014.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Funding is allocated from the federal Medicaid Trust Fund and state General Revenue.

FUNDING HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	COMBINED FEDERAL AND STATE FUNDING*	CLIENTS SERVED
1994-1995	\$2,281,022	189
1995-1996	\$2,262,612	376
1996-1997	\$3,392,705	639
1997-1998	\$5,638,466	1,175
1998-1999	\$10,198,616	1,493
1999-2000	\$14,518,316	2,421
2000-2001	\$21,482,532	3,017
2001-2002	\$27,127,294	3,910
2002-2003	\$30,607,322	4,473
2003-2004	\$30,601,014	4,200
2004-2005	\$30,589,282	4,290
2005-2006	\$31,626,666	5,141
2006-2007	\$33,186,632	**4,639
2007-2008	\$33,186,632	** 3,186
2008-2009	\$33,129,879	3,398
2009-2010	\$35,165,608	3,931
2010-2011	\$35,083,803	4,767
2011-2012	\$35,083,803	4,593
2012-2013	\$37,257,303	3,955
2013-2014	\$37,257,303	#3,955

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

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

Projection

Source for clients served: CIRTS

CHANNELING WAIVER

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

Sections 1915(c) of the Social Security Act of 1965; 42 Code of Federal Regulations; Section 409.21, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

All individuals served in this program transition to Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) effective December 1, 2013.

**FUNDING HISTORY
AND NUMBERS SERVED:**

STATE FISCAL YEAR	FUNDING	CLIENTS SERVED
1997-1998	\$11,217,689	1,480
1998-1999	\$12,756,645	1,501
1999-2000	\$12,731,412	1,563
2000-2001	\$13,331,459	1,473
2001-2002	\$13,998,031	1,721
2002-2003	\$14,607,650	1,791
2003-2004	\$15,380,055	1,684
2004-2005	\$15,380,055	1,647
2005-2006	\$12,918,308	1,646
2006-2007	\$12,918,308	1,673
2007-2008	\$14,152,393	1,627
2008-2009	\$15,435,800	1,442
2009-2010	\$14,700,762	1,622
2010-2011	\$14,700,762	1,600
2011-2012	\$14,700,762	1,510
2012-2013	\$8,740,761	1,345
2013-2014	\$14,700,762	#2,262

Projection based on total available program slots
Source for clients served: CIRTS

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

DESCRIPTION:

CARES (Comprehensive Assessment and Review for Long-Term Care Services) is Florida's federally mandated pre-admission screening program for nursing home applicants. A registered nurse and/or assessor performs face-to-face client assessments. A physician or registered nurse reviews each application to determine the medical level of care for the applicant. By identifying long-term care needs and establishing appropriate levels of care through the use of the assessment form, the program makes it possible for individuals to remain safely in their homes using home and community-based services or in alternative community settings, such as assisted living facilities.

Federal law mandates that the CARES Program perform an assessment or review of each individual who requests Medicaid reimbursement for nursing facility placement or home and community-based waivers. A pre-admission screening is also mandatory for all applicants (including private-pay) prior to admission to a Medicaid-certified nursing facility to screen for intellectual disabilities or serious mental illness. Any person or family member can initiate a CARES assessment by applying for the Medicaid Institutional Care Program (ICP). Assessments are completed at no cost to the clients.

SERVICES OR ACTIVITIES:

- Determine medical eligibility for the Medicaid Institutional Care Program (ICP).
- Determine medical eligibility for Medicaid waivers that provide community services.
- Maintain or conduct screening of all individuals applying for the Medicaid ICP who anticipate entering a nursing facility to determine whether they have a serious mental illness or intellectual disability which warrants further evaluation and determination before admittance.

- Conduct medical assessments for residents in nursing facilities entering court-ordered receivership.

ADMINISTRATION:

The Department of Elder Affairs is responsible for the federal program in partnership with the Agency for Health Care Administration. There are 19 CARES field offices located throughout the state. CARES personnel include physicians, registered nurses, assessors, administrative support staff, office supervisors, and regional program supervisors. CARES management structure also includes central office staff responsible for program and policy development.

ELIGIBILITY:

The CARES Program is the medical component of the Medicaid eligibility process for persons applying for a nursing facility or for Medicaid-funded community waivers. CARES personnel must determine whether medical criteria are met. The applicant's financial eligibility for Medicaid is determined by the Department of Children and Families through that agency's Automated Community Connection to Economic Self-Sufficiency (ACCESS) system or the Social Security Administration. An applicant must meet Supplemental Security Income (SSI) or ICP income eligibility criteria.

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING = 75% STATE FUNDING = 25%	TOTAL NUMBER OF ASSESSMENTS	% DIVERTED**
1992-1993	\$4,498,250	41,568	Baseline data collection on this measure began in 1998-1999
1993-1994	\$4,498,250	43,513	
1994-1995	\$4,498,250	44,899	
1995-1996	\$6,914,062	46,475	
1996-1997	\$8,060,115	50,068	
1997-1998	\$8,289,228	61,618	
1998-1999	\$8,448,930	*54,926	
1999-2000	\$9,361,546	62,341	17.8%
2000-2001	\$10,971,736	69,482	22.7%
2001-2002	\$11,095,299	80,157	24.3%
2002-2003	\$11,297,587	*78,267	26.4%
2003-2004	\$10,967,368	*74,229	26.1%
2004-2005	\$11,918,712	87,987	30%
2005-2006	\$13,694,333	87,218	31%
2006-2007	\$15,440,712	88,078	32%
2007-2008	\$16,311,511	88,316	30.1%
2008-2009	\$16,269,207	97,643	36.3%
2009-2010	\$16,135,481	105,217	34.3%
2010-2011	\$17,815,669	108,119	39.2%
2011-2012	\$17,643,458	120,603	38.7%
2012-2013	\$17,183,815	122,894	36.1%
2013-2014	\$17,300,580	#122,000	#30%

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

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

Projection is based on legislatively approved output standard as indicated in the Department's Long-Range Program Plan. Decrease in projection of assessments anticipates implementation of Statewide Medicaid Managed Care Program in SFY 2013-2014. On-site assessment workloads will increase significantly with the introduction of new populations to receive CARES assessments.

Source for assessments and % diverted: CIRTS

CONSUMER-DIRECTED CARE PLUS (CDC+) PROGRAM

DESCRIPTION:

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

The objectives of the CDC+ Program include the following:

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

SERVICES OR ACTIVITIES:

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

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

ADMINISTRATION:

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

ELIGIBILITY:

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

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

STATUTORY AUTHORITY:

Section 1915(c) of the Social Security Act of 1965; 42 Code of Federal Regulations 441; General Appropriations Act, State of Florida; Section 409.21, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

All individuals served in this program transition to Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) effective March 1, 2014.

LONG-TERM CARE COMMUNITY DIVERSION PILOT PROJECT

DESCRIPTION:

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

In 2011, the Florida Legislature created the Statewide Medicaid Managed Care Program, effectively reforming how the current Medicaid program is operated in Florida. Following a competitive procurement, the Agency for Health Care Administration and the Department implemented the Statewide Medicaid Managed Care Long-Term Care Program. Beginning in August 2013, the Long-Term Care program began, on a regional basis, to replace the NHD program and other Medicaid waiver programs operated by the Department. Those enrolled with NHD plans will continue to be seamlessly transitioned to the new Long-Term Care managed care plans. Therefore, during fiscal year 2013-2014, the number of NHD program providers is expected to decrease to zero.

SERVICES OR ACTIVITIES:

Project participants receive long-term care and acute services. Long-term care services provided to project participants include a choice of providers for companionship, assisted living services, case management, chore services, consumable medical supplies, environmental accessibility adaptation, escort, family training, financial assessment/risk reduction, home-delivered meals, homemaker assistance, nutritional assessment/risk reduction, personal care, personal emergency response systems, respiratory therapy, respite care, occupational therapy, physical therapy, speech therapy, and nursing facility services. Acute-care services are covered for Medicaid recipients based on the Medicaid state plan approved by the federal Centers for Medicare & Medicaid Services. These services are covered in the project to the extent that they are not covered by Medicare or are reimbursed by Medicaid pursuant to Medicaid-Medicare cost-sharing policies and included in the capitation rate. Managed care organizations contracting with the Department under the Diversion Pilot Project are responsible for Medicare co-payments and deductibles.

ADMINISTRATION:

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

ELIGIBILITY:

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

home placement and meet one or more of the following clinical criteria:

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

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

All individuals served in this program transition to Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) effective March 1, 2014.

FUNDING HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	COMBINED FEDERAL AND STATE FUNDING	CLIENTS SERVED
1996-1997	\$11,117,454	N/A
1997-1998	\$22,769,909	N/A
1998-1999	\$22,769,907	118
1999-2000	\$22,769,907	814
2000-2001	\$22,769,907	1,074
2001-2002	\$26,119,143	1,165
2002-2003	\$30,916,013	1,216
2003-2004	\$68,082,110	4,247
2004-2005	\$128,457,002	7,480
2005-2006	\$209,000,000	9,348
2006-2007	\$200,870,188	5,319
2007-2008	\$224,335,496	13,024
2008-2009	\$306,373,201	19,032
2009-2010	\$327,899,046	25,165
2010-2011	\$337,924,993	23,292
2011-2012	\$355,766,698	24,539
2012-2013	\$359,036,110	25,631
2013-2014	\$364,530,717	#26,023

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

Projection

Source for Clients Served: Department program data reports and CIRTS

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

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

42 Code of Federal Regulations 460; Balanced Budget Act of 1997; Chapters 409 and 430, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

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

PACE SITE AND COUNTIES FUNDED	CLIENTS SERVED
Florida PACE <i>Miami-Dade County</i>	450
Hope Select Care PACE <i>Lee, Charlotte, and Collier Counties</i>	300
Suncoast PACE <i>Pinellas County</i>	225
Chapters Health PACE <i>Polk, Highlands, Hillsborough, and Hardee Counties</i>	250
Palm Beach PACE <i>Palm Beach County</i>	150
PROGRAM TOTAL	1,375

Source for Clients Served: Monthly enrollment reports from PACE Organizations

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

FUNDING HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	COMBINED FEDERAL AND STATE FUNDING	CLIENTS SERVED
2006-2007	\$7,100,490	550
2007-2008	\$9,055,012	550
2008-2009	*\$10,278,683	550
2009-2010	\$10,278,683	550
2010-2011	\$9,960,079	900
2011-2012	\$14,269,333	795
2012-2013	\$25,207,786	1,018
2013-2014	\$28,330,951	#1,375

* Total represents PACE appropriations.

Projection

Increase in projection for clients served is due to the Legislature's appropriation for previously authorized, but unfunded, PACE slots.

Source for Clients Served: Monthly enrollment reports from PACE Organizations

Section F

Other Department Programs

INTRODUCTION TO OTHER DEPARTMENT PROGRAMS

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

ADULT CARE FOOD PROGRAM

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

Centers eligible to receive meal reimbursement include:

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

To be eligible for the program, an individual must:

- Be age 60 or older, or age 18 and older with a functional disability.
- Reside in the home or in a community-based care facility.
- Be enrolled in a participating center.

STATUTORY AUTHORITY:

7 Code of Federal Regulations 226.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	ADULT DAY CARE SITES	AVERAGE MEALS OR SNACKS SERVED
1997-1998	\$1,522,310	43	1,426
1998-1999	\$1,620,215	74	1,537
1999-2000	\$1,758,186	83	1,800
2000-2001	\$2,107,620	104	2,110
2001-2002	\$2,213,000	114	2,146
2002-2003	\$2,436,975	125	*7,177
2003-2004	\$2,721,000	113	7,327
2004-2005	\$2,573,404	107	7,664
2005-2006	\$2,526,004	106	8,338
2006-2007	\$2,735,702	94	8,238
2007-2008	\$3,509,380	94	8,942
2008-2009	\$2,999,431	99	9,455
2009-2010	\$3,433,882	116	8,006
2010-2011	\$3,922,519	130	**2,207,541
2011-2012	\$4,093,720	131	2,319,931
2012-2013	\$4,806,225	86	1,809,708
2013-2014	#\$4,806,225	#97	#1,821,588

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

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

*** Data collection methodology changed in Federal Fiscal Year 2010-2011 from daily participant average to total number of meals or snacks served annually.*

Projection

Source for sites and meals or snacks served: DOEA program records

AMERICORPS

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHTS

The following is a letter from the friend of an AmeriCorps client:

“I am a caregiver for a very dear friend who receives services from the AmeriCorps Program. At home, her condition/dementia was progressing, and we did not know what to do until we found this program. It has now been nearly three years and her doctors have no doubt that her daily participation in this program has slowed the progress of this disease. Our volunteer is so always on time. She is pleasant, sensitive to the situation, and is amazing. She is very determined and stays focused on the task at hand. To say that I am grateful is really an understatement. If my friend could not get up and go to the program, it would be very detrimental to her well being. The help she received is much more than assisting a person with disabilities, it is offering a life line. For that I say thank you! Volunteers who give their time for the good of others should always be congratulated. Thank you!”

FUNDING HISTORY AND NUMBERS SERVED:

CALENDAR YEAR	FEDERAL FUNDING	STATE FUNDING	CLIENTS SERVED	MEMBERS	MEMBER HOURS OF SERVICE
*1997-1998	\$530,866	\$30,000	530	40	56,847
1998-1999	\$834,711	\$165,175	654	75	93,935
1999-2000	\$826,447	\$103,275	611	83	93,830
2000-2001	\$695,765	\$130,000	2,653	55	82,276
2001-2002	\$111,377	\$18,000	291	13	10,622
2002-2003	\$242,000	\$30,000	550	57	40,000
2003-2004	\$841,769	\$108,000	800	80	100,000
2004-2005	\$626,404	\$118,163	1,200	75	**46,009
2005-2006	\$695,287	\$130,928	2,500	78	50,000
2006-2007	\$230,000	\$80,000	1,500	43	***20,030
2007-2008	\$115,313	\$36,921	300	51	22,000
2008-2009	\$121,970	\$36,921	300	49	22,050
2009-2010	\$121,000	\$41,506	320	464	21,000
2010-2011	****\$0	\$41,602	315	52	22,050
2011-2012	\$165,000	\$60,000	400	60	27,000
2012-2013	\$220,000	\$65,530	100	83	27,285
2013-2014	\$163,800	\$67,133	#100	#60	#28,000

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

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

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

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

**** University of Maryland received award late in fiscal year and did not distribute to the Department.

Program period is April through March; data are projections

Source for clients served, members, and hours: Data from monthly progress reports, contracts and web-based reporting system

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM (EHEAP)

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

Payments are for home heating or cooling and other emergency energy-related costs during the heating (October-March) and cooling (April-September) seasons. Eligible households may be provided one benefit per season. The maximum crisis benefit is \$600.00 per household per season. Payments are made directly to the vendor for electricity, natural gas, propane, fuel oil, kerosene, or wood.

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

ADMINISTRATION:

The Department manages the program through a contract with the Florida Department of Economic Opportunity and through 11 Area Agencies on Aging (AAA). Monitoring, training, and technical assistance are performed by Department of Elder Affairs staff, and the Department contracts with AAAs to administer the program locally and monitor local service providers.

ELIGIBILITY:

To be eligible for assistance, households must have the following:

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

- A gross household annual income of no more than 150 percent of the federal poverty guidelines.

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

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

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

FUNDING HISTORY AND NUMBERS SERVED:

EHEAP FISCAL YEAR (APRIL 1 - MARCH 31)	FEDERAL FUNDING	HOUSEHOLDS SERVED	
		HEATING SEASON	COOLING SEASON
1994-1995	\$1,150,406	6,006	6,275
1995-1996	\$1,049,631	5,839	6,665
1996-1997	\$995,347	5,971	2,959
1997-1998	\$794,506	4,555	3,898
1998-1999	*\$2,823,751	3,278	6,157
1999-2000	\$873,649	2,793	3,434
2000-2001	** \$1,013,152	3,965	2,894
2001-2002	** \$1,369,942	3,547	3,636
2002-2003	** \$1,479,529	3,844	3,433
2003-2004	\$1,343,391	3,710	3,575
2004-2005	\$1,468,578	3,489	3,291
2005-2006	\$1,751,721	4,278	4,120
2006-2007	*** \$2,987,094	3,841	4,978
2007-2008	\$1,892,884	1,931	3,949
2008-2009	\$1,761,778	3,854	3,696
2009-2010	\$6,609,824	5,671	6,130
****2010-2011	\$7,697,784	9,779	10,991
2011-2012	\$6,024,004	9,283	6,556
2012-2013	\$4,681,212	7,476	9,052
2013-2014	\$4,727,416	#11,740	

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

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

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

****Contract period was extended through August 2011.

Projection

Source for households served: Contractor reports (prior to 2011-12); CIRTS (beginning in 2011-12)

PROGRAM HIGHLIGHT

Ms. J. is a 79-year-old woman who lives alone in Santa Rosa County. She has a history of strokes, fibromyalgia, and arthritis, which often make it challenging for her to keep up with tasks around her home, such as housekeeping, cooking, and paying her bills. Her monthly Social Security check may not always be enough should an unforeseen circumstance (like needed home repair, car repair, etc.) come up. The local Council on Aging has been able to assist this consumer with past due utility bills through the Department of Elder Affairs' Emergency Home Energy Assistance For the Elderly Program (EHEAP). This program has helped prevent the client's utilities from being shut off in the cold of winter and the heat of summer. Being without utilities would not only adversely affect the client's health conditions; it would also affect her sense of well-being as she prefers to age in place as long as she is physically able to do so. At the time of her EHEAP appointment, her case worker was able to further assess the client's needs in an effort to determine other possible unmet needs, such as the benefits of housekeeping and home delivered meals. Older American Act funding enables this client to receive the support needed to stay in her home and prevent possible nursing facility placement. This client continues to benefit from the assistance and is immensely grateful.

SENIOR COMPANION PROGRAM

DESCRIPTION:

The Senior Companion Program is a national service peer-volunteer program that provides services to elders at risk of nursing home placement due to chronic illnesses, disabilities, or isolation. Volunteers receive pre-service and monthly training, a modest tax-free stipend to help defray expenses, local transportation reimbursement, accident and liability insurance while on duty, and an annual medical checkup.

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Corporation for National and Community Service awards the Senior Companion grant to the Department of Elder Affairs. Service providers are selected based on their ability to recruit and retain volunteers. The program is administered through providers in Palm Beach, Duval, Citrus, and Marion Counties.

PROGRAM HIGHLIGHTS

The Department received the following comments from elders served by the Senior Companion Program:

“Caregiving has been so hard, but thanks to the program I have been able to keep going.”

“They go above and beyond their duties, they are just so wonderful.”

“My companion is a great person, her and the program is the best thing that could have happened to me. I am so thankful.”

“She is more than just my companion, she is a friend who treats me like family.”

“I am legally blind, and would not be able to stay independent without the help of the Senior Companion program. I am so grateful!”

“God Bless this sweet lady for being here for me.”

FUNDING HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	CLIENTS SERVED	VOLUNTEER COMPANIONS	HOURS OF SERVICE
1994-1995	\$174,359	\$83,155	475	75	78,300
1995-1996	\$174,359	\$85,438	525	95	99,180
1996-1997	\$174,359	\$84,264	614	141	80,716
1997-1998	\$188,100	\$85,878	801	140	125,919
1998-1999	\$227,964	\$95,882	600	153	121,456
1999-2000	\$232,457	\$73,645	738	125	99,790
2000-2001	\$301,106	\$80,076	725	214	93,355
2001-2002	\$351,328	\$93,908	701	201	109,043
2002-2003	\$366,967	\$89,607	521	146	109,515
2003-2004	\$353,363	\$90,530	678	180	121,760
2004-2005	\$352,363	\$90,530	759	181	119,548
2005-2006	\$352,363	\$90,656	845	178	126,919
2006-2007	\$357,860	\$117,764	873	161	93,967
2007-2008	\$277,928	\$117,764	600	179	89,400
2008-2009	\$351,608	\$117,764	481	158	82,151
2009-2010	\$351,608	\$117,764	308	121	80,000
2010-2011	\$356,882	\$58,328	324	102	72,000
2011-2012	\$356,882	\$58,328	347	100	66,692
2012-2013	\$356,882	\$58,328	255	84	60,031
2013-2014	\$342,607	\$58,328	#280	#96	#66,800

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

Projection

Source for clients served, companions, and hours: Department records and manual reports submitted by program sites (client and companion data)

SENIOR FARMERS' MARKET NUTRITION PROGRAM

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

Low-income elders who live in participating counties may apply for the program through the local elder services lead agency. Eligible elders who participate in the produce-value coupon portion of the program receive two coupon booklets per season. Each booklet contains five \$4.00 coupons that can be used to purchase fresh fruits and vegetables from participating farmers' markets. In order to take advantage of Florida's fall growing season and reach more seniors, the Department expended unused funds from the summer coupon distribution to provide a produce bundle program in the fall of 2013. With this program, farmers distributed produce valued at \$40 per bundle to each eligible low-income elder who had not previously received coupons in participating counties. Along with bundles of produce, elders received nutrition education about locally grown fresh fruits and vegetables.

ADMINISTRATION:

The Department coordinates with the Florida Department of Agriculture and Consumer Services (DACs), which operates the Women, Infants, and Children (WIC) Farmers' Market Nutrition Program, to simplify administration

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

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

FUNDING HISTORY AND NUMBERS SERVED:

CALENDAR YEAR	FEDERAL FUNDING	STATE FUNDING	PARTICIPATING FARMERS	FARMERS' MARKETS	PARTICIPANTS RECEIVING COUPONS	PARTICIPANTS RECEIVING BUNDLED PRODUCE
2001	\$200,000	\$0	59	5	1,440	N/A
2002	\$163,136	\$0	60	10	1,850	N/A
2003	\$96,604	\$0	48	6	1,749	N/A
2004	\$96,576	*\$83,316	153	15	3,092	N/A
2005	\$87,964	*\$76,000	205	18	3,300	N/A
2006	\$92,911	*\$128,684	194	16	3,954	N/A
2007	\$94,903	\$31,335	233	17	3,274	N/A
2008	\$104,903	\$0	186	17	2,194	253
2009	\$108,436	\$0	203	17/2	2,714	272
2010	\$107,132	\$0	203	34/4	2,680	N/A
2011	\$106,577	\$0	202	24/2	2,448	N/A
2012	\$106,577	\$0	203	34	2,467	401
2013	\$101,458	\$0	#186	#31	#2,337	#400

* State Vitamin Settlement Grant

Projection

Source for farmers, markets, and participants: Department program data and reports

SHINE (SERVING HEALTH INSURANCE NEEDS OF ELDERS) PROGRAM

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

Trained volunteers of the state's 11 Aging and Disability Resource Centers provide free and unbiased information, counseling, and assistance related to Medicare, Medicaid, long-term care insurance, prescription assistance, supplement insurance, preventive benefits, fraud prevention, cost-saving programs, and beneficiary rights. Counseling and other services are provided at counseling sites, via telephone, and over the internet.

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

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHT

During the 2012-2013 Grant Year, the SHINE Program experienced a substantial growth in services provided. Volunteer counselors reported 123,580 interactions with clients, an increase of more than 16 percent from the previous year. Many of these interactions involve volunteer counselors helping Medicare beneficiaries to find cost-saving programs.

After moving to Boca Raton, Ellen C. decided to compare Medicare plans on her own. Attending meetings sponsored by plans in her area did not work out well, as each one left many of her questions unanswered. Ellen eventually called the Elder Helpline and was connected with the SHINE Program. She was immediately put at ease and received detailed information about drug and supplemental coverage options. Enthused about the service she received from the SHINE Program, Ellen stated that she "definitely [feels] fortunate that Florida is using tax dollars to benefit the elders of the State."

FUNDING HISTORY AND NUMBERS SERVED:

GRANT YEAR*	FEDERAL FUNDING	NUMBER OF VOLUNTEERS	NUMBER OF CLIENT CONTACTS
1993-1994	\$774,814	430	8,270
1994-1995	\$556,386	496	12,404
1995-1996	\$684,386	575	19,226
1996-1997	\$598,543	600	29,000
1997-1998	\$591,637	600	30,000
1998-1999	\$1,036,679	600	80,457
1999-2001	\$4,186,952	500	142,647
2001-2002	\$989,837	425	94,315
2002-2003	\$734,740	480	89,887
2003-2004	\$1,050,689	450	96,149
2004-2005	\$1,316,875	440	**33,000/93,740
2005-2006	\$1,946,387	400	55,000/200,249
2006-2007	\$1,963,474	400	49,000/222,435
2007-2008	\$2,267,337	425	47,000/260,424
2008-2009	\$2,349,987	391	51,000/505,700
2009-2010	\$2,349,987	400	65,887/550,000
2010-2011	\$3,407,745	400	***92,511
2011-2012	\$3,452,321	475	106,052
2012-2013	\$3,494,146	481	148,296
2013-2014	\$3,522,766	#500	#250,000

* SHINE Grant Year runs April - March. Funding and clients contacted reflect this grant year period.

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

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

Projection

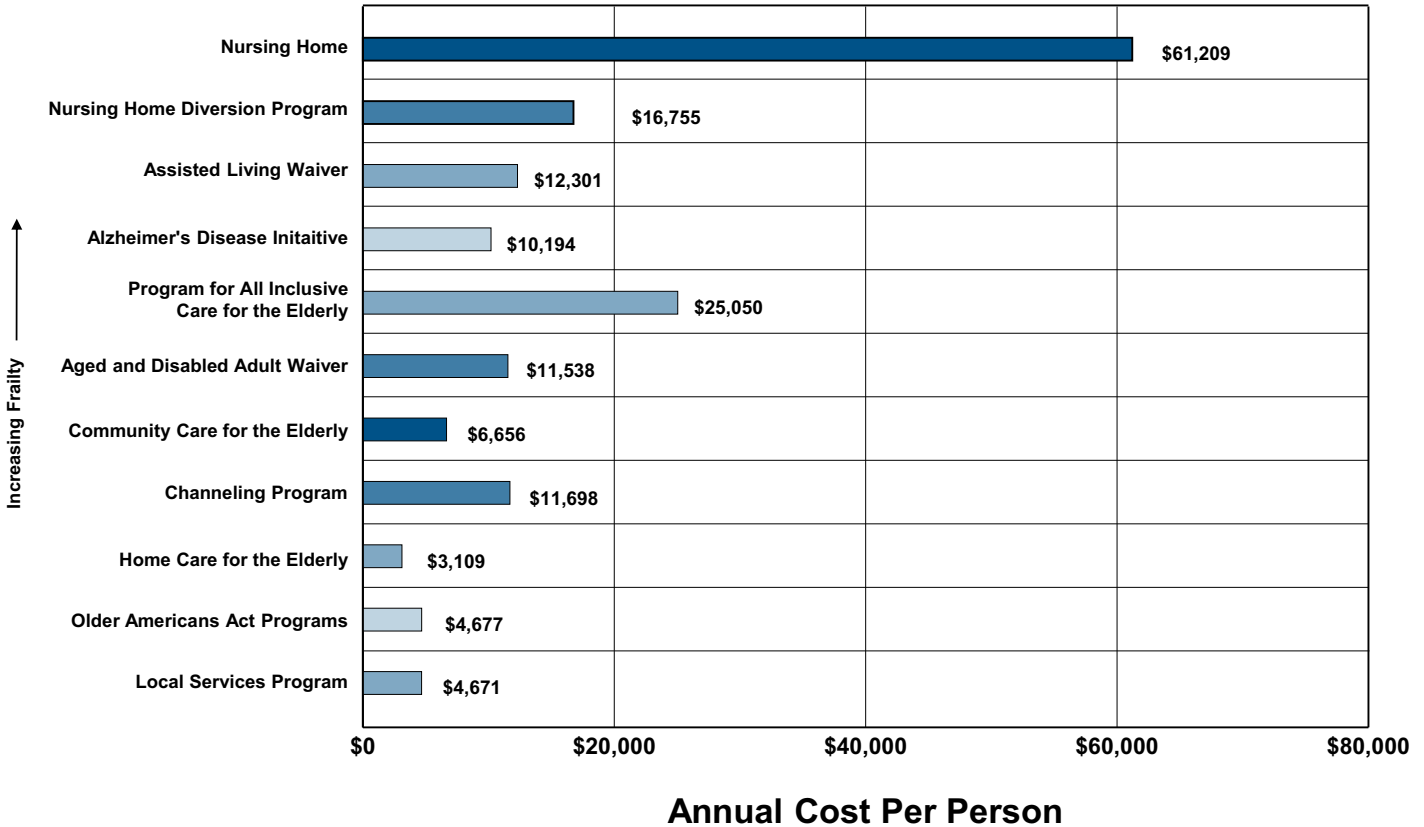
Source for volunteers and clients contacted: SHIP National Performance Reporting System

Appendix

COST COMPARISONS SFY 2012-2013

In addition to serving the needs of elders, Department programs save the state an average of \$1.60 in nursing home care for every dollar spent on home and community-based services. By determining the number of case months of nursing home care that are avoided through home and community-based services and then factoring in the average monthly costs of each kind of service, it is possible to estimate the value of the avoided nursing home care. This shows that in State Fiscal Year 2012-2013, the state was able to avoid more than \$1,063,600,854 in nursing home payments by spending \$664,599,510 for home and community-based services.

COMPARISON OF ANNUAL COST PER CLIENT OF PROGRAMS SERVING FLORIDA'S ELDERLY STATE FISCAL YEAR 2012-2013



LONG-RANGE PROGRAM PLAN – SERVICES TO ELDER

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

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
Comprehensive Eligibility Services	Universal Frailty Assessment	(CARES) Comprehensive Assessment and Review for Long-Term Care Services	122
Home and Community Services	Caregiver Support	Alzheimer’s Disease Initiative	91
		AmeriCorps	136
		Home Care for the Elderly (HCE)	102
		Older Americans Act Title III E (National Family Caregiver Support Program)	70
		Respite for Elders Living in Everyday Families (RELIEF)	108
		Senior Companion Program	141
	Early Intervention/Prevention	Elder Abuse Prevention Program (OAA Title VII)	74
		Emergency Home Energy Assistance for the Elderly (EHEAP)	138
		Health Promotion and Wellness Initiatives (OAA Title III D)	68
		Information & Referral/Assistance	62
		Senior Community Service Employment Program (OAA Title V)	72
		Serving Health Insurance Needs of Elders (SHINE)	145

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
Home and Community Services (continued)	Supported Community Care	Local Services Programs	105
		Older Americans Act Programs (OAA Title III B)	61
	Housing, Hospice, and End of Life	Alzheimer's Disease and Related Disorders Training Provider and Curriculum Approval	84
	Residential Assisted Living Support	Assisted Living Waiver	118
	Nutritional Services for the Elderly	Adult Care Food Program	134
		Senior Farmers' Market Nutrition Program	143
		Local Services Programs (meals only)	105
		Nutrition Services Incentive Program (NSIP)	66
		Older Americans Act Programs (OAA Title III C1, Title III C2)	64
	Long-Term Care Initiatives	Long-Term Care Community Diversion Pilot Project	127
		Program of All-Inclusive Care (PACE)	129
		Channeling Waiver	120
	Home and Community Services Diversions	Community Care for the Elderly (CCE)	99
		Consumer-Directed Care Plus (CDC+) Program	125
		Aged and Disabled Adult Waiver	116
Consumer Advocate Services	Long-Term Care Ombudsman Council	Long-Term Care Ombudsman Program	78
	Public Guardianship Program	Statewide Public Guardianship Office	110

GENERAL ELIGIBILITY REQUIREMENTS FOR MAJOR PROGRAMS & SERVICES

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

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

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

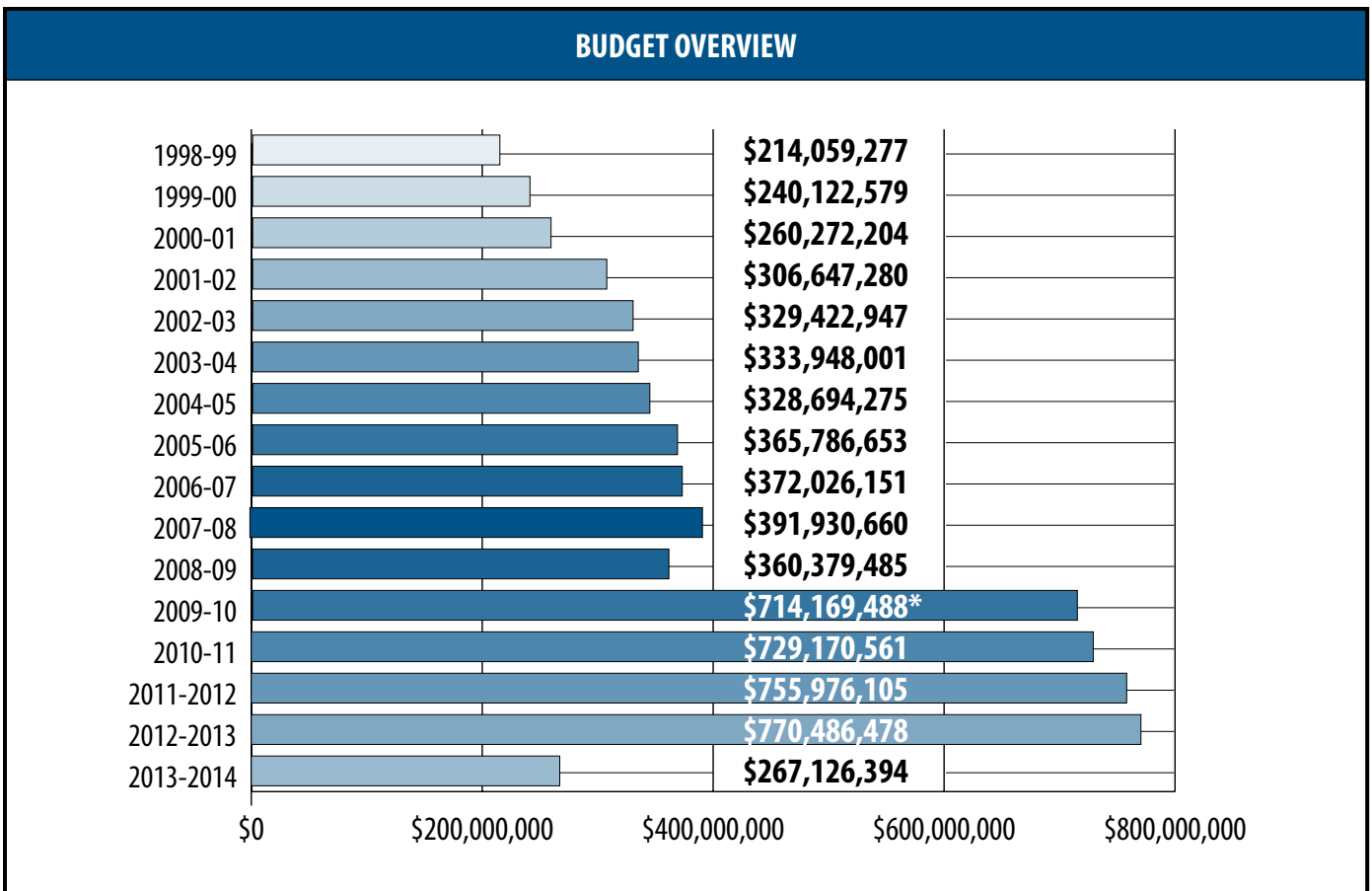
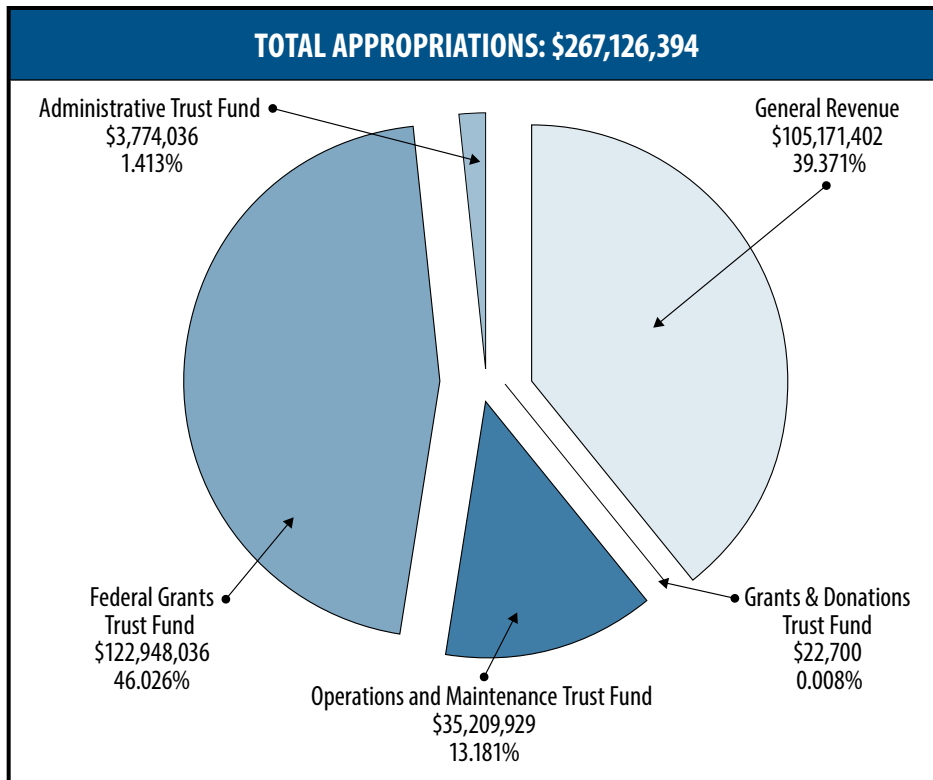
PROGRAM	AGE	INCOME	OTHER REQUIREMENTS/ FRAILITY LEVELS
Adult Care Food Program	60 and older, or 18 and older and chronically impaired	Level of reimbursement per client to center is based on participants' assessed level of need in accordance with USDA's annual adjustments to Income Eligibility Guidelines.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

PROGRAM	AGE	INCOME	OTHER REQUIREMENTS/ FRAILTY LEVELS
Emergency Home Energy Assistance for the Elderly	At least one household member age 60 and older	Total gross household income of not more than 150 percent of the current OMB Federal Poverty Level for their household size.	Must have a heating or cooling emergency. Energy benefits will be made on behalf of those consumers with the highest home energy needs, the lowest household income, and having household members of vulnerable populations.
Home Care for the Elderly	60 and older	Less than Institutional Care Program (ICP) standard for income and assets.	Must be at risk of nursing home placement and have approved adult caregiver willing and able to provide or assist in arranging for care.
Long-Term Care Community-Based Diversion Project	65 and older	Medicare-eligible, Medicaid-eligible up to Institutional Care Program (ICP) income and asset level.	Must reside in project service area. Must be at risk of nursing home placement. Some additional clinical criteria apply.
Older Americans Act Programs (except Title V)	60 and older; spouse under 60 and disabled adults may be served meals under some circumstances	No income test.	Preference to persons with greatest economic or social needs, with particular attention to low-income minority and rural individuals.
Senior Community Service Employment Program (OAA Title V)	55 and older	Household income 125% of poverty guidelines or less; certain exclusions apply.	Targets persons with poor employment prospects and greatest economic need.
Senior Companion	Volunteer: 55 and older	Household income 200% of federal poverty guidelines or less as set forth in 42 U.S.C. 9902.	Volunteers serve clients at risk of institutionalization due to chronic illness, disability, or isolation.
Senior Farmers' Market Nutrition Program	60 and older	Household income 185% of Federal Poverty Guidelines or less	Must live in a participating county.

APPROPRIATIONS - STATE FISCAL YEAR 2013-2014*

General Revenue	\$ 105,171,402
Legislative Appropriation	
Grants and Donations Trust Fund	\$ 22,700
Donations	
Operations and Maintenance Trust Fund	\$ 35,209,929
CARES (Comprehensive Assessment and Review for Long-Term Care Services)	
Medicaid Administration	
Federal Grants Trust Fund	\$ 122,948,327
Title III and Title VII, Older Americans Act	
Title V Senior Community Services Employment Program	
HHS Nutrition Services Incentive Program	
USDA Adult Day Care Food Program	
Emergency Home Energy Assistance Program	
Serving Health Insurance Needs of Elders (SHINE)	
Senior Farmers' Market Nutrition Program	
Administrative Trust Fund	\$ 3,774,036
Public Guardianship Services	
Assisted Living Facility Licensure Fees	
Total	\$267,126,394

**Source: 2013-2014 General Appropriations Act less vetoed amounts and Department of Elder Affairs' electronic Approved Operating Budget 2013-2014*



NOTE: Department programs and services are 94 percent privatized through contracts with Area Agencies on Aging and other providers. Executive Direction and Support Services represents 0.97 percent of the Department's expenditures.

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

ELDER DEMOGRAPHICS/PROGRAM ENROLLMENT BY COUNTY

COUNTY	TOTAL POPULATION					PERCENT OF POPULATION WHO ARE ELDERS				
	ALL AGES	60+	65+	75+	85+	60+	65+	75+	85+	MINORITY 60+
Alachua	249,822	45,046	31,181	12,985	4,073	18.0%	12.5%	5.2%	1.6%	9,514
Baker	27,741	4,860	3,300	1,254	287	17.5%	11.9%	4.5%	1.0%	527
Bay	171,903	37,450	27,092	11,810	3,301	21.8%	15.8%	6.9%	1.9%	4,166
Bradford	27,190	6,103	4,437	1,881	559	22.4%	16.3%	6.9%	2.1%	762
Brevard	553,017	157,381	118,193	55,925	16,437	28.5%	21.4%	10.1%	3.0%	20,268
Broward	1,790,952	381,538	276,520	129,763	46,460	21.3%	15.4%	7.2%	2.6%	142,878
Calhoun	14,764	3,295	2,414	1,035	274	22.3%	16.4%	7.0%	1.9%	383
Charlotte	166,479	73,285	58,344	27,398	7,726	44.0%	35.0%	16.5%	4.6%	5,093
Citrus	143,314	59,448	46,958	21,809	6,068	41.5%	32.8%	15.2%	4.2%	3,347
Clay	198,658	37,883	26,399	10,015	2,577	19.1%	13.3%	5.0%	1.3%	4,735
Collier	341,015	116,366	92,803	43,669	11,541	34.1%	27.2%	12.8%	3.4%	11,975
Columbia	68,941	16,003	11,516	4,721	1,268	23.2%	16.7%	6.8%	1.8%	2,281
De Soto	34,538	8,422	6,438	2,858	729	24.4%	18.6%	8.3%	2.1%	1,247
Dixie	16,802	4,764	3,455	1,308	296	28.4%	20.6%	7.8%	1.8%	245
Duval	882,207	161,021	111,382	46,184	14,165	18.3%	12.6%	5.2%	1.6%	47,117
Escambia	300,475	65,708	47,410	20,738	5,995	21.9%	15.8%	6.9%	2.0%	14,271
Flagler	103,105	34,191	26,151	10,852	2,753	33.2%	25.4%	10.5%	2.7%	5,524
Franklin	11,796	3,015	2,183	846	208	25.6%	18.5%	7.2%	1.8%	234
Gadsden	47,094	10,116	6,928	2,776	751	21.5%	14.7%	5.9%	1.6%	4,754
Gilchrist	17,227	4,416	3,210	1,325	415	25.6%	18.6%	7.7%	2.4%	172
Glades	12,825	3,821	2,959	1,266	238	29.8%	23.1%	9.9%	1.9%	486
Gulf	15,966	3,914	2,819	1,174	303	24.5%	17.7%	7.4%	1.9%	437
Hamilton	14,978	3,248	2,261	837	228	21.7%	15.1%	5.6%	1.5%	870
Hardee	27,870	5,079	3,731	1,605	446	18.2%	13.4%	5.8%	1.6%	1,082
Hendry	38,015	6,520	4,786	2,048	557	17.2%	12.6%	5.4%	1.5%	2,579
Hernando	178,160	59,680	46,827	22,144	6,343	33.5%	26.3%	12.4%	3.6%	5,773
Highlands	100,408	40,287	32,731	15,954	4,570	40.1%	32.6%	15.9%	4.6%	4,555
Hillsborough	1,292,949	232,574	164,996	70,204	20,584	18.0%	12.8%	5.4%	1.6%	72,606
Holmes	20,098	5,007	3,686	1,555	377	24.9%	18.3%	7.7%	1.9%	232
Indian River	142,895	50,805	39,657	19,897	6,417	35.6%	27.8%	13.9%	4.5%	4,046
Jackson	49,808	11,581	8,376	3,693	1,085	23.3%	16.8%	7.4%	2.2%	2,561
Jefferson	14,525	3,933	2,746	1,045	309	27.1%	18.9%	7.2%	2.1%	1,112
Lafayette	8,746	1,631	1,174	494	128	18.6%	13.4%	5.6%	1.5%	100
Lake	310,574	97,640	75,468	34,290	9,344	31.4%	24.3%	11.0%	3.0%	10,907

COUNTY	TOTAL POPULATION					PERCENT OF POPULATION WHO ARE ELDERS				
	ALL AGES	60+	65+	75+	85+	60+	65+	75+	85+	MINORITY 60+
Lee	666,647	209,202	159,772	68,444	18,764	31.4%	24.0%	10.3%	2.8%	21,354
Leon	281,904	45,835	31,207	12,262	3,728	16.3%	11.1%	4.3%	1.3%	10,936
Levy	40,950	11,696	8,500	3,415	758	28.6%	20.8%	8.3%	1.9%	1,241
Liberty	9,010	1,446	998	400	90	16.0%	11.1%	4.4%	1.0%	169
Madison	19,214	4,629	3,316	1,398	410	24.1%	17.3%	7.3%	2.1%	1,390
Manatee	339,350	106,690	81,938	37,675	11,197	31.4%	24.1%	11.1%	3.3%	9,340
Marion	342,686	116,660	91,381	41,016	10,740	34.0%	26.7%	12.0%	3.1%	14,583
Martin	149,947	54,157	42,370	21,322	6,983	36.1%	28.3%	14.2%	4.7%	2,889
Miami-Dade	2,597,827	522,733	384,583	181,561	52,813	20.1%	14.8%	7.0%	2.0%	430,452
Monroe	72,629	20,851	14,414	5,320	1,339	28.7%	19.8%	7.3%	1.8%	3,207
Nassau	75,830	19,683	13,890	5,080	1,217	26.0%	18.3%	6.7%	1.6%	1,474
Okaloosa	191,007	39,732	28,718	12,629	3,311	20.8%	15.0%	6.6%	1.7%	4,834
Okeechobee	40,165	9,341	7,069	3,158	780	23.3%	17.6%	7.9%	1.9%	999
Orange	1,216,164	185,075	127,478	53,024	15,686	15.2%	10.5%	4.4%	1.3%	77,812
Osceola	297,176	50,330	34,992	13,624	3,578	16.9%	11.8%	4.6%	1.2%	23,335
Palm Beach	1,360,734	387,520	302,080	156,502	54,306	28.5%	22.2%	11.5%	4.0%	68,811
Pasco	483,841	134,218	102,272	46,666	13,970	27.7%	21.1%	9.6%	2.9%	11,683
Pinellas	920,447	278,633	209,433	100,732	35,331	30.3%	22.8%	10.9%	3.8%	29,116
Polk	623,327	157,933	118,206	51,478	13,349	25.3%	19.0%	8.3%	2.1%	26,752
Putnam	73,003	19,961	14,644	6,325	1,667	27.3%	20.1%	8.7%	2.3%	2,689
St. Johns	206,662	49,540	35,425	14,328	4,302	24.0%	17.1%	6.9%	2.1%	3,908
St. Lucie	290,882	77,564	58,999	27,151	7,452	26.7%	20.3%	9.3%	2.6%	15,291
Santa Rosa	159,326	31,512	22,049	8,556	1,970	19.8%	13.8%	5.4%	1.2%	2,308
Sarasota	390,783	157,760	125,537	61,917	19,750	40.4%	32.1%	15.8%	5.1%	8,395
Seminole	435,525	84,168	58,804	24,635	8,083	19.3%	13.5%	5.7%	1.9%	18,756
Sumter	107,294	61,281	50,843	18,384	3,232	57.1%	47.4%	17.1%	3.0%	2,644
Suwannee	44,569	11,566	8,634	3,757	1,063	26.0%	19.4%	8.4%	2.4%	1,265
Taylor	23,198	5,568	4,001	1,603	350	24.0%	17.2%	6.9%	1.5%	807
Union	15,706	2,847	1,752	585	130	18.1%	11.2%	3.7%	0.8%	572
Volusia	503,155	148,943	111,659	52,131	16,230	29.6%	22.2%	10.4%	3.2%	18,178
Wakulla	31,440	5,772	3,916	1,398	311	18.4%	12.5%	4.4%	1.0%	624
Walton	59,468	14,280	10,152	3,945	997	24.0%	17.1%	6.6%	1.7%	946
Washington	25,345	5,645	4,114	1,625	427	22.3%	16.2%	6.4%	1.7%	638
Florida	19,490,068	4,788,802	3,571,677	1,627,404	491,126	24.6%	18.3%	8.3%	2.5%	1,204,237

COUNTY	PERCENT OF POPULATION				PROGRAM ENROLLMENTS						
	BELOW POVERTY LEVEL 60+	ALZHEIMER'S DISEASE 65+	LIVING ALONE 60+	60+ WITH SELF-CARE DISABILITIES	ADA	ADI	ALE	CCE	HCE	NH DIVERSION (NHD)	COMMUNITY NURSING HOME BEDS PER 1,000 (75+)
Alachua	4,100	3,541	11,228	3,401	184	54	16	124	64	59	71.9
Baker	641	322	799	307	10	8		71	3		149.9
Bay	3,345	3,112	9,415	2,975	185	29	40	83	17	15	72.3
Bradford	906	505	1,451	623	12	4	15	27	4	4	127.6
Brevard	11,444	14,781	37,654	9,201	221	37	105	206	11	1166	47.0
Broward	45,554	36,221	105,809	29,773	565	255	216	1142	247	2774	32.6
Calhoun	557	270	773		42	5		37	4		237.7
Charlotte	4,886	7,173	14,526	3,681	57	10	37	123	21	137	40.4
Citrus	5,141	5,698	11,643	3,677	99	23	69	204	28	102	49.6
Clay	2,462	2,635	6,585	2,489	126	9	29	61	22	37	103.1
Collier	8,119	11,254	21,803	4,295	68	15	6	135	20	105	17.3
Columbia	1,498	1,241	3,546	1,127	107	8	33	66	39	4	64.6
De Soto	1,350	736	1,503	921	14	4	7	43	5	6	14.3
Dixie	521	335	1,043		19	3		17	7		45.9
Duval	15,386	12,528	42,125	13,209	539	51	95	397	40	581	82.6
Escambia	6,666	5,507	16,573	5,140	261	36	83	167	31	203	81.4
Flagler	2,203	2,813	5,749	1,546	40	6	4	65	10	77	22.1
Franklin	390	220	707	-	23	1	10	23	7		106.4
Gadsden	1,657	733	2,446	695	70	5	14	26	20	4	43.2
Gilchrist	652	362	810		17	6	1	26	6		151.7
Glades	258	308	690		1	4		49	15		0.0
Gulf	404	305	761		30	3	9	15	1		102.2
Hamilton	517	224	815		62	6	14	26	24		71.7
Hardee	913	423	937	474	16	2	7	63	17	4	64.8
Hendry	911	537	1,165	253	27	9	5	70	30	11	121.1
Hernando	4,182	5,815	12,739	3,741	82	7	75	121	21	232	29.8
Highlands	4,504	4,176	8,564	2,758	52	14	69	288	26	138	37.5
Hillsborough	23,087	18,770	55,158	18,880	461	76	244	1171	203	2262	53.6
Holmes	756	398	1,243		81	2	15	19	7		115.8
Indian River	3,850	5,356	12,466	3,272	26	7	17	95	10	171	27.4
Jackson	1,734	984	2,877	1,096	134	11	10	53	7		146.2
Jefferson	484	284	735		57	3	1	24	5	1	150.2
Lafayette	163	128	341		10	3	17	16	2		121.5
Lake	6,416	8,937	19,515	5,645	77	4	44	151	57	284	40.7
Lee	15,548	17,988	43,880	10,732	133	33	155	294	102	382	29.5

COUNTY	PERCENT OF POPULATION				PROGRAM ENROLLMENTS							
	BELOW POVERTY LEVEL 60+	ALZHEIMER'S DISEASE 65+	LIVING ALONE 60+	60+ WITH SELF-CARE DISABILITIES	ADA	ADI	ALE	CCE	HCE	NH DIVERSION (NHD)	COMMUNITY NURSING HOME BEDS PER 1,000 (75+)	
Leon	2,918	3,341	11,507	2,502	138	7	4	47	47	25	60.7	
Levy	1,805	864	2,694	1,032	58	5	11	43	21	2	52.7	
Liberty	225	102	373		16	2	12	22	7		0.0	
Madison	635	374	879		52	4	31	29	7	1	170.2	
Manatee	7,775	10,017	24,871	5,182	41	19	63	295	23	343	36.1	
Marion	10,133	10,605	23,854	8,176	187	16	69	249	51	308	32.0	
Martin	3,339	5,762	12,766	2,609	37	39		83	8	108	37.3	
Miami-Dade	103,065	47,873	103,910	50,756	3040	231	655	1401	812	7133	45.8	
Monroe	2,009	1,398	4,473	1,107	17	19		104	26		45.1	
Nassau	1,798	1,323	3,837	1,525	69	6	4	47	16	18	47.2	
Okaloosa	2,316	3,274	8,847	2,868	43	10	36	42	15	53	71.2	
Okeechobee	1,090	806	1,792	1,063	32	7	5	51	21	10	57.0	
Orange	18,705	14,247	38,636	13,368	282	203	135	241	57	928	76.8	
Osceola	4,933	3,588	8,437	4,419	237	6	18	110	3	319	79.3	
Palm Beach	32,500	42,863	101,059	24,231	745	206	92	413	87	1782	39.0	
Pasco	12,150	12,441	30,882	7,658	270	26	265	306	37	625	41.5	
Pinellas	25,962	27,879	83,788	18,336	674	60	525	497	43	1806	77.2	
Polk	13,851	13,328	33,171	9,785	237	28	93	795	143	706	57.2	
Putnam	2,684	1,645	5,087	1,244	48	5	31	45	17	11	53.3	
St. Johns	3,565	3,878	10,533	2,816	64	10	27	37	5	116	42.2	
St. Lucie	6,756	7,078	15,976	4,895	117	71	63	140	42	363	38.7	
Santa Rosa	2,316	2,191	5,797	1,848	68	10	74	54	8	81	47.9	
Sarasota	10,808	16,645	38,754	6,936	98	52	71	255	40	459	46.2	
Seminole	6,836	6,794	17,479	6,165	93	58	169	101	26	414	47.6	
Sumter	3,306	4,528	10,514	2,535	41	10	7	87	27	20	14.7	
Suwannee	1,636	993	3,157	946	64	14	17	46	25	3	106.7	
Taylor	664	404	1,127	645	40	1		20	6		74.9	
Union	300	152	374		8	2		17	11	2	0.0	
Volusia	13,201	14,005	36,470	9,834	261	13	99	303	51	874	61.4	
Wakulla	618	360	1,338	569	35	4		26	7		85.8	
Walton	1,212	1,030	3,264	1,263	38	5	24	27	12	9	70.2	
Washington	652	427	1,654	502	86	4	9	28	9	1	110.8	
Florida	480,972	434,836	1,105,375	324,725	10,960	1,852	4,055	11,335	2,779	25,220	49	

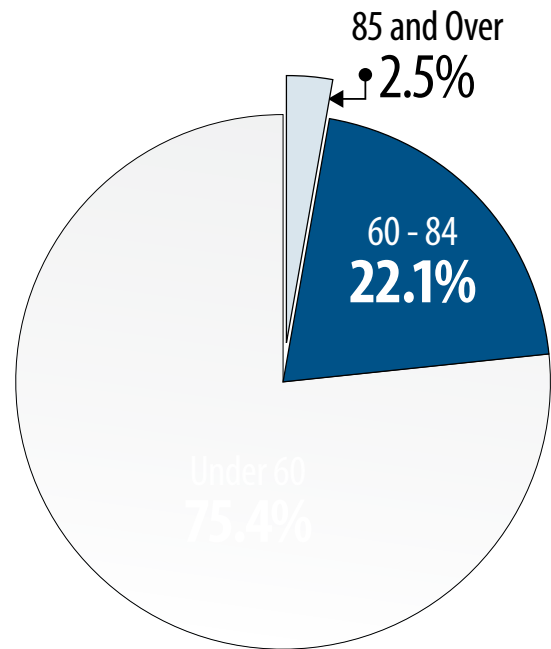
Source: CIRTS and Department of Elder Affairs calculations based on Florida Demographic Database, August 2013, provided by Florida Legislature, Office of Economic and Demographic Research projections for 2013 released in November 2014; and 2007-2011 American Community Survey, Special Tabulation on Aging; and 2009-2011 American Community Survey Three-Year Estimates

AGE DISTRIBUTION

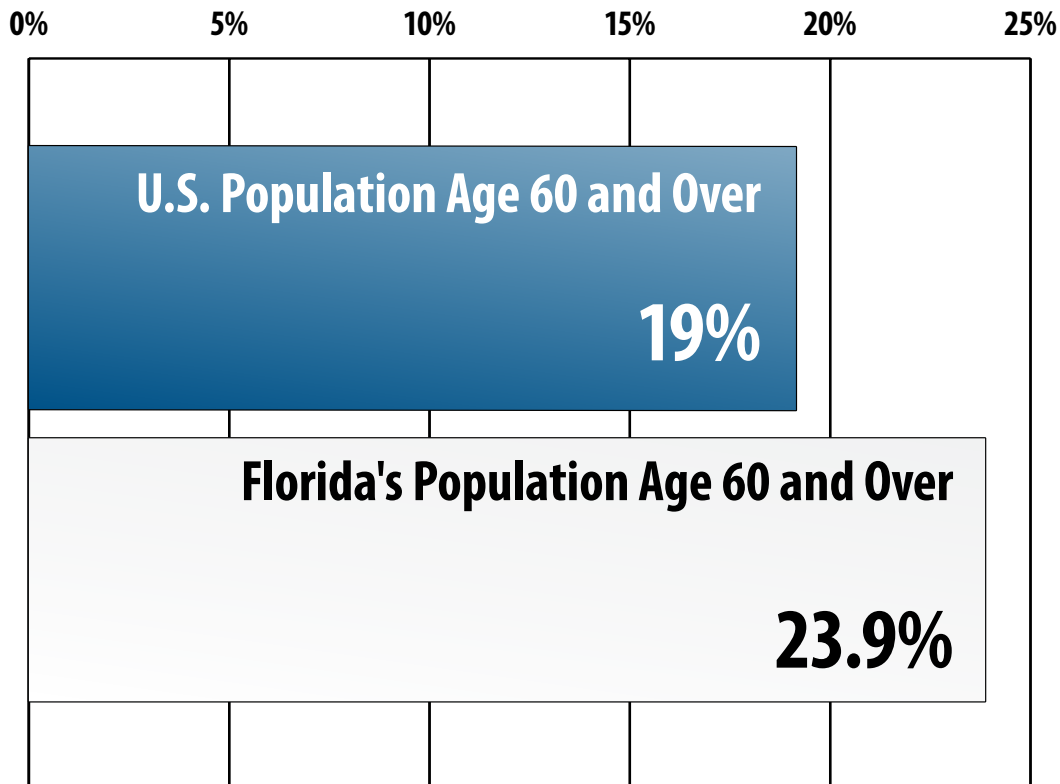
Florida is the fourth most populous state with 19,490,068 citizens. Among the 50 states, Florida has the highest percentage of elders age 60 and older (23.9 percent) compared with a national percentage of 19.0 percent. Of Florida's 4,788,802 elders age 60 and older, 491,126 are age 85 and older.

Most Florida elders age 60 and older reside in urban areas and are concentrated in Miami-Dade, Palm Beach, Broward, Pinellas, and Hillsborough counties. These five counties account for 37.7 percent of the total state population age 60 and older, and 42.7 percent of the population 85 and older.

In terms of density, Florida's population 60 and older comprises at least 30 percent of the total residents in 17 counties.



FLORIDA'S AGE DISTRIBUTION



60+ PERCENTAGE: FLORIDA VS. UNITED STATES

MINORITY DISTRIBUTION

As the age of Florida population groups increases, their racial and ethnic diversity decreases. This decrease in diversity can be attributed to the migration of elders into Florida and the life span of minorities within the state. While almost two in five (42.7 percent) Floridians are minority, this percentage declines to about one in four (25.1 percent) of all elders age 60 and older, and about one in six (18.8 percent) of all elders age 85 and older.

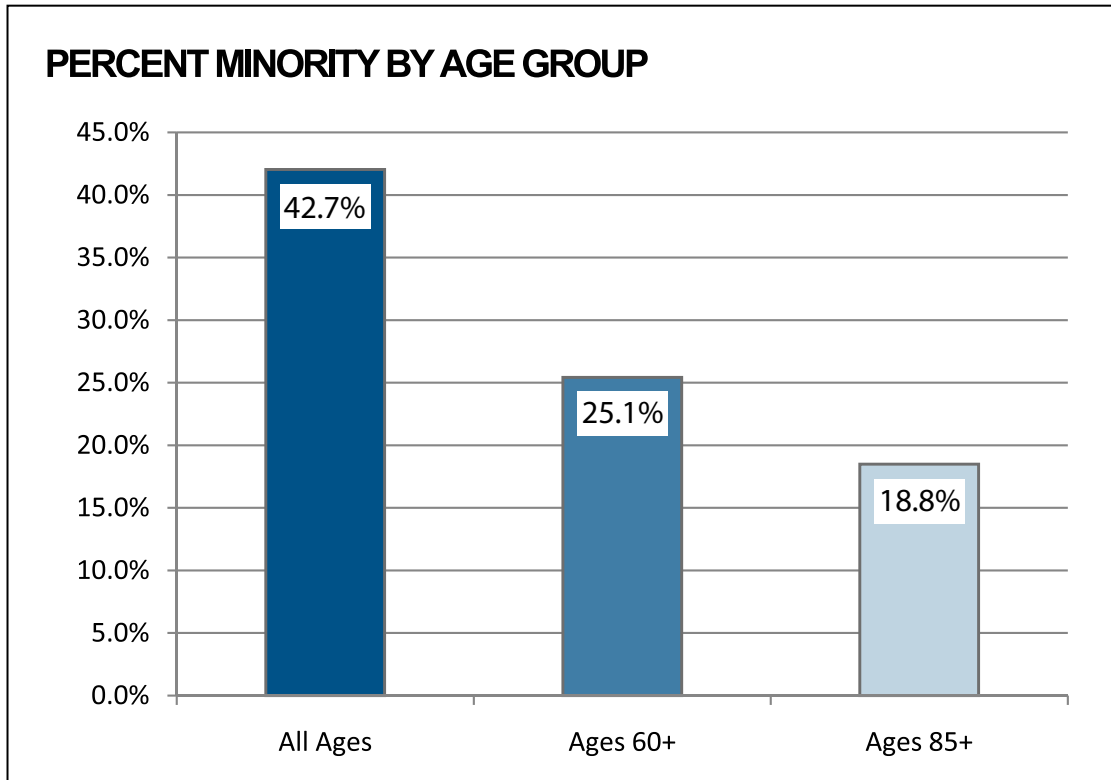
In Florida, 74.9 percent of the total 60-and-older population are white non-Hispanics. In comparison, minorities generally constitute a smaller percentage of elders among their respective populations. Statewide, 14.3 percent of the total 60-and-older population are Hispanics and 9.7 percent of the total 60-and-older population are African-Americans.

Counties with the highest percentages of residents age 60 and older also show differences between white non-Hispanics and minorities. The top five counties with white non-Hispanic

elders (60+) representing 45 percent or more of their white non-Hispanic populations (all ages) are Sumter (64.9 percent), Highlands (50.3 percent), Charlotte (47.7 percent), Collier (47.2 percent), and Sarasota (45.2 percent). One of these counties is in West Central Florida, and four are in Southwest Florida.

The top sixteen counties with minority elders (60+) representing 15 percent or more of their minority populations (all ages) are Citrus (24.0 percent), Flagler (23.0 percent), Charlotte (21.6 percent), Miami-Dade (19.4 percent), Jefferson (19.1 percent), Hernando (18.5 percent), Nassau (17.2 percent), Levy (16.4 percent), Brevard (16.6 percent), Marion (16.3 percent), Madison (16.2 percent), Sumter (15.6 percent), Highlands (15.5 percent), Monroe (15.4 percent), , Jackson (15.3 percent), and Gadsden (15.3 percent). These counties do not appear to exhibit any geographical grouping patterns.

Source: Florida Demographic Database, August 2013, provided by the Florida Legislature, Office of Economic and Demographic Research projections.



CUSTOMER ASSESSMENT PROFILES BY PRIORITY LEVEL

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

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

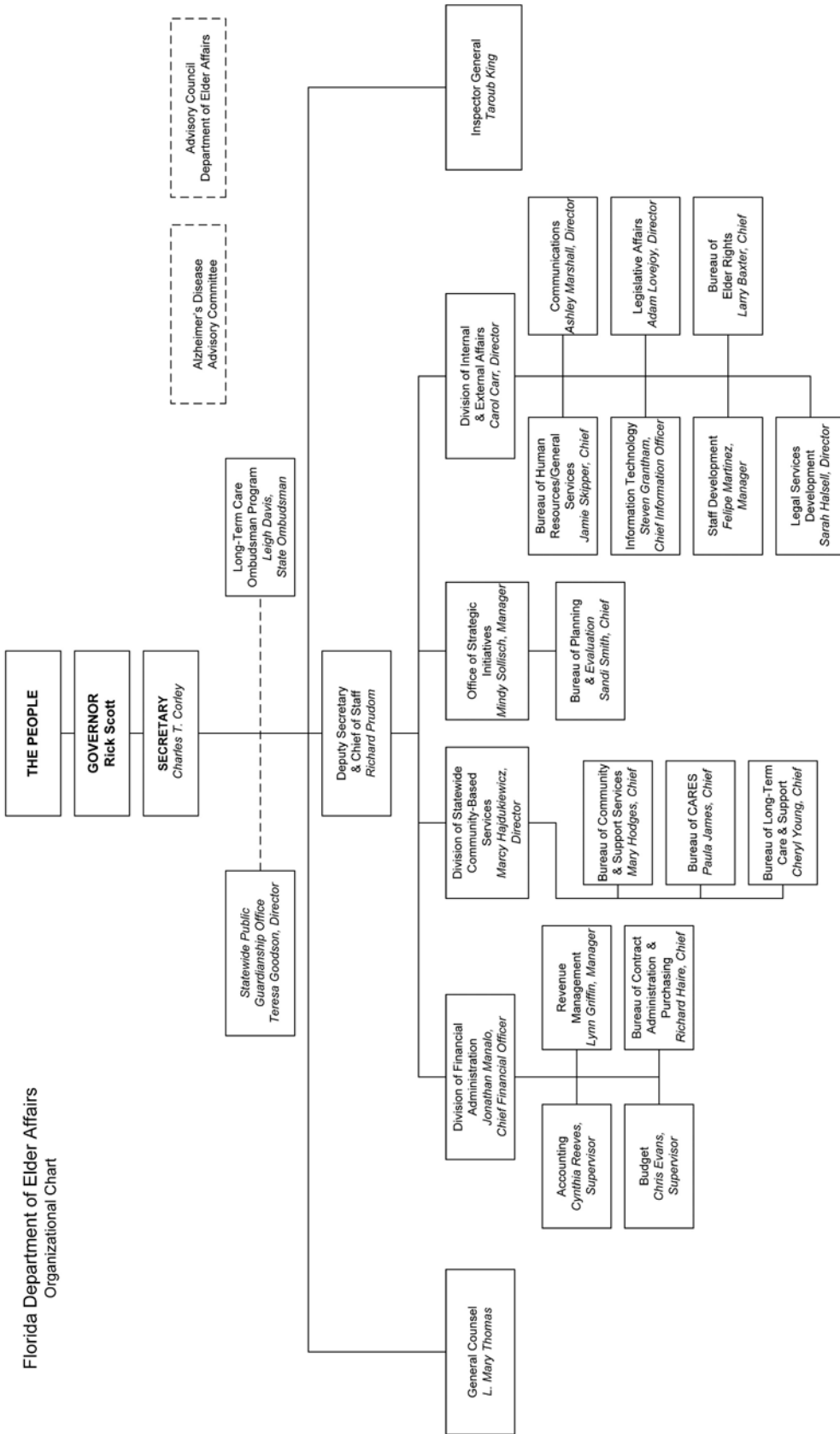
CLIENT ASSESSMENT PROFILES BY PRIORITY RANK

	Priority Rank 1 & 2	Priority Rank 3	Priority Rank 4 & 5
Number of ADLs with which help is required	2 - 3	4	4-5
Number of IADLs with which help is required	6-7	7	7-8
Self-assessed health	Fair	Fair	Fair-Poor
Percent of caregivers in good or excellent health	56-67%	50%	40-45%
Percent of caregivers in crisis	24-32%	51%	70-74%

ADLs: bathing, dressing, eating, toileting, transferring, walking

IADLs: Heavy chores, light housekeeping, using the telephone, managing money, preparing meals, shopping, managing medication, and using transportation

FLORIDA DEPARTMENT OF ELDER AFFAIRS ORGANIZATIONAL CHART



UPDATED: 02/01/14

DEFINITIONS

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

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

Adult Protective Services – The provision or arrangement of services to protect a disabled adult or an elderly person from further occurrences of abuse, neglect, or exploitation. Services may include protective supervision, nursing facility placement, and in-home and community-based services.

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

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

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

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

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

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

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

Level of Care – A term used to define medical eligibility for nursing home care under Medicaid and Medicaid waiver community-based non-medical services. (To qualify for Medicaid waiver services, the applicant must meet the nursing home level of care.) Level of care is also a term used to describe the frailty level of a consumer seeking Department of Elder Affairs services, as determined by the frailty level prioritization assessment tool.

Long-Range Program Plan – A plan developed annually by each state government agency. Each plan is developed by examining the needs of agency customers and clients and proposing programs and associated costs to address those needs based on state priorities as established by law, by the agency mission, and by legislative authorization. The plan provides the framework and context for preparing the Legislative Budget Request and includes performance indicators for evaluating the impact of programs and agency performance.

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

Medicaid Waivers – Programs for which certain federal requirements have been waived to allow states to provide home and community-based services to individuals who otherwise would require institutionalization. Florida Medicaid currently has 16 waivers, four of which are administered by the Department of Elder Affairs.

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

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

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

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

ACRONYMS/ABBREVIATIONS

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

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This 2014 edition of the **SUMMARY OF PROGRAMS & SERVICES** provides comprehensive information about the Florida Department of Elder Affairs and the programs it administers. Specifically, the 2014 **SUMMARY OF PROGRAMS & SERVICES** contains the following information for each of the programs the Department administers:

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

The 2014 **SUMMARY OF PROGRAMS & SERVICES** also includes an appendix with demographic and budget information. Unless otherwise noted, this publication contains information and data compiled as of January 2013.

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

