

LONG RANGE PROGRAM PLAN

September 30, 2014

RICK SCOTT
GOVERNOR

Cynthia Kelly, Director
Office of Policy and Budget
Executive Office of the Governor
1701 Capitol
Tallahassee, Florida 32399-0001

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

Cindy Kynoch, Staff Director
Senate Committee on Appropriations
201 Capitol
Tallahassee, FL 32399-1300

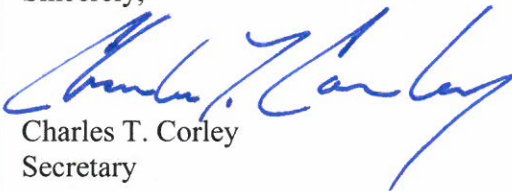
CHARLES T. CORLEY
SECRETARY

Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Long Range Program Plan (LRPP) for the Department of Elder Affairs is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives, and measures for the Fiscal Year 2015-16 through Fiscal Year 2019-20.

The internet website address that provides the link to the LRPP located on the Florida Fiscal Portal is <http://elderaffairs.state.fl.us/doea/publications.php>. As Secretary of this Department, I have approved this submission.

Sincerely,



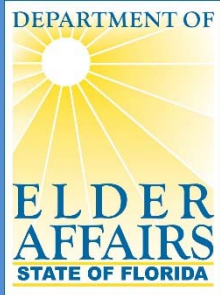
Charles T. Corley
Secretary

CTC/sls

4040 ESPLANADE WAY
TALLAHASSEE, FLORIDA
32399-7000

phone 850-414-2000
fax 850-414-2004
TDD 850-414-2001

<http://elderaffairs.state.fl.us>



RICK SCOTT
GOVERNOR

CHARLES T. CORLEY
SECRETARY

elderaffairs.state.fl.us

Long-Range Program Plan
Fiscal Years
2015-16 through 2019-20

Office of Strategic Initiatives, September 2014

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AGENCY MISSION, VISION, AND VALUES

MISSION:

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

VISION:

All Floridians aging with dignity, purpose, and independence.

VALUES:

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

AGENCY GOALS

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

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

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

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

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

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

Goal 5: Maintain effective and responsive management

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

AGENCY OBJECTIVES

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

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

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

Objective 2.2: Improve caregiver supports

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

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

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

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

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

AGENCY SERVICE OUTCOMES AND PERFORMANCE PROJECTION TABLES

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

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

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

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

Baseline Year 1998-1999	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
91.6%	97%	97%	97%	97%	97%

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

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

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

Baseline Year 1998-1999	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
15.3%	0%	0%	0%	0%	0%

(Explanatory note: DOEA is requesting to delete this outcome because CARES is no longer responsible for this activity.)

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

Baseline Year 1998-1999	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
\$2,221	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

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

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

Baseline Year 1997-1999	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
59.1%	65%	65%	65%	65%	65%

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

Baseline Year 1997-1999	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
58%	62.3%	62.3%	62.3%	62.3%	62.3%

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

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

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

Baseline Year 2003-2004	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
90%	90%	90%	90%	90%	90%

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

Baseline Year 2002-2003	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
2.8 months	2.8 months	2.8 months	2.8 months	2.8 months	2.8 months

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

Baseline Year 1999-2000	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
94%*	97%	97%	97%	97%	97%

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

Objective 2.2: Improve caregiver supports

Outcome 2.2.1: Percent of family and family-assisted caregivers who self-report they are very likely to provide care

Baseline Year 1997-1998	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
90.2%	0%	0%	0%	0%	0%

(Explanatory note: DOEA is requesting to delete this outcome because the data are no longer collected.)

Outcome 2.2.2: Percent of caregivers whose ability to continue to provide care is maintained or improved after service intervention (as determined by the caregiver and the assessor)

Baseline Year 2002-2003	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
87%	0%	0%	0%	0%	0%

(Explanatory note: DOEA is requesting to delete this outcome and replace it with the following.)

Outcome 2.2.3: After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care

Baseline Year 2013-14	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
86.4%	86%	86%	86%	86%	86%

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

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

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

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

Baseline Year 1997-99	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
58.6%	0%	0%	0%	0%	0%

(Explanatory note: DOEA is requesting to delete this outcome and replace with the following.)

Outcome 3.1.2: Percentage of active clients eating two or more meals per day

Baseline Year 2013-14	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
95%	95%	95%	95%	95%	95%

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

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

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

Baseline Year 2002-03	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
79.3%	79.3%	79.3%	79.3%	79.3%	79.3%

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

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

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

Outcome 4.1.1: Percent of complaint investigations initiated by the ombudsman within seven (7) calendar days (applies to Long-Term Care Ombudsman Council)

Baseline Year 1998-99	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
90.2%	91%	91%	91%	91%	91%

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

Outcome 4.1.2: Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within five (5) days of receipt of request

Baseline Year 1999-00	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
90%	100%	100%	100%	100%	100%

Goal 5: Maintain effective and responsive management

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

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

Baseline Year 2001-2002	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
2.7%/21.2%	1.8%/22.2%	1.8%/22.2%	1.8%/22.2%	1.8%/22.2%	1.8%/22.2%

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

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

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

Baseline Year 2012-2013	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
118	132	137	142	147	152

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

LINKAGE TO GOVERNOR’S PRIORITIES

Listed below are the Governor’s top priorities. Listed under each priority are the Department of Elder Affairs’ goals that are aligned with the Governor’s priorities.

1. Improving Education

2. Economic Development and Job Creation

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

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

3. Maintaining Affordable Cost of Living in Florida

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

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

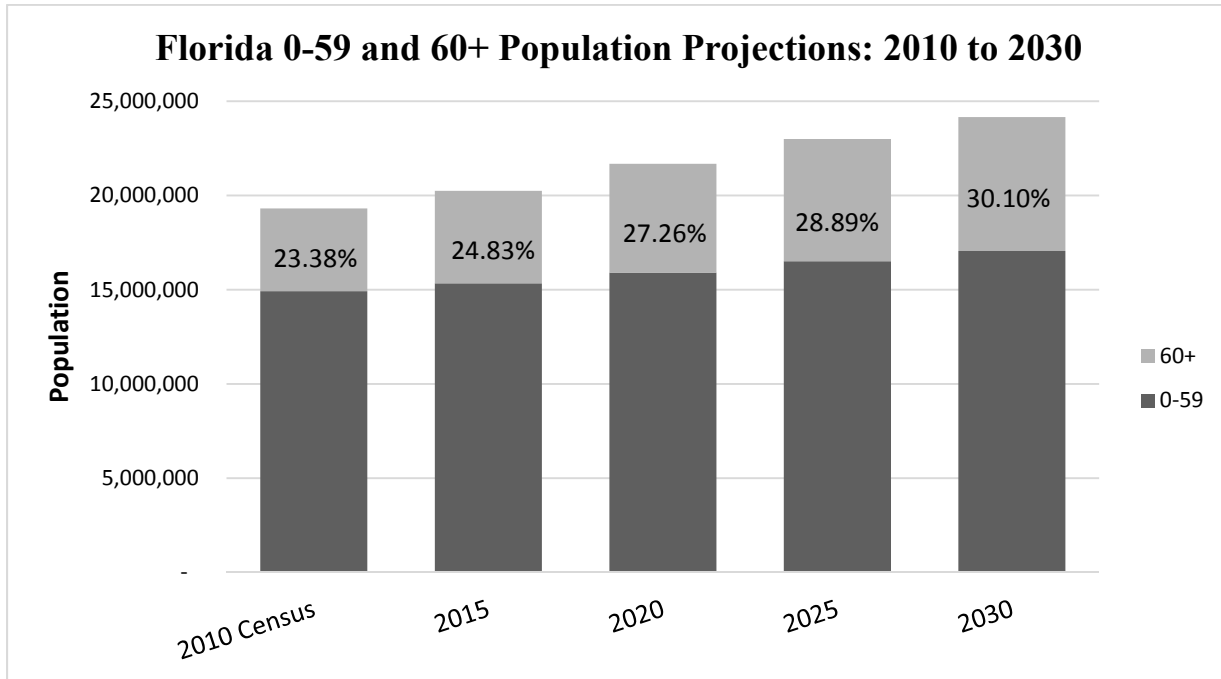
Goal 3: Empower older people and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status

Goal 5: Maintain effective and responsive management

TRENDS AND CONDITIONS STATEMENT

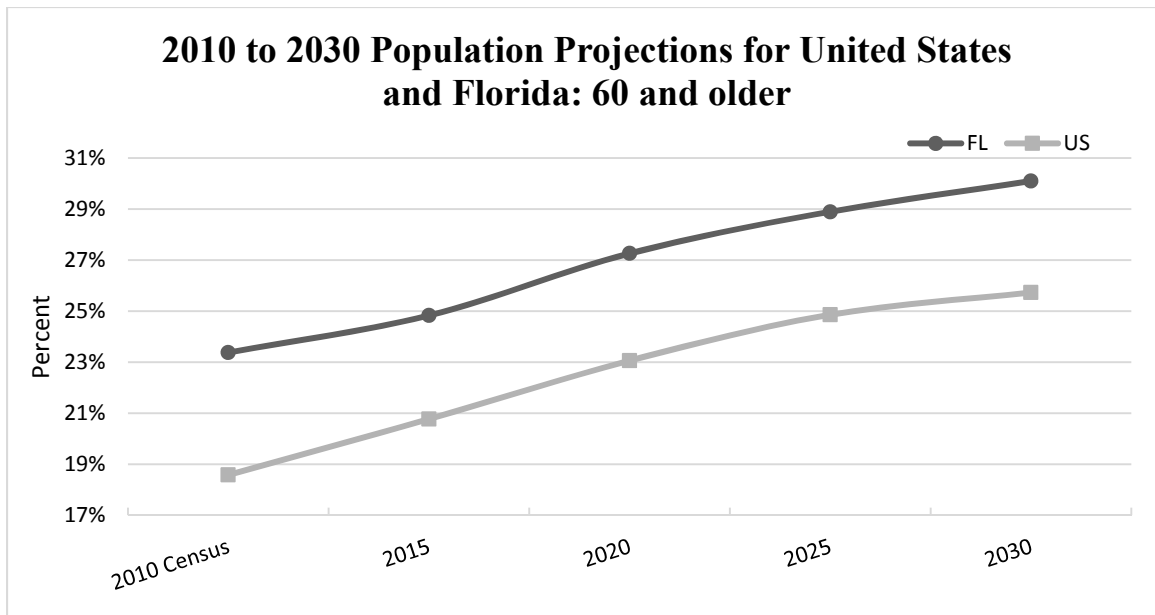
CURRENT CONDITIONS

Florida is the fourth most populous state in the United States with 19.3 million residents. With approximately 4.7 million individuals age 60 and older, Florida will continue to have the highest percentage of elder residents, while it is second to California in the actual number of citizens age 60 and older residing in the state. Because of this large proportion of elders, Florida's future is linked to the financial security and physical health of its senior population.



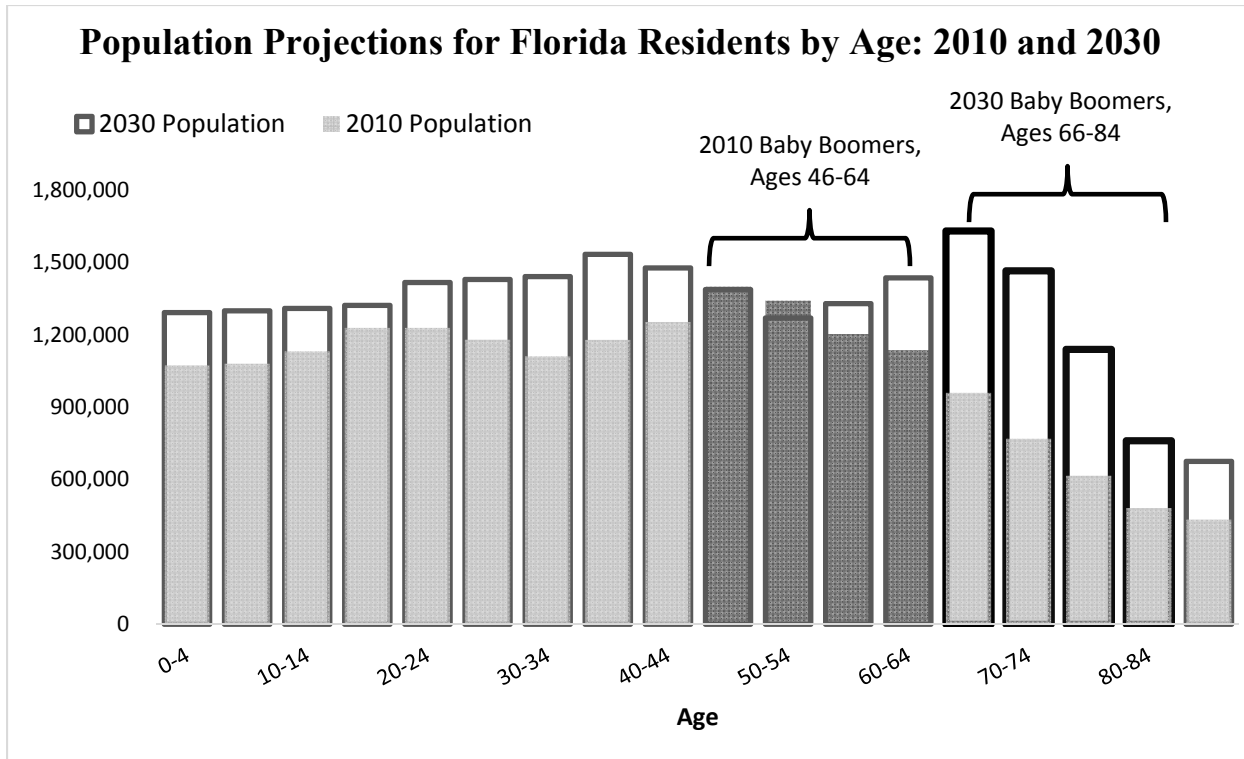
Source: Bureau of Economic and Business Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2013 Estimates

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

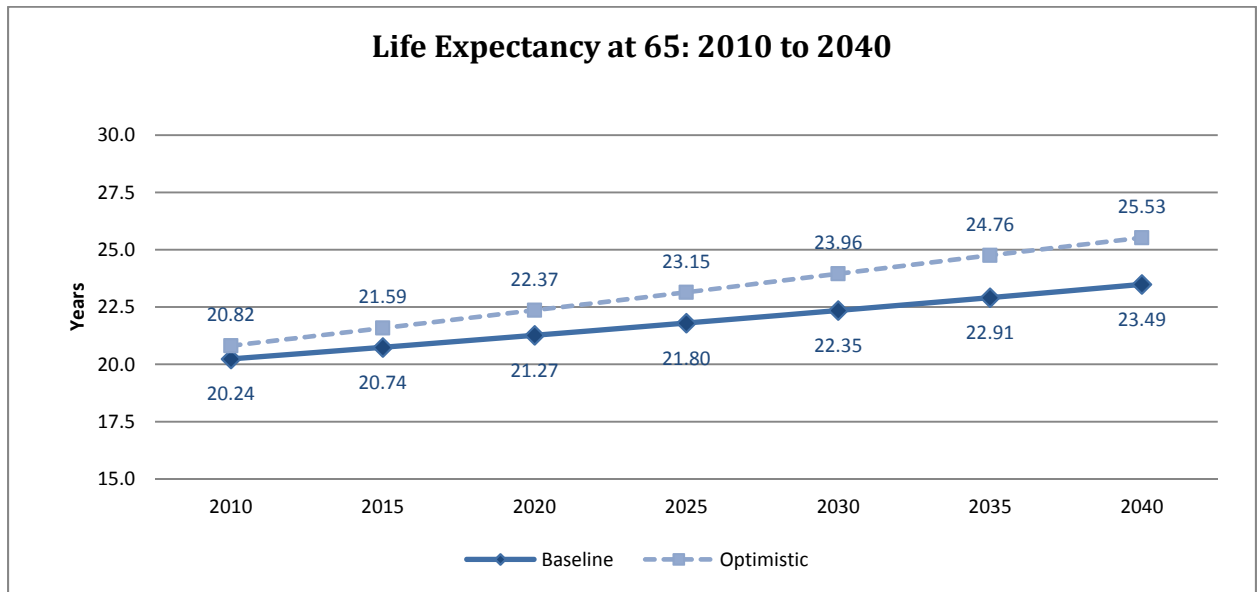


Source: Bureau of Economic and Business Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2013 Estimates, and The Census Bureau's International Data Base, Mid-year Population by Older Five Year Age Groups and Sex, Updated December 2013

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



Source: Bureau of Economic and Business Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2013 Estimates



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

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

managed to avoid the unwanted results of depleted personal savings, strained government entitlement programs, and unrealistic expectations of providers and caregivers.

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

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

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

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

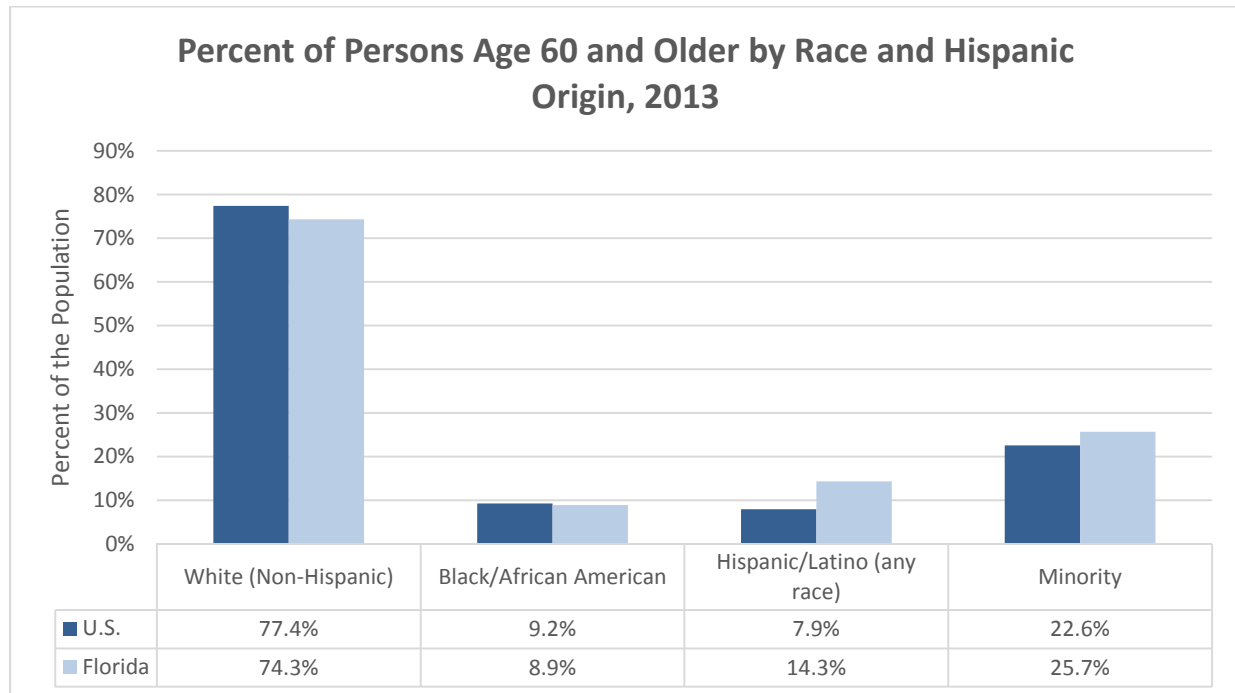
- Establishing Aging and Disability Resource Centers (ADRC) statewide;
- Promoting Communities for a Lifetime throughout the state;
- Expanding the broad array of volunteer opportunities by and for elders;
- Promoting awareness of how to age in place through partnering with a Tallahassee builder to build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

The Department also recognizes the positive impact of individuals age 60 and older. Elder volunteerism has enhanced communities throughout Florida. In 2012, Florida's elders provided approximately 205 million hours of volunteer service valued at \$3.89 billion. Elder volunteerism is evident in programs and services in many communities, such as in libraries, schools, community-service organizations, museums, theater groups, and art galleries. In addition, Florida realizes a fiscal advantage from retirees. In a study completed for the Department, the

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

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

Florida is rich in generational and cultural diversity. About 44 percent of all Floridians are minorities. Among people age 60 and older, this percentage is smaller, at 25.7 percent, and 20 percent for elders age 85 and older though the percent of minority elders in Florida exceeds the national average. The variation in diversity of these age groups can be attributed to the migration of white elders into Florida and the expected shorter life span of minorities. The chart below shows the breakdown of the elder population by race and ethnicity.



Source: Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2013 (Release Date: June 2014)

Most Floridians age 60 and older reside in urban areas and are concentrated in Miami-Dade, Palm Beach, Broward, Pinellas, and Hillsborough counties. These five counties account for 37.7 percent of the total state population age 60 and older and 42.6 percent of the population 85 and older. In terms of density, Floridians 60 and older comprise at least 30 percent of the total number of residents in 15 counties as shown in the following table. Interestingly, none of the five counties with the largest populations 60 and older is among these. More than 40 percent of the population in four counties, Sumter, Charlotte, Citrus, and Sarasota, is age 60 and older.²

² Florida Charts, 2013 Estimates, <http://www.floridacharts.com>

Counties in Florida Where 30 Percent or More of the Total Population Is 60 or Older, 2014

County	Total Population (All Ages)	60+	Percent 60+
Sumter	107,294	61,281	57.12
Charlotte	166,479	73,285	44.02
Citrus	143,314	59,448	41.48
Sarasota	390,783	157,760	40.37
Highlands	100,408	40,287	40.12
Martin	149,947	54,157	36.12
Indian River	142,895	50,805	35.55
Collier	341,015	116,366	34.12
Marion	342,686	116,660	34.04
Hernando	178,160	59,680	33.50
Flagler	103,105	34,191	33.16
Manatee	339,350	106,690	31.44
Lake	310,574	97,640	31.44
Lee	666,647	209,202	31.38
Pinellas	920,447	278,633	30.27

Source: The Office of Economic and Demographic Research, Florida County and State Population Projections (April 1, 2013 & 2014) by Age Group, Race, Sex, and Hispanic Origin, 2014 Projections

DESCRIPTION OF CURRENT SERVICE POPULATION

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

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

Targeting Report 2013				
Characteristic	Florida 60+ Population*	Percent 60+	Number of Registered Services** Recipients	Percent Receiving Services
All 60+	4,656,284	100%	113,298	100%
60+ Below Poverty Level	468,054	10%	54,677	48%
60+ Living Alone	1,075,221	23%	45,694	40%
60+ Minority	1,169,530	25%	56,542	50%
60+ Minority Below Poverty Level	218,250	5%	36,242	32%

Sources: 2013 Florida State Profile (projection) and 2013 National Aging Program Information Systems (NAPIS) Report

*Using 2013 projections

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

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

Family caregivers are the backbone supporting many home-based services. The Department's programs and services help to keep many very frail people in their homes by augmenting the care provided by family caregivers. A study commissioned by AARP³ indicates that caregivers provide \$10.4 billion in care each year. Statewide, between 20 and 25 percent of elders are themselves caregivers.⁴ The Department served an estimated 71,300 caregivers during 2012-13.

OTHER CONSIDERATIONS

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

³ *Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving*, June 2007

⁴ *Assessing the Needs of Elder Floridians*, January 2012, a statewide survey to measure elder Floridians' needs conducted by DOEA

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

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

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

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

Following the implementation of SMMC LTC over the period from August 2013 through March 2014, the home and community-based Medicaid waivers previously administered by DOEA were terminated. Clients previously enrolled in the Aged and Disabled Adult Medicaid Waiver, Assisted Living Medicaid Waiver, Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD), and Channeling Waiver were successfully transitioned as the SMMC LTC Program was rolled-out by region in the state.

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

With the continued strengthening of the state's economy, the 2014 Florida Legislature appropriated an additional \$42 million in new funding for the Department, which offset approximately \$5 million in reductions and other administrative adjustments. Nearly \$13 million was authorized to expand slots for existing providers in the Program of All-Inclusive Care for

the Elderly (PACE), which is operating in Palm Beach, Lee, Collier, Charlotte, Miami-Dade, and Pinellas counties, with future expansion to Broward County proposed. An additional \$8 million in non-recurring General Revenue was allocated to local community projects. The Community Care for the Elderly Program (CCE) received a \$5 million increase, of which \$1 million is non-recurring, to serve frail seniors on the waiting list who are most at risk of nursing home placement. The Alzheimer's Disease Initiative (ADI) grew by \$4 million for the provision of respite care services to those on the waiting list throughout the state. The Statewide Public Guardianship Office (SPGO) received \$3 million to fund the statewide expansion of the program for the first time. The ADRCs were again allocated \$1.3 million in non-recurring funds to assist seniors enrolling in the SMMC LTC Program, and the Department was awarded \$12.5 million for SMMC LTC home and community-based services for approximately 950 Medicaid-eligible individuals who are at risk of nursing home placement.

AGENCY PRIMARY RESPONSIBILITIES

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

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

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

PRIORITY-SETTING FRAMEWORK

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

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

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

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

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

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

Goal 5: Maintain effective and responsive management

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

SWOT ANALYSIS

The Department's senior leadership convened a planning meeting to identify the agency priorities and assess the strengths and weaknesses within the Department and the opportunities and threats in the external environment. Following this assessment, the Department assembled representatives of its major programs to advise them of the results of this analysis and secure their support for the Department's future direction. Through these efforts and ongoing policy research, the Department identified the following strengths, weaknesses, opportunities, and threats (SWOT):

STRENGTHS:

- The Department's highly privatized structure, which limits excessive administrative costs;
- The Department's culture, which fosters innovation and productivity;
- The Department's ability to efficiently and effectively administer human services and long-term care programs;

- The Department's and the aging network's experience with and willingness to explore innovative and cost-effective solutions to serve the long-term care needs of elders;
- The Department's experience in administering a variety of innovative home and community-based program approaches, including managed care, fee-for-service, and federal and state-funded services that result in significant cost savings for the state of Florida;
- The Department's leadership in emergency management/disaster preparedness planning in partnership with federal and state agencies and the aging network;
- The Department's strong established partnerships relating to planning and advocacy for elder needs and issues;
- The Department's ability to cultivate and coordinate the number of volunteers and hours of volunteer time through the aging network;
- The Department's existing infrastructure of evidenced-based programming, including disease prevention, health promotion, Alzheimer's disease initiatives, and services to caregivers, as well as the capacity to expand programming as resources become available;
- The Department's internally created and modifiable data system designed for our specific business requirements;
- The Department's ability to promote and foster intergenerational opportunities to meet consumer needs;
- The Department's provision of statewide leadership in the protection of elder rights; and
- The Department's involvement in the monitoring, performance measurement, and future adjustments of the Program of All-Inclusive Care for the Elderly (PACE) and the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program to ensure quality of care.

WEAKNESSES:

- High rate of staff turnover due to non-competitive salaries/compensation and a high number of Other Personal Services (OPS) staff who leave for jobs with additional benefits; and
- Lack of funding to promote public awareness of the Department's programs and services.

OPPORTUNITIES:

- Florida's abundance and growing number of retirees and elders who could provide even more contributions to the state and are potentially available to volunteer and advocate on behalf of elders;
- Number of retired health care professionals who could be enlisted to provide preventive care and screening;
- Increased collaboration with faith-based and community organizations to promote services for and provide services to elders;
- Increased number of dedicated and committed caregivers who provide informal support;
- Improved care coordination between acute and long-term care services;
- Potential to increase partnerships with colleges and universities to increase the workforce trained in geriatric care, research efforts to benefit elders, and lifelong learning opportunities;
- Accessible emerging technology and online options to enhance the availability of training and outreach programs to educate the public on elder issues and services;
- Availability of online resources for legal services to elders;

- Potential for increased funding through insurance reimbursement for evidence-based health promotion/disease prevention programming;
- Involvement with the Medicaid managed long-term care initiatives;
- Further development of the Direct-Support Organization (DSO) to provide assistance, funding, and support to the Department;
- New developments in the prevention and treatment of chronic conditions that promote the independence of elders;
- Potential to promote public and private ventures to increase aging-in-place initiatives;
- Potential to improve and increase access to long-term care information and public and private services for elders, families, and caregivers through the Aging and Disability Resource Centers;
- Increased coordination between the aging network and legal services;
- Increased coordination between the ADRCs and DCF; and
- Potential for expanding the aging network infrastructure for adults with disabilities.

THREATS:

- Lack of suitable and affordable housing for elders;
- Inadequate transportation alternatives which limit elder mobility and access to services;
- Ageist viewpoints and practices in the workplace and other environments;
- Difficulty faced by elders wanting to find jobs or pursue employment;
- Lack of early intervention services resulting in greater numbers of individuals becoming Medicaid eligible;
- Fewer resources in rural areas to provide home and community-based service options to elders not eligible for Medicaid;
- Service demands for home and community-based services growing faster than current funding;
- Increased risk of abuse, neglect, and exploitation of elders;
- Societal/public perception that elder abuse rarely occurs;
- Lack of awareness of the benefits and services offered at senior centers;
- Lack of adequate retirement savings by Florida's pre-retirees, which accelerates reliance on publicly funded services;
- Current shortfall of medical and mental health service providers with geriatric training;
- Florida's geographic vulnerability to hurricanes and tropical storms which can disproportionately impact elders;
- Current fragmentation between state and federal entities that are access points for services; and
- Lack of communication across agencies that provide services.

AGENCY PRIORITIES FOR THE NEXT FIVE YEARS

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

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

PROPOSED NEW PROGRAMS

There are no new programs being proposed.

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

The final projection for each outcome is based on funding and demand for services.

LIST OF POTENTIAL POLICY CHANGES AFFECTING THE AGENCY BUDGET REQUEST

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

LIST OF CHANGES WHICH WOULD REQUIRE LEGISLATIVE ACTION

There are no changes that will require legislative action.

LIST OF ALL TASK FORCES AND STUDIES IN PROGRESS

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
AHCA Interagency Workgroup		Workgroup on pre-admission screening and resident review (PASRR).
AHCA Multiple Interagency Workgroups for Statewide Medicaid Managed Care Long-Term Care Program Implementation	Part IV of Chapter 409, Florida Statutes	In 2011, the Florida Legislature created Part IV of Chapter 409, Florida Statutes, directing the Agency to create the Statewide Medicaid Managed Care (SMMC) Program. The SMMC Program has two key components: the Managed Medical Assistance Program and the Long-Term Care Managed Care Program. On August 1, 2011, the Agency submitted the required documents requesting the necessary authorities to implement the program. The Long-Term Care Managed Care component of the Statewide Medicaid Managed Care Program will be implemented first. The legislation sets specific timelines for implementation of the Long-Term Care Managed Care component.
Alzheimer's Disease Advisory Committee	s. 430.501, F.S.	The committee, composed of 10 members selected by the Governor, advises the Department of Elder Affairs in the performance of its duties. All members must be residents of the state. The committee advises the Department regarding legislative, programmatic, and administrative matters that relate to individuals with Alzheimer's disease and their caregivers.
Bicycle and Pedestrian Partnership Council	s. 430.04(3), F.S.	The council was established by the Florida Department of Transportation (FDOT) to make policy recommendations to FDOT and transportation partners throughout Florida on the state's walking, bicycling, and trail facilities. The council includes representatives from several state agencies, local governments, and external stakeholders (including walkers, bicyclists, and trail users) to make statewide improvements in safety and facilities integration. The council makes recommendations on design, planning, safety, and other programs involving bicycle and pedestrian issues. The council meets four times a year.
Big Bend Directors of Volunteers Association (DOVA)	s. 430.07, F.S.	The association exists to promote advocacy, networking, and the professional development of managers of volunteers and to support and foster the effective use of volunteers in the community.
Big Bend Fraud Task Force	s. 430.04(3), F.S.	Comprised of a group of professional individuals and organizations. The task force was formed as a result of the rising number of financial crimes committed against individuals, businesses, and banking communities in the Big Bend area. Due to the sophisticated nature of many of these crimes, the law enforcement, banking, and business communities needed a way to exchange information. A task force was formed to provide these entities with an opportunity to network and reduce the overall economic loss and ensure successful criminal prosecution. Since its

Work Group/Task Force	Legislative Mandate	Comments
		inception, the task force has been instrumental in the fight against financial crimes through the development of various anti-fraud programs.
Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Review Committee		Reviews and determines successors for expansion and implementation grants at the request of the Secretary of the Florida Department of Children and Families.
Community Assistance Advisory Council	2012 Consolidated Appropriations Act, Public Law No. 112-74, and continued in the 2013 Continuing Resolution, Public Law No. 112-175	Community Assistance Advisory Council oversees the implementation of the Weatherization Assistance Program (WAP) and the Community Services Block Grant (CSBG) Programs of the Florida Department of Economic Opportunity. The council reviews the annual state plans for these programs, as well as any proposed rule revisions.
Department of Elder Affairs Advisory Council	s. 430.05, F.S.	<p>The council is located for administrative purposes in the Department of Elder Affairs. It is the intent of the Legislature that the advisory council shall be an independent nonpartisan body and shall not be subject to control, supervision, or direction by the Department.</p> <p>The council serves in an advisory capacity to the Secretary of Elder Affairs to assist the Secretary in carrying out the purposes, duties, and responsibilities of the Department, as specified in the Chapter 430, F.S. The council may make recommendations to the Secretary, the Governor, the Speaker of the House of Representatives, and the President of the Senate regarding organizational issues and additions or reductions in the Department's duties and responsibilities.</p>
Department of Financial Services State Agency Consumer Roundtable		The consumer roundtable unites Florida's state agency contacts providing consumer services. Agencies serving Florida citizens are encouraged to respond to each inquiry accurately and professionally. The group meets quarterly and is committed to sharing resources and supporting each other by implementing best practices and incorporating technology to remove barriers.
DOH HIV/AIDS Focus Group		The program focuses on prevention of HIV/AIDS among the senior population.
DOH-SpNS Discharge Planning Subcommittee, Co-champions	s. 381.0303, F.S., and Chapter 2006-71, L.O.F.	As a part of the Special Needs Shelter (SpNS) Interagency Committee, DOEA serves as the champion for the committee's Discharge Planning Subcommittee. The subcommittee is responsible for developing and updating standard operating procedures for Multi-agency SpNS Discharge Planning Teams, rapid assessment tools used to determine the viability of SpNS client post-shelter housing and continuity of service provision, and procedures for using these tools.

Work Group/Task Force	Legislative Mandate	Comments
DOH-SpNS Special Needs Shelter Interagency Committee	s. 381.0303, F.S., and Chapter 2006-71, L.O.F.	DOEA serves as a member of the SpNS Interagency Committee. The committee addresses and resolves problems related to special needs shelters not addressed in the state comprehensive emergency medical plan and consults on the planning and operation of special needs shelters. The committee is required to develop, negotiate, and regularly review any necessary interagency agreements; undertake other such activities DOH deems necessary to facilitate the implementation of the committee's assignment; and submit recommendations to the Legislature as necessary.
Florida Alliance of Information & Referral Services (FLAIRS) Board of Directors	s. 408.918, F.S.	Statewide association committed to the provision of quality information, referral, and hotline services. Duties of the board members include approval of board membership recommendations and planning of education and training opportunities at state and national conferences. FLAIRS is the 211 collaborative organization for the state and is responsible for studying, designing, implementing, supporting, and coordinating the Florida 211 Network and for receiving federal grants.
Florida Commission for the Transportation Disadvantaged	Chapter 427, F.S., and s. 430.04(3), F.S.	Secretary or senior-management-level representative serves as an ex officio, non-voting advisor to the commission. The commission is responsible for ensuring the coordination of transportation services for older adults, persons with disabilities, and people with low income who are dependent upon others to access employment, health care, education, and other life-sustaining activities.
Florida Coordinating Council for the Deaf and Hard of Hearing	s. 413.271, F.S.	The mission of this council is to serve as an advisory and coordinating body which recommends policies that address the needs of persons who are deaf, hard of hearing, late-deafened, and deaf-blind, as well as methods that improve the coordination of services among public and private entities and to provide technical assistance, advocacy, and education.
Florida Developmental Disabilities Council	s. 393.002, F.S.	This council, established in accordance with the Developmental Disabilities Assistance and Bill of Rights Act, P.L. 106-402 Final Rule, 45 CFR Part 1386, must include in its membership representatives of certain state agencies, including the principal state agency that administers funds under the Older Americans Act. Representatives participate in full council meetings and one task force.
Florida Injury Prevention Advisory Council (FIPAC)		The FIPAC assists the Department of Health with its statewide injury prevention plan, which serves as a road map in carrying out its duties and responsibilities. The advisory committee facilitates the coordination and collaboration by the Injury Prevention Program with other injury prevention organizations and agencies.
Florida Interagency Food and Nutrition Council		Composed of all state agencies receiving USDA funding.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Florida Legal Services Board of Directors		Florida Legal Services, Inc., (FLS) is a nonprofit organization founded in 1973 to provide civil legal assistance to indigent persons who would not otherwise have the means to obtain a lawyer. A statewide support center, dedicated to ensuring that poor people have equal access to justice, FLS fulfills its mission primarily by working with local legal aid and legal service programs to improve their ability to provide legal assistance to those in need in their communities. It provides service delivery coordination, training, case consultation, and technical assistance to all legal service providers in Florida.
Florida Lifespan Respite Coalition		The Florida Lifespan Respite Project is a collaborative effort led by the Agency for Persons with Disabilities (APD), the Florida Developmental Disabilities Council (FDCC), and the Florida Respite Coalition to build a statewide coalition of stakeholders to expand and improve respite care services for all disability types in Florida.
Florida Office on Disability and Health		The mission of this office is to maximize the health, well-being, and quality of life throughout the lifespan of all Floridians and their families living with disability.
Governor's Assisted Living Workgroup		The Assisted Living Workgroup is continuing its comprehensive review of the regulation and oversight of assisted living facilities in Florida. The workgroup's purpose is to develop recommendations for improvement in the State's ability to monitor quality and safety in assisted living facilities. The State Long-Term Care Ombudsman is a member of this working group.
Governor's Gold Seal Panel	s. 400.235, F.S. & 59A-4.200, FAC	The Governor's Panel on Excellence in Long-Term Care, known as the Gold Seal Panel, awards and recognizes nursing home facilities that demonstrate excellence in long-term care over a sustained period and it promotes the stability of the industry and facilitates the physical, social, and emotional well-being of nursing home facility residents. The State Long-Term Care Ombudsman is a member.
Governor's Mental Health Transformation – Recovery and Resiliency Workgroup		Florida's Transformation Working Group has been charged with providing the leadership to make this vision a reality. State agency partners include the following: Agency for Health Care Administration, Department of Education, Department of Corrections, Department of Elder Affairs, and Department of Juvenile Justice.
Governor's Office of Drug Control Suicide Prevention Coordinating Council		The Governor's Office is leading an integrated and long-term approach to lowering the state's current suicide rate. The Suicide Prevention Coordinating Council serves in an advisory role to the Statewide Office of Suicide Prevention, which is charged with developing and implementing a statewide plan to decrease the suicide rate in the state.

Work Group/Task Force	Legislative Mandate	Comments
Horizon 2060 Advisory Groups Safety, Security, and Infrastructure Preservation Advisory Group Community Livability, Environmental Stewardship, and Mobility Advisory Group		The Florida Transportation Plan (FTP) is the state’s long-range transportation plan. The 2060 FTP provides a vision for the future of transportation over the next 50 years. The finished plan was delivered to the Florida Legislature in December 2010.
Interagency Committee on Women’s Health	s. 381.04015, F.S.	Created an Officer of Women's Health Strategy within the Department of Health for the purpose of improving the overall health status of women in Florida through research, awareness, and education. This legislation also charged the Officer of Women's Health Strategy to organize an Interagency Committee for Women's Health.
Interagency Smart Growth Technical Assistance Team Memorandum of Agreement among Florida Department of Health, Florida Department of Transportation, Florida Department of Community Affairs, Florida Department of Environmental Protection, and Florida Department of Elder Affairs		Collaborative agreement among agencies in support of Smart Growth. To assist Florida’s local governments in creating healthy and sustainable communities, develop ongoing cooperative relationships among the parties, and promote efficient use of state resources by identifying and collaborating on commonalities across programs. DOEA was added in August 2009.
Learning Network		Eight states were selected to participate in this technical assistance network from AoA, CDC, NCOA, and Agency for Healthcare Research and Quality. Participants gain greater knowledge regarding the research about applying evidence-based interventions, assurance that the intervention will be successful, and better understanding of how to use the Social-Ecologic Model of Healthy Aging to evaluate progress toward goals.
Lighting the Way to Guardianship and Other Decision-Making Alternatives		The DOEA Statewide Public Guardianship Office, in partnership with the Office of the Public Guardian, Inc., and the Agency for Persons with Disabilities, has revised the Florida Developmental Disabilities Council’s two current curricula (one for families and one for attorneys and professionals). These focus on decision-making options for people with developmental disabilities. The partnership also provides workshops for attorneys, judges, client advocates, and family members utilizing the revised materials and evaluates whether these sessions meet the purpose of this grant.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Living Healthy in Florida		Living Healthy in Florida is a multi-agency campaign that was created to provide simple tools to promote healthy lifestyles in our state. The purpose of this toolkit is to provide state agencies and community partners with information and media resources to promote a healthy lifestyle. When we all use the same tools, we all share the same message, which makes it louder, stronger and more effective.
Multi-agency Special Needs Shelter Discharge Planning Teams	Chapter 2006-71, L.O.F.	The Secretary of Elder Affairs shall convene, at any time deemed appropriate and necessary, a multiagency special needs shelter discharge planning team to assist local areas that are severely affected by a natural or manmade disaster that requires the use of special needs shelters. These teams provide assistance to local emergency management agencies with the continued operation or closure of shelters, as well as with the discharge of clients with special needs to alternate facilities if necessary. The Secretary may call upon any state agency or office to provide staff to assist these teams. Each team shall include at least one representative from Elder Affairs, Health, Children and Family Services, Veterans' Affairs, Community Affairs, Agency for Health Care Administration, and Agency for Persons with Disabilities.
National Association of PASRR Professionals (NAPP)		NAPP is a national organization of professionals who collaborate to improve the quality of long-term care for individuals with mental illness, developmental disabilities, and related conditions. DOEA is a founding member.
National Association of States United for Aging and Disabilities (NASUAD) I&R/A Support Center Advisory Committee		The I&R/A Support Center Advisory Committee is intended to assist NASUAD and AoA in ensuring that human service agencies are connected with the individuals they serve. The committee strives to have representation from all regions of the country and from organizations with experience to help guide decisions about tools, technical assistance, and services. Advisory committee responsibilities include participation on the following: bi-monthly calls; survey development and review; development of online training modules; and outreach to potential members.
National Working Conference on Emergency Management and Individuals with Disabilities and the Elderly		Working conference jointly sponsored by the U.S. Departments of Health and Human Services (HHS) and Homeland Security. One of four designated state representatives (DHS).
Restoration of Capacity Study and Work Group		This is a two-year work group, sponsored by the U.S. Department of Health and Human Services, Administration on Intellectual and Developmental Disabilities and the Florida Developmental Disabilities Council, Inc., that is examining guardianship restorations among persons with developmental disabilities.

Work Group/Task Force	Legislative Mandate	Comments
Rural Economic Development Initiative Committee	s. 288.0656, F.S.	Appointed by the DOEA Secretary in response to request from the Governor's Office of Tourism, Trade, and Economic Development.
Silver Alert Support Committee	Executive Order 08-211	Working committee established by the DOEA Secretary to bring stakeholders together to set responsibilities and develop working protocols for law enforcement and for the aging network. An additional responsibility is to develop and disseminate training materials for law enforcement and informational brochures, videos, and training materials for the network and general public.
State Mental Health Planning Council		Oversees the U.S. Substance Abuse and Mental Health Services Administration application for block grant funding for mental health services in Florida and the service delivery by contractors.
State Plan on Aging Advisory Group		The State Plan Advisory Group was formed in November 2011 to develop recommendations for the plan. The advisory group is comprised of 17 member organizations from the aging network in Florida. The advisory group meets at least annually throughout the 2013-2016 period of the plan to assess progress toward the plan's goals, objectives, and strategies.
Workforce Florida Board	Chapter 445, F.S.	A 45-member board appointed by the Governor, which oversees and monitors the administration of the state's workforce policy, programs, and services, carried out by the 24 business-led Regional Workforce Boards and the Agency for Workforce Innovation. Direct services are provided at nearly 100 One-Stop Centers with locations in every county in the state.

LRPP EXHIBIT II: PERFORMANCE MEASURES AND STANDARDS

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2014-15	Approved Prior Year Standard FY 2013-14	Prior Year Actual FY 2013-14	Approved Standard for FY 2014-15	Requested FY 2015-16 Standard
Percent of elders CARES determined to be eligible for nursing home placement who are diverted ¹	30%	20.9%	Request deletion of measure	0%
Number of CARES assessments	85,000	80,706	85,000	85,000
NEW MEASURE: Number of days for determination of medical eligibility (CARES) ²		4.52 days	Request addition of new measure	7 days

¹ The Department is requesting deletion of this measure. With the implementation of the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program, diversion is no longer a responsibility of the CARES Program.

² In place of the CARES outcome measure, which is obsolete due to SMMC LTC, the Department is requesting to establish this new output measure: “*Number of days for determination of medical eligibility (CARES)*.” The baseline year is 2013-14, and the requested standard is 7 days.

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2014-15	Approved Prior Year Standard FY 2013-14	Prior Year Actual FY 2013-14	Approved Standard for FY 2014-15	Requested FY 2015-16 Standard
Percent of most frail elders who remain at home or in the community instead of going into a nursing home ³	97%	Data are not available	97%	97%
Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours	97%	98.4%	97%	97%
Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups ⁴	\$3,988	\$1,515	\$3,988	\$1,000
Percent of elders assessed with high or moderate risk environments who improved their environment score	79.3%	76.8%	79.3%	79.3%
Percent of new service recipients with high-risk nutrition scores whose nutritional status improved ⁵	66%	77%	Request deletion of measure	0%
NEW MEASURE: Percentage of active clients eating two or more meals per day ⁶		95%	Request addition of new measure	95%
Percent of new service recipients whose ADL assessment score has been maintained or improved	65%	66%	65%	65%

³ The Department is unable to report on this measure for State Fiscal Year (SFY) 2013-2014 because the data are not available. The transition of most Medicaid waiver clients to SMMC LTC occurred during SFY 2013-2014. The location of clients (community or nursing facility), which is required for this measure, was not known for most clients active from August 1, 2013 - December 31, 2013.

⁴ Based on a revised methodology for calculating average monthly savings, the Department is requesting an adjustment to the GAA Standard for 2015-16.

⁵ The Department is requesting to delete this measure. Because it is based on nutritional risk factors that the Department's services cannot address, the Department is proposing the alternate measure below.

⁶ As a replacement for the outcome measure above, the Department is requesting to add this measure: "Percentage of active clients eating two or more meals per day." The baseline year is 2013-14, and the requested standard is 95%.

Approved Performance Measures for FY 2014-15	Approved Prior Year Standard FY 2013-14	Prior Year Actual FY 2013-14	Approved Standard for FY 2014-15	Requested FY 2015-16 Standard
Percent of new service recipients whose IADL assessment score has been maintained or improved	62.3%	63.8%	62.3%	62.3%
Percent of family and family-assisted caregivers who self-report they are very likely to continue to provide care ⁷	89%	Data no longer available	Request deletion of measure	0%
Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor) ⁸	90%	Data no longer available	Request deletion of measure	0%
NEW MEASURE: After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care ⁹		86.4%	Request addition of new measure	86%
Average time in the Community Care for the Elderly Program for Medicaid Waiver probable customers	2.8 months	4.1 months	2.8 months	2.8 months
Percent of customers who are at imminent risk of nursing home placement who are served with community-based services	90%	88.9%	90%	90%
NEW MEASURE: Percentage of clients surveyed who believe services help them remain in their home or in the community ¹⁰		2012-13: 97.8%	Request addition of new measure	97%
NEW MEASURE: Percentage of clients surveyed who are satisfied with the services they receive ¹¹		2012-13: 95.3%	Request addition of new measure	95%
NEW MEASURE: Number of elders with Alzheimer's disease or cognitive impairment served ¹²		30,700	Request addition of new measure	30,000

⁷ The Department is requesting to delete this measure because the data for this measure are no longer available. Following revision of the Department's 701B Comprehensive Assessment, this question is not asked during the caregiver assessment.

⁸ The Department is requesting to delete this measure because the data for this measure are no longer available. As part of the revision to the Department's 701B Comprehensive Assessment, this question was changed to ask caregivers about their confidence in their ability to continue to provide care without a companion question of the assessor. The Department is proposing the new measure below as an alternate, which reflects the new assessment question.

⁹ As a replacement for the outcome measure above, the Department is requesting to add this measure: "After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care." The baseline year is 2013-14, and the requested standard is 86%.

¹⁰ The Department is requesting to add this measure: "Percentage of clients surveyed who believe services help them remain in their home or in the community." The baseline year is 2012-13, and the requested standard is 97%.

¹¹ The Department is requesting to add this measure: "Percentage of clients surveyed who are satisfied with the services they receive." The baseline year is 2012-13, and the requested standard is 95%.

Approved Performance Measures for FY 2014-15	Approved Prior Year Standard FY 2013-14	Prior Year Actual FY 2013-14	Approved Standard for FY 2014-15	Requested FY 2015-16 Standard
Number of elders served with registered long-term care services ¹³	186,495	188,005	Request deletion of measure	0
NEW MEASURE: Number of elders served with community-based long-term care services ¹⁴		2012-13: 1,119,448	Request addition of new measure	1,000,000
Number of congregate meals provided	5,300,535	3,777,694	5,300,535	5,300,535
NEW MEASURE: Number of home-delivered meals provided ¹⁵		6,230,118	Request addition of new measure	6,000,000
Number of elders served (meals, nutrition education, and nutrition counseling)	81,903	65,994	81,903	81,903
Number of elders served (caregiver support)	54,450	76,005	54,450	54,450
Number of elders served (early intervention/prevention)	355,908	791,170	355,908	355,908
Number of elders served (home & community services diversion)	51,272	45,188	51,272	51,272
Number of elders served (long-term care initiatives)	12,150	21,705	12,150	12,150
Number of elders served (residential assisted living support and elder housing issues) ¹⁶	3,997	3,216	Request deletion of measure	0
Number of elders served (supported community care)	56,631	37,564	56,631	56,631

¹² The Department is requesting to establish this new output measure: “Number of elders with Alzheimer’s disease or cognitive impairment served.” The baseline year is 2013-14, and the requested standard is 30,000.

¹³ The Department is requesting deletion of this measure because it only counts the subset of those clients who are "registered" in CIRTS with personal identifying information. The Department is proposing the new measure below as a replacement to fully reflect the count of all clients receiving community-based services.

¹⁴ As a replacement for the measure above, the Department is requesting to add this measure: “Number of elders served with community-based long-term care services.” The baseline year is 2012-13, and the requested standard is 1,000,000.

¹⁵ The Department is requesting to add this measure: “Number of home-delivered meals provided.” The baseline year is 2013-14, and the requested standard is 6,000,000.

¹⁶ The Department is requesting to delete this measure. The only program within the activity of “Residential Assisted Living Support and Elder Housing Issues,” the Assisted Living Medicaid Waiver, was terminated in February 2014, when SMMC LTC was fully implemented.

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2014-15	Approved Prior Year Standard FY 2013-14	Prior Year Actual FY 2013-14	Approved Standard for FY 2014-15	Requested FY 2015-16 Standard
Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions	1.8% / 22.2%	1.0% / 16.3%	1.8% / 22.2%	1.8% / 22.2%

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2014-15	Approved Prior Year Standard FY 2013-14	Prior Year Actual FY 2013-14	Approved Standard for FY 2014-15	Requested FY 2015-16 Standard
Percent of complaint investigations initiated by the ombudsman within five (5) working days ¹⁷	91%	92%	Request to delete this measure	0%
Percent of complaint investigations initiated by the ombudsman within seven (7) calendar days ¹⁸		92%	Request addition of new measure	93%
Percent of service activities on behalf of frail or incapacitated elders initiated by public guardianship within five (5) days of receipt of request	100%	99%	100%	100%
Number of complaint investigations completed (long-term care ombudsman council) ¹⁹	8,226	7,710	Request to delete this measure	0
NEW MEASURE: Percent of complaint investigations completed by the ombudsman within 90 calendar days ²⁰		94%	Request addition of new measure	94%
Number of judicially approved guardianship plans including new orders	2,000	2,391	2,000	2,000

¹⁷ The Long-Term Care Ombudsman Program is requesting to delete this measure due to a change in federal reporting requirements.

¹⁸ As a replacement for the measure above, the Long-Term Care Ombudsman Program is requesting to add “Percent of complaint investigations initiated by the ombudsman within seven (7) calendar days.” The baseline year is 2013-14, and the requested standard is 93%.

¹⁹ The Long-Term Care Ombudsman Program is requesting to delete this output measure due to a change in federal reporting requirements.

²⁰ As a replacement for the output measure above, the Long-Term Care Ombudsman Program is requesting to add this outcome measure: “Percent of complaint investigations completed by the ombudsman within 90 calendar days.” The baseline year is 2013-14, and the requested standard is 94%.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
97%	Data are not available	Unable to report	Unable to report

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation: The Department is unable to report on this measure for State Fiscal Year (SFY) 2013-2014 because the data are not available. The transition of most of the Department’s Medicaid waiver clients to the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program occurred during SFY 2013-2014. The location of clients (community or nursing facility), which is required for this measure, was not known for most clients active from August 1, 2013 - December 31, 2013.

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: The Department is requesting a delay in reporting until next SFY when complete data becomes available.

LRPP Exhibit III: Performance Measure Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
\$3,988	\$1,515	2,473 (under)	-62%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

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

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel

- Technology
- Other (Identify)

Recommendations: Based on the revised methodology outlined above, the Department is requesting the GAA performance standard be adjusted from \$3,988 to the more accurate average monthly savings of \$1,000.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
79.3%	76.8%	2.5% under	-3%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

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

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

for poor nutritional health. Measuring the percentage of clients who are eating two or more meals will quantify the effectiveness of the Department's programs.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
90%	Data no longer available	Unable to report	Unable to report

Factors Accounting for the Difference:

Internal Factors (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify) Data are no longer available.

Explanation: Following the revision of the 701B Comprehensive Assessment used to assess clients and caregivers, the question on which this outcome was based is no longer asked of caregivers and assessors. The new assessment instrument, implemented in mid-July 2013, was developed with the guidance of experts in the field of caregiver support and services. At their recommendation, the question on which this measure was based was removed. Instead, caregivers are now asked how confident they are that they will have the ability to continue to provide care, which is being proposed as a new caregiver outcome measure. There is no longer a companion question of the assessor.

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: The Department is requesting the deletion of the measure and for it to be replaced with the following new measure: “After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care.”

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
185,495	188,005	2,510 over	+1.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

- Personnel Factors Staff Capacity
 Competing Priorities Level of Training
 Previous Estimate Incorrect Other (Identify) Not reflective of actual Department performance

Explanation: By only counting the subset of those clients who are "registered" in CIRTS with personal identifying information, the Department is not reflecting the full range of clients receiving community-based services. For example, Information and Referral, which are vital access services, are not currently included in this count. Neither are services such as transportation, legal assistance, outreach, and health promotion, among others.

External Factors (check all that apply)

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

Explanation:

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

- Training Technology
 Personnel Other (Identify)

Recommendations: The Department requests the deletion of this measure. As a replacement, the Department is proposing a new measure, "Number of elders served with community-based long-term care services," that includes all elders who received community-based services.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
5,300,535	3,777,694	1,522,841 (under)	-29%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation: This measure includes the Older Americans Act Title III C1 congregate meals program. As of 2013-14, the statewide expenditures for Title III C1 are 28 percent lower than when the standard was established in 2007.

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: No adjustment to the standard is requested at this time.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
81,903	65,994	15,909 under	-19.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation: This measure includes all programs that offer nutritional services. With the termination of one of the main funding sources for this output, the USDA SNAP grant, performance declined by more than 6,000 clients. In addition, a comparison of performance for Older Americans Act (OAA) Titles IIIC1 and IIIC2 programs, beginning with 2009, shows that a greater percentage of the OAA budget was used for nutrition education and nutrition counseling. These services are more expensive to provide than meals and therefore result in fewer people being served, but they are more likely to produce lifestyle changes.

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: No adjustment to the standard is requested at this time.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
51,272	45,188	-6,084	-1.2%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

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

External Factors (check all that apply)

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

Explanation: The SMMC LTC Program was implemented at the direction of the Florida Legislature in 2011. The legislation required that the Aged and Disabled Adult (ADA) Medicaid Waiver and its CDC+ option, included in the Home and Community Services Diversions activity, be terminated upon the successful implementation of SMMC LTC. Effective February 28, 2014, the only program remaining in this activity is Community Care for the Elderly (CCE), which serves between 12,000 and 15,000 clients annually.

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

program in this activity ended on February 28, 2014, the Department can no longer report on this output measure.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Consumer Advocate Services
Measure: Percent of complaint investigations initiated by the ombudsman within five (5) working days

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
91%	92%	1% over	+1%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation: Due to a change in federal reporting requirements, which has been incorporated into Florida Administrative Code (58L-1.007(1)(b) and (2)(a), F.A.C.), the Long-Term Care Ombudsman Program is no longer required to report on this measure as worded. Instead the program is now required to report on the “Percent of investigations initiated by the ombudsman within seven (7) calendar days.”

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: The Long-Term Care Ombudsman Program is requesting the deletion of this measure and replacement with the language in Florida Administrative Code: “Percent of investigations initiated by the ombudsman within seven (7) calendar days.”

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
8,226	7,710	516 under	6%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation: Due to a change in federal reporting requirements, which has been incorporated into Florida Administrative Code (58L-1.007(2)(d), F.A.C.), the Long-Term Care Ombudsman Program (LTCOP) is now required to report on the “Percent of complaint investigations completed within 90 calendar days.”

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: The Long-Term Care Ombudsman Program is requesting the deletion of this output measure and replacement with the outcome measure language in Florida Administrative Code: “Percent of complaint investigations completed within 90 calendar days.”

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

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

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

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

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: With the implementation of the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program, CARES will no longer be responsible for diverting elders who are eligible for nursing home placement to a home or community-based setting. Under SMMC LTC, it is the managed care plan's responsibility to determine the most appropriate setting for a client. Therefore data for this measure will no longer be available.

Data Sources and Methodology: The data source for this measure is CIRT (Client Information and Registration Tracking System), which is maintained by DOEA.

This measure is calculated by determining the percentage of clients each fiscal year CARES diverts to a home or community-based setting. People applying for a Medicaid waiver* who had previously been assessed by case management agencies are not included in this measure. Medicaid waiver applicants who were initiated and assessed by CARES are included.

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

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

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

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

* Florida completed the implementation of the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult (ADA) Medicaid Waiver, Consumer Directed Care Plus (CDC+), Assisted Living (AL) Medicaid Waiver, Channeling Waiver, and Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). The Program for All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is CIRTIS.

CARES is the nursing home pre-admission screening program. The total number of assessments includes all assessments conducted by CARES staff for individuals seeking nursing home placement or entry into a Medicaid waiver* during the fiscal year.

Validity: CARES staff has used the CIRTIS application to capture assessment data for more than twelve years. DOEA policy requires the completion of assessments within specified timeframes. CARES supervisors, on a monthly basis, use CIRTIS screens and online reports to verify the number, accuracy, and timeliness of assessments input into CIRTIS.

Reliability: Online reports are available that show the number of assessments conducted and assessments that are overdue, which are run at multiple times for previous periods. Assessments entered in CIRTIS cannot be deleted without approval by a supervisor. In addition, a history of every change made to assessment data input by CARES staff is maintained in a database.

* Florida completed the implementation of the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult (ADA) Medicaid Waiver, Consumer Directed Care Plus (CDC+), Assisted Living (AL) Medicaid Waiver, Channeling Waiver, and Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). The Program for All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Comprehensive Eligibility Services
Measure: Number of days for determination of medical eligibility (CARES)

Action (check one):

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

Data Sources and Methodology: The data source for this measure is CIRTS.

Performance for this measure is calculated by identifying the number of days between the receipt by CARES (Comprehensive Assessment and Review for Long-Term Care Services) of the forms completed by the applicant's physician demonstrating the need for nursing facility care to the date the level of care (medical eligibility for Medicaid services) is determined. Under the new Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program, CARES is responsible for completing the initial comprehensive assessment and for determining the medical eligibility of applicants for SMMC LTC services.

Validity: The validity of this measure is determined through staff analysis of the pertinence and relevance of the data and results of current data reports compared to expectations based on historical results. This is an appropriate measure to identify the performance of the main responsibility for CARES in the SMMC LTC eligibility process.

This is an appropriate measure of output from the CARES Program, which receives federal funding to ensure that individuals applying for Medicaid nursing home care and Medicaid waiver home and community-based services meet the appropriate criteria. The data system must be able to accurately track applicant information.

Reliability: Reliability is determined through analysis of CARES Program data over time. The performance measure data are available online. Staff at the DOEA main office run performance reports to verify data accuracy.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: The Department is requesting not to report on this measure for State Fiscal Year (SFY) 2013-2014. The transition of most of our Medicaid waiver clients to the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program occurred during SFY 2013-2014. The location of clients (community or nursing facility), which is required for this measure, was not known for most clients active from August 1, 2013 - December 31, 2013.

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

The methodology used to collect the data is selecting consumers who are most frail – the top quintile of nursing home risk scores. The indicator is measured by determining those clients who had a nursing home stay of 30 or more days in the fiscal year who had been active consumers at the beginning of the fiscal year with risk scores in the top quintile.

Validity: CIRTS uses a specific termination code to identify clients that terminated home and community-based services due to entry into a nursing home. These data have been compared to Medicaid nursing home claims as a test of validity.

Reliability: The number of clients that are identified in CIRTS as having terminated use of home and community-based services due to nursing home entry is consistent year-to-year.

* Florida completed the implementation of the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult (ADA) Medicaid Waiver, Consumer Directed Care Plus (CDC+), Assisted Living (AL) Medicaid Waiver, Channeling Waiver, and Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). The Program for All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data sources for this measure are the Adult Protective Services Referral Tracking Tool (ARTT) and CIRTS. Victims of abuse, neglect, and exploitation, who are referred by the Department of Children and Families' Adult Protective Services (APS) and are in need of home and community-based services are tracked in the ARTT. The provision of home and community-based services are recorded in CIRTS.

This measure focuses on victims at risk of abuse, neglect, or exploitation who need immediate protection from further harm, which can be accomplished completely or in part through the provision of home and community-based services. Clients are tracked to determine when services were received.

Validity: Referral data entered into the ARTT by APS are reviewed by the Community Care for the Elderly lead agency receiving the referral, along with the information packet received from APS via fax. Services provided to individuals referred by APS are recorded in CIRTS and include the date the service was provided along with the quantity, cost and name of the provider. If an individual cannot be served, providers are required to indicate the reason in CIRTS. Department and Area Agency on Aging (AAA) staff review the accuracy of ARTT and CIRTS data for this vulnerable population.

This performance measure is also applied to each AAA that is responsible for referrals made in its Planning and Service Area (PSA). The Department has developed online reports that allow this measure to be tracked at any time statewide or by PSA to determine if services are being provided within the 72-hour time frame.

Contracts with the Area Agencies on Aging require timely and accurate entry of service usage in CIRTS. Payment to the AAAs for services invoiced are required to match the service data recorded in CIRTS. The Department's annual monitoring activities include a review of CIRTS for data accuracy.

Reliability: This measure is reliable since the method of counting the number of people referred and served is consistently applied and viewable via an online report. Training is required for users of the ARTT. Referrals entered in the ARTT require the approval/signature of a supervisor.

Referrals in the ARTT cannot be deleted. In addition, all changes made to services reported in CIRTS are tracked and changes to any records pertaining to APS referrals can be identified.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data sources for this measure are CIRTS and the Florida Medicaid Management Information System (FMMIS), which is maintained by AHCA.

This measure is computed using Medicaid waiver* participation and cost data from FMMIS and home and community-based service (HCBS) participation and assessment data from CIRTS. HCBS expenditure data are based on contractual amounts.

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

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

Validity: The methods employed use original claims and operational databases as a primary source for this measure. There is no more accurate source for Medicaid participation and expenditures than FMMIS. FMMIS is used to enroll Medicaid providers, process Medicaid claims, adjudicate Medicaid claims, accept and process encounter claims for data collection, and reimburse Medicaid providers. CIRTS is the operational database that defines participation in DOEA programs. CIRTS is the most valid source for DOEA program participation data. Contracts with the Area Agencies on Aging require timely and accurate entry of service usage in CIRTS. Payment to the AAAs for services invoiced are required to match the service data recorded in CIRTS. The Department's annual monitoring activities include a review of CIRTS

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

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

* Florida completed the implementation of the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult (ADA) Medicaid Waiver, Consumer Directed Care Plus (CDC+), Assisted Living (AL) Medicaid Waiver, Channeling Waiver, and Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). The Program for All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is CIRTS.

This measure will report the percentage of elders with high or moderate risk environments whose environment became safer when reassessed.

This measure is captured through the environmental assessment section of the comprehensive client assessment. This assessment is administered to all elders who receive case management. This measure represents the case manager's clinical judgment of risk in the consumer's home environment. The case manager responses and corresponding values are no risk, minor risk, moderate risk, and high risk. This measure compares the assessments of clients in consecutive years to determine if services affected the level of risk in each client's environments.

Validity: The Department released a revised 701B Comprehensive Assessment in July 2013. Prior to the release, the Department convened subject matter workgroups to identify needed changes to the assessment to improve its validity and reliability. Experts in the field of elder and caregiver services and support recommended the wording now used for determining the level of risk in a client's residential environment. The 701B Comprehensive Assessment also includes a description of each environmental risk category to aid the assessor in identifying the appropriate risk level.

Reliability: This measure has been determined to have longitudinal reliability. Data analysis shows that the same case managers assessing the same environment over time usually score the environmental risk the same if there have been no changes.

When the new 701B Comprehensive Assessment was released in mid-July 2013, the Department initiated an accompanying comprehensive online training and certification requirement, which should minimize inter-rater differences by ensuring consistent training for all case managers administering the 701B. The case manager must score at least a 90 percent on the test on use of the assessment tool given at the end of the training. The assessment instructions (701D) also provide directions for completing the environmental questions.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: The Department is requesting deletion of this measure. In its place, the Department is requesting this new measure: “Percentage of active clients eating two or more meals per day.” The current nutrition score is based on the assessment of client conditions (as recorded on the 701B Comprehensive Assessment) that are in part not affected or improved with the provision of home and community-based services. These questions include the following: “Do you take three or more prescribed or over-the-counter medications a day?” and “Do you have any problems that make it hard for you to chew or swallow?” The Department’s services can affect client performance on the requested new measure.

Data Sources and Methodology: The data source for this measure is CIRTS.

This measure is captured in the “Nutrition Status” section of the 701A Condensed Assessment, 701B Comprehensive Assessment, and 701C Congregate Meals Assessment. This measure is the percentage of new consumers who have maintained or improved their nutrition status score when reassessed one year later.

The nutrition status score ranges from 0 to 21. The risk breakout for scores is as follows: low risk 0-2, medium risk 3-5, and high risk 5.5-21. The score from the reassessed year is compared to the initial assessment. The measure is based on how many of the consumers assessed in year one who were high risk had some improvement in their score when reassessed.

Validity: This is a valid measure of nutrition status based on a scale developed for the federal Administration on Aging. This scale has been tested for validity and is used in all 50 states for Older Americans Act programs. This nutrition status scale, though, includes items that extend beyond the scope of DOEA programs including the person’s use of alcohol, prescription drugs, medical conditions, and funds to purchase food.

Reliability: The nutrition scoring questions were developed as part of the Nutritional Risk Initiative.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: Percentage of active clients eating two or more meals per day

Action (check one):

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

Data Sources and Methodology: The data source for this measure is CIRTS.

This measure is captured in the “Nutrition Status” section of the 701A, 701B, and 701C assessment. This measure is the percentage of clients who indicated in their assessment that they are eating two or more meals a day.

Validity: This is one item in a validated scale developed as part of the Nutritional Risk Initiative for the U.S. Administration on Aging. The scale has been tested for validity and is used in all 50 states in Older Americans Act-funded nutrition programs.

Not eating at least two meals a day is a warning sign for poor nutritional health. Measuring the percentage of clients who are eating two or more meals will quantify the effectiveness of the Department’s programs.

Reliability: When the new 701B Comprehensive Assessment was released in mid-July 2013, the Department initiated an accompanying comprehensive online training and certification requirement, which should minimize inter-rater differences by ensuring consistent training for all case managers administering the 701B. The case manager must score at least a 90 percent on the test on use of the assessment tool given at the end of the training. The assessment instructions (701D) also provide directions for completing the nutrition questions.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is CIRTS.

This measure is based on client responses to the functional status section of the 701B Comprehensive Assessment. This measure is the percentage of new consumers in home and community-based service programs who have maintained or improved their ADL score when re-assessed one year later.

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

Validity: Validity is determined through comparison with instruments used in other aging services programs. The instruments are very similar. DOEA's instrument was recently reviewed by national experts.

ADL scores are a standard and appropriate way to measure an individual's functional abilities. Activities of daily living scales have been used in social service research for over 40 years. (See the Katz Index of Independence.) As the consumer population ages and becomes frailer, the ability to maintain or improve functional status will diminish.

The Department released a revised 701B Comprehensive Assessment in July 2013. Prior to the release, the Department convened subject matter workgroups to identify needed changes to the assessment to improve its validity and reliability. Experts in the field of elder and caregiver services and support reviewed the ADL questions.

Reliability: When the new 701B Comprehensive Assessment was released in mid-July 2013, the Department initiated an accompanying comprehensive online training and certification requirement, which should minimize inter-rater differences by ensuring consistent training for all case managers administering the 701B. The case manager must score at least a 90 percent on

the test on use of the assessment tool given at the end of the training. The assessment instructions (701D) and the *Programs and Services Handbook* also provide directions for completing the ADL questions.

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is CIRTS.

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

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

Validity: Validity is determined through comparison with instruments used in other aging services programs. The instruments are very similar. DOEA's instrument was recently reviewed by national experts.

IADL scores are a standard and appropriate way to measure individuals' ability to function in their homes and the communities. Instrumental activities of daily living scales have been used in social service research for over 40 years. (See Lawton Instrumental Activities of Daily Living Scale.) As the consumer population ages and becomes frailer, the ability to maintain or improve IADLs will diminish.

The Department released a revised 701B Comprehensive Assessment in July 2013. Prior to the release, the Department convened subject matter workgroups to identify needed changes to the assessment to improve its validity and reliability. Experts in the field of elder and caregiver services and support reviewed the IADL questions.

Reliability: When the new 701B Comprehensive Assessment was released in mid-July 2013, the Department initiated an accompanying comprehensive online training and certification

requirement, which should minimize inter-rater differences by ensuring consistent training for all case managers administering the 701B. The case manager must score at least a 90 percent on the test on use of the assessment tool given at the end of the training. The assessment instructions (701D) and the *Programs and Services Handbook* also provide directions for completing the IADL questions.

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: The Department is requesting deletion of this measure as the data will no longer be available. Following the revision of the 701B Comprehensive Assessment used to assess clients and caregivers, the question on which this outcome was based is no longer asked of caregivers. The new assessment instrument, implemented in mid-July 2013, was developed with the guidance of experts in the field of caregiver support and services, and, at their recommendation, the question on which this measure was based was removed. Instead, caregivers are now asked how confident they are that they will have the ability to continue to provide care, which is being proposed as a new caregiver outcome measure.

Data Sources and Methodology: The data source for this measure is CIRTS.

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: The Department is requesting deletion of this measure as the data will no longer be available. Following the revision of the 701B Comprehensive Assessment used to assess clients and caregivers, the question on which this outcome was based is no longer asked of caregivers and assessors. The new assessment instrument, implemented in mid-July 2013, was developed with the guidance of experts in the field of caregiver support and services, and, at their recommendation, the question on which this measure was based was removed. Instead, caregivers are now asked how confident they are that they will have the ability to continue to provide care. This is being proposed as a new caregiver outcome measure. There is no longer a companion question of the assessor.

The Department is requesting to replace this measure with the following: “After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care.”

Data Sources and Methodology: The data source for this measure is CIRTS. This measure is captured through the caregiver section of the comprehensive assessment.

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

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

Validity: To test the validity of the proposed measure, a pre/post type analysis of the caregiver’s ability to continue to provide care, as measured by the assessor, was made. The data for the

analysis was drawn from CIRTS assessment data. A total of 13,189 caregivers were assessed and re-assessed with approximately one year between assessments. To measure the effect of services on the caregivers' ability to continue providing care, we compared the opinions of the professional assessor and the caregiver at the initial assessment and at the yearly reassessment.

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care

Action (check one):

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

Data Sources and Methodology: The data source for this measure is CIRTS.

This measure is based on a new question in the caregiver assessment, which is administered to all elders and their caregivers. The question on the revised assessment instrument asks caregivers how confident they are that they will have the ability to continue to provide care. The response options are “very confident,” “somewhat confident,” and “not very confident.”

Validity: The Department convened subject matter workgroups to assist in the revision of the 701B Comprehensive Assessment. Experts in the field of caregiver support and services recommended the wording now used for determining a caregiver’s ability to continue to provide care.

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

Reliability: When the new 701B Comprehensive Assessment was released in mid-July 2013, the Department initiated an accompanying comprehensive online training and certification requirement, which should minimize inter-rater differences by ensuring consistent training for all case managers administering the 701B. The case manager must score at least a 90 percent on the test on use of the assessment tool given at the end of the training. The assessment instructions (701D) also provide directions for completing the caregiving questions.

The Department has begun conducting detailed analyses of the assessment findings from the use of the revised instrument.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is CIRTS.

Program participants who are likely to be financially and medically eligible for Medicaid waiver services have minimal income and assets and limitations in two or more Activities of Daily Living (ADLs). The demographic section of the 701B Comprehensive Assessment collects client self-reported income and asset information. The assessment also includes a domain on ADLs, where limitations in ADLs are noted and entered into the CIRTS database.

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

Validity: This measure assesses the optimal use of federal and CCE resources. Reducing the number of clients served under CCE who could otherwise be served in a Medicaid waiver (which is funded in part with federal dollars), would allow more CCE program dollars to be used to serve individuals who do not qualify for Medicaid.

ADL limitations are a good proxy for the nursing home level of care required for Medicaid waiver eligibility, and self-declared income and assets are the best estimate of financial eligibility available. Clients may provide the estimated value of their assets or select from one of three asset categories.

Contracts with the Area Agencies on Aging require timely and accurate entry of program enrollment data in CIRTS. The Department's annual monitoring activities include a review of CIRTS for data accuracy.

Reliability: The *Programs and Services Handbook* provides directions for how AAAs are to enroll CCE clients in CIRTS.

Year-to-year comparisons show the results to be consistent. Eligibility for CCE services is not based on income or assets and though clients are asked for their monthly income and total assets, clients are allowed to refuse to provide these numbers.

* Florida completed the implementation of the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult (ADA) Medicaid Waiver, Consumer Directed Care Plus (CDC+), Assisted Living (AL) Medicaid Waiver, Channeling Waiver, and Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). The Program for All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is CIRTS. This measure is the percentage of all individuals determined at imminent risk of nursing home placement who are served in home and community-based programs. Serving individuals identified as being at imminent risk of nursing home placement with home and community-based services enables them to remain in their homes and communities and results in the saving of state funds.

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

Validity: This measure is based on tracking all individuals whose files indicate that they are deemed to be at imminent risk. Based on data analysis, individuals identified as being at imminent risk of nursing home placement have been shown to enter a nursing home, if not served, at a higher rate than individuals not identified as such.

The date, quantity, and cost of the services provided are reported in CIRTS, monitored by the Area Agencies on Aging, and required to be accurate before payment is rendered. Provider incentive to overstate services provided is mitigated by the Area Agency on Aging monitoring a one-percent sample of files. Part of the monitoring is to check whether services received match services planned by the case managers. Continuing efforts are made to ensure data accuracy in CIRTS, which include file reviews, monitoring, and on-going oversight by contract managers.

Reliability: This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed. All changes made to CIRTS assessment and services data is tracked and changes can be identified.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is the DOEA Client Satisfaction Survey, a 15-item survey the Department conducts annually of case-managed clients who are randomly selected from the Department's largest programs. The clients who are surveyed have been active in the program for at least three months, received a service within 90 days of the date the sample was selected, and received services other than case management and meals within the last year. The number of completed surveys is determined to ensure a 90-percent confidence level.

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is the DOEA Client Satisfaction Survey, a 15-item survey the Department conducts annually of case-managed clients who are randomly selected from the Department's largest programs. The clients who are surveyed have been active in the program for at least three months, received a service within 90 days of the date the sample was selected, and received services other than case management and meals within the last year. The number of completed surveys is determined to ensure a 90-percent confidence level.

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: Number of elders with Alzheimer’s disease or cognitive impairment served

Action (check one):

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

Data Sources and Methodology: The data source for this measure is CIRTS.

This measure is based on a new question on the 701B Comprehensive Assessment that asks elders “Has a doctor or other health care professional told you that you suffer from memory loss, cognitive impairment, any type of dementia, or Alzheimer’s disease?” The response options are “yes” and “no.”

Validity: The Department convened subject matter workgroups, including experts in the field of Alzheimer’s disease and related disorders, to assist in the recent revision of the 701B Comprehensive Assessment. These experts recommended an expansion to the memory section and the inclusion of this question. Previously, dementia (including Alzheimer’s disease) had been one of numerous health conditions in a lengthy list of conditions read to the elder and may not have identified individuals with a cognitive impairment.

Reliability: Reliability is determined through analyzing the consistency of findings over time. The Department has begun conducting detailed analyses of the assessment findings from the use of the revised instrument.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: The Department is requesting deletion of this measure in favor of an alternate measure which more accurately counts the number of individuals receiving home and community-based services. By only counting the subset of those clients who are "registered" in CIRTS with personal identifying information, the Department is not reflecting the full range of clients receiving its services. For example, Information and Referral, which are vital access services, are not currently included in this count. Neither are services such as transportation, legal assistance, outreach, and health promotion, among others. The Department is requesting a new measure, "number of elders served with community-based long-term care services," as a replacement.

Data Sources and Methodology: The data sources for this measure are CIRTS, FMMIS, and manual program counts. FMMIS is used to enroll Medicaid providers, process Medicaid claims, adjudicate Medicaid claims, accept and process encounter claims for data collection, and reimburse Medicaid providers.

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

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

Validity: CIRTS is used statewide to identify the clients who received General Revenue and OAA-funded services, along with the date on which they received the services, the quantity of services, and the cost. Contracts with the Area Agencies on Aging require timely and accurate entry of service usage in CIRTS. Payment to the AAAs for services invoiced are required to

match the service data recorded in CIRTS. The Department's annual monitoring activities include a review of CIRTS for data accuracy.

In addition, FMMIS is used to obtain information about Medicaid waiver clients age 60 years and older who received home and community-based services. Department staff monitors the accuracy of data reported in FMMIS for these individuals.

For those programs that serve clients not reported in CIRTS or FMMIS, the contract managers are responsible for providing accurate counts of clients served.

Reliability: This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed. Though Medicaid providers have up to one year to bill, most claims are submitted within 60 days of service provision. The *Programs and Services Handbook* provide directions for how AAAs are to enroll CCE clients in CIRTS.

* Florida completed the implementation of the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult (ADA) Medicaid Waiver, Consumer Directed Care Plus (CDC+), Assisted Living (AL) Medicaid Waiver, Channeling Waiver, and Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). The Program for All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data sources for this measure are CIRTS, FMMIS, and manual program counts.

The measure is a count of individuals served in all of the Department's home and community-based service programs during a fiscal year. The count is included in the Department's annual report for the National Aging Program Information System (NAPIS). CIRTS is the source for General Revenue, Older Americans Act, and other publicly funded services, such as Emergency Home Energy Assistance Program (EHEAP). FMMIS, the Medicaid information system operated by a vendor under contract with the Agency for Health Care Administration, is the source for those served in Medicaid waiver* programs. FMMIS is used to enroll Medicaid providers, process Medicaid claims, adjudicate Medicaid claims, accept and process encounter claims for data collection, and reimburse Medicaid providers. In addition, manual counts are provided for programs not tracked in CIRTS, which are administered either directly by the Department or through contracts with the Area Agencies on Aging.

The indicator is measured by a sum of the counts obtained from all sources of number of people served.

Validity: CIRTS is used statewide to identify the clients who received General Revenue and OAA-funded services, along with the date on which they received the services, the quantity of services, and the cost. Contracts with the Area Agencies on Aging require timely and accurate entry of service usage in CIRTS. Payment to the AAAs for services invoiced are required to match the service data recorded in CIRTS. The Department's annual monitoring activities include a review of CIRTS for data accuracy.

In addition, FMMIS is used to obtain information about Medicaid waiver clients age 60 years and older who received home and community-based services. Department staff monitors the accuracy of data reported in FMMIS for these individuals.

For those programs that serve clients not reported in CIRTS or FMMIS, the contract managers are responsible for providing accurate counts of clients served.

Reliability: This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed. Though Medicaid providers have up to one year to bill, most claims are submitted within 60 days of service provision. The *Programs and Services Handbook* provide directions for how AAAs are to enroll CCE clients in CIRTS.

* Florida completed the implementation of the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult (ADA) Medicaid Waiver, Consumer Directed Care Plus (CDC+), Assisted Living (AL) Medicaid Waiver, Channeling Waiver, and Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). The Program for All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

Validity: One way to measure the success of congregate meal programs is the number of meals served.

Most congregate meal counts are entered into CIRTS. CIRTS is used statewide to identify the clients who received General Revenue and OAA-funded services, along with the date on which they received the services, the quantity of services, and the cost. Contracts with the Area Agencies on Aging require timely and accurate entry of service usage in CIRTS. Payment to the AAAs for services invoiced are required to match the service data recorded in CIRTS. The Department's annual monitoring activities include a review of CIRTS for data accuracy.

For those programs that serve clients not reported in CIRTS, the contract managers are responsible for providing accurate counts of clients served.

Validity is determined through monitoring and quality assurance efforts. Data accuracy is partly assured through exception reports that are generated to highlight data anomalies.

Reliability: This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed. All changes made to CIRTS services data are tracked and changes can be identified.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is CIRTS. Data on the consumers in home-delivered meal programs, funded by the Older Americans Act, Community Care for the Elderly, Home Care for the Elderly, and Local Services Program are the primary programs in this measure.

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

Validity: One way to measure the success of home-delivered meal programs is the number of meals served.

Most home-delivered meal counts are entered into CIRTS. CIRTS is used statewide to identify the clients who received General Revenue and OAA-funded services, along with the date on which they received the services, the quantity of services, and the cost. Contracts with the Area Agencies on Aging require timely and accurate entry of service usage in CIRTS. Payment to the AAAs for services invoiced are required to match the service data recorded in CIRTS. The Department's annual monitoring activities include a review of CIRTS for data accuracy.

For those programs that serve clients not reported in CIRTS, the contract managers are responsible for providing accurate counts of clients served.

Validity is determined through monitoring and quality assurance efforts. Data accuracy is partly assured through exception reports that are generated to highlight data anomalies.

Reliability: This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed. All changes made to CIRTS services data are tracked and changes can be identified.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data sources for this measure are CIRTS and counts reported by the program contract manager for the Adult Care Food Program and the Senior Farmers' Market Nutrition Program.

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

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

Validity: CIRTS was chosen as the primary source because it is the most complete source of participant data across programs and can create unduplicated counts. CIRTS is used statewide to identify the clients who received General Revenue and OAA-funded services, along with the date on which they received the services, the quantity of services, and the cost. Contracts with the Area Agencies on Aging require timely and accurate entry of service usage in CIRTS. Payment to the AAAs for services invoiced are required to match the service data recorded in CIRTS. The Department's annual monitoring activities include a review of CIRTS for data accuracy.

The manual counts are for much smaller programs with less readily available consumer data. For the Adult Care Food and Senior Farmers' Market Nutrition Programs, manual counts are an appropriate means to collect the data. Since the services are not reported in CIRTS, the contract managers are responsible for providing accurate counts of clients served.

Validity is determined through monitoring and quality assurance efforts. Data accuracy is partly assured through exception reports that are generated to highlight data anomalies.

Reliability: This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTIS to be completed. All changes made to CIRTIS services data are tracked and changes can be identified.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data sources for this measure are CIRTS, FMMIS, and manual reports for programs that offer caregiver services.

Data are available in CIRTS for caregiver services funded by General Revenue and the Older Americans Act (OAA), except for the National Family Caregiver Support Program (Title IIIIE). FMMIS is the source for Medicaid waiver* caregiver services. FMMIS is used to enroll Medicaid providers, process Medicaid claims, adjudicate Medicaid claims, accept and process encounter claims for data collection, and reimburse Medicaid providers. Manual counts are provided by the RELIEF Program, Memory Disorder Clinics, the Brain Bank, the AmeriCorps Program, Senior Companion, and OAA Title IIIIE.

For those programs that are not reported in CIRTS or FMMIS, the methodology used to collect data is to obtain counts of consumers served through monthly and quarterly reports from the AmeriCorps Program, reports submitted on the monthly information sheets for the Senior Companion, reports from the Memory Disorder Clinics, the Monthly Standard Information Sheet for the RELIEF Program, and Area Agency on Aging estimates for Title IIIIE.

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

Validity: Validity is determined through an analysis of available data. The AmeriCorps Program has each project self-report on results with documentation attached, and the RELIEF Program provides the Monthly Standard Information Sheet. Instead of creating a new data measuring system, the existing data collection efforts are sufficient for this purpose. Senior Companion data are from the reports providers submit.

CIRTS and FMMIS are the best sources of data for General Revenue, OAA, and Medicaid waiver programs. Contracts with the Area Agencies on Aging require timely and accurate entry of service usage in CIRTS. Payment to the AAAs for services invoiced are required to match the service data recorded in CIRTS. The Department's annual monitoring activities include a review of CIRTS for data accuracy.

The IIIIE Program data are based on estimates the Area Agencies on Aging provide as part of the federal National Aging Program Information System (NAPIS).

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

Reliability: Reliability is determined through audits and consumer interviews for the AmeriCorps Program. The RELIEF Program has made efforts to ensure reliability by only counting consumers served through records obtained from the Area Agency on Aging.

This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed. All changes made to CIRTS services data are tracked and changes can be identified. Though Medicaid providers have up to one year to bill, most claims are submitted within 60 days of service provision. The *Programs and Services Handbook* provide directions for how AAAs are to enroll clients in CIRTS. CIRTS data reliability is also determined through monitoring and case file reviews.

Reliability is above 95 percent for the AmeriCorps Program because of the documentation and auditing required. Requiring the Monthly Standard Information Sheet in the contracts has made the data for the RELIEF Program very reliable. Both Senior Companion and Title IIIIE data show consistency over time.

* Florida completed the implementation of the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult (ADA) Medicaid Waiver, Consumer Directed Care Plus (CDC+), Assisted Living (AL) Medicaid Waiver, Channeling Waiver, and Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). The Program for All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is CIRTS and FMMIS. FMMIS is used to enroll Medicaid providers, process Medicaid claims, adjudicate Medicaid claims, accept and process encounter claims for data collection, and reimburse Medicaid providers.

The number of clients served under the Community Care for the Elderly Program was obtained from CIRTS. The number of clients served under one of the Medicaid waiver* programs (Aged and Disabled Adult (ADA) Medicaid Waiver, including Consumer Directed Care; Channeling Waiver; and the Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD)) was based on paid claims data in FMMIS.

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

With the implementation of SMMC LTC and the termination of the ADA, Channeling, and NHD waivers, Community Care for the Elderly will be the only program remaining in the Home and Community Services Diversions activity in SFY 2014-15.

Validity: Contracts with the Area Agencies on Aging require timely and accurate entry of service usage in CIRTS. Payment to the AAAs for services invoiced are required to match the service data recorded in CIRTS. The Department's annual monitoring activities include a review of CIRTS for data accuracy.

Reliability: This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed. All changes made to CIRTS services data are tracked and changes can be identified. Though Medicaid providers have up to one year to bill, most claims are submitted within 60 days of service provision.

* Florida completed the implementation of the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult (ADA) Medicaid Waiver, Consumer Directed Care Plus (CDC+), Assisted Living (AL) Medicaid Waiver, Channeling Waiver, and Long-Term Care Community Diversion Pilot

Project (also referred to as Nursing Home Diversion or NHD). The Program for All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is FMMIS. FMMIS is used to enroll Medicaid providers, process Medicaid claims, adjudicate Medicaid claims, accept and process encounter claims for data collection, and reimburse Medicaid providers.

Paid claims data from FMMIS is used to calculate an unduplicated count of Long-Term Care Community Diversion Pilot Project* and Program for All-Inclusive Care for the Elderly (PACE) participants.

With the implementation of SMMC LTC and the termination of the Long-Term Care Community Diversion Pilot Project, the Program of All-Inclusive Care for the Elderly (PACE) will be the only program remaining in the Long-Term Care Initiatives activity in SFY 2014-15.

Validity: FMMIS is the most accurate source for Medicaid participation and expenditures. The Department's ongoing monitoring activities include a review of FMMIS data for accuracy.

Reliability: This measure is calculated after the close of the state fiscal year with sufficient time for Medicaid claim submissions to be made. Though Medicaid providers have up to one year to bill, most claims are submitted within 60 days of service provision.

* Florida completed the implementation of the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult (ADA) Medicaid Waiver, Consumer Directed Care Plus (CDC+), Assisted Living (AL) Medicaid Waiver, Channeling Waiver, and Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). The Program for All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: The Department is requesting the deletion of this measure. Because the only program in the Residential Living Support and Elder Housing Issues activity ended on February 28, 2014, the Department can no longer report on this output measure. The Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program was implemented at the direction of the Florida Legislature in 2011. The legislation required that the Assisted Living (AL) Medicaid Waiver program, the only program included in this activity, be terminated upon the successful implementation of SMMC LTC.

Data Sources and Methodology: The data source for this measure is FMMIS. FMMIS is used to enroll Medicaid providers, process Medicaid claims, adjudicate Medicaid claims, accept and process encounter claims for data collection, and reimburse Medicaid providers.

Paid claims data from FMMIS is used to calculate an unduplicated count of Assisted Living Medicaid Waiver participants.

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

Validity: FMMIS is the most accurate source for Medicaid participation and expenditures. The Department's ongoing monitoring activities include a review of FMMIS data for accuracy.

Reliability:

This measure is calculated after the close of the state fiscal year with sufficient time for Medicaid claim submissions to be made. Though Medicaid providers have up to one year to bill, most claims are submitted within 60 days of service provision.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is CIRTS.

CIRTS is used to calculate the number of participants in the Older Americans Act Title IIIB (Supportive Services and Senior Centers) and the Local Services Programs (for non-meals services).

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

Validity: Contracts with the Area Agencies on Aging require timely and accurate entry of service usage in CIRTS. Payment to the AAAs for services invoiced are required to match the service data recorded in CIRTS. The Department's annual monitoring activities include a review of CIRTS for data accuracy.

Reliability: This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed. All changes made to CIRTS services data are tracked and changes can be identified. The *Programs and Services Handbook* provides directions for how AAAs are to enroll clients in CIRTS.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is Legislative Appropriations System/Planning and Budgeting Subsystem (LAS/PBS).

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

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

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

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

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

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

* Florida completed the implementation of the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult (ADA) Medicaid Waiver, Consumer Directed Care Plus (CDC+), Assisted Living

(AL) Medicaid Waiver, Channeling Waiver, and Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). The Program for All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Consumer Advocate Services
Measure: Percent of complaint investigations initiated by the Ombudsman within seven (7) calendar days (Applies to the Long-Term Care Ombudsman Council)

Action (check one):

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

NOTE: This is a technical change to the measure from percent of complaint investigations initiated by the Ombudsman within five working days to percent of complaint investigations initiated within seven calendar days to match federal reporting. This change in federal reporting requirement has been adopted in Florida Administrative Code (R. 58L-1.007(1)(b) and (2)(a), F.A.C.).

Data Sources and Methodology: The data source for this measure is the Long-Term Care Ombudsman investigation data collected and stored in the Ombudsman Program offices in each district and then compiled at the state office.

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: The Long-Term Care Ombudsman Program is requesting the deletion of this measure and the adoption of the current language promulgated in rule. Due to a change in federal reporting requirements, which has been incorporated into Florida Administrative Code (58L-1.007(1)(b) and (2)(a), F.A.C.), the Long-Term Care Ombudsman Program is no longer required to report on this measure as worded. Instead, the program is now required to report on the “Percent of investigations initiated by the ombudsman within seven (7) calendar days.”

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Consumer Advocate Services
Measure: Percentage of complaint investigations completed within 90 calendar days (Long-Term Care Ombudsman Program)

Action (check one):

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is each of the circuit courts with an Office of Public Guardian that is funded by General Revenue dollars.

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

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

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

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

The measure is reliable. The measure is based on data submitted by each Office of the Public Guardian.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is tracked by each of the circuit courts with an Office of Public Guardian that is funded by General Revenue dollars.

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

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

Validity: The methodology is developed through staff analysis of data available. Each Office of the Public Guardian operates independently under the direction of the local circuit court. The Department has oversight of the public guardianship program, which has recently been expanded and is now operating statewide.

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

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

LRPP EXHIBIT V: IDENTIFICATION OF ASSOCIATED ACTIVITY CONTRIBUTING TO PERFORMANCE MEASURES

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures		
Measure Number	Approved Performance Measures for FY 2012-13	Associated Activities Title
1	Percent of Elders the CARES program determined eligible for nursing home placement who are diverted	Universal Frailty Assessment ACT 2000
2	Number of CARES assessments	Universal Frailty Assessment ACT 2000
3	Percent of most frail elders who remain at home or in the community instead of going into a nursing home	Home and Community Services Diversions, Long-Term Care initiatives, Nutritional Services for the Elderly, Residential Assisted Living Support and Elder Housing Issues, Early Intervention/Prevention, Supported Community Care, Caregiver Support
4	Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours	Home and Community Services Diversions, Long-Term Care initiatives, Nutritional Services for the Elderly, Residential Assisted Living Support and Elder Housing Issues, Early Intervention/Prevention, Supported Community Care, Caregiver Support
5	Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups	All Home and Community Services
6	Percent of elders assessed with high or moderate risk environments who improved their environment score	All Home and Community Services
7	Percent of new service recipients with high-risk nutrition scores whose nutritional status improved	All Home and Community Services
8	Percent of new service recipients whose ADL assessment score has been maintained or improved	All Home and Community Services
9	Percent of new service recipients whose IADL assessment score has been maintained or improved	All Home and Community Services
10	Percent of family and family-assisted caregivers who self-report they are very likely to provide care	All Home and Community Services
11	Percent of caregivers whose ability to continue to provide care is maintained or improved after service intervention (as determined by the caregiver and the assessor)	All Home and Community Services
12	Average time in the Community Care for the Elderly Program for Medicaid waiver-probable customers	All Home and Community Services
13	Percent of customers who are at imminent risk of nursing home placement who are	All Home and Community Services

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures		
Measure Number	Approved Performance Measures for FY 2012-13	Associated Activities Title
	served with community-based services	
14	Number of elders served with registered long-term care services	All Home and Community Services
15	Number of congregate meals provided	Nutritional Services for the Elderly ACT 4000
16	Number of elders served (caregiver support)	Caregiver Support ACT 4200
17	Number of elders served (early intervention/prevention)	Early Intervention/Prevention ACT 4100
18	Number of elders served (home and community services)	Home and Community Services Diversion ACT 4500
19	Number of elders served (LTC initiatives)	Long-Term Care Initiatives ACT 4800
20	Number of elders served (meals, nutrition education and counseling)	Nutritional Services for the Elderly ACT 4000
21	Number of elders served (residential assisted living support and elder housing issues)	Residential Living Support Elder Housing Issues ACT 4300
22	Number of elders served (supported community care)	Supported Community Care ACT 4400
23	Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions	Executive Direction and Support Services
24	Percent of complaint investigations initiated by the ombudsman within five (5) working days	Long-Term Care Ombudsman Council ACT 1100
25	Number of complaints investigated	Long-Term Care Ombudsman Council ACT 1100
26	Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within five (5) days of receipt of request	Public Guardianship ACT 1200
27	Number of judicially approved guardianship plans including new orders	Public Guardianship ACT 1200
<i>Office of Policy and Budget – July 2012</i>		

ACTIVITY ISSUE CODES SELECTED:

TRANSFER-STATE AGENCIES ACTIVITY ISSUE CODES SELECTED:

1-8:

AID TO LOCAL GOVERNMENTS ACTIVITY ISSUE CODES SELECTED:

1-8:

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

*** NO ACTIVITIES FOUND ***

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

*** NO OPERATING CATEGORIES FOUND ***

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

BE	PC	CODE	TITLE	EXPENDITURES	FCO
65100400	1303000000	ACT4700	HOUSING, HOSPICE AND END OF LIFE	47,900	
65100600	1208000000	ACT6000	DISASTER PREPAREDNESS AND	72,399	

TOTALS FROM SECTION I AND SECTIONS II + III:

DEPARTMENT: 65	EXPENDITURES	FCO
FINAL BUDGET FOR AGENCY (SECTION I):	268,474,624	
TOTAL BUDGET FOR AGENCY (SECTION III):	268,474,636	

DIFFERENCE:	12-
(MAY NOT EQUAL DUE TO ROUNDING)	=====

NOTES:

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

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

APPENDIX I: GLOSSARY OF TERMS AND ACRONYMS, INCLUDING UNIQUE AGENCY TERMS AND ACRONYMS

Abuse – Any willful act or threatened act by a relative, caregiver, or household member which causes or is likely to cause significant impairment to a vulnerable adult’s physical, mental, or emotional health. Abuse includes acts and omissions.

Access Point – A local entity that serves as a point of contact for individuals seeking information on long-term care services.

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

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

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

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

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

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

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

Advisory Council – A council organized to provide advice, suggestions, and recommendations concerning programs for older persons. Advisory councils exist at DOEA, each AAA, and nutrition providers. Supportive services providers are not required to have advisory councils; however, providers are required to have some mechanism for receiving participant feedback. An advisory council does not have policy or decision making authority. It provides advice and recommendations that may then be reviewed by the governing body (board of directors) of the agency.

Agency for Health Care Administration (AHCA) – The designated single state Medicaid agency with responsibility for the administration of Title XIX of the Social Security Act in Florida

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

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

AmeriCorps – AmeriCorps, the domestic Peace Corps, funds grants for elder programs such as ElderServe, Care and Repair, and Homeland Security. AmeriCorps members and volunteers provide a variety of community outreach, education, respite, and support services for elders. ElderServe emphasizes respite service for frail elders who are at risk of institutionalization, focusing mainly on those elders with Alzheimer’s disease and other forms of dementia. Care and Repair provides home repairs, home modifications, and related services to assist elders in making their domiciles accessible and safe, allowing these elders to age in place and enhancing their quality of life. Homeland Security assists elders in preparing for acts of terrorism, emergencies, and natural disasters.

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

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

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

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

Below Poverty Level (BPL) – Individuals with income below the amount annually established by the federal government as the poverty level.

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

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

Care Plan – The tool used by the case manager to document a client’s assessed needs, services to be provided, and costs associated with the provision of services. The care plan is a plan of action, developed in conjunction with the client, caregiver, and the client’s family or representative. It is designed to assist the case manager in the overall management of the client’s care.

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

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

Centers for Medicare & Medicaid Services (CMS) – Administers Medicare, Medicaid, and the Children’s Health Insurance Program. Formerly called the Health Care Finance Administration (HCFA).

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

COA – Council on Aging

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

Community – Geographic area designated by the AAA after considering the incidence of need, availability and delivery pattern of local services, and natural boundaries of neighborhoods. A community may be a county, a portion of a county, or two or more counties.

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

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

Contract – A legally binding agreement between the state and another entity, public or private, for the provision of services.

Contract Manager – A person designated by the Department or the AAA to manage the performance of the contract.

Contractor/Subcontractor – The entity selected as the result of a procurement decision using competitive or non-competitive methods to provide goods or services pursuant to a legally executed agreement. The contractor/subcontractor can be a recipient, subrecipient, or vendor.

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

Dementia – The loss of cognitive functions (such as thinking, remembering, and reasoning) of sufficient severity to interfere with an individual's daily functioning. Dementia is not a disease. It is a group of symptoms which may accompany certain diseases or conditions. Symptoms may also include changes in personality, mood, and behavior.

Department – The Florida Department of Elder Affairs (DOEA).

Department of Children and Families (DCF) – The state agency responsible for social and financial assistance services for categorically eligible children and adults.

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

DOEA – Department of Elder Affairs

DSO – Direct-Support Organization. The Foundation for Florida's Elders, Inc. is the DSO for the Department of Elder Affairs.

EOG – Executive Office of the Governor

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

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

Exploitation – "Exploitation" means, but is not limited to, the following:

- a. Improper or illegal use or management of a vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive the person of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult; or
- b. Intentional or negligent failure to effectively use a vulnerable adult’s income and assets for the necessities required for that person’s support and maintenance.

FEMA – Federal Emergency Management Agency

FLAIR – Florida Accounting Information Resource Subsystem

FMMIS – Florida Medicaid Management Information System

Frail – A condition of physical and/or mental disability, including Alzheimer's disease or a related disorder with neurological brain dysfunction, which restricts an individual’s ability to perform normal activities of daily living or threatens the individual’s capacity to live independently.

F.S. – Florida Statutes

Functionally Impaired Elderly Person – A person 60 years of age or older with physical or mental limitations which restrict the individual’s ability to perform the normal activities of daily living and impede the individual’s capacity to live independently without provision of services. Functional impairment will be determined through a functional assessment completed with each applicant for CCE, HCE, and ADI services.

FY – Fiscal Year

GAA – General Appropriations Act

GR – General Revenue Fund

HCBS – Home and Community-Based Services

HMO – Health Maintenance Organization

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

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

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

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

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

IT – Information Technology

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

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

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

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

L.O.F. – Laws of Florida

Long-Range Program Plan (LRPP) – A plan developed on an annual basis by each state agency that is policy-based, priority-driven, accountable, and developed through careful examination and justification of all programs and their associated costs. Each plan is developed by examining the needs of agency customers and clients and proposing programs and associated costs to address those needs based on state priorities as established by law, the agency mission, and legislative

authorization. The plan provides the framework and context for preparing the legislative budget request (LBR) and includes performance indicators for evaluating the impact of programs and agency performance.

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

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

LSP – Local Services Program

LTC – Long-Term Care

MCO – Managed Care Organization

MDC – Memory Disorder Clinic

Medicaid – A medical assistance program funded with federal matching funds that serves low-income families, those age 18 and older, people who are blind, and people with disabilities. The DCF ACCESS (Automated Community Connection to Economic Self Sufficiency) Florida Program determines eligibility for public assistance.

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).

Monitoring – The collection and analysis of contract agencies' performance related to current and past activities in order to determine whether the agency complied with its contracts and state and federal rules, adhered to standards of good practice within the industry, and produced outcomes consistent with DOEA's statutory mission and focus.

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

NAPIS – National Aging Program Information System

NASUAD – National Association of States United for Aging and Disabilities

National Family Caregiver Support Program (NFCSP) – Provides support services for family caregivers, including grandparents or other elders caring for relatives. The program encourages the provision of multifaceted systems of support services to assist individuals in providing care to

older family members, adults with disabilities, and children. The primary program consideration is to relieve emotional, physical, and financial hardships of individuals providing care. Funded by the Older Americans Act, Title III E.

NCOA – National Council on Aging

Neglect – The failure or omission on the part of the caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, which a prudent person would consider essential for the well-being of a vulnerable adult; or the failure of a caregiver or vulnerable adult to make a reasonable effort to protect a vulnerable adult from abuse, neglect, or exploitation by others. “Neglect” is repeated conduct or a single incident of carelessness that produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death.

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

Older Americans Act (OAA) – Federal legislation that provides funding for a wide array of social services for persons age 60 and older. The Act emphasizes the development of a comprehensive and coordinated service delivery system for the elderly; elimination of duplicating and overlapping functions; and integration of social and nutritional services.

OAA Title IIIB – Older Americans Act section providing funding for supportive service programs, including multipurpose senior centers, for older persons.

OAA Title IIIC1 – Older Americans Act section providing funding for congregate meals, outreach, and nutrition education for older persons.

OAA Title IIIC2 – Older Americans Act section providing funding for home-delivered meals, outreach, and nutrition education for older persons.

OAA Title IIID – Older Americans Act section providing funding for disease prevention and health promotion services for older persons.

OAA Title IIIE – Older Americans Act section known as the National Family Caregiver Support Program. It funds supportive services for caregivers who provide in-home care for frail older individuals and grandparents or older persons who are relative caregivers of children 18 years of age or younger or individuals with a disabilities.

OAA Title V – Older Americans Act section providing for the Senior Community Service Employment Program (SCSEP).

OAA Title VII – Older Americans Act section which incorporates separate authorizations of appropriations for the: Long-Term Care Ombudsman Program, the program for prevention of elder abuse, neglect, and exploitation, and the elder rights and legal assistance program

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

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

PASRR – Pre-Admission Screening and Resident Review. PASRR is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long-term care.

Pass Through – Funds the state distributes directly to other entities, e.g., local governments or non-profit organizations, without being managed by the agency distributing the funds. These funds flow through the agency’s budget; however, the agency has no discretion regarding how the funds are spent, and the activities (outputs) associated with the expenditure of funds are not measured at the state level.

NOTE: This definition of “pass through” applies ONLY for the purposes of long-range program planning.

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

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

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

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

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

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

Program of All-Inclusive Care for the Elderly (PACE) – A program that targets individuals who would otherwise qualify for Medicaid nursing home placement and provides them with a

comprehensive array of home and community-based services at a cost less than nursing home care.

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

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

Quality Assurance – Evaluation of the quantity, quality, economy, and appropriateness of services in accordance with prescribed standards of care and level of professionalism. It also includes methods for determining participants’ satisfaction or dissatisfaction with services being delivered.

Recipient/Subrecipient – A person or entity that is not an employee, who performs all or part of those services under contract with the pass-through entity. Recipients and subrecipients typically determine program eligibility, are responsible for program decision-making, and must adhere to compliance requirements. They have their performance measured against state and federal goals and use federal and state program funds to carry out services under programs

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

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

Rural Area – An area outside a Standard Metropolitan Statistical Area (SMSA) as defined by the U.S. Department of Commerce, Bureau of Census.

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

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

Service – See Budget Entity

Service Provider – An entity that is awarded a sub-grant or contract from an AAA to provide services under the following programs: Older Americans Act; Alzheimer’s Disease Initiative; Community Care for the Elderly; Home Care for the Elderly; and Local Services Program.

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

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

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

Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) – The Statewide Medicaid Managed Care Long-Term Care Program provides home and community-based services and nursing facility services to older persons (65+) and disabled individuals (ages 18-64) who meet nursing facility level of care.

Statewide Public Guardianship Office (SPGO) – The Statewide Public Guardianship Office was created by the Legislature to provide for the establishment of public guardian offices to provide guardianship services for incapacitated persons when no private guardian is available.

SWOT – Strengths, Weaknesses, Opportunities, and Threats. A SWOT analysis is a global assessment of an agency’s stakeholders and the agency’s external and internal environments.

USDA – U.S. Department of Agriculture

U.S. Department of Health and Human Services (HHS) – The federal agency, which includes the AoA, responsible for administering the Older Americans Act programs.

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

Units of Service – Units of service are a standard method for counting and reporting services provided.

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