

2015

FLORIDA DEPARTMENT OF ELDER AFFAIRS

SUMMARY^{OF} PROGRAMS & SERVICES

Rick Scott, *Governor* | Samuel P. Verghese, *Secretary*



Summary of Programs and Services

FEBRUARY 2015



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ELDER SERVICES AT A GLANCE - STATE FISCAL YEAR 2013-2014

PROGRAM*	FUNDING	CLIENTS SERVED
Adult Care Food Program	\$4,806,225	91 Program Sites 1,822,981 Meals or Snacks Served
Aged and Disabled Adult Waiver (ADA)	\$126,013,685	10,289
Alzheimer's Disease Initiative (ADI) Respite/Special Projects	\$10,412,201	1,832
Alzheimer's Disease Initiative (ADI) Memory Disorder Clinics	\$3,413,603	6,560
AmeriCorps	\$230,933	250 Clients Served 67 Volunteer Members 36,000 Member Hours of Service
Assisted Living Waiver	\$37,257,303	3,210
Channeling Waiver	\$14,700,762	1,444
Community Care for the Elderly (CCE)	\$45,229,617	12,423
CARES (Comprehensive Assessment and Review for Long-Term Care Services)	\$17,300,580	80,706 Assessments 20.9% of Clients Assessed Diverted to Home and Community-Based Services
Emergency Home Energy Assistance for the Elderly Program (EHEAP)	\$4,727,416	12,620 Households Served
Home Care for the Elderly (HCE)	\$7,903,357	2,831
Local Services Programs (LSP)	\$8,915,811	8,776
Long-Term Care Community Diversion Pilot Program (Nursing Home Diversion)	\$364,530,717	20,253
Long-Term Care Ombudsman Program (LTCOP)	\$3,040,514	4,120 Administrative Assessments 8,863 Complaints Investigated
Nutrition Services Incentive Program (NSIP)	\$6,235,977	8,677,755 Meals Served
Older Americans Act Title III B Supportive Services	\$31,360,052	29,346
Older Americans Act Title III C1 Congregate Meals	\$20,374,456	30,283
Older Americans Act Title III C2 Home-Delivered Meals	\$20,298,442	17,083
Older Americans Act Title III D Preventive Health Services	\$1,461,573	19,621
Older Americans Act Title III E Caregiver Support	\$11,594,573	16,329
Older Americans Act Title V Senior Community Service Employment Program (SCSEP)	\$5,006,353	711
Program of All-Inclusive Care for the Elderly (PACE)	\$28,330,951	1,100 Clients Approved
Respite for Elders Living in Everyday Families (RELIEF)	\$909,034	369 Volunteers 110,267 Hours of Service
Senior Companion Program	\$400,935	300 Clients Served 84 Volunteer Companions 64,500 Hours of Service
Senior Farmers' Market Nutrition Program	\$101,458	28 Farmers' Markets 1,953 Clients Receiving Produce Coupons
SHINE (Serving Health Insurance Needs of Elders)	\$3,522,766	523 Volunteers 161,205 Client Contacts
Statewide Public Guardianship Office	\$2,769,851	2,931 Public Wards Provided Services

*Programs operate on different annual periods, for example, state fiscal year or calendar year. For the latter, the most recent final data available at the time of publication is for calendar year 2013 except as noted. Please refer to individual program listings for information on their respective program periods.

**Most recent available final data is for federal fiscal year 2013-2014

This document is produced by the Florida Department of Elder Affairs and updated periodically to provide the public and the Legislature with information about programs and services for Florida's elders. Services and programs for elders vary in relation to consumer needs, demographics, funding availability, and legislative directives. Most of the information and data in this *Summary of Programs and Services* were compiled as of September 2014.

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

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PREFACE

This 2015 Summary of Programs and Services contains comprehensive information about the activities of the Florida Department of Elder Affairs and those it serves. It is organized as follows:

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

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

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

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

Section E – Medicaid Programs provides detailed information about Medicaid-funded programs. Information about the CARES (Comprehensive Assessment and Review for Long-Term Care Services) Program is included in this section. Program information includes administration, eligibility, statutory authority, appropriation history, and funding source.

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

Appendices provide a variety of technical information about Department programs, including annualized program cost comparisons per customer served, budget by revenue source, elder population demographics and clients served by county, customer profiles by assessment priority level, definitions, and a list of acronyms and abbreviations.

Section A

General Overview

FLORIDA DEPARTMENT OF ELDER AFFAIRS

OVERVIEW

Rick Scott, Governor
Samuel P. Verghese, Secretary

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

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

With approximately 4.8 million residents age 60 and older, Florida currently ranks first in the nation in the percentage of its citizens who are elders, and will continue to do so for the foreseeable future (23 percent in 2010 growing to 35 percent in 2030). More than 1.7 million Floridians are age 75 and older. The population age 100 and older is currently the state's fastest-growing age group by percentage. Florida is also rich in generational and cultural diversity, especially among individuals age 55 and older. Florida's future is linked to the financial health and physical security of its elder population.

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

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

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

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

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

MISSION STATEMENT

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

VISION

All Floridians aging with dignity, purpose, and independence.

PRINCIPLES GOVERNING THE DEPARTMENT'S SERVICES

FLORIDA FOR A LIFETIME:

Empowering and Protecting Seniors

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

This commitment focuses on the following guiding principles:

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

THE ELDER SERVICES NETWORK

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

COMMUNITIES FOR A LIFETIME

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

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

The Department is focusing efforts on five vital issues facing Florida seniors and retirees who are not enrolled in Medicaid programs: 1) transportation, 2) housing, 3) employment, 4) volunteerism and intergenerational programs, and 5) health and wellness initiatives. This increased focus has resulted, in part, from many requests for assistance from elders who wish to maintain an independent lifestyle for as long as possible. Florida's growing senior population will further increase the need for programs and services addressing these key issues. In many instances, these efforts also provide opportunities for elders who require long-term care to find appropriate home and community-based care options that are less restrictive and less costly than skilled nursing care. Therefore, the goal and values of Communities for a Lifetime are reflected in all Department programs.

Under CFAL, the Elder Housing Unit provides information and technical assistance to elders and community leaders to help them identify affordable senior housing choices and assisted

As of October 2014, a total of 127 Florida cities, counties, towns, and villages were Communities for a Lifetime partners.

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

AGING AND DISABILITY RESOURCE CENTERS (ADRC)

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

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

AGING AND DISABILITY RESOURCE CENTERS (ADRC) FUNCTIONS

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

STATEWIDE TRANSITION TO AGING AND DISABILITY RESOURCE CENTERS

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

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

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

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

and Families (DCF), applications are processed much more efficiently.

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

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

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

Aging and Disability Resource Centers and Implementation of Statewide Medicaid Managed Care Long-Term Care (SMMC LTC)

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

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

Purple Ribbon Task Force

The Florida Legislature passed House Bill 473 in 2012, creating the Purple Ribbon Task Force (PRTF) within the Department of Elder Affairs (Department) to mobilize a state response to Alzheimer's Disease and Related Disorders (ADRD). In January 2013, the PRTF submitted an interim report of its assessment of the needs of persons with ADRD and caregivers, as well as existing services and resources. The interim report was followed by the August 2013 submission of a final report, including more than 30 recommendations, with action steps and timelines, providing the foundation for "Florida's State Plan on Alzheimer's Disease."

The activities associated with each recommendation are tracked and documented by staff, including the results of the 2014 Legislative Session which impacted several of the PRTF recommendations:

Recommendation: Provide state funding for a grant program for ADRD research.

Action: The Legislature established the Ed and Ethel Moore Alzheimer's Disease Research Program within the Florida Department of Health, creating the Alzheimer's Disease Research Grant Advisory Board to review applications for Alzheimer's disease research grants.

Recommendation: Ensure all family caregivers have access to respite services if needed.

Action: The Legislature appropriated an additional \$4,000,000 in the Alzheimer's Disease Initiative, to serve frail individuals statewide waiting for services.

Recommendation: Develop a well-coordinated and dementia-capable emergency management system.

Action: The Legislature established a registration program to ensure the registration and identification of all persons with special needs who would need assistance during evacuations and sheltering because of physical, mental, or cognitive impairment or sensory disabilities.

SERVICES TO ELDERLY IN STATE FISCAL YEAR 2013-2014 INCLUDED:

- More than 5.1 million "Meals on Wheels" delivered to homebound elders;
- More than 5.8 million meals served at nutrition sites, preventing isolation and loneliness;
- More than 1.3 million hours of caregiver respite;
- More than 2.7 million hours of homemaker and personal care; and
- More than 1.2 million trips to or from doctors' appointments, senior centers, and shopping.

Recommendation: Fund Memory Disorder Clinics according to performance standards and benchmark goals.

Action: The Legislature required the Department to develop minimum performance standards for memory disorder clinics and performance goals that exceed the minimum performance standards. If the goals are achieved, the memory disorder clinic could be eligible for incentive funding above the base level, subject to legislative appropriation.

Recommendation: Create a Dementia Specialist Position at the Department that can implement the Purple Ribbon Task Force recommendations and state plan.

Action: The Department established the ADRD Coordinator position for the primary purpose of carrying out the recommendations of the PRTF, including implementing Florida's State Plan on Alzheimer's Disease.

All of the PRTF recommendations, action steps, and timelines are located on the Department's website at http://elderaffairs.state.fl.us/doea/purple_ribbon.php.

DIVISION AND UNIT RESPONSIBILITIES WITHIN THE DEPARTMENT

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

The Department, one of the smallest of the Governor's executive agencies, implements a variety

ELDER VOLUNTEERS

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

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

Data compiled by Florida's Department of Elder Affairs, Bureau of Planning and Evaluation

of innovative programs such as Community Care for the Elderly, Home Care for the Elderly, and the Program of All-Inclusive Care for the Elderly. These programs result in significant cost savings for Florida. Home and community-based services are provided at an average annual cost per client between \$3,214 and \$27,611, compared to an average annual cost of \$61,713 for care in a skilled nursing facility.

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

OFFICE OF THE SECRETARY

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

The Office of the Secretary includes the Offices of the General Counsel, Inspector General, Statewide Public Guardianship, and the Long-Term Care Ombudsman Program.

OFFICE OF THE SECRETARY

- General Counsel
- Inspector General
- Statewide Public Guardianship
- Long-Term Care Ombudsman Program

OFFICE OF THE GENERAL COUNSEL

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

OFFICE OF INSPECTOR GENERAL

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

STATEWIDE PUBLIC GUARDIANSHIP OFFICE

Established in 1999 by Sections 744.701-709, Florida Statutes, the Statewide Public Guardianship Office (SPGO) is responsible for appointing and overseeing Florida's public guardians. SPGO contracts with 17 local Offices of Public Guardianship to provide services throughout Florida. In 2013, SPGO accomplished, for the first time, statewide coverage for public guardianship programs and in 2014 received an additional \$3,750,000 for public guardian programs.

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

The Statewide Public Guardianship Office is responsible for the creation and administration of the 40-hour professional guardian training course and the professional guardian competency exam. The office is also responsible for the registration and education of professional guardians and the education of examining committee members.

LONG-TERM CARE OMBUDSMAN PROGRAM

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

OFFICE OF THE DEPUTY SECRETARY AND CHIEF OF STAFF

The Office of the Deputy Secretary performs the Chief of Staff functions for the Department and oversees the Office of Strategic Initiatives, the Division of Statewide Community-Based Services, the Division of Internal and External Affairs, and the Division of Financial Administration.

OFFICE OF THE DEPUTY SECRETARY AND CHIEF OF STAFF

- Office of Strategic Initiatives
- Division of Statewide Community-Based Services
- Division of Internal and External Affairs
- Division of Financial Administration

OFFICE OF STRATEGIC INITIATIVES

The Office of Strategic Initiatives leads and manages strategic project initiatives, including the development of strategic plans and the evaluation of programs administered by the Department. Working with staff in all areas of the Department, the office provides internal

consulting services on policy development and performance measurement. The office is also responsible for analyzing program data and key performance measures to evaluate and improve program performance, accountability, and sustainability. In addition, the office supports external research efforts by collaborating with research organizations to leverage the Department's data resources to support research in aging and long-term care service delivery.

Planning and Evaluation

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

- Strategic planning and needs assessment;
- Performance measurement;
- Program analysis and evaluation;
- Demographic analysis and forecasting;
- Program data gathering and dissemination; and
- Grant writing.

PLANNING AND EVALUATION BUREAU PUBLICATIONS

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

DIVISION OF STATEWIDE COMMUNITY-BASED SERVICES

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

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

Support and oversight for Medicaid Waiver programs – Medicaid Waiver programs are provided through joint state and federal funding. However, Medicaid Waiver programs authorize the state to provide care in the individual's home or in a community setting, such as an assisted living facility or adult family care home, rather than in an institutional setting, such as a nursing home. These Medicaid programs provide consumers independence, a choice of care settings, and the ability to remain safely in the community with these supportive services.

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

Programs administered by the Department and contracted to entities other than Area Agencies on Aging – These programs include the Adult Care Food Program, Senior Farmers' Market Nutrition Program, memory

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

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

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

Long-Term Care and Support

The Bureau of Long-Term Care and Support (LTCS) assists with Medicaid programs in partnership with AHCA. These programs are designed to help individuals who qualify for the level of care offered by nursing homes but may be able to remain safely in their own homes or communities by receiving waiver services. The Bureau also manages and oversees all Medicaid contracts and functions for which the ADRCs are responsible.

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

Community and Support Services

The Bureau of Community and Support Services consists of the following three teams: (1) Aging and Disability Resource Center Oversight, Contract Management, and Technical Assistance; (2) Caregiver Support; and (3) Nutrition. Bureau functions include most non-Medicaid community-based programs to help elders remain in their own homes and avoid institutional care. Another Bureau function is the oversight of the Purple Ribbon Task Force (PRTF) for the state plan on Alzheimer's disease.

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

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

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

Alzheimer's Disease Initiative (ADI) – This program utilizes state General Revenue funds to provide caregiver training and support including counseling, consumable medical supplies, and respite for caregiver relief; memory disorder clinics to provide diagnosis, research, treatment, and referral; model day care programs to test new care alternatives; and a research database

and brain bank to support research. ADI services are provided in conjunction with the Alzheimer's Disease Advisory Committee, which helps the Department provide program services to foster an environment where persons with Alzheimer's disease can safely congregate during the day, socialize, or receive therapeutic treatment.

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

Community Care for the Elderly (CCE) – This program utilizes state General Revenue funds to provide case management and a variety of other services to frail elders age 60 and older. Other services include adult day health care, home health aide, counseling, home repair, medical therapeutic care, home nursing, emergency alert response, and information. Eligibility is based in part on a client's inability to perform certain daily tasks such as meal preparation, bathing, or grooming.

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

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

Caregiver Support – The Department administers the following caregiver support programs:

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

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

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

services to frail lonely elders at risk of self-neglect and nursing home placement.

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

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

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

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

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

Supplemental Nutrition Assistance Program (SNAP) – SNAP began in 2009 as a collaborative partnership between the Department of Elder Affairs and the Department of Children and Families Automated Community Connection to Economic Self-Sufficiency (ACCESS) program. The project began in Planing and Service Areas (PSAs) which were determined to have the most need but lowest program involvement. PSAs 3, 4, 5, 6, and 9 continue to assist elders with completing the SNAP application by telephone. In January 2014, the National Council on Aging (NCOA) awarded the Department the SNAP Enrollment Initiative grant project, which will expand assistance

to elders in PSAs 1, 2, 7, 8, 10, and 11. SNAP allows elders to receive telephone assistance in completing the application process for food stamps.

Purple Ribbon Task Force (PRTF) – The Bureau also provided support to the 2012 legislatively mandated Purple Ribbon Task Force (PRTF) in the development of an interim study of state trends with respect to persons having Alzheimer's disease and related disorders (ADRD) and a description of the role of the state in providing care and support to persons with ADRD and family caregivers, as well as state policy regarding persons with ADRD. The Bureau provides oversight in carrying out the recommendations outlined in the PRTF final report, which is the foundation for "Florida's State Plan on Alzheimer's Disease."

DIVISION OF INTERNAL AND EXTERNAL AFFAIRS

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

INTERNAL AFFAIRS

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

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

The Bureau of Human Resources and General Services handles human resource services, recruitment, labor relations, organizational management, performance management, personnel records, leasing and facility management, telecommunications, risk and safety management records, property and records management, and disaster preparedness and emergency operations. As home of the Department's Emergency Coordinating Officer, the bureau coordinates

with the Florida Division of Emergency Management on emergency preparedness issues and post-disaster response. The coordinating officer ensures that the Department, Area Agencies on Aging, and local service providers have approved all-hazards Disaster and Continuity of Operations Plans to be implemented during a threat of imminent disaster. Emergencies/disasters can include weather-related or man-made events, including hurricanes, tornadoes, civil disturbances, contractual disputes, epidemics, massive migrations, fires, nuclear power plant accidents, train derailments, terrorism, floods, and bio-terrorism.

Information Technology

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

Applications Support Group – This group is responsible for maintaining all applications developed for the Department. It administers 18 application systems, including the Department's Client Information and Registration Tracking System (CIRTS), which is used by the aging network to manage client assessment data, register clients for services, plan client services, and maintain program waiting lists. CIRTS is also used by CARES staff to evaluate client eligibility for Medicaid services and to establish a level of care. In addition to providing technical assistance for supported applications, this group also actively works to develop web-based applications and websites.

Enterprise Support – This group is responsible for providing technology support to all Department employees throughout the state. This group maintains, supports, troubleshoots, and

implements various software and hardware technologies for the Department, including, but not limited to, computers, software, and other wireless technologies.

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

Staff Development

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

EXTERNAL AFFAIRS

External Affairs includes the Office of Legislative Affairs, the Office of Communications, and the Elder Rights Bureau, Communities for a Lifetime Unit, and Legal Services Development.

Legislative Affairs

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

Communications

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

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

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

Elder Rights

The Elder Rights Bureau helps elders to age with security through programs that ensure

Annual *Elder Update* Disaster Preparedness Special Issue

"I have been a subscriber to your paper for a few years, and I find it very helpful, especially in my role as co-leader of our Community Emergency Response Team. I think this is the best *Disaster Preparedness Guide* since I signed up. Thank you for this great resource!"

— C. Davey

elders can access and maintain benefits. This includes protection from abuse, neglect, exploitation, and other crimes, whether at home, in the community, or in institutional care. Elder rights includes the following:

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

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

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

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

and community of choice with dignity and independence as one ages.

The following programs help ensure the continued healthy aging of all citizens:

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

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

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

Office of Volunteer and Community Services – The Office of Volunteer and Community Services identifies, recognizes, promotes, and provides technical assistance for volunteer-based programs across the state of Florida. In addition, the office develops an intergenerational volunteer component that encourages interaction between youth and elders. Intergenerational activities encourage elders and youth to make connections to bridge the generation gap. The Department also works with other volunteer organizations to share information, identify funding opportunities, develop partnerships, and coordinate resources.

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

Faith-Based Initiative – The goal of this initiative is to develop partnerships with faith organizations statewide and to provide technical assistance, education, and resources to support their congregants. In addition, the initiative encourages interfaith collaborations between faith organizations and the aging network.

Legal Services Development

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

DIVISION OF FINANCIAL ADMINISTRATION

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

Contract Administration and Purchasing

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

Budget

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

Accounting and Contract Payment

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

Revenue Management

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

Monitoring and Quality Assurance (MQA)

This unit acts on behalf of the Department in its oversight role, ensuring the integrity of programs and services funded through and by the Department. The MQA Unit performs periodic monitoring reviews of programs and

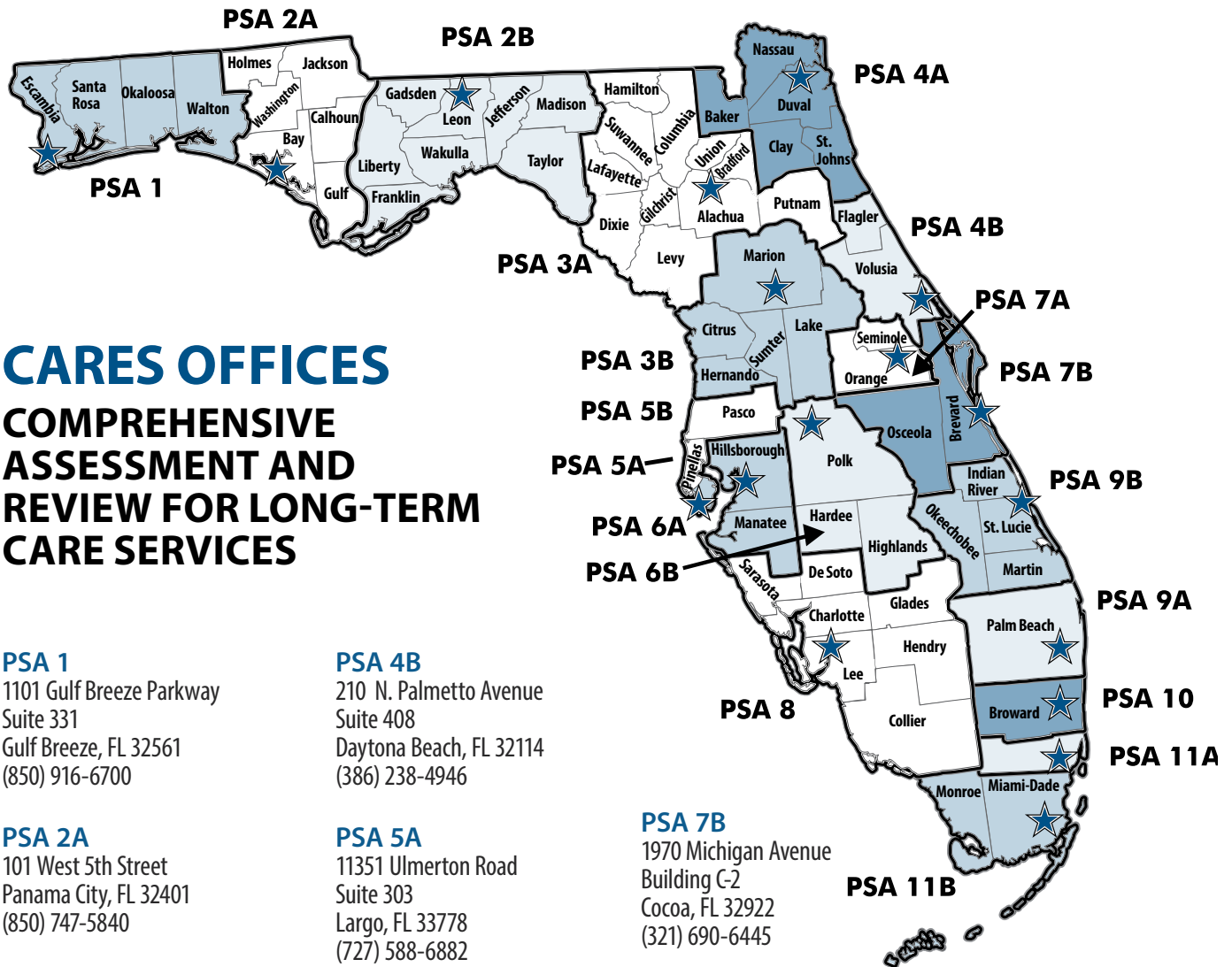
services administered by Area Agencies on Aging and/or funded entities to ensure that they do the following:

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

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

ELDER SERVICES NETWORK COMPONENTS AND THEIR ROLES

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

PSA 8
Ft. Myers Regional
Service Center
2295 Victoria Ave.
Suite 153
Ft. Myers, FL 33901
(239) 338-2571

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

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

PSA 10
8333 W. McNab Road
Suite 235

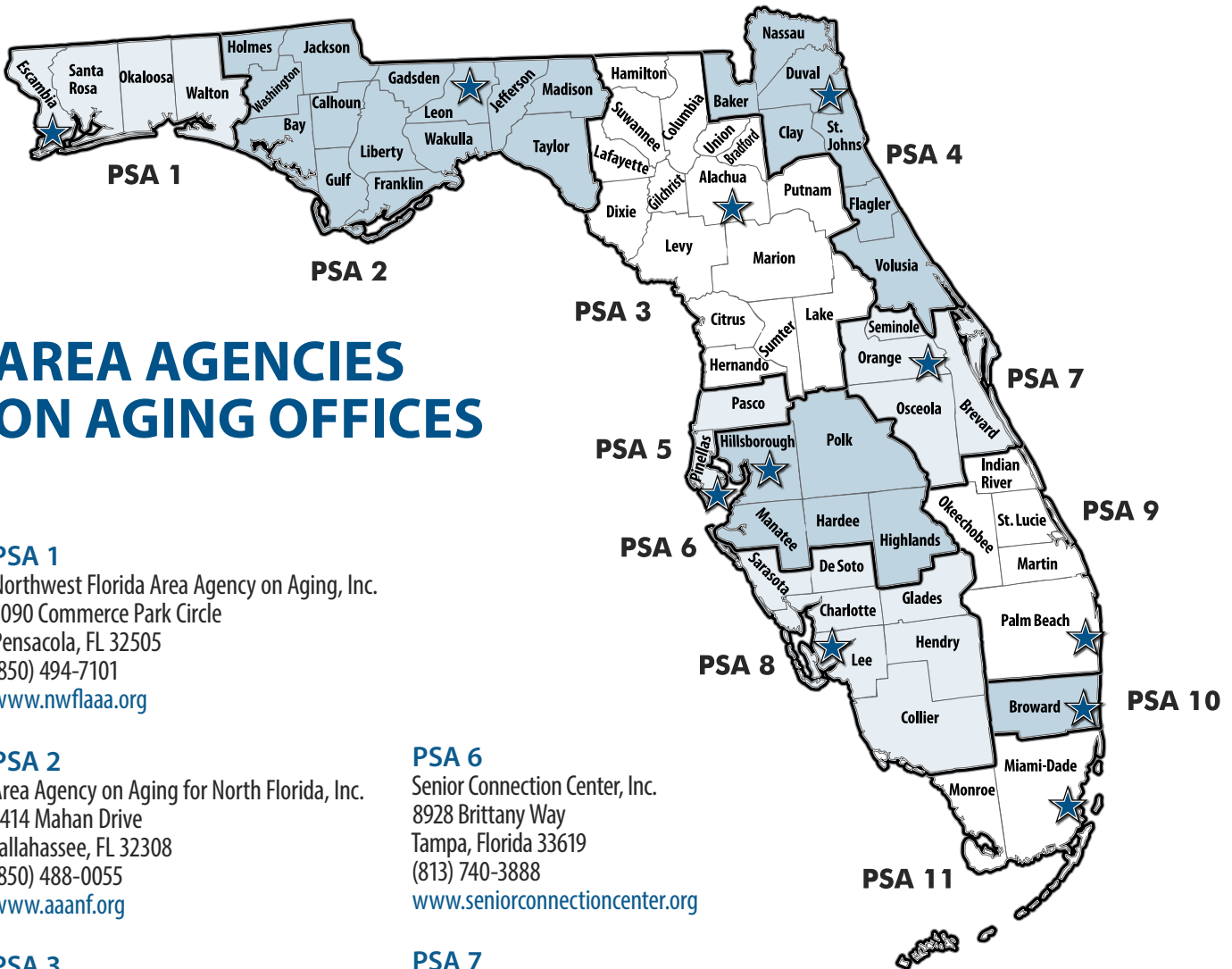
Tamarac, FL 33321
(954) 597-2240

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

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

PSA - Planning and Service Area

AGING SERVICES NETWORK



AREA AGENCIES ON AGING OFFICES

PSA 1

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

PSA 2

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

PSA 3

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

PSA 4

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

PSA 5

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

PSA 6

Senior Connection Center, Inc.
8928 Brittany Way
Tampa, Florida 33619
(813) 740-3888
www.seniorconnectioncenter.org

PSA 7

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

PSA 8

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

PSA 9

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

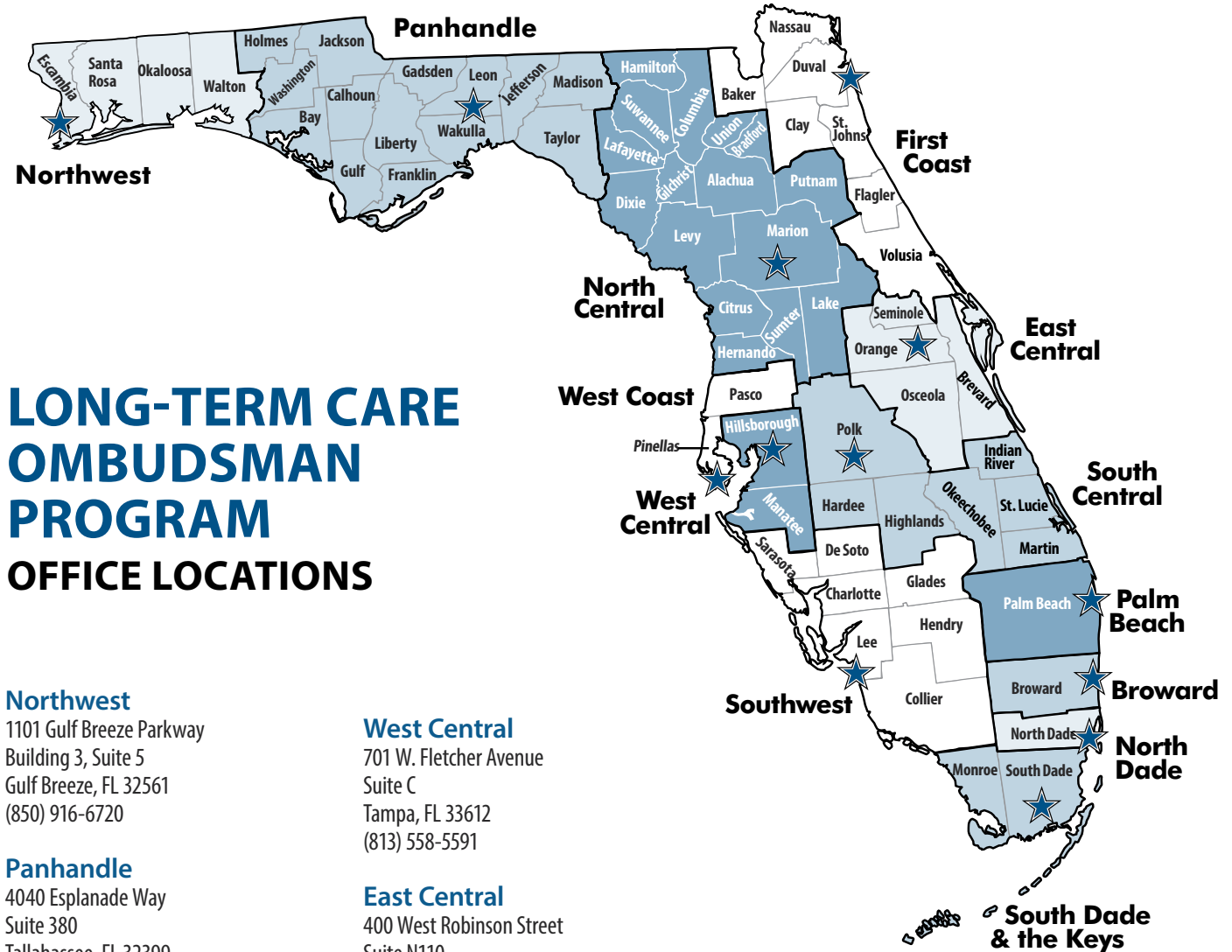
PSA 10

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

PSA 11

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

PSA - Planning and Service Area



LONG-TERM CARE OMBUDSMAN PROGRAM OFFICE LOCATIONS

Northwest

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

Panhandle

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

North Central

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

First Coast

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

West Coast

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

West Central

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

East Central

400 West Robinson Street
 Suite N110
 Orlando, FL 32801
 (407) 245-0651

South Central

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

Southwest

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

Palm Beach

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

Broward

8333 W. McNabb Road
 Suite 231
 Tamarac, FL 33321
 (954) 597-2266

North Dade

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

South Dade and the Keys

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

AGING SERVICES NETWORK

COMMUNITIES FOR A LIFETIME

PARTICIPATING CITIES, TOWNS AND COUNTIES

Alachua County

City of Alachua
City of Gainesville
City of Hawthorne

Baker County

City of Macclenny

Bay County

City of Panama City
City of Panama City Beach

Bradford County

City of Starke

Brevard County

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

Broward County

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

Charlotte County

Citrus County

Clay County

City of Green Cove Springs
City of Keystone Heights
Town of Penney Farms

Collier County

City of Marco Island

Columbia County

City of Lake City

Duval County

City of Jacksonville

Escambia County

City of Pensacola

Flagler County

City of Palm Coast

Gadsden County

City of Quincy
City of Chattahoochee
City of Midway

Hardee County

Hendry County

Highlands County

City of Sebring

Hillsborough County

City of Tampa
City of Plant City

Jefferson County

City of Monticello

Lake County

City of Tavares

Lee County

City of Cape Coral

Leon County

City of Tallahassee

Madison County

City of Madison

Manatee County

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

Martin County

Miami-Dade County

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

Okaloosa County

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

Orange County

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

Osceola County

City of St. Cloud

Palm Beach County

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

Pinellas County

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

Polk County

City of Davenport
City of Fort Meade
City of Lakeland

Putnam County

City of Crescent City

Santa Rosa County

Town of Jay
City of Milton

Sarasota County

City of Sarasota

Seminole County

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

St. Johns County

Volusia County

City of Ormond Beach
City of DeLand

Wakulla County

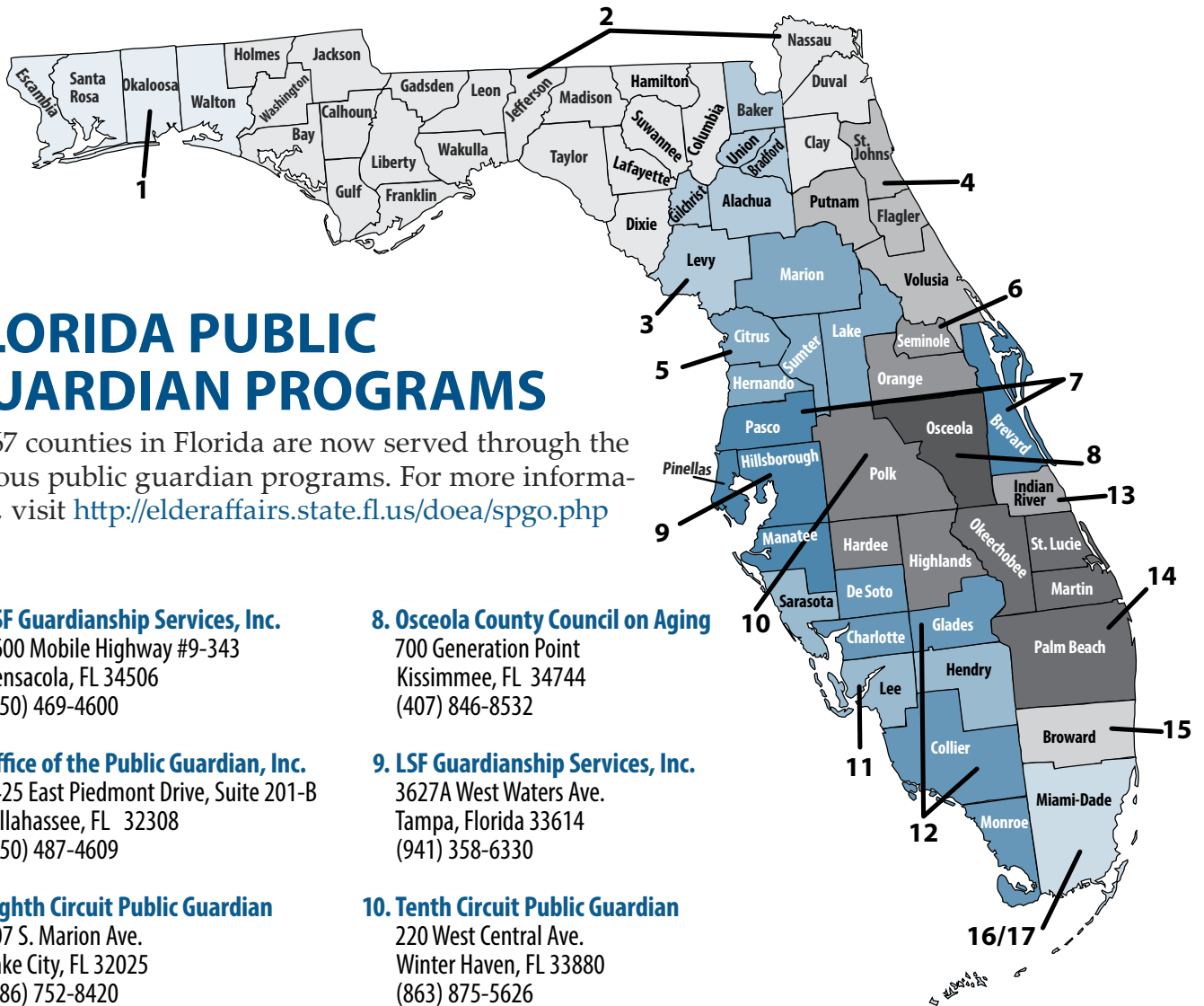
Walton County

City of DeFuniak Springs
City of Freeport
City of Paxton

Blue Indicates

a CFAL County

As of 1/19/2015



FLORIDA PUBLIC GUARDIAN PROGRAMS

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

1. LSF Guardianship Services, Inc.
 4600 Mobile Highway #9-343
 Pensacola, FL 34506
 (850) 469-4600

2. Office of the Public Guardian, Inc.
 1425 East Piedmont Drive, Suite 201-B
 Tallahassee, FL 32308
 (850) 487-4609

3. Eighth Circuit Public Guardian
 207 S. Marion Ave.
 Lake City, FL 32025
 (386) 752-8420

4. Council on Aging of Volusia County
 160 N. Beach St.
 Daytona Beach, FL 32114
 (386) 253-4700

5. Fifth Circuit Public Guardian Corporation
 110 NW 1st Ave., 4th Floor
 Ocala, FL 34475
 (352) 401-6753

6. Seniors First, Inc.
 5395 L.B. McLeod Rd.
 Orlando, FL 32811
 (407) 297-9980

7. Aging Solutions
 312 W. Lutz Lake Fern Rd.
 Lutz, FL 33548
 Hillsborough Phone: 813-949-1888
 Brevard: (866) 92-Aging
 Pasco and Pinellas: (727) 442-1188

8. Osceola County Council on Aging
 700 Generation Point
 Kissimmee, FL 34744
 (407) 846-8532

9. LSF Guardianship Services, Inc.
 3627A West Waters Ave.
 Tampa, Florida 33614
 (941) 358-6330

10. Tenth Circuit Public Guardian
 220 West Central Ave.
 Winter Haven, FL 33880
 (863) 875-5626

11. Lee County Public Guardian
 3613 Del Prado Blvd.
 Cape Coral, FL 33904
 (239) 549-2505

12. Charlotte and Collier County Public Guardians
 4670 Cardinal Way, Suite 301
 Naples, FL 34112
 (239) 417-1040 Ext. 203

13. The Public Guardianship Program of Indian River, Inc.
 2101 Indian River Blvd., Suite 200
 Vero Beach, FL 32960
 (772) 538-7101

14. Legal Aid Society of Palm Beach County, Inc.
 423 Fern St., Suite 200
 West Palm Beach, FL 33401
 (561) 655-8944

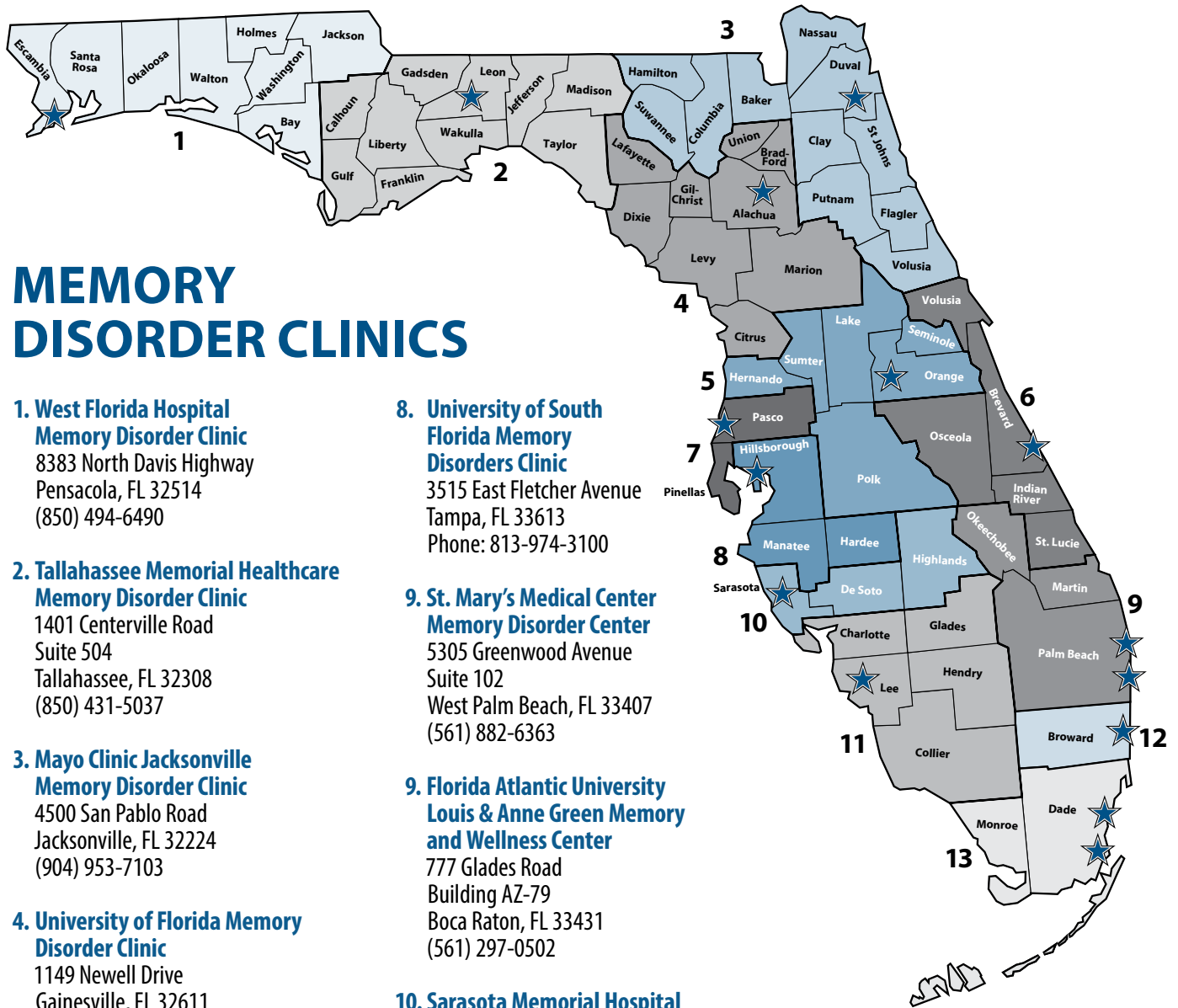
15. Barry University School of Social Work
 12401 Orange Dr., Suite 211
 Davie, FL 33330
 (954) 862-3655

16. Guardianship Care Group, Inc.
 2199 Ponce de Leon Blvd., 5th Floor
 Coral Gables, FL 33134
 (305) 748-6111

17. Guardianship Program of Dade County, Inc.
 8300 NW 53rd St., Ste. 402
 Miami, FL 33166
 (305) 482-3101

For additional information, please contact The Statewide Public Guardianship Office at:
 Florida Department of Elder Affairs
 4040 Esplanade Way
 Tallahassee, Florida 32399
 (850) 414-2381

AGING SERVICES NETWORK



MEMORY DISORDER CLINICS

- 1. West Florida Hospital Memory Disorder Clinic**
 8383 North Davis Highway
 Pensacola, FL 32514
 (850) 494-6490
- 2. Tallahassee Memorial Healthcare Memory Disorder Clinic**
 1401 Centerville Road
 Suite 504
 Tallahassee, FL 32308
 (850) 431-5037
- 3. Mayo Clinic Jacksonville Memory Disorder Clinic**
 4500 San Pablo Road
 Jacksonville, FL 32224
 (904) 953-7103
- 4. University of Florida Memory Disorder Clinic**
 1149 Newell Drive
 Gainesville, FL 32611
 (352) 273-5550
- 5. Orlando Health Center for Aging & Memory Disorder Clinic**
 21 West Columbia Street
 Orlando, FL 32806
 (321) 841-9700
- 6. East Central Florida Memory Disorder Clinic**
 3661 South Babcock Street
 Melbourne, FL 32901
 (321) 434-7612
- 7. Madonna Ptak Center for Memory Disorders at Morton Plant Mease**
 430 Morton Plant Street
 Suite 402
 Mail Stop 24
 Clearwater, FL 33756
 (727) 461-8635
- 8. University of South Florida Memory Disorders Clinic**
 3515 East Fletcher Avenue
 Tampa, FL 33613
 Phone: 813-974-3100
- 9. St. Mary's Medical Center Memory Disorder Center**
 5305 Greenwood Avenue
 Suite 102
 West Palm Beach, FL 33407
 (561) 882-6363
- 9. Florida Atlantic University Louis & Anne Green Memory and Wellness Center**
 777 Glades Road
 Building AZ-79
 Boca Raton, FL 33431
 (561) 297-0502
- 10. Sarasota Memorial Hospital Memory Disorder Clinic**
 1515 So. Osprey Avenue
 Suite A-1
 Sarasota, FL 34239
 (941) 917-7197
- 11. Lee Memorial Health System Lee Memory Care**
 12600 Creekside Lane
 Suite 7
 Fort Myers, FL 33919
 (239) 343-9220
- 12. Broward Health North Memory Disorder Center**
 201 East Sample Road
 Deerfield Beach, FL 33064
 (954) 786-7392
- 13. The Wien Center for Alzheimer's Disease & Memory Disorders Mt. Sinai Medical Center**
 4300 Alton Road
 Miami Beach, FL 33140
 (305) 674-2121 ext. 54461
- 13. University of Miami Memory Disorders Center, Center on Aging Mental Health Hospital Center**
 1695 NW 9th Avenue
 Suite 3202
 Miami, FL 33136
 (305) 355-9065

SENIOR CENTERS AND FLORIDA'S AGING NETWORK

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

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

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

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

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

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

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

Brandon Senior Center

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

Town 'N Country Senior Center

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

Tallahassee Senior Center

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

Senior Friendship Centers, Inc.

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

River House/Coastal Community Services

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

The Volen Center

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

Gulfport Multipurpose Center

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

Kathleen K. Catlin Friendship Center

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

Sunset Lakes Senior Center

2801 SW 186 Avenue
Miramar, FL 33029
Phone: 954-602-3347

Multi-Service Complex Senior Center

6700 Miramar Parkway
Miramar, FL 33023
Phone: 954-889-2707

Sunshine Center

330 5th Street North
St. Petersburg, FL
Miramar, FL 33701
Phone: 727-893-7101
Website: <http://www.stpeteparksrec.org/sunshine-senior-center.html>

** Source: National Institute of Senior Centers*

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

Section B

Services and Utilization

INTRODUCTION TO SERVICES AND UTILIZATION

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

- State Fiscal Year 2013-2014 (July 1, 2013, through June 30, 2014); or
- Federal Fiscal Year 2013-2014 (October 1, 2013, through September 30, 2014); or
- In the case of programs operating on a calendar year, January 1 through December 31, 2013.

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

PROGRAM CODES USED IN THIS SECTION

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

AC	AmeriCorps
ACFP	Adult Care Food Program
ADA	Aged and Disabled Adult Waiver
ADI	Alzheimer’s Disease Initiative
ADRD	Alzheimer’s Disease and Related Disorders
AL	Assisted Living Waiver
CARES	Comprehensive Assessment and Review for Long-Term Care Services
CCE	Community Care for the Elderly
EHEAP	Emergency Home Energy Assistance for the Elderly
HCE	Home Care for the Elderly
HRNPE	High-Risk Nutrition Program for the Elderly*
LSP	Local Services Programs
LTCOP	Long-Term Care Ombudsman Program
NHD	Nursing Home Diversion Program (formally known as the Long-Term Care Community Diversion Pilot Project)

OAA	Older Americans Act
PACE	Program of All-Inclusive Care for the Elderly
RELIEF	Respite for Elders Living in Everyday Families
SC	Senior Companion Program
SCSEP	Senior Community Service Employment Program
SFMNP	Senior Farmers’ Market Nutrition Program
SHINE	Serving Health Insurance Needs of Elders Program
SMMC LTC	Statewide Medicaid Managed Care Long-Term Care
SPGO	Statewide Public Guardianship Office

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

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
A Matter of Balance	This program was adapted from Boston University’s Roybal Center by Maine’s Partnership for Healthy Aging. “A Matter of Balance” uses practical coping strategies to reduce fear of falling and to diminish the risk of falling including group discussions; mutual problem-solving exercises to improve strength, coordination, and balance; and home safety evaluation. Includes Asunto de Equilibrio which is the Spanish version of “A Matter of Balance.” The materials and videos are translated to Spanish.	Episodes	OAA	115
Active Living Every Day	Active Living Every Day (ALED) is a step-by-step behavior change program that helps individuals overcome their barriers to physical activity. As participants work through the course, they learn lifestyle management skills and build on small successes – methods that have proven effective in producing lasting change.	Episodes	OAA	4
Adult Care Food Program	USDA-funded program that subsidizes meals served to Licensed Adult Day Care Center participants.	Meals	ACFP	1,973,598
Adult Day Care	Therapeutic social and health activities and services provided to adults who have functional impairments in a protective environment as non-institutional as possible.	Hours	CCE, HCE, LSP, OAA	712,936
Adult Day Health Care	Services furnished four or more hours per day on a regularly scheduled basis for one or more days per week in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.	Hours	ADA, CCE, NHD, OAA	279,600
Arthritis Foundation Exercise Program	A group recreational exercise program designed specifically for people with arthritis and related diseases. The program uses gentle activities to help increase joint flexibility and range of motion, to maintain muscle strength, and to increase overall stamina.	Episodes	OAA	64
Assisted Living Services	Personal care services, homemaker services, chore services, attendant care, companion services, medication oversight, and therapeutic social and recreational programming provided in a home-like environment in an assisted living facility, licensed pursuant to Chapter 429 Part I, F.S., in conjunction with living in the facility. This service does not include the cost of room and board furnished in conjunction with residing in the facility.	Days	AL, NHD	472,813

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Attendant Care	Attendant Care services are both supportive and health-related hands-on services specific to the needs of the individual. Attendant Care services are those that substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. Services may include skilled nursing care or personal care to the extent permitted by state law. Housekeeping activities incidental to the performance of care may also be furnished as part of this activity. This service can be authorized when the recipient's mental or physical condition requires assistance with medically related needs.	Hours	ADA	4,800
Basic Subsidy	A fixed-sum cash payment made to an eligible caregiver each month to reimburse some of his/her expenses of caring for the client. A basic subsidy is provided for support and maintenance of the care recipient, including medical costs not covered by Medicaid, Medicare, or any other insurance.	Months of service	HCE	23,748
Caregiver Training and Support	Training of caregivers, individually or in group settings, to reduce stress, increase coping skills, provide strategies for effective management of caregiving tasks, and enable them to provide high quality care to recipients within the home. Caregiver training and support may be provided through forums including community workshops, seminars, and other organized local, regional, or statewide events. Support may also be provided to caregivers through telecommunications media.	Hours	ADI, OAA	5,329 Group 2,443 Individual
Case Aide	Services that are an adjunct and supplemental to case management services and are provided by paraprofessionals under the direction of case managers or designated supervisory staff.	Hours	ADA, ADI, CCE, HCE, OAA	34,834
Case Management	A client-centered service that assists individuals in identifying physical and emotional needs and problems through an interview and assessment process, discussing and developing a plan for services that addresses these needs, arranging and coordinating agreed-upon services, and monitoring the quality and effectiveness of the services. Case management is a service for actively enrolled clients that provides continuing support and addresses the changing needs of clients.	Hours	ADA, ADI, CCE, HCE, LSP, NHD, OAA	222,486
		Months	AL	1,777
Child Day Care	Services provided to a minor child no older than 18 or a child with a disability who resides with a grandparent or other related caregiver age 55 or older.	Hours	OAA	10,002

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Chore Assistance	The performance of routine house or yard tasks, including such jobs as seasonal cleaning; yard work; lifting and moving furniture, appliances, or heavy objects; household repairs that do not require a permit or specialist; and household maintenance. Pest control may be included when not performed as a distinct activity.	Hours	ADA, CCE, LSP, OAA	33,488
Chore - Enhanced	Performance of any house or yard task beyond the scope of regular chore services due to more demanding circumstances requiring more intensified, thorough cleaning.	Hours	ADA, CCE, HCE	6,344
Chronic Disease Self-Management Program	<p>The Chronic Disease Self-Management Program (Living Healthy) was developed by Stanford University. People with different chronic health problems attend workshops in a community setting. Subjects covered include the following:</p> <ol style="list-style-type: none"> 1) Techniques to deal with problems such as frustration, fatigue, pain, and isolation; 2) Appropriate exercise for maintaining and improving strength, flexibility, and endurance; 3) Appropriate use of medications; 4) Communicating effectively with family, friends, and health professionals; 5) Nutrition; and 6) How to evaluate new treatments. 	Episodes	OAA	52
Companionship	Visiting a client who is socially and/or geographically isolated for the purpose of relieving loneliness and providing client with continuing social contact with the community. It includes engaging in casual conversation; providing assistance with reading and writing letters; playing entertaining games; escorting a client to a doctor's appointment; and conducting diversion activities such as going to the movies, the mall, the library, or the grocery store. Companions may also assist the recipient with such tasks as meal preparation, laundry, and light housekeeping tasks that are incidental to the individual's care and supervision.	Hours	ADA, CCE, OAA, SC	317,591
Congregate Meals	The provision of a meal at a congregate meal site that complies with the Dietary Guidelines for Americans and provides one-third daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient) as established by the Food and Nutrition Board of National Academy of Sciences.	Meals	HRNPE, LSP, OAA	3,789,321

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Congregate Meals Screening	Conducts assessments for congregate meal applicants or recipients with referral and follow-up as needed.	Hours	OAA, LSP	13,607
Consumable Medical Supplies	Consumable Medical Supplies are disposable supplies used by the recipient that are essential to care for the recipient's needs. Such supplies enable a recipient to either perform activities of daily living or stabilize and monitor a health condition.	Items	ADA, AL	351
Consumable Medical Supplies - Enhanced	(See above definition)	Months	ADA	55
Counseling	Treatment of an emotional and psychosocial condition by a licensed mental health practitioner to address the symptoms arising from the stresses of the aging process and the functional limitations of that process or disability.	Hours	ADA	1,587
Counseling - Gerontological	Gerontological counseling provides emotional support, information, and guidance through a variety of modalities including mutual support groups for older adults who are having mental, emotional, or social adjustment problems as a result of the process of aging.	Hours	ADI, CCE, HCE, LSP, OAA	1,705 Group 13,059 Individual
Counseling - Medicare and Health Insurance	Provides Medicare and health insurance education, counseling, and assistance to Medicare beneficiaries, their families, and caregivers.	Client Contacts	SHINE	161,205
Counseling - Mental Health Counseling and Screening	Services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group, and family therapy provided to clients using techniques appropriate to this population. Specialized mental health services include information gathering and assessment, diagnosis, and development of a treatment plan in coordination with the client's care plan. This specialized treatment will integrate the mental health interventions with the overall service and supports to enhance emotional and behavioral functions. This may be done on a one-to-one or group basis.	Hours	ADI, CCE, LSP, OAA	298 Group 5,719 Individual

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Diabetes Self-Management Program	In this program developed by Stanford University, people with type 2 diabetes attend workshops in a community setting. Subjects covered include the following: 1) techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional programs such as depression, anger, fear and frustration; 2) appropriate exercise for maintaining and improving strength and endurance; 3) healthy eating; 4) appropriate use of medication; and 5) working more effectively with health care providers. Participants will make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program.	Episodes	OAA	38
Disease Information - Group	Providing information to clients, families, caregivers, and the general public about chronic conditions and diseases, and prevention measures and services, treatment, rehabilitation, and coping strategies for those factors that cannot change. This can be done on a one-on-one or group basis.	Episodes	OAA	4
Eat Better Move More	This program was developed for congregate meal program participants. It provides basic activity and nutrition education, encouraging participants to be physically active and eat a more healthy diet.	Episodes	OAA	1
Education	Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities. Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience, or skills; increasing awareness in such areas as crime or accident prevention; promoting personal enrichment; and enhancing skills in a specific craft, trade, job, or occupation. Other options include training individuals or groups in guardianship proceedings for older individuals if other adequate representation is unavailable.	Hours	OAA	2,493
Education and Training	(See above definition.)	Episodes	ADI, OAA	10,744 Group 417 Individual

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Emergency Alert Response - Installation	A community-based electronic surveillance service that monitors the frail homebound elder by means of an electronic communication link with a response center by providing an electronic device that enables individuals at high risk of institutionalization to secure help in an emergency. The recipient can also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated.	Episodes	ADA, CCE, OAA	89
Emergency Alert Response - Maintenance	(See above definition)	Days	ADA, CCE, LSP, NHD, OAA	1,374,711
Employment and Job Training	Provides up to 20 hours a week of paid part-time community service work for unemployed low-income persons who are age 55 and older. Assists with placement in unsubsidized employment.	Clients served	SCSEP	711
Energy Assistance	Provides assistance to low-income households (with at least one individual age 60 or older in the home) experiencing a home energy emergency.	Households served	EHEAP	12,620
EnhanceFitness	Developed by the University of Washington in collaboration with Senior Services, this is a group exercise program that focuses on stretching, flexibility, balance, low-impact aerobics, and strength training exercises..	Hours	OAA	573
Environmental Accessibility Adaptations	Physical adaptations to the home required by the enrollee’s care plan which are necessary to ensure the health, welfare, and safety of the enrollee or which enable the enrollee to function with greater independence in the home and without which the enrollee would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate the medical equipment and supplies, which are necessary for the welfare of the enrollee. All services must be provided in accordance with applicable state and local building codes.	Episodes	ADA	710
Escort	Personal accompaniment and assistance to a person who has physical or cognitive difficulties using regular vehicular transportation. The accompaniment and assistance is provided to individuals to or from service providers, medical appointments, or other destinations needed by the client. Escort is essential during travel to provide safety, security, and support.	Trips	CCE, OAA	1,296
		Hours	ADA	5,589

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Financial Risk Reduction - Assessment	Provides assessment of problem area(s) and guidance for managing income, assets, liabilities, and expenditures.	Hours	ADA, CCE	46
Financial Risk Reduction - Maintenance	Provides maintenance of problem area(s), and guidance for managing income, assets, liabilities, and expenditures.	Hours	ADA, CCE	577
Health Promotion	Offers individual and/or group sessions that help participants understand how lifestyle affects physical and mental health and develop personal practices that enhance total well-being. Services are provided at multipurpose senior centers, congregate meal sites, and other appropriate places that target elders who are low income, minorities, or medically under-served. Services related to health promotion include the following: health risk assessments; routine health screenings; physical activity; home injury control services; mental health screenings for prevention and diagnosis; medication management, screening and education; gerontological counseling; distribution of information concerning diagnosis, prevention, treatment, and rehabilitation of age-related diseases and chronic disabling conditions such as osteoporosis; and cardiovascular diseases.	Episodes	LSP, OAA	89
Health Risk Assessment - Individual	An assessment utilizing one tool or a combination of tools to test older persons for certain risk factors that are known to be associated with a disease or condition. Many factors can be modified, including diet, risk-taking behaviors, coping styles, and lifestyle choices (such as smoking and overeating), and can be measured or identified through risk appraisal questionnaires. The health risk assessment helps the individual determine the additive nature of many factors in a client's life. This can be done on a one-on-one or group basis.	Episodes	LSP	955
Health Risk Screening - Individual	Utilizes diagnostic tools to screen large groups of people or clients for the presence of a particular disease or condition. This service is designed for early intervention and detection. Referral is required when screening results indicate professional services are needed, or when a request is made by the client being served. Health risk screening procedures screen for diseases and ailments such as hypertension, glaucoma, cholesterol, cancer, vision or hearing loss, HIV/AIDS, sexually transmitted diseases, diabetes, osteoporosis, and nutrition deficiencies.	Episodes	OAA	7,096

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Health Support	Helps individuals secure and utilize necessary medical treatment as well as preventive, emergency, and health maintenance services.	Hours	LSP, OAA	15,177 Group
		Episodes	OAA	16,508 Individual
Healthy Eating Every Day	This program helps individuals establish healthy eating habits. Participants will identify the reasons for their poor eating choices, learn management skills, and improve their eating habits. Healthy Eating Every Day follows the USDA Nutrition Guidelines.	Episodes	OAA	6
Healthy Eating for Successful Living in Older Adults	Healthy Eating for Successful Living in Older Adults, developed by the Lahey Clinic in collaboration with other Boston-area organizations, is both an education and support program to assist older adults in self-management of their nutritional health. The workshop is conducted over six weekly sessions. The primary components of the program include self-assessment, management of a dietary pattern, goal setting, problem-solving, group support, and education. The target population is individuals age 60 and older.	Episodes	OAA	3
Healthy IDEAS	Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations. This case manager-led program typically lasts for three to six months. It was developed by the Huffington Center on Aging at Baylor College of Medicine, Sheltering Arms, and the Care for Elders Partnership in Houston.	Hours	OAA	38
Home-Delivered Meals	Provides a home-delivered meal that complies with the Dietary Guidelines for Americans and provides one-third daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient), as established by the Food and Nutrition Board of National Academy of Sciences. May include hot, frozen, and/or emergency shelf meals.	Meals	ADA, CCE, HCE, LSP, NHD, OAA	5,109,038

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Homemaker	Performs specific home management duties including house-keeping, laundry, cleaning refrigerators, clothing repair, minor home repairs, assistance with budgeting and paying bills, client transportation, meal planning and preparation, shopping assistance, and routine household activities conducted by a trained homemaker.	Hours	ADA, CCE, HCE, LSP, OAA	1,452,989
HomeMeds	HomeMeds, previously known as Medication Management Improvement System (MMIS) was designed to identify, assess, and resolve medication problems that are common among frail older adults.	Hours	OAA	816
Housing Improvement	Provides home repairs, environmental modifications, adaptive alterations, security device installation, or payments for households experiencing a home-energy emergency.	Hours	CCE, OAA	19,017
		Episodes	HCE	4
Information	Responds to an inquiry from or on behalf of a person regarding public and private resources and available services.	Episodes	OAA, LSP	599,123
Intake	Administers standard intake and screening instruments in order to gather information about an applicant for services.	Hours	CCE, OAA	15,101
Interpreting/ Translating	Interpreting/Translating is defined as explaining the meaning of oral and/or written communication to non-English speaking persons and persons with disabilities who require such assistance.	Hours	OAA	20
Legal Assistance	Legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney) to older individuals with economic or social needs. Legal services include counseling or representation by a non-lawyer, when permitted by law. Legal assistance protects against the loss of basic civil rights and ensures the autonomy and independence of older persons.	Hours	LSP, OAA	27,278
Long-Term Care Consumer Complaint Investigation	Investigates and resolves complaints by or on behalf of residents of long-term care facilities. Maintains statewide reporting system and provides information regarding long-term care facilities.	Administrative assessments	LTCOP	4,120
		Investigations	LTCOP	8,863

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Material Aid	<p>Aid in the form of:</p> <p>(1) Goods or food such as the direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc.</p> <p>(2) Food item(s) necessary for health, safety, or welfare. This may include condiments or paper products necessary for food consumption, as well as delivery charges. Alcohol, drug, and tobacco products are excluded.</p> <p>(3) The repair, purchase, delivery, and installation of any household appliance necessary to maintain a home or assist with household tasks necessary for the health, safety, or welfare of the person.</p> <p>(4) The purchase of materials necessary to perform chore or enhanced chore services (see Chore and Enhanced Chore service descriptions above).</p> <p>(5) The purchase of construction materials necessary to perform housing improvements, alterations, and repairs (see Housing Improvement service descriptions above).</p>	Episodes	CCE, HCE, LSP, OAA	6,655
Medication Management	<p>Screening, education, identification, and counseling regarding the medication regimes that clients are using, including prescription and over-the-counter medications, vitamins, and home remedies. These services also help to identify any dietary factors that may interact with the medication regime. The combination of alcohol or tobacco with various medications and diets, along with the effects on specific conditions, would ideally be included in this service. This can be done on a one-on-one or group basis.</p>	Hours	OAA	111 Group
		Episodes	CCE	478 Individual 22
Model Day Care	<p>Therapeutic, social, and health activities specific to clients with memory disorders. Services and activities include, but are not limited to, active and quiet games, reminiscence, validation therapy, pet therapy, water therapy, and other failure-free activities appropriate to the client's level of functioning. Model day care centers also provide training for health care and social service personnel in the care of persons having Alzheimer's disease or related memory disorders.</p>	Hours	ADI	43,983
Nursing Home Applicant Assessment	<p>Designed to evaluate the medical necessity for nursing facility care, the level of care required by the individual, and preadmission screening of all nursing facility applicants to determine mental illness or intellectual disabilities.</p>	Number of assessments	CARES	80,706

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Nutrition Assistance	Provides low-income elders living in targeted service counties with bundled produce or coupons that can be exchanged for locally grown fresh produce at area farmers' markets	Clients served	SFMNP	2,465
Nutrition Counseling - Individual	Provides one-on-one individualized advice and guidance to persons who are at nutritional risk because of poor health, nutritional history, current dietary intake, medication use, or chronic illnesses. Nutrition counseling includes options and methods for improving a client's nutritional status.	Hours	CCE, OAA	1,363
Nutrition Education	Promotes better health by providing accurate, scientifically sound, practical, and culturally sensitive nutrition information and instruction to participants in a group or individual setting consistent with their needs and food resources. Nutrition education is the process by which individuals gain the understanding, skills, and motivation necessary to promote and protect their nutritional well-being through their food choices and food preparation methods.	Clients served	OAA	258,003
Nutritional Risk Reduction	Conducts a nutritional status assessment and provides a nutritional care plan for the recipient and/or caregiver, specified as necessary to promote the participants' health and safety.	Hours	CCE, ADA	111
Other Services	A miscellaneous category for goods or services not defined elsewhere that are necessary for the health, safety, or welfare of the person.	Episodes	CCE, HCE, LSP	7,618
Outreach	An OAA-required access service making active efforts to reach target individuals face to face, either in a community setting or in home neighborhoods with large numbers of low-income minority elderly, making one-to-one contact, identifying their service need, and encouraging their use of available resources.	Episodes	OAA	23,527
Personal Care	Assistance with eating, dressing, personal hygiene, and other activities of daily living. This service may include assistance with meal preparation and housekeeping chores such as bed making, dusting, and vacuuming incidental to the care furnished or essential to the health and welfare of the individual.	Hours	ADA, CCE, HCE, LSP, NHD, OAA	1,212,452
		Items	AL	5,026
		Months	ADA	23,048

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Pest Control Initiation	Helps rid the environment of insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients. Initiation covers start-up costs.	Episodes	ADA, CCE	217
Pest Control Maintenance	Helps rid the environment of insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients.	Episodes	ADA, CCE	1,460
		Months	ADA	3,067
Pest Control - Rodent	Helps rid the environment of rodents and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients. Rodent service consists of trapping, baiting, or other treatments or applications that result in the elimination of rodent(s).	Episodes	CCE	3
		Hours	CCE	8
Physical Fitness	Physical fitness services are defined as activities for elders to improve their strength, flexibility, endurance, muscle tone, range of motion, reflexes, cardiovascular health, and/or other aspects of physical functioning.	Hours	OAA	398
Physical Therapy	A service prescribed by a physician that is necessary to produce specific functional outcomes in ambulation, muscle control and postural development, and prevent or reduce further physical disability.	Hours	ADA	8
Programa de Manejo Personal de la Diabetes	Programa de Manejo Personal de la Diabetes was designed for Spanish speaking individuals with type 2 diabetes to attend workshops in a community setting. Participants will make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program.	Episodes	OAA	1
Public Guardianship	Provides services to meet the needs of the most vulnerable persons who lack the capacity to make decisions on their own behalf and in their own best interests. Guardians protect the property and personal rights of incapacitated persons.	Wards of limited financial means with no willing or able family or friend to serve	SPGO	2,931

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Recreation	Assists with participation in or attendance at planned leisure events such as games, sports, arts and crafts, theater, trips, and other relaxing social activities.	Hours	LSP, OAA	341,002
Referral and Assistance	An activity provided via telephone or person-to-person contact. Information is obtained about a person's needs; these needs are assessed; and the person is directed to the appropriate resources most able to meet the need. Contact with the resource is made for the person, as needed. Follow-up is a mandatory part of referral/assistance and is conducted with the referred person and/or the resource to determine the outcome.	Episodes	OAA, LSP	65,502
Respite - In-Facility	Facility-based respite care is the provision of relief or rest for a primary caregiver from the constant, continued supervision and care of a functionally impaired older person by providing care for the older person in an approved facility-based environment for a specified period of time.	Hours	ADA, ADI, CCE, HCE, OAA	609,001
Respite - In-Home	In-home respite services are provided to individuals unable to care for themselves and are furnished on a short-term basis because of the absence or need for relief of those persons normally providing care.	Hours	ADA, ADI, CCE, HCE, LSP, OAA, RELIEF, SC	1,335,402
Screening and Assessment	Administers standard assessment instruments to gather information and prioritize clients at the time of active enrollment or to reassess currently active clients to determine need and eligibility for services.	Hours	LSP, OAA	45,302
Shopping Assistance	Helps a client get to and from stores or shops on behalf of a client. Includes proper selection of items to purchase, as well as storing purchased items upon return to the client's home. A shopping aide may assist more than one client during a shopping trip.	Trips	OAA	15,252
Sitter	Services provided to a minor child no older than 18, or a child with a disability, who resides with a grandparent age 55 and older or other related caregiver age 55 and older. Sitter services may be carried out in the home or in a facility during the day, at night, or on weekends.	Hours	OAA	5,604

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Skilled Nursing Services	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse, or advanced registered nurse practitioner, in the client's place of residence, pursuant to a plan of care approved by a licensed physician.	Hours	CCE, LSP, OAA	5,300
		Episodes	ADA	897
Specialized Medical Equipment, Services, and Supplies	Services include the following: (1) Adaptive devices, controls, appliances, or services that enable individuals to increase their ability to perform activities of daily living. This service also includes repair of such items as well as replacement parts; (2) Dentures; walkers; reachers; bedside commodes; telephone amplifiers; touch lamps; adaptive eating equipment; glasses; hearing aids; and other mechanical or non-mechanical, electronic, and non-electronic adaptive devices; (3) Supplies such as adult briefs, bed pads, oxygen, or nutritional supplements; (4) Medical services paying for doctor or dental visits; and (5) Pharmaceutical services paying for needed prescriptions.	Episodes	ADI, CCE, HCE, OAA	40,749
		Items	ADA, AL	2,036,337
Tai Chi: Moving for Better Balance	Developed out of the Oregon Research Institute, this simplified, eight-form version of Tai Chi, offered in community settings, has been proven to decrease the number of falls and risk of falling in older adults. Other benefits associated with this program include social and mental well-being, balance and daily physical functioning, self-confidence in performing daily activities, personal independence and improved quality of life, and overall health.	Episodes	OAA	54
Telephone Reassurance	Communicating with designated clients by telephone on a mutually agreed schedule to determine that they are safe and to provide psychological reassurance, or to implement special or emergency assistance.	Episodes	OAA	32,629

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Tomando Control de su Salud	Tomando Control de su Salud was designed to teach a range of skills in managing chronic conditions for the Spanish speaking population. The program is not a translation of the Chronic Disease Self-Management Program but was developed separately in Spanish. Subjects covered are similar, but they are presented in ways that are culturally appropriate.	Episodes	OAA	3
Transportation	Travel to or from community services and resources, health and medical care, shopping, social activities, or other life sustaining activities.	Trips	CCE, HCE, LSP, OAA	1,241,853
Un Asunto de Equilibrio	Un Asunto de Equilibrio was adapted from Boston University Roybal Center by Maine's Partnership for Healthy Aging. It uses practical coping strategies to reduce fear of falling and to diminish the risk of falling, including group discussions, mutual problem solving, exercises to improve strength, coordination and balance, and home safety evaluation. This is the Spanish version of A Matter of Balance. Materials and videos have been translated into Spanish.	Episodes	OAA	7
Volunteer Recruitment, Training, and Placement - AmeriCorps	Engages members (volunteers) in intensive service to meet critical community needs, provides in-home respite to elders, caregivers, and families.	Members	AC	80
		Clients served		250
Volunteer Recruitment, Training, and Placement - Senior Companion	Engages elder volunteers to provide services to elders at risk of institutionalization, such as transportation to medical appointments, shopping assistance, meal preparation, companionship, respite, and advocacy.	Volunteers	SC	84
		Clients served		300

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Volunteer Training	Provides training to individuals interested in helping caregivers with respite services.	Hours	RELIEF	2,585
Walk with Ease	Walk with Ease is a program developed by the Arthritis Foundation intended for individuals with arthritis and other ongoing health conditions to increase the level of physical activity. Research supporting this program has shown to reduce disability, pain, fatigue, and stiffness, as well as improve balance, strength, and walking pace. The program also helps build confidence to be physically active and manage ongoing health conditions.	Episodes	OAA	18

SERVICES TABLE DATA SOURCES

Service definitions and programs providing services:

DOEA Programs and Services Handbook, July 2014

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

Units of Service:

DOEA CIRTTS Report for Services 7/1/2013 - 6/30/2014

AHCA/FLMMIS Medicaid Paid Claims for Medicaid Waiver Services 7/1/2013 - 6/30/2014

DOEA Division of Internal and External Affairs report data

DOEA Division of Statewide Community-Based Services report data

Section C

Older Americans Act Programs and Services

SUMMARY OF OLDER AMERICANS ACT PROGRAM SERVICES

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

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

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

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

OLDER AMERICANS ACT TITLE III

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

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

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

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

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

ADMINISTRATION:

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

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

ELIGIBILITY:

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

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

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

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

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

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

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

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

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

OAA TITLE III FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING OAA TITLE III	CLIENTS SERVED*
1991-1992	\$44,068,537	341,687
1992-1993	\$47,768,315	328,235
1993-1994	\$45,691,633	367,099
1994-1995	\$47,673,802	359,481
1995-1996	\$47,636,129	74,144
1996-1997	\$45,419,240	81,695
1997-1998	\$45,522,319	107,074
1998-1999	\$47,148,432	94,929
1999-2000	\$47,240,735	91,173
2000-2001	\$49,299,486	89,058
2001-2002	\$61,339,936	112,613
2002-2003	\$72,368,906	96,901
2003-2004	\$71,197,508	90,895
2004-2005	\$73,160,794	87,848
2005-2006	\$74,503,185	86,613
2006-2007	\$80,169,479	84,642
2007-2008	\$82,011,444	80,326
2008-2009	\$87,263,090	77,319
2009-2010	\$88,837,557	95,087
2010-2011	\$87,327,622	99,648
2011-2012	\$87,183,439	74,777
2012-2013	\$81,494,422	72,957
2013-2014	\$85,089,248	98,616
2014-2015	#\$85,089,248	#98,616

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

Projection

Source for clients served: CIRTS

OLDER AMERICANS ACT TITLE III B

SUPPORTIVE SERVICES

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

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

OAA TITLE III B FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$26,208,251	54,541
2002-2003	\$26,095,184	56,877
2003-2004	\$25,756,732	52,010
2004-2005	\$25,750,864	52,323
2005-2006	\$25,261,848	51,759
2006-2007	*\$25,270,584	50,148
2007-2008	\$25,269,175	47,093
2008-2009	\$26,072,475	45,542
2009-2010	\$26,729,390	43,921
2010-2011	\$26,238,773	39,131
2011-2012	\$26,219,739	35,160
2012-2013	\$25,001,310	33,062
2013-2014	\$31,360,052	29,346
2014-2015	#\$31,360,052	#29,346

* Allotment plus carry forward dollars.

Projection

Source for clients served: CIRTS

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

INFORMATION AND REFERRAL/ASSISTANCE

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

Trained information and referral specialists provide IandR/A services in person or via telephone, mail, email, or social media. Information about programs and services is provided in response to an individual's request for information and assistance. The IandR/A specialist assesses the problems and capacities of the individual; links individuals to the opportunities and services that are available; and ensures that individuals receive the services needed by establishing follow-up procedures. The IandR/A serves the entire community of older individuals, particularly older individuals with greatest social needs, older individuals with greatest economic needs, and older individuals at risk of institutional placement.

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

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

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

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

INFORMATION AND REFERRAL/ASSISTANCE UNITS OF SERVICE:

UNITS OF SERVICE			
STATE FISCAL YEAR	INFORMATION	REFERRALS	TOTAL
2001-2002	790,644	89,699	880,343
2002-2003	745,067	74,433	819,500
2003-2004	814,168	80,364	894,532
2004-2005	911,790	90,949	1,002,739
2005-2006	672,927	92,185	765,112
2006-2007	621,886	41,503	663,389
2007-2008	455,614	38,382	493,996
2008-2009	567,259	41,143	608,402
2009-2010	715,011	50,851	765,862
2010-2011	653,744	53,917	707,661
2011-2012	625,655	56,437	682,092
2012-2013	506,479	59,012	565,491
2013-2014	596,982	64,641	718,605
2014-2015	#596,982	#64,641	#718,605

Projection

Source: CIRTS

PROGRAM HIGHLIGHT

Mr. W called the Elder Helpline at the Aging and Disability Resource Center (ADRC) regarding his mother. After contacting the ADRC, he completed a Customer Satisfaction Survey where he stated that prior to contacting the ADRC, he was unaware of any services that assist seniors and where to turn for help. He expressed his gratitude and described his first experience with the ADRC as a positive one. He walked away with a clear understanding of the services for seniors and caregivers. He also praised the screening department and stated that he would recommend the ADRC to others. As a result of his call to the ADRC, his mother is now receiving assistance as an active client in a long-term care program and he is able to share about his positive experience with others seeking assistance.

OLDER AMERICANS ACT TITLE III C1

CONGREGATE MEALS

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

OAA TITLE III C1 FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$26,723,715	40,228
2002-2003	\$25,840,559	40,432
2003-2004	\$25,718,968	38,584
2004-2005	\$25,790,674	36,822
2005-2006	\$25,239,065	34,424
2006-2007	*\$27,155,334	35,215
2007-2008	\$28,526,170	32,674
2008-2009	\$31,341,465	32,709
2009-2010	\$31,992,629	29,403
2010-2011	\$31,468,259	34,640
2011-2012	\$31,467,368	32,677
2012-2013	\$28,468,480	32,435
2013-2014	\$20,374,456	30,283
2014-2015	#\$20,374,456	#30,283

* Allotment plus carry-forward dollars.

Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHT

Mr. D, age 88, was caring for his wife who was diagnosed with Alzheimer’s disease. They attended senior dining at a local congregate meal site. As Mrs. D’s condition worsened, Mr. D was able to continue to participate in the senior dining program where he received support and companionship as well. Eventually, Mr. D even became a volunteer at the Day Care Center using his talent for playing the dulcimer and harmonica. When Mrs. D passed away in May 2014, Mr. D returned to the senior dining site for a moving tribute to his wife by the group. Mr. D continues to be an active participant at the congregate meal site and has stated that he cannot express how much he appreciates the support, help, and respite he has received through his Council on Aging. The services, and also the relationships he has developed, have helped him during the most difficult time in his life.

OLDER AMERICANS ACT TITLE III C2

HOME-DELIVERED MEALS

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

PROGRAM HIGHLIGHTS

Ms. R.B. is a 65-year-old, African American, single woman who lives alone. As her health declines, she is often unable to make the walk to the Council on Aging of West Florida senior dining site, and she has no other means of transportation. She had insufficient funds for food, had dietary restrictions due to multiple health conditions, and was not eating at least two meals a day.

Ms. R.B. began receiving home-delivered meals that are easy for her to heat and serve. She has someone stopping by weekly to check on her, increasing her social resources and fostering her independence. Ms. R.B.’s health has improved and she has bettered her nutrition and independence because of the assistance of home-delivered meals.

OAA TITLE III C2 FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR*	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$13,020,443	27,027
2002-2003	\$13,353,441	28,792
2003-2004	\$13,264,023	27,146
2004-2005	\$13,489,352	25,297
2005-2006	\$13,422,360	24,504
2006-2007	\$13,398,363	23,627
2007-2008	\$14,404,118	22,409
2008-2009	\$15,882,387	21,743
2009-2010	\$16,091,728	21,763
2010-2011	\$15,810,460	21,469
2011-2012	\$15,874,292	20,132
2012-2013	\$15,035,675	19,915
2013-2014	\$20,298,442	17,083
2014-2015	#\$20,298,442	#17,083

* Allotment plus carry-forward dollars.

Projection

Source for clients served: CIRTS

NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

The Department administers the program through fixed-rate contracts with Area Agencies on Aging (AAAs) and service providers.

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Nutrition Services Incentive Program is 100-percent federally funded. NSIP allotments by the Administration on Aging to State Units on Aging represent proportional shares of the annual program appropriation based on the number of meals served in the prior year. The Department allocates NSIP funding to Planning and Service Areas (PSAs) based on the total grant award and PSA expenditure rates.

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

PROGRAM HIGHLIGHT

Ms. CR is a 60-year-old woman with a disability who lives alone. She stated that she did not know what she would do without the NSIP Program and home-delivered meals. She suffers from fibromyalgia and carpal tunnel syndrome and has limited mobility. She has expressed that the Meals on Wheels program has helped her to become more independent because she does not have to worry about the preparation of her meals and enjoys the convenience and nutrition of her balanced meals. She is also thankful for the program staff who are helpful to her and engage her in conversation and companionship, which has resulted in an improvement of her speech and social resources. She is appreciative of the overall benefits of the program, including improved nutrition and mental stimulation, resulting in her increased independence.

FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FUNDING ALLOCATED TO PSAS	NUMBER OF MEALS SERVED
1993-1994	\$6,878,452	Information not Available
1994-1995	\$6,634,928	
1995-1996	\$6,197,272	
1996-1997	\$6,584,425	
1997-1998	\$6,219,477	
1998-1999	\$6,181,148	11,092,344
1999-2000	\$6,095,408	11,159,321
2000-2001	\$6,095,408	11,279,706
2001-2002	\$6,768,177	11,168,424
2002-2003	\$6,659,871	11,688,254
2003-2004	\$7,441,372	12,828,297
2004-2005	\$8,007,700	13,083,624
2005-2006	\$10,002,339	12,966,176
2006-2007	\$7,632,468	12,055,381
2007-2008	\$7,434,170	11,388,443
2007-2008	\$7,632,469	*10,940,795
2008-2009	\$7,528,758	*10,160,945
2009-2010	\$6,978,546	*11,473,075
2010-2011	\$7,752,196	*11,376,805
2011-2012	\$7,187,763	11,370,000
2012-2013	\$6,247,984	8,677,755
2013-2014	\$6,235,977	8,677,755
2014-2015	#\$6,235,977	#8,519,847

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

Projection

Source for meals served: Department program reports

OLDER AMERICANS ACT TITLE III D

PREVENTIVE HEALTH SERVICES

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

OAA TITLE III D FUNDING HISTORY:

FEDERAL FISCAL YEAR*	FUNDING
2001-2002	\$1,558,493
2002-2003	\$1,617,427
2003-2004	\$1,606,633
2004-2005	\$1,595,068
2005-2006	\$1,579,267
2006-2007	\$1,579,814
2007-2008	\$1,557,582
2008-2009	\$1,557,571
2009-2010	\$1,557,571
2010-2011	\$1,554,456
2011-2012	\$1,551,522
2012-2013	\$1,461,664
2013-2014	\$1,461,573
2014-2015	#\$1,461,573

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

Projection

Health Promotion and Wellness Initiatives

DESCRIPTION:

Disease Prevention and Health Promotion Evidence-Based Interventions are programs that have been researched and proven to be effective in the prevention and symptom management of chronic health conditions. There are many types of evidence-based interventions. These include chronic disease self-management programs, falls prevention programs, fitness programs, nutrition programs, strength and balance programs, mental health programs, and many others.

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

SERVICES OR ACTIVITIES:

Disease Prevention and Health Promotion evidence-based services include Powerful Tools for Caregivers, Living Healthy – also known as the Chronic Disease Self-Management Program (CDSMP) – A Matter of Balance, EnhanceFitness, Un Asunto de Equilibrio, Tai Chi: Moving for Better Balance, Tomando Control de su Salud, and Diabetes Self-Management Program. Availability of services varies by Planning and Service Area.

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

NUMBERS SERVED:

FEDERAL FISCAL YEAR (FFY)/ CALENDAR YEAR (CY)	CLIENTS SERVED
FFY 1998-1999	Information not available
FFY 1999-2000	23,808
FFY 2000-2001	*472,764
FFY 2001-2002	97,461
**FFY 2002-2003	**39,925
CY 2003	91,247
CY 2004	78,902
CY 2005	73,797
CY 2006	52,084
CY 2007	61,781
CY 2008	71,514
CY 2009	44,140
CY 2010	94,634
CY 2011	95,471
CY 2012	52,621
CY 2013	***21,422
CY 2014	19,621
CY 2015	#19,621

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

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

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

PROGRAM HIGHLIGHT

When Mr. M joined one of the Polk County workshops, A Matter of Balance, he walked with the assistance of two canes. His determination to attend every session of the workshop was admirable to those around him. At first, he struggled with some of the physical activity exercises during the class, but he persevered and tried the ones that he could. As the weeks went by, there was clear improvement each time he attended a session. There was a happier expression on his face, and he enjoyed being in the class and sharing with others. In week four, he walked into the classroom with just one cane. In week five, he entered with no cane at all. His happiness, independence, and confidence were all that much higher. In week eight, the final session, he led the class and demonstrated a few of the exercises. Mr. M continues to lead an active lifestyle using available resources in his community. Thanks to A Matter of Balance classes, Mr. M regained his confidence, strength, balance, control, and best of all, he conquered his fear of falling!

OLDER AMERICANS ACT TITLE III E

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

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

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

PROGRAM HIGHLIGHT

Ms. T is a 72-year-old grandmother who has been raising her teenage grandson with autism for the past three years. During that time, she herself was diagnosed with breast cancer, received radiation and chemotherapy, and had a bilateral mastectomy. Ms. T has multiple health issues that have limited her ability to take care of her grandson who requires close supervision.

She receives caregiver support through Just Checking and the Grandparents Raising Grandchildren Program through MorseLife and the University of Florida. She attends programs regularly and says, “The individualized caregiver support has assisted me in understanding my grandson’s disease of autism and how to cope when challenged by him. At the group, I have learned about the many community resources to access, including Legal Aid, which helped me to obtain guardianship of my grandson.”

OAA TITLE III E FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$10,083,438	3,778
2002-2003	\$11,046,746	5,541
2003-2004	\$11,924,721	3,533
2004-2005	\$12,199,251	5,512
2005-2006	\$12,179,170	Not Available
2006-2007	\$12,183,384	Not Available
2007-2008	\$12,254,399	9,081
2008-2009	\$12,409,192	*20,206
2009-2010	\$12,466,239	**18,674
2010-2011	\$12,255,674	17,169
2011-2012	\$12,070,518	18,333
2012-2013	\$11,527,293	16,329
2013-2014	\$11,594,573	15,250
2014-2015	#\$11,594,573	#15,250

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

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

#Projection

Source for clients served since 2007: NAPIS Reports

OLDER AMERICANS ACT TITLE V

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

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

ADMINISTRATION:

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

ELIGIBILITY:

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

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

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

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

NUMBER OF PROGRAM SLOTS:

STATE FISCAL YEAR	STATE-SHARE PROGRAM SLOTS	FUNDING ALLOCATION	NATIONAL SPONSOR PROGRAM SLOTS
1995-1996	State share slots prior to SFY 2001-2002 are included in national sponsor slot allocations.	Not Available	3,783
1996-1997			3,510
1997-1998			3,528
1998-1999			3,512
1999-2000			3,547
2000-2001			3,547
2001-2002			723
2002-2003	837	2,827	
2003-2004	821	\$5,869,211	2,287
2004-2005	724	\$5,171,937	2,824
2005-2006	718	\$5,146,318	2,813
2006-2007	712	\$5,094,851	2,785
2007-2008	712	\$5,661,826	2,785
2008-2009	692	\$6,088,015	2,707
2009-2010	695	\$6,436,237	2,719
2010-2011	727	\$6,781,930	2,825
2011-2012	543	\$5,031,981	2,124
2012-2013	540	\$5,235,172	2,111
2013-2014	516	\$5,006,353	2,124
2014-2015	#721	\$5,094,417	#2,063

Projection

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

PROGRAM HIGHLIGHT

Ms. Fandino started a business in her country with the money she saved for 20 years. Unfortunately, after only two years, the business failed and she found herself with nothing. She came to the United States with no money or family. Ms. Fandino was in a critical financial situation with no job, home, money, or food. Eventually, she found the One Stop Career Center, where it was suggested that she apply to the SCSEP Program.

The SCSEP Program gave her support by providing classes to improve her English and computer skills and eventually placed her with The League Against Cancer, a SCSEP host agency. Her supervisor encouraged her to take additional classes in medical coding to improve her chances of obtaining a permanent position with the company. Ms. Fandino followed the advice, although it took great sacrifice as she had to pay for the classes from her limited income and take public transportation to her job and school. But her sacrifices paid off and she was hired full time in March 2014. She now has her own place to live and is grateful for all of the help and support she received from the SCSEP program.

OLDER AMERICANS ACT TITLE VII

ELDER ABUSE PREVENTION

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

Elder Abuse Prevention Program

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

The program has developed, distributed, and made available online a fact sheet called “How to Minimize the Risk of Becoming a Victim” and the following brochures: “The Power to Prevent Elder Abuse Is in Your Hands,” “Preventing

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

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

OAA TITLE VII FUNDING HISTORY:

FEDERAL FISCAL YEAR	FEDERAL FUNDING
1999-2000	\$169,537
2000-2001	\$172,259
2001-2002	\$344,252
2002-2003	\$383,366
2003-2004	\$380,874
2004-2005	\$378,726
2005-2006	\$378,779
2006-2007	\$377,396
2007-2008	\$382,298
2008-2009	\$372,498
2009-2010	\$373,679
2010-2011	\$367,419
2011-2012	\$361,264
2012-2013	\$344,252
2013-2014	\$344,252
2014-2015	#\$344,252

Projection

PROGRAM HIGHLIGHT

Each year, June 15 is recognized as World Elder Abuse Awareness Day, highlighting the significance of elder abuse as a public health and human rights issue.

In 2014, Governor Rick Scott issued a proclamation emphasizing the importance of public awareness of elder abuse. In addition, Florida's eleven Aging and Disability Resource Centers coordinated an effort in each of their respective areas to provide elder abuse prevention education and outreach in recognition of this observance on June 15, 2014. Collaborations among communities included law enforcement and other local government entities, community-based non-profit organizations, domestic violence advocates, local media, faith-based organizations, and health professionals.

In addition, the Department of Elder Affairs again partnered with the Big Bend Fraud Task Force for the Third Annual Fraud Prevention Seminar in Tallahassee, where over 120 attendees learned about preventing frauds and scams; preventing identity theft; consumer fraud related to financial institutions; and identifying and reporting elder abuse, neglect, and exploitation.

Long-Term Care Ombudsman Program

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

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

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

APPROPRIATION HISTORY

STATE FISCAL YEAR	FEDERAL	STATE	TOTAL*
1994-1995	\$722,597	\$112,387	\$834,984
1995-1996	\$720,872	\$143,001	\$863,873
1996-1997	\$723,359	\$138,530	\$861,889
1997-1998	\$724,095	\$147,749	\$871,844
1998-1999	\$945,993	\$159,634	\$1,105,627
1999-2000	\$1,011,559	\$259,634	\$1,271,193
2000-2001	\$1,011,559	\$339,634	\$1,351,193
2001-2002	\$1,082,358	\$1,205,102	\$2,287,460
2002-2003	\$1,316,838	\$1,285,102	\$2,601,940
2003-2004	\$1,394,945	\$1,361,593	\$2,756,538
2004-2005	\$1,450,999	\$1,351,432	\$2,802,431
2005-2006	\$1,205,727	\$1,267,764	\$2,473,491
2006-2007	\$1,505,485	\$1,447,583	\$2,953,068
2007-2008	\$1,115,096	\$1,401,870	\$2,516,966
2008-2009	\$1,153,739	\$1,370,388	\$2,524,127
2009-2010	\$1,618,461	\$1,337,849	\$2,956,310
2010-2011	\$1,239,282	\$1,329,103	\$2,568,385
2011-2012	\$2,639,270	\$1,312,938	\$3,952,208
2012-2013	*\$1,821,163	\$1,305,344	\$3,126,507
2013-2014	*\$1,743,137	\$1,297,377	\$3,040,514
2014-2015	##\$1,434,286	##\$1,299,065	##\$2,733,351

* The total does not include unallocated costs.

INSPECTIONS AND INVESTIGATIONS

FEDERAL REPORTING YEAR	FACILITIES	ASSESSMENTS	COMPLAINTS INVESTIGATED
1993-1994	1,677	1,953	5,206
1994-1995	3,016	2,235	6,295
1995-1996	2,925	2,082	5,455
1996-1997	3,053	2,097	6,635
1997-1998	3,237	2,474	10,071
1998-1999	3,378	2,761	7,969
1999-2000	3,661	2,886	8,040
2000-2001	3,567	2,832	7,664
2001-2002	3,470	2,240	7,643
2002-2003	3,653	3,120	8,667
2003-2004	3,702	2,894	9,035
2004-2005	3,500	2,944	7,963
2005-2006	3,585	2,582	7,905
2006-2007	3,585	2,582	7,905
2007-2008	3,932	3,932	7,715
2008-2009	3,932	3,932	8,302
2009-2010	4,016	4,016	8,651
2010-2011	4,039	3,347	7,534
2011-2012	4,039	4,269	8,600
2012-2013	4,074	4,091	7,336
2013-2014	N/A	4,120	8,863
2014-2015	N/A	#4,100	#8,500

Projection

Source: Data collected and reported from district ombudsman offices.

PROGRAM HIGHLIGHT

During the 2013-2014 federal fiscal year, the Long-Term Care Ombudsman Program had over 300 volunteer ombudsmen assist the program in carrying out its mission to improve the quality of life for long-term care residents by serving as their advocates. Volunteer ombudsmen completed approximately 4,200 facility assessments and investigated over 6,000 complaints. Many of these interactions involve ombudsmen assisting residents in resolving their complaints.

An ombudsman with the Panhandle Office in Tallahassee recently found a unique opportunity to serve a resident he interviewed as part of a visit to an assisted living facility in Tallahassee. During the interview with the resident, Mrs. R, he learned that she was a WWII Marine with a special mission that wasn't described to them until the day of their assignment. The date was April 14, 1945, the day of the funeral procession of President Franklin D. Roosevelt, and her unit had been assigned to be in it. She was in the front row of her unit and, as the tallest member, set the pace for her unit and the units that followed. The caisson carrying the president's casket was having a photographic record of her part in this historic event. She had previously made requests to the National Archives, but the only photo she received was one where her unit was obscured by trees. Not mentioning his intent, the ombudsman searched the internet to see what he could learn about the funeral procession and find where Mrs. R's Marine unit may have been photographed. Searching the films, he found one that did show the caisson with the women's Navy and Marine units leading it. The ombudsman purchased a copy of the film, extracted the precise frame from the film, and created a photograph. A description was added to the photo and was framed. He presented the picture to a very surprised Mrs. R at a special Veterans Day event at the assisted living facility. Mrs. R now displays her remembrance prominently in her apartment.

Section D

State General Revenue Programs

INTRODUCTION TO STATE GENERAL REVENUE PROGRAMS

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

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

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

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

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

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

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

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

Individuals seeking the Department's approval as assisted living Alzheimer's disease training providers and approval of their training curricula must submit the required documents to the Department's contractor. Training provider and curriculum requirements are outlined in Section 429.178, Florida Statutes, and Rules 58A-5.0191 (9), 5.0191(10), and 58A-5.0194, Florida Administrative Code.

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

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

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

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

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

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

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

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

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

employees was implemented after the rule promulgation and adoption process was completed.

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

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

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

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

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

In 2012, the Florida Legislature created the Specialized Alzheimer’s Services Adult Day Care Act specifying, among other requirements, additional ADRD training for adult day care centers providing specialized Alzheimer’s services pursuant to Section 429.918, Florida Statutes.

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

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

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

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

The law requires that home health agency personnel providing direct care to patients must complete two hours of Alzheimer’s disease approved training within nine months

of beginning employment with the agency. Section 400.4785(1)(f), Florida Statutes, requires the Department to adopt rules to establish standards for home health agency personnel who are subject to this training, for the trainers, and for the required training. In October 2005, the Department completed the rule promulgation process to establish standards for the training, trainers, and curricula by holding rule development workshops to obtain comments from the public. The Home Health Agency ADRD was implemented in October 2005.

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

ADMINISTRATION:

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

ELIGIBILITY:

Assisted Living Eligibility

Alzheimer’s Disease Training Provider

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

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

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

Assisted Living Facility Alzheimer’s Disease Training Curriculum

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

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

Nursing Home Alzheimer’s Disease Training Provider

Approval as a Nursing Home Alzheimer’s disease training provider requires an application

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

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

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

Nursing Home Alzheimer’s Disease Training Curriculum

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

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

Hospice Alzheimer’s Disease Training Provider

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

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

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

Hospice Alzheimer’s Disease Training Curriculum

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

Approval of the additional three-hour training curriculum requires an application (DOEA Form Hospice/ADRD-002) that addresses the following subject areas: behavior management,

assistance with activities of daily life to promote the patient’s independence, activities for patients, stress management for the caregiver, family issues, patient environment, and ethical issues.

Adult Day Care Training Provider

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

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

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

Adult Day Care Training Curriculum

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

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

Home Health Agency Alzheimer's Disease Training Provider

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

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

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

Home Health Agency Alzheimer's Disease Training Curriculum

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Program funding is from General Revenue.

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	2002- 03	2003- 04	2004- 05	2005- 06	2006- 07	2007- 08
State Funding	\$100,000	\$72,398	\$72,398	\$72,398	\$76,469	\$77,826
ALF Approved Trainers	285	318	173	89	88	151
ALF Approved Curriculum	86	95	26	19	23	29
NH Approved Trainers	1,246	1,475	174	138	131	122
NH Approved Curriculum	99	104	16	37	29	23
Hospice Approved Trainers	*	89	23	24	31	26
Hospice Approved Curriculum	*	8	9	10	8	14
Adult Day Care Approved Trainers	*	14	7	8	12	19
Adult Day Care Approved Curriculum	*	1	7	0	0	6
Home Health Agency Approved Trainers	**	**	**	347	184	146
Home Health Agency Approved Curriculum	**	**	**	40	17	9

STATE FISCAL YEAR	2008- 09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
State Funding	\$77,826	\$73,935	\$73,935	\$73,935	\$73,935	\$73,935	\$73,935
ALF Approved Trainers	87	96	87	99	105	85	#96
ALF Approved Curriculum	24	19	45	24	18	40	#27
NH Approved Trainers	119	122	122	82	70	68	#73
NH Approved Curriculum	23	21	33	18	15	23	#19
Hospice Approved Trainers	30	23	15	28	17	12	#19
Hospice Approved Curriculum	10	10	22	10	18	14	#14
Adult Day Care Approved Trainers	6	16	10	14	10	9	#11
Adult Day Care Approved Curriculum	3	3	4	6	6	6	#6
Home Health Agency Approved Trainers	167	103	104	63	90	75	#76
Home Health Agency Approved Curriculum	24	9	11	20	9	9	#13

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

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

Projection

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

ALZHEIMER'S DISEASE INITIATIVE (ADI)

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

Respite Services for Caregiver Relief:

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

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

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

Memory Disorder Clinics:

The Legislature has authorized 15 Memory Disorder Clinics to provide comprehensive diagnostic and referral services for persons with

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

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

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

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

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

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

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

ADMINISTRATION:

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

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

ELIGIBILITY:

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

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

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

STATUTORY AUTHORITY:

Sections 430.501-430.504, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

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

MODEL DAY CARE

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
2006-2007	\$376,530	101
2007-2008	\$376,530	108
2008-2009	\$372,879	142
2009-2010	\$340,065	130
2010-2011	\$340,065	110
2011-2012	\$340,065	113
2012-2013	\$340,065	115
2013-2014	\$340,065	84
2014-2015	\$340,065	#92

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

Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHT

“Thank you for the service provided at the memory disorder clinic for my mother. We were very pleased with our experience. It was definitely a comprehensive process, and we all feel very confident in the assessment, diagnosis, and proposed treatment. The doctors were very thorough, caring, and compassionate. Suffice it to say we are no longer struggling with what to do but now have a clear path for going forward. Fortunately, my mother was seen as we hope to prevent another stroke and manage her cognitive impairment. It has been a difficult year, and now, thanks to your direction, we have some clarity, a plan, and hope for the future.”

PROGRAM HIGHLIGHT

Mrs. A was demonstrating memory loss and other signs of deteriorating cognitive function when she became lost while returning home from visiting her ill husband in the hospital. A Silver Alert was issued, and Mrs. A was later safely recovered. However, Mrs. A's family was struggling because they were unaware of resources which could address Mrs. A's problems and her safety.

Following the Silver Alert protocol, Mrs. A's daughter was contacted by the Orlando Health Memory Disorder Clinic. Her daughter was emotionally overwhelmed and described this telephone call as "life altering." As a result of this intervention, Mrs. A received a thorough evaluation at the Memory Disorder Clinic and was diagnosed with mid-stage Alzheimer's disease. It was determined that it was no longer safe for Mrs. A to drive. Education, resources, and family support were provided so that the family is now able to confidently care for Mrs. A.

APPROPRIATION HISTORY AND NUMBERS SERVED: RESPITE/SPECIAL PROJECTS

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$2,260,618	1,613
1993-1994	\$2,260,618	1,773
1994-1995	\$2,810,618	2,272
1995-1996	\$3,797,301	2,566
1996-1997	\$4,701,939	2,816
1997-1998	\$6,301,939	3,209
1998-1999	\$7,301,939	3,590
1999-2000	\$7,801,939	3,468
2000-2001	\$7,801,939	3,305
2001-2002	\$7,801,939	3,101
2002-2003	\$7,401,454	2,647
2003-2004	\$7,401,454	2,749
2004-2005	\$10,302,855	2,730
2005-2006	\$9,971,754	2,429
2006-2007	\$10,546,754	2,446
2007-2008	\$10,291,005	2,379
2008-2009	\$9,621,935	2,174
2009-2010	\$8,050,666	1,999
2010-2011	\$8,362,200	2,300
2011-2012	\$9,404,262	3,348
2012-2013	\$9,554,262	*1,808
2013-2014	\$10,412,201	1,832
2014-2015	\$16,093,452	#2,831

*Unduplicated count of clients. Beginning 2012-2013.

Projection

Source for clients served: CIRTS

MEMORY DISORDER CLINICS

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$1,864,765	2,561
1993-1994	\$2,169,676	2,534
1994-1995	\$2,978,373	3,140
1995-1996	\$2,964,266	3,579
1996-1997	\$3,078,824	4,203
1997-1998	\$3,078,824	3,794
1998-1999	\$3,645,824	4,920
1999-2000	\$3,834,824	4,832
2000-2001	\$4,223,824	4,900
2001-2002	\$4,223,824	6,314
2002-2003	\$2,912,881	6,134
2003-2004	\$2,912,881	7,328
2004-2005	\$3,793,016	6,884
2005-2006	\$4,039,411	6,103
2006-2007	\$3,286,351	4,872
2007-2008	\$3,416,490	4,745
2008-2009	\$3,254,474	4,761
2009-2010	\$2,968,081	5,116
2010-2011	\$2,968,081	7,096
2011-2012	\$2,968,081	6,732
2012-2013	\$2,968,081	6,886
2013-2014	\$3,413,603	6,560
2014-2015	\$3,463,683	#6,567

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

Source for clients served: Manual reports from Memory Disorder Clinics

BRAIN BANK

STATE FISCAL YEAR	STATE FUNDING	PERSONS REGISTERED	AUTOPSIES
1993-1994	\$138,859	82	67
1994-1995	\$138,859	80	84
1995-1996	\$138,201	82	67
1996-1997	\$130,139	100	87
1997-1998	\$130,139	44	66
1998-1999	\$130,139	54	67
1999-2000	\$137,139	82	59
2000-2001	\$130,139	130	90
2001-2002	\$130,139	56	47
2002-2003	\$130,139	56	47
2003-2004	\$130,139	83	74
2004-2005	\$130,139	61	40
2005-2006	\$155,139	55	48
2006-2007	\$130,139	76	72
2007-2008	\$130,139	118	75
2008-2009	\$128,876	159	79
2009-2010	\$117,535	135	80
2010-2011	\$117,535	120	87
2011-2012	\$117,535	129	119
2012-2013	\$117,535	89	69
2013-2014	\$117,535	83	92
2014-2015	\$117,535	#86	#81

Projection

Source for persons registered and autopsies: Brain Bank reports

COMMUNITY CARE FOR THE ELDERLY (CCE)

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

Sections 430.201-430.207, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

Non-weighted factors:

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

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

Weighted factors:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$36,082,001	36,462
1993-1994	\$36,270,000	27,700
1994-1995	\$38,660,000	30,990
1995-1996	\$41,471,224	38,827
1996-1997	\$41,158,448	41,990
1997-1998	\$38,818,253	38,564
1998-1999	*\$33,891,064	35,580
1999-2000	**\$45,038,164	40,338
2000-2001	\$46,933,055	40,804
2001-2002	\$43,451,823	37,296
2002-2003	\$43,451,823	34,476
2003-2004	\$43,446,823	34,986
2004-2005	\$43,446,823	33,909
2005-2006	\$44,106,823	32,470
2006-2007	\$47,106,823	28,485
2007-2008	\$43,364,370	19,232
2008-2009	\$41,521,133	15,773
2009-2010	\$40,578,617	16,165
2010-2011	\$40,479,617	16,015
2011-2012	\$40,479,617	13,459
2012-2013	\$41,479,617	14,244
2013-2014	\$45,229,617	12,423
2014-2015	\$49,479,617	#13,590

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

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

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

#Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHTS

A 61-year-old client residing alone in her home in Port St. Lucie has great difficulty with mobility. Through the Community Care for the Elderly (CCE) case management service, the case manager is able to identify the client's limitations during ongoing visits. The client is receiving services under the CCE Program, assisting her with the personal care aide to assist her to transfer into her hover round so that she is able to get out of her home for medical appointments and safely maneuver around her home. Additionally, the client relies on consumable medical supplies through the CCE Program. The client was at risk of nursing home placement when she was referred to CCE, and she has been able to safely remain in the community in her home with the ongoing support of CCE and the assistance of her daughter.

HOME CARE FOR THE ELDERLY (HCE)

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

Sections 430.601-430.608, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1995-1996	*\$11,650,180	7,603
1996-1997	\$13,458,403	8,901
1997-1998	\$13,458,403	9,114
1998-1999	\$13,458,403	9,381
1999-2000	\$13,458,403	9,020
2000-2001	\$13,458,403	8,813
2001-2002	\$9,529,461	6,934
2002-2003	\$9,529,461	5,599
2003-2004	\$9,529,461	5,269
2004-2005	\$9,529,461	5,414
2005-2006	\$9,529,461	5,538
2006-2007	\$9,529,461	5,420
2007-2008	\$9,529,461	5,240
2008-2009	\$8,319,323	**4,204
2009-2010	\$7,903,357	2,620
2010-2011	\$7,903,357	2,624
2011-2012	\$7,903,357	2,628
2012-2013	\$7,903,357	2,877
2013-2014	\$7,903,357	2,831
2014-2015	\$7,903,357	#2,854

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

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

Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHTS

The Division of Senior Services (DOSS) provides Home Care for the Elderly (HCE) Program support services for an 89-year old client who resides in a family-type living arrangement within the private home of her daughter and son-in-law in a secured dwelling maintained by the caregiver as an alternative to institutional care.

The client has dementia and diabetes, experiences dizziness, and struggles with incontinence. The caregiver feels that the client's dementia is worsening and that they need additional assistance with services due to these conditions.

The client and caregiver have been participants of the HCE Program since 2010. The caregiver states that she is grateful for the program's help and for the assistance of their Case Manager and home health aide. She has expressed her sincere appreciation for the program saying she does not know how she would manage without the program and services.

LOCAL SERVICES PROGRAMS (LSP)

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

The table on the right identifies those Planning and Service Areas (PSAs) that offer specific services funded through LSP. PSAs 2, 3, 4, 5, 6, 9, 10, and 11 offer at least one of these services.

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

General Appropriations Act, State of Florida.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

SERVICE	PLANNING AND SERVICE AREA(S)
Adult Day Care	2, 3, 5, 10, 11
Case Management	2
Chore	5
Congregate Meals	5, 10, 11
Counseling	5
Emergency Alert Response	5
Health Promotion, Health Support, Health Risk	11
Home-Delivered Meals	4, 5, 11
Homemaker	5, 6, 9, 11
Information	5
Legal Assistance	5
Material Aid	10
Nursing	11
Personal Care	9, 11
Recreation	10, 11
Referral	5
Respite	11
Screening and Assessment	11
Transportation	5, 9, 10, 11

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED	
1992-1993	\$3,145,479	Information not available	
1993-1994	\$3,395,479		
1994-1995	\$3,012,479		
1995-1996	\$3,198,210		
1996-1997	\$3,648,210		
1997-1998	\$3,333,433		
1998-1999	\$3,464,443		
1999-2000	\$3,351,313		
2000-2001	\$3,828,443		5,570
2001-2002	\$3,206,255		6,460
2002-2003	\$2,906,434	5,551	
2003-2004	*\$6,231,434	* 6,413	
2004-2005	\$6,331,434	6,478	
2005-2006	\$6,710,183	**37,191	
2006-2007	\$8,019,183	33,772	
2007-2008	\$8,764,833	33,634	
2008-2009	\$7,032,833	21,613	
2009-2010	\$7,015,811	15,389	
2010-2011	\$7,465,811	23,763	
2011-2012	\$7,465,811	6,305	
2012-2013	\$7,465,811	5,766	
2013-2014	\$8,915,811	8,776	
2014-2015	\$12,745,811	#12,545	

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

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

Projection

Source for clients served: CIRTS and Manual Reports

PROGRAM HIGHLIGHT

When Ms. K initially became a Local Services Program (LSP) client of Ruth and Norman Rales Jewish Family Services, she was suffering from Chronic Obstructive Pulmonary Disease (COPD) and skin cancer. Her illnesses were progressive, and she experienced an increased need for physical assistance.

In 2011, Ms. K started with eight hours of care weekly, which progressively increased. Beginning in October 2013, she began needing 25 hours weekly to maintain safe, independent living. The Local Services Program (LSP) provided Ms. K with the needed 25 hours of home care weekly. This program enabled her to remain in her home in a safe and familiar environment. Without the help of this program, Ms. K would have spent the remainder of her life in a skilled nursing facility rather than the comfort of her home.

RESPIRE FOR ELDER'S LIVING IN EVERYDAY FAMILIES (RELIEF)

DESCRIPTION:

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

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

Section 430.071, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHT

"I wanted to write and thank the friendship center for creating a wonderful friendship between my mother and her relief volunteer. She is one of the most caring and loving people I have encountered in my life. She is genuine and compassionate. My mother looks forward to her weekly visits, especially because she is homebound. Our volunteer has made a positive impact in our entire family and the words 'thank you' cannot begin to show our gratitude!" - N. Kelly

Recently, a relief client fell and broke her foot while attempting to stand up from a chair. The relief volunteer called the client's daughter and provided comfort until the daughter arrived. The daughter has expressed gratitude for the volunteer stating she went above and beyond to help her family during a difficult and scary time.

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	NUMBER OF CLIENTS SERVED	NUMBER OF VOLUNTEERS	UNITS (HOURS)
*1997-1998	\$727,772	334	202	89,552
**1998-1999	\$930,044	371	235	141,366
1999-2000	\$1,330,044	609	467	121,162
2000-2001	\$1,330,044	449	396	193,597
2001-2002	\$1,330,044	484	323	144,229
2002-2003	\$1,294,530	369	242	151,715
2003-2004	\$994,530	382	274	116,938
2004-2005	\$1,044,530	586	393	132,134
2005-2006	\$1,044,530	577	356	136,182
2006-2007	\$1,044,530	554	332	132,156
2007-2008	\$1,044,530	512	324	138,600
2008-2009	\$1,044,530	510	303	121,326
2009-2010	\$909,034	498	464	131,384
2010-2011	\$909,034	499	410	153,575
2011-2012	\$909,034	400	300	120,000
2012-2013	\$909,034	486	336	69,213
2013-2014	\$993,672	492	369	110,267
2014-2015	\$993,672	#450	#300	#120,000

Projection

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

STATEWIDE PUBLIC GUARDIANSHIP OFFICE

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

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

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

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

Unlike public guardians, professional guardians receive compensation for services rendered to wards who have adequate income or assets to pay for these services. To become a registered professional guardian, an applicant must pass the professional guardian competency examination and submit the following:

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

STATUTORY AUTHORITY:

Chapter 744, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
2000-2001	\$1,252,858	1,098
2001-2002	\$1,302,858	1,405
2002-2003	\$1,067,921	1,654
2003-2004	\$1,188,344	1,714
2004-2005	\$2,355,579	2,214
2005-2006	\$2,380,003	2,486
2006-2007	\$2,383,242	*2,342
2007-2008	\$2,279,718	2,544
2008-2009	\$2,308,146	2,598
2009-2010	\$2,498,558	2,622
2010-2011	\$2,755,400	2,667
2011-2012	\$2,963,687	2,650
2012-2013	\$2,592,051	3,156
2013-2014	\$2,769,851	2,931
2014-2015	\$6,489,345	#3,531

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

Projection

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

PROGRAM HIGHLIGHT

2014 was an historic year for the Statewide Public Guardianship Office (SPGO) as they completed an expansion from only 27 counties to all 67 of Florida's counties. The Florida Channel aired a 2014 vignette, In the Budget: Statewide Public Guardianship Program, interviewing former Department of Elder Affairs Secretary Charles Corley, then Executive Director of the Statewide Public Guardianship Office Teresa Goodson, Office of the Public Guardian Director Karen Campbell, case manager Gail Rapp, and others to inform the public about the roles and responsibilities of these critical public guardian programs. The piece featured an interview with a ward, Barbara, who has been determined incapacitated by the court due to Alzheimer's disease. Barbara is of limited financial means and has no friends or family who can act as her guardian. The vignette highlighted the services provided by the case worker and public guardian, including assisting Barbara with medical decisions and financial decisions; however, Barbara noted that what she appreciates most from the public guardianship services are "the little things, such as throwing birthday parties and getting together for Christmas, that truly make the guardianship program feel like a family." For more information on the Florida Channel vignette, please visit <http://thefloridachannel.org/videos/budget-statewide-public-guardianship-program/>.

Section E

Medicaid Programs

INTRODUCTION TO MEDICAID PROGRAMS

Section E of this Summary of Programs and Services provides detailed information about the Department's Medicaid programs. The Department supports and operates Medicaid programs in partnership with the Agency for Health Care Administration, Florida's designated Medicaid agency. Medicaid programs provide alternative, less restrictive, long-term care options for elders who qualify for skilled nursing-home care. These options include care in the home or in a community setting, such as an assisted living facility or adult day care center, or in an institutional setting, such as a nursing facility. Medicaid programs provide qualified elders with a choice of care settings which promotes increased independence.

As of March 1, 2014, all Medicaid waiver program participants transitioned into the new Statewide Medicaid Managed Care Long-Term Care Program (SMMC LTC). Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult (ADA), Consumer Directed Care Plus (CDC+), Assisted Living (AL), Channeling, and Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). The Program of All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by DOEA.

AGED AND DISABLED ADULT (ADA) WAIVER

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

Through February 28, 2014, the Department administered the waiver program in partnership with the Agency for Health Care Administration (Florida's Medicaid agency) for the age-60-and-older population, and the Department of Children and Families administered the program for the age-18-to-59 population.

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Funding was allocated from the federal Medicaid Trust Fund, as well as General Revenue dollars.

FUNDING HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$14,298,627	6,848
1993-1994	\$16,455,529	6,952
1994-1995	\$20,971,119	8,047
1995-1996	\$23,927,145	8,667
1996-1997	\$36,112,463	10,605
1997-1998	\$42,524,317	11,636
1998-1999	*\$51,197,577	12,197
1999-2000	**\$53,037,571	12,483
2000-2001	\$61,976,956	12,068
2001-2002	\$82,188,322	***15,079
2002-2003	\$87,604,575	14,197
2003-2004	\$87,587,017	11,745
2004-2005	\$79,025,827	10,981
2005-2006	\$88,569,763	12,854
2006-2007	\$85,594,582	13,420
2007-2008	\$85,485,333	10,808
2008-2009	\$85,485,333	10,344
2009-2010	\$87,197,330	11,763
2010-2011	\$98,117,691	11,732
2011-2012	\$103,823,694	11,018
2012-2013	\$106,651,856	11,321
2013-2014	\$126,013,685	10,289
2014-2015	\$0	0

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

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

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

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

ASSISTED LIVING (AL) WAIVER

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

Through February 28, 2014, the Department administered the waiver program in partnership with the Agency for Health Care Administration (Florida's Medicaid agency). All individuals served in AL transitioned to Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) effective March 1, 2014.

ELIGIBILITY:

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

- Required assistance with four or more activities of daily living (ADLs) or three ADLs plus supervision to administer medication;

- Required total help with one or more ADL(s);
- Had a diagnosis of Alzheimer's disease or other dementia and required assistance with two or more ADLs;
- Had a diagnosis of a degenerative or chronic medical condition requiring nursing services that could not be provided in a standard assisted living facility but were available in an assisted living facility licensed for limited nursing or extended congregate care; or
- Was a Medicaid-eligible recipient awaiting discharge from a nursing home who could not return to a private residence because he or she needed supervision, personal care, periodic nursing services, or a combination of the three.

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

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

FUNDING HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	COMBINED FEDERAL AND STATE FUNDING*	CLIENTS SERVED
1994-1995	\$2,281,022	189
1995-1996	\$2,262,612	376
1996-1997	\$3,392,705	639
1997-1998	\$5,638,466	1,175
1998-1999	\$10,198,616	1,493
1999-2000	\$14,518,316	2,421
2000-2001	\$21,482,532	3,017
2001-2002	\$27,127,294	3,910
2002-2003	\$30,607,322	4,473
2003-2004	\$30,601,014	4,200
2004-2005	\$30,589,282	4,290
2005-2006	\$31,626,666	5,141
2006-2007	\$33,186,632	**4,639
2007-2008	\$33,186,632	** 3,186
2008-2009	\$33,129,879	3,398
2009-2010	\$35,165,608	3,931
2010-2011	\$35,083,803	4,767
2011-2012	\$35,083,803	4,593
2012-2013	\$37,257,303	3,955
2013-2014	\$37,257,303	3,210
2014-2015	\$0	0

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

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

Source for clients served: CIRTS

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

DESCRIPTION:

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

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

SERVICES OR ACTIVITIES:

- Determine medical eligibility for the Medicaid Institutional Care Program (ICP).
- Determine medical eligibility for Medicaid waivers that provide community services.
- Conduct screenings for serious mental illness and intellectual disability for individuals prior to nursing facility admittance to determine if further evaluation is needed.
- Conduct medical assessments for residents in nursing facilities entering court-ordered receivership.

ADMINISTRATION:

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

ELIGIBILITY:

Florida residents seeking Medicaid assistance for nursing facilities or community-based long-term care services must meet both medical and financial eligibility requirements. The CARES Program is responsible for performing a comprehensive assessment of all Medicaid long-term care applicants to determine if they meet the State's medical level of care eligibility requirements. Financial eligibility is determined by the Florida Department of Children and Families or the Social Security Administration.

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHT

A 20-year-old young man with Duchenne Muscular Dystrophy lived with his mother and was receiving 24-hour nursing services. His mother had been diagnosed with terminal cancer, was hospitalized, and was unable to continue caring for him. The family was in a state of extreme stress. The Medicaid program that provided services to the young man was ending due to his age, and he needed to transition into a program for adults age 21 and older. CARES completed an assessment and determined that he met medical eligibility for a Medicaid program for adults. On his 21st birthday, CARES was notified by the nursing staff providing in-home services that they could no longer provide services. CARES spent that day and the next few facilitating communication between various agencies to ensure a continuation of services for the young man until the details could be worked out. DOEA CARES Headquarters staff, local CARES staff, and other agencies played a vital role in securing the necessary services for the young man and his family.

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING = 75% STATE FUNDING = 25%	TOTAL NUMBER OF ASSESSMENTS	% DIVERTED**
1992-1993	\$4,498,250	41,568	Baseline data collection on this measure began in 1998-1999
1993-1994	\$4,498,250	43,513	
1994-1995	\$4,498,250	44,899	
1995-1996	\$6,914,062	46,475	
1996-1997	\$8,060,115	50,068	
1997-1998	\$8,289,228	61,618	
1998-1999	\$8,448,930	*54,926	
1999-2000	\$9,361,546	62,341	17.8%
2000-2001	\$10,971,736	69,482	22.7%
2001-2002	\$11,095,299	80,157	24.3%
2002-2003	\$11,297,587	*78,267	26.4%
2003-2004	\$10,967,368	*74,229	26.1%
2004-2005	\$11,918,712	87,987	30%
2005-2006	\$13,694,333	87,218	31%
2006-2007	\$15,440,712	88,078	32%
2007-2008	\$16,311,511	88,316	30.1%
2008-2009	\$16,269,207	97,643	36.3%
2009-2010	\$16,135,481	105,217	34.3%
2010-2011	\$17,815,669	108,119	39.2%
2011-2012	\$17,643,458	120,603	38.7%
2012-2013	\$17,183,815	122,894	36.1%
2013-2014	\$17,300,580	80,706	20.9%
2014-2015	\$18,358,055	#85,000	+0%

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

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

+ CARES is no longer responsible for diversion to community alternative programs due to implementation of the Statewide Medicaid Managed Care Program.

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

Source for assessments and % diverted: CIRTS

CHANNELING WAIVER

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

Through November 30, 2013, the Department administered this waiver program in partnership with the Agency for Health Care Administration (Florida's Medicaid agency). All individuals served in this program transitioned to Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) effective December 1, 2013.

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

**FUNDING HISTORY
AND NUMBERS SERVED:**

STATE FISCAL YEAR	FUNDING	CLIENTS SERVED
1997-1998	\$11,217,689	1,480
1998-1999	\$12,756,645	1,501
1999-2000	\$12,731,412	1,563
2000-2001	\$13,331,459	1,473
2001-2002	\$13,998,031	1,721
2002-2003	\$14,607,650	1,791
2003-2004	\$15,380,055	1,684
2004-2005	\$15,380,055	1,647
2005-2006	\$12,918,308	1,646
2006-2007	\$12,918,308	1,673
2007-2008	\$14,152,393	1,627
2008-2009	\$15,435,800	1,442
2009-2010	\$14,700,762	1,622
2010-2011	\$14,700,762	1,600
2011-2012	\$14,700,762	1,510
2012-2013	\$8,740,761	1,345
2013-2014	\$14,700,762	1,444
2014-2015	\$0	0

Source for clients served: CIRTS

CONSUMER-DIRECTED CARE PLUS (CDC+) PROGRAM

DESCRIPTION:

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

The objectives of the CDC+ Program included the following:

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

SERVICES OR ACTIVITIES:

Consumers were given a monthly budget to purchase the amounts and types of long-term care services and supplies they needed from providers they chose. Providers included family members, friends, and neighbors, as well as home care agencies and contractors. Consultants trained, coached, and provided technical assistance to consumers or their representatives as needed. The Department, in conjunction with a contracted sub-agent, provided fiscal employer agent services including payroll, tax withholding, and a toll-free customer service line for program participants. The Department

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

ADMINISTRATION:

Through February 28, 2014, the Department of Elder Affairs administered the Consumer-Directed Care Plus Program in partnership with the Agency for Health Care Administration, the Department of Children and Families, and the Florida Department of Health. Florida implemented the CDC+ Program under the authority of an Independence Plus 1115 waiver amendment approved by the Centers for Medicare & Medicaid Services in May 2003, and in March 2008, the CDC+ Program began operating under the 1915(j) State Plan Amendment. All individuals served in this program transitioned to Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) effective March 1, 2014.

ELIGIBILITY:

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

- Aged and Disabled Adult Waiver for adults age 18 to 59 with physical disabilities, administered by the Florida Department of Children and Families.
- Aged and Disabled Waiver for persons with developmental disabilities age 3 and older, administered by the Agency for Persons with Disabilities.

- Traumatic Brain/Spinal Cord Injury Waiver for adults age 18 or older with traumatic brain and/or spinal cord injury, administered by the Florida Department of Health.

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

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

LONG-TERM CARE COMMUNITY DIVERSION PILOT PROJECT

DESCRIPTION:

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

In 2011, the Florida Legislature created the Statewide Medicaid Managed Care Program, effectively reforming how the current Medicaid program was operated in Florida. Following a competitive procurement, the Agency for Health Care Administration and the Department implemented the Statewide Medicaid Managed Care Long-Term Care Program. Beginning in August 2013, the Long-Term Care program began, on a regional basis, to replace the NHD program and other Medicaid waiver programs operated by the Department. Those individuals enrolled with NHD plans were seamlessly transitioned to the new Long-Term Care managed care plans.

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

Through February 28, 2014, the Department administered the Long-Term Care Community Diversion Pilot Project in partnership with the Agency for Health Care Administration (Florida's Medicaid agency) through a cooperative agreement. All individuals served in this program transitioned to Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) effective March 1, 2014.

ELIGIBILITY:

Project enrollees were required to- be age 65 or older; be enrolled in Medicare Parts A and B; be eligible for Medicaid up to the Institutional Care Program (ICP) income and asset levels;

reside in the project service area; be determined by CARES to be a person who, on the effective date of enrollment, could safely be served with home and community-based services; and be determined by CARES to be at risk of nursing home placement and meet one or more of the following clinical criteria:

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

Project enrollees were required to be financially eligible for Medicaid as determined by the Department of Children and Families or the U.S. Social Security Administration.

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

FUNDING HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	COMBINED FEDERAL AND STATE FUNDING	CLIENTS SERVED
1996-1997	\$11,117,454	N/A
1997-1998	\$22,769,909	N/A
1998-1999	\$22,769,907	118
1999-2000	\$22,769,907	814
2000-2001	\$22,769,907	1,074
2001-2002	\$26,119,143	1,165
2002-2003	\$30,916,013	1,216
2003-2004	\$68,082,110	4,247
2004-2005	\$128,457,002	7,480
2005-2006	\$209,000,000	9,348
2006-2007	\$200,870,188	5,319
2007-2008	\$224,335,496	13,024
2008-2009	\$306,373,201	19,032
2009-2010	\$327,899,046	25,165
2010-2011	\$337,924,993	23,292
2011-2012	\$355,766,698	24,539
2012-2013	\$359,036,110	25,631
2013-2014	\$364,530,717	20,253
2014-2015	\$0	0

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

Source for clients served: Department program data reports and CIRTS

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

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

PACE is administered by the Department of Elder Affairs in partnership with the Agency for Health Care Administration and the federal Centers for Medicare & Medicaid Services (CMS).

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

The total number of individuals that may be served for FY 2014-15 is 1,775 (funded). Each state and federally approved site has a maximum number of individuals that may receive services through PACE as noted below:

PACE SITE AND COUNTIES FUNDED	FUNDED SLOTS
Florida PACE Broward County (funded but not yet operational)	125
Florida PACE Miami-Dade County	575
Hope Select Care PACE Lee, Charlotte, and Collier Counties	450
Morse Life Palm Beach County	300
Suncoast PACE Pinellas County	325
PROGRAM TOTAL	1,775

Source: General Appropriations Act

The total appropriation to serve these individuals in FY 2014-15 is \$36,526,016.

**FUNDING HISTORY
AND NUMBERS SERVED:**

STATE FISCAL YEAR	COMBINED FEDERAL AND STATE FUNDING	CLIENTS SERVED
2006-2007	\$7,100,490	550
2007-2008	\$9,055,012	550
2008-2009	\$10,278,683	550
2009-2010	\$10,278,683	550
2010-2011	\$9,960,079	900
2011-2012	\$14,269,333	795
2012-2013	\$25,207,786	1,018
2013-2014	\$28,330,951	1,100
2014-2015	\$36,526,016	#1,200

Projection

Source for clients served: Monthly enrollment reports from PACE Organizations

PROGRAM HIGHLIGHT

A 98-year-old woman in Palm Beach was one of the first clients served by the new Morse Life PACE Program. When she recently passed away, her daughter wrote a beautiful thank you letter to the PACE Organization, specifically highlighting each staff member and their contribution to her mother’s care. Part of the letter is listed below:

“Everyone associated with the program, including drivers and home health aides, provided the highest quality of care with a level of compassion, professionalism, and friendliness not often seen today. Without PACE, it would not have been possible for my mom to remain in her home - something she desired for so many years. Thank you.”

STATEWIDE MEDICAID MANAGED CARE LONG-TERM CARE PROGRAM (SMMC LTC)

DESCRIPTION:

SMMC LTC was authorized by the 2011 Florida Legislature through House Bill 7107 creating Part IV of Chapter 409, Florida Statutes, to establish the Florida Medicaid program as a statewide, integrated managed care program for all covered services, including long-term care services.

Medicaid recipients who qualify and become enrolled in the Long-Term Care (LTC) Program will receive long-term care services from a managed care plan. The program uses a managed care delivery system to provide long-term care services and acute care services, including case management and coordination, to individuals who are dually eligible for Medicare and Medicaid or to Medicaid eligible adults with a disability.

The state Medicaid program, through a monthly capitated rate, funds all home and community-based services and nursing home care. Clients are able to receive an array of acute and long-term services, such as home delivered meals, coordination of health services, and intensive case management. These services are delivered through enrollment in managed care plans.

SERVICES OR ACTIVITIES:

SMMC LTC enrollees receive long-term care and acute services. Long-term care services provided include a choice of providers for homemaker companionship, assisted living services, case management, adult day care, home accessibility adaptation, escort, hospice, assistive care, assisted living facility services, behavioral management, personal care, personal emergency response systems, medical equipment and supplies, intermittent and skilled nursing, medication administration and management, caregiver training, home-delivered meals, respiratory therapy, respite care, occupational therapy, physical therapy, speech therapy, nursing facility services, and non-emergency transportation. Acute care

services are covered by the enrollment in an SMMC LTC comprehensive managed care plan and through Medicare enrollment.

ADMINISTRATION:

The Agency for Health Care Administration (Florida’s Medicaid agency) administers this program. The Department of Elder Affairs monitors the health plans in coordination with the Medicaid agency and administers the Independent Consumer Support Program (ICSP).

ELIGIBILITY:

SMMC LTC enrollees must be age 18 or older and determined disabled by the Social Security Administration, or be age 65 or older and enrolled in Medicare Parts A and B; be eligible for Medicaid up to the Institutional Care Program (ICP) income and asset levels; and be determined by CARES to be medically eligible by requiring nursing facility level of care .

STATUTORY AUTHORITY:

Section 1915(c)(1) of the Social Security Act; Section 409, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Funds are allocated from the federal Medicaid Trust Fund and General Revenue to the Agency for Health Care Administration.

FUNDING HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	TOTAL EXPENDITURES	CLIENTS ENROLLED
2013-2014*	\$1,859,554,613	97,364

*August 2013 - June 2014 (can't get that to make the right dash)
Source: Agency for Healthcare Administration

PROGRAM HIGHLIGHT

The Independent Consumer Support Program (ICSP) is a coordinated effort by the Florida Department of Elder Affairs' Bureau of Long-Term Care and Support (LTCS), working in collaboration with the statewide Long-Term Care Ombudsman Program (LTCOP), local Aging and Disability Resource Centers (ADRCs), and the Agency for Healthcare Administration (AHCA).

Florida's ICSP operates using the staff of LTCS, local ADRCs, and the LTCOP to ensure that SMMC LTC consumers have multiple access points for information, complaints, grievances, appeals, or questions. Additionally, this three-pronged approach allows consumers a "no wrong door" access to the ICSP complaint resolution process, in addition to targeting the group that can best address a specific complaint, grievance, or question. For example, complaints concerning facilities within a SMMC LTC Managed Care Plan's network can be directed to the local LTCOP district office, and questions about SMMC LTC enrollment will be directed to ADRC or DOEA LTCS staff. Additionally, LTCS, ADRC, and LTCOP staff will refer complaints to each other as needed to resolve them as quickly and completely as possible.

AHCA, DOEA LTCS, ADRCs, and ombudsmen with LTCOP assist with Medicaid recipient consumer concerns, but the ICSP will coordinate this effort under one bureau in tandem with AHCA's complaint resolution system to yield improved complaint resolution for Medicaid health plan enrollees receiving long-term care services.

Section F

Other Department Programs

INTRODUCTION TO OTHER DEPARTMENT PROGRAMS

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

ADULT CARE FOOD PROGRAM

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

Centers eligible to receive meal reimbursement include:

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

To be eligible for the program, an individual must:

- Be age 60 or older, or age 18 to 59 years old with a functional disability.
- Reside in the home or in a community-based care facility.
- Be enrolled in a participating center.

STATUTORY AUTHORITY:

7 Code of Federal Regulations 226.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHTS

Mr. T is an elder who attends an adult day care center two to three times a week. His daughter, who serves as his caregiver, has expressed her pleasure at her father's participation at the center saying that it brings her great peace of mind knowing that her father is receiving nutritional meals through the Adult Care Food Program while she is at work. By receiving breakfast, lunch, and an afternoon snack through the program, Mr. T's daughter only has to prepare one meal per day, which helps the family a great deal.

FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	ADULT DAY CARE SITES	AVERAGE MEALS OR SNACKS SERVED
1997-1998	\$1,522,310	43	1,426
1998-1999	\$1,620,215	74	1,537
1999-2000	\$1,758,186	83	1,800
2000-2001	\$2,107,620	104	2,110
2001-2002	\$2,213,000	114	2,146
2002-2003	\$2,436,975	125	*7,177
2003-2004	\$2,721,000	113	7,327
2004-2005	\$2,573,404	107	7,664
2005-2006	\$2,526,004	106	8,338
2006-2007	\$2,735,702	94	8,238
2007-2008	\$3,509,380	94	8,942
2008-2009	\$2,999,431	99	9,455
2009-2010	\$3,433,882	116	8,006
2010-2011	\$3,922,519	130	**2,207,541
2011-2012	\$4,093,720	131	2,319,931
2012-2013	\$4,806,225	86	1,809,708
2013-2014	\$5,493,853	91	1,822,981
2014-2015	#\$5,493,853	#91	#1,836,158

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

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

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

Projection

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

AMERICORPS

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

The Department operates a Legacy Corps (Easter Seals South Florida Respite Program) project in Miami-Dade and Broward counties, one of 16 projects administered in 11 states around the nation by the University of Maryland Center on Aging. The Department partners with AmeriCorps members and community volunteers to provide respite care services to multicultural caregivers of frail elders at risk of nursing home placement. In addition, caregivers receive information regarding available community services and support to help relieve the stress of caring for an elderly loved one.

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHTS

Mr. Gomez is a 74-year-old male diagnosed with dementia who suffers from heart problems. Mr. Gomez currently lives with his wife who serves as his primary caregiver. She has expressed her appreciation for the AmeriCorps Program and the services provided to her husband.

Ms. Polanco is an 84-year-old woman diagnosed with dementia and high blood pressure, as well as arthritis. Her caregiver stated that Ms. Polanco's AmeriCorps volunteer is a great benefit to the family and that Ms. Polanco is treated with great care and kindness.

AmeriCorps volunteers assist a 92-year-old male diagnosed with dementia with socialization, exercising, feeding, and more. The caregiver of the man has said she is very grateful for the services her family is receiving.

FUNDING HISTORY AND NUMBERS SERVED:

CALENDAR YEAR	FEDERAL FUNDING	STATE FUNDING	CLIENTS SERVED	MEMBERS	MEMBER HOURS OF SERVICE
*1997-1998	\$530,866	\$30,000	530	40	56,847
1998-1999	\$834,711	\$165,175	654	75	93,935
1999-2000	\$826,447	\$103,275	611	83	93,830
2000-2001	\$695,765	\$130,000	2,653	55	82,276
2001-2002	\$111,377	\$18,000	291	13	10,622
2002-2003	\$242,000	\$30,000	550	57	40,000
2003-2004	\$841,769	\$108,000	800	80	100,000
2004-2005	\$626,404	\$118,163	1,200	75	**46,009
2005-2006	\$695,287	\$130,928	2,500	78	50,000
2006-2007	\$230,000	\$80,000	1,500	43	***20,030
2007-2008	\$115,313	\$36,921	300	51	22,000
2008-2009	\$121,970	\$36,921	300	49	22,050
2009-2010	\$121,000	\$41,506	320	464	21,000
2010-2011	****\$0	\$41,602	315	52	22,050
2011-2012	\$165,000	\$60,000	400	60	27,000
2012-2013	\$220,000	\$65,530	100	83	27,285
2013-2014	\$163,800	\$67,133	250	67	36,000
2014-2015	\$165,000	\$65,765	#200	#60	#27,000

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

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

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

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

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

Program period is April through March; data are projections

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

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM (EHEAP)

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

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

ADMINISTRATION:

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

ELIGIBILITY:

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

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

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

Allocation of EHEAP funding is based on the following:

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

FUNDING HISTORY AND NUMBERS SERVED:

EHEAP FISCAL YEAR (APRIL 1 - MARCH 31)	FEDERAL FUNDING	HOUSEHOLDS SERVED	
		HEATING SEASON	COOLING SEASON
1994-1995	\$1,150,406	6,006	6,275
1995-1996	\$1,049,631	5,839	6,665
1996-1997	\$995,347	5,971	2,959
1997-1998	\$794,506	4,555	3,898
1998-1999	*\$2,823,751	3,278	6,157
1999-2000	\$873,649	2,793	3,434
2000-2001	** \$1,013,152	3,965	2,894
2001-2002	** \$1,369,942	3,547	3,636
2002-2003	** \$1,479,529	3,844	3,433
2003-2004	\$1,343,391	3,710	3,575
2004-2005	\$1,468,578	3,489	3,291
2005-2006	\$1,751,721	4,278	4,120
2006-2007	*** \$2,987,094	3,841	4,978
2007-2008	\$1,892,884	1,931	3,949
2008-2009	\$1,761,778	3,854	3,696
2009-2010	\$6,609,824	5,671	6,130
****2010-2011	\$7,697,784	9,779	10,991
2011-2012	\$6,024,004	9,283	6,556
2012-2013	\$4,681,212	7,476	9,052
2013-2014	\$4,727,416	5,795	6,825
2014-2015	\$4,648,708	#6,520	#6,349

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

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

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

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

Projection

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

PROGRAM HIGHLIGHT

Ms. BW was an EHEAP client who was diagnosed with cancer. She needed to make frequent trips to the medical facility for her chemotherapy treatments in a different county. She was unable to use community transportation as she has a vehicle, making her ineligible for subsidized rides through community transportation. Driving back and forth to her frequent treatments became a financial hardship on her as she paid for the gas. As a result, she was unable to pay her monthly electric bill. Due to her medical conditions, Ms. BW is unable to live alone. Her 21-year-old grandson lives with her to provide assistance but has been unsuccessful at obtaining employment.

The EHEAP program at NU-HOPE Elder Care Services was able to pay for the past due electric bill, allowing her to use her limited funds to pay for the necessary gas for her transportation for medical treatment.

SENIOR COMPANION PROGRAM

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

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

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHTS

Ms. Gayle Tremble, who has been volunteering for the City of Jacksonville Independent Living Program for over ten years, was recognized for her community service during the City of Jacksonville Mayor's Day of Recognition for National Service event. Mayor Brown said "we are our brother's keeper, and nobody makes it on their own. Government can't do it alone. It takes everyone to reach out together." Tremble, who volunteers three times a week serving lunch and reading books to elders, said, "It makes me grateful because I could've been in that situation."

FUNDING HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	CLIENTS SERVED	VOLUNTEER COMPANIONS	HOURS OF SERVICE
1994-1995	\$174,359	\$83,155	475	75	78,300
1995-1996	\$174,359	\$85,438	525	95	99,180
1996-1997	\$174,359	\$84,264	614	141	80,716
1997-1998	\$188,100	\$85,878	801	140	125,919
1998-1999	\$227,964	\$95,882	600	153	121,456
1999-2000	\$232,457	\$73,645	738	125	99,790
2000-2001	\$301,106	\$80,076	725	214	93,355
2001-2002	\$351,328	\$93,908	701	201	109,043
2002-2003	\$366,967	\$89,607	521	146	109,515
2003-2004	\$353,363	\$90,530	678	180	121,760
2004-2005	\$352,363	\$90,530	759	181	119,548
2005-2006	\$352,363	\$90,656	845	178	126,919
2006-2007	\$357,860	\$117,764	873	161	93,967
2007-2008	\$277,928	\$117,764	600	179	89,400
2008-2009	\$351,608	\$117,764	481	158	82,151
2009-2010	\$351,608	\$117,764	308	121	80,000
2010-2011	\$356,882	\$58,328	324	102	72,000
2011-2012	\$356,882	\$58,328	347	100	66,692
2012-2013	\$356,882	\$58,328	255	84	60,031
2013-2014	\$342,607	\$58,328	300	84	64,500
2014-2015	#\$342,607	#\$58,328	#300	#100	#64,000

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

Projection

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

SENIOR FARMERS' MARKET NUTRITION PROGRAM

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

Low-income elders who live in participating counties may apply for the program through the local elder services lead agency. Eligible elders who participate in the produce-value coupon portion of the program receive two coupon booklets per season. Each booklet contains five \$4.00 coupons that can be used to purchase fresh fruits and vegetables from participating farmers' markets. In order to take advantage of Florida's fall growing season and reach more seniors, the Department expended unused funds from the summer coupon distribution to provide a produce bundle program in the fall of 2014. With this program, farmers distributed produce valued at \$40 per bundle to each eligible low-income elder who had not previously received coupons in participating counties. Along with bundles of produce, elders received nutrition education about locally grown fresh fruits and vegetables.

ADMINISTRATION:

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

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

FUNDING HISTORY AND NUMBERS SERVED:

CALENDAR YEAR	FEDERAL FUNDING	STATE FUNDING	PARTICIPATING FARMERS	FARMERS' MARKETS	PARTICIPANTS RECEIVING COUPONS	PARTICIPANTS RECEIVING BUNDLED PRODUCE
2001	\$200,000	\$0	59	5	1,440	N/A
2002	\$163,136	\$0	60	10	1,850	N/A
2003	\$96,604	\$0	48	6	1,749	N/A
2004	\$96,576	*\$83,316	153	15	3,092	N/A
2005	\$87,964	*\$76,000	205	18	3,300	N/A
2006	\$92,911	*\$128,684	194	16	3,954	N/A
2007	\$94,903	\$31,335	233	17	3,274	N/A
2008	\$104,903	\$0	186	17	2,194	253
2009	\$108,436	\$0	203	17/2	2,714	272
2010	\$107,132	\$0	203	34/4	2,680	N/A
2011	\$106,577	\$0	202	24/2	2,448	N/A
2012	\$106,577	\$0	203	34	2,467	401
2013	\$101,458	\$0	158	28	1,953	550
2014	#\$98,608	\$0	174	43	1,891	450

* State Vitamin Settlement Grant

Projection

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

PROGRAM HIGHLIGHT

Westminster Garden Apartments is a distribution site for the Senior Farmers' Market Nutrition Program, which allows local residents who are living on a low, fixed income to purchase and enjoy fresh fruits and vegetables in the summer. To give all residents an opportunity to use their coupons, the community plans several bus trips to the local farmers' markets. During these trips, residents can be overheard sharing recipes and ideas for preparing their fruits and vegetables. The residents of Westminster Garden Apartments enjoy this great benefit and have shared that they are grateful for such a wonderful program.

SHINE (SERVING HEALTH INSURANCE NEEDS OF ELDERS) PROGRAM

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

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

ADMINISTRATION:

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

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHT

"Desperate for Medicare assistance, I reached out to the SHINE Program and was immediately put at ease as the SHINE counselor skillfully retrieved my necessary information and preferences for plan options. She promised to email me comparisons for my drug and medical plans to two plans she felt might offer me better values along with the security of equal or better coverage. I was shocked when, later that same day, I received detailed graphs for both my drug coverage and Medicare supplemental plans. My SHINE counselor advised me to thoroughly read and digest the material she prepared so that I could make the choices best for me. She followed up with me, and I chose a drug plan with no deductible that cost half of the cost of my current plan. When I lived in Illinois, we did not have a program like SHINE. I feel fortunate that Florida is using tax dollars to benefit the elders of this state through this great program. Thank you!" - Ellen C.

FUNDING HISTORY AND NUMBERS SERVED:

GRANT YEAR*	FEDERAL FUNDING	NUMBER OF VOLUNTEERS	NUMBER OF CLIENT CONTACTS
1993-1994	\$774,814	430	8,270
1994-1995	\$556,386	496	12,404
1995-1996	\$684,386	575	19,226
1996-1997	\$598,543	600	29,000
1997-1998	\$591,637	600	30,000
1998-1999	\$1,036,679	600	80,457
1999-2001	\$4,186,952	500	142,647
2001-2002	\$989,837	425	94,315
2002-2003	\$734,740	480	89,887
2003-2004	\$1,050,689	450	96,149
2004-2005	\$1,316,875	440	**33,000/93,740
2005-2006	\$1,946,387	400	55,000/200,249
2006-2007	\$1,963,474	400	49,000/222,435
2007-2008	\$2,267,337	425	47,000/260,424
2008-2009	\$2,349,987	391	51,000/505,700
2009-2010	\$2,349,987	400	65,887/550,000
2010-2011	\$3,407,745	400	***92,511
2011-2012	\$3,452,321	475	106,052
2012-2013	\$3,494,146	481	148,296
2013-2014	\$3,522,766	523	161,205
2014-2015	#\$4,222,266	#550	#180,000

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

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

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

Projection

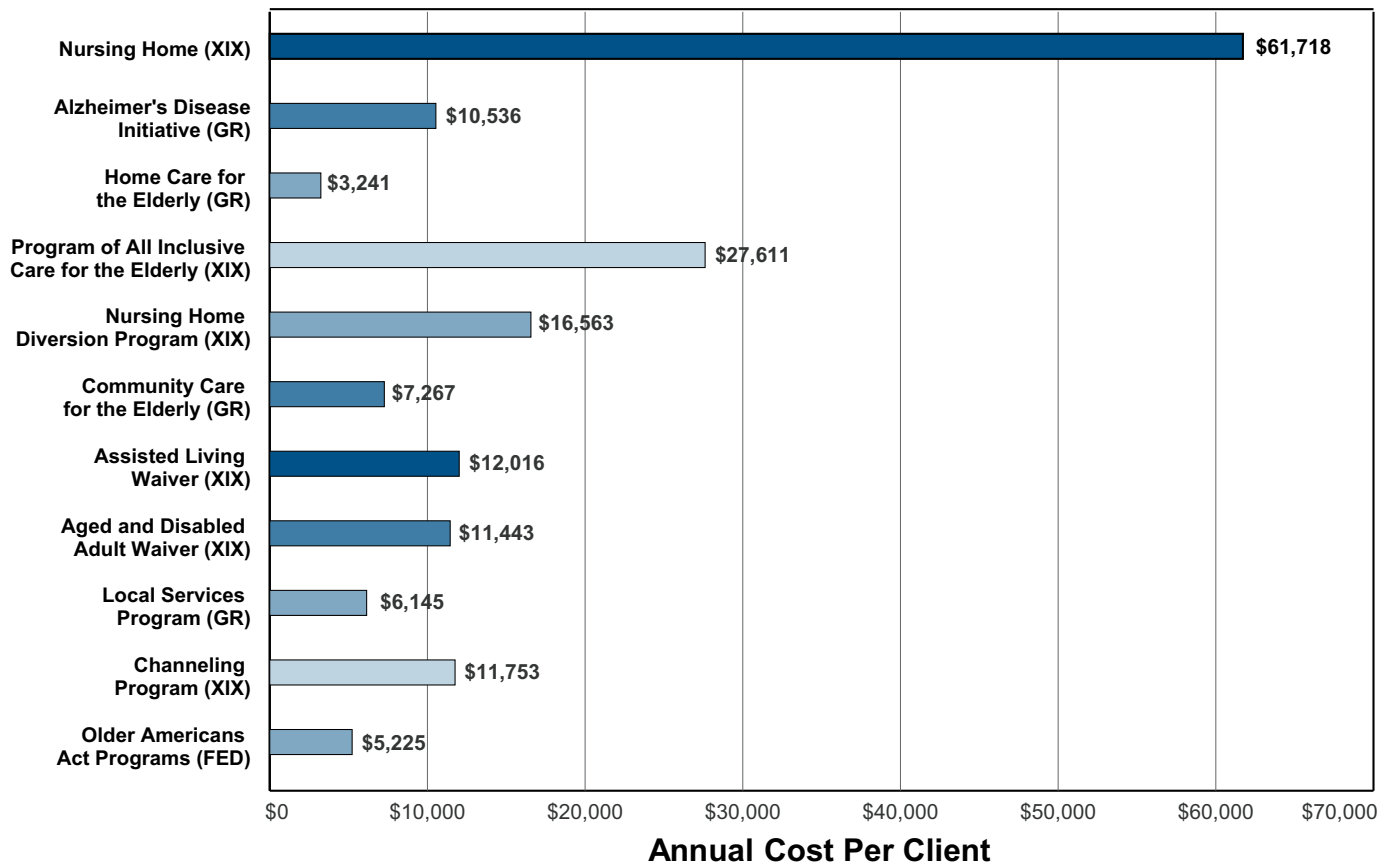
Source for volunteers and clients contacted: SHIP National Performance Reporting System

Appendix

COST COMPARISONS SFY 2013-2014

In addition to serving the needs of elders, Department programs saved the state an average of \$2.02 in nursing home care for every dollar spent on home and community-based services during State Fiscal Year 2013-2014. This savings is determined by estimating the number of case months of nursing home care avoided due to the provision of home and community-based services. The cost of home and community-based services provided during the year is subtracted from the estimated cost of the avoided nursing home care. The State was able to avoid more than \$1,108,890,000 in nursing home payments by spending \$367,152,888 for home and community-based services.

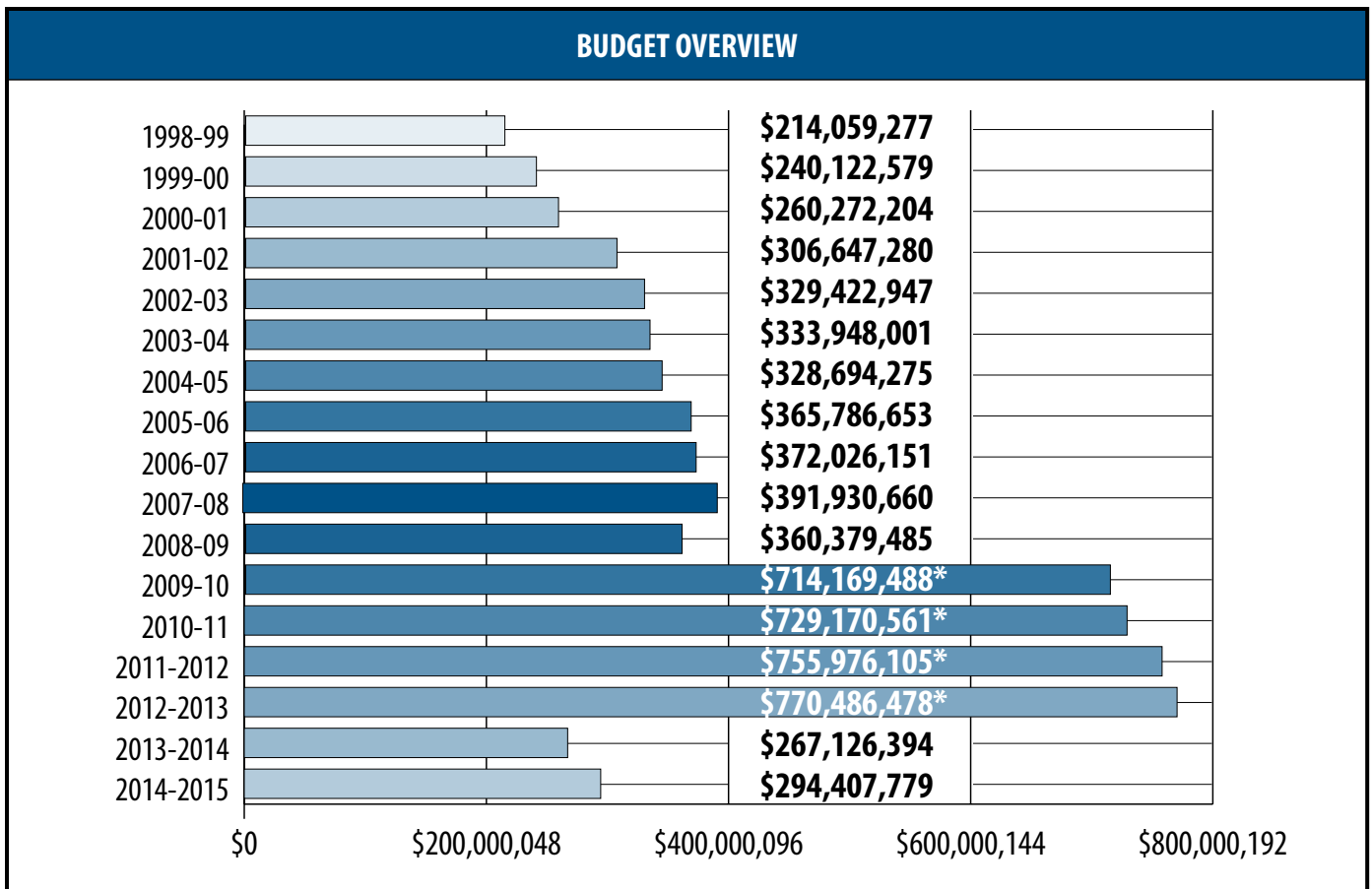
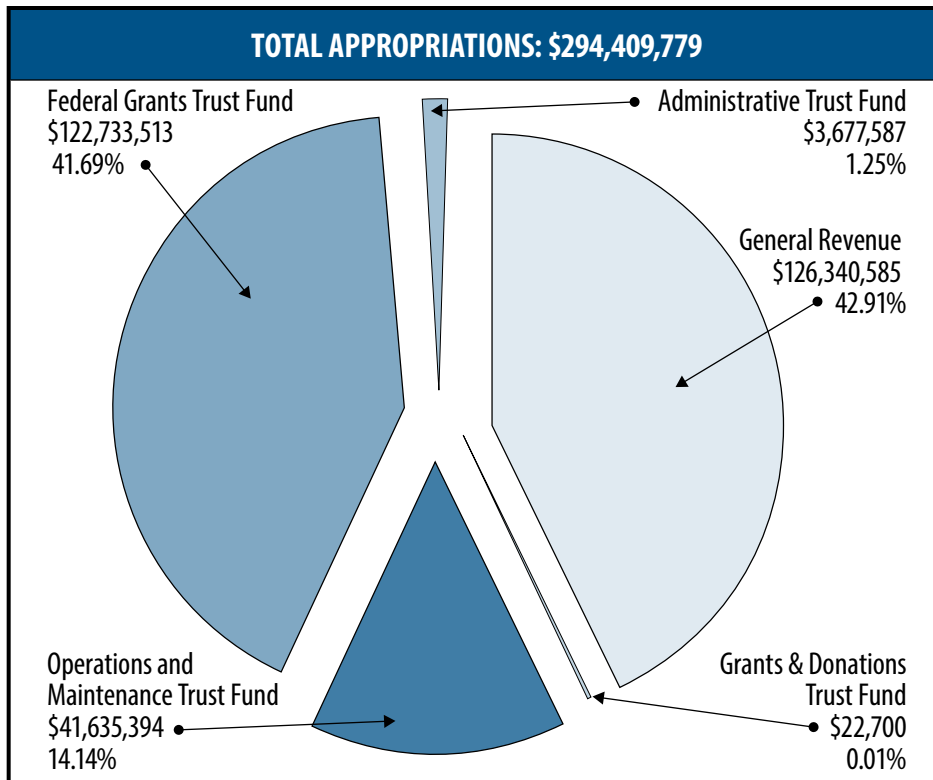
COMPARISON OF ANNUAL COST PER CLIENT OF PROGRAMS SERVING FLORIDA'S ELDERS, STATE FISCAL YEAR 2013-2014



APPROPRIATIONS - STATE FISCAL YEAR 2014-2015

General Revenue	\$126,340,585
Legislative Appropriation	
Grants and Donations Trust Fund	\$22,700
Donations	
Operations and Maintenance Trust Fund	\$41,635,394
CARES (Comprehensive Assessment and Review for Long-Term Care Services)	
Medicaid Administration	
Federal Grants Trust Fund	\$122,733,513
Title III and Title VII, Older Americans Act	
Title V Senior Community Services Employment Program	
HHS Nutrition Services Incentive Program	
USDA Adult Day Care Food Program	
Emergency Home Energy Assistance Program	
Serving Health Insurance Needs of Elders (SHINE)	
Senior Farmers' Market Nutrition Program	
Administrative Trust Fund	\$3,677,587
Public Guardianship Services	
Assisted Living Facility Licensure Fees	
Total	\$294,409,779

Source: 2014-2015 General Appropriations Act less vetoed amounts and Department of Elder Affairs' electronic Approved Operating Budget 2014-2015



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

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

GENERAL ELIGIBILITY REQUIREMENTS FOR MAJOR PROGRAMS AND SERVICES

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

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

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

PROGRAM	AGE	INCOME	OTHER REQUIREMENTS/ FRAILITY LEVELS
Adult Care Food Program (ACFP)	60 and older, or 18 and older and functionally disabled	Level of reimbursement per client to center is based on participants' assessed level of need in accordance with USDA's annual adjustments to Income Eligibility Guidelines.	Must reside in the home or in a "community-based" care facility. Must be enrolled in an Adult Care Center. Center's reimbursement based on participant's assessed level of need.
Alzheimer's Disease Initiative (ADI)	Caregivers for adults 18 and older; no requirement for Memory Disorder Clinics	No income test; consumers are given opportunity to co-pay based on a sliding scale.	Diagnosed as having probable Alzheimer's disease or other memory disorder.
Community Care for the Elderly (CCE)	60 and older	Co-payment is assessed based on sliding schedule.	Must be assessed as functionally impaired. Primary consideration to persons referred by Adult Protective Services.
Emergency Home Energy Assistance for the Elderly (EHEAP)	At least one household member age 60 and older	Total gross household income of not more than 150 percent of the current OMB Federal Poverty Level for their household size.	Must have a heating or cooling emergency. Energy benefits will be made on behalf of those consumers with the highest home energy needs, the lowest household income, and having household members of vulnerable populations.
Home Care for the Elderly (HCE)	60 and older	Less than Institutional Care Program (ICP) standard for income and assets.	Must be at risk of nursing home placement and have approved adult caregiver willing and able to provide or assist in arranging for care.
Older Americans Act (OAA) Programs (except Title V)	60 and older; spouse under 60 and disabled adults may be served meals under some circumstances	No income test.	Preference to persons with greatest economic or social needs, with particular attention to low-income, minority, and rural individuals.

PROGRAM	AGE	INCOME	OTHER REQUIREMENTS/ FRAILTY LEVELS
Senior Community Service Employment Program (SCSEP), OAA Title V	55 and older	Household income 125% of Federal Poverty Guidelines or less; certain exclusions apply.	Targets persons with poor employment prospects and greatest economic need.
Senior Companion (SC) Program	Volunteer: 55 and older	Household income 200% of Federal Poverty Guidelines or less as set forth in 42 U.S.C. 9902.	Volunteers serve clients at risk of institutionalization due to chronic illness, disability, or isolation.
Senior Farmers' Market Nutrition Program (SFMNP)	60 and older	Household income 185% of Federal Poverty Guidelines or less.	Must live in a participating county.

ELDER DEMOGRAPHICS/CLIENTS SERVED BY COUNTY

COUNTY	TOTAL POPULATION					PERCENT OF POPULATION WHO ARE ELDERS				
	ALL AGES	60+	65+	75+	85+	60+	65+	75+	85+	MINORITY 60+
Alachua	252,556	46,838	32,514	13,296	4,198	18.5%	12.9%	5.3%	1.7%	21.2%
Baker	27,621	4,964	3,390	1,290	300	18.0%	12.3%	4.7%	1.1%	10.9%
Bay	173,292	38,229	27,766	12,071	3,429	22.1%	16.0%	7.0%	2.0%	11.5%
Bradford	27,507	6,365	4,648	1,961	595	23.1%	16.9%	7.1%	2.2%	12.5%
Brevard	558,489	160,576	120,455	56,840	17,081	28.8%	21.6%	10.2%	3.1%	13.3%
Broward	1,802,981	394,180	285,831	132,472	48,306	21.9%	15.9%	7.3%	2.7%	37.5%
Calhoun	14,827	3,352	2,457	1,063	282	22.6%	16.6%	7.2%	1.9%	11.5%
Charlotte	166,304	73,402	58,703	27,600	7,907	44.1%	35.3%	16.6%	4.8%	7.1%
Citrus	143,798	59,809	47,445	22,199	6,286	41.6%	33.0%	15.4%	4.4%	5.9%
Clay	200,672	39,019	27,406	10,327	2,665	19.4%	13.7%	5.1%	1.3%	13.1%
Collier	345,100	117,661	94,164	44,672	12,008	34.1%	27.3%	12.9%	3.5%	10.8%
Columbia	68,894	16,263	11,752	4,806	1,311	23.6%	17.1%	7.0%	1.9%	14.5%
De Soto	34,505	8,440	6,458	2,894	756	24.5%	18.7%	8.4%	2.2%	15.4%
Dixie	16,617	4,829	3,528	1,346	309	29.1%	21.2%	8.1%	1.9%	5.3%
Duval	890,696	166,451	115,541	47,128	14,551	18.7%	13.0%	5.3%	1.6%	29.7%
Escambia	302,871	67,454	48,797	21,171	6,193	22.3%	16.1%	7.0%	2.0%	22.0%
Flagler	104,985	34,847	26,832	11,155	2,855	33.2%	25.6%	10.6%	2.7%	16.5%
Franklin	11,657	3,093	2,251	884	216	26.5%	19.3%	7.6%	1.9%	7.9%
Gadsden	48,312	10,595	7,233	2,874	786	21.9%	15.0%	5.9%	1.6%	47.0%
Gilchrist	17,189	4,512	3,291	1,359	432	26.2%	19.1%	7.9%	2.5%	4.0%
Glades	12,894	3,847	2,982	1,315	250	29.8%	23.1%	10.2%	1.9%	13.4%
Gulf	16,212	4,010	2,896	1,204	319	24.7%	17.9%	7.4%	2.0%	11.1%
Hamilton	14,725	3,325	2,330	855	239	22.6%	15.8%	5.8%	1.6%	26.7%
Hardee	27,743	5,109	3,753	1,626	460	18.4%	13.5%	5.9%	1.7%	21.8%
Hendry	38,121	6,602	4,866	2,096	579	17.3%	12.8%	5.5%	1.5%	40.2%
Hernando	180,212	60,321	47,489	22,427	6,578	33.5%	26.4%	12.4%	3.7%	10.1%
Highlands	100,876	40,443	32,842	16,050	4,667	40.1%	32.6%	15.9%	4.6%	11.8%
Hillsborough	1,319,740	240,671	171,247	71,868	21,225	18.2%	13.0%	5.4%	1.6%	31.6%
Holmes	20,138	5,086	3,756	1,597	387	25.3%	18.7%	7.9%	1.9%	4.8%
Indian River	143,755	51,428	40,108	19,989	6,605	35.8%	27.9%	13.9%	4.6%	8.2%
Jackson	50,329	12,000	8,696	3,829	1,134	23.8%	17.3%	7.6%	2.3%	22.2%
Jefferson	14,692	4,047	2,834	1,055	313	27.5%	19.3%	7.2%	2.1%	28.4%
Lafayette	8,769	1,659	1,194	506	132	18.9%	13.6%	5.8%	1.5%	6.7%
Lake	316,923	99,509	76,904	34,956	9,667	31.4%	24.3%	11.0%	3.1%	11.6%
Lee	673,826	211,711	162,132	69,119	19,230	31.4%	24.1%	10.3%	2.9%	10.6%
Leon	283,218	47,671	32,703	12,562	3,826	16.8%	11.5%	4.4%	1.4%	24.4%

COUNTY	TOTAL POPULATION					PERCENT OF POPULATION WHO ARE ELDERS				
	ALL AGES	60+	65+	75+	85+	60+	65+	75+	85+	MINORITY 60+
Levy	41,275	11,905	8,687	3,510	783	28.8%	21.0%	8.5%	1.9%	10.8%
Liberty	8,795	1,451	1,002	406	95	16.5%	11.4%	4.6%	1.1%	11.5%
Madison	19,530	4,784	3,437	1,439	420	24.5%	17.6%	7.4%	2.2%	30.4%
Manatee	344,566	108,569	83,509	38,006	11,506	31.5%	24.2%	11.0%	3.3%	9.2%
Marion	346,964	118,487	93,062	41,860	11,123	34.1%	26.8%	12.1%	3.2%	12.9%
Martin	151,388	54,843	42,858	21,500	7,228	36.2%	28.3%	14.2%	4.8%	5.6%
Miami-Dade	2,635,261	536,607	394,324	186,363	54,723	20.4%	15.0%	7.1%	2.1%	82.7%
Monroe	73,340	21,613	15,042	5,491	1,387	29.5%	20.5%	7.5%	1.9%	15.3%
Nassau	77,444	20,488	14,549	5,278	1,276	26.5%	18.8%	6.8%	1.6%	7.5%
Okaloosa	190,832	40,369	29,254	12,857	3,465	21.2%	15.3%	6.7%	1.8%	12.4%
Okeechobee	40,235	9,391	7,113	3,219	808	23.3%	17.7%	8.0%	2.0%	11.0%
Orange	1,251,729	192,960	133,048	54,535	16,358	15.4%	10.6%	4.4%	1.3%	43.0%
Osceola	306,924	52,537	36,582	14,100	3,729	17.1%	11.9%	4.6%	1.2%	47.2%
Palm Beach	1,374,312	394,448	307,104	157,392	55,770	28.7%	22.3%	11.5%	4.1%	18.2%
Pasco	492,687	136,708	104,399	47,298	14,426	27.7%	21.2%	9.6%	2.9%	9.1%
Pinellas	927,988	284,718	214,240	101,611	36,339	30.7%	23.1%	10.9%	3.9%	10.7%
Polk	634,415	161,214	120,821	52,554	13,722	25.4%	19.0%	8.3%	2.2%	17.8%
Putnam	72,782	20,114	14,791	6,391	1,721	27.6%	20.3%	8.8%	2.4%	13.7%
St Johns	214,307	51,951	37,361	14,822	4,514	24.2%	17.4%	6.9%	2.1%	8.1%
St Lucie	293,805	78,804	60,017	27,556	7,709	26.8%	20.4%	9.4%	2.6%	20.1%
Santa Rosa	162,526	32,658	22,924	8,939	2,083	20.1%	14.1%	5.5%	1.3%	7.5%
Sarasota	393,674	160,080	127,555	62,581	20,250	40.7%	32.4%	15.9%	5.1%	5.4%
Seminole	439,649	86,822	60,976	25,087	8,403	19.7%	13.9%	5.7%	1.9%	22.5%
Sumter	113,848	65,313	54,970	19,973	3,498	57.4%	48.3%	17.5%	3.1%	4.3%
Suwannee	44,821	11,674	8,760	3,820	1,091	26.0%	19.5%	8.5%	2.4%	11.2%
Taylor	23,243	5,694	4,113	1,656	366	24.5%	17.7%	7.1%	1.6%	14.7%
Union	16,063	2,963	1,823	605	138	18.4%	11.3%	3.8%	0.9%	20.4%
Volusia	506,475	151,522	113,686	52,631	16,662	29.9%	22.4%	10.4%	3.3%	12.4%
Wakulla	31,737	5,877	4,019	1,433	322	18.5%	12.7%	4.5%	1.0%	11.0%
Walton	60,413	14,608	10,425	4,048	1,030	24.2%	17.3%	6.7%	1.7%	7.0%
Washington	25,159	5,689	4,167	1,652	439	22.6%	16.6%	6.6%	1.7%	11.2%
Florida	19,747,233	4,903,179	3,661,812	1,657,075	507,461	24.8%	18.5%	8.4%	2.6%	25.6%

Source: Calculations by the Department of Elder Affairs based on Florida Demographic Database, August 2014, provided by Florida Legislature, Office of Economic and Demographic Research projections, 11/04/2014; 2007-2011 American Community Survey, Special Tabulation on Aging; and 2009-2011 American Community Survey Three-Year Estimates

COUNTY	PERCENT OF POPULATION WHO ARE ELDERS				CLIENTS SERVED						
	BELOW POVERTY LEVEL 60+	ALZHEIMER'S DISEASE \65+	LIVING ALONE 60+	60+ WITH SELF-CARE DISABILITIES	ADA	ADI	AL	CCE	HCE	NH DIVERSION (NHD)*	COMMUNITY NURSING HOME BEDS PER 1,000 (75+)
Alachua	9.1%	12.4%	24.9%	7.5%	160	83	13	100	57	47	70.2
Baker	13.2%	10.9%	16.4%	6.3%	10	7		82	5		145.7
Bay	8.9%	12.6%	25.1%	7.9%	143	32	27	132	45	10	70.7
Bradford	14.9%	12.5%	23.8%	10.2%	13	3	13	28	7	3	122.4
Brevard	7.3%	13.6%	23.9%	5.8%	172	47	79	200	13	872	46.3
Broward	11.9%	14.2%	27.7%	7.8%	567	230	167	1166	242	2062	31.9
Calhoun	16.9%	12.3%	23.5%	-	36	2		40	4		231.4
Charlotte	6.7%	13.4%	19.8%	5.0%	46	14	26	157	25	139	40.1
Citrus	8.6%	13.3%	19.6%	6.2%	82	17	51	200	27	97	48.7
Clay	6.5%	11.1%	17.4%	6.6%	110	10	21	92	22	38	100.0
Collier	7.0%	13.3%	18.7%	3.7%	46	18	3	152	16	86	16.9
Columbia	9.4%	11.9%	22.2%	7.0%	90	11	25	61	34	6	63.5
De Soto	16.0%	12.6%	17.9%	10.9%	9	5	5	52	9	3	40.8
Dixie	10.9%	10.9%	21.9%	-	21	4		24	9		44.6
Duval	9.5%	12.3%	26.2%	8.2%	536	21	74	496	23	498	80.9
Escambia	10.1%	12.7%	25.2%	7.8%	258	24	75	133	14	188	79.7
Flagler	6.4%	11.9%	16.8%	4.5%	65	10	6	95	13	82	21.5
Franklin	13.0%	11.3%	23.5%	-	22	1	6	22	7		101.8
Gadsden	16.4%	11.7%	24.2%	6.9%	57	5	13	47	19	3	41.8
Gilchrist	14.7%	12.5%	18.3%	-	13	5		31	7		147.9
Glades	6.8%	11.7%	18.0%	-	2	1		51	15		-
Gulf	10.3%	12.0%	19.4%	-	21	2	7	16	4		99.7
Hamilton	15.9%	11.1%	25.1%	-	61	6	14	36	22		70.2
Hardee	18.0%	12.5%	18.4%	9.3%	14	2	4	44	13	3	64.0
Hendry	14.0%	12.4%	17.9%	3.9%	18	12	3	83	25	8	118.3
Hernando	7.0%	13.5%	21.3%	6.3%	75	18	61	197	18	196	29.4
Highlands	11.2%	13.8%	21.3%	6.8%	49	10	52	232	29	114	37.3
Hillsborough	9.9%	12.4%	23.7%	8.1%	451	77	209	1285	208	1964	52.3
Holmes	15.1%	11.9%	24.8%	-	66	3	11	24	9		112.7
Indian River	7.6%	14.6%	24.5%	6.4%	27	6	9	100	11	132	27.3
Jackson	15.0%	12.9%	24.8%	9.5%	102	2	9	42	12		141.0
Jefferson	12.3%	11.4%	18.7%	-	51	4		22	5	1	148.8
Lafayette	10.0%	12.1%	20.9%	-	13	3	15	19	2		118.6
Lake	6.6%	12.9%	20.0%	5.8%	85	17	44	197	50	240	42.5
Lee	7.4%	12.4%	21.0%	5.1%	105	37	109	392	92	506	29.2
Leon	6.3%	11.7%	25.1%	5.5%	113	9	2	48	36	16	59.2

COUNTY	PERCENT OF POPULATION WHO ARE ELDERS				CLIENTS SERVED							
	BELOW POVERTY LEVEL 60+	ALZHEIMER'S DISEASE \65+	LIVING ALONE 60+	60+ WITH SELF-CARE DISABILITIES	ADA	ADI	AL	CCE	HCE	NH DIVERSION (NHD)*	COMMUNITY NURSING HOME BEDS PER 1,000 (75+)	
Levy	15.4%	11.3%	23.0%	8.8%	49	9		52	23		34.2	
Liberty	15.6%	11.5%	25.8%	-	15	1	13	25	7		-	
Madison	13.7%	12.3%	19.0%	-	39	5	25	25	6	1	165.4	
Manatee	7.3%	13.3%	23.3%	4.9%	57	19	54	351	28	299	35.8	
Marion	8.7%	12.7%	20.4%	7.0%	190	15	48	222	52	231	32.8	
Martin	6.2%	14.7%	23.6%	4.8%	30	32		71	9	69	37.0	
Miami-Dade	19.7%	13.5%	19.9%	9.7%	2753	197	523	1677	771	6141	45.4	
Monroe	9.6%	10.8%	21.5%	5.3%	13	16		80	27	1	43.7	
Nassau	9.1%	10.7%	19.5%	7.8%	64	9	4	65	11	16	45.5	
Okaloosa	5.8%	12.5%	22.3%	7.2%	45	5	35	50	16	49	69.9	
Okeechobee	11.7%	12.6%	19.2%	11.4%	26	5	3	43	20	10	55.9	
Orange	10.1%	12.2%	20.9%	7.2%	215	176	89	269	42	723	74.7	
Osceola	9.8%	11.3%	16.8%	8.8%	184	11	13	67	1	239	76.6	
Palm Beach	8.4%	15.2%	26.1%	6.3%	663	214	75	389	120	1384	38.2	
Pasco	9.1%	13.2%	23.0%	5.7%	268	23	209	318	32	517	41.0	
Pinellas	9.3%	14.4%	30.1%	6.6%	664	56	445	421	40	1668	76.5	
Polk	8.8%	12.3%	21.0%	6.2%	220	38	71	767	193	584	56.0	
Putnam	13.4%	12.4%	25.5%	6.2%	46	12	25	70	21	10	52.7	
St Johns	7.2%	12.0%	21.3%	5.7%	90	19	19	110	10	98	40.8	
St Lucie	8.7%	13.1%	20.6%	6.3%	100	74	48	177	47	260	38.1	
Santa Rosa	7.4%	11.1%	18.4%	5.9%	79	13	67	44	9	99	45.9	
Sarasota	6.8%	14.3%	24.6%	4.4%	86	42	58	277	32	359	47.6	
Seminole	8.1%	12.6%	20.8%	7.3%	75	49	132	67	27	323	46.7	
Sumter	5.3%	10.0%	17.2%	4.1%	40	8	6	67	16	15	12.0	
Suwannee	14.2%	12.6%	27.3%	8.2%	54	13	12	70	25	6	105.0	
Taylor	11.9%	11.3%	20.2%	11.6%	37	1		22	5		72.5	
Union	10.5%	9.9%	13.2%	-	7	2		22	10	2	-	
Volusia	8.9%	13.6%	24.5%	6.6%	373	23	81	430	58	813	60.8	
Wakulla	10.7%	10.4%	23.2%	9.9%	31	2		27	4		83.7	
Walton	8.5%	11.3%	22.9%	8.8%	42	7	13	30	11	13	68.4	
Washington	11.5%	11.6%	29.3%	8.9%	73	2	6	20	9		109.0	
Florida	10.0%	13.2%	23.1%	6.8%	10,289	1,734	3,210	12,109	2,724	21,198	48	

* Includes PACE

Sources: CIRTS for clients served; Elder Demographics from calculations by the Department of Elder Affairs based on Florida Demographic Database, August 2014, provided by Florida Legislature, Office of Economic and Demographic Research projections, 11/04/2014; 2007-2011 American Community Survey, Special Tabulation on Aging; and 2009-2011 American Community Survey Three-Year Estimates

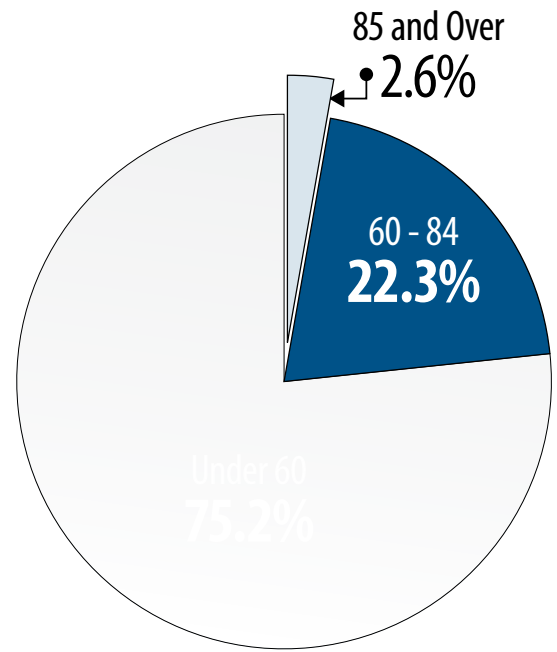
AGE DISTRIBUTION

Florida is the fourth most populous state with 19,747,233 citizens. Among the 50 states, Florida has the highest percentage of elders age 60 and older (24.3 percent) compared with a national percentage of 19.5 percent. Of Florida's 4,903,179 elders age 60 and older, 507,461 are age 85 and older.

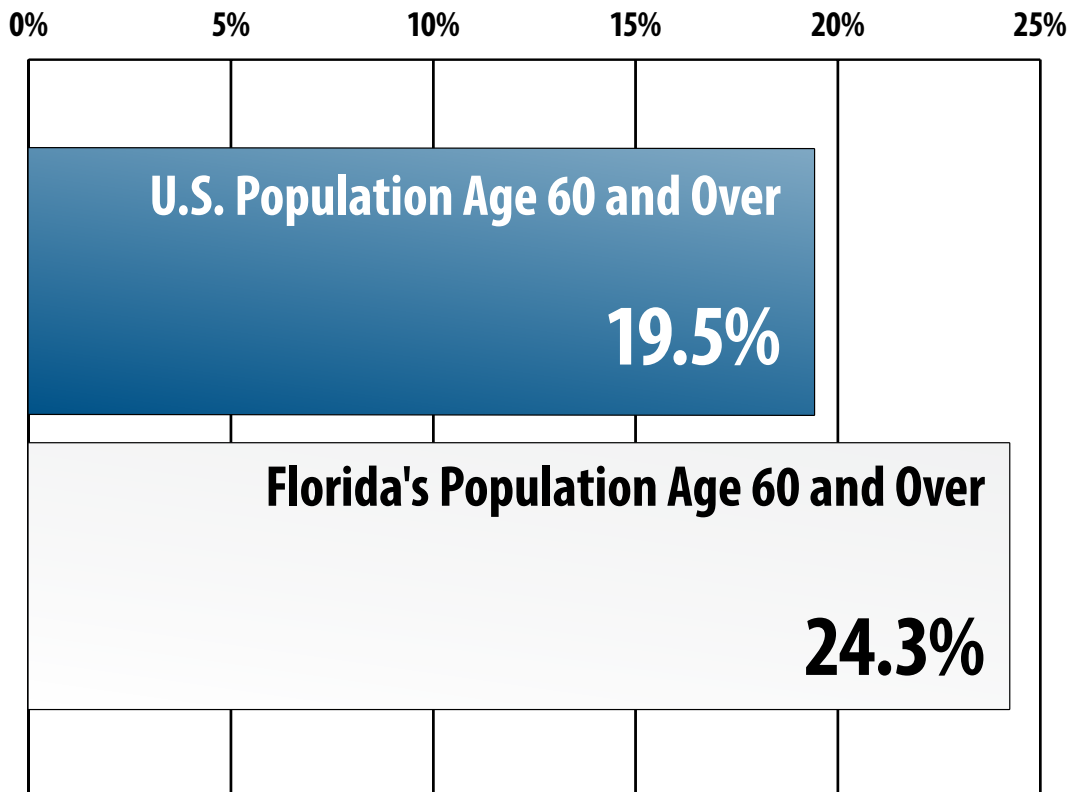
Most Florida elders age 60 and older reside in urban areas and are concentrated in Miami-Dade, Palm Beach, Broward, Pinellas, and Hillsborough counties. These five counties account for 37.7 percent of the total state population age 60 and older, and 42.6 percent of the population 85 and older.

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

Source: Calculations by the Department of Elder Affairs based on Florida Demographic Database, August 2014, provided by the Florida Legislature, Office of Economic and Demographic Research projections, 11/04/2014; 2007-2011 American Community Survey, Special Tabulation on Aging; and 2009-2011 American Community Survey Three-Year Estimates.

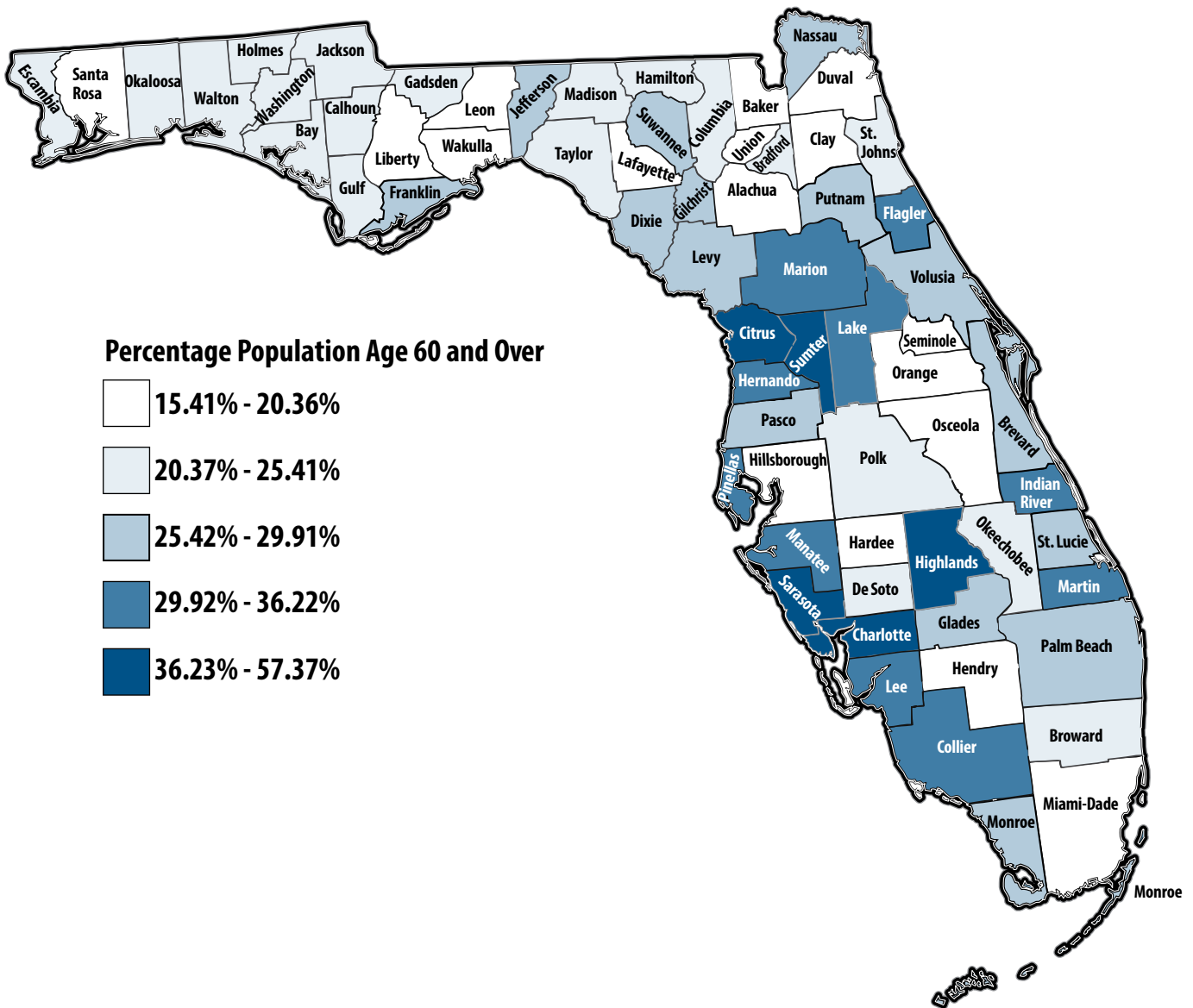


FLORIDA'S AGE DISTRIBUTION



60+ PERCENTAGE: FLORIDA VS. UNITED STATES

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



The five counties with the densest population of elders age 60 and older are Sumter (57.37 percent), Charlotte (44.14 percent), Citrus (41.59 percent), Sarasota (40.66 percent), and Highlands (40.09 percent). Two areas of the state, West Central and Southwest Florida, consist of counties with 30 percent or more of the population age 60 and older. West Central Florida is located north of Tampa, west of Orlando, and south of Gainesville. Southwest Florida is on the Gulf of Mexico south of Tampa.

Source: Florida Demographic Database, August 2014, provided by the Florida Legislature, Office of Economic and Demographic Research projections, 11/04/2014

MINORITY DISTRIBUTION

As the age of Florida population groups increases, their racial and ethnic diversity decreases. This decrease in diversity can be attributed to the migration of elders into Florida and the life span of minorities within the state. While almost two in five (43.2 percent) Floridians are minority, this percentage declines to about one in four (25.6 percent) of all elders age 60 and older, and about one in six (19.2 percent) of all elders age 85 and older.

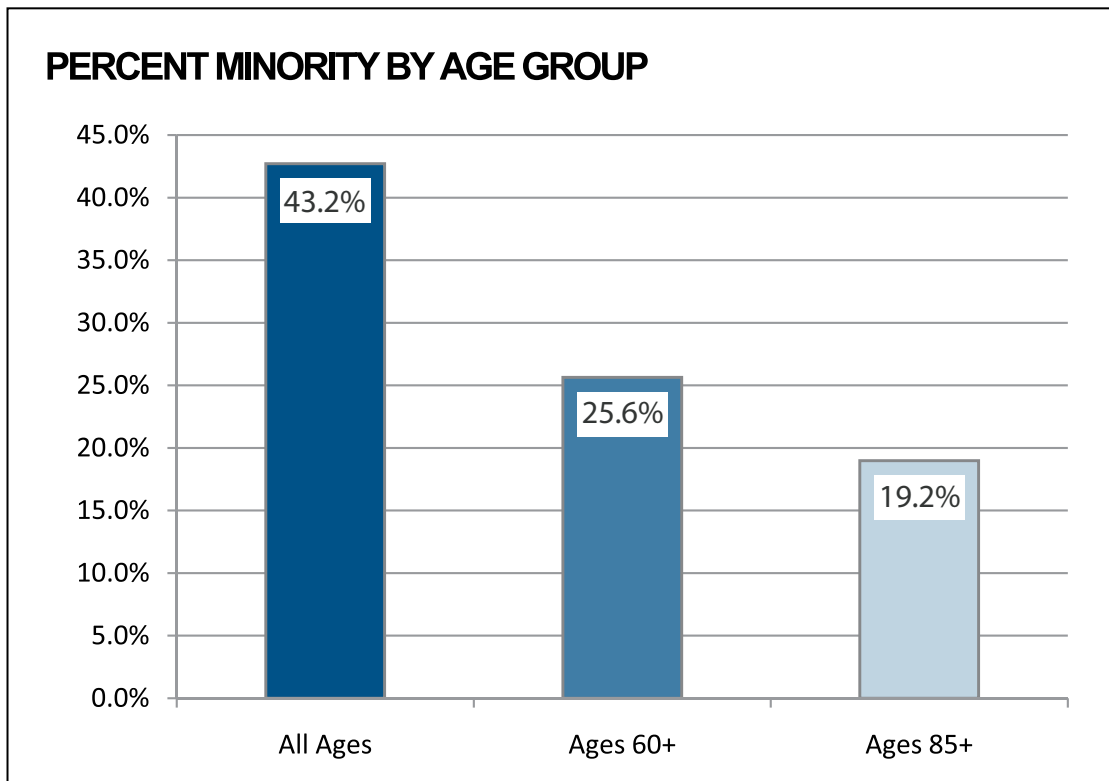
In Florida, 74.4 percent of the total 60-and-older population are white non-Hispanics. In comparison, minorities generally constitute a smaller percentage of elders among their respective populations. Statewide, 14.5 percent of the total 60-and-older population are Hispanics and 9.9 percent of the total 60-and-older population are African-Americans.

Counties with the highest percentages of residents age 60 and older also show differences between white non-Hispanics and minorities. The top five counties with white non-Hispanic elders (60+) representing 45 percent or more of their white

non-Hispanic populations (all ages) are Sumter (64.9 percent), Highlands (50.5 percent), Charlotte (47.9 percent), Collier (47.5 percent), and Sarasota (45.6 percent). One of these counties is in West Central Florida, and four are in Southwest Florida.

The top seventeen counties with minority elders (60+) representing 15 percent or more of their minority populations (all ages) are Citrus (24.1 percent), Flagler (22.7 percent), Charlotte (21.7 percent), Miami-Dade (19.6 percent), Jefferson (19.4 percent), Hernando (18.4 percent), Nassau (17.2 percent), Levy (16.8 percent), Brevard (16.7 percent), Madison (16.6 percent), Marion (16.4 percent), Sumter (15.9 percent), Highlands (15.8 percent), Jackson (15.8 percent), Monroe (15.7 percent), Gadsden (15.7 percent), and Volusia (15 percent). These counties do not appear to exhibit any geographical grouping patterns.

Source: Calculations by the Department of Elder Affairs based on Florida Demographic Database, August 2014, provided by the Florida Legislature, Office of Economic and Demographic Research projections, 11/04/2014; 2007-2011 American Community Survey, Special Tabulation on Aging; and 2009-2011 American Community Survey Three-Year Estimates.



CUSTOMER ASSESSMENT PROFILES BY PRIORITY LEVEL

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

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

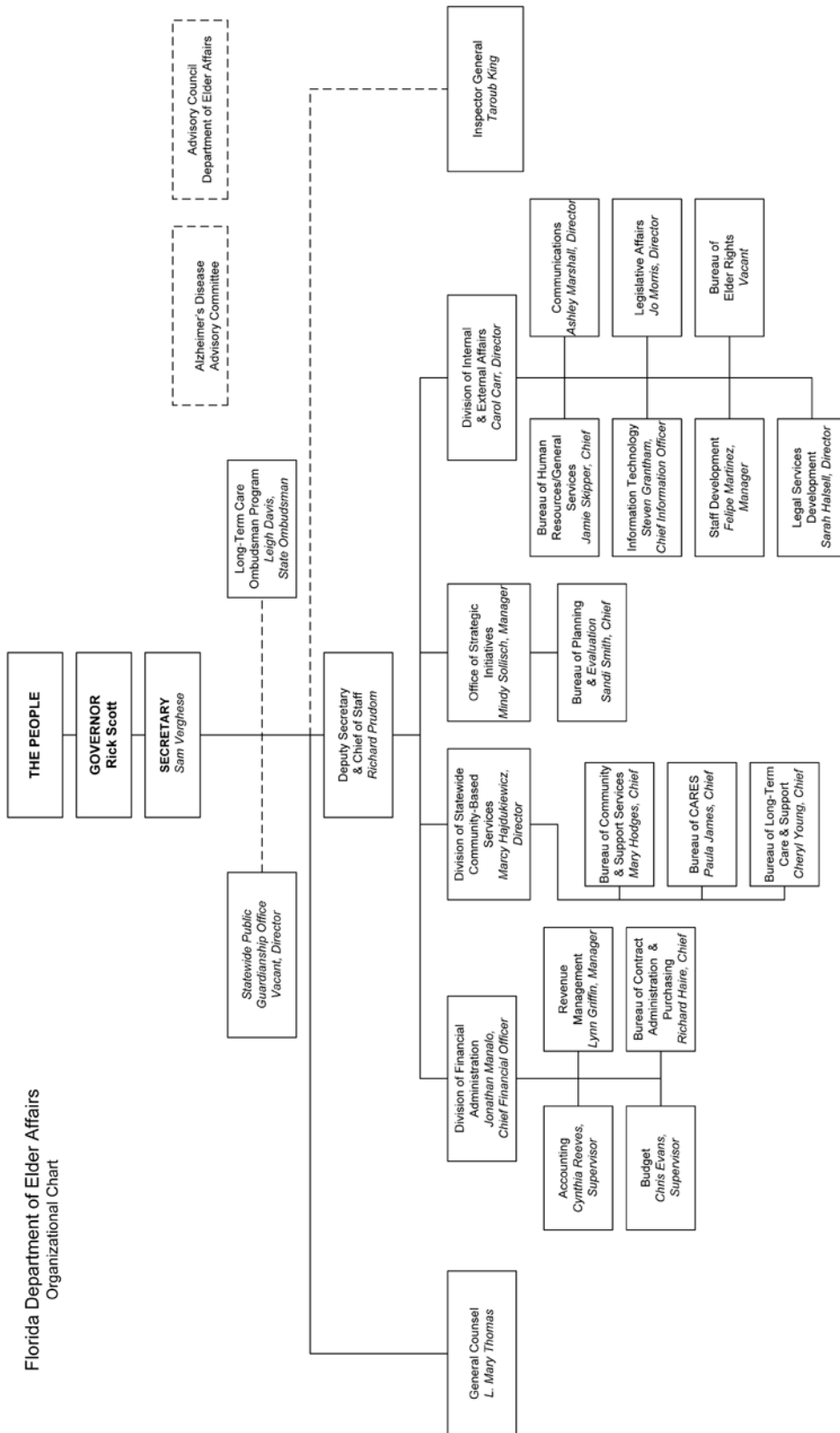
CLIENT ASSESSMENT PROFILES BY PRIORITY RANK

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

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

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

FLORIDA DEPARTMENT OF ELDER AFFAIRS ORGANIZATIONAL CHART



DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

Medicaid Waivers – Programs for which certain federal requirements have been waived to allow states to provide home and community-based services to individuals who otherwise would require institutionalization.

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

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

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

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

ACRONYMS/ABBREVIATIONS

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

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SUMMARY^{OF} PROGRAMS & SERVICES

This 2015 edition of the *Summary of Programs & Services* provides comprehensive information about the Florida Department of Elder Affairs and the programs it administers. Specifically, the *2015 Summary of Programs & Services* contains the following information for each of the programs the Department administers:

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

The *2015 Summary of Programs & Services* also includes an appendix with demographic and budget information. Unless otherwise noted, this publication contains information and data compiled as of January 2015.

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