

Department of

ELDER AFFAIRS

STATE OF FLORIDA



Rick Scott
Governor

Samuel P. Verghese
Secretary

LONG RANGE PROGRAM PLAN

September 30, 2015

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Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Long Range Program Plan (LRPP) for the Department of Elder Affairs is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives, and measures for the Fiscal Year 2016-17 through Fiscal Year 2020-21.

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

Sincerely,

for Samuel P. Verghese
Secretary

SPV/jcj

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Department of

ELDER AFFAIRS

STATE OF FLORIDA



Long-Range Program Plan

Fiscal Years 2016-2017 through 2020-2021

SAMUEL P. VERGHESE, SECRETARY

RICK SCOTT, GOVERNOR

September 2015

Florida Department of Elder Affairs

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AGENCY MISSION, VISION, GOALS, AND VALUES

MISSION:

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

VISION:

All Floridians aging with dignity, purpose, and independence.

Goals:

- Strengthening our partnerships,
- Safeguarding our resources, and
- Honoring our elders.

VALUES:

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

AGENCY GOALS

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

The following goals are consistent with the goals identified by the U.S. Administration on Aging, the principal agency of the U.S. Health and Human Services designated to carry out the provisions of the Older Americans Act:

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

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

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

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

Goal 5: Maintain effective and responsive management; and

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

AGENCY OBJECTIVES

The goals provide the framework for the Department's objectives, which include the following:

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

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

Objective 2.2: Improve caregiver supports;

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

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

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

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

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

AGENCY SERVICE OUTCOMES AND PERFORMANCE PROJECTION TABLES

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

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

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

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

Baseline Year 1998-1999	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
91.6%	97%	97%	97%	97%	97%

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

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

Baseline Year 1998-1999	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
15.3%	0%	0%	0%	0%	0%

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

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

Baseline Year 1998-1999	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
\$2,221	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000

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

Baseline Year 1997-1999	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
59.1%	65%	65%	65%	65%	65%

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

Baseline Year 1997-1999	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
58%	62.3%	62.3%	62.3%	62.3%	62.3%

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

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

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

Baseline Year 2003-2004	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
90%	90%	90%	90%	90%	90%

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

Baseline Year 2002-2003	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
2.8 months	2.8 months	2.8 months	2.8 months	2.8 months	2.8 months

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

Baseline Year 2001-2002	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
95%	97%	97%	97%	97%	97%

Objective 2.2: Improve caregiver supports

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

Baseline Year 1997-1998	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
90.2%	0%	0%	0%	0%	0%

(Explanatory note: DOEA is requesting to delete this outcome measure because the data are no longer collected and replace with Outcome 2.2.3.)

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

Baseline Year 2002-2003	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
87%	0%	0%	0%	0%	0%

(Explanatory note: DOEA is requesting to delete this outcome measure and replace it with Outcome 2.2.3.)

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

Baseline Year 2013-14	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
86.4%	86%	86%	86%	86%	86%

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

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

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

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

Baseline Year 1997-99	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
58.6%	0%	0%	0%	0%	0%

(Explanatory note: DOEA is requesting to delete this outcome measure and replace it with Outcome 3.1.2.)

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

Baseline Year 2013-14	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
95%	95%	95%	95%	95%	95%

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

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

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

Baseline Year 2002-03	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
79.3%	79.3%	79.3%	79.3%	79.3%	79.3%

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

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

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

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

Baseline Year 1998-99	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
90.2%	91%	91%	91%	91%	91%

(Explanatory note: DOEA is requesting a technical change to this outcome measure, changing five working days to seven calendar days to match the federal reporting requirements.)

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

Baseline Year 1999-00	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
90%	100%	100%	100%	100%	100%

Goal 5: Maintain effective and responsive management

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

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

Baseline Year 2001-2002	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
2.7%/21.2%	1.8%/22.2%	1.8%/22.2%	1.8%/22.2%	1.8%/22.2%	1.8%/22.2%

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

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

Outcome 6.1.1: Number of Community for a Lifetime communities*

Baseline Year 2012-2013	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
118	127	127	127	127	127

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

LINKAGE TO GOVERNOR’S PRIORITIES

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

1. Improving Education

2. Economic Development and Job Creation

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

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

3. Maintaining Affordable Cost of Living in Florida

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

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

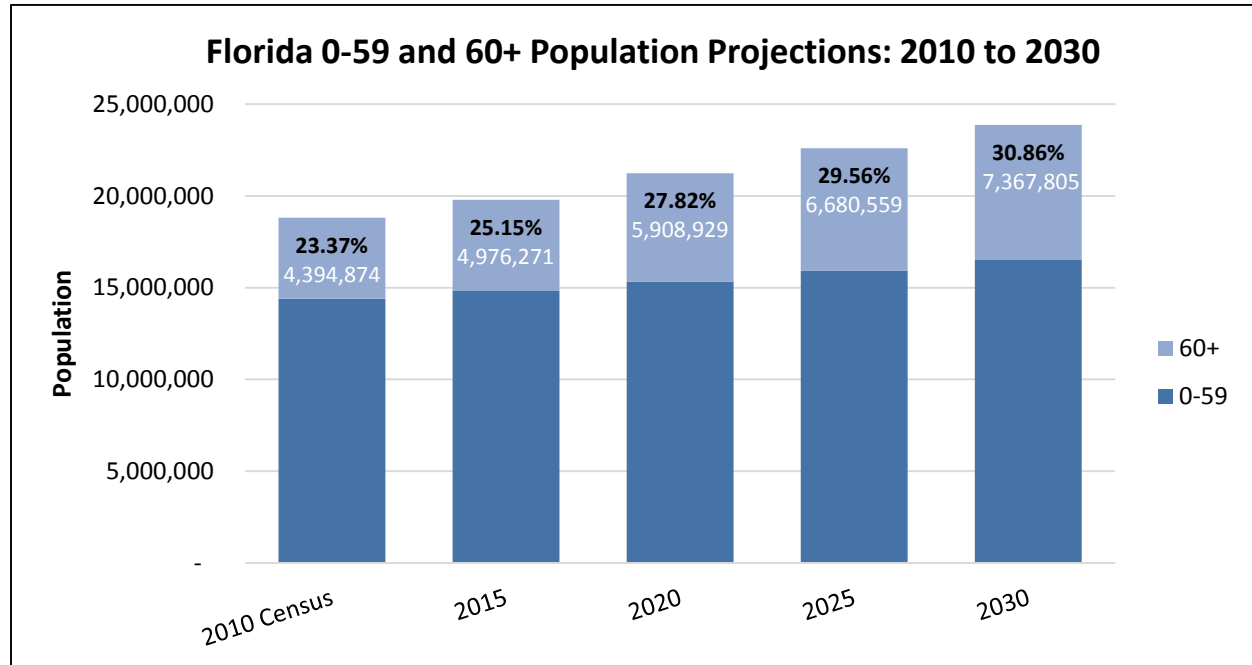
Goal 3: Empower older people and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status

Goal 5: Maintain effective and responsive management

TRENDS AND CONDITIONS STATEMENT

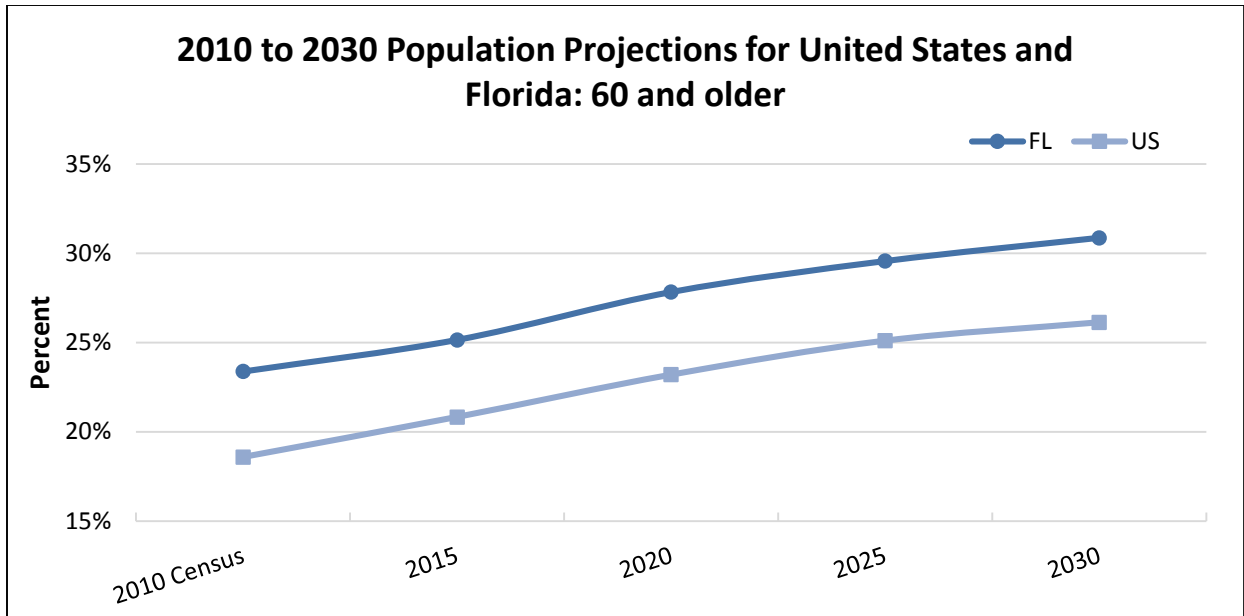
CURRENT CONDITIONS

Florida is the third most populous state in the United States with 19.5 million residents. With approximately 4.8 million individuals age 60 and older in 2014, Florida has the highest percentage of elder residents, and is second only to California in the actual number of citizens age 60 and older residing in the state. Because of this large proportion of elders, Florida's future is linked to the financial security and physical health of its senior population.



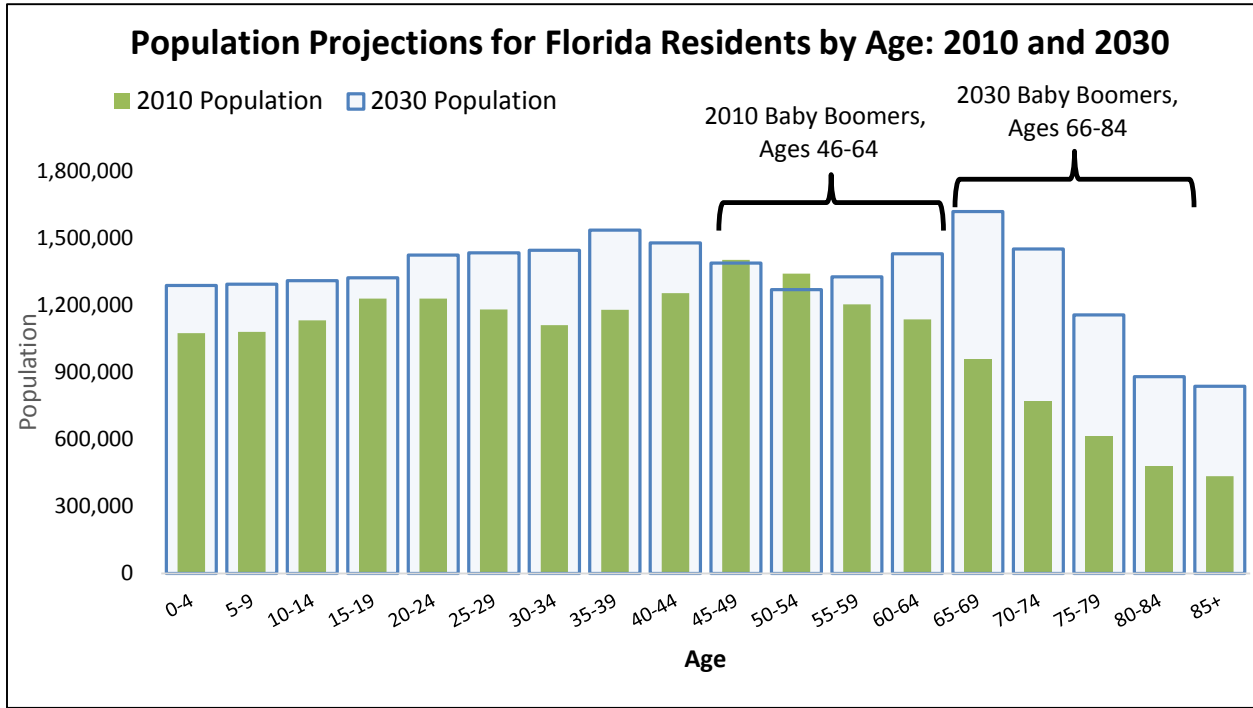
Source: Bureau of Economic and Business Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2014 Estimates (Release Date: July 7, 2015)

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



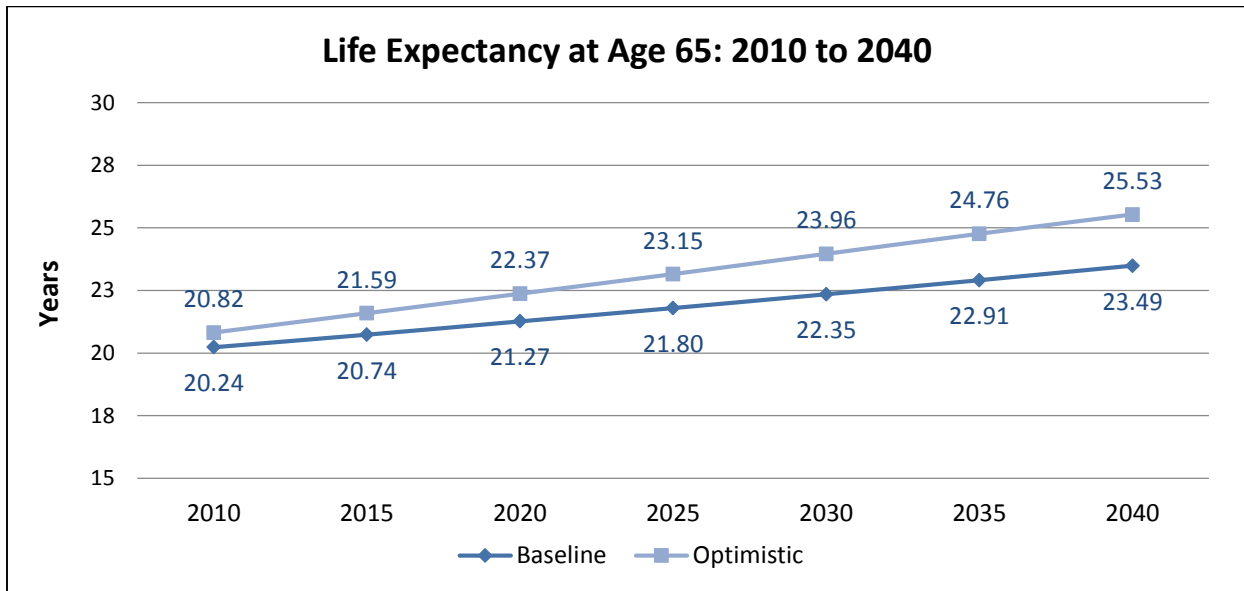
Source: Bureau of Economic and Business Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2013 Estimates (Released July 7, 2015) and The Census Bureau's International Data Base, Mid-year Population by Older Five Year Age Groups and Sex (Release Date: July 7, 2015)

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



Source: Bureau of Economic and Business Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2014 Estimates (Release Date: July 7, 2015)

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



Source: Milken Institute analysis based on MEPS and NHIS, 2010

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

- A declining disability rate among people age 60 and older;
- Compressed morbidity (fewer years of disability and chronic illness);
- Delayed retirement and increased labor force participation in older age groups; and
- Increases in education and wealth among elders.

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

The Department envisions a changing service paradigm to correspond with the changing demand of the population. Providing services that will respond to the differing needs of the baby boomers in particular will require innovation and creativity. Florida has continued to pursue innovative ways to provide seniors with the services they want and need through a number of approaches, including the following activities and programs:

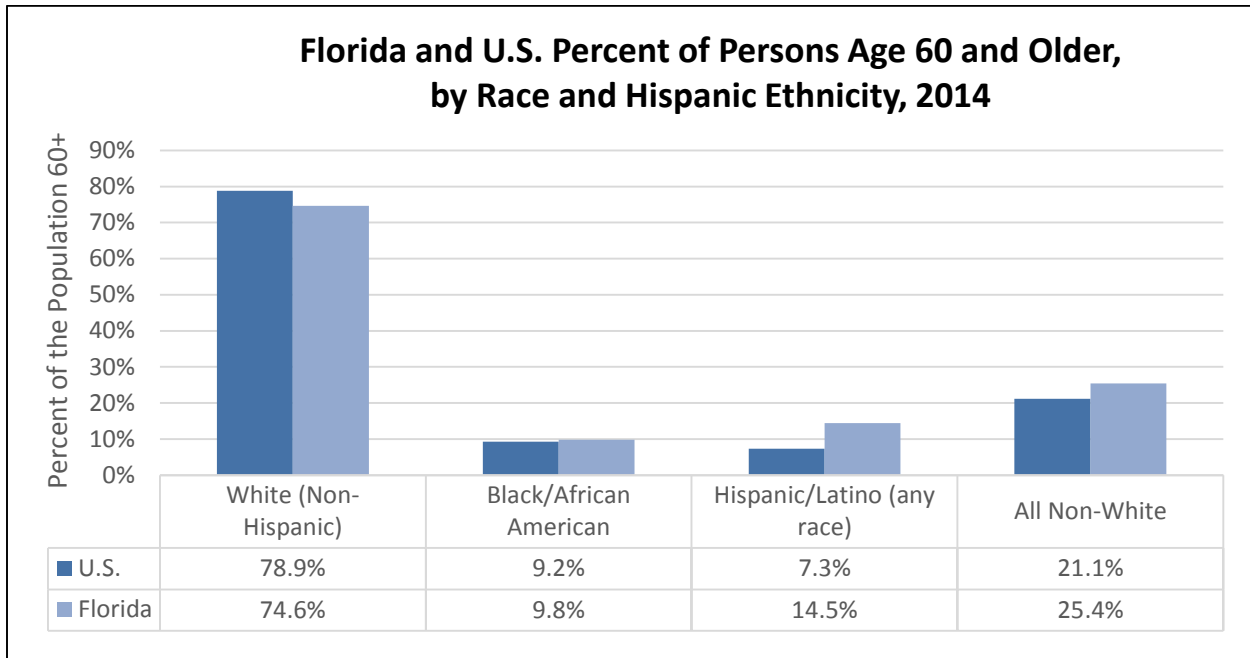
- Establishing Aging and Disability Resource Centers (ADRC) statewide;
- Promoting Communities for a Lifetime (CFAL) throughout the state;
- Expanding the broad array of volunteer opportunities by and for elders;
- Redesigning the comprehensive assessment instrument used to determine client needs for care plan development to include questions that better address increased client risks and vulnerabilities;
- Adding services at senior centers that appeal to individuals newly turning 60, such as different types of activities and exercise classes; and
- Incorporating electronic information sharing and outreach through the Internet and Facebook to provide education about elder issues.

The Department also recognizes the positive impact that individuals age 60 and older contribute to the state. Elder volunteerism has remarkably enhanced communities throughout Florida. In 2013, Florida's elders provided approximately 176 million hours of volunteer service valued at \$3.74 billion. Elder volunteerism is evident in programs and services in many communities, such as in libraries, schools, community-service organizations, museums, theater groups, and art galleries. In addition, Florida realizes a fiscal advantage from the investment in homes and expenditures into the local economy by retirees. A 2012 study completed for the Department by the University of Florida's Bureau of Economic and Business Research estimates the annual net benefit of an average retiree in Florida to state and local budgets to be \$2,850.

Florida benefits from rich cultural diversity as well. About 44 percent of Floridians of all ages identify as a racial or ethnic minority. Among people age 60 and older, this percent is smaller at 25.4 percent and 20 percent for elders age 85 and older; however, the percent of minority elders in Florida continues to exceed that of the nation. The variation in diversity of these age groups can be attributed in part to the migration of white elders into Florida and in part to the shorter average life span of Hispanic and African American minority groups. The chart below shows the

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

breakdown of the elder population by race and ethnicity for Florida contrasted with that of the United States.



Source: Bureau of Economic and Business Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2014 Estimates (Release Date: July 7, 2015) and Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2014, U.S. Census Bureau, Population Division (Release Date: June 2015)

Most Floridians age 60 and older reside in urban areas, and are concentrated in the southernmost counties of Miami-Dade, Palm Beach, Broward, Pinellas, and Hillsborough counties. These five counties account for 37.9 percent of the total state population age 60 and older and 42.5 percent of the population 85 and older. In terms of density, Floridians age 60 and older comprise at least 30 percent of the total number of residents in 15 counties as shown in the table on the following page. More than 40 percent of the population in five counties – Sumter, Charlotte, Citrus, Sarasota, and Highlands – are age 60 or older.

Counties in Florida Where 30 Percent or More of the Total Population Is 60 or Older, 2015

	County	Total Population (All Ages)	60+	Percent 60+
1	Sumter	111,125	64,486	58%
2	Charlotte	164,647	73,328	44.6%
3	Citrus	140,798	59,054	41.9%
4	Sarasota	387,140	158,074	40.8%
5	Highlands	99,818	40,181	40.8%
6	Martin	158,585	53,920	36.3%
7	Indian River	140,955	40,688	36.0%
8	Marion	337,455	116,063	34.4%
9	Collier	336,783	115,681	34.3%
10	Hernando	174,955	59,225	33.9%
11	Flagler	99,121	33,258	33.6%
12	Manatee	339,545	107,990	31.8%
13	Lake	309,736	98,301	31.7%
14	Lee	653,485	206,536	31.6%
15	Pinellas	933,258	284,861	30.5%

Source: Bureau of Economic and Business Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2013 Estimates (Released 7/07/2015)

DESCRIPTION OF CURRENT SERVICE POPULATION

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

The Department uses poverty level as a measure of economic need as shown in the table on the following page. Of the 60-and-older clients served by the Department, 45 percent are below the poverty level, compared to 10 percent in the general elder population. The client's living situation is used to measure social need. Forty-one percent of the service population lives alone, compared to 23 percent in the general population of people age 60 and older. Fifty-one percent of the Department's clients are minority compared to 25 percent of the general elder population. Additionally, 35 percent of the clients served are minority and living below the poverty level compared to seven percent in the general 60-and-older population.

Targeting Report 2014-15

Characteristic	Florida 60+ Population	Percent 60+	Number of Recipients Receiving or Screened for Services*	Percent Receiving or Screened for Services
All 60+	4,788,802	100%	131,839	100%
60+ Below 100% of Poverty Level	495,433	10%	59,375	45%
60+ Living Alone	1,105,774	23%	54,300	41%
60+ Minority	1,205,626	25%	66,698	51%
60+ Minority Below 125% of Poverty Level	324,197	7%	45,645	35%

Source: DOEA 2014 Florida State Profile (projection)

*Individuals who received OAA or General Revenue funded services or were screened for all services including Medicaid Waiver

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

Family caregivers are the backbone supporting many home-based services. The Department's programs and services help to keep many very frail people in their homes by augmenting the care provided by family caregivers. A study commissioned by AARP² indicates that caregivers provide \$10.4 billion in care each year. Statewide, between 20 and 25 percent of elders are themselves caregivers.³ The Department served an estimated 85,030 caregivers during state fiscal year 2014-2015.

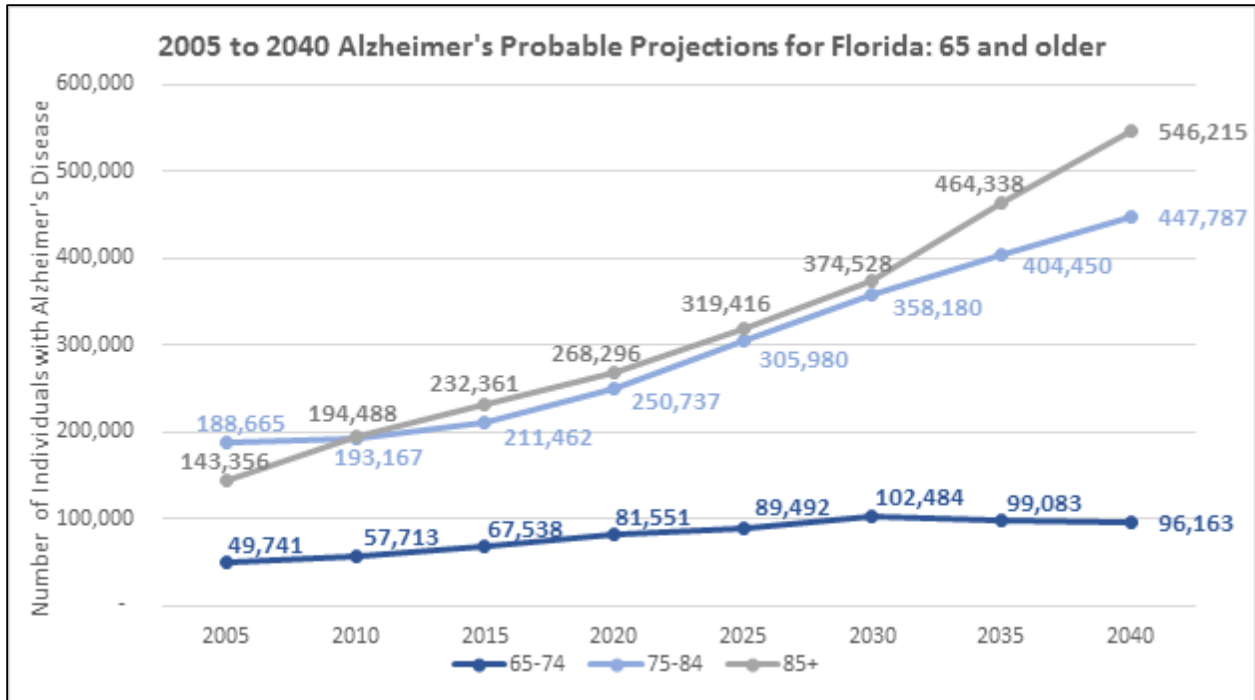
OTHER CONSIDERATIONS: ALZHEIMER'S DISEASE POPULATION AND PROJECTION

Currently, there are approximately 510,000 Floridians living with an Alzheimer's disease diagnosis. This number is projected to increase to 720,000 in the next 10 years. This number does not include the various other forms of dementia, nor does it include the hundreds of thousands of family members and friends who serve as caregivers.

The graph on the following page represents Florida's population age 65 and older with Alzheimer's disease with projections to the year 2040. Each line in the graph represents a different age group.

² *Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving*, June 2007

³ *Assessing the Needs of Elder Floridians*, January 2012, a statewide survey to measure elder Floridians' needs conducted by DOEA



Source: Probable Alzheimer's Cases: Department of Elder Affairs calculations based on Florida Population data and Alzheimer's by Age in 2014 Alzheimer's Disease Facts and Figures report

In 2015 through 2040, those age 85 and older represent the largest population of Floridians with Alzheimer's disease. This can be attributed to individuals living longer as well as increased migration to Florida after retirement. The most significant increase in population for those age 85 years and older with Alzheimer's disease is expected to occur between the year 2030 and 2035, representing a 24 percent increase or an additional 89,810 individuals. The population is projected to peak at 102,484 individuals in 2030 and is expected to decrease to 96,163 individuals in 2040, a 6 percent decrease within the 10-year span.

In 2015, the Department announced the Dementia Care and Cure Initiative to promote better care for Floridians affected by dementia and to support research efforts to find a cure. This initiative will enhance the current services in place that assist individuals suffering from Alzheimer's disease and other dementias as well as their caregivers.

Through the Dementia Care and Cure Initiative, the Department seeks to engage communities across the state to be more dementia friendly, promote better care for Floridians affected by dementia, and support research efforts to find a cure. To accomplish this, the Department, through the Communities for a Lifetime Initiative, will take actions to support those diagnosed with dementia and their caregivers. This will be done by increasing awareness of dementia, services and supports; developing community work plans, which will be individualized for each community working to become a Caring Community; and advocating for programs that provide care and promote research efforts toward a cure.

OTHER CONSIDERATIONS: TRANSITION TO STATEWIDE MEDICAID MANAGED LONG-TERM CARE

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

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

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

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

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

OTHER CONSIDERATIONS: GRANT AWARDS

In 2014, the Department received a grant from the Administration for Community Living (ACL) to develop an implementation plan to transform the state's long-term services and supports (LTSS) access into a no-wrong-door (NWD) system. This NWD system will expand access to LTSS for all populations and payers. The Department is working with AHCA, Department of Children and Families (DCF), Agency for Persons with Disabilities, Florida Department of Health, Florida Department of Education, Florida Department of Veterans' Affairs, Developmental Disabilities Council, Commission for the Transportation Disadvantaged, and Florida Association of Area Agencies on Aging to develop a comprehensive three-year implementation plan. Once implemented, the NWD system will offer a more integrated network that is user-friendly and provides individuals with access to the services and supports they need.

In 2015, ACL awarded the Department the Lifespan Respite grant, which will establish a statewide respite care system that expands the availability of and access to high quality, affordable respite services for family caregivers across all disability types and age groups. Currently, the Department provides respite services to family members providing constant care for frail elders and individuals with Alzheimer's disease and related disorders.

The Department was also awarded an Alzheimer's Disease Supportive Services Program (ADSSP) grant to create and sustain a dementia capable system for people with dementia and their family caregivers. The Department will work with the Memory Disorder Clinics to train the staff at the 11 ADRCs to understand how to communicate with individuals with dementia and family caregivers, understand their unique needs, and connect them with services. One element of the ADSSP grant will be to develop a regional pilot program to address the needs of individuals with intellectual disabilities and dementia. The pilot will be implemented in Broward County and then replicated in Hillsborough, Pasco, and Sarasota counties.

OTHER CONSIDERATIONS: FUNDING CHANGES

With the continued strengthening of the state's economy, the 2015 Florida Legislature appropriated \$16 million in new funding for the Department, which offsets approximately \$600,000 in reductions and other administrative adjustments. Nearly \$3 million was authorized to expand slots in the Program of All-Inclusive Care for the Elderly (PACE). An additional \$4.6 million in non-recurring General Revenue was allocated to local community projects. The Community Care for the Elderly Program (CCE) received a \$2 million increase in recurring funds to serve frail seniors on the waiting list who are most at risk of nursing home placement. The Alzheimer's Disease Initiative (ADI) grew by \$1.7 million for the provision of respite care services to those on the waiting list throughout the state. The Statewide Senior Legal Helpline received \$250,000 to fund the statewide expansion of the program. The ADRCs were again allocated \$1.3 million in non-recurring funds to assist seniors enrolling in the SMMC LTC Program, and the SMMC LTC program received an additional \$3.2 million to serve Medicaid-eligible individuals who are at risk of nursing home placement.

AGENCY PRIMARY RESPONSIBILITIES

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

Some of the functions of the Department include the following (s. 430.04, F.S.):

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

SWOT ANALYSIS

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

STRENGTHS:

- The Department's highly privatized structure, which limits excessive administrative costs;
- The Department's culture, which fosters innovation and productivity;
- The Department's and the aging network's experience with and willingness to explore and implement innovative and cost-effective solutions to serve the long-term care needs of elders;
- The Department's experience in administering a variety of innovative home and community-based program approaches that result in significant cost savings for the State of Florida;
- The Department's leadership in emergency management/disaster preparedness planning in partnership with federal and state agencies and the aging network;
- The Department's strong established partnerships relating to planning and advocacy for the needs and issues of elders;
- The Department's ability to cultivate and coordinate the number of volunteers and hours of volunteer time through the aging network;
- The Department's existing infrastructure of evidence-based programming, including disease prevention, health promotion, Alzheimer's disease initiatives, and services to caregivers with the capacity to expand programming as resources become available;
- The Department's internally created and modifiable data systems designed for our specific business requirements;
- The Department's ability to promote and foster intergenerational opportunities to meet consumer needs;
- The Department's provision of statewide leadership in the protection of elder rights; and
- The Department's involvement in the monitoring, performance measurement, and future adjustments of the PACE and the SMMC LTC programs to ensure quality of care.

WEAKNESSES:

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

OPPORTUNITIES:

- Florida's abundance and growing number of retirees and elders who could provide even more contributions to the State and are potentially available to volunteer and advocate on behalf of elders;
- Number of retired health care professionals who could be enlisted to provide preventive care and screening;
- Increased collaboration with faith-based and community organizations to promote services for and provide services to elders;
- Increased number of dedicated and committed caregivers who provide informal support;
- Improved care coordination between acute and long-term care services;
- Potential to increase partnerships with colleges and universities to increase the workforce trained in geriatric care, research efforts to benefit elders, and lifelong learning opportunities;
- Accessible emerging technology and online options to enhance the availability of training and outreach programs to educate the public on elder issues and services;
- Availability of online resources for legal services to elders;
- Potential for increased funding through insurance reimbursement for evidence-based health promotion/disease prevention programming;
- Involvement with the Medicaid managed long-term care initiatives;
- Further development of the Direct-Support Organization to provide assistance, funding, and support to the Department;
- New developments that target the prevention and treatment of chronic conditions which limit the independence of elders;
- Potential to promote public and private ventures to increase aging-in-place initiatives;
- Potential to improve and increase access to long-term care information and public and private services for elders, families, and caregivers through the ADRCs;
- Increased coordination between the aging network and legal services;
- Increased coordination between the ADRCs and DCF; and
- Potential for expanding the aging network infrastructure for adults with disabilities.

THREATS:

- Lack of suitable and affordable housing for elders;
- Inadequate transportation alternatives which limit elder mobility and access to services;
- Ageist viewpoints and practices in the workplace and other environments;
- Difficulty faced by elders wanting to find jobs or pursue employment;
- Lack of early intervention services resulting in greater numbers of individuals becoming Medicaid eligible;
- Fewer home and community-based service options available to elders in rural areas;
- Service demands for home and community-based services growing faster than current funding;
- Increased risk of abuse, neglect, and exploitation of elders;
- Societal/public perception that elder abuse rarely occurs;
- Lack of awareness of the benefits and services offered at senior centers;

- Lack of adequate retirement savings by Florida's pre-retirees, which accelerates reliance on publicly funded services;
- Current shortfall of medical and mental health service providers with geriatric training;
- Florida's geographic vulnerability to hurricanes and tropical storms which can disproportionately impact elders;
- Current fragmentation between state and federal entities that are access points for services; and
- Lack of communication across agencies that provide services.

AGENCY PRIORITIES FOR THE NEXT FIVE YEARS

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

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

PROPOSED NEW PROGRAMS

- There are no new programs being proposed.

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

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

LIST OF POTENTIAL POLICY CHANGES AFFECTING THE AGENCY BUDGET REQUEST

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

LIST OF CHANGES WHICH WOULD REQUIRE LEGISLATIVE ACTION

- There are no changes that will require legislative action.

LIST OF ALL TASK FORCES AND STUDIES IN PROGRESS

<u>Work Group / Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Agency for Health Care Administration (AHCA) Interagency Workgroup		AHCA hosts this interagency workgroup to facilitate discussions regarding pre-admission screening and resident review (PASRR) process and system improvements.
Alzheimer's Disease Advisory Committee	s. 430.501, F.S	The committee, composed of 10 members selected by the Governor, advises the Department of Elder Affairs (DOEA) in the performance of its duties. All members must be residents of the state. The committee advises DOEA regarding legislative, programmatic, and administrative matters that relate to individuals with Alzheimer's disease and their caregivers.
Bicycle and Pedestrian Partnership Council	s. 430.04(3), F.S.	The council was established by the Florida Department of Transportation (FDOT) to make policy recommendations to FDOT and transportation partners throughout Florida on the state's walking, bicycling, and trail facilities. The council includes representatives from several state agencies, local governments, and external stakeholders (including walkers, bicyclists, and trail users) to make statewide improvements in safety and facilities integration. The council makes recommendations on design, planning, safety, and other programs involving bicycle and pedestrian issues. The council meets four times a year.
Big Bend Directors of Volunteers Association (DOVA)	s. 430.07, F.S.	DOVA exists to promote advocacy, networking, and the professional development of managers of volunteers and to support and foster the effective use of volunteers in the community.

<u>Work Group / Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Big Bend Fraud Task Force (BBFTF)	s. 430.04(3), F.S.	Comprised of a group of professional individuals and organizations, BBFTF was formed as a result of the rising number of financial crimes committed against individuals, businesses, and banking communities in the Big Bend area. Due to the sophisticated nature of many of these crimes, law enforcement, banking, and business communities needed a way to exchange information. A task force was formed to provide these entities with an opportunity to network and reduce the overall economic loss and ensure successful criminal prosecution. Since its inception, BBFTF has been instrumental in the fight against financial crimes through the development of various anti-fraud programs.
Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Review Committee		The committee reviews and determines successors for expansion and implementation grants at the request of the Secretary of the Florida Department of Children and Families (DCF).
Department of Elder Affairs (DOEA) Advisory Council	s. 430.05, F.S.	<p>The council is located within DOEA for administrative purposes. It is the intent of the Legislature that the advisory council shall be an independent nonpartisan body and shall not be subject to control, supervision, or direction by DOEA.</p> <p>The council serves in an advisory capacity to the Secretary of Elder Affairs to assist the Secretary in carrying out the purposes, duties, and responsibilities of DOEA, as specified in the Chapter 430, F.S. The council may make recommendations to the Secretary, the Governor, the Speaker of the House of Representatives, and the President of the Senate regarding organizational issues and additions or reductions in DOEA's duties and responsibilities.</p>
Department of Health (DOH) HIV/AIDS Focus Group		The focus group concentrates on the prevention of HIV/AIDS among the senior population.

<u>Work Group / Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
DOH-Special Needs Shelter (SpNS) Discharge Planning Subcommittee, Co-champions	s. 381.0303, F.S.	As a part of the SpNS Interagency Committee, DOEA serves as the champion for the committee's Discharge Planning Subcommittee. The Discharge Planning Subcommittee is responsible for developing and updating standard operating procedures for Multi-agency SpNS Discharge Planning Teams, rapid assessment tools used to determine the viability of SpNS client post-shelter housing and continuity of service provision, and procedures for using these tools.
DOH-SpNS Interagency Committee	s. 381.0303, F.S.	DOEA serves as a member of the SpNS Interagency Committee. The committee addresses and resolves problems related to SpNS not addressed in the state comprehensive emergency medical plan and consults on the planning and operation of SpNS. The committee is required to develop, negotiate, and regularly review any necessary interagency agreements; undertake other such activities DOH deems necessary to facilitate the implementation of the committee's assignment; and submit recommendations to the Legislature as necessary.
Florida Alliance of Information & Referral Services (FLAIRS) Advisory Board of Directors	s. 408.918, F.S.	FLAIRS was established to serve as a mechanism for generating ideas and resources around a common set of professional concerns related to the delivery of information and referral services. FLAIRS is governed by a Board of Directors comprised of representatives from each of the state's authorized 2-1-1 service providers. The FLAIRS board established the FLAIRS Advisory Board to ensure that FLAIRS is inclusive of the concerns of other I&R providers, and to foster cross-sector communication.
Florida Commission for the Transportation Disadvantaged	ch. 427, F.S. & s. 430.04(3), F.S.	The Secretary or a senior-management-level representative serves as an ex officio, non-voting advisor to the commission. The commission is responsible for ensuring the coordination of transportation services for older adults, persons with disabilities, and people with low income who are dependent upon others to access employment, health care, education, and other life-sustaining activities.

<u>Work Group / Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Florida Coordinating Council for the Deaf and Hard of Hearing	s. 413.271, F.S.	The mission of this council is to serve as an advisory and coordinating body which recommends policies that address the needs of persons who are deaf, hard of hearing, late-deafened, and deaf-blind, as well as methods that improve the coordination of services among public and private entities and to provide technical assistance, advocacy, and education.
Florida Developmental Disabilities Council (FDDC)	s. 393.002, F.S.	This council, established in accordance with the Developmental Disabilities Assistance and Bill of Rights Act, P.L. 106-402 Final Rule, 45 CFR Part 1386, must include in its membership representatives of certain state agencies, including the principal state agency that administers funds under the Older Americans Act. Representatives participate in full council meetings and one task force.
Florida Injury Prevention Advisory Council (FIPAC)		FIPAC was appointed to provide injury prevention research and practice expertise and to assist in the development, implementation, and evaluation of the 2009–2013 Florida Injury Prevention Strategic Plan. Appointed council members and goal team members are assigned to one of the strategic plan’s five prioritized goals. This group of approximately 50 individuals includes representatives from six key state agencies, the medical community, injury prevention advocacy groups and non-profit agencies, university systems, research facilities, county health departments, laypersons, law enforcement, and health educators/injury prevention specialists. DOEA participates to support the implementation of the Older Adult Falls Prevention Goal in the Florida Injury Prevention Strategic Plan as required by the Center for Disease Control (CDC) grant that funds FIPAC.
Florida Interagency Food and Nutrition Council		The council is composed of all state agencies receiving U.S. Department of Agriculture funding.

<u>Work Group / Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Florida Legal Services (FLS) Board of Directors		FLS is a nonprofit organization founded in 1973 to provide civil legal assistance to indigent persons who would not otherwise have the means to obtain a lawyer. A statewide support center, dedicated to ensuring that poor people have equal access to justice, FLS fulfills its mission primarily by working with local legal aid and legal service programs to improve their ability to provide legal assistance to those in need in their communities. It provides service delivery coordination, training, case consultation, and technical assistance to all legal service providers in Florida.
Florida Lifespan Respite Coalition		The Florida Lifespan Respite Coalition is a collaborative effort led by DOEA, the Agency for Persons with Disabilities (APD), FDCC, and the Florida Lifespan Respite Alliance. The coalition and other partners work together to expand and improve respite care services for all ages and disability types in Florida.
Florida Office on Disability and Health		The mission of this office is to maximize the health, well-being, and quality of life of all Floridians living with disabilities and their families throughout their lifetime.
Governor's Gold Seal Panel	s. 400.235, F.S. & 59A-4.200, F.A.C.	The Governor's Panel on Excellence in Long-term Care, known as the Gold Seal Panel, awards and recognizes nursing home facilities that demonstrate excellence in long-term care over a sustained period; promotes the stability of the industry; and facilitates the physical, social, and emotional well-being of nursing home facility residents. The State Long-term Care Ombudsman is a member.
Governor's Mental Health Transformation – Recovery and Resiliency Workgroup		This work group consists of stakeholders and other state agencies to advance the mental health transformation efforts. The workgroup is facilitated by the Chair of the Substance Abuse and Mental Health Corporation.

<u>Work Group / Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Governor's Office of Drug Control Suicide Prevention Coordinating Council		The Governor's Office is leading an integrated and long-term approach to lowering the state's current suicide rate. The Suicide Prevention Coordinating Council serves in an advisory role to the Statewide Office of Suicide Prevention, which is charged with developing and implementing a statewide plan to decrease the suicide rate in the state.
Interagency Smart Growth Technical Assistance Team Memorandum of Agreement among DOH, FDOT, Florida Department of Community Affairs, Florida Department of Environmental Protection, and DOEA		The Technical Assistance Team is a collaborative agreement among agencies in support of Smart Growth. Its purpose is to assist Florida's local governments in creating healthy and sustainable communities, develop ongoing cooperative relationships among the parties, and promote efficient use of state resources by identifying and collaborating on commonalities across programs. DOEA was added in August 2009.
Learning Network		Eight states were selected to participate in this technical assistance network from the Administration on Aging (AoA), CDC, National Council on Aging, and Agency for Healthcare Research and Quality. Participants gained greater knowledge regarding the research about applying evidence-based interventions, assurances that the intervention would be successful, and better understandings of how to use the Social-Ecologic Model of Healthy Aging to evaluate progress toward goals.
Lighting the Way to Guardianship and Other Decision-Making Alternatives		The DOEA Statewide Public Guardianship Office, in partnership with the Office of the Public Guardian, Inc., and APD, has revised the FDCC's two current curricula (one for families and one for attorneys and professionals). These focus on decision-making options for people with developmental disabilities. The partnership also provides workshops for attorneys, judges, client advocates, and family members utilizing the revised materials and evaluates whether these sessions meet the purpose of this grant.

<u>Work Group / Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Living Healthy in Florida		Living Healthy in Florida is a multi-agency campaign that was created to provide simple tools to promote healthy lifestyles in our state. The purpose of this toolkit is to provide state agencies and community partners with information and media resources to promote a healthy lifestyle. When we all use the same tools, we all share the same message, which makes it louder, stronger and more effective.
Medical Care Advisory Committee	42 CFR 431.12	<p>Federal regulations require each state Medicaid Program to establish a committee to serve in an advisory capacity on health and medical care issues.</p> <p>According to 42 CFR 431.12, this committee must include the following:</p> <ul style="list-style-type: none"> • Board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income people and with the resources available for their care; • Members of consumer groups, including Medicaid recipients; and • Agency heads from DCF and DOH. <p>The committee may be asked to provide the AHCA with advice on improving Medicaid recipients' access to specialists and enhancing our communication with Medicaid recipients. Members may also be asked to review and provide input on a variety of Medicaid materials and to make recommendations to AHCA about Medicaid policies, rules, and procedures.</p>

<u>Work Group / Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Multi-agency SpNS Discharge Planning Teams	s.381.0303(1)(e), F.S.	The Secretary of Elder Affairs shall convene, at any time deemed appropriate and necessary, a multiagency SpNS discharge planning team to assist local areas that are severely affected by a natural or manmade disaster that requires the use of SpNS. These teams provide assistance to local emergency management agencies with the continued operation or closure of shelters, as well as with the discharge of clients with special needs to alternate facilities if necessary. The Secretary may call upon any state agency or office to provide staff to assist these teams. Each team may include at least one representative from DOEA, DOH, DCF, Veterans' Affairs, AHCA, and APD.
National Association of PASRR Professionals (NAPP)		NAPP is a national organization of professionals who collaborate to improve the quality of long-term care for individuals with mental illness, developmental disabilities, and related conditions.
National Association of States United for Aging and Disabilities (NASUAD) Information and Referral/Assistance (I&R/A) Support Center Advisory Committee		The I&R/A Support Center Advisory Committee is intended to assist NASUAD and AoA in ensuring that human service agencies are connected with the individuals they serve. The committee strives to have representation from all regions of the country and from organizations with experience to help guide decisions about tools, technical assistance, and services. Advisory committee responsibilities include participation on the following: bi-monthly calls; survey development and review; development of online training modules; and outreach to potential members.
Rural Economic Development Initiative Committee	s. 288.0656, F.S.	This committee helps to guide the Rural Economic Development Initiative's efforts to better serve Florida's rural communities through a more focused and coordinated effort among state and regional agencies that provide programs and services for rural areas.
Safe Mobility for Life Coalition		The mission of this coalition is to improve the safety, access, and mobility of Florida's aging road users by developing a comprehensive strategic plan to reduce injuries and crashes among this vulnerable population.

<u>Work Group / Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Silver Alert Support Committee	Executive Order 08-211	This is a working committee established by the DOEA Secretary to bring stakeholders together to set responsibilities and develop working protocols for law enforcement and for the aging network. An additional responsibility is to develop and disseminate training materials for law enforcement and informational brochures, videos, and training materials for the network and general public.
State Mental Health Planning Council		The council oversees the U.S. Substance Abuse and Mental Health Services Administration application for block grant funding for mental health services in Florida and the service delivery by contractors.
State Plan on Aging Advisory Group		The State Plan Advisory Group was formed in November 2011 to develop recommendations for the plan. The advisory group is comprised of 17 member organizations from the aging network in Florida. The advisory group meets at least annually throughout the 2013-2016 period of the plan to assess progress toward the plan's goals, objectives, and strategies.
Weatherization Assistance Program (WAP) Advisory Council	2012 Consolidated Appropriations Act, Public Law No. 112-74, and continued in the 2013 Continuing Resolution, Public Law No. 112-175	The WAP Advisory Council oversees the implementation of WAP and the Florida Department of Economic Opportunity (DEO). The council reviews the annual state plans for WAP and DEO, as well as any proposed rule revisions.
Workforce Florida Board	ch. 445, F.S.	This is a 45-member board appointed by the Governor, which oversees and monitors the administration of the state's workforce policy, programs, and services, carried out by the 24 business-led Regional Workforce Boards and the Agency for Workforce Innovation. Direct services are provided at nearly 100 One-Stop Centers with locations in every county in the state.

LRPP EXHIBIT II: PERFORMANCE MEASURES AND STANDARDS

Department: Department of Elder Affairs	Department No.: 65
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Program: Services to Elders	Code: 65000000
Service/Budget Entity: Comprehensive Eligibility Services	Code: 65100200

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2015-16	Approved Prior Year Standard FY 2014-15	Prior Year Actual FY 2014-15	Approved Standard for FY 2015-16	Requested FY 2016-17 Standard
Percent of elders CARES determined to be eligible for nursing home placement who are diverted ⁴	30%	Data are not available	30%	Request deletion of measure
Number of CARES assessments	85,000	88,075	85,000	85,000
NEW MEASURE: Number of days for determination of medical eligibility (CARES) ⁵		6.26	Request addition of new measure	7 days

⁴ The Department is requesting deletion of this measure. With the implementation of the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program, diversion is no longer a responsibility of the CARES Program.

⁵ In place of the CARES outcome measure, the Department is requesting the addition of the following output measure: "Number of days for determination of medical eligibility (CARES)." The baseline year is State Fiscal Year (SFY) 2013-2014, and the requested standard is seven days.

Department: Department of Elder Affairs	Department No.: 65
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Program: Services to Elders	Code: 65000000
Service/Budget Entity: Home and Community Services	Code: 65100400

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2015-16	Approved Prior Year Standard FY 2014-15	Prior Year Actual FY 2014-15	Approved Standard for FY 2015-16	Requested FY 2016-17 Standard
Percent of most frail elders who remain at home or in the community instead of going into a nursing home ⁶	97%	Data are not available	97%	97%
Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours	97%	98%	97%	97%
Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups ⁷	\$3,988	Data are not available	\$3,988	\$1,000
Percent of elders assessed with high or moderate risk environments who improved their environment score	79.3%	71.2%	79.3%	79.3%
Percent of new service recipients with high-risk nutrition scores whose nutritional status improved ⁸	66%	65%	66%	Request deletion of measure
NEW MEASURE: Percentage of active clients eating two or more meals per day ⁹		95%	Request addition of new measure	95%
Percent of new service recipients whose ADL assessment score has been maintained or improved	65%	62%	65%	65%
Percent of new service recipients whose IADL assessment score has been maintained or improved	62.3%	62.6%	62.3%	62.3%

⁶ The Department is unable to report on this measure for SFY 2014-2015 because the associated risk score for this measure is no longer valid. An updated risk score is being developed.

⁷ The Department is unable to report on this measure for SFY 2014-2015 because the associated risk score for this measure is no longer valid. An updated risk score is being developed.

⁸ The Department is requesting deletion of this measure because it is based on nutritional risk factors that the Department's services cannot address. The Department is proposing the alternate measure below.

⁹ In place of the outcome measure above, the Department is requesting addition of the following outcome measure: "Percentage of active clients eating two or more meals per day." The baseline year is SFY 2013-14, and the requested standard is 95%.

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2015-16	Approved Prior Year Standard FY 2014-15	Prior Year Actual FY 2014-15	Approved Standard for FY 2015-16	Requested FY 2016-17 Standard
Percent of family and family-assisted caregivers who self-report they are very likely to continue to provide care ¹⁰	89%	Data are not available	89%	Request deletion of measure
Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor) ¹¹	90%	Data are not available	90%	Request deletion of measure
NEW MEASURE: After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care ¹²		90.7%	Request addition of new measure	86%
Average time in the Community Care for the Elderly Program for Medicaid Waiver probable customers	2.8 months	4.3 months	2.8 months	2.8 months
Percent of customers who are at imminent risk of nursing home placement who are served with community-based services	90%	91.3%	90%	90%
NEW MEASURE: Percentage of clients surveyed who believe services help them remain in their home or in the community ¹³		98%	Request addition of new measure	97%
NEW MEASURE: Percentage of clients surveyed who are satisfied with the services they receive ¹⁴		96%	Request addition of new measure	95%
NEW MEASURE: Number of elders with Alzheimer's disease or cognitive impairment served ¹⁵		48,958	Request addition of new measure	30,000
Number of elders served with registered long-term care services	186,495	233,428	186,495	186,495

¹⁰ The Department is requesting deletion of this measure because the data for this measure are no longer available. Following revision of the Department's 701B Comprehensive Assessment, this question is not asked during the caregiver assessment.

¹¹ The Department is requesting deletion of this measure because the data for this measure are no longer available. As part of the revision to the Department's 701B Comprehensive Assessment, this question was changed to ask caregivers about their confidence in their ability to continue to provide care without a companion question of the assessor. The Department is proposing the new measure below as an alternate, which reflects the new assessment question.

¹² As a replacement for the outcome measure above, the Department is requesting addition of the measure: "After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care." The baseline year is SFY 2013-14, and the requested standard is 86%.

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

¹⁴ The Department is requesting addition of the measure: "Percentage of clients surveyed who are satisfied with the services they receive." The baseline year is SFY 2012-13, and the requested standard is 95%.

¹⁵ The Department is requesting addition of the new output measure: "Number of elders with Alzheimer's disease or cognitive impairment served." The baseline year is SFY 2013-14, and the requested standard is 30,000.

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2015-16	Approved Prior Year Standard FY 2014-15	Prior Year Actual FY 2014-15	Approved Standard for FY 2015-16	Requested FY 2016-17 Standard
NEW MEASURE: Number of elders served with community-based long-term care services ¹⁶		1,118,543	Request addition of new measure	1,000,000
Number of congregate meals provided	5,300,535	5,330,443	5,300,535	5,300,535
NEW MEASURE: Number of home-delivered meals provided ¹⁷		7,785,252	Request addition of new measure	6,000,000
Number of elders served (meals, nutrition education, and nutrition counseling)	81,903	70,611	81,903	81,903
Number of elders served (caregiver support)	54,450	85,420	54,450	54,450
Number of elders served (early intervention/prevention)	355,908	804,600	355,908	355,908
Number of elders served (home & community services diversion) ¹⁸	51,272	31,866	51,272	Request deletion of measure
Number of elders served (long-term care initiatives) ¹⁹	12,150	1,277	12,150	Request deletion of measure
Number of elders served (residential assisted living support and elder housing issues) ²⁰	3,997	Data are not available	3,997	Request deletion of measure
Number of elders served (supported community care) ²¹	56,631	37,541	56,631	Request deletion of measure
NEW MEASURE Number of Community for a Lifetime communities ²²		127	Request addition of new measure	118

¹⁶ The Department is requesting addition of the following measure: “Number of elders served with community-based long-term care services.” The baseline year is SFY 2012-13, and the requested standard is 1,000,000.

¹⁷ The Department is requesting addition of the measure: “Number of home-delivered meals provided.” The baseline year is SFY 2013-14, and the requested standard is 6,000,000.

¹⁸ The Department is requesting deletion of this measure because it includes only a subset of clients receiving home and community-based services. As a replacement, the Department is requesting addition of the following measure: “Number of elders served with community-based long-term care services.”

¹⁹ The Department is requesting deletion of this measure because it includes only a subset of clients receiving home and community-based services. As a replacement, the Department is requesting addition of the following measure: “Number of elders served with community-based long-term care services.”

²⁰ The Department is requesting deletion of this measure. The only program within the activity of “Residential Assisted Living Support and Elder Housing Issues,” the Assisted Living Medicaid Waiver, was terminated in February 2014, when SMMC LTC was fully implemented.

²¹ The Department is requesting deletion of this measure because it includes only a subset of clients receiving home and community-based services.

²² The Department is requesting the addition of this measure in the Exhibit to ensure continuity with the Projection Tables included in this report.

Department: Department of Elder Affairs	Department No.: 65
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Program: Services to Elders	Code: 65000000
Service/Budget Entity: Executive Direction and Support Services	Code: 65100600

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2015-16	Approved Prior Year Standard FY 2014-15	Prior Year Actual FY 2014-15	Approved Standard for FY 2015-16	Requested FY 2016-17 Standard
Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions	1.8% / 22.2%	1.0% / 16.2%	1.8% / 22.2%	1.8% / 22.2%

Department: Department of Elder Affairs	Department No.: 65
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Program: Services to Elders	Code: 65000000
Service/Budget Entity: Consumer Advocate Services	Code: 65101000

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2015-16	Approved Prior Year Standard FY 2014-15	Prior Year Actual FY 2014-15	Approved Standard for FY 2015-16	Requested FY 2016-17 Standard
Percent of complaint investigations initiated by the ombudsman within seven (7) calendar days ²³	91	94%	Request revision of this measure	91%
Number of complaint investigations completed (long-term care ombudsman council) ²⁴	8,226	4,900	Request deletion of this measure	
NEW MEASURE: Percent of complaint investigations completed by the ombudsman within 90 calendar days ²⁵		89%	Request addition of new measure	94%
Percent of service activities on behalf of frail or incapacitated elders initiated by public guardianship within five (5) days of receipt of request	100%	96%	100%	100%
Number of judicially approved guardianship plans including new orders	2,000	3,329	2,000	2,000

²³ The Long-Term Care Ombudsman Program is requesting revision of this measure due to a change in federal reporting requirements. The previous measure “*Percent of complaint investigations initiated by the ombudsman within five (5) working days*” is replaced with “*Percent of complaint investigations initiated by the ombudsman within seven (7) calendar days.*”

²⁴ The Long-Term Care Ombudsman Program is requesting deletion of this measure due to a change in federal reporting requirements.

²⁵ As a replacement for the output measure above, the Long-Term Care Ombudsman Program is requesting addition of the outcome measure: “*Percent of complaint investigations completed by the ombudsman within 90 calendar days.*” This figure will include cases that have been granted an extension. These cases cannot be identified in the current tracking system and negatively affect the measure. The baseline year is SFY 2013-14, and the requested standard is 94%.

Recommendations: The Department is requesting a delay in reporting until next SFY when an updated nursing home risk score calculation becomes available.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
66%	65%	1% Under	1.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation: The current nutrition score is based on the assessment of client conditions (as recorded on the 701B Comprehensive Assessment), some of which are not affected or improved with the provision of home and community-based services. The questions that our services cannot impact include the following: “Do you take three or more prescribed or over-the-counter medications a day?” and “Do you have any problems that make it hard for you to chew or swallow?”

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: The Department is requesting the deletion of this measure, which is to be replaced with the new measure “Percentage of active clients eating two or more meals per day,” which is a measure that services can affect. Not eating at least two meals a day is a warning sign for poor nutritional health. Measuring the percentage of clients who are eating two or more meals will quantify the effectiveness of the Department’s programs.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
65%	62%	3% Under	4.6%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

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

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
90%	Data are not available	Unable to report	Unable to report

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

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

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

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

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
12,150	1,277	10,873 Under	89.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation: The Department is requesting deletion of this measure because it includes only a subset of clients receiving home and community-based services.

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

- Training Technology
 Personnel Other (Identify)

Recommendations: As a replacement, the Department is requesting addition of the measure: "Number of elders served with community-based long-term care services."

with community-based long-term care services). Having a measure that focuses only on clients served under two small programs does not seem warranted as services provided under these two programs do not differ in any meaningful way from other home and community-based programs.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
91%	94%	3% Over	3%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

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

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

- Training Technology
 Personnel Other (Identify)

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

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	96%	4% under	4%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

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

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: With the implementation of the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program as of March 1, 2014, CARES will no longer be responsible for diverting elders who are eligible for nursing home placement to a home or community-based setting. Under SMMC LTC, it is the managed care plan's responsibility to determine the most appropriate setting for a client. Therefore, data for this measure will no longer be available.

The Data Sources and Methodology, Validity, and Reliability listed below were applicable to this measure last used in the Long-Range Program Plan for fiscal years 2014-15 through 2018-19.

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

CARES is the nursing home pre-admission screening program. The assessments conducted by CARES are part of the process to assist elders and individuals with disabilities in receiving appropriate services through Florida Medicaid. The total number of assessments includes all assessments conducted by CARES staff for individuals seeking nursing home placement or entry into the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program or the Program for All-Inclusive Care for the Elderly (PACE) during the fiscal year.

Validity: CARES staff identify individuals' long-term care needs, determine the level of care required to meet those needs, and, if appropriate, suggest less restrictive alternatives. These activities allow elders and adults with disabilities to live safely at home or in a community setting rather than in a nursing home, helping to eliminate inappropriate institutionalization. Long-term care services are then provided in accordance with personal choice and in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency. (Section 430.03(10) and (14), Florida Statutes).

Reliability: CARES staff has used the CIRTS application to capture assessment data for more than 12 years. DOEA policy requires the completion of assessments within specified timeframes and staff must notify their supervisor and provide documentation in CIRTS case notes when predetermined time standards are not met. Assessments entered in CIRTS cannot be deleted without approval by a supervisor and a history of every change made to assessment data input by CARES staff is maintained in the database.

CARES supervisors, on a monthly basis, use CIRTS screens and online reports to verify the number, accuracy, and timeliness of assessments input into CIRTS. In addition, designated monitoring staff at DOEA complete an analysis of CIRTS data to determine compliance with performance measures. Any discrepancies are forwarded to the CARES Registered Nurse Consultant who reviews CARES data entries and case notes to determine whether remediation is required.

Online reports are available that show the number of assessments conducted and the number of assessments that are overdue, which are run at multiple times for previous periods. The trend

line in the total number of assessments from year to year demonstrates the methods used to collect the data are sensitive and reliable enough to detect historical changes that have taken place.

With the implementation of the SMMC LTC in 2013 and 2014, the number of on-site assessments conducted is expected to increase as new populations, such as individuals with developmental disabilities, require a CARES assessment in order to enroll. As the methods of data collection have shown to be sensitive and reliable in detecting past historical changes, the point-in-time estimates occurring within the interval of transition from waiver to SMMC LTC are expected to illustrate this anticipated increase in the number of CARES assessments.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

This measure is calculated by identifying the number of days between the receipt by CARES (Comprehensive Assessment and Review for Long-term Care Services) of the forms completed by the applicant's physician demonstrating the need for nursing facility care to the date the level of care (medical eligibility for Medicaid services) is determined.

Under the new Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program, CARES is responsible for completing the initial comprehensive assessment and for determining the medical eligibility of applicants for SMMC LTC services. According to the 2008 interagency agreement DOEA has with the Agency for Health Care Administration (AHCA), each determination of medical eligibility must be completed within 15 workdays of receipt of the staffing information, with the exception of determinations defined in Section 430.705 (5), Florida Statutes, as "Medicaid Pending," which must be completed within 22 days. Florida, along with others states, has taken steps to shorten the time needed to determine medical eligibility. Florida has developed a single point of entry system to centralize and streamline access to elder care services and the Florida Legislature authorized a Medicaid Pending status for clients under which providers can begin serving clients who meet medical criteria, even if financial eligibility has not yet been determined.

Validity: This is an appropriate measure of output for the CARES Program, which receives federal funding to ensure that individuals applying for Medicaid nursing home care and SMMC LTC home and community-based services meet the appropriate criteria.

Reliability: CARES staff has used CIRT.S to report and track client information for more than 12 years. CARES supervisors, on a monthly basis, use CIRT.S screens and online reports to verify the number, accuracy, and timeliness of assessments input into CIRT.S. In addition, designated monitoring staff at DOEA complete an analysis of CIRT.S data to determine compliance with performance measures. Any discrepancies are forwarded to the CARES Registered Nurse Consultant who reviews CARES data entries and case notes to determine whether remediation is required.

Online reports are available that show detailed summaries of client cases and reliability is determined through analyzing the consistency of CARES Program data over time. An analysis of the consistency of this measure is currently underway, with state fiscal year 2013-2014 as the base-line year and a standard of seven days.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: The Department is requesting not to report on this measure for State Fiscal Year (SFY) 2014-2015. The methodology used to collect the data for this measure includes selecting clients who are most frail – the top quintile of nursing home risk scores. The Department released a revised 701B Comprehensive Assessment in July 2013 and a new nursing home risk score calculation was created after the assessment instrument was revised. Subsequently, the recalculated risk score was deemed not valid. The Department is currently updating the methodology used to calculate nursing home risk scores.

The Data Sources and Methodology, Validity, and Reliability listed below were applicable to this measure last used in the Long-Range Program Plan for fiscal years 2014-15 through 2018-19.

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

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

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

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

* Florida completed the implementation of the Statewide Medicaid Managed Care Long-term Care Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult Medicaid Waiver, Consumer Directed Care Plus, Assisted Living Medicaid Waiver, Channeling Waiver, and Long-term Care Community Diversion Pilot Project (also referred to as Nursing

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

This measure focuses on victims reported to have been abused, neglected, or exploited who are in need of immediate protection to prevent further harm, which can be accomplished completely or in part through the provision of home and community-based services. Clients are tracked to determine when services were received.

Validity: Identifying the percentage of APS referrals who receive services within 72 hours underscores the Department's efforts to promote the tertiary prevention of neglect, abuse, or exploitation of elders unable to protect their own interest (Section 430.03(13), Florida Statutes). Referral data entered into the ARTT by APS are reviewed by the Community Care for the Elderly lead agency receiving the referral, along with the information packet received from APS via fax. Services provided to individuals referred by APS are recorded in CIRTS and include the date the service was provided. If an individual cannot be served, providers are required to indicate the reason in CIRTS.

Reliability: This measure is reliable because the method of counting the number of people referred and served is consistently applied and viewable via an online report. The Department has developed online reports that allow this measure to be tracked at any time statewide or by Planning and Service Area to determine whether services are being provided within the 72-hour time frame. Department and Area Agency on Aging (AAA) staff review specific documentation to ensure the accuracy of ARTT and CIRTS data. The documentation reviewed includes data entered into ARTT and CIRTS, client files, care plans, and provider records. These records indicate whether clients who were referred from APS were assessed, whether appropriate services were delivered within 72 hours of receipt of the referral, and whether follow-up contact was made within 14 days to verify receipt of services.

Contracts with the AAAs require timely and accurate entry of service provision in CIRTS. AAAs review monthly CIRTS reports to verify the accuracy of client and service data in CIRTS before approving any requests for payment. AAAs also conduct data entry error reviews and submit reports to the DOEA to ensure error rates are not exceeding one percent as well as complete comparative analyses on a random sampling of client files to verify CIRTS accuracy. In addition, the Department's annual monitoring activities include a review of CIRTS for data accuracy.

Training is also required for users of the ARTT. In addition, referrals entered into the ARTT require the approval/signature of a supervisor and referrals cannot be deleted. All changes made to services reported in CIRTS are tracked and changes to any records pertaining to APS referrals can be identified.

Reliability is also determined by analyzing the consistency of findings over time. From 2009 to 2014, the percent of APS referrals who are in need of immediate services to prevent further harm who are served within 72 hours has remained constant between 98-100 percent.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: The Department is requesting not to report on this measure for State Fiscal Year (SFY) 2014-2015. This performance measure uses a weighted risk score as a proxy for the percentage of HCBS case months that would have been spent in a nursing home if those home and community-based services (HCBS) were not available. The Department released a revised 701B Comprehensive Assessment in July 2013 and a new nursing home risk score calculation was created after the assessment instrument was revised. Subsequently, the recalculated risk score was deemed not valid. The Department is currently updating the methodology used to calculate nursing home risk scores.

The Data Sources and Methodology, Validity, and Reliability listed below were applicable to this measure last used in the Long-Range Program Plan for fiscal years 2014-15 through 2018-19.

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

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

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

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

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

Reliability: Reliability was determined through comparison to other cost analyses that have been conducted nationally in relation to long-term care services. This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRT to be completed. Data for Medicaid programs are available from FMMIS when services are provided. Savings estimates have been consistent year-to-year.

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

This measure is based on responses to the Residential Living Environment section of the 701B Comprehensive Assessment, which is administered to all elders receiving case managed services. This measure represents the case manager's (CM) clinical judgment of risk in the client's home environment. Each CM is instructed to combine observation, direct questioning, and professional judgment when evaluating an individual's environment and identifying their risk level. CMs are required to evaluate the environment risk level based on the description that best illustrates the client's physical environment: no risk, minor risk, moderate risk, or high risk. This measure compares the client's prior moderate or high-risk score with the reassessed score to determine whether services affected the level of risk in each client's environment.

Validity: Recognizing the percentage of elders assessed with high or moderate risk environments who improved their environment score after service intervention underscores the Department's efforts to assist elders in securing needed services in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency. This measure also highlights the Department's efforts to promote the maintenance and improvement of physical well-being and mental health of elders (Section 430.03(10) and (11), Florida Statutes).

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

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

requirement, which works to minimize inter-rater differences by ensuring consistent training for all assessors and case managers administering the 701B. The assessor or case manager must score at least 90 percent on a test on use of the assessment tool given at the end of the training.

Instructions on how to complete the assessment form (701D) are available on the Department's website, which includes directions for completing the environmental questions. CMs are trained to indicate on the assessment form the specific areas where there are potential safety or accessibility problems. Along with marking environment hazards on a list provided in the assessments, CMs are instructed to write in any other observations that do not appear on the list and to provide specifics about the problems and areas in need of attention. CMs also indicate the immediacy of the need based on the danger to the individual, indicate their, as well as the individual's, concerns, and record any ideas they may have for fixing the environment problem. All noted problems and concerns are required to be recorded in the client's care plan as well.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

The Data Sources and Methodology, Validity, and Reliability listed below were applicable to this measure last used in the Long-Range Program Plan for fiscal years 2014-15 through 2018-19.

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

This measure is based on client responses to the Nutrition section of the 701A Condensed Assessment, 701B Comprehensive Assessment, and 701C Congregate Meals Assessment. This measure is the percentage of new clients who have maintained or improved their nutrition status score when reassessed one year later.

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

This measure is based on client responses to the Nutrition section of the 701A, 701B, and 701C assessment forms. This measure is the percentage of clients who indicated in their assessment that they are eating two or more meals a day.

Validity: Not eating at least two meals a day is a warning sign for poor nutritional health. Recognizing the percentage of active clients who are eating two or more meals per day underscores the Department's efforts to promote the maintenance and improvement of the physical well-being and mental health of elders (Section 430.03(11), Florida Statutes).

This measure is also included in the DETERMINE screening tool, a validated scale developed as part of the Nutritional Risk Initiative for the U.S. Administration on Aging. The Nutritional Risk Initiative was developed in order to address the prevalence of malnutrition among older adults. The DETERMINE tool is based on the following warning signs for poor nutrition: disease, eating poorly, tooth loss/mouth pain, economic hardship, reduced social contact, multiple medicines, involuntary weight loss/gain, needs assistance in self-care, and elder years above age 80. The scale has been tested for validity and reliability and is used in all 50 states in Older Americans Act-funded nutrition programs.²⁶

Reliability: When the new 701B Comprehensive Assessment was released in mid-July 2013, the Department initiated an accompanying comprehensive online training and certification requirement, which works to minimize inter-rater differences by ensuring consistent training for all assessors and case managers administering the 701B. The assessor or case manager must score at least a 90 percent on the test on use of the assessment tool given at the end of the training. Instructions on how to complete the assessment form (701D) are also available on the Department's website, which includes directions for completing the nutrition questions.

²⁶ Fanelli Kuczmariski, M. T., & Cooney, T. M. (2001). Assessing the Validity of the DETERMINE Checklist in a Short-Term Longitudinal Study. *Journal of Nutrition for the Elderly*, 20, 1-17.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

This measure is based on client responses to the Activities of Daily Living section of the 701B Comprehensive Assessment, which is administered to all elders receiving case managed services. This measure is the percentage of new clients in home and community-based service programs who have maintained or improved their ADL score when re-assessed one year later.

The scoring range for ADLs is 0 to 24. The self-care tasks associated with ADLs include bathing, dressing, eating, toileting, transferring, and walking/mobility. This measure focuses on new clients only since the greatest opportunity to achieve and measure an impact on a person's functional status is when they are new to home and community-based service programs.

Validity: Recognizing the percentage of clients who improve their functional status after service intervention underscores the Department's efforts to assist elders in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency. It also highlights the Department's efforts to promote the maintenance and improvement of the physical well-being and mental health of elders (Section 430.03(10) and (11), Florida Statutes).

Activities of daily living scales have been used in social service research for over 40 years (see the Katz Index of Independence) and ADL scores have been validated as a standard and appropriate way to measure an individual's functional abilities.

Reliability: When the new 701B Comprehensive Assessment was released in mid-July 2013, the Department initiated an accompanying comprehensive online training and certification requirement, which works to minimize inter-rater differences by ensuring consistent training for all case managers administering the 701B. The case manager must score at least 90 percent on the test on use of the assessment tool given at the end of the training. Instructions on how to complete the assessment form (701D) are also available on the Department's website, which includes directions for completing the ADL questions. The *Programs and Services Handbook*, available to AAAs and the case managers with whom they contract, also provides directions for completing the ADL questions.

An analysis of this measure over time shows the instrument has longitudinal reliability. The percentage of clients who have improved their functional status after service intervention has varied less than five percent from year to year.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

This measure is based on client responses to the Instrumental Activities of Daily Living section of the 701B Comprehensive Assessment, which is administered to all elders receiving case managed services. This measure is the percentage of new clients in home and community-based service programs who have maintained or improved their IADL score when reassessed one year later.

The scoring range for IADLs is 0 to 32 for tasks including heavy chores, housekeeping, making telephone calls, managing money, preparing meals, shopping, taking medications, and transportation ability. This measure focuses on new clients only because the greatest opportunity to achieve and measure an impact on a person's functional status is when they are new to home and community-based service programs

Validity: Recognizing the percentage of clients who improve their functional status after service intervention underscores the Department's efforts to assist elders in a manner that achieves or maintains autonomy and prevents, reduces or eliminates dependency. It also highlights the Department's efforts to promote the maintenance and improvement of the physical well-being and mental health of elders (Section 430.03(10) and (11), Florida Statutes).

Activities of daily living scales have been used in social service research for over 40 years (see the Lawton Instrumental Activities of Daily Living Scale) and IADL scores have been validated as a standard and appropriate way to measure an individual's functional abilities.

Reliability: When the new 701B Comprehensive Assessment was released in mid-July 2013, the Department initiated an accompanying comprehensive online training and certification requirement, which works to minimize inter-rater differences by ensuring consistent training for all case managers administering the 701B. The case manager must score at least 90 percent on the test on use of the assessment tool given at the end of the training. Instructions on completing the assessment form (701D) are also available on the Department's website, which includes directions for completing the IADL questions. The *Programs and Services Handbook*,

available to AAAs and the case managers with whom they contract, also provides directions for completing the IADL questions.

An analysis of the measure across time shows the instrument has longitudinal reliability. The percentage of clients who have improved their functional status after service intervention has varied less than five percent from year to year.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

The Data Sources and Methodology, Validity, and Reliability listed below were applicable to this measure last used in the Long-Range Program Plan for fiscal years 2014-15 through 2018-19.

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

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

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

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

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

received by clients, such as home-delivered meals or homemaking, all serve to primarily assist the client, but the caregiver also benefits.

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

The Data Sources and Methodology, Validity, and Reliability listed below were applicable to this measure last used in the Long-Range Program Plan for fiscal years 2014-15 through 2018-19.

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

This measure is based on a new question in the 701B Comprehensive Assessment, which is administered to all elders receiving case managed services. The question on the assessment instrument asks caregivers how confident they are that they will have the ability to continue to provide care. The response options are “very confident,” “somewhat confident,” and “not very confident.”

Validity: The Department released a revised 701B Comprehensive Assessment in July 2013. Prior to the release, the Department convened subject matter workgroups and experts in the field of caregiver support and services who recommended the wording now used for determining a caregiver’s ability to continue to provide care.

According to the rationale supporting the requested new measure, since the burden of providing care to a frail person erodes the caregiver’s ability to provide care, the intervention (services provided) is effective if it sustains or improves over time the ability of the caregiver to continue providing care. Recognizing the percentage of caregivers who self-report being confident about their ability to continue to provide care after service intervention highlights the Department’s efforts to aid in the support of families and other caregivers of elders (Section 430.03(15), Florida Statutes). Therefore, the percentage of caregivers whose scores remain or improve after intervention is a valid measure of success.

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

The Department has begun conducting detailed analyses of the assessment responses from the revised instrument. This includes analyzing the set of questions used to assess the level of difficulty caregivers are having in different aspects of their lives as a result of caring for a family member or friend. Results of preliminary analyses show that all caregiver questions are reliable and consistent in determining the level of difficulty a caregiver is feeling in different aspects of his or her life. A Cronbach's alpha of 0.861 indicates a good level of internal consistency. Because these questions hold strong internal consistency and reliability amongst each other, they can be used in a scale form to compare the connection of a caregiver's level of difficulty to other question within the Caregiver section of the assessment, including how the caregiver rates his or her ability to continue to provide care. For example, caregivers who have more difficulty in overall aspects of their lives will tend to have lower levels of confidence in continuing to care for their client.

Analysis of findings from the revised assessment instrument show that caregivers who did not feel very confident in continuing to provide care were the most likely to have a lot of difficulty in different aspect of their lives. In contrast, caregivers who reported being very confident that they can continue care represent over 90 percent of caregivers who were found to have "No Difficulty" in certain aspects of their lives.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

CIRTS reports are generated to determine the percentage of clients enrolled in the state general revenue funded Community Care for the Elderly (CCE) Program who are likely SMMC LTC eligible.

Validity: This measure assesses the optimal use of CCE resources. Recognizing the average time Medicaid waiver-probable clients spend in the CCE program underscores the Department's efforts to oversee the use of state funded programs for the state's elder population (Section 430.03(7), Florida Statutes). Reducing the number of clients served under CCE who could otherwise be served in SMMC LTC (which is funded in part with federal dollars) would allow more CCE program dollars to be used to serve individuals who do not qualify for Medicaid.

ADL limitations are a good proxy for the nursing home level of care required for Medicaid waiver eligibility, and self-declared income and assets are the best estimate of financial eligibility available. Clients may provide the estimated value of their assets or select from one of three asset categories. Eligibility for CCE services is not based on income or assets. Though clients are asked for their monthly income and total assets upon enrollment into the CCE program and again every year they remain enrolled, clients are allowed to refuse to provide this information.

Reliability: Contracts with the AAAs require timely and accurate entry of program enrollment data in CIRTS. AAAs review monthly CIRTS reports to verify the accuracy of client and service data in CIRTS before approving any requests for payment. AAAs also conduct data entry error reviews and submit reports to DOEA to ensure error rates are not exceeding one percent as well as complete comparative analyses on a random sampling of client files to verify CIRTS accuracy.

In addition, the Department's annual monitoring activities include a review of CIRTIS for data accuracy.

The *Programs and Services Handbook*, available to AAAs and the case managers with whom they contract, provides directions for the AAAs to enroll CCE clients in CIRTIS.

An analysis of this measure across time shows results have remained consistent. The average time Medicaid waiver-probable clients spend in the CCE program has varied less than five percent from year to year.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data sources for this measure are CIRTS and FMMIS.

This measure is the percentage of all individuals determined to be at imminent risk of nursing home placement who are served in home and community-based programs. Individuals are determined to be at imminent risk of nursing home placement if they are residing in the community and their mental or physical health condition has deteriorated to the degree that self-care is not possible, there is no capable caregiver, and nursing home placement is likely within a month or very likely within three months. In designating an individual imminent risk, the case manager must document in the client file how the client's situation meets these criteria.

The indicator is measured by obtaining a count of all individuals who were identified at the time of assessment to be at imminent risk of nursing home placement and a count of all who subsequently receive home and community-based services. The percentage is then calculated.

Validity: Individuals identified as being at imminent risk of nursing home placement have been shown to enter a nursing home, if not served, at a higher rate than individuals not identified as such. Recognizing the percentage of individuals deemed as imminent risk who are receiving home and community-based services underscores the Department's efforts to assist elders in securing needed services in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency (Section 430.03(10), Florida Statutes).

Reliability: Imminent risk designations are only made by a certified case manager after completing a comprehensive assessment and any client who the case manager considers imminent risk must be reviewed and approved by a supervisor. The case manager and supervisor must agree that nursing home placement is very likely to occur if services are not provided.

Contracts with the AAAs require timely and accurate entry of service provision in CIRTS. AAAs review monthly CIRTS reports to verify the accuracy of client and service data in CIRTS before approving any requests for payment. AAAs also conduct data entry error reviews and submit reports to the DOEA to ensure error rates are not exceeding one percent as well as complete comparative analyses on a random sampling of client files to verify CIRTS accuracy. Provider

incentive to overstate services provided is mitigated by the AAAs monitoring, which includes checking whether services received match services planned by the case managers. In addition, the Department's annual monitoring activities also include a review of CIRTS for data accuracy.

FMMIS is used to obtain information about Medicaid waiver clients age 60 and older who receive home and community-based services. FMMIS, the Medicaid information system operated by a vendor under contract with the Agency for Health Care Administration, is used to enroll Medicaid providers, process Medicaid claims, adjudicate Medicaid claims, accept and process encounter claims for data collection, and reimburse Medicaid providers. DOEA staff also monitor the accuracy of data reported in FMMIS for these individuals.

This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed. All changes made to CIRTS assessment and services data are tracked and any changes made can be identified. CIRTS and FMMIS are the best sources of data for General Revenue, Older Americans Act, Statewide Medicaid Managed Care Long-term Care, and PACE programs.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is the DOEA Client Satisfaction Survey, a 15-item survey the Department conducts annually of case-managed clients who are randomly selected from the Department’s largest programs.²⁷ The clients who are surveyed have been active in the program for at least three months and received services other than case management and meals within the last year. Before being surveyed, clients are informed that participation is optional and that their services will not be affected based on their participation in the survey. The number of completed surveys is determined to ensure a 90-percent confidence level.

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

Validity: The DOEA Client Satisfaction Survey was developed by individuals experienced with survey development and knowledge of the programs administered by the Department. The survey was developed after careful review of existing client satisfaction surveys such as the Consumer Assessment of Healthcare Providers and Systems, the Medicaid Home and Community-Based Services Experience Survey, and surveys developed by the Performance and Outcome Measures Project.

The DOEA Client Satisfaction Survey was designed to assess client satisfaction with the services they receive and the impact of the services on their lives. Recognizing the percentage of clients who believe the services they receive help them remain in their home or in the community underscores the Department’s efforts to assist elders in securing needed services in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency (Section 430.03(10), Florida Statutes).

Reliability: The DOEA Client Satisfaction Survey is a highly reliable instrument with an internal consistency of .87 as determined by Cronbach’s Alpha. An analysis of the consistency of

²⁷ Data for this measure is based on case-managed clients who are randomly selected from the Community Care for the Elderly (CCE) and Alzheimer’s Disease Initiative (ADI) programs.

this measure is currently underway, with state fiscal year 2012-2013 as the baseline year and a standard of 97 percent.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is the DOEA Client Satisfaction Survey, a 15-item survey the Department conducts annually of case-managed clients who are randomly selected from the Department’s largest programs.²⁸ The clients who are surveyed have been active in the program for at least three months and received services other than case management and meals within the last year. Before being surveyed, clients are informed that participation is optional and that their services will not be affected based on their participation in the survey. The number of completed surveys is determined to ensure a 90-percent confidence level.

Clients are contacted by telephone and are asked a number of questions about their satisfaction with the services they received. The last question (“Overall, how satisfied are you with the services you receive?”) is the question used for this measure. The response options are “very satisfied,” “satisfied,” “neither satisfied nor dissatisfied,” and “dissatisfied.” The number of clients who respond that they are “very satisfied” or “satisfied” is included in the measure’s numerator.

Validity: The DOEA Client Satisfaction Survey was developed by individuals experienced with survey development and knowledge of the programs administered by the Department. The survey was developed after careful review of existing client satisfaction surveys such as the Consumer Assessment of Healthcare Providers and Systems, the Medicaid Home and Community-Based Services Experience Survey, and surveys developed by the Performance and Outcome Measures Project.

The DOEA Client Satisfaction Survey was designed to assess client satisfaction with the services they receive and the impact of the services on their lives. Recognizing the percentage of clients who believe the services they receive help them remain in their home or in the community underscores the Department’s efforts to assist elders in securing needed services in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency (Section 430.03(10), Florida Statutes).

²⁸Data for this measure is based on case-managed clients who are randomly selected from the Community Care for the Elderly (CCE) and Alzheimer’s Disease Initiative (ADI) programs.

Reliability: The DOEA Client Satisfaction Survey is a highly reliable instrument with an internal consistency of .87 as determined by Cronbach's Alpha. An analysis of the consistency of this measure is currently underway, with state fiscal year 2012-2013 as the baseline year and a standard of 95 percent.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

Recognizing the number of elders with Alzheimer’s disease or cognitive impairment who are receiving services underscores the Department’s efforts to promote the maintenance and improvement of the physical well-being and mental health of elders (Section 430.03(11), Florida Statutes).

Reliability: The Department has begun conducting detailed analyses of the assessment responses from the revised instrument. Preliminary section-level validation testing reveals the Memory section has a high level of internal consistency and low measurement redundancy, as determined by a Cronbach’s Alpha of 0.847. All items used in the Memory Section have been found to contribute meaningfully in measuring memory impairment.

An analysis of the consistency of this measure is currently underway, with state fiscal year 2013-2014 as the baseline year and a standard of 30,000.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

The measure is a count of individuals enrolled and served in the Department's home and community-based service programs during a fiscal year. The count includes people who received a service under one or more of the following programs: Community Care for the Elderly; Statewide Medicaid Managed Care Long-term Care; Program of All Inclusive Care for the Elderly (CCE); Older Americans Act (OAA) Titles IIIB, IIIC1, IIIC2, IIID, and IIIE; Alzheimer's Disease Initiative; Local Services Program; and Emergency Home Energy Assistance Program. In addition, manual counts are included for the Memory Disorder Clinics and the Adult Care Food Program.

The indicator is measured by summing the number of people served according to these different sources.

Validity: Long-term care services allow elders and disabled adults to live safely at home or in a community setting rather than in a nursing home, helping to eliminate or delay institutionalization. Long-term care services are provided in accordance with personal choice and in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency (Section 430.03(10) and (14), Florida Statutes).

Reliability: CIRT is used statewide to identify the clients who received General Revenue and OAA-funded services, along with the date on which they received the services, the quantity of services, and the cost. Contracts with the AAAs require timely and accurate entry of service provision in CIRT. AAAs review monthly CIRT reports to verify the accuracy of client and service data in CIRT before approving any requests for payment. AAAs also conduct data entry error reviews and submit reports to the DOEA to ensure error rates are not exceeding one percent. They also complete comparative analyses on a random sampling of client files to verify CIRT accuracy. In addition, the Department's annual monitoring activities include a review of CIRT for data accuracy.

FMMIS is used to obtain information about Medicaid waiver clients who received home and community-based services. The Agency for Health Care Administration uses various monitoring procedures to maintain the integrity of recipient data in FMMIS. DOEA staff also monitor the accuracy of data reported in FMMIS for these individuals.

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

This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed.

Data for Medicaid programs are available from FMMIS when services are provided. The *Programs and Services Handbook*, available to AAAs and the case managers with whom they contract, provide directions for the AAAs to enroll CCE clients in CIRTS.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

The indicator is measured by summing the number of people served according to these different sources.

Validity: Home and community-based services allow elders and disabled adults to live safely at home or in a community setting rather than in a nursing home, helping to eliminate or delay institutionalization.

Home and community-based services are provided in accordance with personal choice and in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency (Section 430.03(10) and (14), Florida Statutes).

Reliability: CIRTIS is used statewide to identify the clients who received General Revenue and Older Americans Act funded services, along with the date on which they received the services, the quantity of services, and the cost. Contracts with the AAAs require timely and accurate entry of service provision in CIRTIS. AAAs review monthly CIRTIS reports to verify the accuracy of client and service data in CIRTIS before approving any requests for payment. AAAs also

conduct data entry error reviews and submit reports to the DOEA to ensure error rates are not exceeding one percent as well as complete comparative analyses on a random sampling of client files to verify CIRTS accuracy. In addition, the Department's annual monitoring activities include a review of CIRTS for data accuracy.

FMMIS is used to obtain information about Medicaid waiver clients age 60 and older who received home and community-based services. AHCA uses various monitoring procedures to maintain the integrity of recipient data in FMMIS. DOEA staff also monitor the accuracy of data reported in FMMIS for these individuals.

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

This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed. Data for Medicaid programs are available from FMMIS when services are provided. The *Programs and Services Handbook*, available to AAAs and the case managers with whom they contract, provides directions for AAAs to enroll Community Care for the Elderly clients in CIRTS.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data sources for this measure are CIRTSS and counts reported by the contract manager for the Adult Care Food Program.

Clients who received congregate meals funded by the Older Americans Act (OAA), Local Services Program, the Adult Care Food Program, and the High Risk Nutritional Program for the Elderly (Miami-Dade only) are included in this measure.

Congregate nutrition service providers are required to serve an annual average of at least one hundred meals per day, five days or more per week, within their designated service area AAAs are allowed to waive the average number of meals requirement only for providers in sparsely populated or rural areas.

Validity: One way to measure the success of congregate meal programs is identifying the number of congregate meals served. Congregate meal programs help promote the maintenance and improvement of the physical well-being and mental health of elders and disabled adults (Section 430.03(11), Florida Statutes).

Reliability: Most congregate meal counts are entered into CIRTSS. CIRTSS is used statewide to identify the clients who received General Revenue and OAA-funded services, along with the date on which they received the services, the quantity of services, and the cost. Contracts with the AAAs require timely and accurate entry of service provision in CIRTSS. AAAs review monthly CIRTSS reports to verify the accuracy of client and service data in CIRTSS before approving any requests for payment. AAAs also conduct data entry error reviews and submit reports to the DOEA to ensure error rates are not exceeding one percent as well as complete comparative analyses on a random sampling of client files to verify CIRTSS accuracy. In addition, the Department's annual monitoring activities include a review of CIRTSS for data accuracy.

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

AAAs are required to monitor their subcontractors at least once per year to ensure contractual compliance, fiscal accountability, programmatic performance, and compliance with applicable

state and federal laws and regulations. As part of their monitoring activities, AAAs are required to review documentation submitted by the nutrition providers for evidence that congregate meal sites are meeting the mandated requirements and to confirm nutrition providers have the required client records.

Reliability is also ensured through DOEA monitoring activities and quality assurance efforts. Data accuracy is confirmed through exception reports that are generated in CIRTS to help AAAs identify data deficiencies.

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

Clients who received home-delivered meals funded by the Older Americans Act (OAA), Community Care for the Elderly, Home Care for the Elderly, and Local Services Program are included in this measure.

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

Validity: One way to measure the success of home-delivered meal programs is identifying the number of home-delivered meals served. Home-delivered meal programs help promote the maintenance and improvement of the physical well-being and mental health of elders and disabled adults (Section 430.03(11), Florida Statutes).

Reliability: Most home-delivered meal counts are entered into CIRTS. CIRTS is used statewide to identify the clients who received General Revenue and OAA-funded services, along with the date on which they received the services, the quantity of services, and the cost. Contracts with the AAAs require timely and accurate entry of service provision in CIRTS. AAAs review monthly CIRTS reports to verify the accuracy of client and service data in CIRTS before approving any requests for payment. AAAs also conduct data entry error reviews and submit reports to the DOEA to ensure error rates are not exceeding one percent as well as complete comparative analyses on a random sampling of client files to verify CIRTS accuracy. In addition, the Department's annual monitoring activities include a review of CIRTS for data accuracy.

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

AAAs are required to monitor their subcontractors at least once per year to ensure contractual compliance, fiscal accountability, programmatic performance, and compliance with applicable state and federal laws and regulations. As part of their monitoring activities, AAAs are required to review documentation submitted by the nutrition providers to confirm they have the required client records.

Reliability is also ensured through DOEA monitoring activities and quality assurance efforts. Data accuracy is confirmed through exception reports that are generated in CIRTIS to identify any data deficiencies.

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

The data obtained from CIRTIS reports include clients in the Older Americans Act (OAA) Home-Delivered and Congregate Meal programs and the Local Services Program who received any of the following services: meals, nutrition education, and nutrition counseling. FMMIS, the Medicaid information system operated by a vendor under contract with the Agency for Health Care Administration, is the source for those served in the Statewide Medicaid Managed Care Long-term Care Program. FMMIS is used to enroll Medicaid providers, process Medicaid claims, adjudicate Medicaid claims, accept and process encounter claims for data collection, and reimburse Medicaid providers. Due to the umbrella nature of the report, the counts may also, to a lesser extent, include people who received nutrition services in other Department-administered programs, such as Community Care for the Elderly. Estimates are derived for the Adult Care Food Program based on the units of service provided and the contracted cost per participant.

The indicator is measured by summing the number of people served according to these different sources.

Validity: One way to measure the success of nutritional service programs is identifying the number of elders served. Nutritional service programs help promote the maintenance and improvement of the physical well-being and mental health of elders and disabled adults (Section 430.03(11), Florida Statutes).

Reliability: CIRTIS was chosen as a primary data source because it is the most complete source of participant data across programs and because it can create unduplicated counts. CIRTIS is used statewide to identify the clients who received General Revenue and OAA-funded services, along with the date on which they received the services, the quantity of services, and the cost. Contracts with the AAAs require timely and accurate entry of service provision in CIRTIS. AAAs review monthly CIRTIS reports to verify the accuracy of client and service data in CIRTIS before approving any requests for payment. AAAs also conduct data entry error reviews and submit reports to DOEA to ensure error rates are not exceeding one percent as well as complete

comparative analyses on a random sampling of client files to verify CIRTS accuracy. In addition, the Department's annual monitoring activities include a review of CIRTS for data accuracy. FMMIS is used to obtain information about Medicaid waiver clients age 60 and older who received home and community-based services. The Agency for Health Care Administration uses various monitoring procedures to maintain the integrity of recipient data in FMMIS. DOEA staff also monitor the accuracy of data reported in FMMIS for these individuals.

Manual counts and estimates are provided for smaller programs. For the Adult Care Food Program, estimates based on the units of service provided and the contracted cost per participant are obtained annually. For the Senior Farmers' Market Nutrition Programs, manual counts are provided by the contract manager annually. Since the services are not reported in CIRTS, the contract managers are responsible for providing accurate counts of clients served.

AAAs are required to monitor their subcontractors at least once per year to ensure contractual compliance, fiscal accountability, programmatic performance, and compliance with applicable state and federal laws and regulations. As part of their monitoring activities, AAAs are required to review documentation submitted by the nutrition providers to confirm they have the required client records.

Reliability is also ensured through DOEA monitoring activities and quality assurance efforts. Data accuracy is confirmed through exception reports that are generated in CIRTS to identify any data deficiencies.

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data sources for this measure are CIRTS, FMMIS, and manual reports provided by contract managers.

Data on caregiver services funded by General Revenue and the Older Americans Act (OAA), except for the National Family Caregiver Support Program (Title IIIE), is available in CIRTS. FMMIS is the source for the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program. FMMIS is used to enroll Medicaid providers, process Medicaid claims, adjudicate Medicaid claims, accept and process encounter claims for data collection, and reimburse Medicaid providers. Manual counts are provided for the Respite for Elders Living in Everyday Families (RELIEF) Program, Memory Disorder Clinics, the Brain Bank, the AmeriCorps Program, Senior Companion, and OAA Title IIIE.

For the programs that are not reported in CIRTS or FMMIS counts, of clients served are obtained through monthly and quarterly reports from the AmeriCorps Program, reports submitted on the monthly information sheets for the Senior Companion, annual reports from the Memory Disorder Clinics, the Monthly Standard Information Sheet for the RELIEF Program, and annual Area Agency on Aging (AAA) estimates for Title IIIE.

The indicator is measured by summing the number of elders served according to these different sources.

Validity: One way to measure the success of caregiver support programs is identifying the number of elders served. Caregiver support programs aid in the support of families and other caregivers of elders (Section 430.03(15), Florida Statutes).

Reliability: CIRTS is the best data source for General Revenue and OAA programs. CIRTS is used statewide to identify the clients who received General Revenue and OAA-funded services, along with the date on which they received the services, the quantity of services, and the cost. It is the most complete source of participant data across programs and can create unduplicated client counts. FMMIS is the best source for SMMC LTC data.

Contracts with the AAAs require timely and accurate entry of service provision in CIRTS. AAAs review monthly CIRTS reports to verify the accuracy of client and service data in CIRTS before

approving any requests for payment. AAAs also conduct data entry error reviews and submit reports to the DOEA to ensure error rates are not exceeding one percent as well as complete comparative analyses on a random sampling of client files to verify CIRTS accuracy. In addition, the Department's annual monitoring activities include a review of CIRTS for data accuracy.

The number of people served under the AmeriCorps Program is obtained through monthly progress reports, contracts, and their web-based reporting system. RELIEF Program data are obtained from the Monthly Standard Information Sheet; Senior Companion data are obtained from reports providers submit monthly; and IIIE Program data are based on estimates the AAAs provide as part of the federal National Aging Program Information System (NAPIS). The data collection efforts described above are appropriate for capturing the number of clients served.

AAAs are required to monitor their subcontractors at least once per year to ensure contractual compliance, fiscal accountability, programmatic performance, and compliance with applicable state and federal laws and regulations. As part of their monitoring activities, AAAs are required to review documentation submitted by the caregiver support providers to confirm they have the required client records.

Reliability is also ensured through DOEA monitoring activities and quality assurance efforts. Data accuracy is confirmed through exception reports that are generated in CIRTS to identify any data deficiencies.

This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed. All changes made to CIRTS services data are tracked and any changes made can be identified. Data for both Medicaid programs are available from FMMIS when services are provided. The *Programs and Services Handbook*, available to AAAs and the case managers with whom they contract, provides directions for AAAs to enroll clients in CIRTS.

Reliability, determined through audits and client interviews, is above 95 percent for the AmeriCorps Program because of the documentation and auditing required. Requiring the Monthly Standard Information Sheet in the contracts helps to ensure the data for the RELIEF Program is reliable. The detailed documentation provided by the Senior Companion program, which includes a signed enrollment form with the name, address, telephone number, and date of birth; a signed designation of beneficiary; the name of the Senior Companions volunteer station(s); the Senior Companions service schedule and verification of actual hours served; a copy of the current volunteer assignment plan, and the annual performance appraisal, helps to ensure the Senior Companion data is reliable.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

Health and Wellness Initiatives use monthly reports to gather data on evidence-based interventions funded by Older Americans Act Title IIIID. The projected number of elders served under the health and wellness initiatives is based on the number of clients participating in these evidence-based interventions.

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

The data on EHEAP and Elder Helpline information, referral, and assistance are maintained electronically and extracted from CIRTS. The Elder Helplines use a common internet accessible Information and Referral (I&R) software system, ReferNet, designed for I&R networks with multiple member organizations. The system records caller/client contact information and provides access to service provider resource data.

The indicator is measured by summing the number of elders served according to these different sources.

Validity: One way to measure the success of early intervention/prevention programs is identifying the number of elders served. Early intervention/prevention programs assist elders in

securing needed services in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency (Section 430.03(10), Florida Statutes).

Reliability: The SHINE reporting form is an appropriate method for collecting volunteer hours. An analysis of data during desk reviews helps to ensure accuracy of data and contract compliance for the SHINE Program. A list of evaluation items are incorporated into each desk review which include a review of: work plans and quarterly reports, training schedules, and supporting documentation of training volunteers, documentation of outreach efforts, a list of SHINE volunteers, and other programmatic information.

The Health and Wellness Initiatives methods for collecting data are appropriate. Accuracy of the data provided by the Health and Wellness Initiatives is established through periodic site visits and quality assurance checks conducted by the Department's contract manager. As a part of the contract manager's desk review, a list of evaluation items is included to help ensure contract compliance. This list includes a review of: documentation to support the completion of outreach projects; documentation that reflects AAA staff members are facilitating and coordinating health promotion activities; documentation that supports the completion of at least one evidence-based project; pre/post surveys of presentations and programs conducted; work plans and quarterly reports; records of volunteer activities including logs containing the total number of hours and affiliated organization; and other resources/data used in program planning.

Attendance sheets from training sessions are a practical and appropriate method of obtaining client counts for Elder Abuse Prevention Education programs. An analysis of data during desk reviews helps to ensure the accuracy of data and contract compliance for Elder Abuse Prevention Education programs. A list of evaluation items is incorporated into each desk review which includes a review of annual work plans, public service announcements (one per quarter), documentation of training for professionals (sign-in sheets and evaluations), and samples of working agreements with other organizations.

Reporting Elder Helpline data in CIRTS is an appropriate method of obtaining client counts. Elder Helpline staff at the ADRC maintain records of the incoming contacts, which include phone calls, emails, letters, and walk-in visits. DOEA established guidelines with the ADRCs to ensure each is documenting and reporting contacts in the same way, including the reasons for the contact, contact type, and needs identified. In addition, data is reported in accordance with Alliance of Information and Referral Systems standards and common reporting methods to ensure the accuracy of Elder Helpline data. ADRCs enter into CIRTS (as units of I&R service) the number of contacts recorded in ReferNet.

Efforts to ensure reliability of SHINE Program data are established through SHINE Program reviews of the volunteer reporting forms by the local coordinators. It is important to note that many volunteers do not report the hours of service they provide. Therefore, the hours counted by the volunteers who do report their time is actually an under-representation of the total hours of volunteer service.

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

Efforts to ensure reliability of Elder Abuse Prevention Education data are established through desk reviews of Elder Abuse Prevention Education programs. These reviews take into account documentation of training professionals, including sign-in sheets and evaluations.

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: The Department is requesting a deletion of this measure. Because all except one of the programs in the Home and Community Services Diversions activity ended on February 28, 2014, the Department is requesting deletion of this output measure. The transition to the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program was completed March 2014. The legislation required that the Aged and Disabled Adult (ADA) Medicaid Waiver (including Consumer Directed Care [CDC+]), the Channeling Waiver, and the Long-term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD), programs included in this activity, be terminated upon the successful implementation of SMMC LTC. Currently, this measure only reports on the number of elders served under the Community Care for the Elderly (CCE) program.

The Data Sources and Methodology, Validity, and Reliability listed below were applicable to this measure last used in the Long-Range Program Plan for fiscal years 2014-15 through 2018-19.

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

The number of clients served under CCE was obtained from CIRTIS. The number of clients served under one of the Medicaid waiver* programs (ADA Medicaid Waiver, including CDC+; Channeling Waiver; and NHD) was based on paid claims data in FMMIS.

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

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

Validity: Contracts with the AAAs require timely and accurate entry of service usage in CIRTIS. Payment to the AAAs for services invoiced are required to match the service data recorded in

CIRTS. The Department's annual monitoring activities include a review of CIRTS for data accuracy.

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

* Florida completed the implementation of the SMMC LTC Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: ADA Medicaid Waiver, CDC+, Assisted Living Medicaid Waiver, Channeling Waiver, and NHD. The Program for All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: The Department is requesting a deletion of this measure. Because all except one program in the Long-term Care Initiatives activity ended on February 28, 2014, the Department is requesting deletion of this output measure. The transition to the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program was completed March 2014. The legislation required that the Long-term Care Community Diversion Pilot Project, the other program included in this activity, be terminated upon the successful implementation of SMMC LTC. Currently, this measure only reports on the number of elders served under the Program of All Inclusive Care for the Elderly (PACE).

The Data Sources and Methodology, Validity, and Reliability listed below were applicable to this measure last used in the Long-Range Program Plan for fiscal years 2014-15 through 2018-19.

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

Paid claims data from FMMIS is used to calculate an unduplicated count of Long-term Care Community Diversion Pilot Project* and PACE participants.

With the implementation of SMMC LTC and the termination of the Long-term Care Community Diversion Pilot Project, PACE will be the only program remaining in the Long-term Care Initiatives activity in SFY 2014-15.

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

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

* Florida completed the implementation of the SMMC LTC Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult Medicaid Waiver, Consumer Directed Care

Plus, Assisted Living Medicaid Waiver, Channeling Waiver, and Long-term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). PACE is the only Medicaid program serving the elderly that continues to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

The Data Sources and Methodology, Validity, and Reliability listed below were applicable to this measure last used in the Long-Range Program Plan for fiscal years 2014-15 through 2018-19.

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

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

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

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

Reliability:

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: The Department is requesting the deletion of this measure. This measure only includes clients served under the Older Americans Act (OAA) Title IIIB and the Local Services Programs (LSPs). Clients served under these programs are also included in other measures (Number of elders served with registered long-term care services and Number of elders served with community-based long-term care services). Having a measure that focuses only on clients served under the OAA Title IIIB and LSP does not seem warranted as services provided under these two programs do not differ in any meaningful way from other home and community-based programs.

The Data Sources and Methodology, Validity, and Reliability listed below were applicable to this measure last used in the Long-Range Program Plan for fiscal years 2014-15 through 2018-19.

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

CIRTS is used to calculate the number of participants in OAA Title IIIB (Supportive Services and Senior Centers) and LSPs (for non-meals services).

The indicator is measured by summing the unduplicated participants across the Planning and Service Areas.

Validity: Contracts with the AAAs require timely and accurate entry of service provision in CIRTS. AAAs review monthly CIRTS reports to verify the accuracy of client and service data in CIRTS before approving any requests for payment. AAAs also conduct data entry error reviews and submit reports to the DOEA to ensure error rates are not exceeding one percent as well as complete comparative analyses on a random sampling of client files to verify CIRTS accuracy. In addition, the Department's annual monitoring activities include a review of CIRTS for data accuracy.

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

In LAS/PBS, the data are obtained from the prior year actual expenditures (Column A36). The Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program expenditures, which are administered by the Department but billed through FMMIS, are manually added to the total agency cost.

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

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

The same major elements are used for comparison from year to year. For the agency administrative costs as a percentage of total agency costs, the Department compares the appropriation for the Executive Direction and Support Services budget entity to the total budget for the Department, including the appropriation for SMMC LTC, which is located in the Agency for Health Care Administration's budget. For the agency administrative positions as a percent of total agency positions, the Department compares the authorized FTE in the Executive Direction and Support Services Budget entity to the total authorized FTE for the Department.

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

Reliability: Reliability is determined through analysis of the Department's budget over time. The measure has remained consistent, with results varying less than three percent from year to year.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: DOEA is requesting a change to the measure's time frame from five working days to seven calendar days. This change in the number of days to initiate a complaint investigation has been adopted in the Florida Administrative Code (58L-1.007(1)(b) and (2)(a)).

Data Sources and Methodology: The data source for this measure is the Long-Term Care Ombudsman Program (LTCOP) investigation data, which is collected and stored in each District Ombudsman Office and compiled annually at the state office.

The number of complaints investigated is determined by reviewing the investigation data. An ombudsman investigates a complaint by conducting interviews, making observations, and reviewing records with appropriate consent. An investigation is initiated when the ombudsman makes contact with the complainant or resident. The investigation must be initiated no later than seven (7) calendar days after the complaint is received, pursuant to rule 58L-1.007(2)(a), Florida Administrative Code. For any case where a complaint investigation is not initiated within seven (7) calendar days, the Regional Ombudsman Manager must be notified with the reason why there was a delay in initiation and that reasoning must also be documented in the case recording notes.

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

Validity: Identifying the percent of complaint investigations initiated by LTCOP within seven (7) calendar days underscores the Department's efforts in promoting the prevention of neglect, abuse, or exploitation of elderly persons unable to protect their own interest (Section 430.03(13), Florida Statutes).

The investigation data as the measuring instrument is appropriate for use for this measure. The summary of the outcome of the complaint is included and accurately reflects the status of the complaint, including the date the complaint was received, the date the investigation was initiated, and the date the investigation was completed.

Reliability: The data regarding the number of complaints received, and when they are investigated, are reported in the LTCOP Web Application. Continuing efforts are made to ensure data accuracy in the LTCOP Web Application, including file reviews, monitoring, and on-going oversight by the District Ombudsman Manager, Regional Ombudsman Manager, and other ombudsman staff

The Ombudsman Program has been tracking complaint data for many years and reliability is determined through analyzing the consistency of findings over time. Evaluation of historical Ombudsman Program data shows this measure has remained consistent, with results varying less than five percent from year-to-year.²⁹

²⁹ The last analysis of historical trends in Ombudsman Program data included the old reporting measure “Percent of complaint investigations initiated by the Ombudsman within five (5) working days”.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

The Data Sources and Methodology, Validity, and Reliability listed below were applicable to this measure last used in the Long-Range Program Plan for fiscal years 2014-15 through 2018-19.

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for the measure is the Long-Term Care Ombudsman Program (LTCOP) investigation data, which is collected and stored in each District Ombudsman Program Office and compiled at the state office.

The number of complaints investigated is determined by reviewing the investigation data. An ombudsman investigates a complaint by conducting interviews, making observations, and reviewing records with the appropriate consent. An investigation is initiated when the ombudsman makes contact with the complainant or resident. Some complaints may take months to complete because of the complexity of the issue involved. While the ombudsman strives to resolve a complaint to the satisfaction of the resident(s) involved, a complaint investigation must be completed within 90 calendar days after receiving the complaint, unless an extension has been granted by the District Ombudsman Manager, pursuant to rule 58L-1.007(2)(d), Florida Administrative Code.

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

Validity: Identifying the percent of complaint investigations completed by LTCOP within 90 calendar days underscores the Department's efforts in promoting the prevention of neglect, abuse, or exploitation of elders unable to protect their own interests (Section 430.03(13), Florida Statutes).

The investigation data as the measuring instrument is appropriate to use for this measure. The summary of the outcome of the complaint is included and accurately reflects the status of the complaint, including the date the complaint was received, the date the investigation was initiated, and the date the investigation was completed.

Reliability: The data regarding the number of complaints received, and when they are investigated, is reported in the LTCOP Web Application. Continuing efforts are made to ensure data accuracy in the LTCOP Web Application, including file reviews, monitoring, and on-going oversight by the District Ombudsman Manager, Regional Ombudsman Manager, and other ombudsman staff.

The Ombudsman Program has been tracking complaint data for many years and reliability is determined through analyzing the consistency of findings over time. The Department has requested the addition of this measure due to a change in reporting requirements. Analysis of the consistency of this measure is currently underway, with 2013-2014 as the baseline year and 94 percent as the requested standard.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is collected through annual reports provided by each of the circuit courts with an Office of Public Guardian (OPG).

Each OPG operates independently under the direction of the local circuit court. Each office keeps a record of the total number of guardianship orders, the date the request came in, and when activity was initiated on behalf of the clients, pursuant to Section 744.708, Florida Statutes. The indicator is measured by dividing the total number of requests by the number that had activity initiated within five days of receipt of the request in order to obtain the percentage.

Validity: This measure is appropriate for determining the timeliness of response to requests for assistance. Identifying the timeliness of service activity on behalf of frail or incapacitated elders initiated by public guardianship, and ensuring that the majority of cases are attended to within five (5) days of receipt of request, is an important measure of OPG performance because of the level of vulnerability of elders unable to protect their own interests. The measure underscores the intensity of the Department's commitment to the prevention of neglect, abuse, or exploitation of elders, and ensures each case is handled properly (Section 430.03(13), Florida Statutes).

Reliability: This measure is based on data submitted through annual reporting by each OPG. Chapter 744 of the Florida Statutes, and the Probate Rules of Court define the service and reporting requirements of public guardians. Each public guardian is required to file an annual report, which contains information regarding the total number of plans, the date a request is received, and when activity was initiated.

Continuing efforts are made to improve the accuracy of guardianship data, including file reviews, monitoring, and on-going oversight by the Statewide Public Guardianship Office (SPGO). In 2014, in efforts to improve existing monitoring activities, SPGO created a pre-monitoring questionnaire to provide for more desk monitoring and incorporated the use of the Estate Management System database to prepare for monitoring visits and to review program reports. SPGO also increased the number of ward and facility visits made to each program.

Reliability is determined by analyzing the consistency of findings over time. From 2009 to 2014, the percent of service activity initiated by public guardianship within five (5) days of receipt of request has been stable at 99 percent.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is collected through annual reports provided by each of the circuit courts with an Office of Public Guardian (OPG).

Each OPG operates independently under the direction of the local circuit court. Each office keeps a record of the total number of plans, which is its current caseload and new orders, pursuant to Section 744.708, Florida Statutes.

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

Validity: This measure is appropriate for determining whether the majority of the plans developed by a guardianship office receive a judge's approval that the ward's best interest and safety are being considered. If the guardianship plan is not satisfactory, the court has an opportunity to disapprove the plan and require an alternate approach. Identifying the number of judicially approved guardianship plans underscores the Department's efforts in promoting the prevention of neglect, abuse, or exploitation of elders unable to protect their own interests (Section 430.03(13), Florida Statutes).

Reliability: This measure is based on data submitted through annual reporting by each OPG. Reliability is established through reporting requirements and monitoring efforts of each of the OPGs, which keep a record of the number of plans submitted and approved by the circuit court and new orders.

Chapter 744 of the Florida Statutes, and the Probate Rules of Court define the service and reporting requirements of public guardians. Each public guardian is required to file an annual report, which contains information regarding the total number of plans, the date a request is received, and when activity is initiated.

Continuing efforts are made to improve the accuracy of guardianship data, including file reviews, monitoring, and on-going oversight by the Statewide Public Guardianship Office (SPGO). In 2014, in efforts to improve existing monitoring activities, SPGO created a pre-monitoring questionnaire to provide for more desk monitoring and incorporated the use of the

Estate Management System database to prepare for monitoring visits and to review program reports. SPGO also increased the number of ward and facility visits made to each program.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: Number of Communities for a Lifetime communities

Action (check one):

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

Data Sources and Methodology: The data source for this measure is collected through reports provided by each community in partnership with Communities for a Lifetime (CFAL).

In 2001, the CFAL initiative was implemented to meet community living needs of elders and to enable elders to age in place by making their communities more senior-friendly. By October 2014, a total of 127 Florida cities, counties, towns, and villages were CFAL partners. CFAL communities are encouraged to form a committee, complete a self-assessment, and maintain an inventory of service opportunities through a survey. CFAL communities also develop and submit action plans to the Department. This information is compiled by DOEA, which maintains a file of each CFAL community. This file is the repository for all materials related to action by the community.

Validity: The major goals of CFAL are to foster the quality of life for all residents through the provision of needed services, amenities, and opportunities and to encourage intergenerational living. CFAL communities also support the independence of elders and their ability to stay in their community as they age. Identifying the number of CFAL communities underscores the Department's efforts to assist elders in securing needed services in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency (Section 430.03(10), Florida Statutes).

Reliability: This measure is based on data submitted through reporting by each community in partnership with Communities for a Lifetime. Reliability is established through reporting requirements, monitoring, and quality assurance efforts of DOEA which are in place to ensure that policies and practices of CFAL communities comply with state and federal rules and regulations, meet standards of good governance within the industry, produce outcomes consistent with DOEA's statutory mission and focus, and achieve federally mandated performance measures.

Documents reviewed during on-site monitoring and quality assurance evaluations include the following: participant files, completed host site assessment/monitoring forms, host site agency agreements, host site safety checks, direct supervision reports (weekly), property inventory, invoices and supportive costs documentation, internal audit documentation for Planning and

Service Areas included in the CFAL communities, lease agreements, and other documents deemed necessary.

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

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures		
Measure Number	Approved Performance Measures for FY 2014-15	Associated Activities Title
1	Percent of Elders the CARES program determined eligible for nursing home placement who are diverted	Universal Frailty Assessment ACT 2000
2	Number of CARES assessments	Universal Frailty Assessment ACT 2000
3	Percent of most frail elders who remain at home or in the community instead of going into a nursing home	Home and Community Services Diversions, Long-term Care initiatives, Nutritional Services for the Elderly, Residential Assisted Living Support and Elder Housing Issues, Early Intervention/ Prevention, Supported Community Care, Caregiver Support
4	Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours	Home and Community Services Diversions, Long-term Care initiatives, Nutritional Services for the Elderly, Residential Assisted Living Support and Elder Housing Issues, Early Intervention/ Prevention, Supported Community Care, Caregiver Support
5	Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups	All Home and Community Services
6	Percent of elders assessed with high or moderate risk environments who improved their environment score	All Home and Community Services
7	Percent of new service recipients with high-risk nutrition scores whose nutritional status improved	All Home and Community Services
8	Percent of new service recipients whose ADL assessment score has been maintained or improved	All Home and Community Services
9	Percent of new service recipients whose IADL assessment score has been maintained or improved	All Home and Community Services
10	Percent of family and family-assisted caregivers who self-report they are very likely to provide care	All Home and Community Services

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

Measure Number	Approved Performance Measures for FY 2014-15	Associated Activities Title
11	Percent of caregivers whose ability to continue to provide care is maintained or improved after service intervention (as determined by the caregiver and the assessor)	All Home and Community Services
12	Average time in the Community Care for the Elderly Program for Medicaid waiver-probable customers	All Home and Community Services
13	Percent of customers who are at imminent risk of nursing home placement who are served with community-based services	All Home and Community Services
14	Number of elders served with registered long-term care services	All Home and Community Services
15	Number of congregate meals provided	Nutritional Services for the Elderly ACT 4000
16	Number of elders served (caregiver support)	Caregiver Support ACT 4200
17	Number of elders served (early intervention/prevention)	Early Intervention/Prevention ACT 4100
18	Number of elders served (home and community services)	Home and Community Services Diversion ACT 4500
19	Number of elders served (LTC initiatives)	Long-Term Care Initiatives ACT 4800
20	Number of elders served (meals, nutrition education and counseling)	Nutritional Services for the Elderly ACT 4000
21	Number of elders served (residential assisted living support and elder housing issues)	Residential Living Support Elder Housing Issues ACT 4300
22	Number of elders served (supported community care)	Supported Community Care ACT 4400
23	Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions	Executive Direction and Support Services
24	Percent of complaint investigations initiated by the ombudsman within five (5) working days	Long-Term Care Ombudsman Council ACT 1100
25	Number of complaints investigated	Long-Term Care Ombudsman Council ACT 1100

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

Measure Number	Approved Performance Measures for FY 2014-15	Associated Activities Title
26	Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within five (5) days of receipt of request	Public Guardianship ACT 1200
27	Number of judicially approved guardianship plans including new orders	Public Guardianship ACT 1200

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

ELDER AFFAIRS, DEPARTMENT OF		FISCAL YEAR 2014-15			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT			294,592,779	0	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)			-100,091	0	
FINAL BUDGET FOR AGENCY			294,492,688	0	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)					0
Long-term Care Ombudsman Council * Number of complaint investigations completed		8,226	404.57	3,327,964	
Public Guardianship Program * Number of judicially approved guardianship plans		2,000	3,189.30	6,378,607	
Universal Frailty Assessment * Total number of CARES assessments		85,000	265.28	22,548,526	
Meals, Nutrition Education, And Nutrition Counseling * Number of people served		81,903	588.95	48,236,841	
Early Intervention/Prevention * Number of elders served		355,908	57.25	20,376,567	
Caregiver Support * Number of elders served		54,450	689.48	37,542,316	
Residential Assisted Living Support And Elder Housing Issues * Number of elders served		3,997	3,275.66	13,092,808	
Supportive Community Care * Number of elders served		56,631	674.68	38,207,747	
Home And Community Services Diversions * Number of elders served		51,272	1,143.91	58,650,634	
Long Term Care Initiatives * Number of elders served		12,150	1,301.25	15,810,185	
TOTAL				264,172,195	
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER				118,015	
REVERSIONS				30,202,506	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				294,492,716	

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

- (1) Some activity unit costs may be overstated due to the allocation of double budgeted items.
- (2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.
- (3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.
- (4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

ACTIVITY ISSUE CODES SELECTED:

TRANSFER-STATE AGENCIES ACTIVITY ISSUE CODES SELECTED:

1-8:

AID TO LOCAL GOVERNMENTS ACTIVITY ISSUE CODES SELECTED:

1-8:

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

*** NO ACTIVITIES FOUND ***

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

*** NO OPERATING CATEGORIES FOUND ***

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

BE	PC	CODE	TITLE	EXPENDITURES	FCO
65100400	1303000000	ACT4700	HOUSING, HOSPICE AND END OF LIFE		50,638
65100600	1208000000	ACT6000	DISASTER PREPAREDNESS AND		67,377

NOTES:

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

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

TOTALS FROM SECTION I AND SECTIONS II + III:

DEPARTMENT: 65	EXPENDITURES	FCO
FINAL BUDGET FOR AGENCY (SECTION I):	294,492,688	
TOTAL BUDGET FOR AGENCY (SECTION III):	294,492,716	

DIFFERENCE: 28-
(MAY NOT EQUAL DUE TO ROUNDING) =====

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

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

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

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

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

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

Administration on Aging (AoA) – Part of the Administration for Community Living, which is administratively housed within the U.S. Department of Health and Human Services, which serves as the principal agency designated to carry out the provisions of the Older Americans Act of 1965.

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

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

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

Advisory Council – A council organized to provide advice, suggestions, and recommendations concerning programs for older persons. Advisory councils exist at DOEA, each Area Agency on Aging, and nutrition providers. Supportive services providers are not required to have advisory councils; however, providers are required to have some mechanism for receiving participant feedback. An advisory council does not have policy or decision making authority. It provides

advice and recommendations that may then be reviewed by the governing body (board of directors) of the agency.

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

Aged and Disabled Adult (ADA) Waiver – A Medicaid waiver that provided services to individuals age 60 and older who were at risk of nursing home placement and who met additional specific criteria. Enrollees needed additional support and services, which were made available in assisted living facilities with Extended Congregate Care or Limited Nursing Services licenses. All enrollees served under this waiver transitioned to Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) effective March 1, 2014.

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

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

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

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

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

Assisted Living (AL) Waiver – A Medicaid waiver that provided home and community-based services 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 enrollee remain in the community for as long as possible to avoid nursing home placement. All

enrollees served under this waiver transitioned to Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) effective March 1, 2014.

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

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

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

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

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

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

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

Channeling Waiver - A home and community-based services program that began in 1985, it 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. All enrollees served under this waiver transitioned to Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) effective March 1, 2014.

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

(activities of daily living, instrumental activities of daily living, etc.), and services received by date of service and number of units of service provided.

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

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

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

Consumer Directed Care Plus (CDC+) – The Consumer Directed Care Plus Program was an option available to participants enrolled in the Aged and Disabled Adult (ADA) Medicaid Waiver. The 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. Consumer Directed Care Plus was replaced with the Participant Directed Option under the Statewide Medicaid Managed Care Long-Care Program (SMMC LTC), which was effective March 1, 2014.

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

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

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

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

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

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

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

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

DOEA – Department of Elder Affairs

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

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

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

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

F.A.C. – Florida Administrative Code

FLAIR – Florida Accounting Information Resource Subsystem

FMMIS – Florida Medicaid Management Information System

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

F.S. – Florida Statutes

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

FY – Fiscal Year

GAA – General Appropriations Act

HCBS – Home and Community-Based Services

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

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

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

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

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

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

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

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

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

Long-term Care Community Diversion Pilot Project – A Medicaid waiver program designed to provide home and community-based services to older persons assessed as being frail, functionally impaired, and at risk of nursing home placement who are dually eligible for Medicaid and Medicare. Also known as the Nursing Home Diversion (NHD) Program. All enrollees served under this waiver transitioned to Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) effective March 1, 2014.

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

LSP – Local Services Program

LTC – Long-term Care

MDC – Memory Disorder Clinic

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

Medicare – A federal health insurance program that serves people 65 and older and those with certain disabilities, regardless of income. Medicare has three parts: Part A (hospital insurance), Part B (medical insurance), and Part D (prescription assistance).

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

NAPIS – National Aging Program Information System

NASUAD – National Association of States United for Aging and Disabilities

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

Neglect – The failure or omission on the part of the caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, which a prudent person would consider essential for the well-being of a

vulnerable adult; or the failure of a caregiver or vulnerable adult to make a reasonable effort to protect a vulnerable adult from abuse, neglect, or exploitation by others. “Neglect” is repeated conduct or a single incident of carelessness that produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death.

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

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

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

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

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

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

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

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

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

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

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

Pass Through³⁰ – Funds the state distributes directly to other entities, e.g., local governments or non-profit organizations, without being managed by the agency distributing the funds. These funds flow through the agency’s budget; however, the agency has no discretion regarding how the

³⁰ This definition of “pass through” applies ONLY for the purposes of long-range program planning.

funds are spent, and the activities (outputs) associated with the expenditure of funds are not measured at the state level.

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

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

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

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

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

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

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

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

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

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

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

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

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

Service – See Budget Entity

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

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

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

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

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

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

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

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

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

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