

Rick Scott, Governor
Jeff Bragg, Secretary

2018

Summary of Programs and Services



SUMMARY OF PROGRAMS AND SERVICES

RICK SCOTT
Governor

JEFFREY S. BRAGG
Secretary

JANUARY
2018



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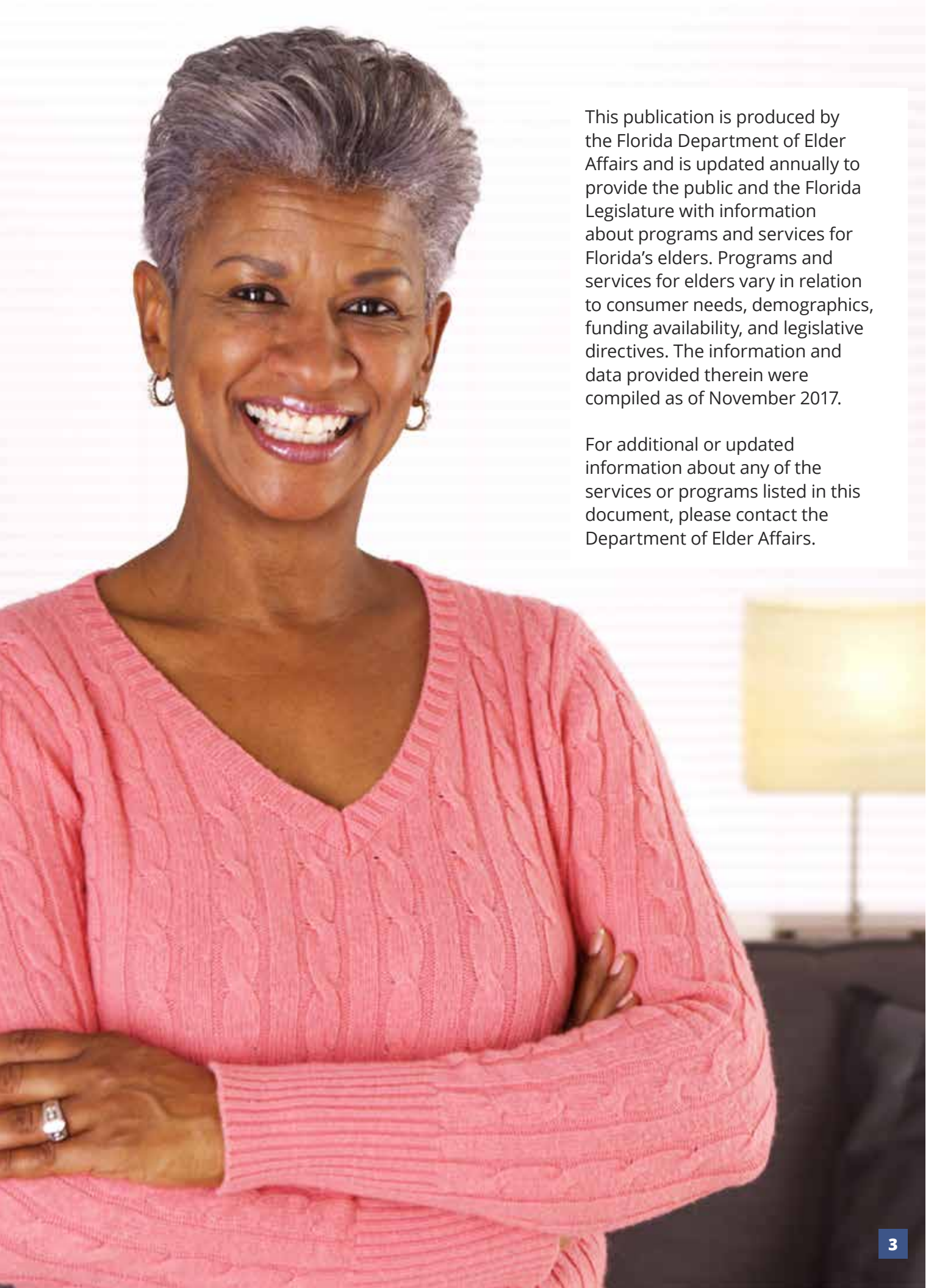
ELDERAFFAIRS.ORG

Elder Programs at a Glance - Fiscal Year 2016-2017

Program	Funding	Clients Served <i>(Unless otherwise noted)</i>
Adult Care Food Program (ACFP)	\$4,508,186	167 Program Facilities 2,383,097 Meals and Snacks Served
Alzheimer's Disease Initiative – Respite/Special Projects	\$18,031,499	3,567
Alzheimer's Disease Initiative – Memory Disorder Clinics	\$3,463,683	8,092
AmeriCorps	\$226,173	200 Clients Served 60 Volunteer Members 27,000 Member Hours of Service
Community Care for the Elderly	\$52,434,837	42,966
Comprehensive Assessment and Review for Long-Term Care Services (CARES)	\$18,332,574	100,304 Assessments
Emergency Home Energy Assistance for the Elderly Program (EHEAP)	\$4,207,309	11,114 Households Served
Home Care for the Elderly (HCE)	\$7,903,357	2,627
Local Services Programs (LSP)	\$9,555,811	10,982
Long-Term Care Ombudsman Program (LTCOP)	\$2,845,882	4,304 Administrative Assessments 5,651 Complaints Investigated
Nutrition Services Incentive Program (NSIP)	\$6,116,211	7,715,226 Meals Served
Office of Public and Professional Guardians (OPPG)	\$7,327,575	3,861 Public Wards Provided Services
Older Americans Act Title III B Supportive Services	\$31,382,127	36,680
Older Americans Act Title III C1 Congregate Meals	\$21,088,718	29,869
Older Americans Act Title III C2 Home-Delivered Meals	\$21,204,115	14,921
Older Americans Act Title III D Disease Prevention and Health Promotion Services	\$1,444,234	8,894
Older Americans Act Title III E Caregiver Support	\$12,289,000	80,889
Older Americans Act Title V Senior Community Service Employment Program	\$4,660,264	747
Program of All-Inclusive Care for the Elderly (PACE)	\$50,282,833	1,866 Clients Approved
Respite for Elders Living in Everyday Families (RELIEF)	\$977,256	303 Volunteers 97,000 Hours of Service
Senior Companion Program (SCP)	\$400,935	260 Clients Served 80 Volunteer Companions 64,000 Hours of Service
Senior Farmers' Market Nutrition Program (SFMNP)	\$101,366	48 Farmers' Markets 2,535 Clients Served
Serving Health Insurance Needs of Elders Program (SHINE)	\$4,200,390	518 Volunteers 175,762 Client Contacts
Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC)	*\$616,260,626	122,068 Clients Enrolled

*SMMC LTC funding is at the Agency for Health Care Administration (AHCA).

Note: Programs operate on different annual periods, i.e., state fiscal year, federal fiscal year, grant year, or calendar year. The most recent final data available at the time of publication are for state fiscal year 2016-2017, federal fiscal year 2016-2017, and calendar year 2016. Please refer to individual program listings for information on their respective program periods.



This publication is produced by the Florida Department of Elder Affairs and is updated annually to provide the public and the Florida Legislature with information about programs and services for Florida's elders. Programs and services for elders vary in relation to consumer needs, demographics, funding availability, and legislative directives. The information and data provided therein were compiled as of November 2017.

For additional or updated information about any of the services or programs listed in this document, please contact the Department of Elder Affairs.



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DOEA and the Aging Network

General Overview

The Florida Department of Elder Affairs (Department, DOEA) works to help Florida's elders remain healthy, safe, and independent.

DOEA was constitutionally designated by Florida voters to "serve as the primary state agency responsible for administering human services programs for the elderly" (section 430.03, Florida Statutes).

The Department began operation in January 1992 and is also responsible for developing policy recommendations for long-term care, combating ageism, creating public awareness of aging issues, understanding the contributions and needs of elders, advocating on behalf of elders, and serving as an information clearinghouse.

DOEA is the designated State Unit on Aging, in accordance with the federal Older Americans Act and Chapter 430, Florida Statutes. The Department works in concert with other federal, state, local, and community-based public and private agencies and organizations to represent the interests of older Floridians, their caregivers, and elder advocates. The organizations and providers that help create a better life for Florida's 5.2 million seniors make up

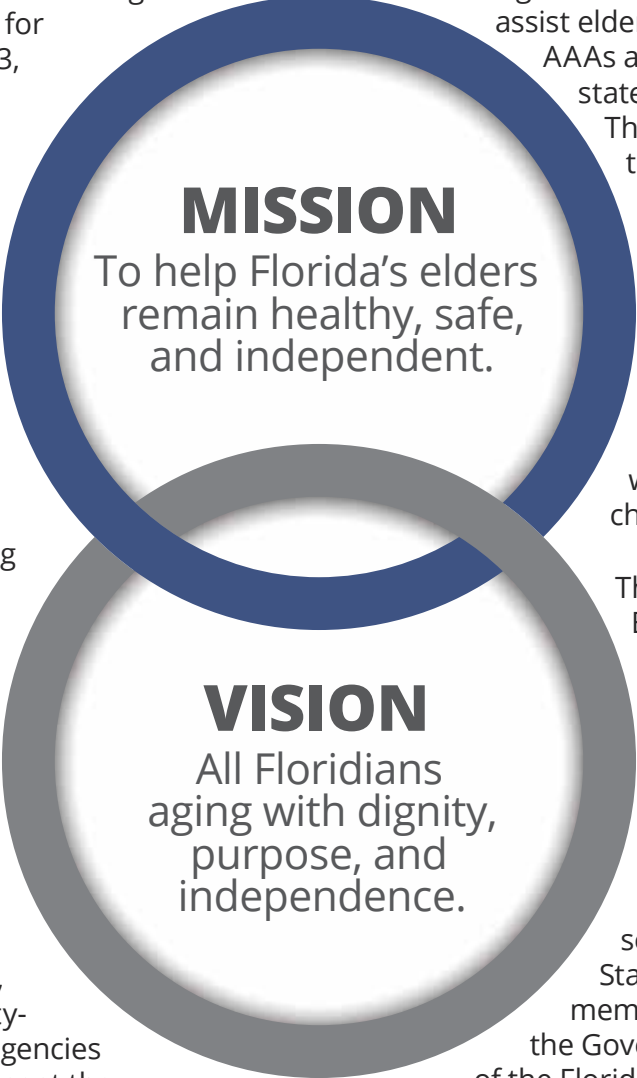
Florida's aging network. An important part of the aging network is the 11 Area Agencies on Aging (AAAs), also called Aging and Disability Resource Centers (ADRCs), that provide a wide range of programs and assistance. Each AAA is managed at the local level and is responsible for selecting the services and providers that assist elders within each county.

AAAs are funded with federal, state, and local resources.

Through partnerships with the AAAs, the Department provides community-based care to help seniors safely age with dignity, purpose, and independence. This includes services such as meals, adult day care, respite, and help with transportation and chores, to name a few.

The Department of Elder Affairs Advisory Council provides recommendations to the DOEA Secretary and the Florida Legislature regarding policies and aging program development, as specified in section 430.05, Florida Statutes. Advisory Council members are appointed by the Governor and leadership of the Florida Legislature.

The Advisory Council meets quarterly, and its members do not receive salary but are entitled to reimbursement for travel and per diem expenses.



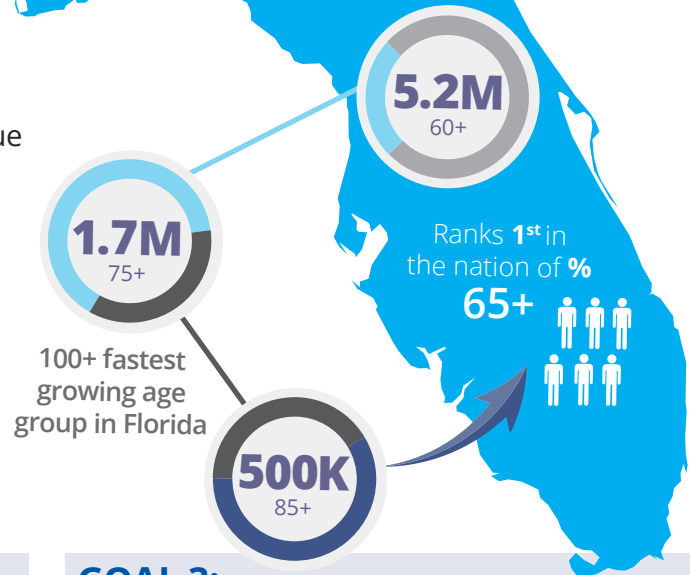
MISSION
To help Florida's elders remain healthy, safe, and independent.

VISION
All Floridians aging with dignity, purpose, and independence.

20 Million Floridians

About Florida's Elders

Florida has the highest population percentage of residents age 65 and older in the nation. This ranking is expected to continue for the foreseeable future. Florida is rich in generational and cultural diversity, especially among its older population. Florida's future is linked to the financial health and physical security of its elder population.



Department Goals

GOAL 1:

Ensure that any Floridian in need of long-term care services receives a timely and appropriate assessment of need by applying a fair, objective, and transparent priority scoring methodology.

The Florida Department of Elder of Affairs maintains the statewide waitlist for enrollment to the home and community-based services portion of the long-term care managed care program. The Department utilizes a screening tool to determine priority for potential enrollment in the program, ensuring that taxpayer money goes to those in greatest need of services.

GOAL 2:

Protect vulnerable Floridians and their families by establishing the Office of Public and Professional Guardians.

Following the signing of legislation in 2016, the Department expanded oversight to include professional guardians in addition to public guardians. This office protects more Florida families by reducing the potential of fraud and abuse by professional guardians of vulnerable individuals, their families, and their assets.

GOAL 3:

Promote compassion and awareness for Floridians affected by dementia by expanding the Dementia Care and Cure Initiative across Florida.

Florida has the second highest incidence of Alzheimer's disease in the United States. Florida leads the nation by taking action at the community level to support those diagnosed with dementia, their families, and caregivers. The Department promotes awareness and compassion for Floridians affected by dementia by helping Florida businesses and communities become more dementia caring.

GOAL 4:

Complete all federal and state statutory and regulatory requirements effectively by maximizing the number of elders served and meeting or exceeding required deadlines.

The Department will comply with all requirements set by the U.S. Department of Health and Human Services' Administration for Community Living, in addition to requirements identified in Florida Statute or by the Executive Office of the Governor.

DOEA and the Aging Network

Elder Demographics

Age Distribution

Florida is the third most populous state with 20,148,654 citizens. Among the 50 states, Florida has the highest percentage of elders age 65 and older and the second highest percentage of elders age 60 and older (25.6 percent) compared with a national percentage of 21.3 percent. Of Florida's 5,157,161 elders age 60 and older, 530,111 are age 85 and older.

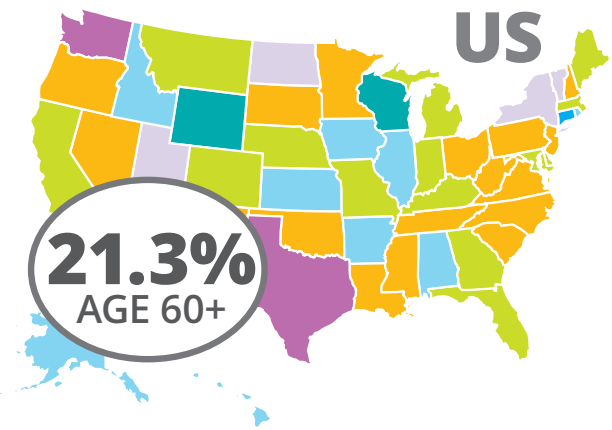
Most Florida elders age 60 and older reside in urban areas and are concentrated in Miami-Dade, Palm Beach, Broward, Pinellas, and Hillsborough counties. These five counties account for 37.6 percent of the total state population age 60 and older, and 47.1 percent of the population 85 and older.

In terms of density, Florida's population 60 and older comprises at least 30 percent of the total residents in 21 counties.

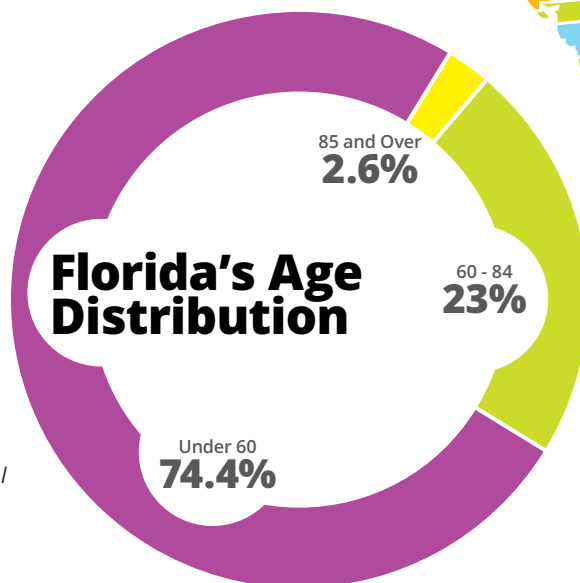
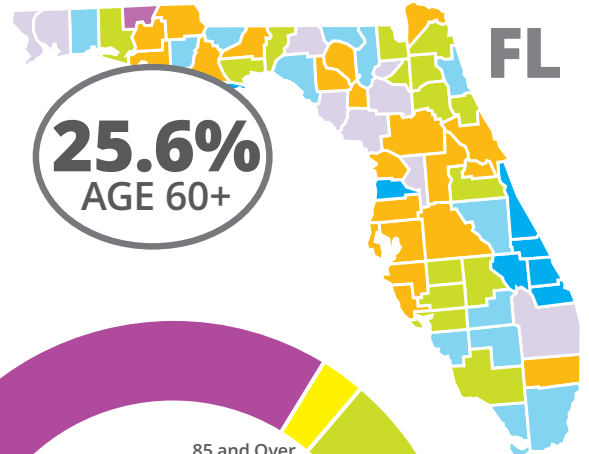
Top 5 Counties with the Highest Concentration of Elders in Florida

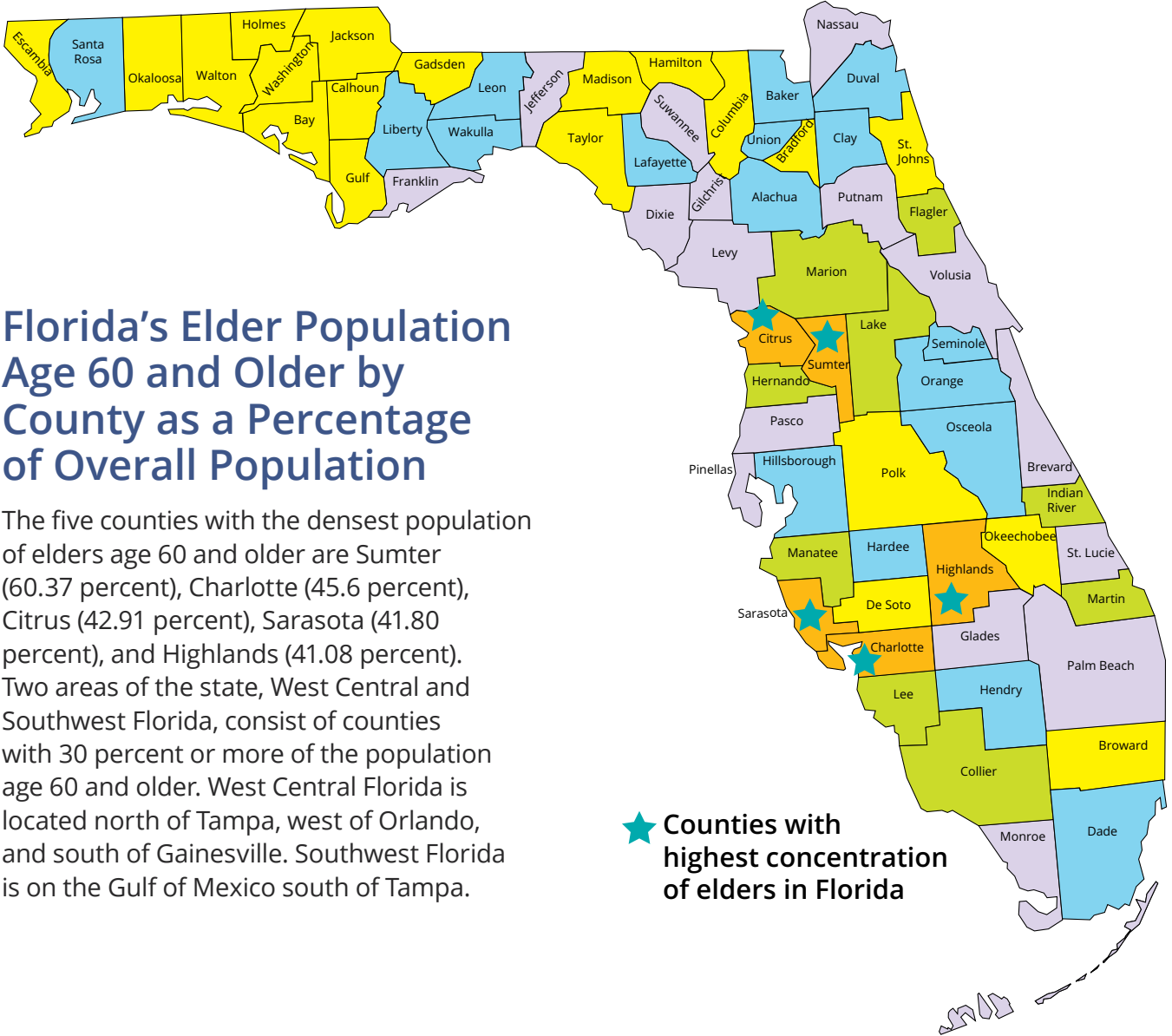
1	Miami-Dade	11.0%
2	Palm Beach	8.0%
3	Broward	7.9%
4	Pinellas	5.8%
5	Hillsborough	4.9%

Sources: 1) Source: Department of Elder Affairs 2016 estimates are based on Florida Legislature, Office of Economic and Demographic Research 2016 Final Profiles, provided November 2016; 2) United States Population Estimates: Vintage 2016 Nation, States, Counties, and Puerto Rico - April 1, 2010 to July 1, 2016 (sc-est2016-agesex-civ.csv) by U.S. Census Bureau, retrieved from www.census.gov/data/tables/2016/demo/popest/nation-detail.html



PERCENTAGE OF POPULATION AGE 60+



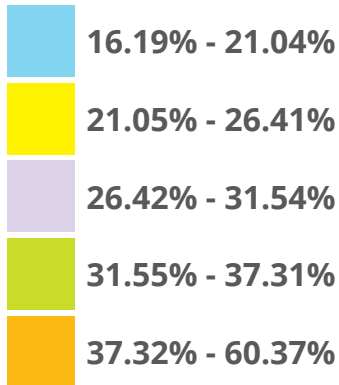


Florida's Elder Population Age 60 and Older by County as a Percentage of Overall Population

The five counties with the densest population of elders age 60 and older are Sumter (60.37 percent), Charlotte (45.6 percent), Citrus (42.91 percent), Sarasota (41.80 percent), and Highlands (41.08 percent). Two areas of the state, West Central and Southwest Florida, consist of counties with 30 percent or more of the population age 60 and older. West Central Florida is located north of Tampa, west of Orlando, and south of Gainesville. Southwest Florida is on the Gulf of Mexico south of Tampa.

★ Counties with highest concentration of elders in Florida

Percentage Population Age 60 and Over



Source: Department of Elder Affairs 2016 Final Profiles are based on Florida Legislature, Office of Economic and Demographic Research 2016 estimates, provided November 2016.

Minority Distribution

As Florida's population ages, the racial and ethnic diversity of the population decreases. While more than two in five (44.2 percent) Floridians are minority, this percentage declines to just over one in four (26.6 percent) of all elders age 60 and older, and about one in five (20.6 percent) of all elders age 85 and older.

In Florida, 73.4 percent of the total 60 and older population is non-Hispanic white. In comparison, minorities generally constitute a smaller percentage of elders among their respective populations. Statewide, 15.1 percent of the total 60 and older population is Hispanic, and 10.2 percent of the total 60 and older population is African-American.

Top 5 counties with non-Hispanic white elders (60+)

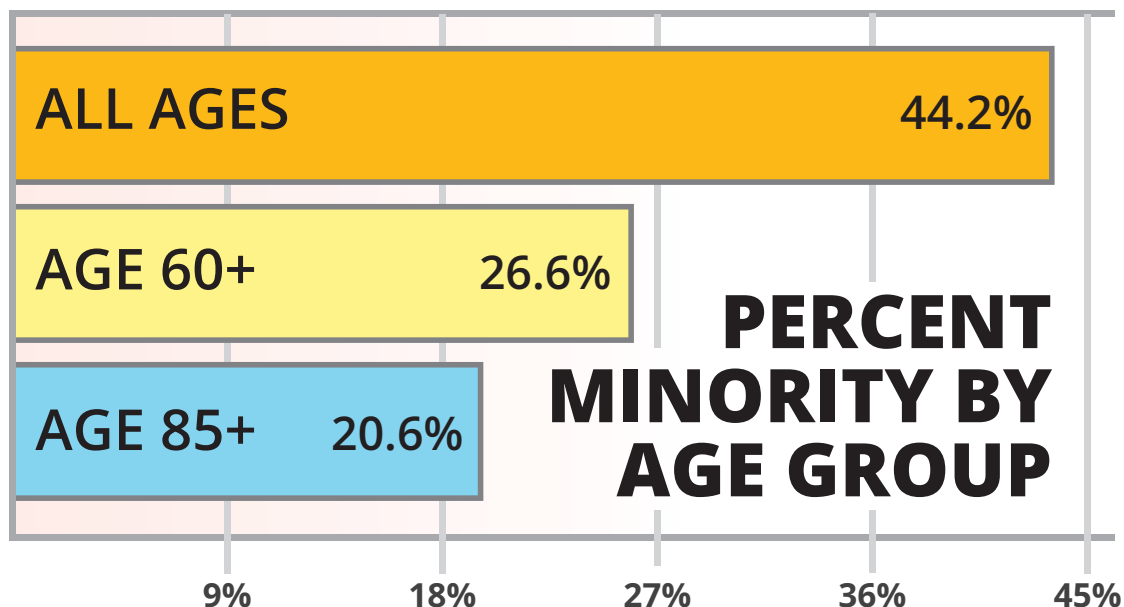
1	Sumter	68.0%
2	Highlands	52.1%
3	Charlotte	49.6%
4	Collier	49.2%
5	Sarasota	47.0%

Source: Department of Elder Affairs 2016 Final Profiles are based on Florida Legislature, Office of Economic and Demographic Research 2016 estimates, provided November 2016.

Top counties with minority elders (60+) representing 15 percent or more of their minority populations (all ages)

1	Citrus	26.2%
2	Flagler	24.2%
3	Charlotte	23.3%
4	Miami-Dade	20.4%
5	Jefferson	20.1%
6	Hernando	19.9%
7	Levy	17.8%
8	Nassau	17.7%
9	Brevard	17.5%
10	Madison	17.4%
11	Marion	17.3%
12	Monroe	17.0%
13	Highlands	16.7%
14	Gadsden	16.3%
15	Volusia	16.1%
16	Jackson	16.1%

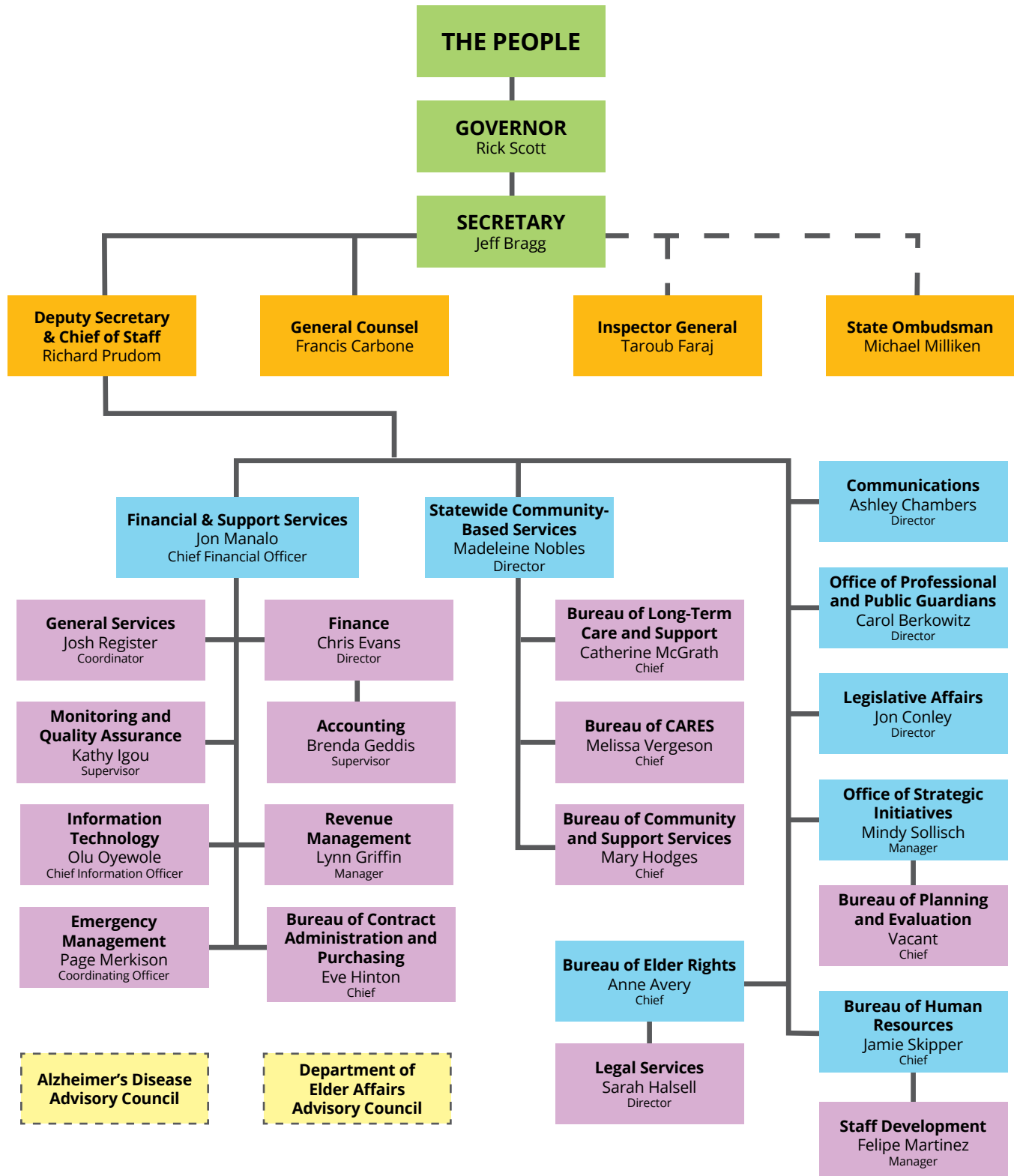
Source: Department of Elder Affairs 2016 Final Profiles are based on Florida Legislature, Office of Economic and Demographic Research 2016 estimates, provided November 2016.



Source: Department of Elder Affairs projections are based on Florida Legislature, Office of Economic and Demographic Research estimates, provided November 2016

DOEA and the Aging Network

Department of Elder Affairs Organization



Emergency Operations and Disaster Preparedness

The Department's Emergency Coordinating Officer, together with the Florida Division of Emergency Management, addresses emergency preparedness issues and post-disaster response. The Emergency Coordinating Officer ensures that the Department, AAAs, and local service providers maintain approved all-hazards disaster and continuity of operations plans to be implemented in response to emergencies and disasters. Emergencies and disasters can include weather-related or man-made events, including the following:

- Hurricanes;
- Tornadoes;
- Civil disturbances;
- Contractual disputes;
- Epidemics;
- Massive migrations;
- Fires;
- Nuclear power plant accidents;
- Train derailments;
- Terrorism; and
- Floods.

Division of Statewide Community-Based Services

The Statewide Community-Based Services (SCBS) Division is responsible for support and oversight of CARES (Comprehensive Assessment and Review for Long-Term Care Services), Florida's federally mandated nursing home pre-admission assessment program. CARES staff members, including registered nurses and assessors, perform medical needs assessments of individuals. CARES staff identifies clients' long-term care needs, determines the level of care required to meet those needs, and provides information to individuals on available long-term care options. See the CARES Program page in Section E of this document for more information.

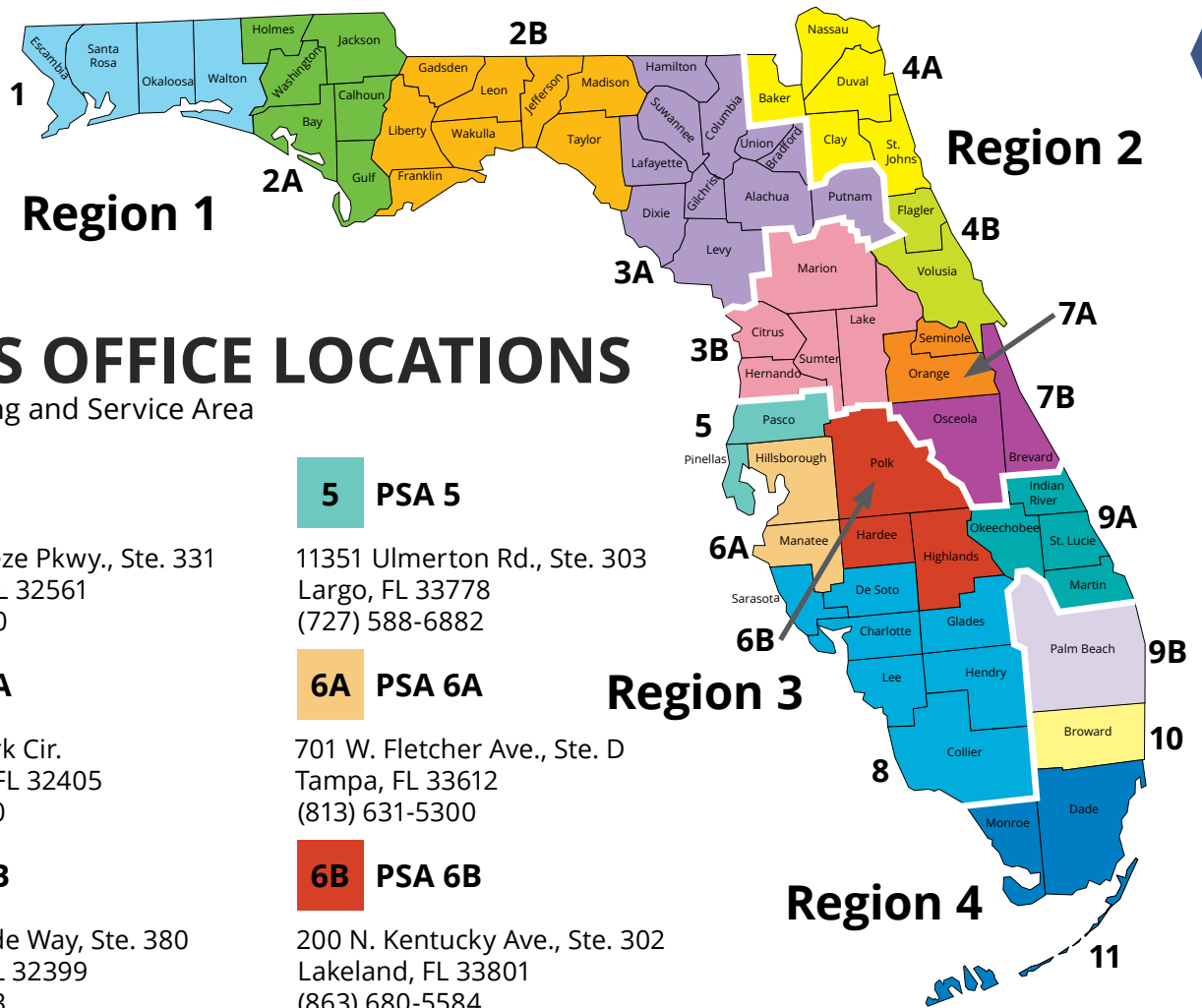
The SCBS Division also provides oversight for the Department's non-Medicaid home

and community-based programs and services, including programs contracted to the Area Agencies on Aging (AAAs) and other entities. These programs are as follows:

- Community Care for the Elderly (CCE);
- Emergency Home Energy Assistance (EHEAP);
- Home Care for the Elderly (HCE);
- Local Services Program (LSP);
- Older Americans Act (OAA);
- Adult Care Food Program (ACFP);
- Senior Farmers' Market Nutrition Program (SFMNP);
- Respite for Edlers Living in Everyday Families (RELIEF);
- AmeriCorps; and
- Senior Companion Program (SCP).

The SCBS Division has primary responsibility for oversight of AAAs. Responsibilities include contract management and technical support for AAA staff and service providers that administer in-home and community-based services funded through federal or state dollars.

Additionally, the SCBS Division provides oversight of the Department's Medicaid Long Term Care Services, including Program of All-Inclusive Care (PACE) and Statewide Medicaid Managed Long-Term Care (SMMC LTC) Program. The PACE program targets individuals eligible for Medicaid nursing home placement, and provides a comprehensive array of home and community-based long-term care services as well as Medicare (acute care) services. Services are typically delivered in an adult day health care setting. SMMC LTC provides home and long-term care services, including nursing home and in-home care for Medicaid recipients who are 65 years of age or older, or age 18 or older and eligible for Medicaid because of a disability and determined to require nursing facility level of care.



CARES OFFICE LOCATIONS

PSA - Planning and Service Area

1 PSA 1

1101 Gulf Breeze Pkwy., Ste. 331
Gulf Breeze, FL 32561
(850) 916-6700

2A PSA 2A

278 Forest Park Cir.
Panama City, FL 32405
(850) 747-5840

2B PSA 2B

4040 Esplanade Way, Ste. 380
Tallahassee, FL 32399
(850) 414-9803

3A PSA 3A

14101 US Hwy. 441, Ste. 400
Alachua, FL 32615
(386) 418-6430

3B PSA 3B

1515 E. Silver Springs Blvd., Ste. 203
Ocala, FL 34470
(352) 620-3457

4A PSA 4A

4161 Carmichael Ave., Ste. 101
Jacksonville, FL 32207
(904) 391-3920

4B PSA 4B

210 N. Palmetto Ave., Ste. 408
Daytona Beach, FL 32114
(386) 238-4946

5 PSA 5

11351 Ulmerton Rd., Ste. 303
Largo, FL 33778
(727) 588-6882

6A PSA 6A

701 W. Fletcher Ave., Ste. D
Tampa, FL 33612
(813) 631-5300

6B PSA 6B

200 N. Kentucky Ave., Ste. 302
Lakeland, FL 33801
(863) 680-5584

7A PSA 7A

400 W. Robinson St., Ste. 709
Orlando, FL 32801
(407) 540-3865

7B PSA 7B

1970 Michigan Ave., Bldg. C-2
Cocoa, FL 32922
(321) 690-6445

8 PSA 8

2295 Victoria Ave., Ste. 153
Fort Myers, FL 33901
(239) 338-2571

9A PSA 9A

4400 N. Congress Ave., Ste. 102
W. Palm Beach, FL 33407
(561) 840-3150

9B PSA 9B

337 N. 4th St., Ste. E
Fort Pierce, FL 34950
(772) 460-3692

10 PSA 10

8333 W. McNab Rd., Ste. 235
Tamarac, FL 33321
(954) 597-2240

11 PSA 11

9495 Sunset Dr., Ste. B-100
Miami, FL 33173
(305) 270-6535

County coloring represents area served by the corresponding office location.

Office of Inspector General

The Office of the Inspector General provides independent and objective assurance and consulting activities designed to add value and improve the Department's operations.

The Office of the Inspector General provides a central point to coordinate activities, including investigations, that promote accountability, integrity, and efficiency in government.

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

Office of Strategic Initiatives

The responsibilities of the Office of Strategic Initiatives, which includes the Bureau of Planning and Evaluation, include the following:

- Lead and manage strategic project initiatives, including the development of strategic plans;
- Evaluate programs administered by the Department;
- Seek funding opportunities;
- Develop performance measures to evaluate and improve performance, accountability, and sustainability;
- Design and develop tools that support staff responsible for managing and administering DOEA programs;
- Collaborate with research organizations to leverage the Department's data resources to support research in aging and long-term care service delivery and the role of elders in society; and
- Act as a clearinghouse for demographic, economic, and social information.

Office of Public and Professional Guardians

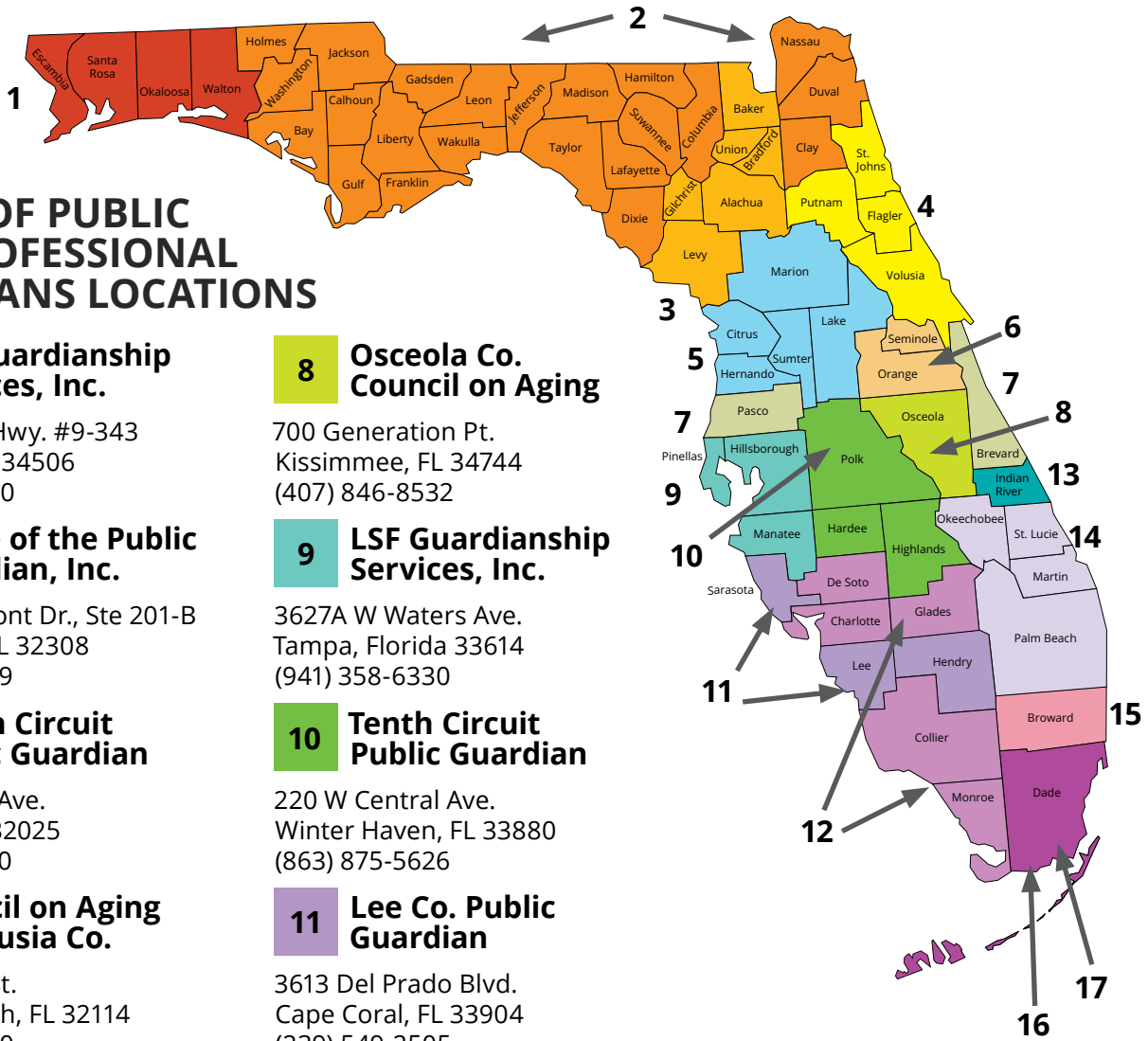
Originally called the Statewide Public Guardianship Office and established in 1999, the Office of Public and Professional Guardians (OPPG):

- Contracts with 17 local Offices of Public Guardianship throughout Florida;
- Appoints local public guardian offices to provide guardianship services to persons who do not have adequate income or assets to afford a private guardian when there is no willing or able family or friend to serve;
- Registers and educates professional guardians;
- Administers the 40-hour professional guardian training course and the professional guardian competency exam created by the office;
- Provides regulatory oversight and education of professional guardians and the education of examining committee members; and
- Collects complaints, initiates investigations, and takes disciplinary action against professional guardians in accordance with Department statutes and promulgated rules.

A guardian serves as a surrogate decision maker for individuals who have been deemed incapacitated by the court, can no longer manage their personal and/or financial affairs, and have no family or friends willing or able to serve as guardian.

In March 2016, the Florida Legislature expanded the authority and renamed the program. OPPG has now established standards of practice for public and professional guardians and has the authority to receive and investigate complaints against these guardians and take appropriate disciplinary actions.

See the OPPG Program page in Section C of this document for more information.



OFFICE OF PUBLIC AND PROFESSIONAL GUARDIANS LOCATIONS

- 1 LSF Guardianship Services, Inc.**
 4600 Mobile Hwy. #9-343
 Pensacola, FL 34506
 (850) 469-4600
- 2 Office of the Public Guardian, Inc.**
 1425 E Piedmont Dr., Ste 201-B
 Tallahassee, FL 32308
 (850) 487-4609
- 3 Eighth Circuit Public Guardian**
 207 S Marion Ave.
 Lake City, FL 32025
 (386) 752-8420
- 4 Council on Aging of Volusia Co.**
 160 N Beach St.
 Daytona Beach, FL 32114
 (386) 253-4700
- 5 Fifth Circuit Public Guardian Corporation**
 110 NW 1st Ave., 4th Floor
 Ocala, FL 34475
 (352) 401-6753
- 6 Seniors First, Inc.**
 5395 L.B. McLeod Rd.
 Orlando, FL 32811
 (407) 297-9980
- 7 Aging Solutions**
 312 W Lutz Lake Fern Rd.
 Lutz, FL 33558
 Brevard: (866) 92-AGING
 Hillsborough: (813) 949-1888
 Pasco and Pinellas: (727) 442-1188
- 8 Osceola Co. Council on Aging**
 700 Generation Pt.
 Kissimmee, FL 34744
 (407) 846-8532
- 9 LSF Guardianship Services, Inc.**
 3627A W Waters Ave.
 Tampa, Florida 33614
 (941) 358-6330
- 10 Tenth Circuit Public Guardian**
 220 W Central Ave.
 Winter Haven, FL 33880
 (863) 875-5626
- 11 Lee Co. Public Guardian**
 3613 Del Prado Blvd.
 Cape Coral, FL 33904
 (239) 549-2505
- 12 Charlotte & Collier Co. Public Guardians**
 4670 Cardinal Way, Ste. 301
 Naples, FL 34112
 (239) 417-1040 Ext. 203
- 13 Public Guardianship Program of Indian River, Inc.**
 2101 Indian River Blvd., Ste. 200
 Vero Beach, FL 32960
 (772) 538-7101
- 14 Legal Aid Society of Palm Beach Co., Inc.**
 423 Fern St., Ste. 200
 West Palm Beach, FL 33401
 (561) 655-8944
- 15 Barry University School of Social Work**
 12401 Orange Dr., Ste. 211
 Davie, FL 33330
 (954) 862-3655
- 16 Guardianship Care Group, Inc.**
 2199 Ponce de Leon Blvd.
 5th Floor
 Coral Gables, FL 33134
 (305) 748-6111
- 17 Guardianship Program of Dade Co., Inc.**
 8300 NW 53rd St., Ste. 402
 Miami, FL 33166
 (305) 482-3101

County coloring represents area served by the corresponding office location.

Elder Rights

The Bureau of Elder Rights helps protect the rights of elders through various programs and initiatives. The bureau operates the Elder Abuse Prevention Program, working to protect elders from abuse, neglect, and exploitation by supporting outreach and training efforts conducted through Florida's 11 Aging and Disability Resource Centers. The Bureau of Elder Rights also provides legal assistance programs for elders and promotes the development of statewide delivery systems for legal services. These efforts include coordinating the statewide Senior Legal Helpline, private pro bono activities, and other legal and self-help resources.

In addition to these programs, the bureau operates Florida's Alzheimer's Disease Initiative (ADI), which includes three components: 1) supportive services such as counseling, consumable medical supplies, and respite for caregiver relief; 2) Memory Disorder Clinics (MDCs) to provide diagnosis, education, training, research, treatment, and referral; and 3) Brain Bank to support research. The bureau also operates Florida's Dementia Care and Cure Initiative (DCCI), which engages communities across the state to be more dementia friendly, promotes better care

for Floridians affected by dementia, and supports research efforts to find a cure.

In addition to these initiatives, the bureau is responsible for planning, budgeting, monitoring, and coordinating the Alzheimer's Disease and Related Disorders (ADRD) training provider and curriculum approval process. Through contracted partners, the Department ensures training providers and curricula are reviewed and approved by qualified clinical professionals. The Department is also required to review and process applications from prospective Assisted Living Facility (ALF) Core Trainers. These trainers, once registered, are authorized to provide Core Training courses statewide to potential ALF administrators and managers.

Through the Communities for a Lifetime (CFAL) program, the Bureau of Elder Rights aims to make communities safe and nurturing places for people of all ages by helping cities, towns, and counties implement amenities and features that benefit seniors and youth alike. The Department partners with organizations and local communities to promote and support these efforts. The bureau's Serving Health Insurance Needs of Elders (SHINE) Program provides free, unbiased, and confidential Medicare-related counseling assistance for Florida's Medicare beneficiaries, their families, and caregivers.

The Bureau of Elder Rights' Senior Community Services Employment Program (SCSEP) helps low-income Floridians age 55 and older with poor employment prospects to participate in part-time community service positions with public or non-profit organizations. The goal is to help participants become economically self-sufficient while enjoying the social and physical benefits of employment. In addition, the bureau's Office of Volunteer and Community Services (OVCS) identifies, recognizes, promotes, and provides technical assistance for volunteer-based programs across the state of Florida.



Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program (LTCOP) advocates on behalf of residents of long-term care facilities through a statewide system of 14 districts comprised of volunteer ombudsmen located throughout the state. Ombudsmen identify, investigate, and resolve complaints made by or on behalf of residents of nursing homes, assisted living facilities, adult family care homes, and continuing care retirement communities. Ombudsmen also conduct annual resident-centered administrative assessments that focus on quality-of-life issues in long-term care facilities.

LONG-TERM CARE OMBUDSMAN PROGRAM OFFICE LOCATIONS

1 Northwest

1101 Gulf Breeze Pkwy.
Bldg. 3, Ste. 5
Gulf Breeze, FL 32561
(850) 916-6720

2 Panhandle

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

3 North Central

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

4 First Coast

4161 Carmichael Ave., Ste. 141
Jacksonville, FL 32207
(904) 391-3942

5 First Coast South

210 N. Palmetto Ave., Ste. 403
Daytona Beach, FL 32114
(386) 226-7846

6 West Coast

11351 Ulmerton Rd., Ste. 303
Largo, FL 33778
(727) 588-6912

7 West Central

701 W Fletcher Ave.,
Ste. C
Tampa, FL 33612
(813) 558-5591

8 East Central

400 W Robinson St., Ste. S709
Orlando, FL 32801
(407) 245-0651

9 South Central

200 N Kentucky Ave.,
Ste. 224
Lakeland, FL 33801
(863) 413-2764

10 South West

2295 Victoria Ave., Rm. 152
Ft. Myers, FL 33901
(239) 338-2563

11 Palm Beach

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

12 Broward

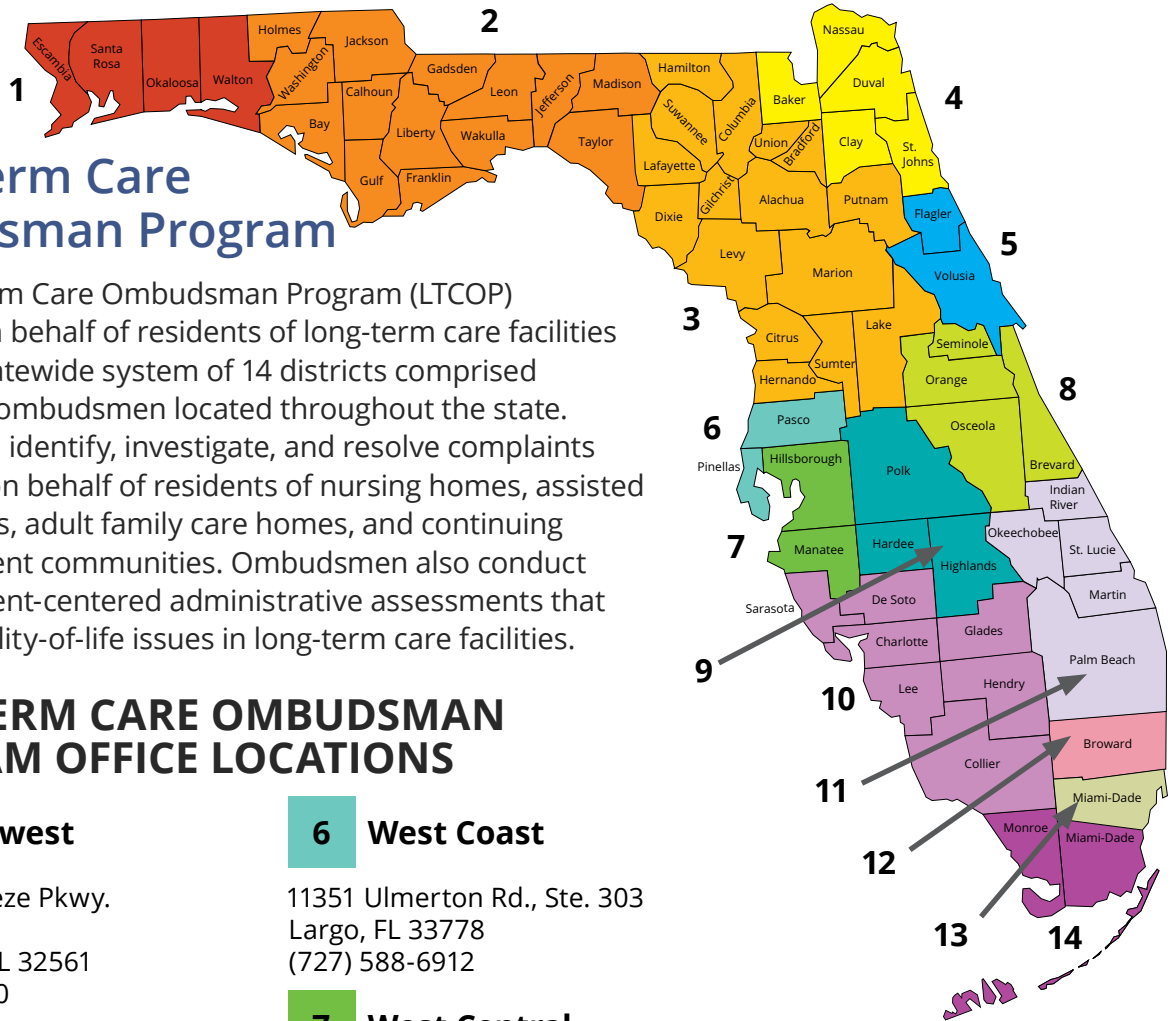
8333 W McNabb Rd., Ste. 231
Tamarac, FL 33321
(954) 597-2266

13 North Dade

9495 Sunset Dr., Bldg. B-100
Miami, FL 33173
(305) 273-3294

14 South Dade

9495 Sunset Dr., Bldg. B-100
Miami, FL 33173
(305) 671-7247



County coloring represents area served by the corresponding office location.

Dementia Care and Cure Initiative

As a response to the rapidly growing incidence of Alzheimer's Disease and Related Dementias (ADRD) in Florida, the Dementia Care and Cure Initiative (DCCI) seeks to lead the nation in creating Dementia-Caring Communities by increasing the awareness of dementia and advocating for the resources available to those experiencing the disease and their caregivers. In collaboration with the state of Florida's Memory Disorder Clinics and Aging and Disability Resource Centers, DCCI has expanded to the cities of Ft. Myers, Sarasota, Orlando, and Pensacola in 2017. The pilot community of Tallahassee was named the state's first Dementia-Caring Community in 2016 after providing dementia sensitivity and awareness education to first responders, health care providers, homeless shelter advocates, and other community members. Following the inclusion of a list of local care and cure programs in 60,000 city utility bills and the production of an awareness video, the Tallahassee DCCI chapter continues to collaborate with the City of Tallahassee to hold dementia sensitivity presentations with staff members from the city's bus system, aviation employees, and customer service representatives. The Ft. Myers chapter completed a community-wide needs assessment which identified an underserved portion of their area. With this information, Ft. Myers has begun the process of bringing dementia sensitivity and awareness to the area's first responders with an emphasis on collaborating with community stakeholders to create new policies to ensure all areas of the city have knowledge of and access to care and cure programs. The Sarasota chapter has closely worked with their City officials and representatives to advocate for the importance of dementia awareness and sensitivity. To better promote the resources available to those

PARTICIPATING COMMUNITIES

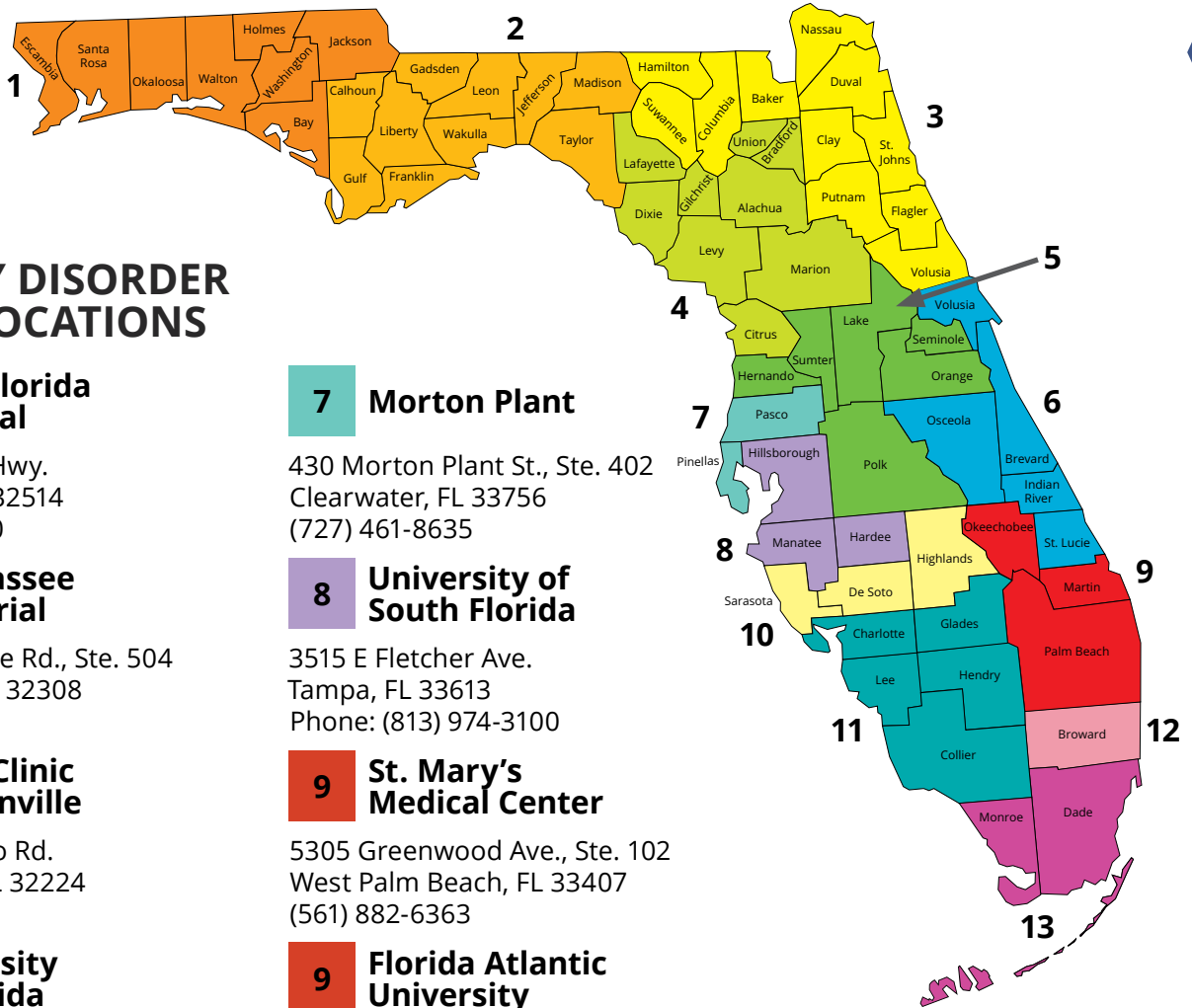


Developing Dementia-Caring Communities Across Florida

with forms of dementia, caregivers, and those who may be concerned about their memory, the Sarasota chapter is creating their own utility bill insert to highlight those important agencies and organizations. After adopting the DCCI mission and goals in the fall of 2017, the Orlando chapter took stock of their area's existing strengths to create an action plan that builds on the city's current advocacy and awareness efforts. The Dementia Care and Cure Initiative seeks to exist in more communities in the coming years and looks forward to building on awareness and advocacy efforts state-wide.

Memory Disorder Clinics

The legislature has authorized 16 memory disorder clinics (MDCs) operating in 13 distinct service areas that provide comprehensive diagnostic and referral services for persons with Alzheimer's disease and related disorders. The clinics, all of which receive funding from the State, also conduct service-related research and develop caregiver training materials and educational opportunities. (See page 49 for more information about MDCs.)



MEMORY DISORDER CLINIC LOCATIONS

1 West Florida Hospital

8383 N Davis Hwy.
Pensacola, FL 32514
(850) 494-6490

2 Tallahassee Memorial

1401 Centerville Rd., Ste. 504
Tallahassee, FL 32308
(850) 431-5001

3 Mayo Clinic Jacksonville

4500 San Pablo Rd.
Jacksonville, FL 32224
(904) 953-7103

4 University of Florida

1149 Newell Dr.
Gainesville, FL 32611
(352) 273-5550

5 Orlando Health Center for Aging

21 W Columbia St.
Orlando, FL 32806
(321) 841-9700

5 Florida Hospital Orlando

601 E. Rollins Street
Orlando, FL 32803
(407) 303-3408

6 East Central Florida

3661 S Babcock St.
Melbourne, FL 32901
(321) 434-7612

7 Morton Plant

430 Morton Plant St., Ste. 402
Clearwater, FL 33756
(727) 461-8635

8 University of South Florida

3515 E Fletcher Ave.
Tampa, FL 33613
Phone: (813) 974-3100

9 St. Mary's Medical Center

5305 Greenwood Ave., Ste. 102
West Palm Beach, FL 33407
(561) 882-6363

9 Florida Atlantic University

777 Glades Rd., Bldg. AZ-79
Boca Raton, FL 33431
(561) 297-0502

10 Sarasota Memorial

1515 S Osprey Ave., Ste. A-1
Sarasota, FL 34239
(941) 917-7197

11 Lee Memorial

12600 Creekside Ln., Ste. 7
Fort Myers, FL 33919
(239) 343-9220

12 Broward Health North

201 E Sample Rd.
Deerfield Beach, FL 33064
(954) 786-7392

13 Mt. Sinai Medical Center

4300 Alton Rd.
Miami Beach, FL 33140
(305) 674-2543 ext. 54461

13 University of Miami

1695 NW 9th Ave., Ste. 3202
Miami, FL 33136
(305) 355-9065

County coloring represents area served by the corresponding Memory Disorder Clinic.

DOEA and the Aging Network

Communicating with our Stakeholders and the Public

The Department's audience includes Florida's elders, caregivers, the general public, aging network professionals, the media, and other state and federal agencies. To communicate to this diverse audience, the Department publishes a bi-monthly *Elder Update* newspaper, which includes articles covering relevant topics important to Florida elders. Some 50,000 copies of *Elder Update* are distributed at no cost to individuals or groups within Florida, and the publication is also available on the Department's website. A special *Disaster Preparedness Guide* is released each year prior to the beginning of hurricane season and includes important information for disaster planning and recovery.

The Department also posts important information on its website and shares other news and updates through press releases, special events, and social media.

OTHER DOEA PUBLICATIONS

- *State Plan on Aging*
- *Consumer Resource Guide*
- *DOEA Fact Sheets*
- *Older Floridians Handbook*

WEBSITE
ElderAffairs.org

FACEBOOK
www.facebook.com/elderaffairs



50,000
copies of *Elder Update*
are distributed
at no cost
to individuals and
organizations
across Florida.

DOEA and the Aging Network

Florida's Aging Network

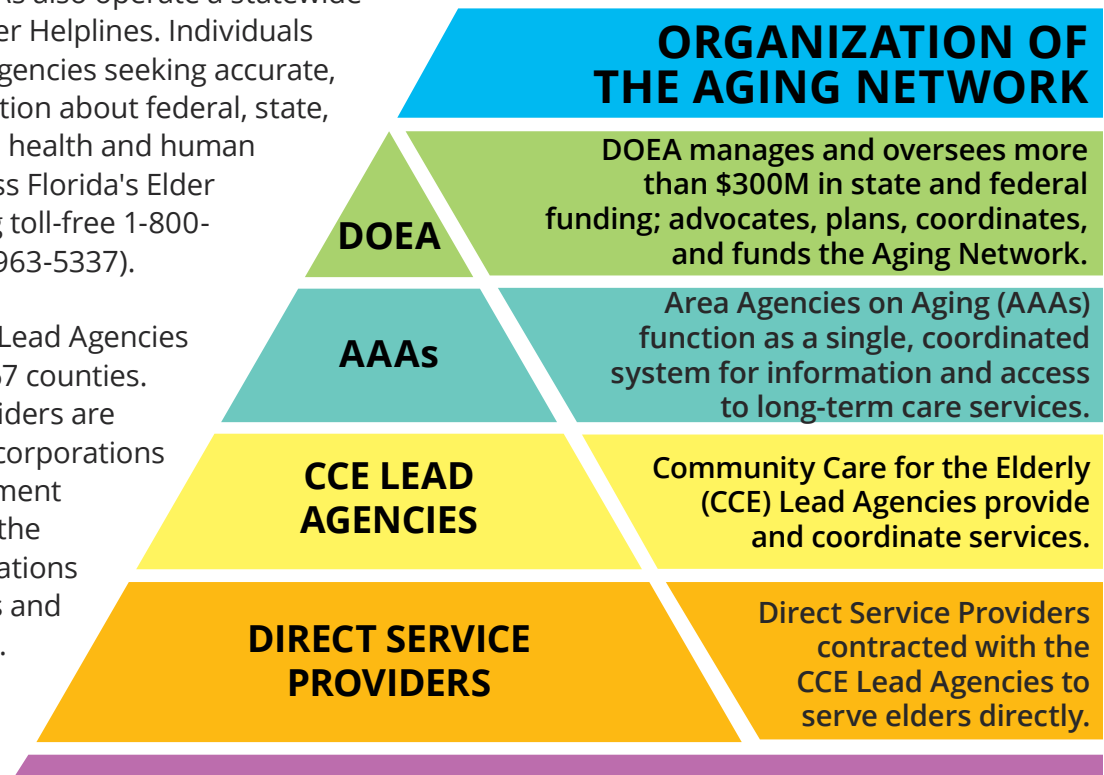
Area Agencies on Aging (AAAs) are the designated private non-profit entities that advocate, plan, coordinate, and fund a system of elder support services in their respective Planning and Service Areas (PSAs).

Each of the 11 Area Agencies on Aging also operates as an Aging and Disability Resource Center (ADRC). ADRCs function as a single, coordinated system for information and access to services for all Floridians seeking long-term care resources. The ADRCs provide information and assistance about state and federal benefits, as well as available local programs and services. Each AAA contracts with one or more Community Care for the Elderly (CCE) Lead Agencies that provide and coordinate services for elders throughout the state. The AAAs also operate a statewide network of 11 Elder Helplines. Individuals and community agencies seeking accurate, unbiased information about federal, state, or local social and health and human services can access Florida's Elder Helpline by calling toll-free 1-800-96-ELDER (1-800-963-5337).

There are 52 CCE Lead Agencies serving Florida's 67 counties. Lead agency providers are either non-profit corporations or county government agencies. Among the non-profit corporations are senior centers and Councils on Aging. Lead agencies contract with local service

providers, which include non-profit and for-profit corporations. Among non-profits are senior centers, county organizations, community action agencies, faith-based organizations, adult daycare centers, and Alzheimer's disease clinics. Some for-profit entities are assisted living facilities, in-home service agencies, and managed care organizations (MCO).

To improve an individual's entry into the services system, ADRC services are accessible through local providers, including senior centers, lead agencies, health care providers, and other community agencies. Additionally, individuals can access ADRC services by telephone or through the internet, as well as face-to-face visits.



AGING NETWORK

11 Area Agencies on Aging

52 Community Care for the Elderly Lead Agencies

3,096
Assisted Living Facilities

329
Adult Family Care Homes

742
Nursing Homes

410 | **67**
Municipal Governments | County Governments

Nearly
182 MILLION Volunteer Hours in 2017

285+
Senior Centers

Approximately
397 Congregate Meal Sites

16
Memory Disorder Clinics

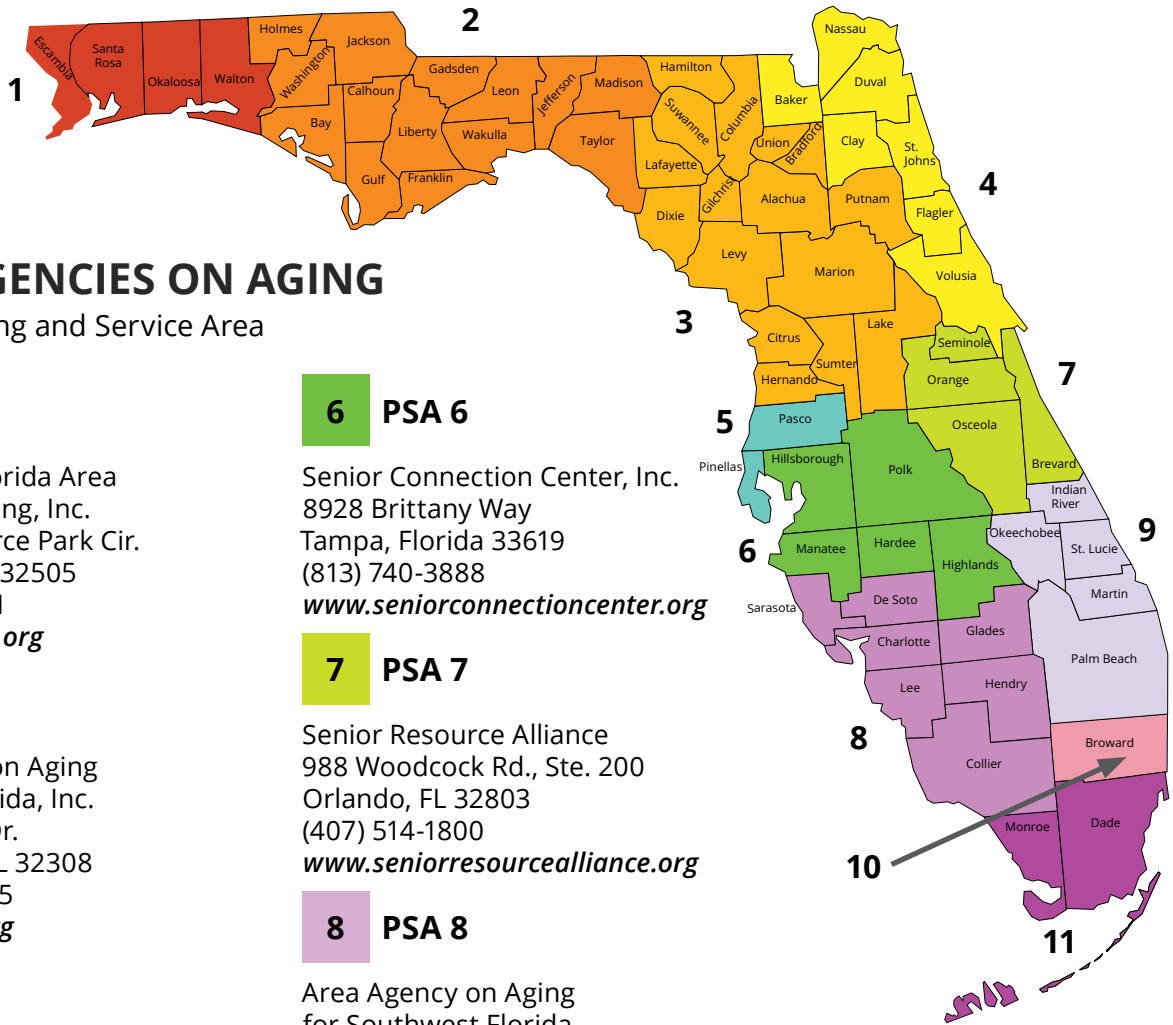
Area Agencies on Aging (AAAs) Functions

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

Services to Elders in State Fiscal Year 2016-2017

- Nearly 8.9 million Meals on Wheels delivered to homebound elders;
- More than 6.3 million meals served at nutrition sites, preventing isolation and loneliness;
- More than 4.5 million hours of caregiver respite;
- More than 21.2 million hours of homemaker and personal care; and
- More than 2.8 million trips to or from doctors' appointments, senior centers, and shopping.





AREA AGENCIES ON AGING

PSA - Planning and Service Area

1 PSA 1

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

2 PSA 2

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

3 PSA 3

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

4 PSA 4

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

5 PSA 5

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

6 PSA 6

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

7 PSA 7

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

8 PSA 8

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

9 PSA 9

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

10 PSA 10

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

11 PSA 11

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

County coloring represents area served by the corresponding Area Agency on Aging.



Senior Centers

Another important component of the Aging Network is Florida's senior centers. Studies show that elders are happier and healthier when they are engaged socially, intellectually, and physically. Senior centers are involved in all three pursuits.

Senior centers are community facilities that provide a broad spectrum of services suited to the diverse needs and interests of independent older persons. Florida's 285-plus centers provide a wide range of activities that enhance the daily lives of seniors and extend beyond traditional programs and events. An estimated 380,000 seniors visit Florida's senior centers every year. These centers provide seniors the opportunity to participate in community-based activities within their own neighborhoods and among their friends.

A listing of Florida's senior centers is available online at www.elderaffairs.org/doea/senior_centers.php.

Elder Volunteers

With the nation's largest concentration of residents age 65 and older, Florida relies on a network of committed volunteers and dedicated professionals to deliver helpful services across the state. In one year, 892,373 elder Floridians contributed nearly 182 million volunteer hours. Calculated at a full 40 hours a week, this volunteer contribution is equivalent to 94,842 full-time positions. Using the Independent Sector's 2015 estimate of \$22.08 an hour, these volunteer hours have an estimated economic value of approximately \$4,505.63 per volunteer each year, which results in a total value of \$4,020,703,701 for the state.

In 2017, seniors who volunteered in Florida spent an estimated 204 hours of their time in service to others, which is far above the national average.

SECTION B

Older Americans Act Programs

B

OLDER AMERICANS ACT PROGRAMS

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

Older Americans Act Programs

Title III B – Supportive Services

Older Americans Act (OAA) Title III B funds provide supportive services to enhance the well-being of elders and to help them live independently in their home environment and the community.

Services and Activities

Supportive services consist of the following:

- Access services including transportation, outreach, information and referral, and case management;
- In-home services including homemaker, home health aide, home repair, companionship, telephone reassurance, chore, respite, and other supportive services for families of elderly victims of Alzheimer's disease and related dementias; and
- Legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Administration

The Department administers OAA Title III B programs and services through contracts with Area Agencies on Aging (AAAs), which enter into agreements with local service providers to deliver services within their communities. Program services are provided statewide by contractors and subcontractors.

Eligibility

Individuals age 60 and older are eligible for OAA Title III B services. Preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, low-income minority elders, individuals with Limited English Proficiency, and individuals residing in rural areas.

Statutory Authority

Older Americans Act, 42 United States Code 3001 et seq., as amended by Public Law 114-144; and Chapter 430, Florida Statutes.

Funding Source and Allocation Methodologies

OAA Title III B is 100-percent federally funded. A 10-percent match is required for services, and a 25-percent match is required for administration. Funds are allocated to Area Agencies on Aging, which contract with service providers to deliver supportive services. The statewide funding distribution for services in OAA Title III B is based on the following formula:

1. Base funding at the 2003 level.
2. Funding in excess of base is allocated according to the following factors:
 - **35 percent weight** - Share of the population age 60 and older in the Planning and Service Area.

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

OAA Title III B Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
2008-2009	\$26,072,475	45,542
2009-2010	\$26,729,390	43,921
2010-2011	\$26,238,773	39,131
2011-2012	\$26,219,739	35,160
2012-2013	\$25,001,310	33,062
2013-2014	\$31,360,052	29,346
2014-2015	\$31,450,035	37,275
2015-2016	\$32,261,390	37,415
2016-2017	\$31,382,127	36,680
2017-2018	#\$31,382,127	#36,680

Note: The number of clients served under OAA Title III B does not include clients who are served with information and referral/assistance. For data on services assisting elders, caregivers, and the general public with their information and referral needs, see Information and Referral/Assistance units of service in the Services and Utilization table in Section F of this publication.

#Projection

Source for clients served: CIRTS

Program Highlight

A client receiving services through Charlotte County Human Services grew up in New York and has worked for 24 years as an audit clerk. She moved to Florida 10 years ago. Because of a back injury and loss of her driving privileges, she found she needed transportation and assistance managing every day chores in her home. By receiving help and transportation, she has managed to greatly improve her quality of life. She said she will never forget the kindness shown to her by the caring individuals who were sent to assist her.



Older Americans Act Programs

Title III C1 – Congregate Meals

Description

Older Americans Act (OAA) Title III C1 funds are provided to promote better health among elders by improving nutrition and reducing isolation through congregate meals dining. Congregate meal sites are strategically located in schools, churches, community centers, senior centers, and other public or private facilities where individuals may obtain other social and rehabilitative services.

Services and Activities

Services provided are nutritionally sound meals served in a congregate setting that comply with the current Dietary Guidelines for Americans and provide a minimum of 1/3 of the dietary reference intakes (DRI) for the predominant statewide demographic recipient, a moderately active female age 70 or older.

Administration

The Department administers OAA Title III C1 programs and services through contracts with Area Agencies on Aging (AAAs), which enter into agreements with local service providers to deliver services within their communities. Program services are provided statewide by contractors and subcontractors.

Eligibility

Individuals eligible for OAA Title III C1 services include the following:

- Individuals age 60 or older;
- Spouses who attend the dining center with individuals age 60 or older;
- Individuals with a disability, regardless of age, who reside in a housing facility occupied primarily by older individuals where congregate nutrition services are provided;
- Individuals with a disability who reside at home with and accompany an eligible person to the dining center; and
- Volunteers, regardless of age, who provide essential services on a regular basis during meal hours.

Preference is given to older persons with the greatest economic or social needs. Particular attention is given to low income older individuals, low income minority elders, individuals with Limited English Proficiency, and individuals residing in rural areas.

Statutory Authority

Older Americans Act, 42 United States Code 3001 et seq., as amended by Public Law 114-144; and Chapter 430, Florida Statutes.

Funding Source and Allocation Methodologies

OAA Title III C1 is 100-percent federally funded. A 10-percent match is required for services, and a 25-percent match is required for administration. The statewide funding distribution for services in OAA Title III C1 is based on the following formula:

1. Base funding at the 2003 funding level.
2. Funding in excess of base is allocated according to the following factors:
 - **35 percent weight** - Share of the population age 60 and older in the Planning and Service Area.
 - **35 percent weight** - Share of the population age 60 and older with income below poverty in the Planning and Service Area.
 - **15 percent weight** - Share of the minority population age 60 and older below 125 percent of the poverty level in the Planning and Service Area.
 - **15 percent weight** - Share of population age 65 and older in the Planning and Service Area with two or more disabilities.

OAA Title III C1 Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
2008-2009	\$31,341,465	32,709
2009-2010	\$31,992,629	29,403
2010-2011	\$31,468,259	34,640
2011-2012	\$31,467,368	32,677
2012-2013	\$28,468,480	32,435
2013-2014	\$20,374,456	30,283
2014-2015	\$20,316,758	31,036
2015-2016	\$20,640,980	30,164
2016-2017	\$21,088,718	29,869
2017-2018	#\$21,088,718	##29,869

#Projection

Source for clients served: CIRTS

Program Highlight

A congregate meal site in Bushnell offers a nutritious meal, activities, education, and social interaction for all clients. Two clients not only received all of the above, but also were surprised and delighted to find love. JR (age 69) and RD (age 83) had both struggled with loneliness and poor nutrition. JR is hearing impaired but is able to read lips. It has always been difficult for her to find acceptance in a group setting. The social acceptance that is encouraged at the congregate meal sites introduced two people as friends and now both have a future with new dreams. This love story is an example of how social acceptance and a nutritious meal are combined to provide health and emotional benefits for older adults at congregate meal sites.

Older Americans Act Programs

Title III C2 – Home-Delivered Meals

Description

Older Americans Act (OAA) Title III C2 funds are provided to promote better health among frail elders by improving nutrition. Home-delivered meals are generally delivered to the homes of homebound participants at least once a day, five or more days a week.

Services and Activities

Services provided are nutritionally sound meals delivered to the home that comply with the current Dietary Guidelines for Americans and provide a minimum of 1/3 of the dietary reference intakes (DRI) for the predominant statewide demographic recipient, a moderately active female age 70 or older.

Administration

The Department administers OAA Title III C2 programs and services through contracts with Area Agencies on Aging (AAAs), which enter into agreements with local service providers to deliver services within their communities. Program services are provided statewide by contractors and subcontractors.

Eligibility

Individuals eligible for OAA Title III C2 services include the following:

- Individuals age 60 and older who are homebound by reason of illness, disability, or isolation and their spouses, regardless of age, if the provision of the collateral meal supports maintaining the person at home;
- Individuals with disabilities, regardless of age, who reside at home with eligible individuals and are dependent on them for care; and
- Individuals at nutritional risk who have physical, emotional, or behavioral conditions, which would make their presence at the congregate site inappropriate; and persons at nutritional risk who are socially or otherwise isolated and unable to attend a congregate nutrition site.

Preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, low-income minority elders, individuals with Limited English Proficiency, and individuals residing in rural areas.

Statutory Authority

Older Americans Act, 42 United States Code 3001 et seq., as amended by Public Law 114-144; and Chapter 430, Florida Statutes.

Funding Source and Allocation Methodologies

OAA Title III C2 is 100-percent federally funded. A 10-percent match is required for services, and a 25-percent match is required for administration. The statewide funding distribution for services in OAA Title III C2 is based on the following formula:

1. Base funding at the 2003 funding level.
2. Funding in excess of base is allocated according to the following factors:
 - **35 percent weight** - Share of the population age 60 and older in the Planning and Service Area.
 - **35 percent weight** - Share of the population age 60 and older below poverty in the Planning and Service Area.
 - **15 percent weight** - Share of the minority population age 60 and older below 125 percent of the poverty level in the Planning and Service Area.
 - **15 percent weight** - Share of population age 65 and older in the Planning and Service Area with two or more disabilities.

OAA Title III C2 Funding History and Numbers Served

Federal Fiscal Year*	Federal Funding	Clients Served
2008-2009	\$15,882,387	21,743
2009-2010	\$16,091,728	21,763
2010-2011	\$15,810,460	21,469
2011-2012	\$15,874,292	20,132
2012-2013	\$15,035,675	19,915
2013-2014	\$20,298,442	17,083
2014-2015	\$20,195,703	17,481
2015-2016	\$20,901,602	16,758
2016-2017	\$21,204,115	14,921
2017-2018	#\$21,204,115	#14,921

*Allotment plus carry-forward dollars.

#Projection

Source for clients served: CIRTS

Program Highlight

An 82-year-old client is a widow who lives alone in Section 8 housing and suffers from severe physical ailments. Her monthly income is \$700, with \$200 going to rent and the remaining covering utilities, medications, and other basic necessities. She frequently ran out of food. When she called Meals on Wheels, Etc. of Seminole County about her situation, the agency immediately provided her with enough meals for a week and started her on daily meal delivery, Monday through Friday. She now receives two nutritious meals a day delivered by a friendly volunteer who also serves as a safety check on her well-being. The client was also assessed for other services to help her with her additional areas of need. Because of her lack of mobility and low income, the client can neither access public transportation nor pay for a taxi. The agency's transportation service is providing her with transportation for medical appointments and essential errands. She says the agency saved her life.

Older Americans Act Programs

Title III – Nutrition Service Incentive Program (NSIP)

Description

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

Services and Activities

NSIP reimburses Area Agencies on Aging and service providers for the costs of congregate and home-delivered meals through a supplement of approximately \$0.72 per meal (reimbursement rate varies annually).

Administration

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

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

NSIP Funding History and Numbers Served

Federal Fiscal Year	Funding Allocated to PSAs	Meals Served
2008-2009	\$7,528,758	*10,160,945
2009-2010	\$6,978,546	*11,473,075
2010-2011	\$7,752,196	*11,376,805
2011-2012	\$7,187,763	11,370,000
2012-2013	\$6,247,984	8,677,755
2013-2014	\$6,235,977	8,677,755
2014-2015	\$6,367,358	8,519,847
2015-2016	\$6,300,064	8,429,804
2016-2017	\$6,116,211	7,715,226
2017-2018	#\$6,116,211	#7,715,226

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

#Projection

Source for meals served: Department program reports

Program Highlight

Ms. Y is an 83-year-old female who has been diagnosed with early stage Alzheimer's-related dementia. She lives in her own home with her spouse who is also an elder. He is suffering from kidney problems and has been going to the hospital and to multiple doctor visits. The couple has one daughter who lives in Gainesville and another who lives in south Florida. The daughter living in Gainesville has been doing everything for both parents: shopping, cooking, taking her parents to doctors' appointments, and checking in on them daily. She has become burned out trying to manage her own life while staying on top of everything for her parents.

Recently, the daughter reached out to the Area Agency on Aging for help with getting Meals on Wheels to provide her parents one hot meal per day during the week and social interaction when the meal is delivered. The service has been a success, and the daughter is happy knowing that her parents are getting a hot meal delivered Monday through Friday with someone checking in on their well-being. She is very thankful to the Area Agency on Aging for their assistance.

Older Americans Act Programs

Title III D – Disease Prevention and Health Promotion Services

Description

OAA Title III D funds provide Evidence-Based Disease Prevention and Health Promotion programs that have been researched and proven to be effective in the prevention and symptom management of chronic health conditions.

Some benefits of these programs include learning to overcome fatigue, positively managing symptoms, pain management, making healthier food choices, learning portion control, managing medications, building strength, and maintaining balance. Programs are conducted to educate seniors and their caregivers to adopt interventions that make noticeable differences in their health and well-being, and to increase the overall health of elder Floridians.

Services and Activities

OAA Title III D services include the following programs:

ARTHRITIS: Arthritis Self-Management (Self Help) Program; Programa de Manejo Personal de la Arthritis; and Tai Chi for Arthritis.

DIABETES: Diabetes Empowerment Education Program; Diabetes Self-Management; and Programa de Manejo Personal de la Diabetes.

FALLS PREVENTION: A Matter of Balance; Stepping On; Tai Chi Quan: Moving for Better Balance; and Un Asunto de Equilibrio.

CHRONIC CONDITIONS: Chronic Disease Self-Management Program; Chronic

Pain Self-Management Program; and Tomando Control de su Salud.

NUTRITION AND WELLNESS: Enhance Wellness; Healthy Eating Every Day; Medication Management; Powerful Tools for Caregivers; Disease Information; and Home Injury Control.

MENTAL HEALTH: Healthy Ideas; Brief Intervention and Treatment for Elders (BRITE); and Program to Encourage Active Rewarding Lives for Seniors (PEARLS).

PHYSICAL ACTIVITY/EXERCISE: Active Living Every Day; Arthritis Foundation Exercise Program; Enhance Fitness; Fit and Strong!; Healthy Moves for Aging Well; Stay Active and Independent for Life (SAIL); and Walk With Ease.

Administration

The Department administers OAA Title III D programs and services through contracts with Area Agencies on Aging, which enter into agreements with local service providers to deliver services within their communities. Program services are provided statewide by contractors and subcontractors.

Eligibility

Individuals eligible for OAA Title III D services include the following:

- Individuals age 60 and older; and
- Individuals residing in medically underserved areas.

Preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, low-income minority elders, individuals with Limited English Proficiency, and individuals residing in rural areas.

Statutory Authority

Older Americans Act, 42 United States Code 3001 et seq., as amended by Public Law 114-144; and Chapter 430, Florida Statutes.

Funding Source and Allocation Methodologies

OAA Title III D is 100% federally funded. The intrastate distribution of funds made available by OAA Title III D is based on the following formula:

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

OAA Title III D Funding History

Federal Fiscal Year	Funding
2008-2009	\$1,557,571
2009-2010	\$1,557,571
2010-2011	\$1,554,456
2011-2012	\$1,551,522
2012-2013	\$1,461,664
2013-2014	\$1,461,573
2014-2015	\$1,461,605
2015-2016	\$1,458,822
2016-2017	\$1,444,234
2017-2018	#\$1,444,234

#Projection

Program Highlight

“I have been attending the AAA-sponsored Tai Chi class for strength and balance. I have had problems with balance for about two years. I have a history of falls; the last one was just two months before the class started. I have had physical therapy to improve my balance, but improvement was minimal and short-lived. What I have learned in the Tai Chi class has already improved my balance. I am more aware of my gait and weight distribution. I can do the exercises on my own at home, and I feel stronger and more confident. I think the class’s greatest asset, at least for me, has been the instructor and class enthusiasm, acceptance, and optimism. I look forward to taking another class and/or refresher session(s). Thank you to the Area Agency on Aging for sponsoring the program and giving me the opportunity to improve my life.”

- Tai Chi Client

OAA III D Numbers Served

Calendar Year*	Clients Served
2009	44,140
2010	94,634
2011	95,471
2012	52,621
2013	**21,422
2014	***18,730
2015	10,909
2016	8,793
Federal Fiscal Year	Clients Served
2016-2017****	8,894
2017-2018	#8,894

*Federal Fiscal Year runs October to September, but the contract period for clients served is January to December.

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

***Beginning in 2014, ACL required that all programs using Title III D funds be evidence-based ("minimal," "intermediate," or "highest" level). CY 2016 was the first year that all services were in compliance with the highest level.

**** Beginning with 2016-2017 data, number of clients served by the program will be provided based on the Federal Fiscal Year to align with the reported Federal Fiscal Year funding.

#Projection

Source: Contractor monthly reports



Older Americans Act Programs

Title III E – National Family Caregiver Support Program

B

OLDER AMERICANS ACT PROGRAMS

Description

OAA Title III E funds provide multifaceted systems of support services to family caregivers and grandparents.

Services and Activities

National Family Caregiver Support services include the following categories:

CAREGIVER SUPPORT SERVICES

Services are directed to caregivers who provide care for individuals 60 and older, including respite, adult day care, and assistance in the areas of health, nutrition, and financial literacy.

CAREGIVER SUPPLEMENTAL SERVICES

Supplemental services are available to caregivers of frail individuals age 60 and older or grandparents providing care to grandchildren, to complement the care provided by caregivers. Services include chore, housing improvement, legal assistance, and specialized medical equipment and supplies.

GRANDPARENT OR NON-PARENT RELATIVE SUPPORT SERVICES

Services are provided for grandparents and other non-parent relative caregivers of children, designed to help them to meet their caregiving obligations including caregiver training, child day care, counseling, legal assistance, and transportation.

Administration

The Department administers OAA Title III E programs and services through contracts with Area Agencies on Aging, which enter into agreements with local service providers to deliver services within their communities. Program services are provided statewide by contractors and subcontractors.

Eligibility

Individuals eligible for OAA Title III E services include the following:

- Adult family members or other individuals who are caregivers of individuals age 60 and older;
- Grandparents or older individuals, 55 years of age or older, who are relative caregivers of children not more than 18 years old or individuals with disabilities; and
- Individuals providing care and support to individuals including children with severe disabilities.

Preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, low-income minority elders, individuals with Limited English Proficiency, and individuals residing in rural areas.

Statutory Authority

Older Americans Act, 42 United States Code 3001 et seq., as amended by Public Law 114-144; and Chapter 430, Florida Statutes.

Funding Source and Allocation Methodologies

OAA Title III E is 100% federally funded. A 10-percent match is required for services, and a 25-percent match is required for administration. The statewide funding distribution for services in OAA Title III E is based on the following formula:

1. Base funding at the 2003 funding level.
2. Funding in excess of base is allocated according to the following factors:
 - **35 percent weight** - Share of the population age 60 and older in the Planning and Service Area.
 - **35 percent weight** - Share of the population age 60 and older below poverty in the Planning and Service Area.
 - **15 percent weight** - Share of the minority population age 60 and older below 125 percent of the poverty level in the Planning and Service Area.
 - **15 percent weight** - Share of population age 65 and older in the Planning and Service Area with two or more disabilities.

OAA Title III E Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
2008-2009	\$12,409,192	*20,206
2009-2010	\$12,466,239	18,674
2010-2011	\$12,255,674	17,169
2011-2012	\$12,070,518	18,333
2012-2013	\$11,527,293	16,329
2013-2014	\$11,594,573	15,250
2014-2015	\$11,694,400	16,553
2015-2016	\$12,175,645	**80,889
2016-2017	\$12,289,000	***80,889
2017-2018	#\$12,289,080	#80,889

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

**Beginning in 2015, the number of caregivers reported includes caregivers receiving counseling/support groups, caregiver training, respite care, supplemental services, and access assistance.

***Actual figures for the 2016-2017 year were not available at the time of printing. Projections for years 2016-2017 and 2017-2018 are based on the 2015-2016 data.

#Projection

Source for clients served: NAPIS

Program Highlight

Share the Care provides education, training, and support to family caregivers, enabling them to maintain their family member and delay or eliminate the need for institutional care. The agency has been providing necessary respite care services to families since 1986, and helps over 1,000 families each year. Services include adult day care, case management, counseling, in-home respite, overnight respite, and support groups. Every year caregivers are able to participate in an annual caregiver forum, caregiver brunch, and advocacy trip. A family caregiver shared, "Thank you for providing this "bridge" of service for my mother and for the incredible service you provide for the people of this area. We will always remember the compassion and love shown by your staff on a daily basis."

Older Americans Act Programs

Title V – Senior Community Service Employment Program (SCSEP)

B

OLDER AMERICANS ACT PROGRAMS

Description

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

Services and Activities

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

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

Administration

SCSEP is the only federally-funded employment and training program focused exclusively on

the needs of low-income older persons. The Department administers SCSEP state-share funds through contracts with local organizations.

Eligibility

Eligibility is limited to unemployed Florida residents who are age 55 and older and have income of no more than 125 percent of the Federal Poverty Income Guidelines. Statutory selection priorities focus on eligible persons who are age 65 and older, eligible veterans, and qualified spouses (in accordance with the Jobs for Veterans Act). Other priorities for enrollment are individuals who have a disability, have low literacy skills or Limited English Proficiency, reside in a rural area, are homeless or at risk of homelessness, have low employment prospects, or have failed to find employment after using services through the American Job Center system. Other preferences for enrollment are incomes below poverty level, greatest social or economic need, and minorities.

Statutory Authority

Title V of the Older Americans Act, Reauthorization Act of 2016, Public Law 114-144.

Funding Source and Allocation Methodologies

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

to public or non-profit agencies. The remaining 22 percent of funds are allocated to each state.

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

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

OAA Title V Number of Program Slots

State Fiscal Year	State-Share Program Slots	Funding Allocation	National Sponsor Program Slots
2008-2009	692	\$6,088,015	2,707
2009-2010	695	\$6,436,237	2,719
2010-2011	939	\$6,781,930	2,825
2011-2012	543	\$5,031,981	2,124
2012-2013	540	\$5,235,172	2,111
2013-2014	516	\$5,006,353	2,124
2014-2015	525	\$5,094,417	2,063
2015-2016	525	\$5,094,417	2,054
2016-2017	747	\$4,660,264	1,879
2017-2018	#481	#4,660,264	#1,879

#Projection

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

Program Highlight

Jesus I. served in the United States military and is an honorably discharged veteran. He came to SCSEP looking for assistance and set an employment goal to become a receptionist. He received training at True Fast Outreach Ministries, where he worked with a diverse population and was called upon to utilize his translation skills. He also participated in computer training offered at the organization and used these new skills to become an invaluable resource. After one year of training at True Fast Outreach Ministries, he was offered employment and hired on as a member of their staff.

Older Americans Act Programs

Title VII – Elder Abuse Prevention

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

Elder Abuse Prevention Program

Description

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

Services and Activities

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

OAA Title VII Funding History

Federal Fiscal Year	Federal Funding
2008-2009	\$372,498
2009-2010	\$373,679
2010-2011	\$367,419
2011-2012	\$361,264
2012-2013	\$344,252
2013-2014	\$344,252
2014-2015	\$344,252
2015-2016	\$344,252
2016-2017	\$344,252
2017-2018	#\$344,252

#Projection

The program has developed, distributed, and made available online a fact sheet titled “How to Minimize the Risk of Becoming a Victim,” and the following brochures: “The Power to Prevent Elder Abuse Is In Your Hands,” “Preventing Financial Exploitation,” “Preventing Home Repair Fraud,” and “Prevent Identity Theft.”

Administration

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

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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



Long-Term Care Ombudsman Program

Description

The Long-Term Care Ombudsman Program (LTCOP) is a statewide, volunteer-based program that works to protect, defend, and advocate on behalf of long-term care facility residents. Program staff and volunteers receive specialized training to become state-certified ombudsmen who identify, investigate, and resolve complaints made by, or on behalf of, residents of nursing homes, assisted living facilities, adult family care homes, or continuing care retirement communities.

Services and Activities

Ombudsmen investigate complaints brought to the attention of the program's representatives concerning the health, safety, welfare, or rights of residents of long-term care facilities. Ombudsmen work with residents and facilities to develop a resolution plan that satisfies the resident. LTCOP protects residents' rights by preserving the identity of the resident and the confidentiality of any information concerning alleged abuse, neglect, or exploitation, unless the proper consent is obtained. In addition, the program:

- Provides information, consultation, and other resources regarding residents' rights in all long-term care facilities;
- Helps develop and support resident and family councils to protect the well-being of residents;
- Conducts annual resident-centered administrative assessments that focus on quality-of-life issues in each long-term care facility;
- Responds to complaints filed by long-term care residents, their families, or guardians; and

- Monitors the development and implementation of federal, state, and local laws, regulations, and policies that pertain to the health, safety, and welfare of residents in long-term care facilities.

Administration

The Long-Term Care Ombudsman Program is administered by the Department of Elder Affairs. The program operates through the Office of the State Long-Term Care Ombudsman and 14 local offices that coordinate and support the service of more than 350 certified volunteer ombudsmen and ombudsmen trainees.

Eligibility

Anyone – including long-term care residents, friends, family members, and facility staff – may report a concern on behalf of residents of long-term care facilities. The services of the program are at no cost and are confidential.

Statutory Authority

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

Funding Source and Allocation Methodologies

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

LTCOP Appropriation History

State Fiscal Year	Federal Funding	State Funding	Total Funding
2008-2009	\$1,153,739	\$1,370,388	\$2,524,127
2009-2010	\$1,618,461	\$1,337,849	\$2,956,310
2010-2011	\$1,239,282	\$1,329,103	\$2,568,385
2011-2012	\$2,639,270	\$1,312,938	\$3,952,208
2012-2013	*\$1,821,163	\$1,305,344	*\$3,126,507
2013-2014	\$1,743,137	\$1,297,377	\$3,040,514
2014-2015	\$1,575,677	\$1,260,194	\$2,835,871
2015-2016	\$1,518,587	\$1,293,064	\$2,811,651
2016-2017	\$1,585,688	\$1,260,194	\$2,845,882
2017-2018	#\$1,585,688	#\$1,260,194	#\$2,845,882

*Beginning in 2012-13, the total does not include unallocated costs.

#Projection

Program Highlight

The mission of the Long-Term Care Ombudsman Program (LTCOP) is to improve the quality of life for all Florida long-term care residents by advocating for and protecting their health, safety, welfare, and rights. During the 2016-2017 federal fiscal year, the LTCOP had more than 325 volunteer ombudsmen and ombudsmen in training to assist with this mission, providing multiple services to 427,737 residents through assessments, visitations, and complaint investigations statewide.

LTCOP Assessments and Investigations

Federal Fiscal Year	Facilities	Assessments	Complaint Investigations
2008-2009	3,932	3,932	8,302
2009-2010	4,016	4,016	8,651
2010-2011	4,039	3,347	7,534
2011-2012	4,039	4,269	8,600
2012-2013	4,074	4,091	7,336
2013-2014	4,079	4,120	6,624
2014-2015	4,068	4,164	5,751
2015-2016	4,154	4,019	5,718
2016-2017	4,130	4,304	5,651
2017-2018	#4,130	#4,304	#5,651

#Projection

Source: District ombudsman offices reports

A close-up photograph of an elderly woman with glasses and a young girl smiling together. The woman is on the right, wearing round glasses and a purple top. The girl is on the left, wearing a pink top. They are both looking towards the camera with warm, joyful expressions.

SECTION C

State-Funded Programs

The following programs are funded wholly or primarily with state General Revenue dollars. They provide a wide variety of home and community-based services for elders, including adult day care, Alzheimer's disease screening, caregiver training and support, case management, congregate meals, counseling, education and training, home-delivered meals, personal care, respite, and transportation.

State-Funded Programs

Alzheimer's Disease Initiative (ADI)

Description

The Alzheimer's Disease Initiative (ADI) was legislatively created in 1985 to provide a continuum of services to meet the changing needs of individuals and families affected by Alzheimer's Disease and Related Disorders (ADRD). In conjunction with a 10-member advisory committee appointed by the Governor, the program includes three components: 1) Supportive services such as counseling, consumable medical supplies, and respite for caregiver relief; 2) Memory Disorder Clinics to provide diagnosis, education, training, research, treatment, and referral; and 3) the Florida Brain Bank to support research.

Administration

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

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

Eligibility

- ADI respite care is available for caregivers of adults age 18 and older who have been diagnosed as having probable Alzheimer's disease or other related memory disorders.
- ADI respite care is available for individuals

who have been diagnosed with or suspected of having a memory loss where mental changes appear and interfere with the activities of daily living.

- Caregivers of eligible consumers can receive training and other ADI support services in addition to respite care. Individuals of any age suspected of having a memory disorder may request that a Memory Disorder Clinic conduct diagnostic evaluations to determine probable Alzheimer's disease or related disorders.
- Individuals of any age, regardless of a diagnosis of Alzheimer's disease or other related memory disorder, are eligible to sign up with the Alzheimer's Disease Initiative Brain Bank. Medical records documenting a general physical examination, neurological examination, hematological and biochemical studies, and a scan of the brain must be available.

Statutory Authority

Sections 430.501-430.504, Florida Statutes.

Funding Source and Allocation Methodologies

The Alzheimer's Disease Initiative is funded by General Revenue. There is no match requirement. The Department allocates General Revenue funding to each of the Area Agencies on Aging, which then fund providers of respite care programs in designated counties. The allocation for ADI respite funding is based on each county's

population age 75 and older (50 percent weight) and probable number of Alzheimer’s cases (50 percent weight). Additional Alzheimer’s disease services are administered by Department staff through contracts with designated Memory Disorder Clinics and the Florida Brain Bank. Remaining funds are allocated to special projects per proviso language and legislative intent in the General Appropriations Act. Clients are assessed a co-payment based on a sliding scale developed by the Department. Co-pay collections help expand the availability of client services.

Services and Activities

RESPITE SERVICES FOR CAREGIVER RELIEF

Alzheimer’s Respite Care programs are established in all of Florida’s 67 counties, with many counties having multiple service sites.

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

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

MEMORY DISORDER CLINICS

The Legislature has authorized 16 Memory Disorder Clinics to provide comprehensive diagnostic and referral services for persons with Alzheimer’s disease and related disorders. The clinics, all of which receive funding from the State, also conduct service-related

research and develop caregiver training materials and educational opportunities. Memory Disorder Clinics are required to:

- Provide services to persons suspected of having Alzheimer’s disease or other related disorders. Services include accepting referrals from all respite and service providers and conducting subsequent diagnostic evaluations for all referred consumers and the public within the Memory Disorder Clinic’s designated service area.
- Provide four hours of in-service training during the contract year to ADI respite service providers in the designated service area and develop and disseminate training models to service providers and the Department of Elder Affairs. A staff member of the Memory

Respite/Special Projects Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2008-2009	\$9,621,935	2,174
2009-2010	\$8,050,666	1,999
2010-2011	\$8,362,200	2,300
2011-2012	\$9,404,262	3,348
2012-2013	\$9,554,262	*1,808
2013-2014	\$10,412,201	1,832
2014-2015	\$16,093,452	2,657
2015-2016	\$16,471,449	2,673
2016-2017	\$18,031,499	3,567
2017-2018	\$21,309,195	#4,215

*Beginning 2012-2013, clients served is an unduplicated number.

#Projection

Source for clients served: CIRTS

Memory Disorder Clinics Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2008-2009	\$3,254,474	4,761
2009-2010	\$2,968,081	5,116
2010-2011	\$2,968,081	7,096
2011-2012	\$2,968,081	6,732
2012-2013	\$2,968,081	6,886
2013-2014	\$3,413,603	6,560
2014-2015	\$3,463,683	6,638
2015-2016	\$3,463,683	7,006
2016-2017	\$3,463,683	8,092
2017-2018	#\$3,463,683	#8,092

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

#Projection

Source for clients served: Memory Disorder Clinics manual reports

Disorder Clinic is to be designated to act as a training liaison for service providers.

- Develop training materials and educational opportunities for lay and professional caregivers who serve individuals with Alzheimer’s disease or related disorders and provide specialized training for caregivers and caregiver groups and organizations in the designated service area.
- Conduct service-related applied research. This research may address, but is not limited to, therapeutic interventions and support services for persons suffering from Alzheimer’s disease and related disorders.

- Establish a minimum of one annual contact with each respite care and service provider to discuss, plan, develop, and conduct service-related research projects.

Memory Disorder Clinic services are available to individuals diagnosed with or suspected of having a memory loss where mental changes appear and interfere with activities of daily living. A map of the Memory Disorder Clinics with contact information can be found on Page 19 of this publication.

RESEARCH

The State of Florida Alzheimer’s Disease Initiative Brain Bank is a service, education, and research-oriented network of statewide regional sites. The intent of the brain bank program is to ultimately find a cure by collecting and studying the brains of deceased patients who in life were clinically diagnosed with dementia. Mt. Sinai Medical Center contracts annually with the State of Florida to operate the primary brain bank. Coordinators at regional brain bank sites in Orlando and Miami help recruit participants and act as liaisons between the brain bank and participants’ families. Alzheimer’s disease respite care program providers and memory disorder clinics also recruit brain bank participants. Families of Alzheimer’s patients obtain two significant service benefits from the brain bank including: 1) a diagnostic confirmation of the disease written in clear, understandable terms; and 2) involvement in various research activities both inside and outside of Florida.



Brain Bank Appropriation History and Numbers Served

State Fiscal Year	State Funding	Persons Registered	Autopsies
2008-2009	\$128,876	159	79
2009-2010	\$117,535	135	80
2010-2011	\$117,535	120	87
2011-2012	\$117,535	129	119
2012-2013	\$117,535	89	69
2013-2014	\$117,535	83	92
2014-2015	\$117,535	88	75
2015-2016	\$117,535	61	59
2016-2017	\$117,535	71	54
2017-2018	#\$117,535	#40	#40

#Projection

Source for persons registered and autopsies: Brain Bank reports

Program Highlight

Martin County Council on Aging assisted a caregiver in need of respite services. The caregiver now has some time to themselves, which has relieved the stress they were under while caring for their spouse alone. If not for the respite, the caregiver stated that they would not have been able to continue to care for their spouse at home and would probably have placed their spouse into a long-term care facility, breaking up their family unit.

State-Funded Programs

Alzheimer’s Disease and Related Disorders (ADRD) Training

Services and Activities

The Department of Elder Affairs must approve Alzheimer’s Disease and Related Disorders (ADRD) training providers and training curricula for the following entities licensed in Florida:

- Adult day care centers;
- Assisted Living Facilities (ALFs) that advertise they provide special care for persons with ADRD;
- Home health agencies;
- Hospices; and
- Nursing homes.

The approval process is designed to ensure that employees of these licensed entities receive quality Alzheimer’s disease training. A list of all approved Alzheimer’s disease training providers is available online at www.trainingonaging.usf.edu.

Administration

The Department contracts with the University of South Florida’s Training Academy on Aging within the Florida Policy Exchange Center on Aging for the review and approval of training providers and curricula, and for the maintenance of the website that lists the approved training providers. This information is available at www.trainingonaging.usf.edu.

Eligibility

The specific eligibility requirements for trainers and curricula are documented in Florida Statute and Florida Administrative Code. The Florida

Statute and rules, along with the names of the forms that need to be submitted, are listed on the following page. Additional information is contained on the forms which are available online at www.trainingonaging.usf.edu.

Funding Source and Allocation Methodologies

ADRD Training is funded by General Revenue. There is no match requirement. The Department allocates General Revenue funding to one provider.

ADRD Appropriation History

State Fiscal Year	State Funding
2008-2009	\$77,826
2009-2010	\$73,935
2010-2011	\$73,935
2011-2012	\$73,935
2012-2013	\$73,935
2013-2014	\$73,935
2014-2015	\$73,935
2015-2016	\$80,997
2016-2017	\$80,997
2017-2018	\$80,997

ADRD Training Eligibility

Entity	Statutory Authority	Training Provider Certification Form	Training Curriculum Certification Form
Adult Day Care Centers	See section 429.917(1), Florida Statutes; and Rules 58A-6.015 and 6.016, Florida Administrative Code.	DOEA Form ADC/ ADRD-001, Application for Alzheimer's Disease or Related Disorders Training Provider Certification	DOEA Form ADC/ ADRD-002, Application for Alzheimer's Disease or Related Disorders Training Three-Year Curriculum Certification
Assisted Living Facilities	See section 429.178, Florida Statutes; and Rules 58A-5.0191 (9), 5.0191(10), and 58A-5.0194, Florida Administrative Code.	DOEA Form ALF/ ADRD-001, Application for Alzheimer's Disease and Related Disorders Training Provider Certification	DOEA Form ALF/ ADRD-002, Application for Alzheimer's Disease or Related Disorders Training Three-Year Curriculum Certification
Home Health Agencies	See section 400.4785(1), Florida Statutes; and Rules 58A-8.001 and 8.002, Florida Administrative Code.	DOEA Form HH/ADRD-001, Application for Alzheimer's Disease and Related Disorders Training Provider Certification	DOEA Form HH/ ADRD-002, Application for Alzheimer's Disease and Related Disorders Training Three-Year Curriculum Certification
Hospices	See section 400.6045(1), Florida Statutes; and Rules 58A-2.027 and 2.028, Florida Administrative Code.	DOEA Form Hospice/ ADRD-001, Application for Alzheimer's Disease or Related Disorders Training Provider Certification	DOEA Form Hospice/ ADRD-002, Application for Alzheimer's Disease or Related Disorders Three-Year Curriculum Certification
Nursing Homes	See section 400.1755, Florida Statutes; and Rules 58A-4.001 and .002, Florida Administrative Code.	DOEA Form ADRD-001, Application for Alzheimer's Disease or Related Disorders Training Provider Certification	DOEA Form ADRD-002, Application for Alzheimer's Disease or Related Disorders Training Three-Year Curriculum Certification

ADRD Approved Trainers and Curriculum

State Fiscal Year	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018
ALF Approved Trainers	105	85	65	90	90	#90
ALF Approved Curriculum	18	40	20	16	44	#44
NH Approved Trainers	70	68	54	47	51	#51
NH Approved Curriculum	15	23	19	6	19	#19
Hospice Approved Trainers	17	12	13	15	22	#22
Hospice Approved Curriculum	18	14	15	6	11	#11
Adult Day Care Approved Trainers	10	9	9	9	10	#10
Adult Day Care Approved Curriculum	6	6	8	12	9	#9
Home Health Agency Approved Trainers	90	75	67	57	59	#59
Home Health Agency Approved Curriculum	9	9	15	12	5	#5

#Projection

Source: University of South Florida Alzheimer's approval program database quarterly reports



State-Funded Programs

Community Care for the Elderly (CCE)

Description

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

Services and Activities

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

Administration

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

Eligibility

Individuals must be age 60 or older and functionally impaired, as determined by an initial comprehensive assessment and annual reassessments. Primary consideration for services is given to elders referred to Department of Children and Families' Adult Protective Services (APS) and determined by APS to be victims of abuse, neglect, or exploitation and in need of immediate services to prevent further harm.

Statutory Authority

Sections 430.201-430.207, Florida Statutes.

Funding Source and Allocation Methodologies

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

CCE Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2008-2009	\$41,521,133	15,773
2009-2010	\$40,578,617	16,165
2010-2011	\$40,479,617	16,015
2011-2012	\$40,479,617	13,459
2012-2013	\$41,479,617	14,244
2013-2014	\$45,229,617	12,423
2014-2015	\$49,479,617	*31,866
2015-2016	\$50,479,617	38,596
2016-2017	\$52,434,837	42,966
2017-2018	\$54,679,837	#44,806

**Increase beginning in SFY 2014-2015 reflects an increase in the number of individuals receiving intake and case management services while waiting for Medicaid Services.*

#Projection

Source for clients served: CIRTS

Program Highlight

An 100-year-old veteran and his 92-year-old spouse recently received assistance from the Osceola County Council on Aging (COA) CCE Lead Agency to remain living safely and independently in their own home. Both are frail and must use walkers to remain mobile. After a fall while attempting to help his neighbor whose home was burning, the client fell and broke his collar bone. The fall made his previous request for a home access ramp urgent. The COA coordinated resources throughout the community to complete construction of the ramp and to make other necessary repairs to the couple's deteriorated property, including repairing holes in the floors and walls, a broken window, roof insulation, and removal of mold. The couple was also assessed for services to help them meet their needs for daily living. They now receive Meals on Wheels and transportation to medical appointments. The client has reported that things are improving now that he and his wife are receiving the assistance they so desperately needed.



State-Funded Programs

Home Care for the Elderly (HCE)

Description

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

Services and Activities

Most HCE participants receive a monthly subsidy of \$106. Special subsidies are authorized for some participants and can be used for the following: incontinence supplies, medications, medical supplies, wheelchairs, assistive devices, ramps and home accessibility modifications, nutritional supplements, home health aide, home nursing, and other services to help maintain the individual at home. Formal case management is provided when needed.

Administration

The Department is responsible for planning, monitoring, training, and technical assistance. Unit rate contracts are established by Area Agencies on Aging for local administration of the program within each Planning and Service Area.

Eligibility

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

Statutory Authority

Sections 430.601-430.608, Florida Statutes.

Funding Source and Allocation Methodologies

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



HCE Appropriation History And Numbers Served

State Fiscal Year	State Funding	Clients Served
2008-2009	\$8,319,323	4,204
2009-2010	\$7,903,357	2,620
2010-2011	\$7,903,357	2,624
2011-2012	\$7,903,357	2,628
2012-2013	\$7,903,357	2,877
2013-2014	\$7,903,357	2,831
2014-2015	\$7,903,357	2,760
2015-2016	\$7,903,357	2,824
2016-2017	\$7,903,357	2,627
2017-2018	\$8,903,357	#2,959

#Projection

Source for clients served: CIRTS

Program Highlight

Citrus County Support Services has an 80-year-old client who receives services under HCE. This client lives with her daughter who is her caregiver. Her daughter believes in physical exercise and works to keep the client active. Another family member is a nurse who works to ensure that the client’s medications are improving her quality of life. One of the main sources of assistance provided to this client is incontinence supplies. The caregiver says that she and the client are grateful for the financial and supply assistance. The assistance has been a key factor in the caregiver being able to provide for the client’s needs and has helped the client to have an improved quality of life.

State-Funded Programs

Local Services Programs (LSP)

Description

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

Services and Activities

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

Administration

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

Eligibility

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

Local Services Programs by Service Area

Service	PSA(s)	Service	PSA(s)
Adult Day Care	2, 3, 5,10,11	Legal Assistance	5
Case Management	2	Material Aid	10
Chore	5	Nursing	11
Congregate Meals	4, 5,10,11	Personal Care	9,11
Counseling	5	Recreation	10,11
Emergency Alert Response	5	Referral	5
Health Promotion, Health Support, Health Risk	11	Respite	2,11
Home-Delivered Meals	4, 5,11	Screening and Assessment	11
Homemaker	5, 6, 9,11	Specialized Medical Equipment, Services, and Supplies	2
Information	5	Transportation	5, 9, 10,11

Statutory Authority

General Appropriations Act, State of Florida.

Funding Source and Allocation Methodologies

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

LSP Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2008-2009	\$7,032,833	21,613
2009-2010	\$7,015,811	15,389
2010-2011	\$7,465,811	23,763
2011-2012	\$7,465,811	6,305
2012-2013	\$7,465,811	5,766
2013-2014	\$8,915,811	8,776
2014-2015	\$12,745,811	12,316
2015-2016	\$10,915,811	10,605
2016-2017	\$9,555,811	10,982
2017-2018	\$11,311,754	#13,000

#Projection

Source for clients served: CIRTS and Manual Reports

Program Highlight

Community Coalition provides hot home-delivered meals and telephone contact for frail homebound elders with great economic and social need and high nutritional deficiency. A 94-year-old client lives with her disabled nephew. She and her nephew were unable to prepare healthy meals, and she ate primarily yogurt, soup, milk, cheese, ham, bread, and crackers. The client was assessed with a high nutrition risk score. For the past year, the client has been provided daily hot meals, Monday through Friday, as well as nutritional information about healthy foods that can be consumed without cooking for a second meal daily. A year later, the client's nutrition risk score had declined significantly. Healthy meals and other in-home services allow the client to continue living at home without the need for nursing home placement.

State-Funded Programs

Office of Public and Professional Guardians (OPPG)

Description

The Office of Public and Professional Guardians (OPPG), formerly known as the Statewide Public Guardianship Office (SPGO), was created by the Florida Legislature in 1999 to help provide services to meet the needs of vulnerable persons who lack the capacity to make decisions on their own behalf and who have no family or friends to serve as guardian. Guardians protect the property and personal rights of incapacitated individuals. SPGO was responsible for appointing and overseeing Florida's public guardians, as well as for the registration and education of Florida's professional guardians. With the signing of Senate Bill 232 in 2016, the program was renamed the Office of Public and Professional Guardians and given the additional duties of regulating professional guardians.

Services and Activities

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

OPPG is also responsible for establishing standards of practice for public and professional guardians, receiving and investigating complaints against public and professional guardians, and taking disciplinary action pursuant to Chapter 120, Florida Statutes, when warranted. OPPG may impose penalties, up to and including the permanent revocation of a professional guardian's registration, for a violation of any administrative rule adopted by the office governing guardians or guardianship or for the violation of any offense enumerated in section 744.20041(1), Florida Statutes.

Administration

Currently, 17 public guardian programs serve all 67 counties across Florida.

Eligibility

A person must meet the following criteria to be served by a public guardian, pursuant to Chapter 744, Florida Statutes:

- Be of low economic means (indigent);
- Have no friends or family willing or able to serve; and
- Be incapacitated pursuant to Chapter 744, Florida Statutes, or eligible for a guardian advocate under section 393.12, Florida Statutes.

Professional Guardian Oversight

In October 2016, OPPG entered into a Memorandum of Understanding (MOU) with seven Clerk of the Court’s Inspectors General to conduct investigations into allegations made against professional guardians. OPPG reviews all investigative findings and is responsible for determining whether disciplinary action is warranted.

In June 2017, OPPG adopted Standards of Practice and Disciplinary Actions under the Florida Administrative Code. OPPG has conducted upwards of 70 investigations of registered professional guardians to date.

Statutory Authority

Chapter 744, Florida Statutes; Chapter 120, Florida Statutes; and 58M-2.001-2.011 Florida Administrative Code

Funding Source and Allocation Methodologies

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

OPPG Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2008-2009	\$2,308,146	2,598
2009-2010	\$2,498,558	2,622
2010-2011	\$2,755,400	2,667
2011-2012	\$2,963,687	2,650
2012-2013	\$2,592,051	3,156
2013-2014	\$2,769,851	2,931
2014-2015	\$6,489,345	3,329
2015-2016	\$5,734,662	3,874
2016-2017	*\$7,327,575	3,861
2017-2018	\$6,986,185	#3,900

**Beginning in 2016 with the transition to OPPG, a portion of funding will be used to investigate complaints against professional guardians.*

#Projection

Source for clients served: Office of Public and Professional Guardians reports and data





Program Highlight

During the last fiscal year, OPPG worked to create and adopt standards of practice for professional guardians and to establish disciplinary actions for those violating the standards of practice or associated statutes. With the adoption of the new legislation and rulemaking, OPPG has entered into a Memorandum of Understanding with the Clerks' Statewide Investigations Alliance. Alliance members have specialized investigatory training related to guardianship and provide an independent and objective investigation upon receipt of legally sufficient complaints submitted to them by OPPG.

OPPG implemented a complaint hotline for OPPG to receive grievances related to public and professional guardians. Recently, the Alliance held its first training symposium in West Palm Beach with various partners including OPPG, the Palm Beach Sheriff's Office, Department of Children and Families' Adult Protective Services, the Florida Long-Term Care Ombudsman Program, and elder law attorneys. There is a lot of work ahead for OPPG's oversight, and the program will continue to adapt to the needs of Florida's aging and disability population in need of qualified guardians.

State-Funded Programs

Respite for Elders Living in Everyday Families (RELIEF)

Description

The Respite for Elders Living in Everyday Families (RELIEF) Program offers respite services to family caregivers of frail elders and those with Alzheimer’s disease and related dementias so that they can continue caring for a homebound elder, thus avoiding the need to institutionalize the elder. Individuals who do not currently receive other Department services are given first priority.

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

Services and Activities

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

Administration

Services are administered through Area Agencies on Aging (AAAs), and the Department provides contract management and technical assistance. The AAAs are selected for RELIEF contracts in Planning and Service Areas (PSAs) where it is determined that evening and weekend respite volunteers can be recruited, screened, matched with clients, and supervised. Contracts require regular reporting of activities and expenses. The RELIEF Program is currently administered in PSAs 1, 4, 7, 8, 9, 10, and 11.

Eligibility

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

Statutory Authority

Section 430.071, Florida Statutes.

Funding Source and Allocation Methodologies

The RELIEF program is wholly funded by state General Revenue.

RELIEF Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served	Volunteers	Units (Hours)
2008-2009	\$1,044,530	510	303	121,326
2009-2010	\$909,034	498	464	131,384
2010-2011	\$909,034	499	410	153,575
2011-2012	\$909,034	400	300	120,000
2012-2013	\$909,034	486	336	69,213
2013-2014	\$993,672	492	369	110,267
2014-2015	\$993,670	402	300	120,000
2015-2016	\$993,670	320	278	111,312
2016-2017	\$977,256	394	303	97,000
2017-2018	#\$977,259	#320	#300	#100,000

#Projection

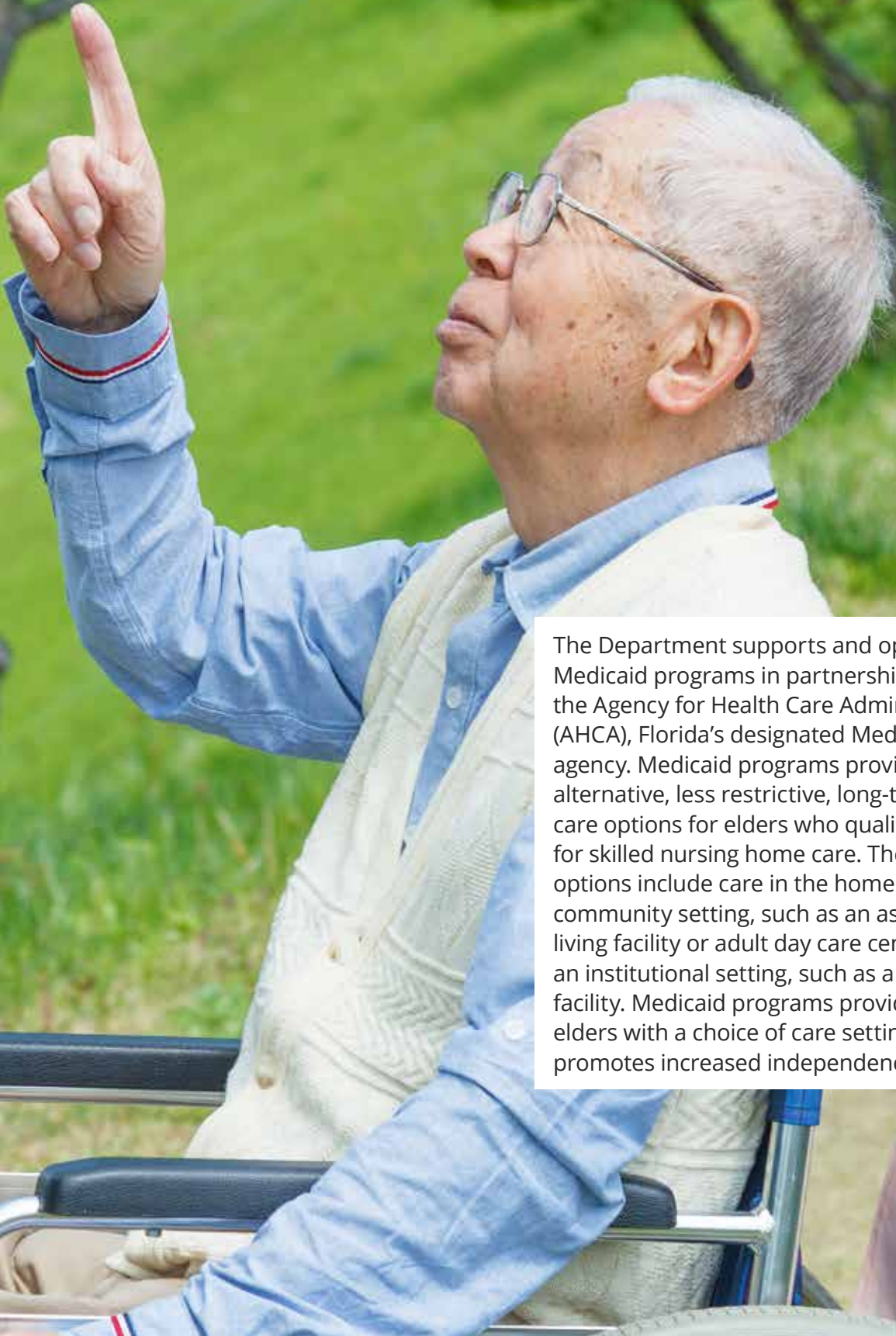
Source for clients served, volunteers, and hours: Monthly program progress reports and contracts

Program Highlight

Ms. Cooper is 85-years-old and is the oldest volunteer in the RELIEF program, having served in the program for over 20 years. Ms. Cooper is known as the Energizer Bunny because of her quickness and readiness to provide hope, rest, and support to families that so desperately need respite care. Ms. Cooper is very thankful to be a volunteer and believes that volunteering has strengthened her and given her longevity. She is proud to have the opportunity to spend a few hours a week reading, talking, and playing games with her peers.

SECTION D

Medicaid Programs



The Department supports and operates Medicaid programs in partnership with the Agency for Health Care Administration (AHCA), Florida's designated Medicaid agency. Medicaid programs provide alternative, less restrictive, long-term care options for elders who qualify for skilled nursing home care. These options include care in the home or in a community setting, such as an assisted living facility or adult day care center, or in an institutional setting, such as a nursing facility. Medicaid programs provide eligible elders with a choice of care settings that promotes increased independence.

Medicaid Programs

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

Description

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

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

Services and Activities

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

Administration

The Department of Elder Affairs administers CARES in partnership with the Agency for Health Care Administration. There are 17 CARES field offices located throughout the state. CARES personnel include physicians, registered nurses, assessors, administrative support staff, office supervisors, and regional program supervisors. CARES management structure also includes central office staff responsible for program and policy development.

Eligibility

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

Statutory Authority

Title XIX of the Social Security Act of 1965; 42 Code of Federal Regulations 456; 42 Code of Federal Regulations 483.100-483.138 (Subpart C); sections 409.985, Florida Statutes; Chapter 59G-1.040, 59G-4.180, and 59G-4.290, Florida Administrative Code.

Funding Source and Allocation Methodologies

The Department of Elder Affairs allocates CARES spending authority to each of the 17 CARES field offices, located in 11 Planning and Service Areas around the state, based on the number of client applications and assessments and the number of CARES personnel in each office.

Program Highlight

The responsibilities of CARES employees don't stop with completing medical eligibility assessments for nursing home and Medicaid Waivers. When the Governor declares a state of emergency, CARES team members are called on to work in Special Needs Shelters. Special Needs Shelters provide medical oversight to evacuated individuals with significant medical conditions and/or disabilities until they can return to their homes or alternative living arrangements. If individuals cannot return to their homes, CARES employees provide assistance with locating alternative housing. CARES also works with other state agencies, county partners, and charity organizations in Disaster Recovery Centers and Disaster Assistance Centers. These centers provide help with registering for FEMA assistance, crisis counseling, Supplemental Nutrition Assistance Program (SNAP) information, employment information and training services, medical attention and health concerns, and food and water.

After Hurricane Irma, CARES employees working in a St. Lucie County Special Needs Shelter assisted with placing two evacuated individuals from another state in an assisted living facility. After the placement, CARES received a follow-up call from the assisted living facility staff regarding prescription medications for the individuals. Both individuals needed prescription refills within several days. These medications were expensive and neither individual had Florida health insurance. The CARES staff worked diligently to find a solution. Subsequently, the Department of Health's pharmacy assisted the individuals with the prescription refills.



CARES Appropriation History and Numbers Served

State Fiscal Year	Federal Funding = 75% State Funding = 25%	Total Number of Assessments	Percent Diverted*
2008-2009	\$16,269,207	97,643	36.3%
2009-2010	\$16,135,481	105,217	34.3%
2010-2011	\$17,815,669	108,119	39.2%
2011-2012	\$17,643,458	120,603	38.7%
2012-2013	\$17,183,815	122,894	36.1%
2013-2014	\$17,300,580	**80,706	20.9%
2014-2015	\$18,358,055	88,075	n/a
2015-2016	\$18,316,195	93,790	n/a
2016-2017	\$18,332,574	100,304	n/a
2017-2018	\$17,983,094	#109,680	n/a

*Percent Diverted is the percentage of initial CARES assessments where the person continues to reside in the community for 30 days or more after assessment. Percent Diverted is not based on the total number of assessments. After implementation of the Statewide Medicaid Managed Care Program in 2014, CARES was no longer responsible for diversion to community alternative programs.

**The reduction in the number of assessments is due to CARES no longer performing annual face-to-face assessments of Medicaid waiver program participants beginning March 1, 2014.

#Projection

Source for assessments: CIRTS

Medicaid Programs

Program of All-Inclusive Care For the Elderly (PACE)

Description

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

Services and Activities

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

Administration

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

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

PACE Centers	Counties Funded	Funded Slots
Florida PACE	Broward	125
Florida PACE	Miami-Dade	709
Hope Select Care PACE	Lee, Charlotte, and Collier	440
Palm Beach PACE	Palm Beach	656
Suncoast PACE	Pinellas	325
PROGRAM TOTAL		2,255

NOTE: Each state and federally approved site has a maximum number of individuals that may receive services through PACE.

PACE Appropriation History and Numbers Served

State Fiscal Year	Combined Federal and State Funding	Clients Served
2008-2009	\$10,278,683	550
2009-2010	\$10,278,683	550
2010-2011	\$9,960,079	900
2011-2012	\$14,269,333	795
2012-2013	\$25,207,786	1,018
2013-2014	\$28,330,951	1,100
2014-2015	\$36,526,016	1,108
2015-2016	\$39,550,155	1,539
2016-2017	\$50,282,883	1,866
2017-2018	\$47,718,123	#1,894

#Projection

Source for clients served: Monthly enrollment reports from PACE Organizations

Program Highlight

A PACE enrollee had a long-standing history of multiple psychiatric issues and was at high risk of being permanently placed in an institution. She was a danger to herself as she often left her home in the middle of the night and needed daily monitoring and redirection. Since enrollment in the program, PACE staff has monitored her medical issues closely and adjusted her medication. Additionally, she sees a psychiatrist on a regular basis and has not exhibited any of her past behaviors. The daughter credits her mother's improvement to her attendance at the PACE Center four days a week. She has also said that her mother's socialization skills have progressed with peers, family, and staff, and she feels that the services provided have not only enhanced the quality of her mother's life but her own as well.



Medicaid Programs

Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC)

Description

The Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) was authorized by the 2011 Florida Legislature through House Bill 7107, which created Part IV of Chapter 409, Florida Statutes, to establish the Florida Medicaid program as an integrated Statewide Managed Care Program for all covered services, including long-term care services.

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

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

Services and Activities

SMMC LTC enrollees receive long-term care and acute services. Long-term care services provided include homemaker, companionship, assisted living services, case management, adult

day care, home accessibility adaptation, escort, hospice, assistive care, assisted living facility services, behavioral management, personal care, personal emergency response systems, medical equipment and supplies, intermittent and skilled nursing, medication administration and management, caregiver training, home-delivered meals, respiratory therapy, respite care, occupational therapy, physical therapy, speech therapy, nursing facility services, and non-emergency transportation. Acute care services are covered by the enrollment in a Statewide Medicaid Managed Care Managed Medical Assistance (MMA) program and through Medicare enrollment.

Administration

The Agency for Health Care Administration (AHCA) administers this program. The Department of Elder Affairs monitors the health plans in coordination with AHCA and administers the Independent Consumer Support Program (ICSP) to ensure that SMMC LTC consumers have multiple access points for information, complaints, grievances, appeals, and questions.

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

Numbers Served

State Fiscal Year	Clients Enrolled
2013-2014*	97,364
2014-2015	110,241
2015-2016	116,745
2016-2017	122,068
2017-2018	#122,068

**August 2013 - June 2014*

#Projection

Source: Agency for Health Care Administration

Program Highlight

The Department of Elder Affairs has continued the Person-Centered Monitoring (PCM) program, implemented in 2015, for all Statewide Medicaid Managed Care Long-term Care (SMMC LTC) enrollees. PCM is a national initiative led by the Centers for Medicare and Medicaid Services (CMS) geared towards improving quality of care and, ultimately, resulting in better outcomes for SMMC LTC enrollees.

The PCM program consists of two main elements: case file reviews and face-to-face visits. A statistically significant random sample of case files are requested quarterly from each SMMC LTC managed care plan and are reviewed by DOEA staff to ensure that all case management requirements are met. Elements reviewed include timeliness and appropriateness of monthly contacts, involvement of the enrollee and/or their representative in the decision-making process, and whether authorized services meet the assessed need of the enrollee, among many others.

Face-to-face visits are conducted monthly with enrollees and/or their representative to determine enrollee satisfaction and ensure that quality care is being provided by the managed care plans. Visiting enrollees in their communities allows DOEA staff to interact with enrollees on a more personal level and provides the enrollees a valuable outlet to voice their opinion on the program and their provider. PCM allows DOEA to more adequately evaluate the SMMC LTC program through the eyes of the elders we serve and ensure that they are receiving the quality of care expected.

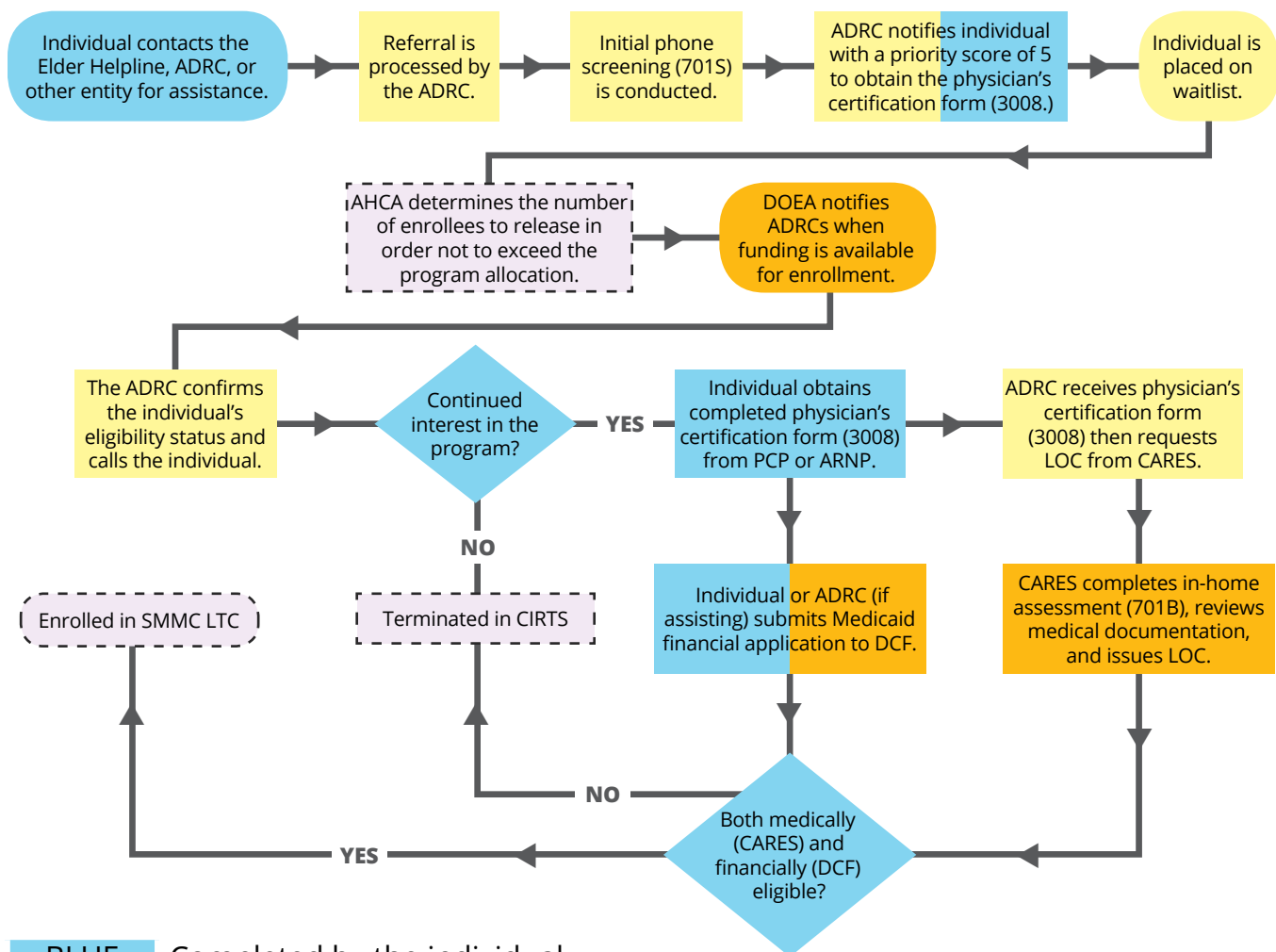
Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) Waitlist Process Map

The Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) Waitlist Process Map provides an overview of the process for an individual to be enrolled in SMMC LTC. The process map demonstrates the interaction between an individual and DOEA from the beginning of the process to enrollment (end of process).

The length of time to complete the enrollment process depends upon several factors including funding and proper documentation being submitted.

ACRONYMS USED IN WAITLIST PROCESS MAP


- ADRC:** Aging and Disability Resource Center
- AHCA:** Agency for Health Care Administration
- ARNP:** Advanced Registered Nurse Practitioner
- CARES:** Comprehensive Assessment and Review for Long-Term Care Services Program
- CIRTS:** Client Information and Registration Tracking System
- DCF:** Department of Children and Families
- DOEA:** Department of Elder Affairs
- LOC:** Level of Care
- PCP:** Primary Care Physician
- SMMC LTC:** Statewide Medicaid Managed Care Long-term Care Program



- BLUE** Completed by the individual
- YELLOW** Completed by the ADRC
- ORANGE** DOEA/CARES action

SECTION E

Other Department Programs

A young child with short brown hair, wearing a white short-sleeved shirt with a small white flower on the sleeve, is leaning towards an older man. The man is wearing a white short-sleeved shirt, a white cap, and glasses. They are both smiling and looking at each other. The background is a soft, out-of-focus green and yellow, suggesting an outdoor setting.

There are some Department programs that do not fall strictly into Older Americans Act (OAA), state-funded, or Medicaid categories. These programs are largely funded by the U.S. Department of Health and Human Services (USHHS), U.S. Department of Agriculture (USDA), Centers for Medicare and Medicaid Services (CMS), or other federal sources. However, the AmeriCorps and Senior Companion Programs (SCP) receive General Revenue matching funds to supplement federal grants awarded by the Corporation for National and Community Service.

Other Department Programs

Adult Care Food Program (ACFP)

Description

The Adult Care Food Program (ACFP) supports the provision of nutritious meals and/or snacks served to community-based adults attending adult care centers. These meals support the clients' nutritional status, enabling them to prolong living in their own community. The program provides meal reimbursements to participating adult care centers and other eligible centers.

Services and Activities

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

Administration

The Department of Elder Affairs directly administers the ACFP.

Eligibility

Centers eligible to receive meal reimbursement include the following:

- Licensed Adult Day Care Centers and public or proprietary centers (Proprietary centers must receive Medicaid Title XIX funding for at least 25 percent of their participants.);

- Mental Health Day Treatment or Psychosocial Centers;
- In-Facility Respite Centers under contract with Department-funded programs; and
- Habilitation Centers approved by the Florida Department of Children and Families.

To be eligible for the program, an individual must:

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

Statutory Authority

Title 7 Code of Federal Regulations Part 226.

Funding Source and Allocation Methodologies

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

ACFP Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Adult Day Care Sites	Average Meals or Snacks Served
2008-2009	\$2,999,431	99	9,455
2009-2010	\$3,433,882	116	8,006
2010-2011	\$3,922,519	130	*2,207,541
2011-2012	\$4,093,720	125	2,321,4211
2012-2013	\$4,806,225	130	1,973,598
2013-2014	\$3,526,106	134	1,830,781
2014-2015	\$3,676,051	132	1,880,372
2015-2016	\$4,491,882	155	2,092,688
2016-2017	\$4,508,186	167	2,383,097
2017-2018	#\$4,508,186	#167	#2,399,130

**From Federal Fiscal Years (FFY) 1997-2010, meals and snacks served were calculated using a daily participant average. The data collection methodology changed in 2010-2011 FFY to reflect a total number of meals or snacks served annually.*

#Projection

Source for sites and meals or snacks served: Manual reports submitted by ACFP program sites

Program Highlight

Mrs. R is an 82-year-old elder who lives in Miami. She routinely attends an adult day care center that participates in the Adult Care Food Program. Mrs. R reports that after Hurricane Irma hit in September 2017, it left many in Miami without power for several days, including herself and her family. Mrs. R explained how grateful she was to go to her adult day care and receive meals as she had very little food at home that was safe to consume. She was able to sustain her nutritive status during this crisis with the two meals and one snack provided by the Adult Care Food Program.

Other Department Programs

AmeriCorps

Description

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

Services and Activities

The Department operates a Legacy Corps for Veterans and Military Families project in Miami-Dade and Broward counties called the Easter Seals South Florida Respite Program, one of 16 projects administered in 11 states around the nation by the University of Maryland Department of Health Services Administration. The Department partners with AmeriCorps members and community volunteers to provide respite care services to multicultural caregivers of frail elders at risk of nursing home placement, including veteran and military families. In addition, caregivers receive information regarding available community services and support to help relieve the stress of caring for an elder loved one.

Administration

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

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

AmeriCorps Funding History and Numbers Served

Grant Year*	Federal Funding	State Funding	Clients Served	Members	Member Hours of Service
2008	\$121,970	\$36,921	300	49	22,050
2009	\$121,000	\$41,506	320	464	21,000
2010	**\$0	\$41,602	315	52	22,050
2011	\$165,000	\$60,000	400	60	27,000
2012	\$220,000	\$65,530	100	83	36,000
2013	\$163,800	\$67,133	250	67	30,150
2014	\$165,000	\$61,173	200	60	27,000
2015	\$160,050	\$66,123	200	60	29,479
2016	\$160,050	\$66,123	200	60	27,000
2017	#\$160,050	#\$66,123	#200	#60	#27,000

Note: The number of AmeriCorps programs differs from year to year. Required local and in-kind match contributions are not reflected in above dollar amounts.

**Beginning in 2016, the Grant Year runs September to August. Prior to 2016, the Grant Year ran April to March.*

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

#Projection

Program Highlight

“The services provided by the AmeriCorps program have been allowing me to continue to care for my mother while I work. Thanks to the AmeriCorps program, I can enjoy some peace of mind knowing that my mother is comfortable at home accompanied by an AmeriCorps volunteer. I am very grateful to the AmeriCorps program.”

- AmeriCorps Program Caregiver, Miami-Dade County

Other Department Programs

Emergency Home Energy Assistance for the Elderly Program (EHEAP)

Description

EHEAP assists low-income households that include at least one person age 60 or older living in the home when the household experiences a home energy emergency.

Services and Activities

Services provided include payments for home heating or cooling and other emergency energy-related costs during the heating (October-March) and cooling (April-September) seasons. Eligible households may be provided one benefit per season. The maximum crisis benefit is \$600 per household per season. Payments are made directly to the vendor for electricity, natural gas, propane, fuel oil, kerosene, or wood.

Program beneficiaries may receive vouchers to purchase blankets, portable heaters, and fans. The program can also help pay for repairs to existing heating or cooling equipment or for energy-related utility reconnection fees.

Administration

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

Eligibility

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

- A heating or cooling home energy emergency;
- At least one individual age 60 or older living in the home; and
- A gross household annual income of no more than 150 percent of the federal poverty guidelines.

Statutory Authority

Low-Income Home Energy Assistance Act of 1981; 42 United States Code 8621 et seq.; Title XXVI of Public Law 97-35, as amended; 45 Code of Federal Regulations 96, Subpart H; 45 Code of Federal Regulations, Part 75; section 409.508, Florida Statutes; Chapter 91-115, Laws of Florida, section 10; Chapter 9B-65, Florida Administrative Code; and Chapter 73C-26, Florida Administrative Code.

Funding Source and Allocation Methodologies

This program is 100% federally funded through a grant by the U.S. Department of Health and Human Services. There is no state match requirement. EHEAP is a component of the federally funded Low-Income Home Energy Assistance Program (LIHEAP), which is administered by DEO. The amount of funds available varies each year, and Presidential awards for crisis funding

may be made available to provide assistance during extreme weather conditions.

Allocation of EHEAP funding is based on the following:

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

EHEAP Funding History and Numbers Served

Grant Year*	Federal Funding	Households Served	
		Heating Season	Cooling Season
2008-2009	\$1,761,778	3,854	3,696
2009-2010	\$6,609,824	5,671	6,130
2010-2011**	\$7,697,784	9,779	10,991
2011-2012	\$6,024,004	9,283	6,556
2012-2013	\$4,681,212	7,476	9,052
2013-2014	\$4,727,416	5,795	6,825
2014-2015	\$4,235,981	6,033	6,710
2015-2016	\$4,115,280	5,427	6,197
2016-2017	\$4,207,309	5,308	5,806
2017-2018	#\$3,882,779	#4,899	#5,357

*EHEAP Grant Year runs April to March.

**Contract period was extended through August 2011.

#Projection

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

Program Highlight

Mr. D applied for the Emergency Home Energy Assistance for the Elderly Program at a community service agency. He lives in a rented townhouse where, until recently, he was raising two grandchildren. One of them recently moved, and the other remains in the home. Mr. D retired early in order to be better able to take care of his grandchildren and struggles financially.

Mr. D's grandson, who continues to live with him, has a significant disability. He is a full-time college student, and Mr. D is committed to seeing his grandson finish college, pursue a career, and attain self-sufficiency. Mr. D applied for EHEAP when he found himself coming up short this summer, as the household income consists of Mr. D's Social Security retirement supplemented with SNAP for food assistance. Mr. D was unable to pay his utility bill, resulting in the loss of cool air during the hottest months of the year. EHEAP staff reviewed Mr. D's application, determined he was eligible for assistance, and made a commitment to his utility company for \$346.73. The energy assistance helped them overcome imminent financial hardship.



Other Department Programs

Senior Companion Program (SCP)

Description

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

Services and Activities

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

Administration

The Department partners with seven local providers which serve as volunteer stations that assist the Department of Elder Affairs; administer program services; and recruit, train, and assign the senior companions. The Department provides ongoing program supervision and technical support to local volunteer stations. The program is administered in Palm Beach, Duval, Citrus, Marion, and Osceola counties.

Eligibility

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

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

Statutory Authority

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

Funding Source and Allocation Methodologies

The Corporation for National and Community Service awards the Senior Companion grant to the Department of Elder Affairs. General Revenue funds are allocated as match for the federal grant award.

Senior Companion Funding History and Numbers Served

State Fiscal Year	Federal Funding	State Funding	Clients Served	Volunteer Companions	Hours of Service
2008-2009	\$351,608	\$117,764	481	158	82,151
2009-2010	\$351,608	\$117,764	308	121	80,000
2010-2011	\$356,882	\$58,328	324	102	72,000
2011-2012	\$356,882	\$58,328	347	100	66,692
2012-2013	\$356,882	\$58,328	255	84	60,031
2013-2014	\$342,607	\$58,328	300	84	64,500
2014-2015	\$342,607	\$58,328	235	68	46,153
2015-2016	\$342,607	\$58,328	283	67	57,179
2016-2017	\$342,607	\$58,328	260	80	64,000
2017-2018	#\$342,607	#\$58,328	#260	#80	#64,000

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

#Projection

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

Program Highlight

Mr. C moved to Florida after a debilitating stroke. With no family in the area to help him, Mr. C was experiencing loneliness, making poor financial decisions, and was struggling to accomplish activities of daily living. After reaching out for services, Mr. C was matched with Maria, a senior companion serving in the Senior Companion Program (SCP). Maria brings Mr. C to the senior center three times a week for socialization and has helped Mr. C straighten out his finances, ensuring his bills are paid on time. Maria also takes Mr. C to the doctor and makes sure his medications are filled. Mr. C says Maria “saved his life.” With Maria’s help and constant companionship, Mr. C is able to remain living independently and safe in his home.

Other Department Programs

Senior Farmers' Market Nutrition Program

Description

The Senior Farmers' Market Nutrition Program (SFMNP) provides coupons to low-income elders to purchase fresh fruits and vegetables to support their health and good nutrition. The program also supports local farmers by increasing their sales through coupon redemption. Coupons can be exchanged for approved locally grown fresh fruits and vegetables at farmers' markets by eligible elders in Alachua, Bay, Escambia, Gadsden, Hernando, Jackson, Leon, Liberty, Sumter, Suwannee, Union, and Washington counties. The coupon program typically begins April 1 and ends July 31 of each year. Funds remaining after this period may be reallocated to contract for additional coupons, which are subsequently distributed in the fall, with an expiration date of no later than November 15 for bundles of fresh produce valued at \$40 per bundle.

Services and Activities

Low-income elders who live in participating counties may apply for the program through the local elder services lead agency. Eligible elders who participate in the produce-value coupon portion of the program receive two coupon booklets per season. Each booklet contains five \$4.00 coupons that can be used to purchase fresh fruits and vegetables from participating farmers' markets.

Administration

The Department coordinates with the Florida Department of Agriculture and Consumer

Services (DACs), which operates the Women, Infants, and Children (WIC) Farmers' Market Nutrition Program, to simplify administration of SFMNP and reduce administrative expenses. A Memorandum of Agreement gives DACs primary responsibility to recruit, authorize, train, and monitor participating farmers. DACs is also responsible for providing participating farmers with vendor stamps, program manuals, and program participation signs to display at farmers' markets. The Department operates the program in cooperation with local agencies in the participating counties previously mentioned. Family and Consumer Science agents from the University of Florida Institute of Food and Agricultural Science (IFAS) Extension Service provide nutrition education for program participants.

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

SFMNP Funding History and Numbers Served

Grant Year*	Federal Funding	Farmers	Farmers' Markets	Participants Receiving:	
				Coupons	Bundled Produce
2008	\$104,903	186	17	2,194	253
2009	\$108,436	203	19	2,714	272
2010	\$107,132	203	38	2,680	N/A
2011	\$106,577	202	26	2,448	N/A
2012	\$106,577	203	34	2,467	401
2013	\$101,458	158	28	1,953	550
2014	\$98,752	174	43	1,891	450
2015	\$98,752	124	41	2,071	275
2016	\$97,139	139	40	1,901	475
2017	\$101,366	136	48	2,228	307
2018	#\$101,366	#136	#48	#2,228	#307

*SFMNP Grant Year typically runs March to November.

#Projection

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

Program Highlight

In 2017, there was an 88 percent redemption rate of coupons distributed to seniors in participating counties throughout the state. This redemption rate reflects the success of the program's administration, as well as our seniors' strong desire for this program in our state. With funds provided by the SFMNP, we provide much-desired Florida fresh produce to seniors. Each year at coupon and bundled produce distribution, seniors express their gratitude for this program that affords them the opportunity to have food they may not otherwise have. As one senior put it, "Strawberries are a luxury I can now enjoy thanks to your program."

Other Department Programs

Serving Health Insurance Needs of Elders Program (SHINE)

Description

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

Services and Activities

Trained volunteers of the state's 11 Area Agencies on Aging (AAAs) provide free and unbiased information, counseling, and assistance related to Medicare, Medicaid, long-term care insurance, prescription assistance, supplement insurance, preventive benefits, fraud prevention, cost-saving programs, and beneficiary rights. Counseling and other services are provided in person at counseling sites, via telephone and email, and through web-based video conferencing programs.

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

Administration

SHINE is administered at the local level through a partnership with the state's 11 AAAs. Department staff provides planning, training, technical assistance, and support to volunteers.

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

SHINE began providing services in 1993 and is funded through a federal grant from the U.S. Department of Health and Human Services' Administration for Community Living (ACL). Funding allocations are based on the number of beneficiaries in the state, with adjustments based on concentrations of low-income or rurally located beneficiaries.

SHINE Funding History and Numbers Served

Grant Year*	Federal Funding	Volunteers	Client Contacts
2008-2009	\$2,349,987	391	**51,000/505,700
2009-2010	\$2,349,987	400	65,887/550,000
2010-2011	\$3,407,745	400	***92,511
2011-2012	\$3,452,321	475	106,052
2012-2013	\$3,494,146	481	148,296
2013-2014	\$3,522,766	523	161,205
2014-2015	****\$4,251,813	579	169,565
2015-2016	\$3,997,201	547	182,087
2016-2017	\$4,200,390	518	175,762
2017-2018	#\$4,064,482	#600	#200,000

*SHINE Grant Year runs April to March.

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

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

****2014-2015 federal funding amounts consist of the following: Serving the Health Needs of Elders (SHINE) Grant, Performance Improvement & Innovation (PII) Grant, and Medicare Improvements for Patients & Providers Act (MIPPA).

#Projection

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

Program Highlight

A Delray Beach elder could not afford the cost of two drugs that doctors had prescribed to control his Parkinson’s disease. The elder emailed DOEA and noted that the cost would exceed his monthly income, even with an existing health care plan, and asked for help.

Through SHINE, the elder was counseled and referred to the Patient Access Network (PAN) Foundation – a national, independent organization dedicated to helping people with chronic, critical, and rare diseases. SHINE representatives in Tallahassee and Palm Beach County used NeedyMeds, a national non-profit organization, to identify the PAN Foundation as a resource and then connected the senior to the foundation. The gentleman was beyond grateful when the PAN Foundation agreed to donate \$16,000 to help pay for his medications.



SECTION F

Service Descriptions

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

- State Fiscal Year 2016-2017 (July 1, 2016, through June 30, 2017); or
- Federal Fiscal Year 2016-2017 (October 1, 2016, through September 30, 2017); or
- In the case of programs operating on a calendar year, January 1 through December 31, 2017.

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

Service Descriptions

Program Codes Used in This Section

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

AC	AmeriCorps	MMIS	Medication Management Improvement System
ACFP	Adult Care Food Program	OAA	Older Americans Act
ADI	Alzheimer's Disease Initiative	OPPG	Office of Public and Professional Guardians
AHCA	Agency for Health Care Administration	PACE	Program of All-Inclusive Care for the Elderly
CARES	Comprehensive Assessment and Review for Long-Term Care Services	PSA	Planning and Service Area
CCE	Community Care for the Elderly	RELIEF	Respite for Elders Living in Everyday Families
CIRTS	Client Information and Registration Tracking System	SCP	Senior Companion Program
DOEA	Department of Elder Affairs	SCSEP	Senior Community Service Employment Program
DRI	Dietary Reference Intake	SFMNP	Senior Farmers' Market Nutrition Program
EAR	Emergency Alert Response	SHINE	Serving Health Insurance Needs of Elders Program
EHEAP	Emergency Home Energy Assistance for the Elderly Program	SMMC LTC	Statewide Medicaid Managed Care Long-term Care Program
FMMIS	Florida Medicaid Management Information System	USDA	United States Department of Agriculture
HCE	Home Care for the Elderly		
LSP	Local Services Programs		
LTCOP	Long-Term Care Ombudsman Program		

Service	Description	Unit Type	Program(s)	Units of Service
A Matter of Balance	Adapted from Boston University's Roybal Center by Maine's Partnership for Healthy Aging, "A Matter of Balance" uses practical coping strategies to reduce fear of falling and to diminish the risk of falling, including group discussions; mutual problem-solving exercises to improve strength, coordination, and balance; and home safety evaluation. Includes Asunto de Equilibrio (Spanish version of "A Matter of Balance," in which materials and videos are translated to Spanish).	Episodes	OAA	148
Active Living Every Day	Step-by-step behavior change program that helps individuals overcome their barriers to physical activity. As participants work through the course, they learn lifestyle management skills and build on small successes – methods that have proven effective in producing lasting change.	Episodes	OAA	7
Adult Day Care	Therapeutic social and health activities and services provided to adults who have functional impairments in a protective environment as non-institutional as possible.	Hours	CCE, HCE, LSP, OAA	688,810
Adult Day Health Care	Services furnished four or more hours per day on a regularly scheduled basis for one or more days per week in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.	Hours	CCE, OAA	8,857
	Services furnished in an outpatient setting which encompass both the health and social services needed to ensure optimal functioning of the individual, including social services to help with personal and family problems and planned group therapeutic activities, as well as nutritional meals.		SMMC LTC	5,629,330

Service	Description	Unit Type	Program(s)	Units of Service
Arthritis Foundation Exercise Program	Recreational exercise program designed specifically for people with arthritis and related diseases. The program uses gentle activities to help increase joint flexibility and range of motion, maintain muscle strength, and increase overall stamina.	Episodes	OAA	67
Arthritis Foundation Tai Chi Program	Also known as Tai Chi for Arthritis, this program is offered in community settings and has been proven to improve movement, balance, strength, flexibility, and relaxation. Other benefits associated with this program include decreases in pain and falls.	Episodes	OAA	60
Assisted Living	Personal care services, homemaker services, chore services, attendant care, companion services, medication oversight, and therapeutic social and recreational programming provided in a home-like environment in an assisted living facility. This service does not include the cost of room and board furnished in conjunction with residing in the facility.	Hours	SMMC LTC	2,394,103
Attendant Care	Hands-on supportive and health-related care specific to the needs of a medically stable, physically handicapped individual. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by state law. Housekeeping activities that are incidental to the performance of care may also be furnished as part of this activity.	Hours	SMMC LTC	494,328
		Episodes		19,808
Basic Subsidy	Fixed-sum cash payment made to an eligible caregiver each month to reimburse some of his/her expenses of caring for the client. A basic subsidy is provided for support and maintenance of the care recipient, including medical costs not covered by Medicaid, Medicare, or any other insurance.	Months of Service	HCE	20,897



Service	Description	Unit Type	Program(s)	Units of Service
Behavioral Management	Behavioral health care services address mental health or substance abuse needs of members. Services are used to maximize reduction of the enrollee's disability and restoration to the best possible functional level and may include, but are not limited to, the following: an evaluation of the origin and trigger of the presenting behavior; development of strategies to address the behavior; implementation of an intervention by the provider; and assistance for the caregiver in being able to intervene and maintain the improved behavior.	Hours	SMMC LTC	Group: 1,500 Individual: 51,089
		Episodes		Group: 1,901 Individual: 241
Caregiver Training and Support	Training of caregivers, individually or in group settings, to: reduce stress, increase coping skills, provide strategies for effective management of caregiving tasks, and enable them to provide high quality care to recipients within the home. Caregiver training and support may be provided through forums, which include community seminars, support groups, and other organized local, regional, or statewide events.	Hours	ADI, OAA	Group: 4,574 Individual: 2,148
			SMMC LTC	40
Case Aide	Services that are supplemental to case management services and are provided by paraprofessionals under the direction of case managers or designated supervisory staff.	Hours	ADI, CCE, HCE, OAA	21,843
Case Management	Client-centered service that seeks to identify physical and emotional needs and problems through an interview and assessment process; discussing and developing a plan for services that addresses these needs; arranging and coordinating agreed-upon services; and monitoring the quality and effectiveness of the services. Case management is a service for actively enrolled clients that provides continuing support and addresses the changing needs of clients.	Hours	ADI, CCE, HCE, LSP, OAA, SMMC LTC	296,809
		Episodes	SMMC LTC	294,493
		Months	SMMC LTC	16

Service	Description	Unit Type	Program(s)	Units of Service
Child Day Care	Services provided to a minor child no older than 18 or a child with a disability who resides with a grandparent or other related caregiver age 55 or older.	Hours	OAA	8,858
Chore	Services include routine house or yard tasks, including seasonal cleaning; yard work; lifting and moving furniture, appliances, or heavy objects; household repairs that do not require a permit or specialist; and household maintenance. Pest control may be included when not performed as a distinct activity.	Hours	CCE, LSP, OAA, HCE	22,986
Chore – Enhanced	Performance of any house or yard task beyond the scope of regular chore services due to more demanding circumstances requiring more intensified, thorough cleaning.	Hours	CCE, HCE, OAA	6,249
Chronic Disease Self-Management Program	Developed by Stanford University, community setting workshops are provided for individuals with chronic health problems. Workshops cover techniques to deal with problems such as frustration, fatigue, pain, and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; appropriate use of medications; communicating effectively with family, friends, and health professionals; nutrition; and how to evaluate new treatments.	Episodes	OAA	37
Chronic Pain Self-Management Program	Developed by Stanford University for individuals living with chronic pain, participants receive information and practical skills for chronic pain management. This program is for people who have a primary or secondary diagnosis of chronic pain that lasts longer than 3-6 months or longer than the normal healing time of an injury.	Episodes	OAA	13



Service	Description	Unit Type	Program(s)	Units of Service
Companionship	Visiting a client who is socially and/or geographically isolated for the purpose of relieving loneliness and providing the client with continuing social contact with the community. It includes engaging in casual conversation; providing assistance with reading and writing letters; playing entertaining games; escorting a client to a doctor's appointment; and conducting diversion activities such as going to the movies, mall, library, or grocery store. Companions may also assist the recipient with such tasks as meal preparation, laundry, and light housekeeping tasks that are incidental to the individual's care and supervision.	Hours	CCE, OAA, SCP	191,238
Congregate Meals	Meals or snacks provided at eligible Adult Care Food Program centers.	Meals or Snacks	ACFP	2,383,097
	Meals provided at a congregate meal site that comply with the Dietary Guidelines for Americans and provides one-third daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient), as established by the Food and Nutrition Board of National Academy of Sciences.	Meals	LSP, OAA	3,932,960
Congregate Meals Screening	Assessments for congregate meal applicants or recipients with referral and follow-up as needed.	Hours	LSP, OAA	15,731
Counseling – Cognitive Skills Development	Development of cognitive skills to improve attention, memory, and problem solving, which includes compensatory training.	Hours	SMMC LTC	11,067
Counseling – Gerontological	Emotional support, information, and guidance through a variety of modalities, including mutual support groups for older adults who are having mental, emotional, or social adjustment problems as a result of the process of aging.	Hours	ADI, CCE, HCE, LSP, OAA	Group: 1,025 Individual: 8,378

Service	Description	Unit Type	Program(s)	Units of Service
Counseling – Medicare and Health Insurance	Medicare and health insurance education, counseling, and assistance to Medicare beneficiaries, their families, and caregivers.	Client Contacts	SHINE	175,764
Counseling – Mental Health Counseling and Screening	Services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group, and family therapy provided to clients using techniques appropriate to this population.	Hours	ADI, CCE, LSP, OAA	Group: 195 Individual: 4,466
Counseling – Reintegration Training	Community/work reintegration training, which includes shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, and use of assistive technology device/adaptive equipment.	Hours	SMMC LTC	60
Diabetes Self-Management Program	Diabetes self-management training services.	Hours	SMMC LTC	27
	Developed by Stanford University, individuals with Type 2 Diabetes attend workshops in a community setting. Subjects covered include techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional programs such as depression, anger, fear, and frustration; appropriate exercise for maintaining and improving strength and endurance; healthy eating; appropriate use of medication; and working more effectively with health care providers. Participants make weekly action plans, share experiences, and help each other solve problems they encounter while creating and carrying out their self-management program.	Episodes	OAA	28



Service	Description	Unit Type	Program(s)	Units of Service
Education	Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities. Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience, or skills; increasing awareness in areas like crime or accident prevention; promoting personal enrichment; and enhancing skills in a specific craft, trade, job, or occupation. Other options include training individuals or groups in guardianship proceedings for older individuals if other adequate representation is unavailable.	Episodes	ADI, OAA	Group: 11,624 Individual: 960
Emergency Alert Response (EAR) – Installation	Community-based electronic surveillance service that monitors frail homebound elders at high risk of institutionalization. EAR monitors by means of an electronic communication link to a response center with an electronic device that enables the elder to secure help in an emergency. The recipient can also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once the “help” button is activated.	Episodes	CCE, OAA, SMMC LTC	793
Emergency Alert Response (EAR) – Maintenance	Maintenance of EAR system, as explained above.	Days	CCE, LSP, OAA	795,422
		Months	SMMC LTC	156,740
Employment and Job Training	Up to 20 hours a week of paid part-time community service work for unemployed low-income persons who are age 55 and older. Assists with placement in unsubsidized employment.	Clients Served	SCSEP	747
Energy Assistance	Assistance to low-income households (with at least one individual age 60 or older in the home) experiencing a home energy emergency.	Households Served	EHEAP	11,115

Service	Description	Unit Type	Program(s)	Units of Service
Enhance Fitness	Group exercise program developed by the University of Washington, in collaboration with Senior Services, that focuses on stretching, flexibility, balance, low-impact aerobics, and strength training exercises.	Hours	OAA	608
Escort	Personal accompaniment and assistance to a person who has physical or cognitive difficulties using regular vehicular transportation. The accompaniment and assistance is provided to individuals to or from service providers, medical appointments, or other destinations needed by the client. Escort is essential during travel to provide safety, security, and support.	Trips	CCE, OAA	483
Financial Risk Reduction – Assessment	Assessment of problem area(s) and guidance for managing income, assets, liabilities, and expenditures.	Hours	CCE	35
Financial Risk Reduction – Maintenance	Maintenance of problem area(s) and guidance for managing income, assets, liabilities, and expenditures.	Hours	CCE	477
Health Promotion	Individual and/or group sessions to help participants understand how lifestyle affects physical and mental health and develop personal practices that enhance total well-being. Services are provided at multipurpose senior centers, congregate meal sites, and other appropriate places that target elders who are low income, minorities, or medically underserved. Services related to health promotion include the following: health risk assessments; routine health screenings; physical activity; home injury control services; mental health screenings for prevention and diagnosis; medication management, screening and education; gerontological counseling; distribution of information concerning diagnosis, prevention, treatment, and rehabilitation of age-related diseases and chronic disabling conditions such as osteoporosis; and cardiovascular diseases.	Episodes	LSP	77



Service	Description	Unit Type	Program(s)	Units of Service
Health Risk Assessment – Individual	Assessment utilizing one tool or a combination of tools to test older persons for certain risk factors that are known to be associated with a disease or condition. Many factors can be modified, including diet, risk-taking behaviors, coping styles, and lifestyle choices (such as smoking and overeating), and can be measured or identified through risk appraisal questionnaires. The health risk assessment helps the individual determine the addictive nature of many factors in their life. This can be done on a one-on-one or group basis.	Episodes	LSP	822
Health Support	Helps individuals secure and utilize necessary medical treatment, as well as preventive, emergency, and health maintenance services.	Hours	LSP, OAA	Group: 14,010
		Episodes	OAA	Individual: 10,398
Healthy Eating Every Day	Helps individuals establish healthy eating habits. Participants will identify the reasons for their poor eating choices, learn management skills, and improve their eating habits. Healthy Eating Every Day follows the USDA Nutrition Guidelines.	Episodes	OAA	5
Home Accessibility Adaptations Services	Physical adaptations to the home required by the enrollee's plan of care which are necessary to ensure the health, welfare, and safety of the enrollee or which enable the enrollee to function with greater independence in the home and without which the enrollee would require institutionalization. Such adaptations may include the installation of ramps and grab bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate the medical equipment and supplies, which are necessary for the welfare of the enrollee. All services shall be provided in accordance with applicable state and local building codes.	Episodes	SMMC LTC	959

Service	Description	Unit Type	Program(s)	Units of Service
Home-Delivered Meals	Complies with the Dietary Guidelines for Americans and provides one-third daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient), as established by the Food and Nutrition Board of National Academy of Sciences. May include hot, frozen, and/or emergency shelf meals.	Meals	CCE, HCE, LSP, OAA, SMMC LTC	8,881,841
Home Health Aide	Hands on personal care services, simple procedures as an extension of therapy or nursing services, assistance with ambulation or exercises, and assistance with self-administered medication. In-home services are performed by a trained home health aide or certified nursing assistant as assigned by and under the supervision of a registered nurse or licensed therapist.	Hours	CCE, OAA	7,383
Homemaker	Specific home management duties including housekeeping, laundry, cleaning refrigerators, clothing repair, minor home repairs, assistance with budgeting and paying bills, client transportation, meal planning and preparation, shopping assistance, and routine household activities conducted by a trained homemaker. General household activities such as meal preparation and routine household care provided by a trained homemaker when the individual regularly responsible for these activities is temporarily absent or unable to manage these activities. Chore services, including heavy chore services and pest control, may be included in this service.	Hours	CCE, HCE, LSP, OAA	962,727
		Hours	SMMC LTC	6,782,699
HomeMeds	Previously known as Medication Management Improvement System (MMIS), the goal of the program is to identify, assess, and resolve medication problems that are common among frail older adults.	Hours	OAA	1,212



Service	Description	Unit Type	Program(s)	Units of Service
Housing Improvement	Home repairs, environmental modifications, adaptive alterations, or installing security devices.	Hours	CCE, OAA	11,494
		Episodes	CCE	11
Information	Response to inquiries from or on behalf of a person regarding public and private resources and available services.	Episodes	OAA, LSP	260,311
Intake	Completes standard intake and screening instruments in order to gather information about an applicant for services.	Hours	CCE, OAA	51,908
Intermittent and Skilled Nursing	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse, or advanced registered nurse practitioner in the client's place of residence, pursuant to a plan of care approved by a licensed physician.	Hours	SMMC LTC	3,757,109
		Episodes		108
Interpreting/Translating	Interpreting/translating is defined as explaining the meaning of oral and/or written communication to non-English speaking persons or persons with disabilities who require such assistance.	Hours	OAA	1
Legal Assistance	Legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney) to older individuals with economic or social needs. Legal services include counseling or representation by a non-lawyer when permitted by law. Legal assistance protects against the loss of basic civil rights and ensures the autonomy and independence of older persons.	Hours	LSP, OAA	26,655

Service	Description	Unit Type	Program(s)	Units of Service
Long-Term Care Consumer Complaint Investigation	Investigation and resolution of complaints made by or on behalf of residents of long-term care facilities. Complaint investigations are confidential, and services have no fee. Staff and volunteers, certified as ombudsmen, work with residents and facilities to resolve complaints to the resident's satisfaction.	Assessments	LTCOP	4,304
		Facilities		4,130
		Complaint Investigations		5,651
		Visitations		4,516
Material Aid	<ul style="list-style-type: none"> • Direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc. • Food item(s) necessary for health, safety, or welfare. This may include condiments or paper products necessary for food consumption, as well as delivery charges. Alcohol, drug, and tobacco products are excluded. • Repair, purchase, delivery, and installation of any household appliance necessary to maintain a home or assist with household tasks necessary for the health, safety, or welfare of the person. • Purchase of materials necessary to perform chore or enhanced chore services (see Chore Assistance and Enhanced Chore service descriptions above). • Purchase of construction materials necessary to perform housing improvements, alterations, and repairs (see Housing Improvement service description above). 	Episodes	CCE, HCE, LSP, OAA	5,374
Medication Management	Screening, education, identification, and counseling regarding the medication regimens of clients, including prescription and over-the-counter medications, vitamins, and home remedies. These services also help to identify any dietary factors that may interact with the medication regimen. This can be done on a one-on-one or group basis.	Episodes	CCE	71



Service	Description	Unit Type	Program(s)	Units of Service
Medical Equipment and Supplies	<p>Medical equipment and supplies specified in the plan of care, including devices, controls, or appliances that enable the enrollee to:</p> <ul style="list-style-type: none"> • Increase the ability to perform activities of daily living, including medical supplies not available under the State Plan such as adult disposable diapers; • Perceive, control, or communicate the environment in which he or she lives; • Address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items, including items necessary for life support; • Address enrollee functional limitations, such as other durable and non-durable medical equipment. 	Items	SMMC LTC	19,025,745
		Hours		15,164
		Episodes		966
Nursing Home Applicant Assessment	Evaluation of the medical necessity for nursing facility care, the level of care required by the individual, and pre-admission screening of all nursing facility applicants to determine serious mental illness or intellectual disabilities.	Assessments	CARES	100,291
Nutrition Assistance	Bundled produce or coupons provided to low-income elders living in targeted service counties. Coupons can be exchanged for locally grown fresh produce at area farmers' markets.	Clients Served	SFMNP	2,892
Nutrition Counseling – Individual	One-on-one individualized advice and guidance to persons who are at nutritional risk because of poor health, nutritional history, current dietary intake, medication use, or chronic illnesses. Nutrition counseling includes options and methods for improving a client's nutritional status.	Hours	CCE, OAA	1,449
Nutrition Education	Accurate, scientifically sound, practical, and culturally sensitive nutrition information and instruction to participants in a group or individual setting consistent with their needs and food resources. Nutrition education is the process by which individuals gain the understanding, skills, and motivation necessary to promote and protect their nutritional well-being through their food choices and food preparation methods.	Clients Served	OAA	259,240

Service	Description	Unit Type	Program(s)	Units of Service
Nutritional Assessment/ Risk Reduction Services	Assessment, hands-on care, and guidance to caregivers and enrollees with respect to nutrition. This service teaches caregivers and enrollees to follow dietary specifications that are essential to the enrollee's health and physical functioning, prepare and eat nutritionally appropriate meals, and promote better health through improved nutrition. This service may include instructions on shopping for quality food and food preparation.	Hours	SMMC LTC	950
Occupational Therapy	Provided to produce specific functional outcomes in self-help, adaptive and sensory motor skill areas, and assist the client to control and maneuver within the environment. The service shall be prescribed by a physician. It may include an occupational therapy assessment that does not require a physician's prescription. In addition, this service may include training direct care staff and caregivers and monitoring those clients to ensure they are carrying out therapy goals correctly.	Episodes	SMMC LTC	40,660
		Hours		122,532
Other Services	Category for goods or services not defined elsewhere that are necessary for the health, safety, or welfare of the person.	Episodes	CCE, HCE, LSP	6,488
Outreach	An OAA-required access service making active efforts to reach targeted individuals face to face, either in a community setting or in neighborhoods with large numbers of low-income minority elderly, making one-on-one contact, identifying their service need and encouraging their use of available resources.	Episodes	OAA	19,022



Service	Description	Unit Type	Program(s)	Units of Service
Personal Care	Assistance with eating, dressing, personal hygiene, and other Activities of Daily Living. This service may include assistance with meal preparation and housekeeping chores such as bed-making, dusting, and vacuuming incidental to the care furnished or essential to the health and welfare of the individual.	Hours	CCE, HCE, LSP, OAA, SMMC LTC	13,447,779
		Items	SMMC LTC	2,986,603
Pest Control Initiation	Addresses insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients. Initiation covers start-up costs.	Episodes	CCE	203
Pest Control – Enhanced Initiation	Enhanced initial pest control services addressing insects and other potential carriers of disease and enhances the safety, sanitation, and cleanliness for recipients. Initiation covers start-up costs. This service is beyond the scope of pest control initiation due to the greater effort required.	Episodes	CCE	4
Pest Control Maintenance	Addresses insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients.	Episodes	CCE	1,932
Pest Control – Rodent	Addresses rodents and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients. Rodent service consists of trapping, baiting, or other treatments or applications that result in the elimination of the rodent(s).	Episodes	CCE	27
Physical Therapy	Provided to produce specific functional outcomes in ambulation, muscle control and postural development, and prevent or reduce further physical disability. The service shall be prescribed by a physician. It may also include a physical therapy assessment, which does not require a physician’s prescription. In addition, this service may include training direct care staff and caregivers and monitoring those individuals to ensure they are carrying out therapy goals correctly.	Episodes	SMMC LTC	9,653
		Hours		71,464
		Hours	CCE	90

Service	Description	Unit Type	Program(s)	Units of Service
Powerful Tools for Caregivers	Evidence-based education program using a train-the-trainer method of dissemination. It provides individual strategies to handle unique caregiver challenges and develop a wealth of self-care tools to: reduce personal stress; change negative self-talk; communicate needs to family members and health care or service providers; communicate more effectively in challenging situations; recognize the messages in emotions; deal with difficult feelings; and make tough caregiving decisions.	Episodes	OAA	2
Programa de Manejo Personal de la Diabetes	Community workshops designed for Spanish-speaking individuals with Type 2 Diabetes. Participants make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program.	Episodes	OAA	2
Public Guardianship	Protection of the property and personal rights of an individual who lacks the capacity to make decisions on their own behalf and in their own best interest, has limited financial means, and has no able or willing family members or friends to serve as guardian.	Wards	OPPG	2,097
Recreation	Planned leisure events such as games, sports, arts and crafts, theater, trips, and other relaxing social activities.	Hours	LSP, OAA	141,017
Referral and Assistance	Resources provided via telephone or face-to-face contact related to an individual's needs. Information is obtained about a person's needs; these needs are assessed; and the person is directed to the appropriate resources most able to meet the need. Contact with the resource is made for the person, as needed. Follow-up is a mandatory part of referral/assistance and is conducted with the referred person and/or the resource to determine the outcome.	Episodes	LSP, OAA	93,361



Service	Description	Unit Type	Program(s)	Units of Service
Respiratory Therapy	Treatment of conditions that interfere with respiratory functions or other deficiencies of the cardiopulmonary system. Services include evaluation and treatment related to pulmonary dysfunction.	Episodes	SMMC LTC	2,034
		Hours		834
Respite	Provision of relief or rest for a primary caregiver from the constant, continued supervision and care of functionally impaired individuals of all ages in an approved facility-based environment or in the home for a specified period of time.	Hours	SMMC LTC	2,247,738
Respite – In-Facility	Provision of relief or rest for a primary caregiver from the constant, continued supervision and care of functionally impaired individuals of all ages by providing care in an approved facility-based environment for a specified period of time.	Hours	ADI, CCE, HCE, OAA	821,819
Respite – In-Home	Provision of relief or rest for a primary caregiver from the constant, continued supervision and care of functionally impaired individuals of all ages by providing care in the home for a specified period of time.	Hours	ADI, AC, CCE, HCE, LSP, OAA, RELIEF, SCP	1,469,640
Screening and Assessment	Administration of standard assessment instruments to gather information and prioritize clients at the time of active enrollment or to re-assess currently active clients to determine need and eligibility for services.	Hours	LSP, OAA	35,866
Shopping Assistance	Helps a client get to and from stores or shops on behalf of a client. Includes proper selection of items to purchase, as well as storing purchased items upon return to the client’s home. A shopping aide may assist more than one client during a shopping trip.	Trips	OAA, CCE	8,759

Service	Description	Unit Type	Program(s)	Units of Service
Sitter	Services provided to a minor child no older than 18 or a child with a disability who resides with a grandparent age 55 and older or other related caregiver age 55 and older. Sitter services may be carried out in the home or in a facility during the day, at night, or on weekends.	Hours	OAA	15,160
Skilled Nursing Services	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse, or advanced registered nurse practitioner in the client's place of residence, pursuant to a plan of care approved by a licensed physician.	Hours	CCE, LSP, OAA	6,561
Specialized Medical Equipment, Services, and Supplies	<ul style="list-style-type: none"> • Adaptive devices, controls, appliances, or services that enable individuals to increase their ability to perform Activities of Daily Living. This service also includes repair of such items as well as replacement parts; • Dentures; walkers; reachers; bedside commodes; telephone amplifiers; touch lamps; adaptive eating equipment; glasses; hearing aids; and other mechanical or non-mechanical, electronic, and non-electronic adaptive devices; • Supplies such as adult briefs, bed pads, oxygen, or nutritional supplements; • Medical services paying for doctor or dental visits; and • Pharmaceutical services paying for needed prescriptions. 	Episodes	ADI, CCE, HCE, OAA	43,220
Speech Therapy	Identification and treatment of neurological deficiencies related to feeding problems, congenital or trauma-related maxillofacial anomalies, autism, or neurological conditions that affect oral motor functions. Therapy services include the evaluation and treatment of problems related to an oral motor dysfunction when determined through a multi-disciplinary assessment to improve an enrollee's capability to live safely in the home setting.	Episodes	SMMC LTC	56,307
		Hours		2,540



Service	Description	Unit Type	Program(s)	Units of Service
Stay Active and Independent for Life (SAIL)	A strength, balance, and fitness class developed as a result of the Washington State Department of Health's Senior Falls Prevention study. The goal of this program is to increase strength, balance, and mobility while decreasing the likelihood of falls.	Hours	OAA	40
Tai Chi: Moving for Better Balance	Developed by the Oregon Research Institute, this simplified, eight-form version of Tai Chi offered in community settings decreases the number of falls and risks associated with falling in older adults. Other benefits associated with this program include social and mental well-being, balance and daily physical functioning, self-confidence in performing daily activities, personal independence, and improved quality of life and overall health.	Episodes	OAA	49
Telephone Reassurance	Communications with designated clients by telephone on a mutually agreed schedule to determine that they are safe and to provide psychological reassurance or to implement special or emergency assistance.	Episodes	OAA	14,201
Tomando Control de su Salud	Skills education for the Spanish speaking population related to chronic disease management. The program is not a translation of the Chronic Disease Self-Management Program but was developed separately in Spanish. Subjects covered are similar, but they are presented in ways that are culturally appropriate.	Episodes	OAA	2

Service	Description	Unit Type	Program(s)	Units of Service
Transportation	Travel to or from community services and resources, health and medical care, shopping, social activities, or other life sustaining activities.	Trips	ADI, CCE, HCE, LSP, OAA	1,089,878
	Non-emergency transportation service offered in accordance with the enrollee's plan of care and coordinated with other service delivery systems. This non-emergency transportation service includes trips to and from services offered by the SMMC LTC Managed Care Plan and includes trips to and from the Managed Care Plan's expanded benefits.	Episodes	SMMC LTC	2,804,670
		Hours		482,256
		Miles		156,945
Un Asunto de Equilibrio	Adapted from Boston University Roybal Center by Maine's Partnership for Healthy Aging, this program uses practical coping strategies to reduce fear of falling and to diminish the risk of falling, including group discussions, mutual problem solving, exercises to improve strength, coordination and balance, and home safety evaluation. This is the Spanish version of A Matter of Balance. Materials and videos have been translated into Spanish.	Episodes	OAA	2
Volunteer Recruitment, Training, and Placement – AmeriCorps	Engages members (volunteers) in intensive service to meet critical community needs and provides in-home respite to elders, caregivers, and families.	Members	AC	60
		Clients Served		150
Volunteer Recruitment, Training, and Placement – Senior Companion Program	Engages elder volunteers to provide services to elders at risk of institutionalization, such as transportation to medical appointments, shopping assistance, meal preparation, companionship, respite, and advocacy.	Volunteers	SCP	83
		Clients Served		220
Volunteer Training	Training for individuals interested in helping caregivers with respite services.	Hours	RELIEF	1,700



Service	Description	Unit Type	Program(s)	Units of Service
Walk with Ease	Developed by the Arthritis Foundation, this program provides services for individuals with arthritis and other ongoing health conditions to increase their level of physical activity. Research supporting this program has shown to reduce disability, pain, fatigue, and stiffness, as well as improve balance, strength, and walking pace. The program also helps build confidence to be physically active and manage ongoing health conditions.	Episodes	OAA	9

Sources for definitions and programs providing services: DOEA Programs and Services Handbook; July 2016 Statewide Medicaid Managed Care Contract, Attachment II-B November 2016

Sources for units of service: DOEA CIRTS; AHCA/FMMIS Medicaid Paid Claims for Medicaid Waiver Services; DOEA Division of Statewide Community-Based Services report data

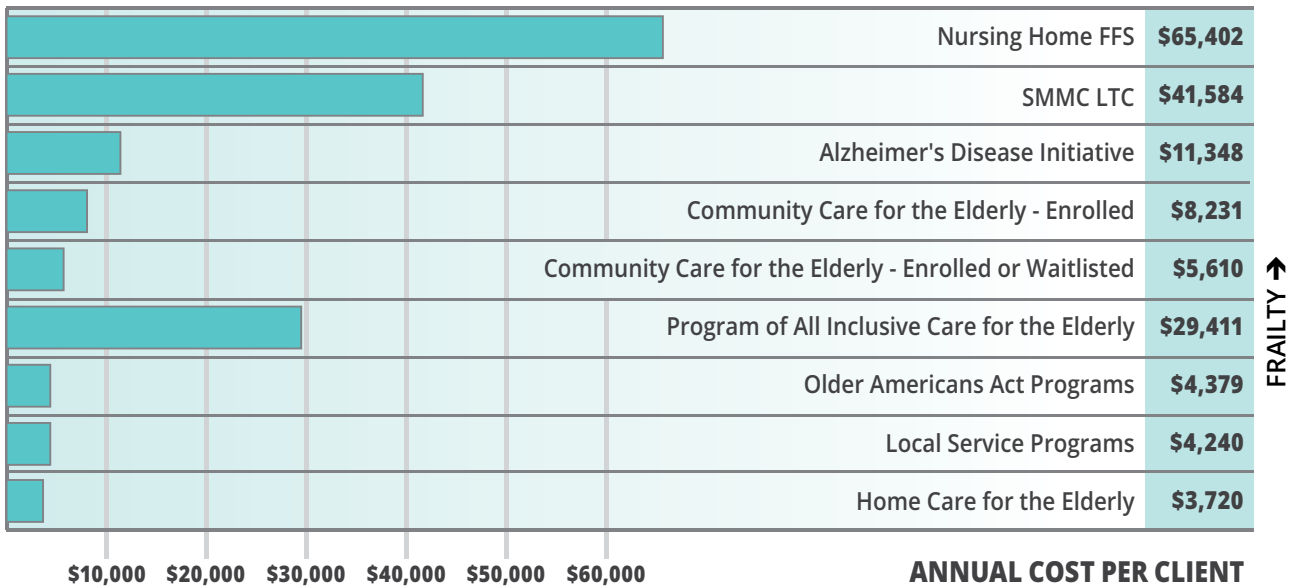
APPENDICES



Appendix 1

Cost Comparisons, Budget History, Appropriations, and ADRC Funding

Comparison of Annual Average Cost Per Client For Programs Serving Florida's Elders - SFY 2016-2017



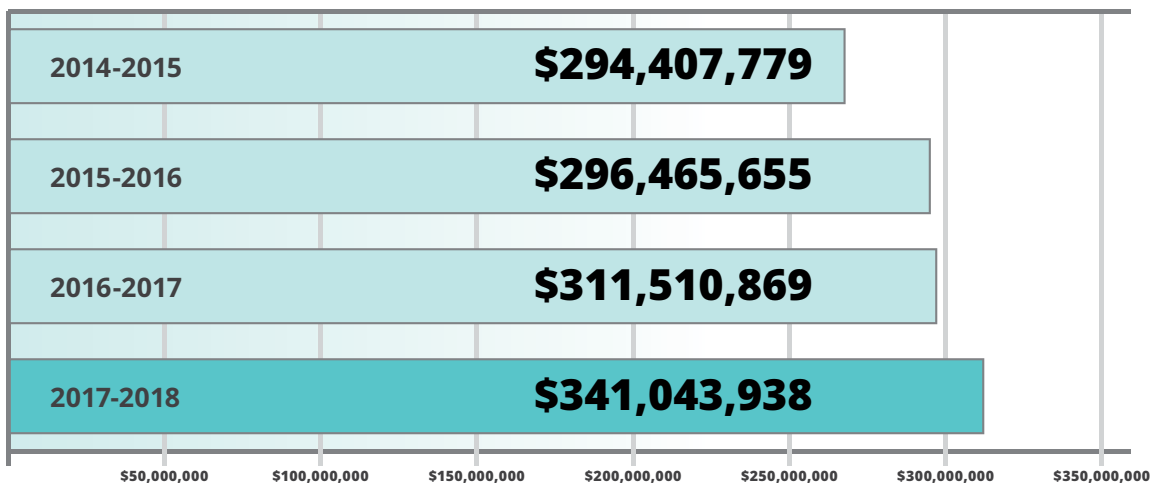
Nursing Home FFS: Includes fee-for-service nursing home claims for individuals age 60 and older

SMMC LTC: Statewide Medicaid Managed Care Long-term Care Program includes all ages; does not include incentives and/or pay-for-performance initiatives; may not include all adjustments

CCE Enrolled or Waitlisted includes individuals enrolled in CCE and individuals who were screened while waiting for services or going through the eligibility process for SMMC LTC

Source: CIRTS & FMMIS, SFY 2016-2017

Budget History



Note: Department programs and services are 95.5 percent privatized through contracts with Area Agencies on Aging and other providers. Executive Direction and Support Services represents 0.93 percent of the Department's expenditures.

Source: 2017-2018 General Appropriations Act less vetoed amounts and Department of Elder Affairs'

Appropriations - State Fiscal Year 2017-2018

General Revenue	\$144,232,043
Legislative Appropriation	
Administrative Trust Fund	\$3,499,741
Public Guardianship Services	
Indirect Earnings	
Federal Grants Trust Fund	\$120,352,938
Title III and Title VII, Older Americans Act	
Title V Senior Community Services Employment Program	
HHS Nutrition Services Incentive Program	
USDA Child and Adult Care Food Program	
Emergency Home Energy Assistance Program (EHEAP)	
Serving Health Insurance Needs of Elders (SHINE) Program	
Senior Farmers' Market Nutrition Program	
Operations and Maintenance Trust Fund	\$45,936,516
Comprehensive Assessment and Review for Long-Term Care Services (CARES)	
Medicaid Administration	
Grants and Donations Trust Fund	\$22,700
Donations	
Total	\$341,043,938

Source: 2017-2018 General Appropriations Act less vetoed amounts and Department of Elder Affairs' electronic Approved Operating Budget 2017-2018

ADRC Funding

Fiscal Year	State	Federal	Total
2008-2009	\$2,438,357	\$2,438,359	\$4,876,716
2009-2010	\$2,389,233	\$2,389,234	\$4,778,467
2010-2011	\$2,389,233	\$2,389,234	\$4,778,467
2011-2012	\$2,389,233	\$2,389,234	\$4,778,467
2012-2013	\$2,389,233	\$2,389,234	\$4,778,467
2013-2014	\$3,039,233	\$3,039,234	\$6,078,467
2014-2015	\$3,039,233	\$3,039,234	\$6,078,467
2015-2016	\$3,039,233	\$3,039,234	\$6,078,467
2016-2017	\$3,089,233	\$3,089,234	\$6,178,467
2017-2018	\$3,215,320	\$3,215,321	\$6,430,641

Appendix 2

General Eligibility Requirements for Major Programs and Services

NOTE: Eligibility requirements listed below are for general informational purposes only. Information may be subject to change, e.g., poverty guidelines and Institutional Care Program (ICP) standards are revised annually. To confirm the most current program eligibility requirements, please contact the Department of Elder Affairs. Additionally, individual program descriptions are listed in Sections B, C, D, and E of this publication.

PROGRAM	AGE	INCOME	OTHER REQUIREMENTS/ FRAILTY LEVELS
Adult Care Food Program (ACFP)	60 and older, or 18 and older with a functional disability.	Level of reimbursement per client to center is based on participant's assessed level of need in accordance with USDA's annual adjustments to Income Eligibility Guidelines.	Must reside in the home or in a "community-based" care facility. Must be enrolled in an adult care center. Center's reimbursement is based on participant's assessed level of need.
Alzheimer's Disease Initiative (ADI)	Caregivers for adults 18 and older; no requirement for Memory Disorder Clinics.	No income test; consumers are assessed a co-pay amount based on a sliding scale.	Diagnosed or suspected of having probable Alzheimer's disease or other memory disorder.
AmeriCorps	60 or older, caregivers, and veterans providing care.	N/A	Volunteers serve clients at risk of institutionalization due to chronic illness, disability, or isolation and persons with Alzheimer's Disease.
Community Care for the Elderly (CCE)	60 and older.	No income test; consumers are assessed a co-pay amount based on sliding scale.	Must be assessed as functionally impaired. Primary consideration is given to persons referred by Adult Protective Services as high risk.
Emergency Home Energy Assistance for the Elderly (EHEAP)	At least one household member age 60 or older.	Total gross household income of not more than 150 percent of the current OMB Federal Poverty Level for their household size.	Must have a heating or cooling emergency. Energy benefits will be made on behalf of household members of vulnerable populations with the highest home energy needs and the lowest household income.

PROGRAM	AGE	INCOME	OTHER REQUIREMENTS/ FRAILTY LEVELS
Home Care for the Elderly (HCE)	60 and older.	Less than Institutional Care Program (ICP) standard for income and assets.	Must be at risk of nursing home placement and have approved adult caregiver willing and able to provide or assist in arranging for care.
Older Americans Act (OAA) Programs (except Title V and VII)	60 and older; spouse under 60 and adults with disabilities may be served meals under some circumstances.	No income test.	Preference to persons with greatest economic or social needs, with particular attention to low-income, minority, and rural individuals.
Program of All-Inclusive Care for the Elderly (PACE)	55 and older.	Individuals must be eligible for Medicare or Medicaid with income and assets up to the Institutional Care Program (ICP) level. There is also a private pay option with PACE, however this is not regulated by the state.	In addition to meeting income and age requirements, individuals must live within the defined service area of the PACE Center, meet medical eligibility as determined by CARES, and be able to live safely in the community.
Respite for Elders Living in Everyday Families (RELIEF)	60 or older at risk of institutionalization not already receiving long-term services.	N/A	Volunteers serve clients at risk of institutionalization due to chronic illness, disability, or isolation and persons with Alzheimer's Disease.
Senior Community Service Employment Program (SCSEP), OAA Title V	55 and older.	Household income 125% of Federal Poverty Guidelines or less; certain exclusions apply.	Targets persons with poor employment prospects and greatest economic need.
Senior Companion (SC) Program	Volunteer: 55 and older.	Household income 200% of Federal Poverty Guidelines or less, as set forth in 42 U.S.C. 9902.	Volunteers serve clients at risk of institutionalization due to chronic illness, disability, or isolation.
Senior Farmers' Market Nutrition Program (SFMNP)	60 and older.	Household income 185% of Federal Poverty Guidelines or less.	Individuals must live in a participating county.
Serving Health Insurance Needs of Elders (SHINE) Program	Medicare beneficiaries, their representatives, family members, and caregivers.	N/A	N/A

Appendix 3

Elder Demographics and Clients Served

County	Total Population					Percent of Population Who Are Elders				
	All Ages	60+	65+	75+	85+	60+	65+	75+	85+	Minority 60+
Alachua	257,062	48,721	34,310	13,967	4,484	19.0%	13.3%	5.4%	1.7%	21.6%
Baker	26,965	5,058	3,470	1,290	301	18.8%	12.9%	4.8%	1.1%	10.6%
Bay	176,016	39,958	28,972	12,486	3,815	22.7%	16.5%	7.1%	2.2%	12.1%
Bradford	27,440	6,548	4,813	2,063	614	23.9%	17.5%	7.5%	2.2%	12.6%
Brevard	568,919	170,559	127,785	59,804	17,976	30.0%	22.5%	10.5%	3.2%	13.4%
Broward	1,854,513	408,511	293,963	130,797	45,745	22.0%	15.9%	7.1%	2.5%	41.3%
Calhoun	14,580	3,470	2,561	1,101	280	23.8%	17.6%	7.5%	1.9%	12.1%
Charlotte	170,450	77,827	62,341	29,185	8,627	45.7%	36.6%	17.1%	5.1%	7.7%
Citrus	143,054	61,381	48,672	22,536	6,460	42.9%	34.0%	15.8%	4.5%	6.5%
Clay	205,321	41,306	29,276	11,352	2,933	20.1%	14.3%	5.5%	1.4%	14.4%
Collier	350,202	122,898	98,363	46,860	13,184	35.1%	28.1%	13.4%	3.8%	11.2%
Columbia	68,566	16,920	12,286	4,968	1,330	24.7%	17.9%	7.2%	1.9%	15.0%
De Soto	35,141	8,585	6,526	2,841	689	24.4%	18.6%	8.1%	2.0%	16.5%
Dixie	16,773	5,079	3,719	1,393	306	30.3%	22.2%	8.3%	1.8%	6.6%
Duval	923,647	176,978	122,862	49,586	15,841	19.2%	13.3%	5.4%	1.7%	31.3%
Escambia	309,986	71,324	51,666	22,140	6,565	23.0%	16.7%	7.1%	2.1%	22.6%
Flagler	103,095	35,941	27,917	11,852	3,047	34.9%	27.1%	11.5%	3.0%	16.5%
Franklin	11,916	3,252	2,396	958	239	27.3%	20.1%	8.0%	2.0%	9.1%
Gadsden	48,486	11,030	7,624	2,975	756	22.7%	15.7%	6.1%	1.6%	47.3%
Gilchrist	16,848	4,621	3,394	1,407	454	27.4%	20.1%	8.4%	2.7%	3.9%
Glades	13,047	4,021	3,125	1,380	275	30.8%	24.0%	10.6%	2.1%	15.3%
Gulf	16,628	4,366	3,195	1,320	339	26.3%	19.2%	7.9%	2.0%	13.5%
Hamilton	14,665	3,495	2,481	917	222	23.8%	16.9%	6.3%	1.5%	25.7%
Hardee	27,637	5,190	3,819	1,579	452	18.8%	13.8%	5.7%	1.6%	22.9%
Hendry	38,370	6,916	5,085	2,199	617	18.0%	13.3%	5.7%	1.6%	41.6%
Hernando	179,503	62,823	49,751	23,243	6,923	35.0%	27.7%	12.9%	3.9%	10.9%
Highlands	101,531	41,713	34,015	16,793	4,988	41.1%	33.5%	16.5%	4.9%	12.6%
Hillsborough	1,352,797	251,305	179,099	74,806	22,444	18.6%	13.2%	5.5%	1.7%	33.0%
Holmes	20,003	5,282	3,946	1,673	382	26.4%	19.7%	8.4%	1.9%	5.6%
Indian River	146,410	54,313	42,728	20,961	6,937	37.1%	29.2%	14.3%	4.7%	9.1%
Jackson	50,345	12,342	8,992	3,969	1,151	24.5%	17.9%	7.9%	2.3%	21.8%
Jefferson	14,498	4,105	2,875	1,036	316	28.3%	19.8%	7.1%	2.2%	29.2%

Pages 116, 118 Source: Department of Elder Affairs 2016 estimates are based on Florida Legislature, Office of Economic and Demographic Research 2016 Final Profiles, provided November 2016; Pages 117, 119 Source: CIRTS for clients served; Department of Elder Affairs 2016 estimates, calculated September 2017, are based on Florida Legislature, Office of Economic and Demographic Research 2016 estimates, provided November 2016; and 2010-2014 American Community Survey, Special Tabulation on Aging, www.agid.acl.gov/DataFiles/ACS2014; Alzheimer's Disease 65+ : Department of Elder Affairs calculations based on Florida Population data and Alzheimer's by Age in 2017 Alzheimer's Disease Facts and Figures report, www.alz.org/documents_custom/facts_2017/statesheet_florida.pdf?type=interior_map&facts=undefined&facts=facts

County	Percent of Population Who Are Elders				Clients Served			
	Below Poverty Level 60+	Alzheimer's Disease 65+	Living Alone 60+	60+ With Self-Care Disabilities	ADI	CCE	HCE	Community Nursing Home Beds Per 1,000 (75+)
Alachua	10.7%	12.7%	26.7%	7.1%	92	351	42	69.3
Baker	10.2%	11.0%	19.0%	5.5%	6	86	12	145.7
Bay	9.6%	13.0%	23.4%	6.9%	46	174	43	68.4
Bradford	15.9%	12.9%	26.6%	9.1%	8	63	11	116.3
Brevard	8.3%	13.8%	24.5%	5.9%	104	900	29	44.1
Broward	12.9%	13.8%	26.4%	7.5%	334	3,564	297	33.2
Calhoun	13.4%	12.4%	27.3%	15.4%	5	26	3	223.5
Charlotte	7.1%	13.7%	21.1%	4.9%	26	364	34	38.4
Citrus	9.0%	13.5%	22.1%	5.4%	45	374	32	48.0
Clay	6.8%	11.6%	19.0%	6.1%	23	366	31	91.0
Collier	7.2%	13.7%	20.0%	3.9%	95	436	26	16.1
Columbia	9.4%	12.0%	23.5%	8.0%	8	185	25	61.4
De Soto	13.5%	12.4%	23.2%	8.7%	9	100	12	41.5
Dixie	12.5%	11.0%	23.4%	12.4%	3	77	10	43.1
Duval	10.6%	12.6%	26.7%	7.5%	67	2,525	81	79.0
Escambia	8.5%	12.9%	25.8%	7.1%	23	519	16	76.2
Flagler	9.6%	12.3%	16.1%	4.0%	15	340	9	20.2
Franklin	12.4%	11.8%	27.1%	11.0%	3	21	6	94.0
Gadsden	16.2%	11.6%	25.6%	7.2%	6	29	14	40.3
Gilchrist	12.3%	12.8%	22.1%	11.7%	4	48	5	142.8
Glades	13.2%	12.0%	17.9%	3.2%	6	48	12	0.0
Gulf	10.1%	12.1%	19.7%	10.1%	3	28	5	90.9
Hamilton	17.6%	11.1%	27.7%	10.5%	4	41	19	65.5
Hardee	21.9%	12.4%	21.4%	10.2%	2	98	15	65.9
Hendry	14.7%	12.8%	24.2%	7.4%	9	158	26	112.8
Hernando	7.7%	13.7%	22.2%	6.1%	51	449	45	28.4
Highlands	11.4%	14.3%	22.4%	6.2%	26	528	20	35.6
Hillsborough	11.8%	12.7%	24.0%	7.7%	118	3,393	142	50.0
Holmes	15.8%	12.0%	26.1%	12.1%	5	33	5	107.6
Indian River	8.0%	14.6%	24.6%	5.8%	11	468	11	26.0
Jackson	13.1%	13.1%	26.5%	9.6%	6	46	10	136.1
Jefferson	6.4%	11.5%	24.3%	5.8%	6	25	4	151.6

County	Total Population					Percent of Population Who Are Elders				
	All Ages	60+	65+	75+	85+	60+	65+	75+	85+	Minority 60+
Lafayette	8,621	1,696	1,236	517	130	19.7%	14.3%	6.0%	1.5%	6.0%
Lake	323,985	105,646	82,475	37,358	10,228	32.6%	25.5%	11.5%	3.2%	12.6%
Lee	680,539	221,072	171,538	73,452	19,791	32.5%	25.2%	10.8%	2.9%	11.4%
Leon	287,671	50,549	35,104	13,455	4,164	17.6%	12.2%	4.7%	1.4%	25.0%
Levy	40,553	12,224	8,961	3,540	787	30.1%	22.1%	8.7%	1.9%	11.2%
Liberty	8,736	1,492	1,027	406	96	17.1%	11.8%	4.7%	1.1%	12.0%
Madison	19,238	4,921	3,564	1,463	436	25.6%	18.5%	7.6%	2.3%	30.8%
Manatee	357,591	117,215	90,497	40,916	12,174	32.8%	25.3%	11.4%	3.4%	9.4%
Marion	345,749	122,870	97,052	43,849	11,721	35.5%	28.1%	12.7%	3.4%	13.3%
Martin	150,870	56,287	44,264	21,903	7,292	37.3%	29.3%	14.5%	4.8%	5.3%
Miami-Dade	2,700,794	568,098	419,289	196,842	59,379	21.0%	15.5%	7.3%	2.2%	83.2%
Monroe	76,047	23,055	16,219	5,791	1,455	30.3%	21.3%	7.6%	1.9%	17.7%
Nassau	77,841	21,771	15,758	5,974	1,471	28.0%	20.2%	7.7%	1.9%	7.5%
Okaloosa	192,925	42,656	30,853	13,524	3,637	22.1%	16.0%	7.0%	1.9%	12.8%
Okeechobee	40,806	9,821	7,425	3,309	858	24.0%	18.2%	8.1%	2.1%	12.7%
Orange	1,280,387	207,329	143,406	59,974	17,253	16.2%	11.2%	4.5%	1.3%	44.1%
Osceola	322,862	58,087	40,978	16,059	4,277	18.0%	12.7%	5.0%	1.3%	49.6%
Palm Beach	1,391,741	410,058	320,404	161,737	58,534	29.5%	23.0%	11.6%	4.2%	18.8%
Pasco	495,868	144,352	111,006	49,688	15,035	29.1%	22.4%	10.0%	3.0%	9.5%
Pinellas	954,569	301,032	226,843	104,927	35,173	31.5%	23.8%	11.0%	3.7%	11.1%
Polk	646,989	169,671	128,310	55,156	14,560	26.2%	19.8%	8.5%	2.3%	19.1%
Putnam	72,972	20,877	15,385	6,472	1,808	28.6%	21.1%	8.9%	2.5%	13.9%
St Johns	220,257	55,611	40,480	16,473	5,120	25.2%	18.4%	7.5%	2.3%	8.6%
St Lucie	292,826	81,758	62,313	28,205	8,220	27.9%	21.3%	9.6%	2.8%	20.7%
Santa Rosa	167,009	34,970	24,637	9,626	2,295	20.9%	14.8%	5.8%	1.4%	8.2%
Sarasota	399,538	166,989	134,496	66,868	21,442	41.8%	33.7%	16.7%	5.4%	6.2%
Seminole	449,124	91,178	64,573	27,037	8,838	20.3%	14.4%	6.0%	2.0%	23.4%
Sumter	118,577	71,587	60,962	25,218	4,362	60.4%	51.4%	21.3%	3.7%	2.9%
Suwannee	44,349	11,960	9,058	4,011	1,161	27.0%	20.4%	9.0%	2.6%	10.2%
Taylor	22,478	5,880	4,319	1,711	371	26.2%	19.2%	7.6%	1.6%	13.3%
Union	15,887	3,050	1,900	630	131	19.2%	12.0%	4.0%	0.8%	19.1%
Volusia	517,411	159,703	120,112	53,700	17,327	30.9%	23.2%	10.4%	3.3%	13.6%
Wakulla	31,559	6,046	4,125	1,451	340	19.1%	13.1%	4.6%	1.1%	11.8%
Walton	62,943	16,030	11,476	4,360	1,159	25.5%	18.2%	6.9%	1.8%	9.0%
Washington	24,888	5,821	4,249	1,656	393	23.4%	17.1%	6.7%	1.6%	11.2%
Florida	20,148,654	5,157,191	3,866,316	1,734,701	530,111	25.6%	19.2%	8.6%	2.6%	26.6%

County	Percent of Population Who Are Elders				Clients Served			
	Below Poverty Level 60+	Alzheimer's Disease 65+	Living Alone 60+	60+ With Self-Care Disabilities	ADI	CCE	HCE	Community Nursing Home Beds Per 1,000 (75+)
Lafayette	16.4%	12.2%	28.4%	13.4%	1	20	2	116.0
Lake	7.8%	13.1%	20.1%	5.3%	44	611	63	39.8
Lee	7.7%	12.6%	20.5%	5.1%	61	1,096	44	27.6
Leon	8.4%	12.0%	26.9%	5.0%	23	60	27	55.3
Levy	11.5%	11.4%	24.4%	8.9%	14	130	20	33.9
Liberty	11.9%	11.5%	24.1%	10.3%	2	20	5	0.0
Madison	14.9%	12.5%	23.8%	9.4%	3	21	5	162.7
Manatee	7.9%	13.4%	22.4%	4.6%	48	712	46	33.8
Marion	9.5%	13.0%	21.3%	6.4%	39	655	56	31.5
Martin	6.0%	14.8%	25.1%	4.4%	39	405	29	36.3
Miami-Dade	20.8%	13.8%	19.4%	8.9%	307	6,323	625	43.0
Monroe	11.2%	10.9%	23.8%	4.8%	35	110	21	41.4
Nassau	8.4%	11.3%	19.9%	6.7%	8	183	14	40.2
Okaloosa	6.0%	12.8%	22.5%	6.6%	19	138	18	66.5
Okeechobee	16.6%	12.8%	22.2%	9.1%	6	149	19	54.4
Orange	10.8%	12.3%	21.3%	6.2%	184	1,661	54	71.1
Osceola	11.8%	11.8%	17.0%	8.4%	10	565	1	67.3
Palm Beach	9.5%	15.4%	26.7%	6.1%	307	3,940	91	37.3
Pasco	9.2%	13.3%	24.3%	5.6%	267	1,373	26	39.0
Pinellas	9.9%	14.1%	31.0%	6.4%	556	2,282	41	74.7
Polk	10.1%	12.5%	21.4%	5.8%	71	1,924	102	53.6
Putnam	13.9%	12.5%	24.8%	6.1%	10	154	31	52.1
St Johns	7.2%	12.5%	22.9%	4.8%	12	395	13	32.6
St Lucie	9.7%	13.3%	22.6%	6.0%	76	898	44	37.2
Santa Rosa	6.9%	11.5%	19.6%	6.0%	11	179	3	42.6
Sarasota	6.9%	14.6%	25.0%	4.2%	54	662	34	44.5
Seminole	8.3%	13.0%	21.1%	6.4%	68	487	18	45.6
Sumter	5.8%	11.2%	15.6%	3.1%	20	173	19	9.9
Suwannee	14.7%	13.1%	23.8%	7.8%	14	119	27	100.0
Taylor	8.7%	11.3%	16.9%	10.9%	1	14	4	70.1
Union	12.3%	10.0%	26.7%	12.7%	3	25	4	0.0
Volusia	9.3%	13.6%	25.0%	6.6%	74	1,507	53	59.6
Wakulla	9.7%	10.6%	26.4%	8.6%	2	14	3	82.7
Walton	10.5%	11.5%	26.3%	7.5%	9	62	9	63.5
Washington	12.7%	11.4%	24.2%	10.3%	5	36	4	108.7
Florida	10.8%	13.4%	23.4%	6.5%	2,677	38,590	2,824	46.4

Appendix 4

Customer Assessment Profiles by Priority Level

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

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

CLIENT ASSESSMENT PROFILES BY PRIORITY RANK	PRIORITY RANK			
	1 and 2	3	4	5
Number of ADLs with which help is required	1-2	3	4	5
Number of IADLs with which help is required	5	6	7	7-8
Percent with dementia or cognitive impairment	31%	42%	51%	57%
Percent self-assessed in poor health	26%	46%	58%	70%
Percent of caregivers in crisis	2%	25%	52%	70%

NOTE: ADLs include bathing, dressing, eating, toileting, transferring, and walking. IADLs include heavy chores, light housekeeping, using the telephone, managing money, preparing meals, shopping, managing medication, and using transportation.

Source: CIRTS (Client Information and Registration Tracking System), SFY 2015-2016

Appendix 5

Acronyms and Abbreviations

AAA	Area Agency on Aging	DCCI	Dementia Care and Cure Initiative
ACCESS	Automated Community Connection to Economic Self-Sufficiency	DCF	Department of Children and Families
ACFP	Adult Care Food Program	DEO	Department of Economic Opportunity
ACL	Administration for Community Living (U.S. Department of Health and Human Services)	DOEA	Department of Elder Affairs
ADI	Alzheimer's Disease Initiative	EHEAP	Emergency Home Energy Assistance for the Elderly Program
ADL	Activities of Daily Living	FFY	Federal Fiscal Year
ADRC	Aging and Disability Resource Center	FMMIS	Florida Medicaid Management Information System
ADDRD	Alzheimer's Disease and Related Disorders/Dementias	HCBS	Home and Community-Based Services
AHCA	Agency for Health Care Administration	HCE	Home Care for the Elderly
ALF	Assisted Living Facility	HH	Home Health
APS	Adult Protective Services	IADL	Instrumental Activities of Daily Living
ARRA	American Recovery and Reinvestment Act	ICP	Institutional Care Program
CARES	Comprehensive Assessment and Review for Long-Term Care Services	ICSP	Independent Consumer Support Program
CCE	Community Care for the Elderly	IFAS	Institute of Food and Agricultural Science
CFAL	Communities for a Lifetime	LIHEAP	Low-Income Home Energy Assistance Program
CIRTS	Client Information and Registration Tracking System	LSP	Local Services Programs
CMS	Centers for Medicare & Medicaid Services	LTCOP	Long-Term Care Ombudsman Program
COA	County Council on Aging	MCO	Managed Care Organization
CY	Calendar Year	MDC	Memory Disorder Clinic
DACS	Department of Agriculture and Consumer Services	MIPPA	Medicare Improvements for Patients & Providers Act
		MMA	Managed Medical Assistance

NAPIS	National Aging Program Information Systems	SCSEP	Senior Community Service Employment Program
NH	Nursing in Home (?)	SFMNP	Senior Farmers' Market Nutrition Program
NSIP	Nutrition Services Incentive Program	SHINE	Serving Health Insurance Needs of Elders
OAA	Older Americans Act	SHIP	State Health Insurance Assistance Program
OPPG	Office of Public and Professional Guardians	SMMC LTC	Statewide Medicaid Managed Care Long-term Care
PACE	Program of All-Inclusive Care for the Elderly	SSA	Social Security Administration
PCM	Person-Centered Monitoring	USDA	United States Department of Agriculture
PII	Performance Improvement & Innovation	USHHS	United States Department of Health and Human Services
PSA	Planning and Service Area	WIC	Women, Infants, and Children
RELIEF	Respite for Elders Living in Everyday Families		
SCP	Senior Companion Program		



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2018

Summary of Programs and Services

The 2018 edition of the *Summary of Programs and Services* provides comprehensive information about the Florida Department of Elder Affairs and the programs it administers. Specifically, the publication contains the following information for each of the programs the Department administers:

- Activities and services;
- Administration;
- Eligibility information;
- Statutory authority;
- Appropriations and budget history;
- Funding allocation methods; and
- Numbers of clients served.

The 2018 *Summary of Programs and Services* also includes demographic and budget information. Unless otherwise noted, this publication contains information and data compiled as of January 2018.

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