



SOPS 2019

Summary
of Programs
and Services



Ron DeSantis, Governor



Richard Prudom, Secretary

SUMMARY OF PROGRAMS AND SERVICES

RON DESANTIS
Governor
RICHARD PRUDOM
Secretary

JANUARY
2019



4040 Esplanade Way
Tallahassee, Florida
32399-7000
Phone: 850-414-2000
Fax: 850-414-2004
TDD: 850-414-2001

ELDERAFFAIRS.ORG

ELDER PROGRAMS AT A GLANCE

Program	2018-2019 Funding	2017-2018 Funding	2017-2018 Number Served	Pg.
Adult Food Care Program (ACFP)	#\$6,905,874	\$6,905,874	174 Program Sites 2,621,757 Meals and Snacks Served	78
Alzheimer's Disease Initiative (ADI) - Respite/Special Projects	\$22,976,477	\$21,309,195	5,228 Clients Served	49
Alzheimer's Disease Initiative (ADI) - Memory Disorder Clinics	\$3,686,484	\$3,463,683	9,753 Clients Served	50
AmeriCorps	\$227,024	\$228,412	120 Clients Served 55 Volunteer Members 26,085 Hours of Service	80
Community Care for the Elderly (CCE)	\$55,179,837	\$54,679,837	44,086 Clients Served	57
Comprehensive Assessment and Review for Long-Term Care Services (CARES)	\$17,938,949	\$17,983,094	99,247 Assessments	69
Emergency Home Energy Assistance for the Elderly Program (EHEAP)	#\$5,490,315	\$4,329,787	10,930 Households Served	82
Home Care for the Elderly (HCE)	\$9,703,357	\$8,903,357	3,024 Clients Served	59
Local Services Programs (LSP)	\$12,369,546	\$11,311,754	13,397 Clients Served	61
Long-Term Care Ombudsman Program (LTCOP)	#\$2,930,727	\$2,930,727	4,230 Administrative Assessments 5,189 Complaints Investigated	42
Nutrition Services Incentive Program (NSIP)	#\$5,731,388	\$5,731,388	7,960,261 Meals Served	32
Office of Public and Professional Guardians (OPPG)	\$7,003,324	\$6,986,185	3,788 Public Wards Served	63
Older Americans Act Title III B - Supportive Services	#\$36,471,305	\$36,471,305	#42,462 Clients Served	26
Older Americans Act Title III C1 - Congregate Meals	#\$23,471,840	\$23,471,840	#30,100 Clients Served	28
Older Americans Act Title III C2 - Home-Delivered Meals	#\$23,031,943	\$23,031,943	#16,444 Clients Served	30
Older Americans Act Title III D - Disease Prevention and Health Promotion Services	#\$1,854,009	\$1,854,009	8,303 Clients Served	34
Older Americans Act Title III E - Caregiver Support	#\$14,897,648	\$14,897,648	#91,335 Clients Served	37
Older Americans Act Title V - Senior Community Service Employment Program (SCSEP)	\$4,675,586	\$4,660,264	1,879 Clients Served	39
Program of All-Inclusive Care for the Elderly (PACE)	\$62,045,114	\$47,718,123	1,882 Clients Served	72
Respite for Elders Living in Everyday Families (RELIEF)	\$959,000	\$977,259	244 Volunteers 94,726 Hours of Service	66
Senior Companion Program (SCP)	\$400,935	\$400,935	200 Clients Served 79 Volunteer Companions 64,449 Hours of Service	85
Senior Farmers' Market Nutrition Program (SFMNP)	#\$120,662	\$120,662	50 Farmers' Markets 3,428 Clients Served	87
Serving Health Insurance Needs of Elders Program (SHINE)	\$4,226,240	\$4,064,482	476 Volunteers 62,309 Client Contacts	89

Note: Programs operate on different annual periods, i.e., state fiscal year, federal fiscal year, grant year, or calendar year. The most current program data available at the time of publication is from November 2018. Please refer to individual program listings for information on their respective program periods.

Projection





TABLE OF CONTENTS

A

DOEA and the Aging Network 6

- General Overview. 6
- Demographics. 8
- Department of Elder Affairs Organization. 11
- Emergency Operations and Disaster Preparedness 12
- Division of Statewide Community-Based Services 12
- Office of Inspector General. 14
- Office of Strategic Initiatives. 14
- Office of Public and Professional Guardians 14
- Elder Rights 16
- Long-Term Care Ombudsman Program . . 17
- Dementia Care and Cure Initiative 18
- Memory Disorder Clinics 18
- Communicating with Our Stakeholders and the Public. 20
- Florida's Aging Network 21

B

Older Americans Act Programs. 25

- Title III B – Supportive Services 26
- Title III C1 – Congregate Meals 28
- Title III C2 – Home-Delivered Meals. 30
- Title III – Nutrition Service Incentive Program (NSIP) 32
- Title III D – Disease Prevention and Health Promotion Services 34
- Title III E – National Family Caregiver Support Program (Caregiver Support) . . . 37
- Title V – Senior Community Service Employment Program (SCSEP). 39
- Title VII, Section 712 – Long-Term Care Ombudsman Program . . 42
- Title VII, Section 720 – Elder Abuse Prevention. 46

C State-Funded Programs 48

- Alzheimer’s Disease Initiative (ADI) 49
- Alzheimer’s Disease and Related Disorders (ADRD) Training 53
- Community Care for the Elderly (CCE) . . . 57
- Home Care for the Elderly (HCE) 59
- Local Services Programs (LSP) 61
- Office of Public and Professional Guardians (OPPG) 63
- Respite for Elders Living in Everyday Families (RELIEF) 66

D Medicaid Programs 68

- Comprehensive Assessment and Review for Long-Term Care Services (CARES) 69
- Program of All-Inclusive Care for the Elderly (PACE) 72
- Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) . . . 74

E Other Department Programs 77

- Adult Care Food Program (ACFP) 78
- AmeriCorps 80
- Emergency Home Energy Assistance for the Elderly Program (EHEAP) 82
- Senior Companion Program (SCP) 85
- Senior Farmers’ Market Nutrition Program (SFMNP) 87
- Serving Health Insurance Needs of Elders Program (SHINE) and Senior Medicare Patrol (SMP) 89

F Service Descriptions 91

- Program Codes Used in This Section 92

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 herein were compiled as of November 2018.

For additional or updated information about any of the programs or services listed in this document, please contact the Department of Elder Affairs at 850-414-2000 or information@elderaffairs.org, or visit the DOEA website at ElderAffairs.org.

Individuals interested in enrolling in DOEA's programs or services, please contact the Elder Helpline at 1-800-96-ELDER.

G Appendices 115

- Appendix 1: Cost Comparisons, Budget History, Appropriations, and ADRC Funding 116
- Appendix 2: General Eligibility Requirements for Major Programs and Services 118
- Appendix 3: Elder Demographics and Clients Served 120
- Appendix 4: Customer Assessment Profiles by Priority Level 124
- Appendix 5: Acronyms and Abbreviations 125
- Appendix 6: Index 127

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 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 5.3 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. Advisory Council members are appointed by the Governor and leadership of the Florida Legislature. The Advisory Council meets quarterly.

MISSION

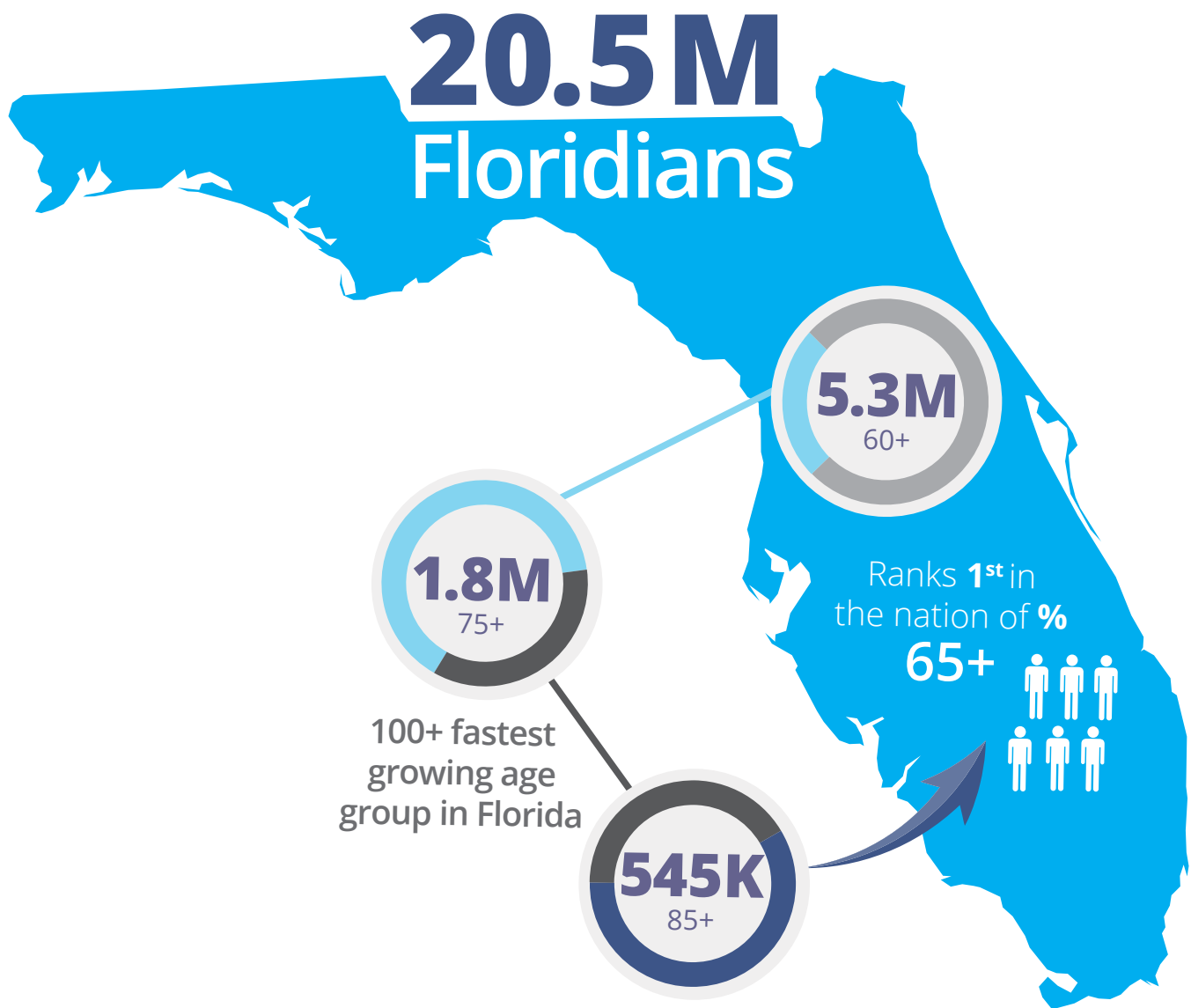
To help Florida's elders remain healthy, safe, and independent.

VISION

All Floridians aging with dignity, purpose, and independence.

About Florida's Elders

Florida has the highest population percentage of residents age 65 and older in the nation. 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.



DOEA and the Aging Network

Demographics

Age Distribution

Florida is the third most populous state with 20,484,142 residents. Florida has the highest percentage of elders age 65 and older and the fourth highest percentage of elders age 60 and older (26.0 percent) compared with a national percentage of 21.8 percent. Of Florida's 5,334,037 elders age 60 and older, 546,691 are age 85 and older.

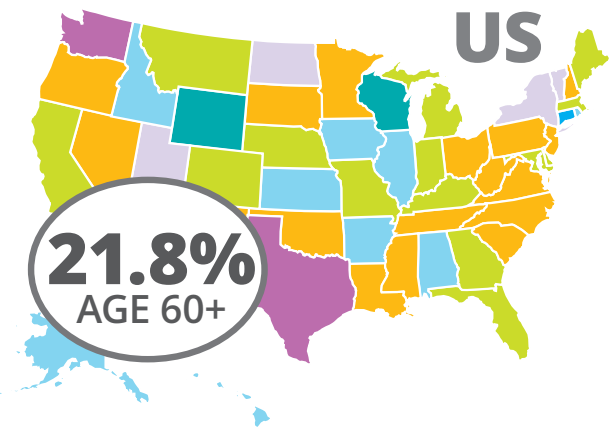
Most Florida elders age 60 and older reside in urban areas and are concentrated in Miami-Dade, Palm Beach, Broward, Pinellas, and Hillsborough counties. These five counties account for 37.6 percent of the total state population age 60 and older, and 41.4 percent of the population 85 and older.

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

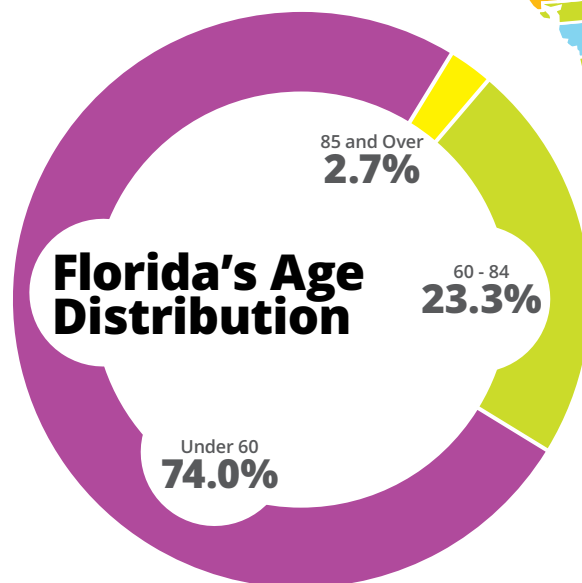
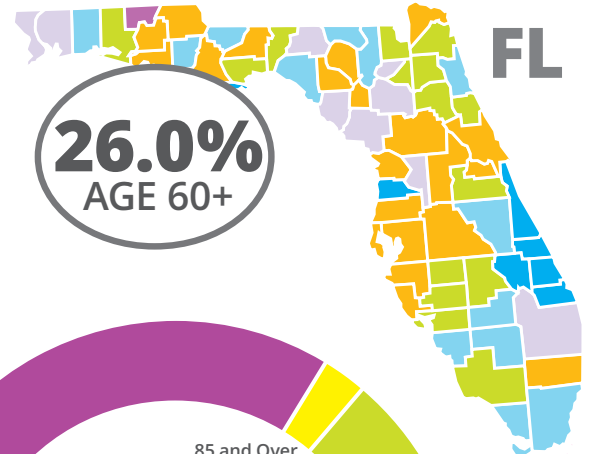
Top 5 Counties with the Highest Concentration of Elders in Florida

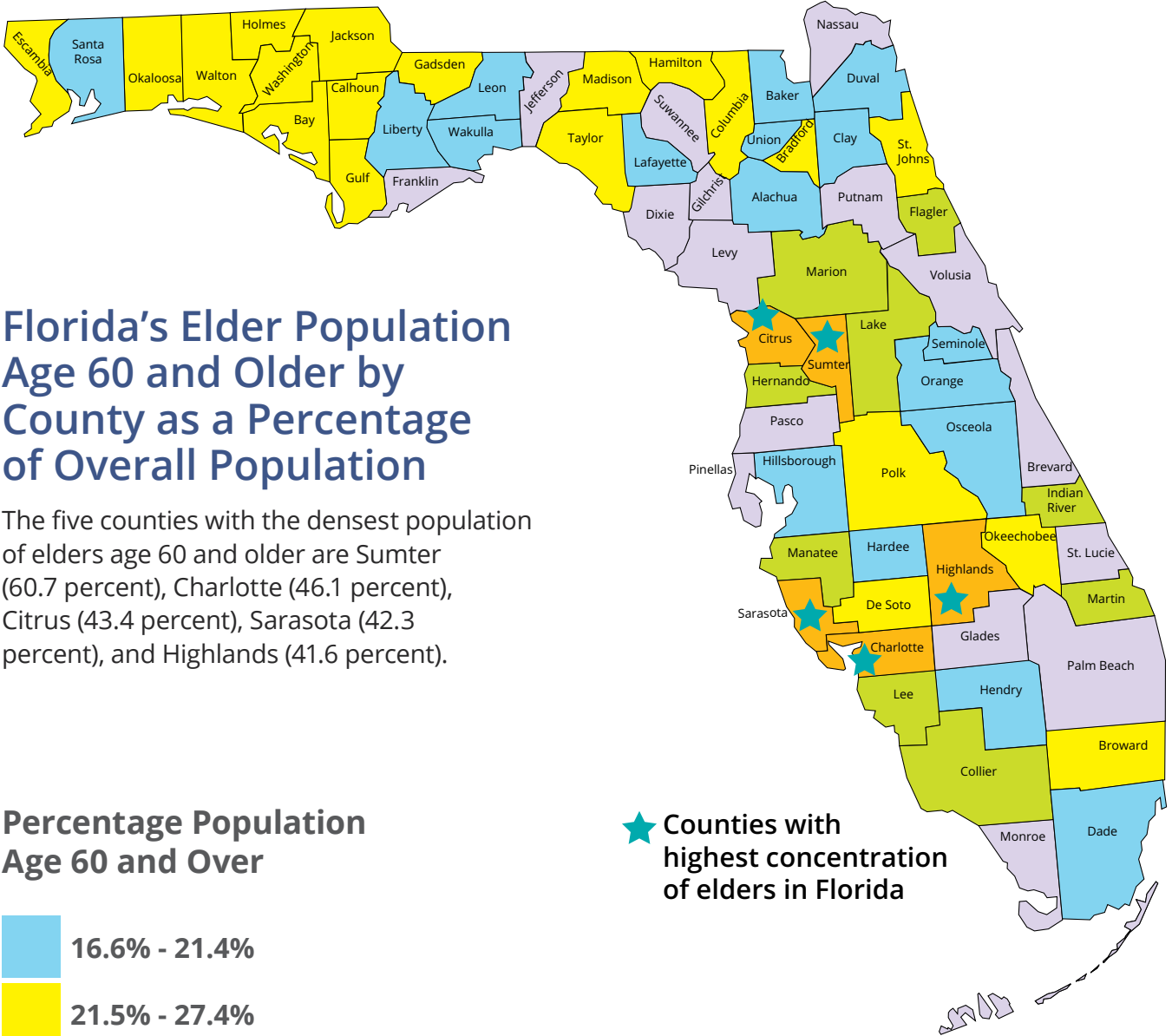
1	Miami-Dade	11.0%
2	Palm Beach	7.9%
3	Broward	7.9%
4	Pinellas	5.8%
5	Hillsborough	4.9%

Source: Department of Elder Affairs 2017 Final Profiles are based on Florida Legislature, Office of Economic and Demographic Research 2017 estimates, provided February 2018; Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates



PERCENTAGE OF POPULATION AGE 60+

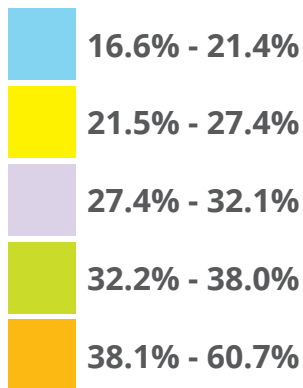




Florida's Elder Population Age 60 and Older by County as a Percentage of Overall Population

The five counties with the densest population of elders age 60 and older are Sumter (60.7 percent), Charlotte (46.1 percent), Citrus (43.4 percent), Sarasota (42.3 percent), and Highlands (41.6 percent).

Percentage Population Age 60 and Over



★ Counties with highest concentration of elders in Florida

Source: Department of Elder Affairs 2017 Final Profiles are based on Florida Legislature, Office of Economic and Demographic Research 2017 estimates, provided February 2018

Minority Distribution

As Florida's population ages, the racial and ethnic diversity of the population decreases. While more than two in five (44.8 percent) Floridians are minority, this percentage declines to just over one in four (27.2 percent) of all elders age 60 and older, and about one in five (21.4 percent) of all elders age 85 and older.

In Florida, 72.8 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, 15.5 percent of the total 60 and older population is Hispanic, and 10.5 percent of the total 60 and older population is African-American.

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

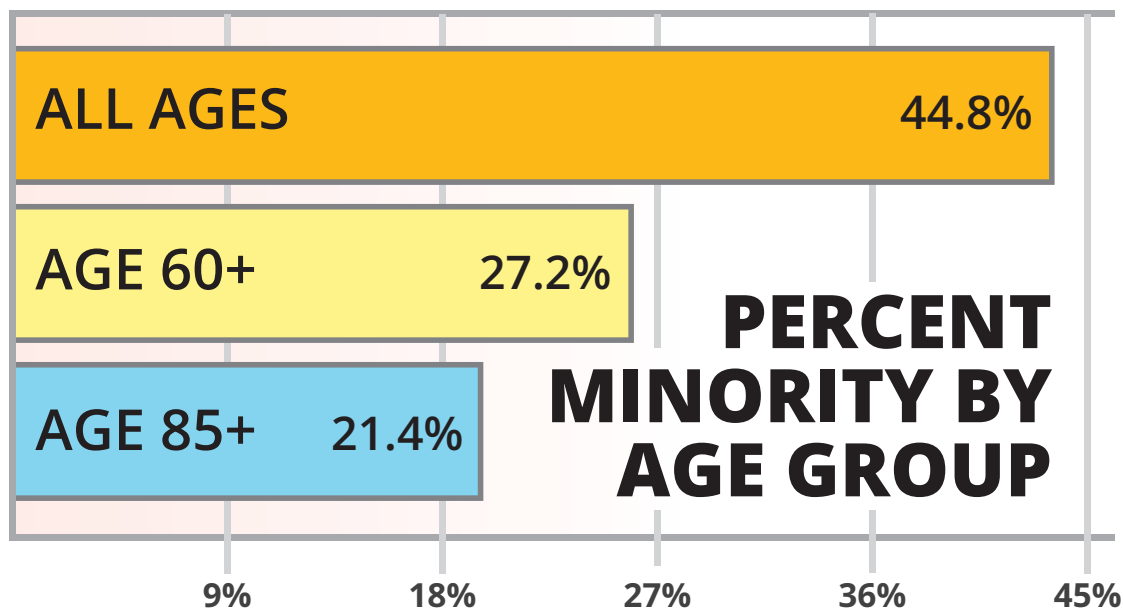
1	Sumter	68.2%
2	Highlands	52.7%
3	Charlotte	50.3%
4	Collier	49.9%
5	Sarasota	47.7%

Source: Department of Elder Affairs 2017 Final Profiles are based on Florida Legislature, Office of Economic and Demographic Research 2017 estimates, provided February 2018

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

1	Citrus	25.3%
2	Flagler	24.9%
3	Charlotte	22.6%
4	Jefferson	21.0%
5	Miami-Dade	20.7%
6	Hernando	20.0%
7	Nassau	19.6%
8	Levy	18.6%
9	Brevard	18.2%
10	Madison	17.9%
11	Marion	17.5%
12	Highlands	17.3%
13	Jackson	16.7%
14	Gadsden	16.7%
15	Volusia	16.5%
16	Monroe	16.0%

Source: Department of Elder Affairs 2017 Final Profiles are based on Florida Legislature, Office of Economic and Demographic Research 2017 estimates, provided February 2018



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

Emergency Operations and Disaster Preparedness

The Department, together with the Florida Division of Emergency Management, addresses emergency preparedness issues and post-disaster response, ensuring 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:

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

Division of Statewide Community-Based Services

The Statewide Community-Based Services (SCBS) Division is responsible for support and oversight of Comprehensive Assessment and Review for Long-Term Care Services (CARES). CARES staff members, including registered nurses and assessors, perform medical needs assessments of individuals. CARES staff identify clients' long-term care needs, determine the level of care required to meet those needs, and provide information to individuals on available long-term care options. See the CARES Program in page 69 in Section D of this document for more information.

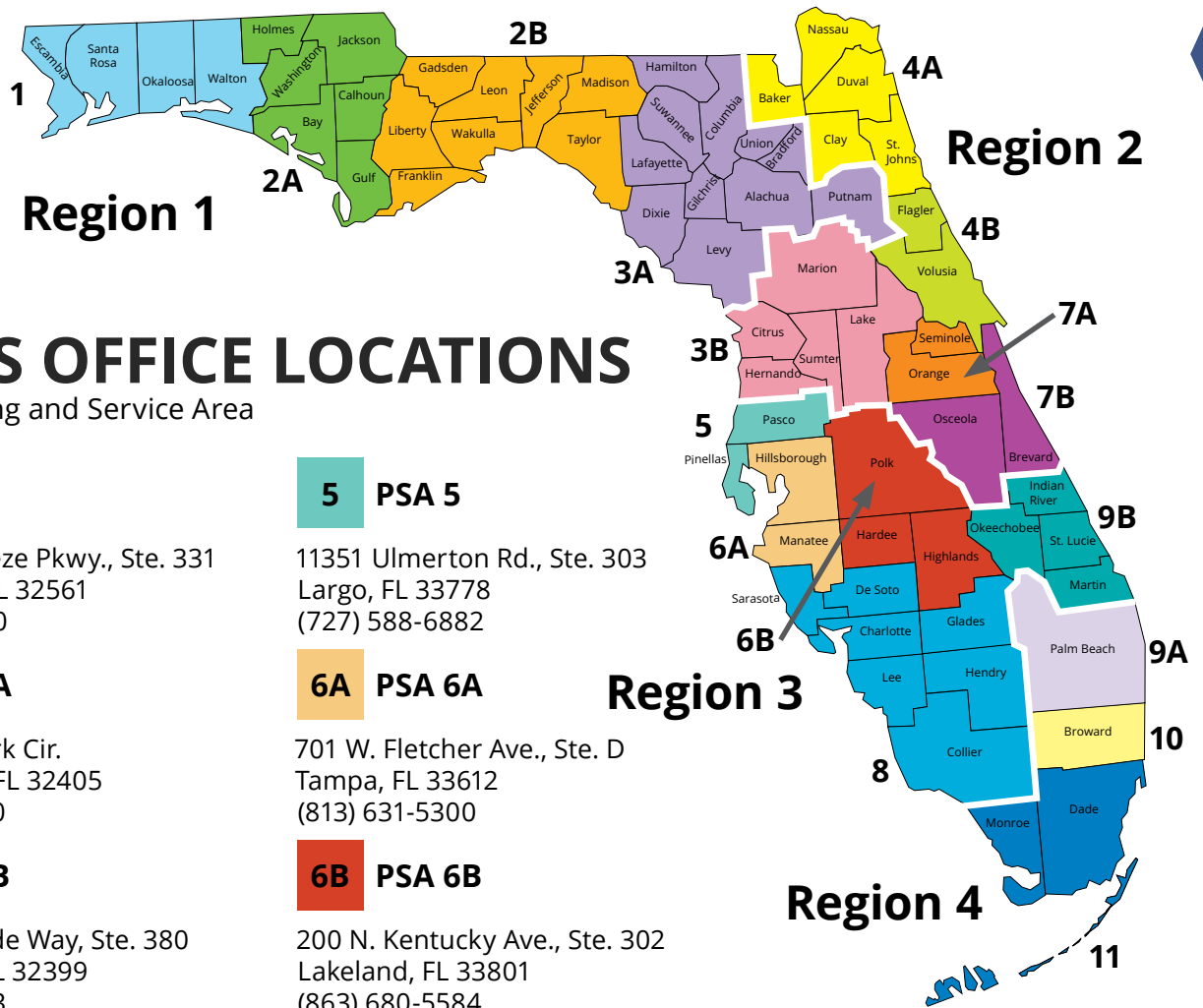
SCBS also provides oversight for the Department's non-Medicaid home and community-based programs and services, including programs contracted to the

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 Elders Living in Everyday Families (RELIEF);
- AmeriCorps; and
- Senior Companion Program (SCP).

SCBS has primary responsibility for oversight of the AAAs, including contract management and technical support for AAA staff and service providers administering home and community-based services funded through federal or state dollars.

Additionally, SCBS 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
West 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 Inspector General provides independent and objective assurance and consulting activities designed to add value and improve the Department's operations.

The Office of 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

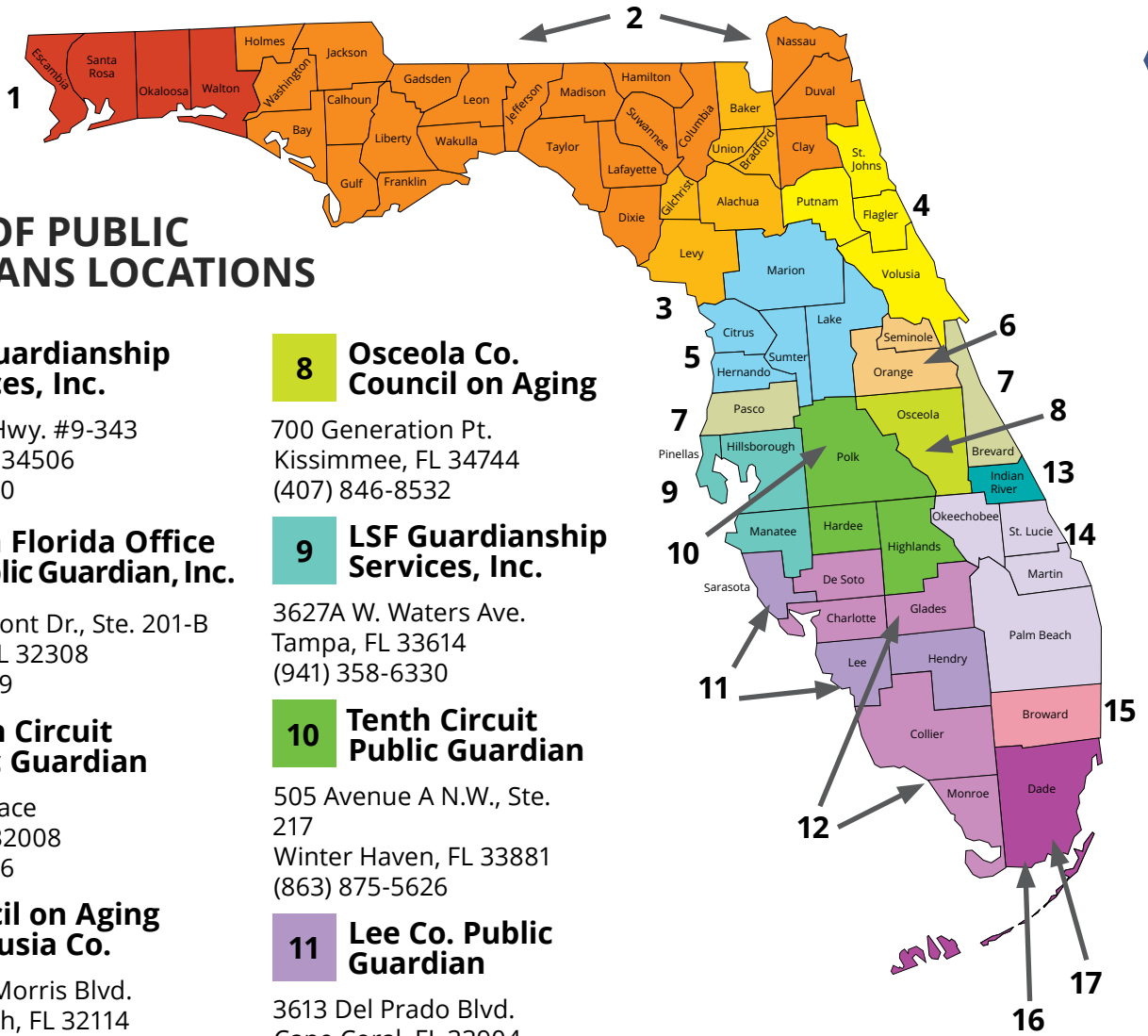
Originally called the Statewide Public Guardianship Office and established in 1999, the Office of Public and Professional Guardians (OPPG):

- 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
- Receives complaints, initiates investigations, and takes disciplinary action against professional guardians in accordance with Department statutes and promulgated rules.

A professional 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. OPPG has established the 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 on page 63 in Section C of this document for more information.



OFFICE OF PUBLIC GUARDIANS LOCATIONS

1 LSF Guardianship Services, Inc.

4600 Mobile Hwy. #9-343
Pensacola, FL 34506
(850) 469-4600

2 North Florida Office of Public Guardian, Inc.

1425 E. Piedmont Dr., Ste. 201-B
Tallahassee, FL 32308
(850) 487-4609

3 Eighth Circuit Public Guardian

27052 83rd Place
Branford, FL 32008
(386) 438-8236

4 Council on Aging of Volusia Co.

425 N. Clyde Morris Blvd.
Daytona Beach, FL 32114
(386) 253-4700

5 Fifth Circuit Public Guardian Corporation

110 N.W. 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

19001 Sunlake Blvd.
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, FL 33614
(941) 358-6330

10 Tenth Circuit Public Guardian

505 Avenue A N.W., Ste. 217
Winter Haven, FL 33881
(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

4680 Cardinal Way, Ste. 203
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. 214
Davie, FL 33330
(954) 862-3655

16 Guardianship Care Group, Inc.

337 Alcazar Ave., Unit 101
Coral Gables, FL 33134
(305) 748-6111

17 Guardianship Program of Dade Co., Inc.

8300 N.W. 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) the 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

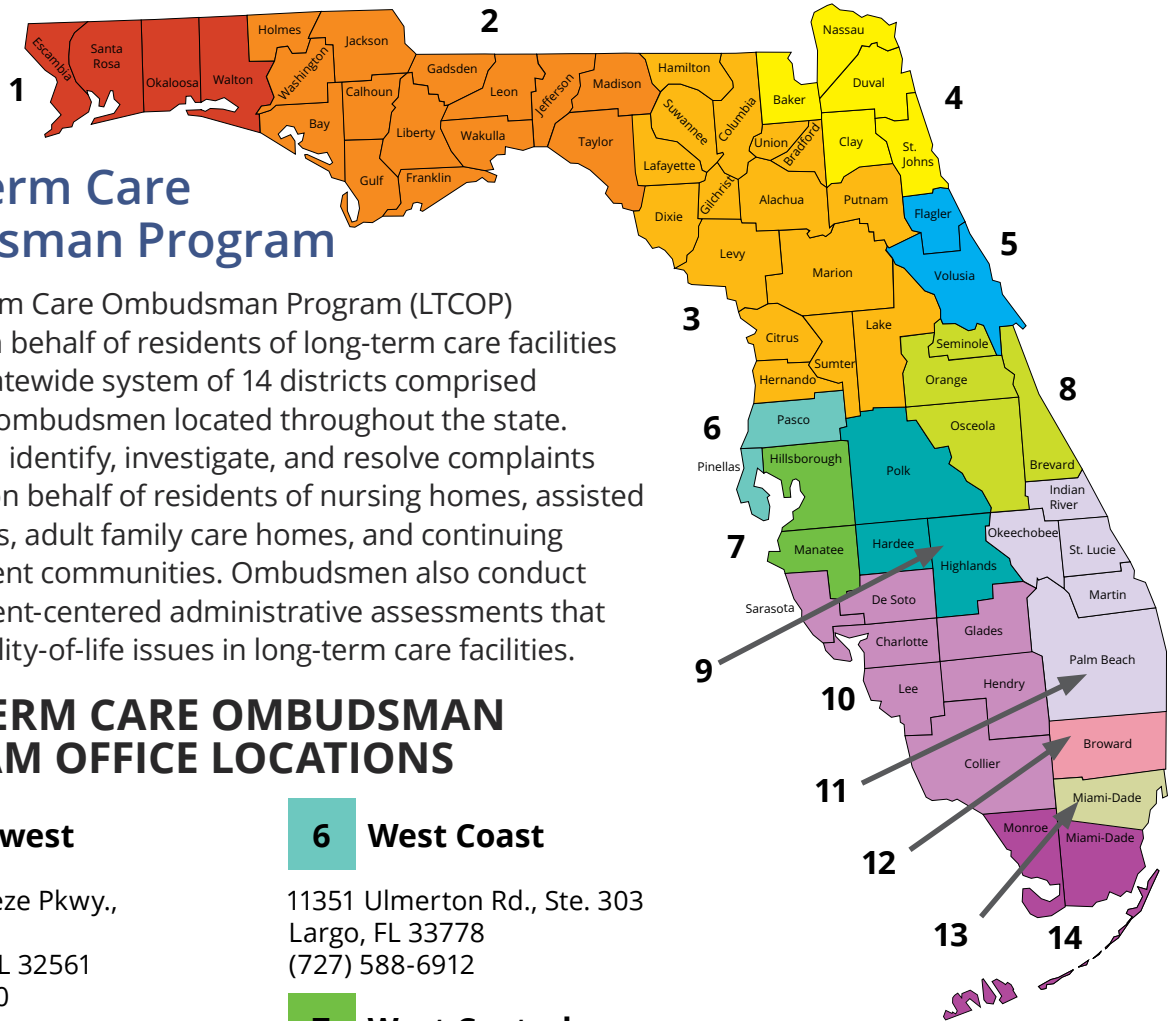


dementia friendly, promotes better care for Floridians affected by dementia, and supports research efforts to find a cure.

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.

Also, 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 ALF Core Training courses statewide to potential ALF administrators and managers.



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

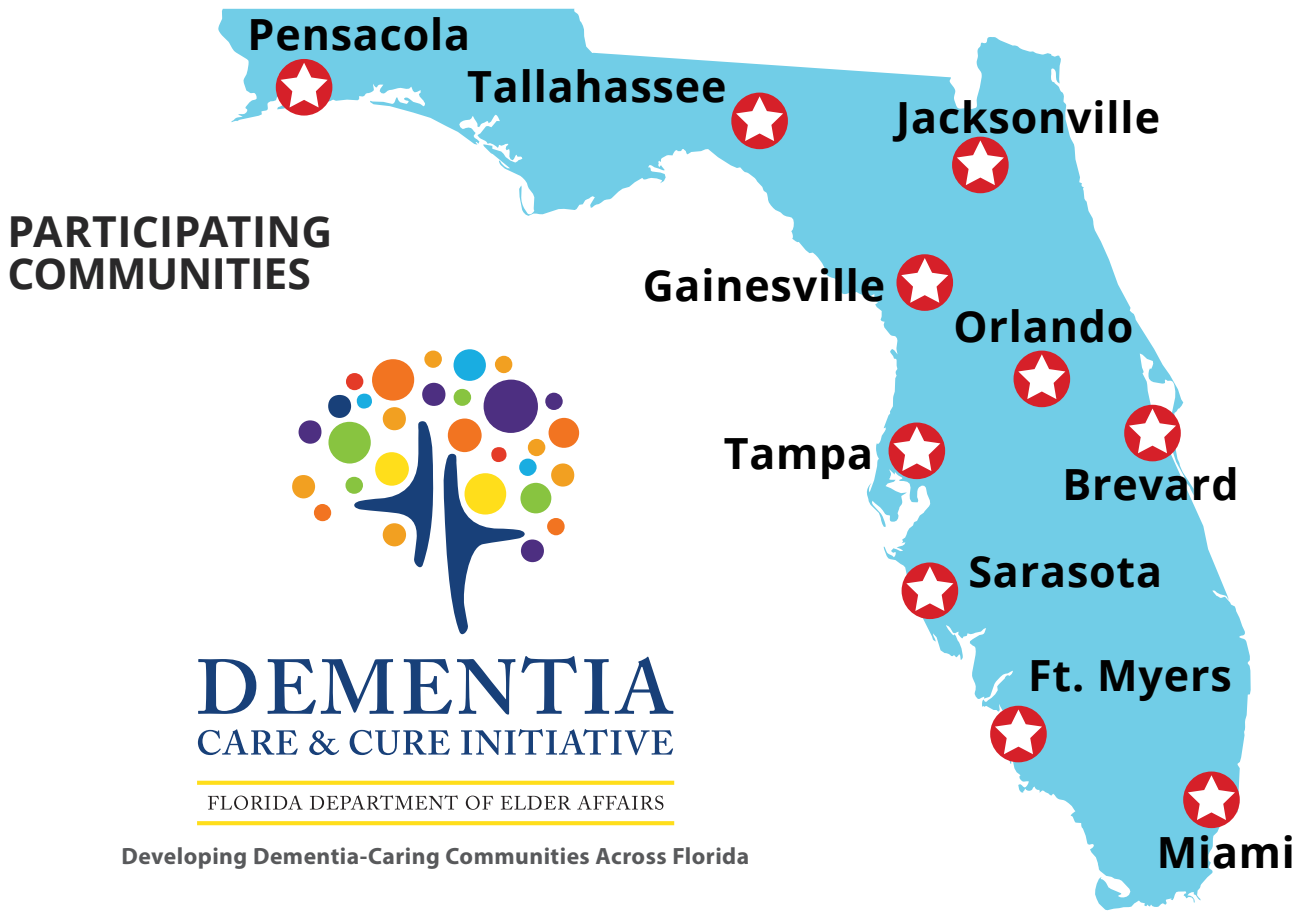
13 North Dade

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) 273-3250

County coloring represents area served by the corresponding office location.



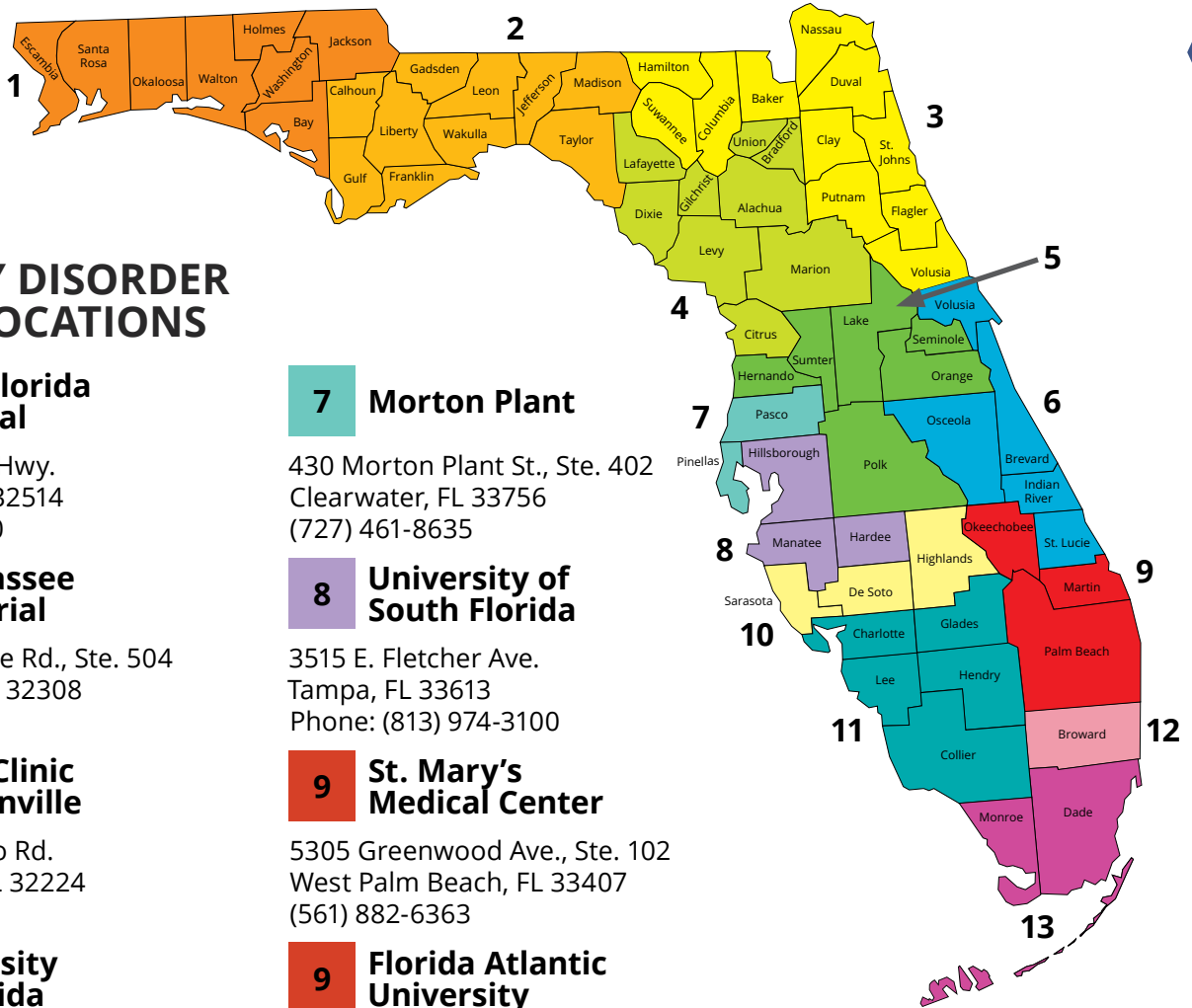
Dementia Care and Cure Initiative

In response to the rapidly increasing incidence of dementia, including Alzheimer's disease, in Florida, the Department of Elder Affairs created the Dementia Care and Cure Initiative (DCCI) in 2015. DCCI seeks to bring education, awareness, and sensitivity to the local community regarding the needs of those affected by dementia. In partnership with Florida's 11 Area Agencies on Aging and 16 Memory Disorder Clinics, communities participating in DCCI organize task forces consisting of local stakeholders, professionals in the aging network, and community advocates, including those living with Alzheimer's disease or a related dementia, and caregivers. Task forces create actionable plans to bring education and awareness to the signs and symptoms of dementia; communication techniques to use when interacting with those living with dementia; and knowledge of the available local

resources families and individuals can access for support, diagnostic services, and education. Communities participating in these activities are known as Dementia-Caring Communities. This free education has been provided to over 6,484 individuals from law enforcement agencies, faith networks, fire and rescue stations, health care entities, community groups, and social service agencies throughout the state.

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 50 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 St.
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 N.W. 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's 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

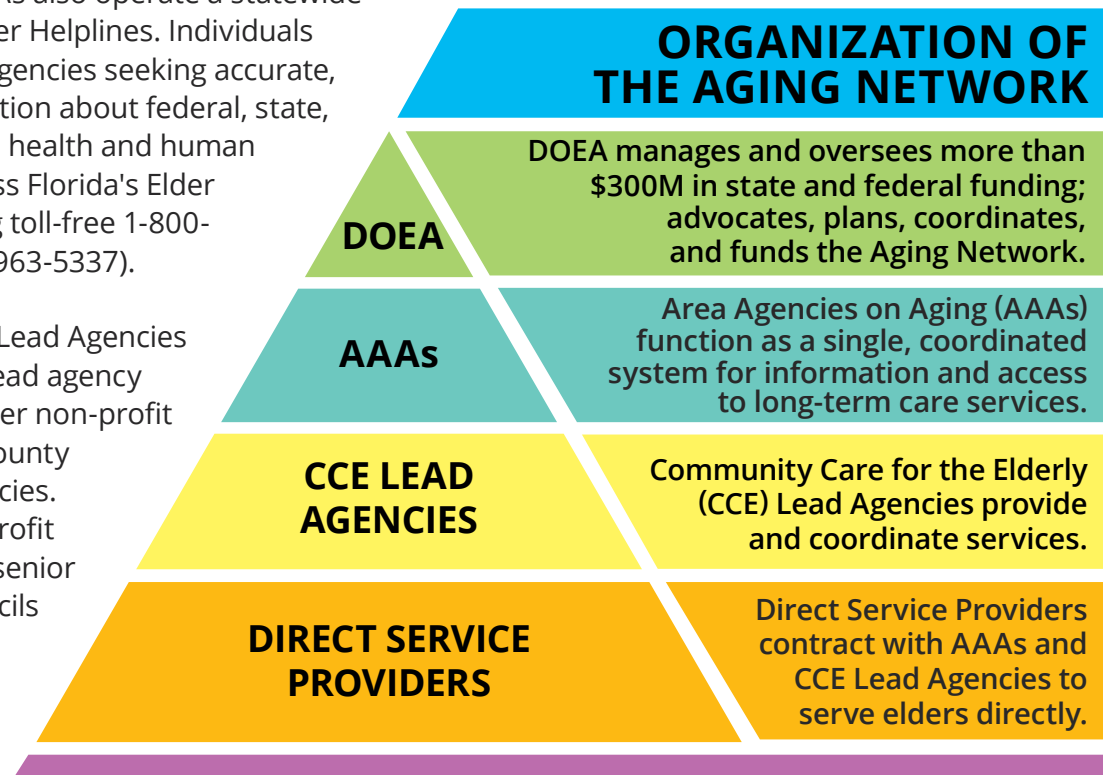
Area Agencies on Aging (AAAs) are the designated private non-profit entities that advocate, plan, coordinate, and fund a system of elder support services in their respective Planning and Service Areas (PSAs).

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 Agency 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 51 CCE Lead Agencies serving Florida. 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 day care centers, and Alzheimer's disease clinics. Some for-profit entities are assisted living facilities, in-home service agencies, and managed care organizations (MCOs).

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

51 Community Care for the Elderly Lead Agencies

2,819
Assisted Living Facilities

320
Adult Family Care Homes

747
Nursing Homes

Nearly
130 MILLION Volunteer Hours in 2018

285+
Senior Centers

Approximately
397 Congregate Meal Sites

16
Memory Disorder Clinics

Source for volunteer hours: Corporation for National and Community Service; Source for assisted living facilities, adult family care homes, and nursing homes: DOEA's 2017 County Profiles

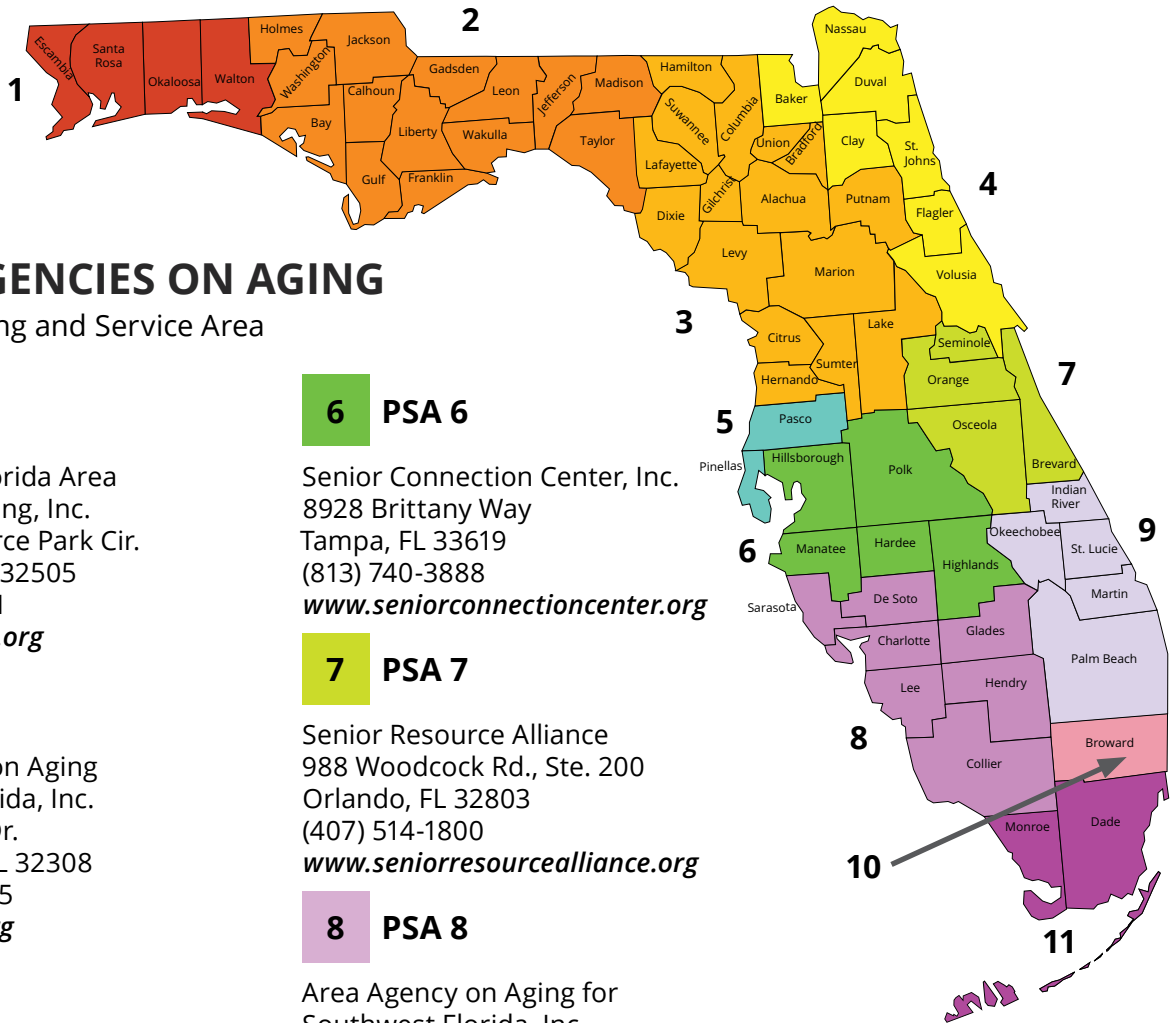


Area Agencies on Aging (AAAs) Functions

- 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 2017-2018

- Nearly 9.9 million Meals on Wheels delivered to homebound elders;
- More than 6.5 million meals served at nutrition sites, preventing isolation and loneliness;
- More than 4.9 million hours of caregiver respite;
- More than 32 million hours of homemaker and personal care; and
- More than 3.5 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 S.W. 75th St., Ste. 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, FL 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, Inc.
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, Inc.
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 N.W. 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 component of Florida's Aging Network is 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 support and services. In one year, 1,161,466 elder Floridians contributed nearly 130 million volunteer hours. Calculated at a full 40 hours per week, this volunteer contribution is equivalent to 67,481 full-time positions. Using the Independent Sector's 2017 estimate of \$23.33 an hour, these volunteer hours have an estimated economic value of approximately \$2,602.49 per volunteer each year, which results in a total value of \$3,022,702,330 for the state. In 2017, seniors who volunteered in Florida spent an estimated 111.6 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

Description

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 elders living with Alzheimer's Disease and Related Disorders (ADRD); 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 or 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 AAAs, 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 the base is allocated according to the following factors:
 - **35 percent weight** - Share of the population age 60 or older in the Planning and Service Area (PSA).

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

OAA Title III B Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
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	37,264
2017-2018	\$36,471,305	*#42,462
2018-2019	#\$36,471,305	#42,462

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.

**Due to reporting, actual figures for the 2017-2018 year were not available at the time of printing. Projections for years 2017-2018 and 2018-2019 are based on the 2016-2017 data.*

#Projection

Source for clients served: CIRTS

Program Highlight

Mr. Y found himself the full-time caregiver for his wife of 50 years when she had a sudden stroke. As she improved, Mr. Y and his wife were constantly arguing over the small, daily issues and the big, ongoing health problems. When we met Mr. Y, he was suffering from depression and anxiety, as was his wife. With the help of mental health counseling, Mr. Y learned coping methods that reduced his stress, and he started to become more involved with former hobbies, especially his music and records. Today, Mr. Y is a member of a local record club that meets monthly, and he is organizing his extensive collection and record room, which has been untouched since his wife's illness. Mr. Y recently shared with his counselor that he found some records he forgot he owned, and his relationship with his wife has improved greatly through mutual respect and positive conversations.



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 one-third 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 the base is allocated according to the following factors:
 - 35 percent weight - Share of the population age 60 or older in the PSA.
 - 35 percent weight - Share of the population age 60 or older with income below poverty in the PSA.
 - 15 percent weight - Share of the minority population age 60 and older below 125 percent of the poverty level in the PSA.
 - 15 percent weight - Share of population age 65 or older in the PSA with two or more disabilities.

OAA Title III C1 Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
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	\$23,471,840	*#30,100
2018-2019	#\$23,471,840	#30,100

**Due to reporting, actual figures for the 2017-2018 year were not available at the time of printing. Projections for years 2017-2018 and 2018-2019 are based on the 2016-2017 data.*

#Projection

Source for clients served: CIRTS

Program Highlight

When a client shared a story about her father who had died at Pearl Harbor, the staff at Hope Connections in Hendry and Glades counties started a new Father's Day tradition at their congregate meal sites. Clients bring in photos and share stories of the many positive male role models they had - fathers, uncles, step-fathers, husbands, sons, and other men in their lives. Many of the clients lost their fathers decades earlier, but through their stories, they are all able to celebrate the holiday together. This congregate meal site plans to continue this tradition every year so that their participants have a way to honor and remember loved ones.

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 one-third 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 or 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 that 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 the base is allocated according to the following factors:
 - 35 percent weight - Share of the population age 60 or older in the PSA.
 - 35 percent weight - Share of the population age 60 or older below poverty in the PSA.
 - 15 percent weight - Share of the minority population age 60 or older below 125 percent of the poverty level in the PSA.
 - 15 percent weight - Share of population age 65 or older in the PSA with two or more disabilities.

OAA Title III C2 Funding History and Numbers Served

Federal Fiscal Year*	Federal Funding	Clients Served
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	15,235
2017-2018	\$23,031,943	**#16,444
2018-2019	#\$23,031,943	#16,444

*Allotment plus carry-forward dollars.

**Due to reporting, actual figures for the 2017-2018 year were not available at the time of printing. Projections for years 2017-2018 and 2018-2019 are based on the 2016-2017 data.

#Projection

Source for clients served: CIRTS

Program Highlight

An 87-year-old client was a member of a congregate dining program until her deteriorating vision issues began affecting her ability to walk downstairs from her apartment and around the center safely. She was upset about this and asked the staff what she could do as an alternative and was told about the home-delivered meal program. She was excited to know she would still be able to enjoy the delicious food she had grown accustomed to. After transitioning to the home-delivered meal program, she met with the county's registered nutritionist for a nutrition consultation. She lauded the expertise and compassion of the county nutritionist, exclaiming that she learned more about managing diabetes in one hour with him than in the past three decades with her doctors.

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) housed in 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 (AAAs) 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 AAAs and local service providers.

Eligibility

Individuals eligible for NSIP assistance include the following:

- Individuals must be age 60 or older;
- Individuals must be qualified to receive services under the OAA; and
- 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
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	\$5,731,388	7,960,261
2018-2019	#\$5,731,388	#7,960,261

*The availability of American Recovery and Reinvestment Act (ARRA) funding reflected an increase in meals eligible for reimbursement in FFY 2009-2010.

Source for meals served: Department program reports

Program Highlight

Mr. T is a 76-year-old male living with his 75-year-old wife who is his caregiver. Mr. T has dementia due to Parkinson's disease, and he also has hallucinations that cause him to require constant care. The Parkinson's disease causes him to have extreme arm movements at any given time. Mr. T's wife cares for him to the best of her ability but needed help. At the time of the initial assessment, she stated that she was weary and looking forward to getting some help in the home to assist her in his care.

During the assessment, it was also reported that Mr. T had been losing some weight because he was not eating. Mrs. T prepares meals for him, but he was still not eating. Mr. T began receiving home-delivered meals, and at the six month review, it was reported that he does eat his home-delivered meals and has gained some of his weight back. Mrs. T is very happy to have this 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, as well as to increase the overall health of older 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; and Powerful Tools for Caregivers.

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 (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 D services include the following:

- Individuals age 60 or 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 percent 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 PSA.
- **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 PSA.

OAA Title III D Funding History

Federal Fiscal Year	Funding
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	\$1,854,009
2018-2019	#\$1,854,009

#Projection

Source: US Department of Health & Human Services (HHS) - Administration for Community Living (ACL)

Program Highlight

“I have benefited from the “A Matter of Balance” class. In just a short time, I am walking better without the feeling of falling and am definitely more balanced on my feet. I even did some little dance steps with my four-year-old granddaughter. I can handle steps better, and also know that I will keep improving as I do the exercises daily. The class has been instructional, interesting, and entertaining. The instructors encourage us to participate and feel as though we are among friends. I’m looking forward to improving more through the exercises and being able to get down on the floor and back up. I have not been able to do that for years.”

OAA III D Numbers Served

Calendar Year*	Clients Served
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****	9,042
2017-2018	8,303
2018-2019	#8,303

*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 (Caregiver Support)

Description

Older American’s Act (OAA) 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 (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 E services include the following:

- Adult family members or other individuals who are caregivers of individuals age 60 and older;
- Grandparents or older individuals, age 55 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 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 E is based on the following formula:

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

OAA Title III E Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
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	\$12,289,080	77,749
2017-2018	\$14,897,648	**#91,335
2018-2019	#\$14,897,648	#91,335

*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 2017-2018 year were not available at the time of printing. Projections for years 2017-2018 and 2018-2019 are based on the 2016-2017 data.

#Projection

Source for clients served: NAPIS

Program Highlight

Mr. C currently lives with his caregiver/partner in a mobile home in Florida. Mr. C is an amputee due to diabetes. Before Title III E service intervention he was suffering from depression, along with fear and anxiety that his partner was going to leave due to the stress of caring for him. Upon becoming active through Title III E, the Caregiver Specialist was able to arrange Mental Health Counseling for the client and Respite services for the caregiver. Mr. C has been able to reduce counseling from once per week to once every other week. Mr. C also receives Chore services to assist with the industrial cleaning. Mr. C's caregiver receives Respite services weekly to allow time to paint and join other clubs within the mobile home park. Title III E also provides Mr. C with specialized consumer assistance supplies (protein drinks) that assist him with supplementing nutrition. Mr. C is on a fixed budget and receives Supplemental Nutrition Assistance (SNAP). By providing services holistically, the caregiver can continue to provide care and the care recipient is at ease that his caregiver is able to do so with less stress.

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 age 55 and older who have poor employment prospects. The dual goals of the program are to provide useful opportunities in community service job training and to move SCSEP participants into unsubsidized employment so that participants can achieve economic self-sufficiency and remain a vital part of Florida's workforce.

To achieve SCSEP's goals, participants gain work experience in a variety of community service activities at non-profit and public agencies.

Services and Activities

Services provided to participants include assessments, preparation of individual employment plans, supportive services, annual free physical examinations, and personal and employment-related counseling. Participants receive job training at community service assignments and are paid minimum wage while gaining experience. Once participants have gained necessary skills, they receive job development assistance, job referrals, resume building, interview skills, assistance with placement in unsubsidized employment, and follow-up support once placed.

Under the Workforce Innovation and Opportunity Act of 2014, 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

Individuals eligible for OAA Title V services include the following:

- Unemployed Florida residents who are age 55 or older; and
- Have income of no more than 125 percent of the Federal Poverty Guidelines.
- Enrollment priority is also given to individuals who:
 - » Are age 65 or older;
 - » Are eligible veterans and qualified spouses (in accordance with the Jobs for Veterans Act);
 - » Have a disability;
 - » Are experiencing homelessness or at risk of homelessness; or
 - » Have low employment prospects or have failed to find employment after using services through the American Job Center system.

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

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 (OAA). 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.

Annually, the Department works 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. With assistance from the national sponsors, the Department develops an 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
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	525	\$5,094,417	1,879
2017-2018	481	\$4,660,264	1,879
2018-2019	#482	\$4,675,586	#1,885

#Projection

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

Program Highlight

Ms. L saw the Senior Community Service Employment Program (SCSEP) as an opportunity to receive training and gain experience in a business and office environment. During her time with SCSEP, she received office administration training and utilized her new skills to restructure front desk operations at her community service assignment. She became a trainer for new participants and was the go-to person for an Information Technology transition project. The accumulation of experience that SCSEP provided gave her the qualifications and essential business skills necessary to become an outstanding office manager. Thanks to her SCSEP training, Ms. L was hired at a prominent non-profit organization.

Older Americans Act Programs

Title VII, Section 712 – 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.

- 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.

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;

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 335 certified volunteer ombudsmen and ombudsmen trainees. A map of the LTCOP office locations with contact information can be found on page 17 of this publication.

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.

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.

An air conditioning system had been leaking water into a resident's room for months, even after the resident had made the issue known to management. As time passed, the carpeting and furniture in the resident's room became wet and damaged from the leak. A long-term care ombudsman noticed the conditions during a routine visit and advocated for the resident's right to a safe and healthy environment. The leak was soon repaired, and water damaged items were replaced.

The long-term care ombudsman was contacted by several residents concerned about staff attitudes toward them, their requests for help not being answered, and their personal choices not being respected. Residents were surprised to learn about their right to file complaints, request care plan meetings, voice concerns, choose their own physician, and communicate with the home administrator. After speaking up, the residents expressed satisfaction with participating in their care and discovering their voices did matter.

LTCOP Appropriation History

State Fiscal Year	Federal Funding	State Funding	Total Funding
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	\$1,578,995	\$1,260,194	\$2,839,189
2016-2017	\$1,585,688	\$1,260,194	\$2,845,882
2017-2018	\$1,670,533	\$1,260,194	\$2,930,727
2018-2019	#\$1,670,533	\$1,260,194	#\$2,930,727

**Beginning in 2012-2013, the total does not include unallocated costs.
#Projection*

LTCOP Assessments and Investigations

Federal Fiscal Year	Facilities	Assessments	Complaint Investigations
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	4,112	4,230	5,189
2018-2019	#4,112	#4,230	#5,189

#Projection

Source: District ombudsman offices reports

Older Americans Act Programs

Title VII, Section 720 – Elder Abuse Prevention

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 AAA coordinators provide free training on these modules and disseminate training materials to other professionals for use in their communities.

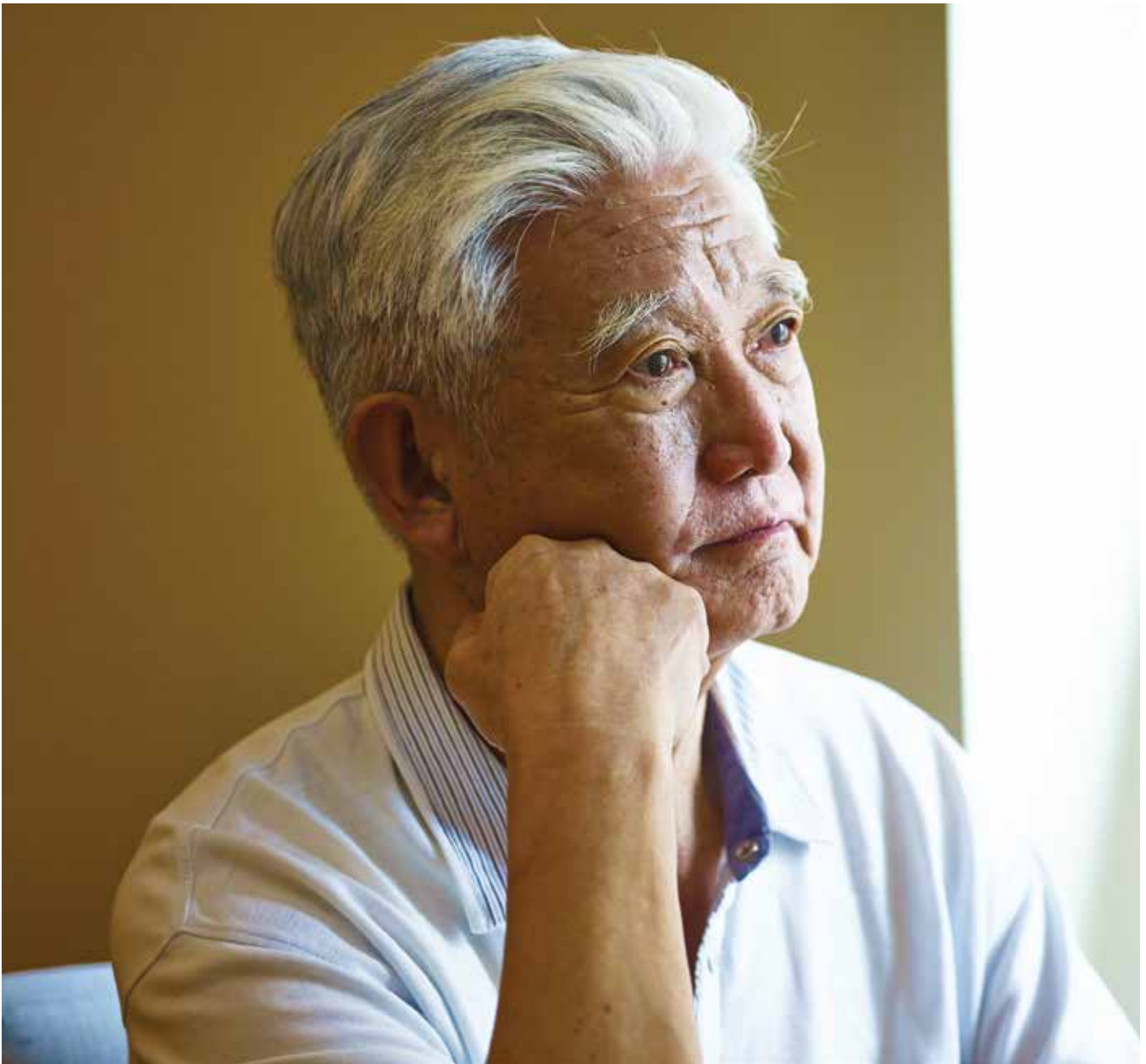
The program also distributes and publishes online educational resources, including a fact sheet titled “How to Minimize the Risk of Becoming a Victim” and the following brochures: “The Power to Prevent Elder Abuse Is In Your Hands,” “Preventing Financial Exploitation,” “Preventing Home Repair Fraud,” and “Prevent Identity Theft.”

OAA Title VII Funding History

Federal Fiscal Year	Federal Funding
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
2018-2019	\$344,252

Administration

The Elder Abuse Prevention Program is administered by the Department’s Bureau of Elder Rights through contracts with AAAs. The goal of the program is to develop, strengthen, and carry out programs to prevent elder abuse, neglect, and exploitation, including financial exploitation by fraud 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 percent federally funded by the Older Americans Act (OAA). Special projects are developed and funded based on OAA guidelines for activities to develop, strengthen, and implement programs for the prevention of elder abuse, neglect, and exploitation.

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.

Eligibility

- ADI respite care is available for caregivers of adults age 18 and older who have been diagnosed as having ADRD.
- ADI respite care is available for individuals who have been diagnosed with or are 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 and Related Disorders.

- Individuals of any age, regardless of a diagnosis of ADRD, 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 wholly 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

RESPIRE 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 ADRD.

In addition to respite care services, caregivers and consumers may receive supportive services essential to maintaining persons with ADRD 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 ADRD. 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 who are suspected of being afflicted with ADRD. 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 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 ADRD and provide specialized training for caregivers, caregiver groups, and organizations in the designated service area.

Respite/Special Projects Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
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	5,228
2018-2019	\$22,976,477	#5,637

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

#Projection

Source for clients served: CIRTS

- Conduct service-related applied research that may address, but is not limited to, therapeutic interventions and support services for persons suffering from ADRD.
- 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 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 for Alzheimer’s disease by collecting and studying the brains of deceased patients who 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 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.

Memory Disorder Clinics Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
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	9,753
2018-2019	\$3,686,484	#10,516

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



Brain Bank Appropriation History and Numbers Served

State Fiscal Year	State Funding	Persons Registered	Autopsies
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	60	40
2018-2019	\$117,535	#50	#40

#Projection

Source for persons registered and autopsies: Brain Bank reports

Program Highlight

Tallahassee Memorial Healthcare’s Memory Disorder Clinic (MDC) supports individuals and families living with dementia. One day, the MDC received a phone call from a caregiver who was in tears. She expressed her deepest gratitude for the information she learned during an MDC research program, and, most of all, that she has someone who she can talk to and help her when she needs it. She said that she was feeling very alone and that the rest of her family did not understand.

Sharing the benefits of the programs and services that are provided at the Florida Atlantic University Memory and Wellness Center., another caregiver said, “We cannot measure the wealth of guidance and support benefited from the Louis and Anne Green Memory and Wellness Center. The level of professionalism and volume of programs on both the clinical and adult day center sides are extensive, exceptional, and extremely supportive during the challenge of a debilitating disease. My husband has been “over the top” stimulated by the Center’s creative events, thus happy as a result.”

State-Funded Programs

Alzheimer's Disease and Related Disorders (ADRD) Training

Description

ADRD training is an important training component for licensed residential and in-home caregivers. Individuals living with ADRD have unique needs which requires paid caregivers to have additional training to meet those unique needs. The training prepares licensed residential and in-home caregivers to understand normal brain disease, behavioral intervention strategies, common dementia medications, safety, and other relevant subjects.

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 provide special care for persons with ADRD;
- Home health agencies;
- Hospices;
- Nursing homes; and
- Specialized Alzheimer's adult day care facilities.

The approval process is designed to ensure employees of these licensed entities receive quality Alzheimer's disease training.

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, as well as for the maintenance of the website that lists the approved training providers. This information is available at trainingonaging.usf.edu.

Eligibility

The specific eligibility requirements for trainers and curricula are documented in Florida Statutes and Florida Administrative Code. The Florida Statutes and rules, along with the names of the forms that need to be submitted, are listed on page 55.

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
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
2018-2019	\$80,997



ADRD Trainer and Curricula Requirements

Entity	Statutory Authority	Training Provider Certification Form	Training Curriculum Certification Form
Adult Day Care Centers	See section 429.917(1), <i>Florida Statutes</i> ; 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, <i>Florida Statutes</i> ; 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), <i>Florida Statutes</i> ; 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), <i>Florida Statutes</i> ; 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 Training Three-Year Curriculum Certification
Nursing Homes	See section 400.1755, <i>Florida Statutes</i> ; and Rules 58A-4.001 and 58A-4.002, 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
Specialized Alzheimer's Adult Day Care Centers	See section 429.918(6) (b), <i>Florida Statutes</i> ; and Rule 58A-6.016(3), Florida Administrative Code.	DOEA Form ADC/ ADRD-001, Application for Alzheimer's Disease or Related Disorders Training Provider Certification	DOEA Form SAADC/ ADRD-003, Application for Alzheimer's Disease or Related Disorders Training Three-Year Curriculum Certification



ADRD Approved Trainers and Curricula

State Fiscal Year	2013-2014	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019
ALF Approved Trainers	85	65	90	90	115	#115
ALF Approved Curriculum	40	20	16	44	23	#23
NH Approved Trainers	68	54	47	51	34	#34
NH Approved Curriculum	23	19	6	19	13	#13
Hospice Approved Trainers	12	13	15	22	22	#22
Hospice Approved Curriculum	14	15	6	11	11	#11
Adult Day Care Approved Trainers	9	9	9	10	20	#20
Adult Day Care Approved Curriculum	6	8	12	9	4	#4
Home Health Agency Approved Trainers	75	67	57	59	56	#56
Home Health Agency Approved Curriculum	9	15	12	5	9	#9
Specialized Alzheimer's Adult Day Care Approved Curriculum	n/a	n/a	n/a	0	6	#6

#Projection

Note: Rule 58A-6.0151, F.A.C. Specialized Adult Day Care was finalized in August 2015. No applications were approved in State Fiscal Year 2016-2017. In State Fiscal Year 2017-2018, six applications were approved.

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 (AAAs), which subcontract with Community Care for the Elderly (CCE) Lead Agencies. Service delivery is provided by 51 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
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	44,086
2018-2019	\$55,179,837	#44,489

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

#Projection

Source for clients served: CIRTS

Program Highlight

An 84-year-old Navy veteran who lives alone was received as an Adult Protective Services case for self-neglect, as he was unable to care for himself. His stepdaughter is his primary caregiver but lives 30 minutes away and could only travel to his home a few times a week. He now receives home-delivered meals, homemaking, companion, personal care, and monthly supplies. The stepdaughter has reported a huge improvement in her stepfather's cognition as he now eats nutritious meals and is reminded by the workers to drink fluids during their daily shifts. She also stated that her stepfather's ambulation has improved as he has a reason to get up in the morning. He enjoys the socializing with the worker. Additionally, he paid for materials for a ramp which was installed by a volunteer ramp team.



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.

Services and Activities

Most HCE participants receive a monthly subsidy. 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 aides, 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
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	3,024
2018-2019	\$9,703,357	#3,296

#Projection

Source for clients served: CIRTS

Program Highlight

After a massive stroke that resulted in high medical bills, a client's family found themselves in dire financial straits. Often, they would go hungry toward the end of the month as food ran out. The client's wife also reported she had to make difficult decisions regarding which necessities to spend their limited income on. Now, thanks to HCE, they receive Meals on Wheels and a monthly allowance, which allows them to spend their low income on other needs, such as housing and medication. They no longer run short on food, and their emotional well-being has also improved as a result of the added financial security.

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

Planning and Service Areas (PSAs) offer specific services funded through LSP. LSP services provided include adult day care, case management, congregate meals, facility improvements, emergency alert response, health promotion, health risk assessments, home-delivered meals, home health care, home modifications/housing improvements, homemaker services,

in-home respite, material aid, nutrition support program, physical and mental health support, recreation, respite, specialized medical supplies, and transportation.

Administration

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

Eligibility

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



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
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	13,397
2018-2019	\$12,369,546	#14,650

#Projection

Source for clients served: CIRTSS and manual reports

Program Highlight

As an LSP Emergency Alert Response provider, Critical Signal Technologies (CST), seeks to empower and support older adults, people with disabilities, and those battling chronic illnesses to live independently with dignity.

In 2017, many of the Area Agency on Aging clients who CST served were affected by Hurricane Irma. During this time, CST made outbound calls to make sure these individuals had access to local shelters, food, and transportation and were up to date on the latest evacuation news. Through the Personal Emergency Response System (PERS) devices, they were able to send messages to alert individuals of mandatory evacuations and access the latest news information. It was a scary time for a lot of people. Many had to decide whether to stay or leave their homes. CST made sure everyone had access to evacuation news and the latest storm updates. For those that stayed, CST performed daily check-in calls to ensure that everything was all right.

State-Funded Programs

Office of Public and Professional Guardians (OPPG)

Description

The Office of Public and Professional Guardians (OPPG) was formerly known as the Statewide Public Guardianship Office (SPGO), which was first 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 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. A map of the Offices of Public Guardians with contact information can be found on page 15 of this publication.

Eligibility

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

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



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’s Standards of Practice and Disciplinary Guidelines pertaining to the regulation of Florida’s professional guardians were codified in the Florida Administrative Code. As of July 2018, OPPG received 128 legally sufficient complaints against professional guardians registered throughout the state. In addition to sending letters of concern to professional guardians, when the investigative findings so warranted, OPPG filed its first Administrative Complaint against a professional guardian with Florida’s Division of Administrative Hearings in February 2018.

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 from 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 for individual programs include counties, the United Way, and grants. Contracts are negotiated with OPPG annually.

OPPG Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
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	3,788
2018-2019	\$7,003,324	#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 alongside the Florida Public Guardian Coalition (FPGC) as they held the FPGC Second Annual Invitational Symposium. For fiscal year 2017-2018, the FPGC focused on disaster preparedness for their clients and Florida's vulnerable adults. Guest speakers included representatives from the Department of Elder Affairs, the Agency for Persons with Disabilities, Capital Area Red Cross, the Florida Assisted Living Association, a professional guardian, a public guardian, and the Florida Health Care Association. Each speaker gave key tips on how to prepare vulnerable adults and clients for the event of a hurricane or a disaster, how to work with state agency representatives, identifying the supplies to have on hand, preparing for emergency contact lists, and what services are available to make sure elders and persons with disabilities are safe during the hurricane season and disasters.

Recently, the Panhandle was affected by Hurricane Michael, the largest and most devastating hurricane to hit the area in decades. The North Florida Office of Public Guardian, Inc., the public guardian tasked with assisting vulnerable incapacitated adults in the Panhandle area, noted that due to the information and suggestions shared during the FPGC symposium, they were able to successfully prepare their wards for the upcoming hurricane, and all supports were in place. Following the hurricane, the public guardian was able to verify within less than four days the safety and location of all wards served by their program.

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 disorders 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 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 administered in PSAs 1, 4, 7, 8, 9, 10, and 11.

Eligibility

This program serves frail, homebound elders age 60 or 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 General Revenue.

RELIEF Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served	Volunteers	Units (Hours)
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	414	244	94,726
2018-2019	\$959,000	#400	#260	#96,000

#Projection

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

Program Highlight

RELIEF clients are extremely satisfied with the services they receive as documented in a recent client survey. Excerpts from the survey are included below.

“RELIEF is the best thing ever. It’s made my life workable. I’ve been able to get out, volunteer, and see people. It’s a life changer. If I didn’t have it, I would have to place my husband in a facility.”

“Our RELIEF volunteer is wonderful with my mom. She is caring and considerate. She helps organize items for me to make dealing with Mom’s care easier for me. She always has a friendly smile for both me and Mom.”


“The RELIEF program has been my lifesaver. I am less stressed and have more patience. I definitely have more of a life than prior to having the respite service.”

“I barely managed before this program. I wanted to get out, but even if I had a chance I was too tired and stressed.”



SECTION D

Medicaid Programs

An elderly woman with short, wavy grey hair is smiling broadly while sitting in a black wheelchair. She is wearing a light pink long-sleeved top and light grey trousers. Her feet are on the wheelchair's footrests, wearing brown sandals. Behind her, an elderly man with a grey beard and mustache, wearing a light blue short-sleeved shirt, is smiling and pushing the wheelchair. They are outdoors on a paved path with green trees and foliage in the background. The scene is bright and sunny.

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. 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; 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. The CARES management structure also includes central office staff responsible for program and policy development. A map of the CARES office locations with contact information can be found on page 13 of this publication.

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); section 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.



CARES Appropriation History and Numbers Served

State Fiscal Year	Federal Funding = 75% State Funding = 25%	Total Number of Assessments	Percent Diverted*
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	99,247	n/a
2018-2019	\$17,938,949	#104,209	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

Program Highlight

When the Governor declares a state of emergency, CARES team members are called on to work in Special Needs Shelters (SpNSs). These 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 facility housing.

The day after Hurricane Michael made landfall in Bay County near Panama City, the CARES Region 1 team was called into action at special needs shelters in Leon, Gadsden, Jackson, Washington, and Bay counties. CARES employees from Pensacola, Panama City, and Tallahassee drove hundreds of miles, in adverse conditions and worked 12 to 13 hour shifts for the next several days until every individual was discharged from the shelter to an appropriate facility where their medical needs could be safely met and managed. A team of 11 CARES employees were able to rapidly assess and arrange for placement and transportation for over 50 special needs evacuees housed at five different shelters throughout five counties. Two members of the CARES team even went so far as to meet a transport van with four evacuees to provide a hot meal for them after the accepting facility informed CARES that their kitchen was closed and they would not be able to provide the evacuees dinner upon their arrival.

A few days after Hurricane Michael hit, a regional SpNS was opened at the Fasano Center in PSA 5's Pasco County, and all remaining SpNS clients from Bay County were transferred there. Although this geographic area was spared the devastation of Hurricane Michael, CARES employees saw the impact of such a storm through the eyes of these evacuees, many of whom had been moved more than once to find help and were anxious and exhausted. CARES faced the additional challenge of clients wanting to return to their geographic home area, of which PSA 5 employees were not familiar. However, in six-and-a-half-days, the PSA 5 CARES team succeeded in finding a safe, supportive, long-term living environment for 35 people with special needs.

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	809
Hope Select Care PACE	Lee, Charlotte, and Collier	650
Palm Beach PACE	Palm Beach	656
Suncoast PACE	Pinellas	325
PROGRAM TOTAL		2,565

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
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	1,882
2018-2019	\$62,045,114	#2,145

#Projection

Source for clients served: Monthly enrollment reports from PACE Organizations

Program Highlight

A PACE enrollee had a severe dermatological issue and had to be hospitalized briefly to receive treatment. The enrollee's health care surrogate believed it would be necessary for the enrollee to transition from her independent living situation in an Assisted Living Facility (ALF) to a nursing home. The enrollee made it very clear that her wishes were to remain in the community and not go to the nursing home. When brought to the attention of the PACE staff, services were increased in order to allow the participant to remain within the community and continue to reside in the ALF that had been her home for years. The goal of the program is to allow elders to remain in the community for as long as possible. This instance showed how the plan advocated for the participant in her time of need and prevailed in preserving her right to remain in the ALF with their support.



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, 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 coordinates enrollment and activities of 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 they must 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 or hospital level of care for individuals with a diagnosis of cystic fibrosis.

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 AHCA.

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	129,795
2018-2019	#129,795

*August 2013 - June 2014

#Projection

Source: Agency for Health Care Administration



Program Highlight

The Department of Elder Affairs (DOEA) SMMC LTC program gathers and analyzes data from the SMMC LTC plans. That information is then used to support the monitoring efforts made on behalf of AHCA through the Person-Centered Monitoring (PCM) program. 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. PCM allows DOEA to more adequately evaluate the SMMC LTC program through the eyes of the elders served and ensure that they are receiving the quality of care expected.

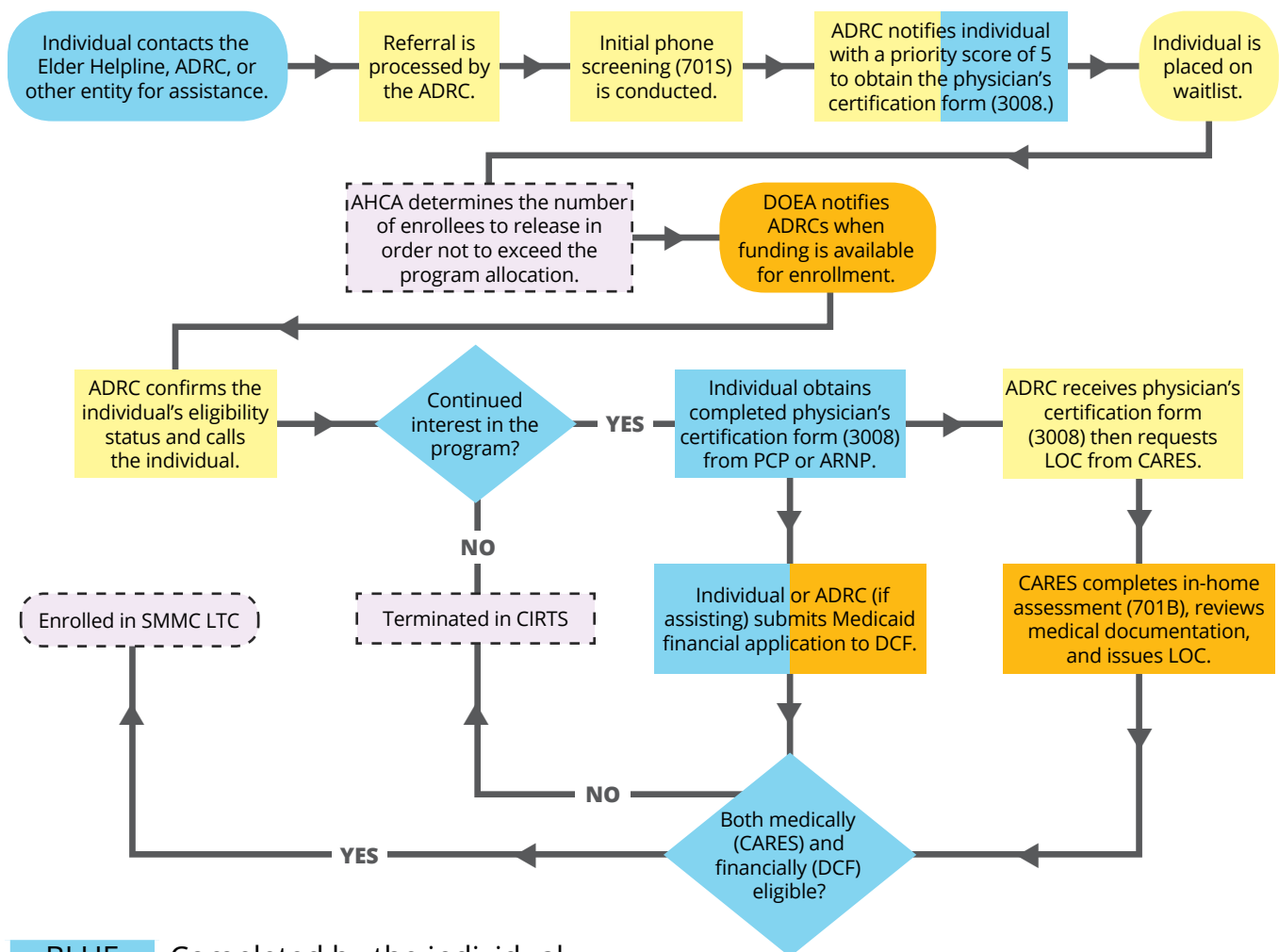
Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) Waitlist Process Map

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



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 (HHS), U.S. Department of Agriculture (USDA), Centers for Medicare and Medicaid Services (CMS), or other federal sources. However, the AmeriCorps and Senior Companion Program (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 for 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 this program.

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 Care Program Sites	Average Meals or Snacks Served
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	\$6,905,874	174	2,621,757
2018-2019	#\$6,905,874	#174	#2,621,757

*From Federal Fiscal Years (FFY) 1997-2010, meals and snacks served were calculated using a daily participant average. The data collection methodology changed in FFY 2010-2011 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. T is a vivacious 98-year-old living in Miami. She attends an adult day care center that participates in the Adult Care Food Program. Mrs. T enjoys going to the center daily and interacting with the staff and other participants. She says that having the opportunity to eat with her friends every day keeps her feeling young. Mrs. T makes every day a special occasion by dressing up when she attends her adult day care and loves getting complimented on her beautiful outfits. The delicious food she receives from the Adult Care Food Program keeps her eating healthy and gives her the nutrition she needs.

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, 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 Easter Seals South Florida to provide services in Miami-Dade and Broward counties. AmeriCorps members and community volunteers 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
2009-2010	\$121,000	\$41,506	320	464	21,000
2010-2011	**\$0	\$41,602	315	52	22,050
2011-2012	\$165,000	\$60,000	400	60	27,000
2012-2013	\$220,000	\$65,530	100	83	36,000
2013-2014	\$163,800	\$67,133	250	67	30,150
2014-2015	\$165,000	\$61,173	200	60	27,000
2015-2016	\$160,050	\$66,123	200	60	29,479
2016-2017	\$160,050	\$66,123	200	60	27,000
2017-2018	\$160,050	\$68,362	120	55	26,085
2018-2019	\$160,050	\$66,974	#120	#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

Source for funding: Florida Accountability Contract Tracking System (FACTS); Source for clients served, members, and member hours of service: Easter Seals of South Florida

Program Highlight

“When my husband was diagnosed with severe dementia and Alzheimer’s disease, I was fortunate to have an AmeriCorps member assigned to visit our home two days a week. At first, I thought respite service meant that someone would just come in and sit with him and not do much, but this has certainly not been the case. When our volunteer visits, she is always looking for things that my husband is interested in doing. My husband always loved to dance, so they dance a lot. Our AmeriCorps volunteer has become a part of the family.”

- Miami-Dade Caregiver

Other Department Programs

Emergency Home Energy Assistance for the Elderly Program (EHEAP)

Description

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

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 percent federally funded through a grant by the U.S. Department of Health and Human Services (HHS). 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 or older that is at or below 150 percent of the poverty level, divided by the statewide population age 60 or older 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 degree days 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
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***	\$4,329,787	5,219	5,711
2018-2019	#\$5,490,315	#6,618	#7,242

*EHEAP Grant Year runs April to March.

**Contract period was extended through August 2011.

***Contract period was extended through September 30 to transition to federal fiscal year, October 1 through September 30.

#Projection

Source for households served: Contractor reports (prior to 2011-2012); CIRTS (beginning in 2011-2012)



Program Highlight

Mr. J was referred to the Social Services Department by his Aging Services Case Manager. His energy service had been shut off, and he found himself in a difficult situation. Mr. J is dependent on electric respiratory devices, and his mode of mobilization is a motorized scooter. He has a high need for energy service and can do little without it.

Mr. J, like many retired seniors today, lives on a very limited budget and has little to spare for emergencies. He found himself unable to keep up with his energy bill due to other unexpected financial responsibilities. He made small monthly payments in an attempt to keep the service going but finally reached a point when his service was shut off.

Upon learning of Mr. J's circumstances, the Aging Services Case Manager reached out to the Social Services Department with a special referral. The Social Services Call Center staff immediately reached out to Mr. J and was able to verify that he meets all of the program's requirements.

Mr. J met the Social Services Department staff. He was determined to be eligible for the energy program after meeting all of the requirements. His energy service was restored that very same day due to the agency's ability to make a commitment to pay his bill. Mr. J's energy service was restored within 24 hours due to the efforts of Aging Services and the Social Services Department.



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 Program volunteers benefit from the program along with the clients they serve.

Administration

The Department partners with five local providers that 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, and Marion counties.

Eligibility

A volunteer must be a low-income individual age 55 or older who passes a criminal background check and is able to commit a minimum of 15 hours of service a week.

A recipient of Senior Companion Program volunteer services is an elder age 60 or older who is 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 Program 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
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	200	79	64,449
2018-2019	\$342,607	\$58,328	#200	#75	#63,000

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

Edith is an 86-year-old who was not ready to retire after her husband passed away a few years ago. She decided she still had a lot of energy left and wanted to do more. Edith is a very active woman and currently has three seniors she checks in on regularly to assist with general daily duties. One client, who is a couple of years younger than Edith, recently became blind. Edith takes the client shopping, assists with meals, and helps with other basic needs. Because of the regular help of companions like Edith, the client has been able to remain in his home and continues to live an independent lifestyle.

Another satisfied client said, "I am very pleased with this Senior Companion Program, and my volunteer Mary is very helpful. She makes it possible for me to get food and medications. She lights up my day because I have no family here in Florida. Now I feel less alone, and I'm enjoying life. I was feeling very lonely before I started receiving services. I'm very happy for this program. It has changed my life."

Other Department Programs

Senior Farmers' Market Nutrition Program (SFMNP)

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 participating counties. The coupon program typically begins April 1 and ends September 30 of each year. Funds remaining after this period may be reallocated to purchase bundles of fresh produce valued at \$40 per bundle. The bundles can then be distributed to eligible elders who did not receive coupons in the spring. All bundles must be distributed by November 30.

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 of Elder Affairs (DOEA) coordinates with the Florida Department of Agriculture and Consumer Services (DACCS), 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 DACCS primary responsibility to recruit, authorize, train, and monitor participating farmers. DACCS is also responsible for providing participating farmers with vendor stamps, program manuals, and program participation signs to display at farmers' markets. DOEA 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 level. 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
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	\$120,662	149	50	2,750	678
2019	#\$120,662	#149	#50	#2,750	#678

*SFMNP Grant Year typically runs March to November.

#Projection

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

Program Highlight

The Senior Farmers' Market Nutrition Program allows seniors to get out into their communities and shop at local Farmers' Markets. Seniors in participating counties look forward to the coupons every year. Receiving coupons not only allows them to get fresh, nutritious produce, it also gives them an opportunity to be outside and meet local farmers and community members. The smiles on the seniors' faces when leaving a local market with a load of fresh produce is proof of the value of this program and the satisfaction it brings.

Other Department Programs

Serving Health Insurance Needs of Elders Program (SHINE) and Senior Medicare Patrol (SMP)

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.

In June 2018, the SHINE Program began operating the statewide Senior Medicare

Patrol (SMP) Program. The SMP Program empowers seniors to prevent Medicare fraud. Through the SHINE/SMP Program, volunteers educate beneficiaries to protect, detect, and report potential errors, fraud, and abuse with their Medicare coverage.

Administration

SHINE is administered at the local level through a partnership with the state's 11 AAAs. Department staff provide 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
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	476	*****62,309
2018-2019	\$4,226,240	#576	#80,000

*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).

*****Beginning in 2017-2018, there was a change in the way SHINE contacts are reported to no longer include calls to the Elder Helpline.

#Projection

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

Program Highlight

When Hurricane Irma hit Southwest Florida in September 2017, the storm knocked out power to 600,000 homes and businesses in the region. Even 10 days after the storm, 66,000 still were without electricity. This created an emergency for some elders with medications that needed refrigeration. When the Area Agency on Aging for Southwest Florida's Elder Helpline received calls about spoiled medications, Helpline specialists turned to the Serving Health Insurance Needs of Elders (SHINE) Program. One of the callers had been denied a refill of her spoiled cancer medication, and paying for the refill on her own would have cost \$13,000. Others needed refills for insulin that had become tainted without refrigeration. SHINE counselors not only helped Medicare beneficiaries evaluate potential insurance plans, but they also assisted with claims and appeals. The Area Agency on Aging's SHINE team jumped into action, advocating with the insurance providers to get the prescriptions covered and keep the clients safe and healthy.

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.

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 evaluations. Includes Asunto de Equilibrio (Spanish version of "A Matter of Balance," in which materials and videos are translated to Spanish).	Episodes	OAA	161
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	699,653
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.		CCE, OAA	9,387
	Services furnished in an outpatient setting that 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, planned group therapeutic activities, and nutritional meals.	Hours	SMMC LTC	7,669,723



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	34
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	40
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	3,398,429
		Months		2
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	1,248,150
		Episodes		32,016
Basic Subsidy	Fixed-sum cash payment made to an eligible caregiver each month to reimburse some of his/her expenses incurred while 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	21,746

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: 2,298 Individual: 133,519
		Episodes		Group: 5,751 Individual: 886
Caregiver Training and Support	Training of caregivers, individually or in group settings, to reduce stress, increase coping skills, provide strategies for effective management of caregiving tasks, and enable them to provide high quality care to recipients within the home. Caregiver training and support may be provided through forums, including community seminars; support groups; and other organized local, regional, or statewide events.	Hours	ADI, OAA	Group: 4,647 Individual: 2,053
			SMMC LTC	14
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	23,613
Case Management	Client-centered service that seeks to identify physical and emotional needs and problems through an interview and assessment process, including 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	342,231
		Episodes	SMMC LTC	291,572
		Months	SMMC LTC	79



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	8,877
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	22,373
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	6,313
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	43
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 3-6 months or longer than the normal healing time of an injury.	Episodes	OAA	10

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	200,467
Congregate Meals	Meals or snacks provided at eligible Adult Care Food Program centers.	Meals or Snacks	ACFP	2,621,757
	Meals provided at a congregate meal site that comply with the Dietary Guidelines for Americans and provides one-third of the 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	3,933,479
Congregate Meals Screening	Assessments for congregate meal applicants or recipients with referral and follow-up as needed.	Hours	LSP, OAA	15,044
Counseling	Education and training for patient self-management by a qualified, nonphysician health care professional.	Hours	SMMC LTC	42
Counseling – Cognitive Skills Development	Development of cognitive skills to improve attention, memory, and problem solving, which includes compensatory training.	Hours	SMMC LTC	5,950



Service	Description	Unit Type	Program(s)	Units of Service
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: 948 Individual: 7,530
Counseling – Medicare and Health Insurance	Medicare and health insurance education, counseling, and assistance to Medicare beneficiaries, their families, and caregivers.	Client Contacts	SHINE	62,309
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	CCE, LSP, OAA	Group: 84 Individual: 3,845
Counseling – Reintegration Training	Community/work reintegration training, including 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	57
Diabetes Self-Management Program	Diabetes self-management training services.	Hours	SMMC LTC	58
	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	43

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: 11,493 Individual: 1,131
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	705
Emergency Alert Response (EAR) – Maintenance	Maintenance of EAR system, as explained above.	Days	CCE, LSP, OAA	873,620
		Months	SMMC LTC	148,672
Employment and Job Training	Average of 20 hours per week of paid part-time community service work for unemployed low-income persons who are age 55 and older. Assists with transition to unsubsidized employment.	Participants Served	SCSEP	634
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	10,930



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	801
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	544
Financial Risk Reduction – Assessment	Assessment of problem area(s) and guidance for managing income, assets, liabilities, and expenditures.	Hours	CCE	3
Financial Risk Reduction – Maintenance	Maintenance of problem area(s) and guidance for managing income, assets, liabilities, and expenditures.	Hours	CCE	91
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 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; and 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	63

Service	Description	Unit Type	Program(s)	Units of Service
Health Risk Assessment	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	860
Health Support	Helps individuals secure and utilize necessary medical treatment, as well as preventive, emergency, and health maintenance services.	Hours	LSP, OAA	Group: 13,859
		Episodes	OAA	Individual: 10,210
Healthy Eating Every Day	Helps individuals establish healthy eating habits. Participants 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	8
Home Accessibility Adaptations Services	Physical adaptations to the home required by the enrollee's plan of care that are necessary to ensure the health, welfare, and safety of the enrollee or that enable the enrollee to function with greater independence in the home and without which the enrollee would require institutionalization. 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 necessary for the welfare of the enrollee. All services shall be provided in accordance with applicable state and local building codes.	Episodes	SMMC LTC	950



Service	Description	Unit Type	Program(s)	Units of Service
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	6,138
Home-Delivered Meals	Complies with the Dietary Guidelines for Americans and provides one-third of the 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	9,865,490
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 them. Chore services, including heavy chore services and pest control, may be included in this service.	Hours	CCE, HCE, LSP, OAA	1,010,223
		Hours	SMMC LTC	9,475,565
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	1,266

Service	Description	Unit Type	Program(s)	Units of Service
Housing Improvement	Home repairs, environmental modifications, adaptive alterations, or installing security devices.	Hours	CCE, OAA, LSP	13,500
		Episodes	HCE	8
Information	Response to inquiries from or on behalf of a person regarding public and private resources and available services.	Episodes	OAA, LSP	243,739
Intake	Completes standard intake and screening instruments to gather information about an applicant for services.	Hours	CCE, OAA, ADI	57,743
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	4,760,934
		Episodes		207
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, LSP	25
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	30,084



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	4,230
		Facilities		4,112
		Complaint Investigations		5,189
		Visitations		5,142
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 and Chore – Enhanced 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	5,651
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	120

Service	Description	Unit Type	Program(s)	Units of Service
Medical Equipment and Supplies	Medical equipment and supplies specified in the plan of care, including devices, controls, or appliances that can withstand repeated use and enable the enrollee to increase the ability to perform activities of daily living; devices, controls, or appliances that enable the enrollee to perceive, control, or communicate with and be appropriate for the environment in which he or she lives; items necessary for life support or to address an enrollee's physical conditions, along with ancillary supplies and equipment necessary to the proper functioning of such items; such other durable and non-durable medical equipment not available under the Medicaid State Plan that is necessary to address enrollee needs, including consumable medical supplies, such as adult diapers; and repair of such items or replacement parts.	Items	SMMC LTC	29,486,358
		Hours		18,926
		Episodes		2,015
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	99,247
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	3,428
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, LSP	1,819



Service	Description	Unit Type	Program(s)	Units of Service
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, LSP	252,600
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.	Episodes	SMMC LTC	82
		Hours		256
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 that they are correctly carrying out therapy goals.	Episodes	SMMC LTC	45,794
		Hours		146,415
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	198

Service	Description	Unit Type	Program(s)	Units of Service
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 elders, making one-on-one contact, identifying their service needs and encouraging their use of available resources.	Episodes	OAA	19,774
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	18,879,334
		Items	SMMC LTC	2,664,578
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	188
Pest Control Maintenance	Addresses insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients.	Episodes	CCE	1,747
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	22
Physical Therapy	Provided to produce specific functional outcomes in ambulation, muscle control and postural development and to 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 that they are correctly carrying out therapy goals.	Hours	SMMC LTC	28,388



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	14
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	11
Public Guardianship	Protection of the personal and property 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	3,788
Recreation	Planned leisure events such as games, sports, arts and crafts, theater, trips, and other relaxing social activities.	Hours	LSP, OAA	136,397
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	85,732

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	4,745
		Hours		3,953
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	2,632,806
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	675,728
Respite In-Facility - Specialized Alzheimer's Services	Provision of relief or rest for a primary caregiver from the constant supervision and care of functionally impaired individuals of all ages by providing care in an approved specialized Alzheimer's services facility-based environment for a specified period of time.	Hours	ADI	164,219
Respite – In-Home	Provision of relief or rest for a primary caregiver from the constant 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	1,526,199
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	34,206
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	8,340



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 or older or another related caregiver age 55 or older. Sitter services may be carried out in the home or in a facility during the day, at night, or on weekends.	Hours	OAA	16,047
Skilled Nursing Services	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse, or advanced registered nurse practitioner in the client's place of residence, pursuant to a plan of care approved by a licensed physician.	Hours	CCE, LSP, OAA	5,244
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; • 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	46,448
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. 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	69,396
		Hours		2,039

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	124
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 program benefits 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	43
Telephone Reassurance	Communications with designated clients by telephone on a mutually agreed schedule to determine if they are safe and to provide psychological reassurance or to implement special or emergency assistance.	Episodes	OAA	11,515
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	9



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	1,062,638
	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	2,473,132
		Hours		124,424
		Miles		724,860
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	55
		Clients Served		120
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	79
		Clients Served		200
Volunteer Training	Training for individuals interested in helping caregivers with respite services.	Hours	RELIEF	2,057

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	17

Sources for definitions and programs providing services: *DOEA Programs and Services Handbook; Statewide Medicaid Managed Care Contract, Attachment II-B August 1, 2018*

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*



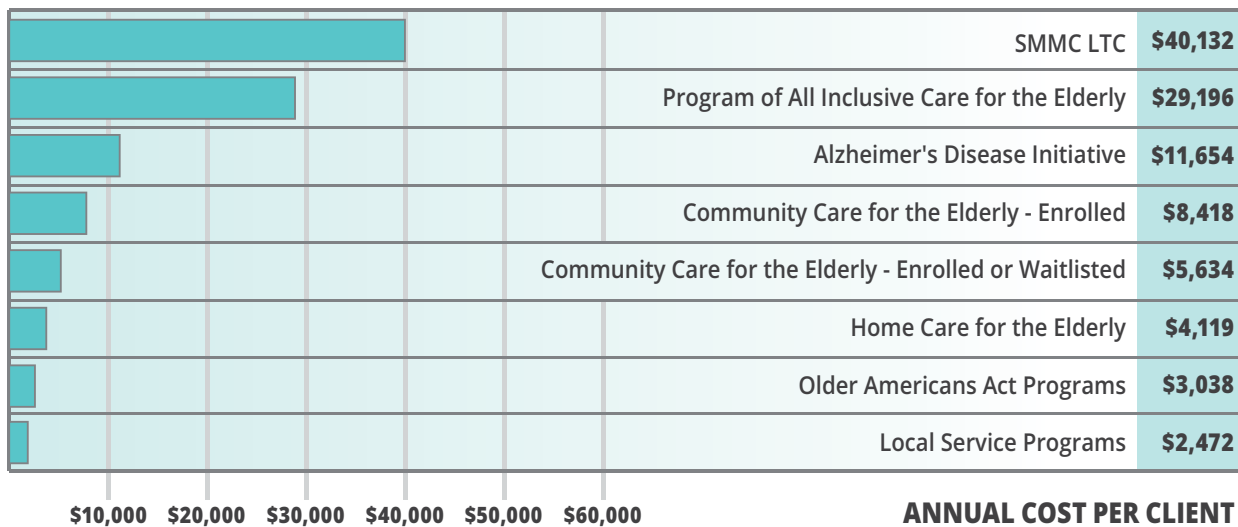
APPENDICES



Appendix 1

Cost Comparisons, Budget History, Appropriations, and ADRC Funding

Comparison of Annual Average Cost Per Client For Programs Serving Florida's Elders - SFY 2017-2018

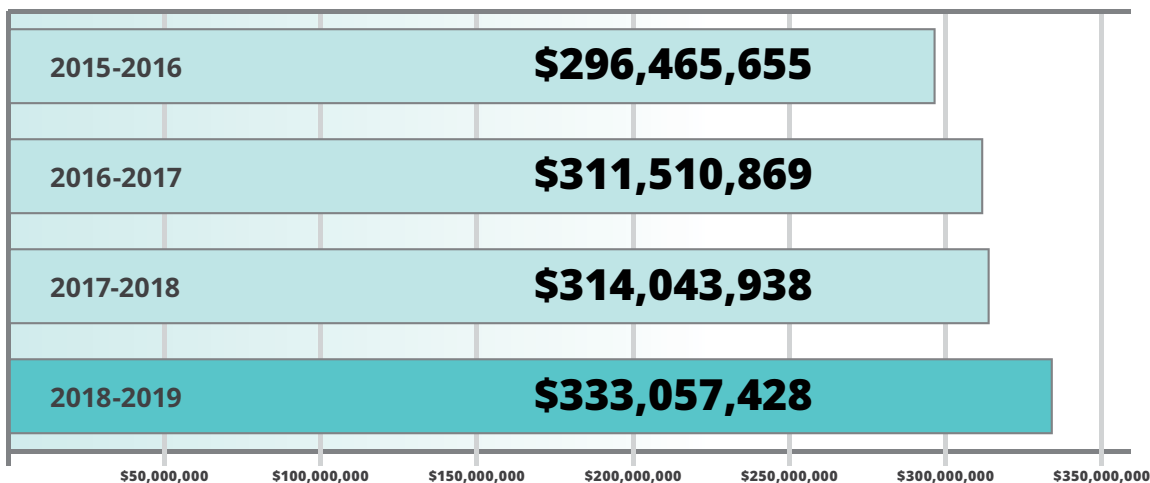


SMMC LTC: Statewide Medicaid Managed Care Long-term Care Program includes all ages; does not include incentives and/or pay-for-performance initiatives; may not include all adjustments. Numbers not confirmed by AHCA.

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 2017-2018

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: 2018-2019 General Appropriations Act less vetoed amounts and Department of Elder Affairs' electronic Approved Operating Budget 2018-2019

Appropriations - State Fiscal Year 2017-2018

General Revenue	\$153,801,751
Legislative Appropriation	
Administrative Trust Fund	\$3,527,142
Public Guardianship Services	
Indirect Earnings	
Federal Grants Trust Fund	\$120,433,878
Title III and Title VII, Older Americans Act	
Title V Senior Community Service 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	\$55,271,957
Comprehensive Assessment and Review for Long-Term Care Services (CARES)	
Medicaid Administration	
Grants and Donations Trust Fund	\$22,700
Donations	
Total	\$333,057,428

Source: 2018-2019 General Appropriations Act less vetoed amounts and Department of Elder Affairs' electronic Approved Operating Budget 2018-2019

ADRC Funding

Fiscal Year	State	Federal	Total
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
2018-2019	\$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 or older, or 18 or 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 or 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 Alzheimer's disease or other memory disorders.
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 or 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 Program (EHEAP)	At least one household member age 60 or older.	Total gross household income of not more than 150 percent of the 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 or 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 Titles V and VII)	60 or 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 or 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 or older	Household income 125 percent of federal poverty level or less; certain exclusions apply.	Targets persons with poor employment prospects and greatest economic need.
Senior Companion Program (SCP)	60 or older	No income test.	Must have one or more physical, emotional, or mental health limitations and are in need of assistance to achieve and maintain the highest level of independent living.
Senior Farmers' Market Nutrition Program (SFMNP)	60 or older	Household income 185 percent of federal poverty level 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	260,003	50,055	35,701	14,532	4,575	19.3%	13.7%	5.6%	1.8%	23.0%
Baker	27,191	5,205	3,585	1,341	312	19.1%	13.2%	4.9%	1.1%	11.9%
Bay	178,820	41,407	29,985	12,987	3,988	23.2%	16.8%	7.3%	2.2%	12.6%
Bradford	27,642	6,700	4,932	2,145	639	24.2%	17.8%	7.8%	2.3%	12.2%
Brevard	575,211	176,657	131,719	61,616	18,655	30.7%	22.9%	10.7%	3.2%	14.1%
Broward	1,873,970	422,274	304,039	134,273	46,273	22.5%	16.2%	7.2%	2.5%	42.4%
Calhoun	15,001	3,671	2,709	1,178	298	24.5%	18.1%	7.9%	2.0%	14.0%
Charlotte	172,720	79,619	63,643	30,181	8,921	46.1%	36.8%	17.5%	5.2%	7.4%
Citrus	143,801	62,353	49,305	23,170	6,645	43.4%	34.3%	16.1%	4.6%	5.9%
Clay	208,549	43,011	30,615	12,057	3,087	20.6%	14.7%	5.8%	1.5%	14.6%
Collier	357,470	126,350	100,976	48,984	13,882	35.3%	28.2%	13.7%	3.9%	12.3%
Columbia	68,943	17,433	12,648	5,169	1,376	25.3%	18.3%	7.5%	2.0%	15.3%
De Soto	35,621	8,821	6,699	2,945	711	24.8%	18.8%	8.3%	2.0%	17.3%
Dixie	16,726	5,141	3,767	1,433	315	30.7%	22.5%	8.6%	1.9%	4.0%
Duval	936,811	184,005	128,378	51,656	16,268	19.6%	13.7%	5.5%	1.7%	31.6%
Escambia	313,381	73,598	53,403	22,916	6,773	23.5%	17.0%	7.3%	2.2%	23.2%
Flagler	105,157	37,035	28,839	12,482	3,178	35.2%	27.4%	11.9%	3.0%	17.8%
Franklin	12,161	3,386	2,514	1,028	255	27.8%	20.7%	8.5%	2.1%	10.0%
Gadsden	48,263	11,299	7,894	3,065	775	23.4%	16.4%	6.4%	1.6%	47.0%
Gilchrist	17,224	4,890	3,599	1,521	486	28.4%	20.9%	8.8%	2.8%	5.9%
Glades	13,087	4,061	3,169	1,432	290	31.0%	24.2%	10.9%	2.2%	13.4%
Gulf	16,297	4,354	3,209	1,336	343	26.7%	19.7%	8.2%	2.1%	7.8%
Hamilton	14,663	3,567	2,544	954	229	24.3%	17.4%	6.5%	1.6%	27.3%
Hardee	27,426	5,221	3,850	1,601	452	19.0%	14.0%	5.8%	1.6%	22.7%
Hendry	39,057	7,238	5,300	2,318	653	18.5%	13.6%	5.9%	1.7%	42.8%
Hernando	181,882	64,424	50,969	24,076	7,153	35.4%	28.0%	13.2%	3.9%	10.8%
Highlands	102,138	42,461	34,515	17,245	5,090	41.6%	33.8%	16.9%	5.0%	13.0%
Hillsborough	1,379,302	260,748	186,154	77,750	23,107	18.9%	13.5%	5.6%	1.7%	33.6%
Holmes	20,210	5,432	4,065	1,746	398	26.9%	20.1%	8.6%	2.0%	5.6%
Indian River	148,962	56,082	44,106	21,632	7,141	37.6%	29.6%	14.5%	4.8%	8.8%
Jackson	50,418	12,661	9,281	4,135	1,194	25.1%	18.4%	8.2%	2.4%	22.7%
Jefferson	14,611	4,281	3,027	1,092	318	29.3%	20.7%	7.5%	2.2%	29.5%

Pages 120, 122 Source: Department of Elder Affairs 2017 estimates are based on Florida Legislature, Office of Economic and Demographic Research 2017 estimates, provided February 2018; Pages 121, 123 Source: CIRT for clients served; Department of Elder Affairs 2017 estimates, calculated September 2018, are based on Florida Legislature, Office of Economic and Demographic Research 2017 estimates, provided February 2018; and 2011-2015 American Community Survey, Special Tabulation on Aging, www.agid.acl.gov/DataFiles/ACS2015; 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, https://www.alz.org/getmedia/4d0840b6-0baa-4b97-8a0e-1775cfbf44a4/statesheet_florida

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	10.8%	12.8%	26.5%	6.5%	170	327	56	66.6
Baker	8.8%	11.2%	19.4%	4.9%	5	60	8	140.2
Bay	9.8%	13.2%	24.5%	8.3%	27	154	40	65.8
Bradford	15.3%	13.2%	27.3%	7.0%	21	56	6	111.9
Brevard	8.3%	13.9%	24.2%	6.2%	76	860	33	42.8
Broward	12.8%	13.9%	25.8%	7.6%	392	3,729	301	32.4
Calhoun	15.8%	12.7%	29.6%	19.4%	4	25	4	208.8
Charlotte	7.3%	14.0%	20.9%	5.1%	28	474	27	37.1
Citrus	8.9%	13.8%	22.1%	5.1%	151	396	30	47.6
Clay	6.7%	11.9%	18.9%	6.7%	26	371	40	85.7
Collier	7.5%	14.1%	19.7%	3.4%	79	469	31	15.4
Columbia	10.1%	12.3%	24.7%	8.9%	51	167	24	59.0
De Soto	14.0%	12.6%	23.7%	5.1%	9	110	10	40.1
Dixie	12.5%	11.2%	23.4%	10.1%	16	68	8	41.9
Duval	10.9%	12.7%	26.8%	7.8%	53	2,352	64	77.5
Escambia	7.8%	13.0%	25.2%	7.2%	38	467	18	72.8
Flagler	8.4%	12.6%	16.8%	5.4%	29	309	14	19.2
Franklin	9.9%	12.1%	26.1%	11.9%	1	17	5	87.5
Gadsden	14.6%	11.7%	25.5%	7.7%	6	32	10	39.1
Gilchrist	11.1%	13.2%	22.4%	11.9%	7	44	6	132.1
Glades	14.6%	12.4%	17.6%	7.5%	3	59	12	0.0
Gulf	9.6%	12.3%	18.8%	10.9%	2	21	4	89.8
Hamilton	16.3%	11.3%	22.9%	9.9%	14	52	20	62.9
Hardee	19.1%	12.6%	18.7%	9.2%	2	85	10	65.0
Hendry	19.3%	13.0%	23.4%	10.1%	8	136	20	107.0
Hernando	7.7%	14.0%	22.4%	6.0%	104	393	45	27.4
Highlands	10.7%	14.5%	22.7%	6.4%	11	496	11	34.7
Hillsborough	12.0%	12.8%	23.6%	7.9%	175	3,536	164	48.3
Holmes	15.9%	12.3%	26.2%	12.0%	5	24	6	103.1
Indian River	8.3%	14.8%	24.8%	6.4%	13	558	12	25.2
Jackson	10.9%	13.3%	25.2%	9.7%	11	59	8	130.6
Jefferson	8.1%	11.5%	25.5%	7.5%	4	29	4	143.8

County	Total Population					Percent of Population Who Are Elders				
	All Ages	60+	65+	75+	85+	60+	65+	75+	85+	Minority 60+
Lafayette	8,479	1,700	1,246	524	133	20.1%	14.7%	6.2%	1.6%	4.8%
Lake	331,724	109,207	84,966	38,879	10,578	32.9%	25.6%	11.7%	3.2%	13.2%
Lee	698,468	228,732	177,333	77,104	20,399	32.7%	25.4%	11.0%	2.9%	12.2%
Leon	287,899	51,907	36,515	14,048	4,230	18.0%	12.7%	4.9%	1.5%	24.7%
Levy	41,015	12,595	9,265	3,711	811	30.7%	22.6%	9.0%	2.0%	11.8%
Liberty	8,719	1,535	1,057	417	100	17.6%	12.1%	4.8%	1.1%	11.0%
Madison	19,377	5,068	3,703	1,524	447	26.2%	19.1%	7.9%	2.3%	30.8%
Manatee	368,782	122,528	94,582	43,003	12,658	33.2%	25.6%	11.7%	3.4%	11.2%
Marion	349,267	126,002	99,261	45,496	12,110	36.1%	28.4%	13.0%	3.5%	13.3%
Martin	153,022	58,153	45,606	22,664	7,528	38.0%	29.8%	14.8%	4.9%	6.8%
Miami-Dade	2,743,095	588,165	434,952	203,769	61,941	21.4%	15.9%	7.4%	2.3%	83.2%
Monroe	76,889	23,733	16,889	6,116	1,486	30.9%	22.0%	8.0%	1.9%	15.6%
Nassau	80,456	23,090	16,812	6,514	1,599	28.7%	20.9%	8.1%	2.0%	9.3%
Okaloosa	195,488	44,275	31,932	13,999	3,882	22.6%	16.3%	7.2%	2.0%	13.7%
Okeechobee	41,140	9,972	7,524	3,387	879	24.2%	18.3%	8.2%	2.1%	11.5%
Orange	1,313,880	218,054	151,303	60,858	18,054	16.6%	11.5%	4.6%	1.4%	45.1%
Osceola	337,614	62,097	43,854	17,282	4,590	18.4%	13.0%	5.1%	1.4%	51.2%
Palm Beach	1,414,144	422,605	329,789	166,202	59,566	29.9%	23.3%	11.8%	4.2%	20.2%
Pasco	505,709	148,996	114,532	51,640	15,471	29.5%	22.6%	10.2%	3.1%	10.4%
Pinellas	962,003	309,604	233,506	107,758	35,570	32.2%	24.3%	11.2%	3.7%	11.5%
Polk	661,645	175,939	133,098	57,679	15,079	26.6%	20.1%	8.7%	2.3%	19.6%
Putnam	73,176	21,401	15,788	6,678	1,867	29.2%	21.6%	9.1%	2.6%	14.0%
St Johns	229,715	59,106	43,181	17,781	5,433	25.7%	18.8%	7.7%	2.4%	10.0%
St Lucie	297,634	84,352	64,086	29,019	8,494	28.3%	21.5%	9.7%	2.9%	21.5%
Santa Rosa	170,835	36,729	25,889	10,222	2,450	21.5%	15.2%	6.0%	1.4%	7.9%
Sarasota	407,260	172,203	138,776	69,675	22,152	42.3%	34.1%	17.1%	5.4%	6.2%
Seminole	454,757	94,477	67,196	28,271	9,210	20.8%	14.8%	6.2%	2.0%	23.8%
Sumter	120,700	73,311	62,676	27,027	4,822	60.7%	51.9%	22.4%	4.0%	2.8%
Suwannee	44,690	12,315	9,336	4,204	1,210	27.6%	20.9%	9.4%	2.7%	11.7%
Taylor	22,295	6,056	4,484	1,801	386	27.2%	20.1%	8.1%	1.7%	14.9%
Union	15,947	3,123	1,961	656	139	19.6%	12.3%	4.1%	0.9%	20.8%
Volusia	523,405	164,347	123,549	55,133	17,648	31.4%	23.6%	10.5%	3.4%	14.1%
Wakulla	31,909	6,286	4,307	1,531	359	19.7%	13.5%	4.8%	1.1%	11.0%
Walton	65,301	16,932	12,108	4,665	1,222	25.9%	18.5%	7.1%	1.9%	7.2%
Washington	24,985	6,001	4,370	1,739	405	24.0%	17.5%	7.0%	1.6%	11.9%
Florida	20,484,142	5,334,037	4,000,571	1,800,974	546,691	27.7%	20.7%	9.0%	2.5%	17.8%

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	13.8%	12.4%	25.0%	11.6%	1	23	4	114.5
Lake	8.2%	13.4%	19.9%	5.0%	175	513	49	38.2
Lee	8.1%	12.8%	20.2%	5.1%	53	1,395	51	26.3
Leon	7.5%	12.1%	26.7%	5.6%	20	64	32	53.0
Ley	11.7%	11.6%	25.1%	10.4%	35	123	17	32.3
Liberty	10.5%	11.7%	25.3%	11.6%	2	16	5	0.0
Madison	16.8%	12.6%	28.0%	7.9%	3	30	5	156.1
Manatee	8.2%	13.6%	22.4%	4.8%	73	834	50	32.4
Marion	9.4%	13.3%	21.6%	6.3%	213	543	58	30.3
Martin	6.2%	15.0%	25.6%	4.9%	40	454	18	35.1
Miami-Dade	20.9%	14.0%	19.1%	9.0%	272	6,065	942	41.0
Monroe	11.4%	11.1%	24.1%	4.3%	23	143	16	39.2
Nassau	8.0%	11.6%	19.6%	6.9%	9	176	11	36.8
Okaloosa	6.3%	13.0%	23.2%	5.8%	16	125	24	64.2
Okeechobee	16.7%	13.0%	21.5%	6.4%	9	174	16	53.2
Orange	10.9%	12.5%	20.9%	6.4%	320	1,917	68	67.9
Osceola	12.9%	12.0%	16.5%	8.0%	18	655	13	62.5
Palm Beach	9.7%	15.5%	26.4%	6.3%	336	4,084	98	35.9
Pasco	9.6%	13.5%	24.0%	6.3%	546	1,561	31	37.5
Pinellas	10.2%	14.1%	30.6%	6.5%	940	2,406	52	71.3
Polk	9.9%	12.7%	20.9%	5.9%	84	2,000	138	51.6
Putnam	14.3%	12.7%	26.0%	6.7%	40	110	33	50.5
St Johns	7.6%	12.8%	22.2%	5.0%	23	367	16	30.2
St Lucie	9.5%	13.5%	22.8%	6.9%	93	1,018	46	36.2
Santa Rosa	7.2%	11.7%	18.6%	8.3%	12	164	7	40.1
Sarasota	6.8%	14.9%	24.5%	4.6%	32	775	28	42.4
Seminole	7.8%	13.2%	21.5%	6.8%	97	584	28	44.1
Sumter	6.1%	11.7%	16.4%	2.7%	42	107	18	13.7
Suwannee	14.2%	13.4%	23.0%	6.8%	37	112	26	95.4
Taylor	12.3%	11.6%	20.3%	12.0%	5	18	3	66.6
Union	14.4%	10.2%	25.0%	9.5%	7	33	5	0.0
Volusia	9.6%	13.7%	24.9%	7.1%	93	1,421	46	58.1
Wakulla	11.1%	10.9%	26.6%	8.0%	6	21	5	78.4
Walton	9.4%	11.7%	25.7%	7.4%	5	70	12	59.4
Washington	13.7%	11.7%	24.0%	11.7%	7	42	2	103.5
Florida	11.0%	12.8%	23.2%	7.6%	5,228	44,077	3,024	44.6

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	2	3	4	5
Number of IADLs with which help is required	5	6	7	7-8
Percent with dementia or cognitive impairment	32%	40%	49%	58%
Percent self-assessed in poor health	28%	49%	60%	72%
Percent of caregivers in crisis	1%	12%	36%	53%
A lot of difficulty with caregiver's physical health	3%	9%	20%	35%

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: CIRT (Client Information and Registration Tracking System), SFY 2017-2018

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	FPGC	Florida Public Guardian Coalition
AHCA	Agency for Health Care Administration	HCBS	Home and Community-Based Services
ALF	Assisted Living Facility	HCE	Home Care for the Elderly
APS	Adult Protective Services	HH	Home Health
ARRA	American Recovery and Reinvestment Act	IADL	Instrumental Activities of Daily Living
CARES	Comprehensive Assessment and Review for Long-Term Care Services	ICP	Institutional Care Program
CCE	Community Care for the Elderly	ICSP	Independent Consumer Support Program
CFAL	Communities for a Lifetime	IFAS	Institute of Food and Agricultural Science
CIRTS	Client Information and Registration Tracking System	LIHEAP	Low-Income Home Energy Assistance Program
CMS	Centers for Medicare & Medicaid Services	LSP	Local Services Programs
COA	County Council on Aging	LTCOP	Long-Term Care Ombudsman Program
CY	Calendar Year	MCO	Managed Care Organization
DACS	Department of Agriculture and Consumer Services	MDC	Memory Disorder Clinic
		MIPPA	Medicare Improvements for Patients & Providers Act

MMA	Managed Medical Assistance	SCP	Senior Companion Program
NAPIS	National Aging Program Information Systems	SCSEP	Senior Community Service Employment Program
NH	Nursing 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 Program
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		



Appendix 6

Index

A

ADRD 53, 55, 56, 125

ADRD Training 55

Adult Care Food Program 12, 78, 117, 118, 125

Adult Day Care 6, 37, 48, 50, 56, 57, 68, 72, 78, 93

Adult Day Health Care 57, 93

Aging and Disability Resource Center(s) 6, 21, 23, 116, 117, 125

Alzheimer's Disease 11, 18, 21, 26, 48, 49, 50, 51, 53, 56, 66, 92, 118, 121, 125

Alzheimer's Disease Initiative 16, 49, 50, 51, 92, 95, 98, 99, 109, 110, 112, 118, 121, 125

AmeriCorps 81, 92, 112

Area Agency(ies) on Aging (AAAs) 6, 12, 21, 22, 23, 32, 46, 49, 57, 59, 61, 66, 82, 116, 125

Assessment(s) 39, 42, 45, 50, 57, 69, 70, 92, 100, 101, 105, 106, 109, 117, 124, 125

Assisted Living 16, 17, 21, 22, 42, 53, 55, 68, 94, 125

B

Basic Subsidy 59, 94

Behavioral Management 95

Brain Bank(s) 16, 49, 51, 52

C

Caregiver Support 37

CARES 11, 12, 13, 69, 70, 92, 105, 117, 125

Case Aide 57, 95

Case Management 48, 57, 59, 72, 95

Chore 57, 96, 102, 104, 124

Communities for a Lifetime 16, 125

Community Care for the Elderly 12, 21, 22, 57, 92, 93, 95, 96, 97, 98, 99, 100, 102, 103, 104, 105, 106, 107, 109, 110, 112, 116, 118, 121, 125

Companionship 57, 66, 85, 97

Congregate Meals 28, 29, 32, 48, 97

Consumable Medical Supplies 49, 50, 57

Council(s) on Aging 21

Counseling 39, 48, 49, 50, 57, 89, 90, 97, 98, 105

D

Dementia Care and Cure Initiative 16, 18

E

Education 46, 48, 49, 51, 63, 80, 87, 89, 90, 99, 106

Elder Abuse 16, 46, 47

Elder Abuse Prevention 16, 46

Emergency Alert Response 57, 92, 99

Emergency Home Energy Assistance for the Elderly Program 12, 82, 83, 92, 99, 117, 118, 125

Emergency Home Repair 57

Employment 16, 39, 41, 92, 99, 117, 119, 126

Escort 57, 100

H

Health Insurance 16, 89, 92, 98, 117, 126

Health Promotion 89, 100

Health Risk 101

Health Support 101

Home Accessibility 59

Home Care for the Elderly 12, 59, 92, 93, 94, 95, 96, 98, 102, 104, 106, 107, 109, 110, 112, 119, 121, 125

Home-Delivered Meals 30, 31, 32, 48, 57, 102

Home Health Aide 57, 59

Homemaker 22, 57, 102

Home Repair(s) 46, 57

Housing 103, 104

Housing Improvement(s) 103, 104

I

Independent Consumer Support Program 125

Information 11, 27, 92, 103, 108, 118, 124, 125

J

Job Training 99

L

Legal Assistance 57, 103

Local Services Programs 12, 61, 62, 92, 93, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 106, 107, 108, 109, 110, 112, 125

Long-Term Care Ombudsman Program (LTCOP) 17, 42, 43, 92, 104, 125

M

Material Aid 57, 104

Meals 2, 22, 30, 32, 33, 48, 57, 78, 79, 97, 102, 119, 124

Medicaid 12, 22, 69, 72, 78, 89, 90, 92, 94, 113, 116, 117, 125, 126

Medical Equipment 105, 110

Medicare 16, 72, 89, 90, 125

Medication Management 92, 102, 104

Memory Disorder Clinic(s) 18, 19, 22, 49, 50, 51, 118

N

National Family Caregiver Support Program 37

Nutrition Counseling 105

Nutrition Education 87, 106

Nutrition Services Incentive Program 32, 33, 117, 126

O

Occupational Therapy 106

Office of Public and Professional Guardians 14, 15, 63, 64, 92, 126

Older Americans Act 6, 12, 25, 30, 32, 34, 37, 39, 40, 42, 43, 46, 47, 77, 92, 117, 119, 126

Ombudsman 11, 17, 42, 43, 45, 92, 125

Other Services 59, 89, 106

Outreach 46, 80, 89, 90, 107

P

Personal Care 48, 57, 107

Physical Therapy 107

Program of All-Inclusive Care for the Elderly (PACE) 2, 12, 72, 73, 92, 126

Public Guardianship 14, 15, 63, 108, 117

R

Recreation 108

Respiratory Therapy 109

Respite 6, 12, 16, 22, 48, 49, 50, 51, 57, 66, 78, 80, 85, 109, 126

Respite for Elders Living in Everyday Families (RELIEF) 12, 66, 92, 109, 112, 126

S

Screening and Assessment 109

Senior Community Service Employment Program 16, 39, 40, 92, 99, 119, 126

Senior Companion 12, 85, 92, 112, 119

Senior Farmers' Market Nutrition Program 12, 87, 117, 119, 126

SHINE 16, 89, 90, 92, 98, 117, 126

Shopping Assistance 57, 85, 109

Skilled Nursing 103, 110

Specialized Alzheimer's Adult Day Care 53, 55, 56

Speech Therapy 110

Statewide Medicaid Managed Care 12, 92, 93, 94, 95, 97, 98, 99, 101, 102, 103, 105, 106, 107, 109, 110, 112, 116, 126

Supportive Services 26

T

Telephone Reassurance 111

Transportation 6, 48, 57, 85, 112, 124

V

Volunteer(s) 2, 16, 22, 24, 42, 66, 67, 80, 85, 89, 90, 112, 119

NOTES

NOTES



NOTES

2019 Summary of Programs and Services

The 2019 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 2019 *Summary of Programs and Services* also includes demographic and budget information. Unless otherwise noted, this publication contains information and data compiled as of January 2019.

For copies of this publication or for more information about any of the services or programs listed in this document, please visit us online at elderaffairs.org.

