



LONG RANGE PROGRAM PLAN

Department of Elder Affairs
Tallahassee

September 27, 2019

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Dear Directors:

Pursuant to Chapter 216, *Florida Statutes*, the Long Range Program Plan (LRPP) for the Department of Elder Affairs is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives, and measures for the Fiscal Year 2020-21 through Fiscal Year 2024-25.

The internet website address that provides the link to the LRPP located on the Florida Fiscal Portal is www.elderaffairs.org, under the "Publications and Reports" link provided. This submission has been approved by Richard Prudom, Secretary.

Sincerely,

A handwritten signature in blue ink, appearing to read "Greg Ungru", is written over a blue ink stamp.

Greg Ungru
Deputy Secretary and Chief of Staff

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Department of

ELDER AFFAIRS

STATE OF FLORIDA



Long-Range Program Plan

Fiscal Years 2020-2021 through 2024-2025

RON DESANTIS, GOVERNOR

RICHARD PRUDOM, SECRETARY

September 2019

Florida Department of Elder Affairs

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AGENCY MISSION, VISION, AND VALUES

MISSION:

To promote the well-being, safety, and independence of Florida's seniors, their families, and caregivers.

VISION:

For all Floridians to live well and age well.

CORE VALUES:

B – Better well-being for seniors and caregivers

O – Older Floridians' protection from abuse, neglect, and exploitation

L – Livable Communities

D – Dementia Care and Cure Initiative

AGENCY GOALS

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

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

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

Goal 2: Provide home and community-based services to enable individuals to maintain the highest level of independence for as long as possible, including supports for family caregivers;

Goal 3: Empower older adults, individuals with disabilities, and their caregivers to live active, healthy lives to improve their overall health status;

Goal 4: Ensure that the legal rights of older adults are protected and prevent their abuse, neglect, and exploitation;

Goal 5: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population; and

Goal 6: Maintain effective and responsive management.

AGENCY OBJECTIVES

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

Objective 1.1: Increase streamlined access to health and long-term care options;

Objective 2.1: Identify and serve target populations in need of home and community-based services;

Objective 2.2: Address unmet needs while serving as many clients as possible using all available resources;

Objective 2.3: Improve caregiver supports and services;

Objective 3.1: Promote good nutrition and physical activity to encourage or maintain healthy lifestyles and mitigate negative health outcomes;

Objective 4.1: Increase the accountability and oversight of individuals serving as professional guardians;

Objective 4.2: Increase the advocacy for residents of long-term care facilities through the Long-Term Care Ombudsman Program (LTCOP);

Objective 5.1: Promote safe and affordable communities for elders that will benefit people of all ages; and

Objective 6.1: Maximize the effective and efficient use of federal and state funds.

AGENCY SERVICE OUTCOMES AND PERFORMANCE PROJECTION TABLES

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

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

Objective 1.1: Increase streamlined access to health and long-term care options

Outcome 1.1.1: Average time in the Community Care for the Elderly Program (CCE) for Medicaid waiver-probable customers

Baseline Year 2002-2003	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
2.8 months	2.8 months	2.8 months	2.8 months	2.8 months	2.8 months

(Explanatory note: DOEA is requesting to delete this outcome measure and replace it with Outcome 1.1.2)

Outcome 1.1.2: Percentage of individuals new to the Aging Network who are put on the waitlist for the Statewide Medicaid Managed Care Long-Term Care Program within one (1) business day of being screened

Baseline Year 2016-2017	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
85%	85%	85%	85%	85%	85%

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

Goal 2: Provide home and community-based services to enable individuals to maintain the highest level of independence for as long as possible, including supports for family caregivers

Objective 2.1: Identify and serve target populations in need of home and community-based services

Outcome 2.1.1: Percent of most frail elders who remain at home or in the community instead of going into a nursing home

Baseline Year 1998-1999	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
91.6%	97%	97%	97%	97%	97%

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

Outcome 2.1.2: Percent of elders the CARES (Comprehensive Assessment and Review for Long Term-Care Services) Program determined to be eligible for nursing home placement who are diverted

Baseline Year 1998-1999	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
15.3%	N/A	N/A	N/A	N/A	N/A

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

Outcome 2.1.3: Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups

Baseline Year 1998-1999	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
\$2,221	N/A	N/A	N/A	N/A	N/A

(Explanatory note: DOEA is requesting to delete this outcome measure because data are not available.)

Outcome 2.1.4: Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved

Baseline Year 1997-1999	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
59.1%	65%	65%	65%	65%	65%

Outcome 2.1.5: Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved

Baseline Year 1997-1999	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
58%	62.3%	62.3%	62.3%	62.3%	62.3%

Objective 2.2: Address unmet needs while serving as many clients as possible using all available resources

Outcome 2.2.1: Percent of customers who are at imminent risk of nursing home placement who are served with community-based services

Baseline Year 2003-2004	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
90%	90%	90%	90%	90%	90%

Outcome 2.2.2: Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours

Baseline Year 2001-2002	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
95%	97%	97%	97%	97%	97%

Objective 2.3: Improve caregiver supports and services

Outcome 2.3.1: Percent of family and family-assisted caregivers who self-report they are very likely to provide care

Baseline Year 1997-1998	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
90.2%	N/A	N/A	N/A	N/A	N/A

(Explanatory note: DOEA is requesting to delete this outcome measure because the data are no longer collected and replace with Outcome 2.3.3.)

Outcome 2.3.2: Percent of caregivers whose ability to continue to provide care is maintained or improved after service intervention (as determined by the caregiver and the assessor)

Baseline Year 2002-2003	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
87%	N/A	N/A	N/A	N/A	N/A

(Explanatory note: DOEA is requesting to delete this outcome measure because the data are no longer collected and replace with Outcome 2.3.3.)

Outcome 2.3.3: After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care

Baseline Year 2013-2014	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
86.4%	86%	86%	86%	86%	86%

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

Goal 3: Empower older adults, individuals with disabilities, and their caregivers to live active, healthy lives to improve their overall health status

Objective 3.1: Promote good nutrition and physical activity to encourage or maintain healthy lifestyles and mitigate negative health outcomes

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

Baseline Year 1997-1999	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
58.6%	66%	66%	66%	66%	66%

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

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

Baseline Year 2013-2014	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
95%	95%	95%	95%	95%	95%

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

Goal 4: Ensure that the legal rights of older Floridians are protected and prevent their abuse, neglect, and exploitation

Objective 4.1: Increase the accountability and oversight of individuals serving as professional guardians

Outcome 4.1.1: Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within five (5) days of receipt of request

Baseline Year 1999-2000	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
90%	100%	100%	100%	100%	100%

Objective 4.2: Increase advocacy for residents of long-term care facilities through the Long-Term Care Ombudsman Program (LTCOP)

Outcome 4.2.1: Number of advocacy efforts completed by the Long-Term Care Ombudsman Program

Baseline Year 2016-2017	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
29,719	25,000	25,000	25,000	25,000	25,000

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

Goal 5: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population

Objective 5.1: Promote safe and affordable communities for elders that will benefit people of all ages

Outcome 5.1.1: Percent of elders assessed with high or moderate risk environments who improved their environment score

Baseline Year 2002-2003	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
79.3%	79.3%	79.3%	79.3%	79.3%	79.3%

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

Goal 6: Maintain effective and responsive management

Objective 6.1: Maximize the effective and efficient use of federal and state funds

Outcome 6.1.1: Agency administration costs as a percentage of total agency costs/agency administrative positions as a percentage of total agency positions

Baseline Year 2001-2002	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
2.7%/21.2%	1.8%/22.2%	1.8%/22.2%	1.8%/22.2%	1.8%/22.2%	1.8%/22.2%

LINKAGE TO GOVERNOR’S PRIORITIES

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

1. Restore and Protect Florida’s Environment

Goal 5: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population

Goal 6: Maintain effective and responsive management

2. Improve Florida’s Education System

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

Goal 2: Provide home and community-based services to enable individuals to maintain the highest level of independence for as long as possible, including supports for caregivers

Goal 3: Empower older adults, individuals with disabilities, and their caregivers to live active, healthy lives to improve their overall health status

Goal 4: Ensure that the legal rights of older adults are protected and prevent their abuse, neglect, and exploitation

3. Economic Development and Job Creation

Goal 2: Provide home and community-based services to enable individuals to maintain the highest level of independence for as long as possible, including supports for family caregivers

Goal 5: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population

Goal 6: Maintain effective and responsive management

4. Health Care

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

Goal 3: Empower older people, individuals with disabilities, and their caregivers to live active, healthy lives to improve their overall health status

5. Public Safety

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

Goal 2: Provide home and community-based services to enable individuals to maintain the highest level of independence for as long as possible, including supports for family caregivers

Goal 3: Empower older adults, individuals with disabilities, and their caregivers to live active, healthy lives to improve their overall health status

Goal 4: Ensure that the legal rights of older adults are protected and prevent their abuse, neglect, and exploitation

Goal 5: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population

6. Public Integrity

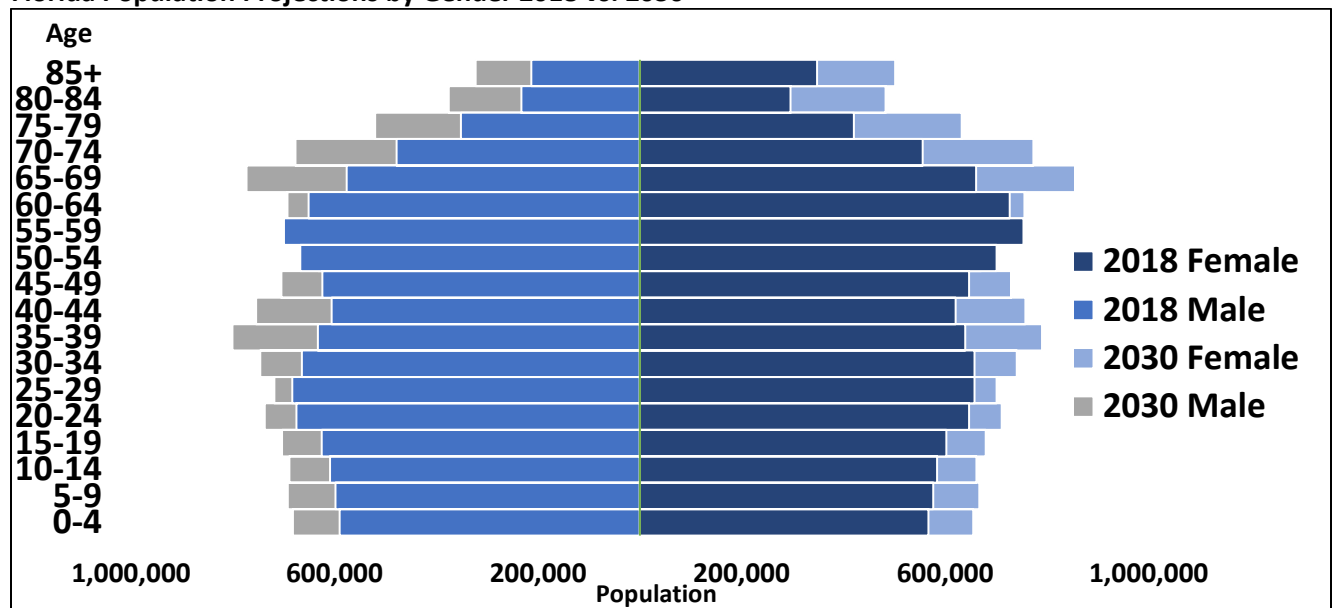
Goal 6: Maintain effective and responsive management

TRENDS AND CONDITIONS STATEMENT

CURRENT AND PROJECTED DEMOGRAPHIC CONDITIONS

Florida is the third most populous state in the United States with approximately 20.9 million residents. With more than 5.5 million residents age 60 and older, Florida outnumbers the state senior populations of 20 other states combined. With the highest percentage of older residents in the nation (20%), Florida is second only to California in the actual number of citizens age 60 and older.¹ Because of this large proportion of older adults, Florida’s future is linked to the financial security and physical health of its older population.

Exhibit 1
Florida Population Projections by Gender 2018 vs. 2030



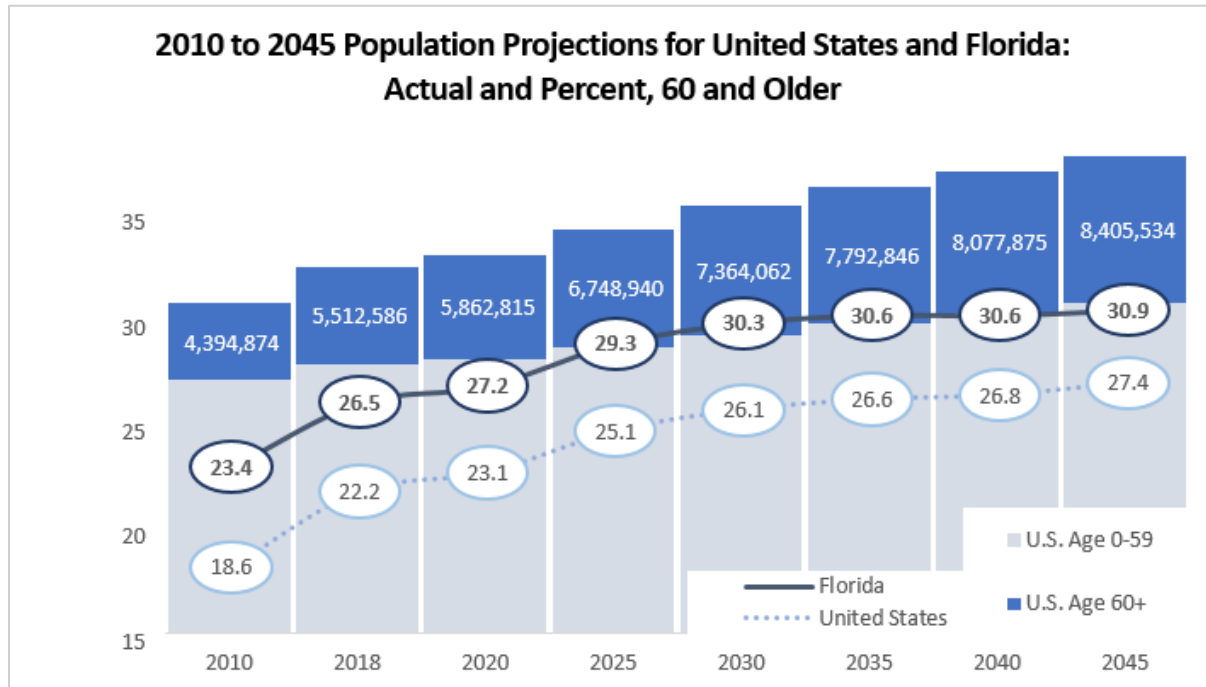
Source: Bureau of Economic and Business Research, 2010 Census Counts, and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2020-2045, With 2018 Estimates (Released June 27, 2019)

Exhibit 1 above contrasts the 2018 population against the projected population in Florida by 2030. The state is projected to continue to experience increases in the number of older residents over the next 10 years as a result of net migration and the cohort of baby boomers continuing to age into retirement. By 2030, the older adult population is estimated to increase to 7.4 million, or about 30 percent of the state’s population. Exhibits 2a and 2b on the following page illustrate the proportion of elders relative to younger populations and the projected increase through year 2045. These graphs combined show that, despite modest projections of attrition and out-

¹ Annual Estimates of the Civilian Population by Single Year of Age and Sex for the United States and States: April 1, 2010 to July 1, 2017, U.S. Census Bureau, Population Division (Released June 2018)

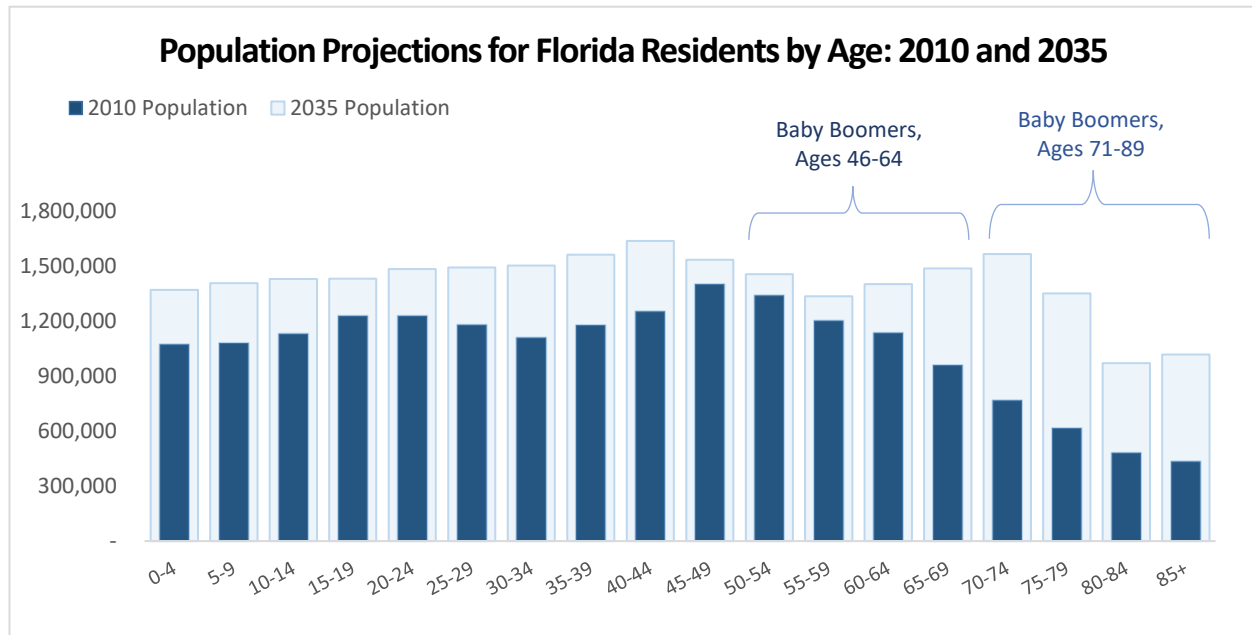
migration, Florida can expect to see a significant increase in older adults over the next two decades.

Exhibit 2a



Source: Bureau of Economic and Business Research, 2010 Census Counts, and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2020-2045 With 2018 Estimates (Released June 27, 2019) and The Census Bureau's International Data Base, Mid-year Population by Older Five-Year Age Groups and Sex (Updated September 2018)

Exhibit 2b



Source: Bureau of Economic and Business Research, 2010 Census Counts, and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2020-2045 With 2018 Estimates (Released June 27, 2019)

GEOGRAPHIC CONCENTRATION AREAS

The latest estimates show that more than 900 people move to Florida every day, more than half of whom are over 60 years old. These migration trends are largely reflected in the urban areas and are concentrated in the southernmost counties, namely Miami-Dade (605,468), Broward (437,838), Palm Beach (432,939), Pinellas (317,594), Hillsborough (270,523), and Lee (235,375) counties. These six counties account for 41.7 percent of the total state population age 60 and older. However, the proportion of older adults is relative to the size of the counties and the make-up of the populations there. This is shown in exhibit 3 below, where 22 counties are listed with an older population of at least 30 percent, and five counties are more than 40 percent.

Exhibit 3

Counties in Florida Where 30 Percent or More of the Total Population is 60 or Older, 2018

	County	Total Population (All Ages)	Total Population 60+	Percent 60+
1	Sumter	124,935	76,168	61.0%
2	Charlotte	177,987	82,860	46.6%
3	Citrus	145,721	63,747	43.7%
4	Sarasota	417,442	178,361	42.7%
5	Highlands	102,525	43,032	42.0%
6	Martin	155,556	60,010	38.6%
7	Indian River	151,825	58,136	38.3%
8	Marion	353,898	129,427	36.6%
9	Collier	367,347	130,746	35.6%
10	Hernando	185,604	66,049	35.6%
11	Flagler	107,511	38,258	35.6%
12	Manatee	377,826	127,395	33.7%
13	Lake	342,917	113,686	33.2%
14	Lee	713,903	235,375	33.0%
15	Pinellas	970,532	317,594	32.7%
16	Volusia	531,062	169,690	32.0%
17	Monroe	73,940	23,273	31.5%
18	Brevard	583,563	183,319	31.4%
19	Glades	13,002	4,082	31.4%
20	Dixie	16,489	5,154	31.3%
21	Levy	41,054	12,828	31.2%
22	Palm Beach	1,433,417	432,939	30.2%
FLORIDA		20,840,568	5,512,586	26.5%

Source: Office of Economic and Demographic Research (2019). *Demographic Estimating Conference Florida Demographic Forecast*. Tallahassee, FL. Retrieved from <http://edr.state.fl.us/Content/conferences/population/>

CONTRIBUTION OF OLDER ADULTS

Florida's older adults are significant contributors to the state's economy and are very active in their local communities, and those communities with high proportion of older adults enjoy numerous advantages. Economists have noted civic and economic factors are part of a broader and fast-growing "Longevity Economy" in Florida fueled by retirees and adults over 50.

Older adults positively contribute to the economy at both the state and local level at a higher rate in proportion to the rest of the population. Despite being a quarter of Florida's population, the total economic contribution of the Longevity Economy accounted for more than half (54%) of Florida's Gross Domestic Product (GDP) (\$478 billion). A 2018 study completed for the Department by the University of Florida's Bureau of Economic and Business Research estimated that an average retiree in Florida contributed \$2,899² more to state and local budgets than they consumed in public services. This is due to a noted trend of people age 50 and over staying employed for longer, earning wages, spending more money, generating tax revenue, and producing economic value for an extended period of time.

Older adults in Florida also contribute greatly to their communities by volunteering. Annually, they volunteer more than 130 million hours, worth more than 3 billion dollars in cost savings to the state for their services.³ Volunteerism in this group continuously enhances communities throughout Florida and is evident in local programs and services such as libraries, schools, community-services organizations, museums, theater groups, and art galleries. Older adults also remain committed to their families, with one in three adults over 60 providing care to another elder, and many stepping in to raise their grandchildren when a parent cannot. More than 76,475 older adults raised their grandchildren in 2018, a 16-percent increase in the number of grandparents responsible for their own grandchildren since 2006 (56,664).⁴

The majority (82%) of older adults are homeowners,⁵ almost one-third (30%) have a Florida driver's license,⁶ and they are also engaged civically – approximately 83% of older Floridians vote.

LIFE EXPECTANCY

The projected increase of older adults in the population is in part due to the improved health and well-being of Floridians, allowing them to live longer lives. This is already apparent with the population of individuals age 100 and older, currently the state's fastest-growing age group by percentage. Many favorable trends are occurring simultaneously among individuals age 60 and

² Study prepared by the University of Florida's Bureau of Economic and Business Research titled "An Update to the Net Impact of Retirees on Florida's State and Local Budgets (2018)"

³ Current Population Survey Volunteering and Civic Life Supplement, 2017 provided by Corporation for National and Community Service (CNCS)

⁴ The Department of Elder Affairs, 2006 Profile of Older Floridians and 2018 Profile of Older Floridians

⁵ Florida Housing Data Clearinghouse (2016)

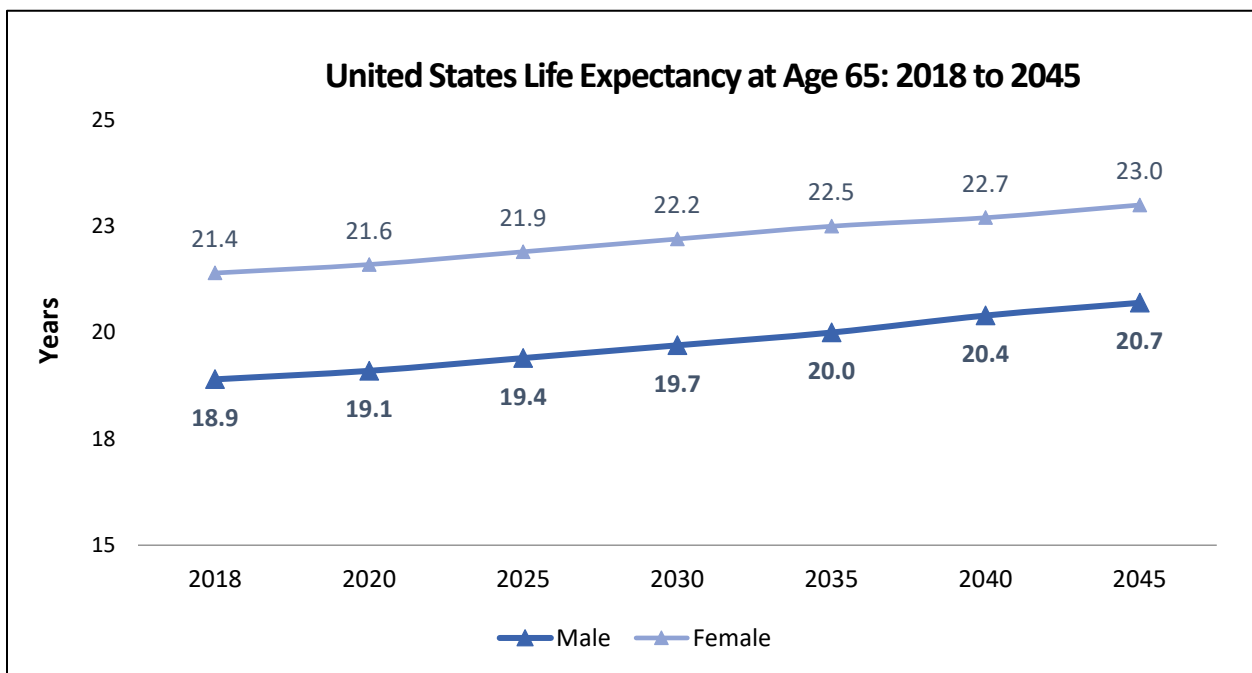
⁶ The Department of Elder Affairs, 2018 Profile of Older Floridians

older that continue to decrease the likelihood of morbidity (illness) and mortality (death). These include:

- A declining disability rate among people age 60 and older;
- Delayed retirement and increased labor force participation in older age groups; and
- Increases in education and wealth among older people.

The graph in exhibit 4 illustrates, the expected changes in national life expectancy, projected through year 2045. At age 65, the average American is estimated to live an additional 21 to 23 years. An expected result is that the need for long-term care services will similarly rise in all states, particularly Florida where the number and the proportion of elders will likely lead the nation. Long-term care and public health programs must be prepared and funded adequately to increase their staffing and operation capacity to prevent shortages in the care and services available to those in need. This may be particularly important as these long-term demographic trends begin to impact other trends such as the availability of caregivers.

Exhibit 4



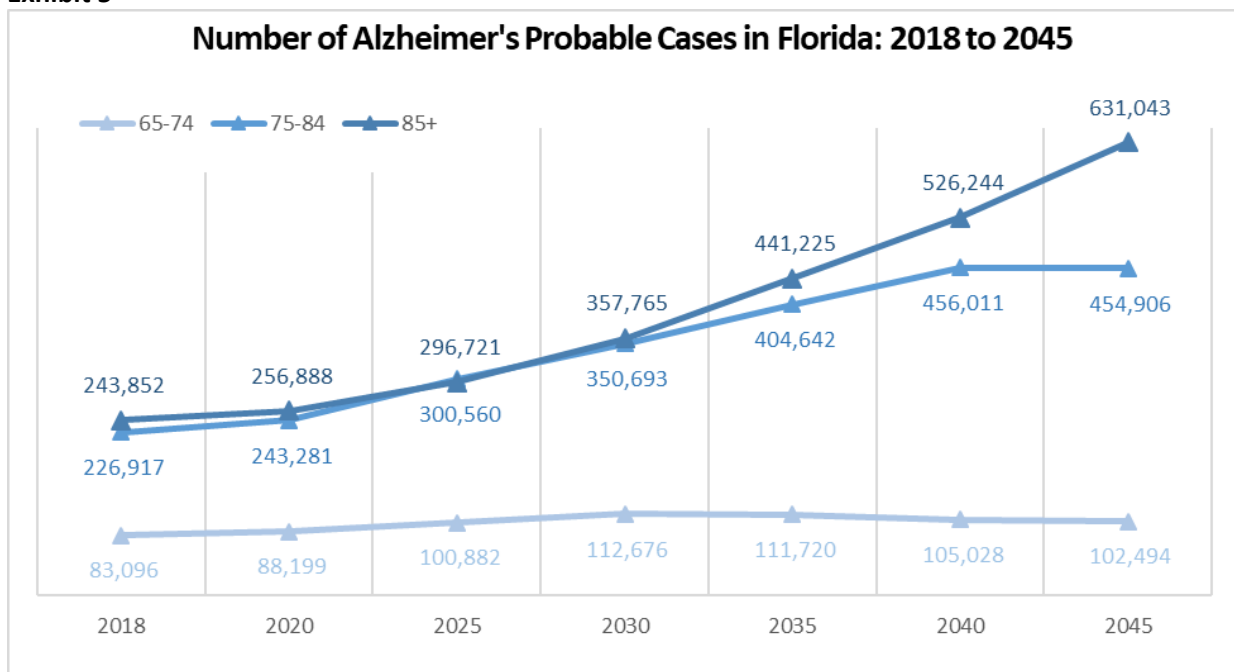
Source: Social Security Administration 2019 OASDI Trustees Report, Table V.A5. Cohort Life Expectancy—Intermediate Projections

UNIQUE RISK GROUPS AND AREAS

Age and injury are the primary risk factors for developing memory or cognitive impairment in adulthood. According to estimates by the Alzheimer’s Association the population of older adults age 65 or more is expected to increase from 560,000 (2019) to 720,000 (2025).⁷ Exhibit 5 represents Florida’s population age 65 and older living with Alzheimer’s disease with projections to the year 2045.^{8,9} Each line in the graph represents a different age group.

According to these estimates, the number of Floridians living with Alzheimer’s disease is projected to increase to 820,000 by 2030, representing a projected 40 percent increase in just over 10 years. For example, individuals age 85 and older constitute the largest age group with Alzheimer’s disease. Between 2030 and 2035, the most significant increase in those age 85 years and older with Alzheimer’s disease is expected to occur, representing a 23 percent increase, or an additional 83,460 individuals in the state population. The population of older adults ages 65-74 with Alzheimer’s disease is projected to peak at 112,676 individuals in 2030 and is expected to decrease to 102,494 individuals by 2045.

Exhibit 5



Calculated from: Bureau of Economic and Business Research, 2010 Census Counts, and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2020-2045, With 2018 Estimates (Released June 27, 2019). Probable Alzheimer’s is calculated using Hebert, L. E., Weuve, J., Scherr, P. A., & Evans, D. A. (2013). Alzheimer Disease in the United States (2010–2050) Estimated Using the 2010 Census. *Neurology*, 80(19), 1778-1783

⁷ Alzheimer’s Association. 2018 Alzheimer’s Disease Facts and Figures. *Alzheimer’s & Dementia* 2018; 13:325-373

⁸ This information is calculated using population projections by the Bureau of Economic and Business Research and prevalence data from Hebert et al. (2013)

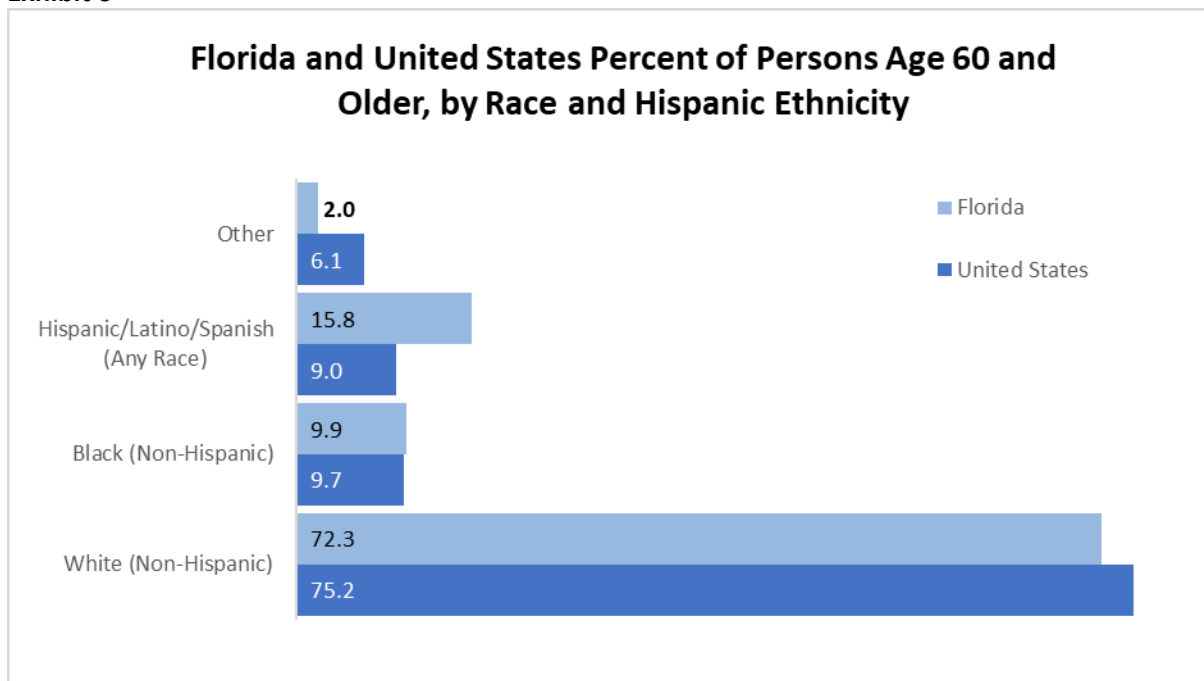
⁹ Hebert LE, Weuve J, Scherr PA, Evans DA. Alzheimer disease in the United States (2010-2050) estimated using the 2010 Census. *Neurology* 2013;80(19):1778-83

RACE AND ETHNIC MINORITIES

Historically, as the U.S. population aged, the diversity in the racial and ethnic composition decreased. This decrease in diversity with age is observed in Florida as well and can be attributed both to the migration of white retirees into Florida and the disparate life span of minorities within the state. Almost half (46%) of Floridians across all age groups identify as a racial or ethnic minority, but this drops to one in four (27%) for those age 60 and older. This trend continues to drop for those age 85 and older to just one in five (21%) identifying as a minority.¹⁰ However, the portion of older adults in Florida in racial or ethnic minority groups exceeds that of the nation and is projected to grow. Exhibit 6 contrasts the proportions of race and ethnicity of Florida compared with that of the United States for older adults.

The growing racial and ethnic diversity seen in Florida's total population will not be notably reflected in the state's older population for several decades. However, as the share of older minorities increases, there could be a corresponding decline in the economic well-being of these groups if the current socioeconomic disadvantages of Hispanics/Latinos and Blacks/African Americans continue as they age.

Exhibit 6



Source: Bureau of Economic and Business Research, 2010 Census Counts, and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2020-2045, With 2018 Estimates (Released June 27, 2019) and Annual Estimates of the Resident Population by Sex, Age, Race, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2018, U.S. Census Bureau, Population Division (Released June 20, 2019)

¹⁰U.S. Census Bureau, American Community Survey (ACS), 2017 estimates

SERVICES AND SUPPORTS FOR OLDER ADULTS

Historically, older adults in the U.S. have been significantly impoverished relative to working-age persons. However, because of entitlement and eligibility-based programs, older adults have been the lowest proportional age group below the poverty threshold since 2000. Despite this support structure, the Older Americans Act (OAA) recognizes that older adults have higher risk of poverty. Thus, the Department is required as a State Unit on Aging to target OAA services to older individuals with the greatest economic and social needs. Older adults at or below poverty represent half of all the clients served, which is much higher than the 10-percent poverty rate seen in the general population. The Department’s service population was 37 percent low-income minority, compared to 5 percent in the general population of people age 60 and older. This contrast is shown in exhibit 7.

Exhibit 7

Characteristic 60+	Florida 60+ Population	Percent 60+	Number of Service Recipients*	Percent Receiving or Screened for Services*
Below 100% of Poverty Level	546,721	10%	66,073	50%
Living Alone	1,141,814	21%	60,256	46%
Minority	1,711,427	31%	73,799	56%
Minority Below 100% of Poverty Level	253,581	5%	48,321	37%
Total	5,512,586	100%	130,920	100%

Source: Department of Elder Affairs calculations based on data from the Florida Demographic Database, provided by the Florida Legislature, Office of Economic and Demographic Research, August 2017; Office of Economic and Demographic Research projections, November 2018 and CIRT, CY 2018-19 (All results were calculated using DOE’s 2019 Targeting Report)

*Includes individuals screened and served in OAA programs and individuals served in General Revenue programs

CAREGIVERS

Family caregivers are supporting many of the older adults who rely upon supports to remain at home and in the community. The programs and services administered by the Department help to keep many very frail people in their homes by augmenting the care provided by family caregivers. The Department served an estimated 128,691 older people who received caregiver support during the 2018-19 state fiscal year, and more than 4.9 million hours of caregiver respite were provided to the Department’s clients.¹¹

One of the most important trends affecting home and community-based long-term care is the growing recognition of the burden borne by family caregivers and of the needs of these caregivers who have long been the backbone of long-term care. Statewide, about 35 percent of older adults are themselves caregivers.¹² According to a study commissioned by AARP in 2013,

¹¹ CIRT, SFY 2018-19 and Summary of Programs and Services, 2019 (pg. 22)

¹² *Assessing the Needs of Elder Floridians*, 2016, a statewide survey to measure older Floridians’ needs conducted by DOE

34.2 million caregivers provided unpaid care to adults over the age of 50, with an estimated economic impact of \$470 billion in care. That estimate is a marked increase since the last estimate of \$450 billion in 2009.¹³

Several factors have reduced the availability of younger family members to help older adults with their daily activities, including decreased fertility rates, greater numbers of women in the workforce, and the geographic dispersion of families. These factors create a significant anticipated shortfall in likely care sources for future older adults. For example, in 2010 there were more than 7 adults of prime caregiving age for every adult over 85. By 2050, these social trends will result in a ratio of only 2:1, leaving older adults in the future with fewer sources of instrumental assistance, emotional support, and social interaction.

PREPARING FOR THE FUTURE OF AGING

In response to Florida's rapidly aging society, the Department has shifted emphasis to making existing systems and structures more age-friendly. In April of 2019, Florida became the fourth state to join the AARP Age-Friendly Network of States and Communities. DOEA has continued to pursue innovative ways to provide older adults with the services they want and need through several approaches, including the following activities and programs:

- Establishing a Livable Florida – a Florida where all people can live well and age well, regardless of age or ability, and creating a Florida that all people want to call home –the outcome of Florida receiving the Age-Friendly designation;
- Promoting the AARP Age-Friendly Network of States and Communities throughout the state;
- Establishing and expanding the Dementia Care and Cure Initiative (DCCI) to engage communities to become “Dementia-Caring” and improve the quality of life for those affected by dementia, including caregivers;
- Leading efforts to update the State Health Improvement Plan (SHIP) to include a priority area devoted to Alzheimer’s disease and related dementias (ADRD) and ensuring that measurable objectives are achieved to improve the quality of life for those living with ADRD, as well as their caregivers;
- Identifying opportunities to stop abuse, neglect, and exploitation of elders and those living with ADRD and collaborating with other stakeholders – state and federal entities, as well as private organizations – to analyze the effectiveness of programs, identify best practices, and achieve efficiencies to stop abuse, neglect, and exploitation of elders and those living with ADRD;
- Expanding employment and volunteer opportunities available to older adults;

¹³ *Valuing the Invaluable 2015 Update: Undeniable Progress, but Big Gaps Remain*

- Redesigning the comprehensive assessment instrument used to determine client needs for care plan development to include questions that better address increased client risks and vulnerabilities;
- Participating in the Florida Age-Friendly Public Health Learning and Action Network and collaborating with public and private partners on this initiative; and
- Incorporating electronic information sharing and outreach through the internet and Facebook to provide education about aging issues.

To maximize the impact on the daily lives of older adults, the Department is also working with local leaders to both tackle the challenges and embrace the positive possibilities that are created by an aging population. The Department is working with local leaders to ensure that they achieve the goals that address the specific needs of their community.

DEMENTIA CARE AND CURE INITIATIVE

In 2015, the Department announced the Dementia Care and Cure Initiative (DCCI) to implement a statewide effort to become more dementia caring – acting to support those living with dementia, their families, and their caregivers. In partnership with the states’ Area Agencies on Aging (AAA) and Memory Disorder Clinics (MDCs), participating communities organize Task Forces that include professionals, advocates, and community members to bring education on, awareness of, and sensitivity regarding the needs of those affected by dementia throughout their community. Participating areas that are working to build inclusive, respectful, and aware communities are known as Dementia-Caring Communities.

Since 2016, the DCCI has spread to 11 communities: Fort Myers, Gainesville, Jacksonville, Miami, Orlando, Pensacola, Sarasota, Tallahassee, Tampa, Brevard County, and Martin County. While the program is statewide, each community has the autonomy to engage in educational, awareness and advocacy projects and activities that best meet the unique needs of those living with dementia in their community.

These 11 communities have been working to provide free dementia sensitivity education to various community sectors, including first responders, law enforcement personnel, health care professionals, faith communities, transportation providers, businesses, social service agencies, and other community entities. Task Forces also engage in awareness projects, such as collaborating with city and county entities to disseminate helpful information about ADRCs and the MDCs in utility bills and other citizen outreach efforts.

AGE-FRIENDLY COMMUNITIES

The availability and quality of certain community features directly impact the well-being of older adults. Using an age-friendly lens will help local leaders identify ways to promote active, engaged, and healthy living for people of all ages in Florida. The AARP Network of Age-Friendly

States and Communities is an affiliate of the World Health Organization’s (WHO) international Age-Friendly Cities and Communities Program. In 2017, the Department and AARP entered into an Age-Friendly partnership to build on the 20 years of grassroots efforts in the Department’s Communities for a Lifetime initiative.

The Age-Friendly initiative in Florida, called Livable Florida, encourages cities, towns, and counties to prepare for the rapid aging of the population by paying increased attention to the environmental, economic, and social factors that influence the health and well-being of older adults. By doing so, the Department is helping communities to be better equipped to promote independence; limit isolation; stop abuse, neglect, and exploitation; and ensure that older adults have access to community resources. We call these Livable Communities.

The Age-Friendly framework, which was developed by WHO, is divided into eight “Domains of Livability.” The domains are used by many of the states and communities in the AARP Network of Age-Friendly States and Communities to organize and prioritize their work to become more livable for people of all ages and abilities. The following list of age-friendly domains are suggested measures; some states and communities utilize other domains, such as disaster preparedness and resiliency or stopping abuse, neglect, and exploitation. Other general measures include community walk scores, proximity to retail stores and other services, cost of living and poverty rates, as well as crime rates and the degree of emergency preparedness.

AARP’s eight “Domains of Livability” are as follows:

Outdoor Spaces and Buildings – Accessible, inviting, and safe outdoor spaces and buildings that encourage active participation and recreation. Outdoor Spaces and Buildings are important to residents of all ages to be actively engaged in the civic, economic, and social life of the community.

Transportation – Safe and reliable transportation options to increase mobility and community participation. At its core, a Livable Community is about ensuring that people can remain connected with their community and its resources and services as they age.

Housing – Appropriate and affordable housing that promotes and supports aging in place. Age-friendly housing options allow residents to age in their own community even when changes in health or ability mean that a person needs some help to remain in the community safely and with as much independence as possible.

Social Participation – Easy access to social and cultural activities for increased quality of life. Socializing with friends and neighbors who don’t live in the same home is connected to physical and cognitive health. Communities identify gaps in serving the social participation needs of older adults at risk of social isolation and develop strategies to engage with them, thereby providing more opportunities for people of all ages and abilities to engage in the life of their community.

Respect & Social Inclusion – Actively promotes, engages, and celebrates the valuable contributions of all adults in the community. Aging adults who feel welcomed and respected for their contributions are more likely to remain actively engaged in economic, social, and civic life than those who do not feel included.

Civic Participation & Employment – Opportunities to contribute in the workplace and volunteer to make a difference in the community. Older adults do not stop contributing to their communities when they turn 65 or 85 or 105. An age-friendly community provides opportunities for residents who want or need to work past traditional retirement age and encourages people of all ages to volunteer and participate in the political process.

Communication & Information – Increased access to information through various methods including print, tv, and digital. Staying connected with activities, resources, and people is key to optimal aging. Older adults receive information in a variety of ways, and no single method of communication reaches every person.

Community Support & Health System – Access to affordable, person-centered health care services to promote active and independent living. All people should have access to affordable health care and community services that help them live comfortably and with dignity. While it is important that care be available nearby, it is essential that residents are able to access and afford the services they want and need. This is key for the health and well-being of older adults.

Twenty-four cities and seven counties in the state have joined the Age-Friendly Network, as shown in exhibit 8. To grow this network across all 67 Florida counties, the Department is working on a strategic plan with AARP to engage community partners across the state to join the Age-Friendly Network.

Exhibit 8**Florida Age-Friendly Network Members**

a. CITIES		
Location	Population	Year Joined
Florida	21.3 Million	2019
Clearwater	107,685	2019
Coral Gables	50,815	2018
Cutler Bay	44,321	2016
Dunedin	35,321	2018
Fort Lauderdale	176,013	2017
Hallandale Beach	38,270	2016
Hollywood	140,768	2016
Lakeland	102,507	2016
Longwood	13,657	2016
Miami	432,622	2018
Miami Lakes	31,087	2018
Miami Shores	10,649	2018
New Port Richey	14,911	2018
Ocala	59,110	2019
Orlando	280,257	2019
Palmetto Bay	24,000	2017
Pembroke Pines	154,750	2017
Pinecrest	19,088	2016
Pompano Beach	109,393	2018
Satellite Beach	10,418	2016
St. Petersburg	53,700	2016
Tallahassee	188,107	2015
Wilton Manors	12,682	2018
Winter Haven	35,531	2019

b. COUNTIES		
Location	Population	Year Joined
Alachua County	266,944	2019
Indian River County	154,383	2019
Marion County	354,353	2019
Miami-Dade	2,600,861	2016
Pinellas County	921,000	2017
Sarasota County	390,429	2015
Walton County	68,376	2019

PUBLIC HEALTH INITIATIVES

Public health efforts are partly responsible for the dramatic increases in longevity over the twentieth century. However, when public health emerged in cities in the 19th century, older adults were not central to the public health agenda. There is a growing momentum for public health to contribute to programs, policies, and innovative interventions to promote health and well-being for people as they age. The health care system is reflecting this shift, with a broadened focus on prevention, wellness, and health rather than only disease. Likewise, the

national Aging Network has increasingly focused on prevention and wholistic wellness as a central tenet of health care.

With funding from The John A. Hartford Foundation, Trust for America's Health is partnering with the Florida Department of Health (DOH) to develop and implement an innovative, state-specific public health framework to improve the health and well-being of older adults, focusing on areas where public health can support, complement, or enhance aging services. The work of the Florida Age-Friendly Public Health Learning and Action Network is engaging the public health system in Florida in efforts to address the health and well-being of older adults, both individually and, importantly, by creating the conditions at the community level that older adults need to achieve and maintain their optimal health and well-being.

The Department is committed to ensuring that the public health system is adequately meeting the needs of older adults and identifying what modifications are needed to better do so. Through the Age-Friendly Public Health Network, the Department has been working with DOH to identify priority health issues among our older adults. This will promote Livable Communities that comprise a Livable Florida and increase public health engagement in age-friendly communities. A long-term goal of the Florida Age-Friendly Public Health Learning and Action Network is to engage public health departments nationwide to adopt a framework for an age-friendly public health system that works with health systems and community partners to improve care for older adults.

CONCLUSION

Our society has a long tradition of finding innovative approaches to challenges, and Florida is at the forefront of these efforts. An aging population is an opportunity to use our social and technological ingenuity to develop solutions to our changing needs that can move us all forward. As we live longer and healthier lives, the longevity and productivity of our society and communities will also expand. By restructuring public policies on issues such as work and retirement, transportation, appropriate and affordable housing, health care, and community building, we can make the most of the aging population as an important source of social energy, while continuing to meet the needs of frail elders.

OTHER CONSIDERATIONS: LEGISLATIVE CHANGES

RULE MAKING TRANSFER TO THE AGENCY FOR HEALTH CARE ADMINISTRATION

On April 26, 2019 Governor DeSantis signed [Senate Bill 184](#) into law and it became effective July 1, 2019. Senate Bill 184 transferred rulemaking authority for certain programs from the Department of Elder Affairs to the Agency for Health Care Administration (AHCA).

Effective July 1, 2019, the powers, duties, functions, and administrative authority of DOEA pertaining to assisted living facilities (ALF) core training, curriculum, testing, and trainer registration was transferred to AHCA. Additional programs transferred include hospice care, adult family care homes, and adult day care programs. Previously, both the Department of Elder Affairs and AHCA developed rules while licensing and inspection were solely performed by AHCA. The bill makes no substantive changes to the requirements of these programs.

OTHER CONSIDERATIONS: GRANT AWARDS

The Department pursued the following federal funding opportunities:

- The Corporation for National and Community Service (CNCS) renewed the Senior Companion Program (SCP) grant allowing the Department to continue SCP services. SCP is a national service peer-volunteer program that provides services to older adults at risk of nursing home placement due to chronic illnesses, disabilities, or isolation. Volunteers provide transportation to medical appointments, shopping assistance, meal preparation, companionship, and advocacy. They also provide respite services to caregivers of frail older adults.
- CNCS awarded the Department the AmeriCorps 2018 State and National Competitive grant to plan implementation of pre-disaster preparedness outreach and training in Planning and Service Area (PSA) 2. The Department's primary goal for this planning grant is to develop a work plan for AmeriCorps members to enhance the disaster preparation and recovery plans of elders, specifically to increase the numbers of elders served and the numbers of elders reporting increased disaster readiness.
- The Department was awarded the Medicare Improvements for Patients and Providers Act (MIPPA) grant by ACL. With this funding, the Department will enhance state efforts to assist Medicare beneficiaries through a statewide partnership with Florida's 11 Area Agencies on Aging (AAAs). The program will focus on intensified outreach activities to beneficiaries likely to be eligible for the Low-Income Subsidy Program (LIS) or the Medicare Savings Program (MSP) and to assist those beneficiaries in applying for benefits. Funds will be used to enhance efforts to provide one-on-one counseling,

education, and group outreach efforts to Medicare beneficiaries in preventative services and assistance programs for those with limited incomes.

- The Administration for Community Living (ACL) awarded the Department the 2019 Empowering Older Adults and Adults with Disabilities through Chronic Disease Self-Management Education Programs Financed by the Prevention and Public Health Fund grant. The purpose of this funding opportunity is to develop capacity to deliver and sustain evidence-based, self-management education programs that will empower older adults and adults with disabilities in underserved populations to better manage their chronic health conditions. An additional goal is to develop a business plan with strategies to support the proposed programs during and beyond the grant period. In partnership with the Florida Department of Health, the Florida Agency for Health Care Administration, Florida Health Networks, county health departments, local senior centers, other key stakeholders, and the Department, the Area Agency on Aging for Southwest Florida in PSA 8 will deliver the Chronic Disease Self-Management Program.
- ACL awarded the Department the 2019 Evidence-Based Falls Prevention Program grant. In partnership with the Mid-Florida Area Agency on Aging (d/b/a Elder Options), the Florida Department of Health, the Florida Agency for Health Care Administration, Florida Health Networks, county health departments, local senior centers, and other key stakeholders, the Department will develop capacity for, deliver, and sustain evidence-based falls prevention programs in close collaboration with the Aging Network to better serve Florida's older adult population within underserved areas via the capacity-building funding option. Funds from this grant will be used to increase evidence-based falls prevention programs in PSA 3, including Matter of Balance, Tai Ji Quan: Moving for Better Balance, and Tai Chi for Arthritis.

OTHER CONSIDERATIONS: FUNDING CHANGES

With the continued strengthening of the state's economy, the 2019 Florida Legislature appropriated approximately \$13 million in new funding for the Department for Fiscal Year 2019-20. Increased funding for services to our state's elders are as follows:

- \$1.77 million to provide Alzheimer's respite care services for individuals on the waitlist;
- \$2.16 million to serve elders on the waitlist for the Community Care for the Elderly Program;
- \$2.93 million to implement the statewide eCIRTS project (Enterprise Client Information and Registration Tracking System) with non-recurring dollars;
- \$4.75 million to serve elders in the Program of All-Inclusive Care for the Elderly in Orange County;
- \$1.45 million for Alzheimer's projects that are funded with non-recurring dollars;
- \$3.12 million in Local Service Programs that are funded with non-recurring dollars; and
- \$2.49 million to serve incapacitated persons on the public guardian program waitlist.

AGENCY PRIMARY RESPONSIBILITIES

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

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

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

AGENCY PRIORITIES FOR THE NEXT FIVE YEARS

In keeping with its goals and as a result of a SWOT analysis, the Department's priorities for the next five years are as follows:

1. Provide home and community-based services for elders and their caregivers to ensure that elders can choose to remain safely in their homes and communities;
2. Increase awareness of the positive impact that elders have on Florida's economy and communities;
3. Ensure that federal and state funds are used to effectively and efficiently serve elders' needs;
4. Implement gubernatorial and legislative initiatives, as well as federal legislative mandates;
5. Prepare for future elder needs through planning, collaboration, and policy development;
6. Provide information that empowers elders, adults with disabilities, caregivers, and their families to make informed decisions about long-term care options;
7. Empower elders to stay active and healthy and improve their physical and mental health;
8. Advocate for the protection of elder rights through education and collaboration;
9. Strengthen the state's ability to prevent and respond to elder abuse, neglect, and exploitation;
10. Work with Florida's Aging Network and state agencies to plan for, respond to, and educate elders about hurricanes and other disasters;
11. Expand workforce development options to improve employee retention;
12. Establish a Livable Florida, which is the outcome of the Age-Friendly designation that Florida achieved in April 2019, help foster an environment that promotes well-being for Florida's elders, enabling them to remain in their own homes and communities, which will make Florida a place people of all ages and abilities want to call home; and
13. Increase education and awareness of the signs and symptoms of Alzheimer's disease and related dementias, advance the Governor's initiatives that support Floridians living with dementia and their caregivers so they can live well, and promote innovative solutions for advancement in research.

REVISED OR PROPOSED NEW PROGRAMS

DOEA updated the co-payment assessment policy for both the Alzheimer’s Disease Initiative (ADI) and Community Care for the Elderly (CCE) programs, effective July 1, 2019. The updates included a policy to no longer assess a co-payment for any ADI or CCE client whose income is at, or below, the federal poverty level as established each year by the Department of Health and Human Services. Additionally, no ADI or CCE client may have their services terminated for inability to pay their assessed co-payment. Finally, the Area Agencies on Aging (AAAs) are no longer required to submit an annual co-payment collection goal.

This policy change ensures that no senior served by ADI or CCE is affected by their inability to pay a monthly co-payment goes without necessary services to keep them in their homes and avoid or delay placement in a nursing home or other long-term care facility.

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

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

LIST OF POTENTIAL POLICY CHANGES AFFECTING THE AGENCY BUDGET REQUEST

There are no policy changes affecting the Department’s budget request.

LIST OF CHANGES WHICH WOULD REQUIRE LEGISLATIVE ACTION

There are no changes that will require legislative action.

LIST OF ALL TASK FORCES

Work Group / Task Force	Legislative Requirement	Comments
Alzheimer’s Disease Advisory Committee	s. 430.501, F.S.	The committee, composed of 15 members selected by the Governor, advises the Department of Elder Affairs (DOEA) in the performance of its duties. All members must be residents of the state. The committee advises DOEA regarding legislative, programmatic, and administrative matters that relate to individuals with Alzheimer’s disease and their caregivers. At least four of the 15 members must be licensed pursuant to Chapter 458 or 1459 of the <i>Florida Statutes</i> or hold a Ph.D. and be currently involved in research of Alzheimer’s disease and it must include four persons who have been caregivers of individuals of Alzheimer’s disease. Whenever possible, there should be one individual from each of the following professions: a gerontologist, a geriatric psychiatrist, a geriatrician, a neurologist, a social worker, and a registered nurse. Members are appointed to four-year staggering terms. The committee elects one of its members to serve a chair for a one-year term. Committee meetings are held quarterly or as frequently as needed.

Work Group / Task Force	Legislative Requirement	Comments
Bicycle and Pedestrian Partnership Council		The council was established by the Florida Department of Transportation (FDOT) to promote the livability, health, and economic benefits of bicycle and pedestrian activity by serving as a forum to provide guidance to FDOT, partners, and other stakeholders on policy matters and issues affecting the bicycle and pedestrian transportation needs of the State of Florida. The council includes representatives from several state agencies, local governments, and external stakeholders (including walkers, bicyclists, and trail users).
Big Bend Fraud Task Force (BBFTF)		BBFTF comprises a group of professional individuals and organizations and was formed as a result of the rising number of financial crimes committed against individuals, businesses, and banking communities in the Big Bend area. Due to the sophisticated nature of many of these crimes, law enforcement, banking, and business communities needed a way to exchange information. A task force was formed to provide these entities with an opportunity to network and reduce the overall economic loss and ensure successful criminal prosecution. Since its inception, BBFTF has been instrumental in the fight against financial crimes through the development of various anti-fraud programs.

Work Group / Task Force	Legislative Requirement	Comments
CareerSource South Florida Local Workforce Development Board		CareerSource South Florida (CSSF) is one of 24 boards in the State of Florida and comprises the geographical area of Miami-Dade and Monroe Counties. CSSF includes representatives of local private business, educational institutions, economic development agencies, labor organizations, community-based organizations, state agencies, and other individuals deemed appropriate who are responsible for shaping the local workforce development system in accordance with federal and state law.
Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Review Committee	s. 394.656, F.S.	The committee reviews and determines successors for expansion and implementation grants at the request of the Secretary of the Florida Department of Children and Families.
Dementia Care and Cure Initiative (DCCI) Statewide Task Force		As of August 2019, there are a total of 10 active DCCI task force groups statewide. These groups are made up of advocates, health care providers, and community partners to provide dementia sensitivity outreach presentations in their communities. The groups are led by representatives from the Area Agencies on Aging and Memory Disorder Clinics. Three additional DCCI groups are planning initial meetings this fall.

Work Group / Task Force	Legislative Requirement	Comments
Department of Elder Affairs (DOEA) Advisory Council	s. 430.05, <i>F.S.</i>	<p>The council is located within DOEA for administrative purposes. It is the intent of the Legislature that the advisory council shall be an independent nonpartisan body and shall not be subject to control, supervision, or direction by DOEA.</p> <p>The council serves in an advisory capacity to the Secretary of the Department of Elder Affairs to assist the Secretary in carrying out the purposes, duties, and responsibilities of DOEA, as specified in the Chapter 430, <i>Florida Statutes</i>. The council may make recommendations to the Secretary, the Governor, the Speaker of the House of Representatives, and the President of the Senate regarding organizational issues and additions or reductions in DOEA's duties and responsibilities.</p>

Work Group / Task Force	Legislative Requirement	Comments
Department of Health (DOH)-SpNS Interagency Committee	s. 381.0303(6), F.S.	DOEA serves as a member of the SpNS Interagency Committee. The committee addresses and resolves problems related to SpNS not addressed in the state comprehensive emergency medical plan and consults on the planning and operation of SpNS. The committee is required to develop, negotiate, and regularly review any necessary interagency agreements; undertake other such activities DOH deems necessary to facilitate the implementation of the committee's assignment; and submit recommendations to the Legislature as necessary.
Florida Alliance of Information & Referral Services (FLAIRS) Advisory Board of Directors	s. 408.918, F.S.	FLAIRS was established to serve as a mechanism for generating ideas and resources around a common set of professional concerns related to the delivery of information and referral services. FLAIRS is governed by a Board of Directors comprised of representatives from each of the state's authorized 2-1-1 service providers. The FLAIRS board established the FLAIRS Advisory Board to ensure that FLAIRS is inclusive of the concerns of other I&R providers, and to foster cross-sector communication.

Work Group / Task Force	Legislative Requirement	Comments
Florida Commission for the Transportation Disadvantaged	s. 427.012, F.S.	The Secretary or a senior-management-level representative serves as ex-officio, non-voting advisor to the commission. The commission is responsible for ensuring the coordination of transportation services for older adults, persons with disabilities, and people with low-income who are dependent upon others to access employment, health care, education, and other life-sustaining activities.
Florida Coordinating Council for the Deaf and Hard of Hearing	s. 413.271, F.S.	The mission of this council is to serve as an advisory and coordinating body that recommends policies to address the needs of persons who are deaf, hard of hearing, late-deafened, and deaf-blind, as well as methods that improve the coordination of services among public and private entities and to provide technical assistance, advocacy, and education.

Work Group / Task Force	Legislative Requirement	Comments
Florida Department of Children and Families Coalition on Homelessness		Created in 2001, the Office on Homelessness (Office) was established as a central point of contact within state government on homelessness. The Office coordinates the services of the various state agencies and programs to serve individuals or families who are homeless. Office staff work in conjunction with the 17-member Council on Homelessness to develop state policy. The Office is responsible for coordinating resources and programs across all levels of government, and with private providers that serve the homeless. It also manages targeted state grants to support the implementation of local homeless service continuum of care plans.
Florida Developmental Disabilities Council (FDDC)	s. 393.002, F.S.	This council, established in accordance with the Developmental Disabilities Assistance and Bill of Rights Act, P.L. 106-402 Final Rule, 45 CFR Part 1386, must include in its membership representatives of certain state agencies, including the principal state agency that administers funds under the Older Americans Act. Representatives participate in full council meetings and one task force.

Work Group / Task Force	Legislative Requirement	Comments
<p>Florida Injury and Violence Prevention Advisory Council (FIVPAC)</p>	<p>s. 401.243, F.S.</p>	<p>FIVPAC was expanded to include violence (intentional injury) in 2017. FIVPAC is an advisory body to the Department of Health’s (DOH) Injury and Violence Prevention Program, to assist DOH to develop a comprehensive state plan for injury and violence prevention in Florida. DOEA’s participation is relevant to DOH’s State Health Improvement Plan Goal 1: Prevent and Reduce Intentional and Unintentional Injuries and Deaths in Florida, Strategy 3.1: Reduce injuries related to senior falls through implementation of evidence-based falls prevention programs.</p>

Work Group / Task Force	Legislative Requirement	Comments
Florida State Health Improvement Plan (SHIP) Steering Committee		Under the leadership of the State Surgeon General, the Department of Health tasked a diverse group of partners with creating a blueprint for action, culminating in Florida's State Health Improvement Plan (SHIP). The five-year SHIP sets out goals for Florida's public health system which includes a range of stakeholders, such as state and local government agencies, health care providers, employers, community groups, universities and schools, non-profit organizations, and advocacy groups. The goal is efficient and targeted collective action to improve the health of Floridians.
Florida State Nutrition Action Coalition (FL-SNAC)		FL-SNAC is an interagency collaborative that focuses on nutrition and obesity prevention activities across state agencies that administer USDA Food and Nutrition Services programs which includes the Departments of: Agriculture and Consumer Services; Children and Families; Elder Affairs and Health. The goal of FL-SNAC is to coordinate the delivery of effective nutrition programs and services that promote healthy eating and physical activity throughout the lifespan.

Work Group / Task Force	Legislative Requirement	Comments
Governor's Panel on Excellence in Long-Term Care	s. 400.235, F.S. & 59A-4.200, F.A.C.	The Governor's Panel on Excellence in Long-Term Care, known as the Gold Seal Panel, awards and recognizes nursing home facilities that demonstrate excellence in long-term care over a sustained period, promotes the stability of the industry, and facilitates the physical, social, and emotional well-being of nursing home facility residents. The State Long-Term Care Ombudsman is a member.
Living Healthy in Florida		Living Healthy in Florida is a multi-agency campaign that was created to provide simple tools to promote healthy lifestyles in the state. The purpose of this toolkit is to provide state agencies and community partners with information and media resources to promote a healthy lifestyle.

Work Group / Task Force	Legislative Requirement	Comments
Medical Care Advisory Committee	42 CFR 431.12	<p>Federal regulations require each state Medicaid Program to establish a committee to serve in an advisory capacity on health and medical care issues.</p> <p>According to 42 CFR 431.12, this committee must include the following:</p> <ul style="list-style-type: none"> • Board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income people and with the resources available for their care; • Members of consumer groups, including Medicaid recipients; and • Agency heads from Department of Children and Families and Department of Health. <p>The committee may be asked to provide Agency for Health Care Administration (AHCA), the chief health policy and planning entity for the state that is responsible for the administration of the Florida Medicaid Program, with advice on improving Medicaid recipients' access to specialists and enhancing communication with Medicaid recipients. Members may also be asked to review and provide input on a variety of Medicaid materials and make recommendations to AHCA about Medicaid policies, rules, and procedures.</p>

Work Group / Task Force	Legislative Requirement	Comments
Multi-agency SpNS Discharge Planning Teams	s.381.0303(1)(e), F.S.	The Secretary of the Department of Elder Affairs shall convene, at any time deemed appropriate and necessary, a multiagency SpNS discharge planning team to assist local areas that are severely affected by a natural or manmade disaster that requires the use of SpNS. These teams provide assistance to local emergency management agencies with the continued operation or closure of shelters, as well as with the discharge of clients with special needs to alternate facilities if necessary. The Secretary may call upon any state agency or office to provide staff to assist these teams. Each team may include at least one representative from Department of Elder Affairs, Department of Health, Department of Children and Families, Department of Veterans' Affairs, Agency for Health Care Administration, and Agency for Persons with Disabilities.

Work Group / Task Force	Legislative Requirement	Comments
Advancing States Information and Referral/Assistance (I&R/A) Support Center Advisory Committee		The I&R/A Support Center Advisory Committee is intended to assist Advancing States and ACL in ensuring that human service agencies are connected with the individuals they serve. The committee strives to have representation from all regions of the country and from organizations with experience to help guide decisions about tools, technical assistance, and services. Advisory committee responsibilities include participation in the following: bi-monthly calls; survey development and review; development of online training modules; and outreach to potential members. The National I&R/A Support Center provides training, technical assistance, and information resources to build capacity and promote continuing development of aging and disability information and referral services nationwide.

Work Group / Task Force	Legislative Requirement	Comments
Safe Mobility for Life Coalition		<p>Since 2009, the Florida Department of Transportation (FDOT) through the Safe Mobility for Life Program in the State Traffic Engineering and Operations Office has been partnering with the Pepper Institute on Aging and Public Policy at Florida State University to facilitate a statewide coalition to address the specific needs of Florida’s aging road users. Working together with member organizations, the Safe Mobility for Life Coalition’s mission is to implement a strategic plan to increase the safety, access, and mobility for aging road users and eliminate fatalities and reduce serious injuries.</p>
Substance Abuse and Mental Health Planning Council		<p>The council oversees the U.S. Substance Abuse and Mental Health Services Administration application for block grant funding for mental health services in Florida and the service delivery by contractors.</p>
Suicide Prevention Coordinating Council	s. 14.20195, F.S.	<p>The Suicide Prevention Coordinating Council advises the Statewide Office for Suicide Prevention regarding the development of a statewide plan for suicide prevention, with the guiding principle being that suicide is a preventable problem. Thirteen members shall be appointed by the director of the Statewide Office of Suicide Prevention. The Department of Elder Affairs Secretary or their designee is identified as one of the state official agencies to serve on the council.</p>

Work Group / Task Force	Legislative Requirement	Comments
State Plan on Aging Advisory Group		The State Plan Advisory Group was formed in November 2011 to develop recommendations for the plan. The advisory group includes member organizations from Florida's Aging Network. The advisory group meets at least annually to assess progress toward the plan goals, objectives, and strategies.

LRPP EXHIBIT II: PERFORMANCE MEASURES AND STANDARDS

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2019-20	Approved Prior Year Standard FY 2018-19	Prior Year Actual FY 2018-19	Approved Standard for FY 2019-20	Requested Standard for FY 2020-21
Percent of elders CARES determined to be eligible for nursing home placement who are diverted ¹⁴	30%	Data not available	30%	Request deletion of measure
Number of CARES assessments	85,000	103,734	85,000	85,000
NEW MEASURE: Number of days for determination of medical eligibility (CARES) ¹⁵		9.9 days	Request addition of new measure	12 days
NEW MEASURE: Percentage of individuals new to the Aging Network who are put on the waitlist for the Statewide Medicaid Managed Care Long-term Care Program within one (1) business day of being screened ¹⁶		89%	Request addition of new measure	85%

¹⁴ The Department is requesting deletion of this measure. With the implementation of the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program, diversion is no longer a responsibility of the CARES Program

¹⁵ In place of the CARES outcome measure, the Department is requesting the addition of the following output measure: “Number of days for determination of medical eligibility (CARES).” The baseline year is State Fiscal Year (SFY) 2013-14, and the requested standard is 12 days

¹⁶ The Department is requesting the addition of this measure in place of the outcome measure: “Average time in the Community Care for the Elderly program for Medicaid waiver-probable customers.” The baseline year is SFY 2016-17, and the requested standard is 85%

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2019-20	Approved Prior Year Standard FY 2018-19	Prior Year Actual FY 2018-19	Approved Standard for FY 2019-20	Requested Standard for FY 2020-21
Percent of most frail elders who remain at home or in the community instead of going into a nursing home	97%	95.6%	97%	97%
Percent of Adult Protective Services (APS) referrals who need immediate services to prevent further harm who are served within 72 hours	97%	98.9%	97%	97%
Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups ¹⁷	\$3,988	Data not available	\$3,988	Request deletion of measure
Percent of elders assessed with high or moderate risk environments who improved their environment score	79.3%	77.5%	79.3%	79.3%
Percent of new service recipients with high-risk nutrition scores whose nutritional status improved ¹⁸	66%	51%	66%	Request deletion of measure
NEW MEASURE: Percentage of active clients eating two or more meals per day ¹⁹		94%	Request addition of new measure	95%
Percent of new service recipients whose ADL assessment score has been maintained or improved	65%	73.5%	65%	65%
Percent of new service recipients whose IADL assessment score has been maintained or improved	62.3%	67.7%	62.3%	62.3%

¹⁷ The Department is requesting deletion of this measure because the data for this measure cannot be accurately measured

¹⁸ The Department is requesting deletion of this measure because it is based on nutritional risk factors that the Department's services cannot address. The Department is proposing the alternate measure below

¹⁹ In place of the outcome measure above, the Department is requesting addition of the following outcome measure: "Percentage of active clients eating two or more meals per day." The baseline year is SFY 2013-14, and the requested standard is 95%

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2019-20	Approved Prior Year Standard FY 2018-19	Prior Year Actual FY 2018-19	Approved Standard for FY 2019-20	Requested Standard for FY 2020-21
Percent of family and family-assisted caregivers who self-report they are very likely to continue to provide care ²⁰	89%	Data not available	89%	Request deletion of measure
Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor) ²¹	90%	Data not available	90%	Request deletion of measure
NEW MEASURE: After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care ²²		90.5%	Request addition of new measure	86%
Average time in the Community Care for the Elderly Program for Medicaid Waiver probable customers ²³	2.8 months	3.6 months	2.8 months	Request deletion of measure
Percent of customers who are at imminent risk of nursing home placement who are served with community-based services	90%	93.3%	90%	90%
NEW MEASURE: Percentage of clients surveyed who believe services help them remain in their home or in the community ²⁴		98.3%	Request addition of new measure	97%

²⁰The Department is requesting deletion of this measure because the data for this measure are no longer available. Following revision of the Department’s 701B Comprehensive Assessment, this question is no longer asked during the caregiver assessment

²¹The Department is requesting deletion of this measure because the data for this measure are no longer available. As part of the revision to the Department’s 701B Comprehensive Assessment, this question was changed to ask caregivers about their confidence in their ability to continue to provide care without a companion question of the assessor. The Department is proposing the new measure below as an alternate, which reflects the new assessment question

²²As a replacement for the outcome measure above, the Department is requesting addition of the measure: “After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care.” The baseline year is SFY 2013-14, and the requested standard is 86%

²³The Department is requesting deletion of this measure. As a replacement, the Department is requesting the addition of the following measure: “Percentage of individuals new to the Aging Network who are put on the waitlist within one (1) business day of being screened.” The baseline year is SFY 2016-17, and the requested standard is 85%

²⁴The Department is requesting addition of the measure: “Percentage of clients surveyed who believe services help them remain in their home or in the community.” The baseline year is SFY 2012-13, and the requested standard is 97%

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2019-20	Approved Prior Year Standard FY 2018-19	Prior Year Actual FY 2018-19	Approved Standard for FY 2019-20	Requested Standard for FY 2020-21
NEW MEASURE: Percentage of clients surveyed who are satisfied with the services they receive ²⁵		94.2%	Request addition of new measure	95%
NEW MEASURE: Number of elders with Alzheimer's disease or cognitive impairment served ²⁶		73,152	Request addition of new measure	30,000
Number of elders served with registered long-term care services	186,495	400,926	186,495	186,495
Number of congregate meals provided	5,330,535	6,357,617	5,330,535	5,330,535
NEW MEASURE: Number of home-delivered meals provided ²⁷		9,413,880	Request addition of new measure	6,000,000
Number of elders served (meals, nutrition education, and nutrition counseling)	81,903	88,415	81,903	81,903
Number of elders served (caregiver support)	54,450	128,756	54,450	54,450
Number of elders served (early intervention/prevention)	355,908	430,712	355,908	355,908
Number of elders served (home and community services diversion) ²⁸	51,272	47,980	51,272	Request deletion of measure
Number of elders served (long-term care initiatives) ²⁹	12,150	2,233	12,150	Request deletion of measure

²⁵ The Department is requesting addition of the measure: "Percentage of clients surveyed who are satisfied with the services they receive." The baseline year is SFY 2012-13, and the requested standard is 95%

²⁶ The Department is requesting addition of the new output measure: "Number of elders with Alzheimer's disease or cognitive impairment served." The baseline year is SFY 2013-14, and the requested standard is 30,000

²⁷ The Department is requesting addition of the measure: "Number of home-delivered meals provided." The baseline year is SFY 2013-14, and the requested standard is 6,000,000

²⁸ The Department is requesting deletion of this measure because it includes only a subset of clients receiving home and community-based services. As a replacement, the Department is requesting addition of the following measure: "Number of elders served with community-based long-term care services"

²⁹ The Department is requesting deletion of this measure because it includes only a subset of clients receiving home and community-based services. As a replacement, the Department is requesting addition of the following measure: "Number of elders served with community-based long-term care services"

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2019-20	Approved Prior Year Standard FY 2018-19	Prior Year Actual FY 2018-19	Approved Standard for FY 2019-20	Requested Standard for FY 2020-21
NEW MEASURE: Number of elders served with community-based long-term care services ³⁰		683,926	Request addition of new measure	800,000
Number of elders served (residential assisted living support and elder housing issues) ³¹	3,997	Data not available	3,997	Request deletion of measure
Number of elders served (supported community care) ³²	56,631	39,063	56,631	Request deletion of measure
NEW MEASURE: Number of Florida cities in AARP's Network of Age-Friendly Communities		23	Request addition of new measure	30
NEW MEASURE: Number of Florida counties in AARP's Network of Age-Friendly Communities		6	Request addition of new measure	10

³⁰ The Department is requesting addition of the following measure: “Number of elders served with community-based long-term care services.” The baseline year is SFY 2012-13, and the requested standard is 800,000

³¹ The Department is requesting deletion of this measure. The only program within the activity of “Residential Assisted Living Support and Elder Housing Issues,” the Assisted Living Medicaid Waiver, was terminated in February 2014, when SMMC LTC was fully implemented

³² The Department is requesting deletion of this measure because it includes only a subset of clients receiving home and community-based services

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2019-20	Approved Prior Year Standard FY 2018-19	Prior Year Actual FY 2018-19	Approved Standard for FY 2019-20	Requested Standard for FY 2020-21
Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions	1.8% / 22.2%	1.04% / 15.9%	1.8% / 22.2%	1.8% / 22.2%

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2019-20	Approved Prior Year Standard FY 2018-19	Prior Year Actual FY 2018-19	Approved Standard for FY 2019-20	Requested Standard for FY 2020-21
Percent of complaint investigations initiated by the ombudsman within seven (7) business days ³³	91%	98%	Request revision of this measure	91%
Number of complaint investigations completed within 120 calendar days (long-term care ombudsman council) ³⁴	8,226	5,205	Request revision of this measure	5,000
NEW MEASURE: Percent of case investigations completed by the ombudsman within 120 calendar days ³⁵		99.7%	Request addition of new measure	90%
NEW MEASURE: Number of advocacy efforts completed by the Long-Term Care Ombudsman Program ³⁶		28,338	Request addition of new measure	25,000

³³ The Long-Term Care Ombudsman Program is requesting revision of this measure due to a change in reporting requirements. The current measure “*Percent of complaint investigations initiated by the ombudsman within five (5) working days*” is revised to “*Percent of complaint investigations initiated by the ombudsman within seven (7) business days*”

³⁴ The Long-Term Care Ombudsman Program (LTCOP) is requesting revision of this measure due to a change in reporting requirements. The current measure “*Number of complaint investigations completed*” is revised to “*Number of complaint investigations completed within 120 calendar days.*” LTCOP is requesting a revision to the standard from 8,226 to 5,000.

³⁵ As a complement to the output measure above, the Long-Term Care Ombudsman Program is requesting addition of the outcome measure: “*Percent of complaint investigations completed by the ombudsman within 120 calendar days.*” This figure will include cases that have been granted an extension. The baseline year is SFY 2013-14, and the requested standard is 90%

³⁶ The Long-Term Care Ombudsman Program is requesting addition of the output measure: “*Number of advocacy efforts completed by the Long-Term Care Ombudsman Program.*” This figure will include cases that have been granted an extension. The baseline year is FFY 2016-17, and the requested standard is 25,000

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2019-20	Approved Prior Year Standard FY 2018-19	Prior Year Actual FY 2018-19	Approved Standard for FY 2019-20	Requested Standard for FY 2020-21
Percent of service activities on behalf of frail or incapacitated elders initiated by public guardianship within five (5) days of receipt of request	100%	100%	100%	100%
Number of judicially approved guardianship plans including new orders ³⁷	2,000	Data not available	2,000	2,000

³⁷Due to programmatic changes data is not available to determine this measure

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
30%	Data are not available	Unable to report	Unable to report

Factors Accounting for the Difference:

Internal Factors (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify) Data are not available.

Explanation:

External Factors (check all that apply)

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

Explanation: The Department is requesting the deletion of this measure because it no longer reflects an activity for which CARES is responsible. As a result of the implementation of the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program, diversions are now the responsibility of SMMC LTC managed care plans.

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: In place of this measure, the Department is requesting the addition of a new output measure, “Number of days for determination of medical eligibility (CARES),” an activity for which CARES is solely responsible.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
97%	95.6%	1.4% Under	1.4%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation: Performance is within an acceptable margin of error.

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

LRPP Exhibit III: Performance Measure Assessment

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
\$3,988	Savings cannot be accurately measured	Unable to report	Unable to report

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation: Though there are savings associated with the provision of home and community-based services due to their ability to delay and prevent nursing home placement, the Department is requesting the deletion of this measure because the actual savings cannot be accurately measured. Individuals entering a nursing home under Medicaid may be enrolled in the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC), which began operating March 1, 2014. Rate setting and contract administration responsibilities for SMMC LTC are maintained by the Agency for Health Care Administration (AHCA), Florida’s Medicaid agency. SMMC LTC uses a capitated payment model calculated each year based on the number of clients being served in the community and the number of clients being served in nursing homes. Rates are set based on these censuses for each provider in each region. Identifying the cost to serve individuals that transition into nursing homes under SMMC LTC cannot be determined because we do not know which providers the clients will select. Moreover, AHCA may apply rate adjustments after

services are rendered. Estimating costs is complicated by the fact that individuals may enter a nursing home without enrolling in SMMC LTC, whereby a fee-for-service payment model is used.

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

- Training
- Technology
- Personnel
- Other (Identify)

Recommendations: The Department is requesting the deletion of this measure.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
79.3%	77.5%	1.8% Under	2.3%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation: The number of elders who are initially assessed as living in high or moderate risk environments is low. The small initial number is sensitive to change and creates large swings in the percentage-based measure even when some individuals improve their environment score or have other status changes.

In a 2018 analysis completed by DOEA of client environmental risks that did not improve, client refusal of service was indicated as a cause. Reducing some types of risks in the home environment are especially difficult to achieve as individuals are often reluctant to accept interventions that include changes to life-long housekeeping habits, such as accumulating items or garbage, or keeping floors and pathways clear of clutter. In addition to refusal of services, clients were either provided services that did not completely address their environmental risks or were enrolled in a program that did not offer services that address environmental risk.

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

- Training
- Personnel

- Technology
- Other (Identify)

Recommendations: The Department recommends additional training for case managers on appropriate services and resources available to clients to improve environmental risk. It is also recommended that individuals who receive OAA services be included in this measure to increase the denominator for the indicator. A revision to the 701A Condensed Assessment has been proposed to ensure OAA clients receive an environmental assessment of risk. Changes to Department forms must be promulgated through a full public involvement and rulemaking process, which is anticipated to take a year or more to complete.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
66%	51%	15% Under	22.7%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

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

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: The Department is requesting the deletion of this measure. As a replacement, the Department is requesting the addition of the measure: “Percentage of active clients eating two or more meals per day.”

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
89%	Data are not available	Unable to report	Unable to report

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

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

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: The Department is requesting the deletion of this measure. As a replacement, the Department is requesting the addition of the measure: “After service intervention, the percentage of caregivers who self-report being confident about their ability to continue to provide care.”

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

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

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

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

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel

- Technology
- Other (Identify)

Recommendations: The Department is requesting the deletion of this measure. As a replacement, the Department is requesting the addition of the measure: “After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care.”

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2.8 months	3.6 months	0.8 months Over	30%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation: The Community Care for the Elderly (CCE) program was originally intended to serve elders who were not eligible for Medicaid, as well as Medicaid-eligible individuals waiting to be enrolled in a Medicaid waiver program. Currently, the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) program is only serving the most frail Medicaid-eligible individuals, resulting in less frail elders receiving CCE services for longer periods of time. (The number of elders served under SMMC LTC is based on the availability of capacity with priority given to those with the highest priority score.)

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: The Department is requesting the deletion of this measure. As a replacement, the Department is requesting the addition of the measure: “Percentage of individuals new to the Aging Network who are put on the waitlist within one (1) business day of being screened.”

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
51,272	47,980	3,292 Under	6.4%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation: When originally developed, this measure included elders served in the Aged and Disabled Adult (ADA) Medicaid Waiver (including the Consumer Direct Care Plus (CDC+) option), the Channeling Waiver, the Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD), and the Community Care for the Elderly program. The SMMC LTC Program was developed at the direction of the Florida Legislature in 2011 and implemented statewide in March 2014. The legislation required that the ADA Medicaid Waiver and its CDC+ option, the Channeling Waiver, and the Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD), included in the Home and Community Services Diversions activity, be terminated upon the successful implementation of SMMC LTC.

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

- Training
- Personnel

- Technology
- Other (Identify)

Recommendations: As the only program remaining in this activity is Community Care for the Elderly, the Department is requesting the deletion of this measure.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: Number of elders served (residential living support and elder housing issues)

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
3,997	Data are not available	Unable to report	Unable to report

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation: The Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program was developed at the direction of the Florida Legislature in 2011 and implemented statewide in March 2014. The legislation required that the Assisted Living Medicaid Waiver program, the only program included in the Residential Living Support and Elder Housing Issues activity, be terminated upon the successful implementation of SMMC LTC.

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

- Training Technology
- Personnel Other (Identify)

Recommendations: The Department is requesting the deletion of the “Residential Living Support and Elder Housing Issues” activity and this associated measure. Because the only program in this activity ended on February 28, 2014, the Department can no longer report on this output measure.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
12,150	2,233	9,917 Under	81.6%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation: The Department is requesting deletion of this measure because it includes only a subset of clients receiving home and community-based services. As a result of the transition to the Statewide Medicaid Managed Care Long-term Care (SMMC LTC), the Legislature required that the Long-Term Care Community Diversion Pilot Project Programs included in this activity be terminated upon the successful implementation of the SMMC LTC. Currently, this measure only reports on the number of elders served under the Program of All-Inclusive Care for the Elderly (PACE).

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

- Training
- Personnel
- Technology
- Other (Identify)

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
56,631	39,063	17,568 Under	31.02%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation: This measure includes the Older Americans Act (OAA) Title III B program. In comparison to the previous year, there was a decrease of over 12 percent in total persons served. For several services in III B, including intake and screening, information, individual gerontological counseling, group education, and specialized medical equipment, services, and supplies, the average cost per unit increased over the same one-year period, making these services more costly to provide.

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations: The Department is requesting the deletion of the “Supported Community Care” measure. This measure only includes clients served under the OAA Title III B and the Local Services Program. Clients served under these programs are also included in other measures (Number of elders served with registered long-term care services and Number of elders served with community-based long-term care services). Having a measure that focuses only on clients served under only two programs does not seem warranted as services provided under these two programs do not differ in any meaningful way from other home and community-based programs.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
91%	Data are not available	Unable to report	Unable to report

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

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

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

- Training Technology
 Personnel Other (Identify)

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
8,226	5,205	3,021 Under	36.7%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation: Many districts have increased the presence of ombudsmen in facilities during annual assessments and quarterly visits during the past two reporting years. This may have contributed to a reduction in the number of concerns or complaints created. As the environment inside facilities becomes more conducive to the needs and desires of residents, the number of complaints will naturally decline. Given the focus of resident-centered care by Centers for Medicare & Medicaid Services (CMS), a decline in the number of complaints was anticipated.

External Factors (check all that apply)

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

Explanation: Due to a change in reporting requirements, which has been incorporated into the Florida Administrative Code (58L-1.007(2)(d), F.A.C.), LTCOP is now required to report on the percent of complaint investigations completed within 120 calendar days.

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

- Training
- Personnel

- Technology
- Other (Identify)

Recommendations: To align with new reporting requirement, the Long-Term Care Ombudsman Program (LTCOP) is requesting the revision of this output measure: “Number of complaints investigated within 120 calendar days.” LTCOP is requesting revision to the standard from 8,226 to 5,000.

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Consumer Advocate Services
Measure: Number of judicially approved guardianship plans including new orders

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2,000	Data are not available	Unable to report	Unable to report

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation: Due to programmatic changes, including changes in personnel, the data is unavailable, currently, for the Department to determine this measure.

External Factors (check all that apply)

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

Explanation:

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

- Training
- Personnel
- Technology
- Other (Identify)

Recommendations:

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

Online reports are available that show the number of assessments conducted and the number of assessments that are overdue, which are run at multiple times for previous periods. The trend line in the total number of assessments from year to year demonstrates the methods used to collect the data are sensitive and reliable enough to detect historical changes that have taken place.

A telephone follow-up survey was conducted by DOEA in 2017-2018 to confirm with prospective clients and/or their caregivers that CARES assessments are taking place as reported. This study yielded a 99% confirmation rate of individuals who verified that a CARES Assessor did come to ask questions about their health and care needs on the date the assessment was recorded in CIRTS.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

Under the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program, CARES is responsible for completing the initial comprehensive assessment and for determining the medical eligibility of applicants for SMMC LTC services. Florida has taken steps to shorten the time needed to determine medical eligibility. Florida has developed a single-point-of-entry system to centralize and streamline access to elder care services. CARES has established an internal performance measure that all referrals for CARES assessments will be staffed within 12 business days of receipt of complete staffing information (Staffing Information Received date in CIRT S).

The baseline year for this measure is SFY 2013-14, and the requested standard is 12 days.

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

Reliability: CARES staff have used CIRT S to report and track client information for more than 12 years. CARES supervisors, on a monthly basis, use CIRT S screens and online reports to verify the number, accuracy, and timeliness of assessments input into CIRT S. In addition, designated monitoring staff at DOEA complete an analysis of CIRT S data to determine compliance with performance measures. Any discrepancies are forwarded to the CARES Central Office staff who then review CARES data entries and case notes to determine whether remediation is required. Online reports are available that show detailed summaries of client cases and reliability is determined through analyzing the consistency of CARES Program data over time.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Comprehensive Eligibility Services
Measure: Percentage of individuals new to the Aging Network who are put on the waitlist within one (1) business day of being screened

Action (check one):

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

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

This measure identifies the percentage of individuals new to the Aging Network who are put on the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) program waitlist within one business day of being screened. The indicator is measured by obtaining a count of individuals who had not been previously screened or enrolled in a program in the preceding six years and were put on the SMMC LTC waitlist during the reporting period, and a subsequent count of those individuals who were put on the SMMC LTC waitlist within one business day of being screened. The percentage is then calculated.

The baseline year is SFY 2016-17, and the requested standard is 85%.

Validity: Identifying the percentage of individuals new to the aging network who are put on the waitlist within one business day of being screened underscores the Department's efforts to assist elders to secure needed services in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency. It also highlights the Department's efforts to eliminate and prevent inappropriate institutionalization of elders (Section 430.03(10) and (14), *Florida Statutes*).

Reliability: CIRT S was chosen as a primary data source because it is the most complete source of participant data across programs and because it can create unduplicated counts. CIRT S is used statewide to identify the clients on the SMMC LTC waitlist, as well as those who received General Revenue and Older Americans Act-funded services. Contracts with the AAAs require timely and accurate entry of service provision in CIRT S. The *Programs and Services Handbook*, available to the AAAs and the case managers with whom they contract, provides directions for AAAs on enrolling clients in CIRT S. AAA staff review monthly CIRT S reports to verify the accuracy of client and service data in CIRT S before approving any request for payment. They also conduct data entry error reviews and submit reports to DOEA to ensure that error rates are not exceeding one percent, as well as complete comparative analyses on a random sampling of

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

This measure identifies the percentage of the most frail elders who remain at home or in the community instead of going to a nursing home. The indicator is measured by obtaining a count of clients who are the most frail – the top quintile of nursing home risk score – and were actively enrolled in a General Revenue or Older Americans Act (OAA) program(s) at the beginning of the fiscal year, as well as a subsequent count of those clients who had a nursing home stay within the following year. The percentage is then calculated.

Validity: Identifying the percentage of most frail elders who remain at home or in the community instead of going to a nursing home underscores the Departments efforts of assisting elders to secure needed services with personal choice and in a manner that achieves and maintains autonomy and prevents, reduces, or eliminates dependency, as well as eliminating and preventing inappropriate institutionalization of elders by promoting community-based care, home-based care, or other forms of less intensive care (Section 430.03(10) and (14), *Florida Statutes*).

Reliability: CIRTS is used statewide to identify the clients who received General Revenue and OAA-funded services, along with the date on which they received the services, the quantity of services, and the cost. Contracts with the AAAs require timely and accurate entry of service provision in CIRTS. The *Programs and Services Handbook*, available to the AAAs and the case managers with whom they contract, provides directions for the AAAs on enrolling clients in CIRTS.

AAAs review monthly CIRTS reports to verify the accuracy of client and service data in CIRTS before approving any requests for payment. AAAs also conduct data entry error reviews and submit reports to DOEA to ensure that error rates are not exceeding one percent. They also complete comparative analyses on a random sampling of client files to verify CIRTS accuracy. In

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

Individuals who had a nursing home stay of 30 or more consecutive days in the fiscal year are identified by CIRTS termination codes, fee-for-service Medicaid claims, and SMMC LTC roster data. CIRTS uses a specific termination code to identify clients that terminated home and community-based services due to entry into a nursing home.

FMMIS is used to enroll Medicaid providers, process Medicaid claims, adjudicate Medicaid claims, accept and process encounter claims for data collection, and pay Medicaid providers. FMMIS is also used to obtain information about Medicaid waiver clients who received home and community-based services. AHCA uses various monitoring procedures to maintain the integrity of recipient data in FMMIS.

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

Reliability is also determined by analyzing the consistency of findings over time. From 2009 to 2016, the percent of APS referrals who are in need of immediate services to prevent further harm who are served within 72 hours has remained constant between 98-100 percent.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: Though there are savings associated with the provision of home and community-based services due to their ability to delay and prevent nursing home placement, the Department is requesting the deletion of this measure because the actual savings cannot be accurately measured. Individuals entering a nursing home under Medicaid may be enrolled in the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC), which began operating March 1, 2014. Rate setting and contract administration responsibilities for SMMC LTC are maintained by the Agency for Health Care Administration (AHCA), Florida's Medicaid agency. SMMC LTC uses a capitated payment model calculated each year based on the number of clients being served in the community and the number of clients being served in nursing homes. Rates are set based on these censuses for each provider in each region. Identifying the cost to serve individuals that transition into nursing homes under SMMC LTC cannot be determined because we do not know which providers the clients will select. Moreover, AHCA may apply rate adjustments after services are rendered. Estimating costs is complicated by the fact that individuals may enter a nursing home without enrolling in SMMC LTC, whereby a fee-for-service payment model is used.

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

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

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

This measure is computed by determining the total cost of home and community-based services for the state fiscal year. This cost is divided by the number of case months of care received to determine a per-person-per-month estimate. The number of case months is then multiplied by

clients' average risk score (a number between 0 and 100 percent that represents the likelihood of clients entering a nursing home), resulting in a number representing the number of nursing home case months avoided. The savings (cost of avoided nursing home care) is calculated by subtracting the cost to serve clients for these "avoided" case months in the community from the cost to serve these clients in a nursing home. Dividing the savings by the total number of case months of care results in the average monthly savings per client.

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

Reliability: The Department requires the completion of comprehensive online training and certification, which works to minimize inter-rater differences by ensuring consistent training for all assessors and case managers administering the forms. The Department also recommends expanding the environment section of the online comprehensive training, to ensure that the discussion regarding each risk level category is more explicit and mutually exclusive.

Instructions on how to complete the assessment form (701D) are available on the Department's website, which includes directions for completing the environmental questions. CMs are trained

to indicate on the assessment form the specific areas where there are potential safety or accessibility problems. Along with marking environment hazards on a list provided in the assessments, CMs are instructed to write in any other observations that do not appear on the list and to provide specifics about the problems and areas in need of attention. CMs also indicate the immediacy of the need based on the danger to the individual, indicate the CMs, as well as the individual's, concerns, and record any ideas they may have for fixing the environment problem. All noted problems and concerns are required to be recorded in the client's care plan as well.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

Reliability: The nutrition scoring questions were developed as part of the Nutritional Risk Initiative and are included on all types of screening and assessment forms. The Department requires the completion of comprehensive online training and certification which works to minimize inter-rater differences by ensuring consistent training on nutrition related items. The assessor or case manager must score at least a 90 percent on the test on use of the assessment tool given at the end of the training. Instructions on how to complete the assessment form (701D) are also available on the Department’s website, which includes directions for completing the nutrition questions.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

The baseline year is SFY 2013-14, and the requested standard is 95%.

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

This measure is also included in the DETERMINE screening tool, a validated scale developed as part of the Nutritional Risk Initiative for the U.S. Administration on Aging. The Nutritional Risk Initiative was developed in order to address the prevalence of malnutrition among older adults. The DETERMINE tool is based on the following warning signs for poor nutrition: disease, eating poorly, tooth loss/mouth pain, economic hardship, reduced social contact, multiple medicines, involuntary weight loss/gain, needs assistance in self-care, and age above 80. The scale has been tested for validity and reliability and is used in all 50 states in Older Americans Act-funded nutrition programs.³⁸

Reliability: The Department requires the completion of a comprehensive online training and certification for case managers and CARES assessors who use the assessment forms, which works to minimize inter-rater differences by ensuring consistent training on nutrition related items. The assessor or case manager must score at least a 90 percent on the test on use of the assessment tool given at the end of the training. Instructions on how to complete the assessment form (701D) are also available on the Department's website, which includes directions for completing the nutrition questions.

³⁸ Fanelli Kuczmariski, M. T., & Cooney, T. M. (2001). Assessing the Validity of the DETERMINE Checklist in a Short-Term Longitudinal Study. *Journal of Nutrition for the Elderly*, 20, 1-17.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

The scoring range for ADLs is 0 to 24. The self-care tasks associated with ADLs include bathing, dressing, eating, toileting, transferring, and walking/mobility. This measure focuses on new clients only since the greatest opportunity to achieve and measure an impact on a person's functional status is when they are new to home and community-based service programs. Each ADL is assigned a score (0-4) based on the amount of assistance needed. The final ADL score is the sum of the scores assigned to each of the six ADLs.

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

Activities of daily living scales have been used in social service research for over 40 years (see the Katz Index of Independence³⁹) and ADL scores have been validated as a standard and appropriate way to measure an individual's functional abilities.

Reliability: The Department requires completion of a comprehensive online training and certification, which works to minimize inter-rater differences by ensuring consistent training for all CARES Assessors and case managers administering the forms. The trainee must score at least 90 percent on the test on use of the assessment tool given at the end of the training.

³⁹ http://www.beaconhealthpartners.com/wp-content/uploads/2015/04/Katz_Index_01.pdf

Instructions and examples on how to complete the assessment forms (701D) are available on the Department's website, which includes directions for completing the ADL questions. The *Programs and Services Handbook*, available to AAAs and the case managers with whom they contract, also provides directions for completing the ADL questions.

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

The scoring range for IADLs is 0 to 32 for tasks including heavy chores, housekeeping, making telephone calls, managing money, preparing meals, shopping, taking medications, and transportation ability. This measure focuses on new clients only because the greatest opportunity to achieve and measure an impact on a person's functional status is when they are new to home and community-based service programs. Each IADL is assigned a score (0-4) based on the amount of assistance needed. The final IADL score is the sum of the scores assigned to each of the eight IADLs.

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

Activities of Daily Living scales have been used in social service research for over 40 years (see the Lawton Instrumental Activities of Daily Living Scale⁴⁰) and IADL scores have been validated as a standard and appropriate way to measure an individual's functional abilities.

Reliability: The Department requires the completion of a comprehensive online training and certification, which works to minimize inter-rater differences by ensuring consistent training

⁴⁰ <https://consultgeri.org/try-this/general-assessment/issue-23.pdf>

for all CARES Assessors and case managers administering the forms. The trainee must score at least 90 percent on the test on use of the assessment tool given at the end of the training. Instructions and examples on completing the assessment forms (701D) are also available on the Department's website, which includes directions for completing the IADL questions. The *Programs and Services Handbook*, available to AAAs and the case managers with whom they contract, also provides directions for completing the IADL questions.

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

This measure is captured through the Caregiver Section of the 701B Comprehensive Assessment. This assessment is administered to all elders and their caregivers. Each caregiver is asked to select a response to the question “How likely is it that you will continue providing care to the client?” The response options are “very likely,” “somewhat likely,” and “unlikely.” The measure will reflect the percentage of caregivers of participants in DOEA services who report they are “very likely” to continue providing care.

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

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

meals or homemaking, all serve to primarily assist the client, but the caregiver also benefits. Both situations may be beyond the awareness of the caregiver, as well as the potential impact of DOEA programs that primarily assist caregivers through services such as respite, adult day care, caregiver training, and case management.

Reliability: Reliability is determined through review of trend data and review of research on caregivers. The validation study completed by the Department in 2016 found the measure of caregiver confidence to continue to provide care to be reliable. This study yielded only a 3% difference between caregivers who were “not very confident” during a 701B Comprehensive Assessment at different points in time and confirmed a strong correlation between the amount of confidence a caregiver reports and the amount of strain they were experiencing in the caregiving role. Historical review of information provided by caregivers shows that these findings are consistent with expectation, for family caregivers tend to be very dedicated and plan to continue providing care for their loved ones for as long as possible.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

This measure is captured through the Caregiver Section of the 701B Comprehensive Assessment. This assessment is administered to all elders and their caregivers. Each assessor rates the caregiver on his/her ability to continue to provide care. The question is, “How likely is it that you will have the ability to continue to provide care?” The form includes a space for the caregiver self-rating and a space for the assessor’s opinion. The response options are “very likely,” “somewhat likely,” and “unlikely.” The total number of caregivers who indicated their ability to continue providing care is “likely” or “very likely” is compared to the total number of assessors who indicated that they thought the caregiver’s ability to continue providing care was “likely” or “very likely.” The lesser of the two numbers is selected.

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

The baseline year is SFY 2013-14, and the requested standard is 86%.

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

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

Reliability: The Department requires the completion of a comprehensive online training and certification, which works to minimize inter-rater differences by ensuring consistent training for all CARES assessors and case managers administering the forms. The trainee must score at least 90 percent on the test on use of the assessment tool given at the end of the training. Instructions on completing the assessment form (701D) are also available on the Department’s website, which includes directions for completing the caregiver questions.

The Department conducted a comprehensive validation of assessment measures in 2016. This included analyzing the set of questions used to assess the level of difficulty caregivers are having in different aspects of their lives as a result of caring for a family member or friend. Results from this validation effort showed that all caregiver questions are reliable and consistent in determining the level of difficulty a caregiver is feeling in different aspects of his or her life. A Cronbach's alpha of 0.861 indicated low redundancy and good internal consistency in these measures when used in combination as a scale. This caregiver difficulties scale was used to test this measure, to ensure caregivers' self-rated ability to continue to provide care performed similarly. Analysis of findings from the revised assessment instrument confirmed caregiver confidence and difficulties were consistent in both magnitude and direction: caregivers who did not feel very confident in continuing to provide care were the most likely to have a lot of difficulty in different aspects of their lives. In contrast, caregivers who reported being very confident that they can continue care represent over 90 percent of caregivers who were found to have "No Difficulty" in certain aspects of their lives.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: The Department is requesting deletion of this measure. The Community Care for the Elderly (CCE) Program was originally intended to serve elders who were not eligible for Medicaid, as well as Medicaid-eligible individuals waiting to be enrolled in a Medicaid waiver program. Currently, the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) program is only serving the most frail Medicaid-eligible individuals, resulting in less frail elders receiving CCE services for longer periods of time. The number of elders served under SMMC LTC is based on the availability of capacity with priority given to those with the highest priority score (the most frail).

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

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

CIRTS reports are generated to determine the average length of time that clients, who are likely SMMC LTC eligible, are actively enrolled in the state general revenue funded CCE program.

Validity: Recognizing the average time Medicaid waiver-probable clients spend in the CCE program underscores the Department's efforts to oversee the use of state-funded programs for the state's elder population (Section 430.03(7), *Florida Statutes*). Reducing the number of clients served under CCE who could otherwise be served in SMMC LTC (which is funded in part with federal dollars) would allow more CCE program dollars to be used to serve individuals who do not qualify for Medicaid. SMMC LTC was also designed to make available to its enrollees a more expansive set of services.

ADL limitations are a good proxy for the nursing home level of care required for Medicaid waiver eligibility, and self-declared income and assets are the best estimate of financial eligibility

available. Clients may provide the estimated value of their assets or select from one of three asset categories. Eligibility for CCE services is not based on income or assets. Though clients are asked for their monthly income and total assets upon enrollment into the CCE program and again every year they remain enrolled, clients are allowed to refuse to provide this information.

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

Reliability: Imminent risk designations are only made by ADRC screener after completing a comprehensive assessment. Any client who screener considers imminent risk must be reviewed and approved by a supervisor. This designation is only used when there is agreement that nursing home placement is very likely to occur if services are not provided.

DOEA policy requires the completion of assessments within specified timeframes, and staff must notify their supervisor and provide documentation in CIRTS case notes when predetermined time standards are not met. Assessments entered in CIRTS cannot be deleted

without approval by a supervisor and a history of every change made to assessment data input is maintained in the database.

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

Contracts with the AAAs require timely and accurate entry of service provision in CIRTS. AAAs review monthly CIRTS reports to verify the accuracy of client and service data in CIRTS before approving any requests for payment. AAAs also conduct data entry error reviews and submit reports to DOEA to ensure that error rates are not exceeding one percent, as well as complete comparative analyses on a random sampling of client files to verify CIRTS accuracy. Provider incentive to overstate services provided is mitigated by the AAAs monitoring, which includes checking whether services received match services planned by the case managers. In addition, the Department's annual monitoring activities also include a review of CIRTS for data accuracy.

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is the DOEA Client Satisfaction Survey of Homemaker Services, a 29-item survey the Department conducts of clients who are randomly selected from the Community Care for the Elderly (CCE) Program. The clients and caregivers who are surveyed have been active in a program for at least three months and received homemaker services. Before being surveyed, clients and caregivers are informed that participation in the survey is optional and that their services will not be affected based on their participation. The number of completed surveys is unduplicated, and proportionally stratified across planning and service areas to ensure a 90-percent confidence interval.

Clients and caregivers are contacted by telephone and are asked: “Do you feel the services you receive help you/your care recipient remain at home and in the community?” This question allows for the following responses: “yes,” “to some extent,” “no,” or “refused”. The indicator is measured by obtaining a count of all individuals who answered the question and a combined percentage of those who answered “yes” or “to some extent” are reported as affirmative for the indicator.

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

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

Reliability: The DOEA Client Satisfaction Survey for homemaker services was piloted and tested by the Department in 2019 and was found to be a highly reliable instrument with stable performance across interviewers, different regions of the state, and in both English and Spanish versions.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

Data Sources and Methodology: The data source for this measure is the DOEA Client Satisfaction Survey of Homemaker Services, a 29-item survey the Department conducts of clients and caregivers who are randomly selected from the Community Care for the Elderly (CCE) Program. The clients and caregivers who are surveyed have been active in a program for at least three months and received homemaker services. Before being surveyed, clients and caregivers are informed that participation in the survey is optional and that their services will not be affected based on their participation. The number of completed surveys is unduplicated, and proportionally stratified across planning and service areas to ensure a 90-percent confidence interval.

Clients and caregivers are contacted by telephone and are asked: “Overall, how satisfied are you with the services you receive?” This question allows for the following responses: “very satisfied,” “satisfied,” neither satisfied nor dissatisfied,” “dissatisfied,” or “very dissatisfied.” The indicator is measured by obtaining a count of all individuals who answered the question and a combined percentage of those who answered “very satisfied” or “satisfied” are reported as affirmative for the indicator.

Validity: The annual DOEA Client Satisfaction Surveys are developed by individuals experienced with survey development and knowledge of the programs administered by the Department. The surveys are developed after careful review of existing client satisfaction surveys, such as the Consumer Assessment of Healthcare Providers and Systems, the Medicaid Home and Community-Based Services Experience Survey, and surveys developed by the Performance and Outcome Measures Project – the latter being a project funded by the U.S. Administration on Aging.

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

Reliability: The DOEA Client Satisfaction Survey for homemaker services was piloted and tested by the Department in 2019 and was found to be a highly reliable instrument with stable performance across interviewers, different regions of the state, and in both English and Spanish versions.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

The baseline year is SFY 2013-14, and the requested standard is 30,000.

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

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

Reliability: In 2016, the Department conducted a detailed analysis of the assessment responses. Validation testing revealed the Memory section has a high level of internal consistency and low measurement redundancy, as determined by a Cronbach’s Alpha of 0.847. All items used in the Memory Section have been found to independently contribute meaningfully in measuring the extent of a client’s memory impairment.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

The measure is a count of individuals enrolled and served in the Department's home and community-based service programs during a fiscal year. The count includes people who received a service under one or more of the following programs: Community Care for the Elderly (CCE); Statewide Medicaid Managed Care Long-term Care (SMMC LTC); Program of All Inclusive Care for the Elderly (PACE); Older Americans Act (OAA) Titles III B, III C1, III C2, III D, and III E; Alzheimer's Disease Initiative (ADI); Local Services Program; and Emergency Home Energy Assistance Program (EHEAP). In addition, manual counts are included for the Memory Disorder Clinics and the Adult Care Food Program.

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

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

Reliability: CIRT is used statewide to identify the clients who received General Revenue and OAA-funded services, along with the date on which they received the services, the quantity of services, and the cost. Contracts with the AAAs require timely and accurate entry of service provision in CIRT. The *Programs and Services Handbook*, available to AAAs and the case managers with whom they contract, provide directions for the AAAs on enrolling clients in CIRT.

AAAs review monthly CIRT reports to verify the accuracy of client and service data in CIRT before approving any requests for payment. AAAs also conduct data entry error reviews and

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

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

This measure includes an unduplicated count of clients enrolled in programs that are tracked in CIRTS or FMMIS, the majority of our clients. For those programs that serve clients not reported in CIRTS or FMMIS, the contract managers are responsible for providing accurate counts of clients served. The number of elders served by the Memory Disorder Clinics and the Adult Care Food Program are added to this count and, therefore, may result in an inflated number. This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

The indicator is measured by summing the number of people served according to these different sources. The baseline year is SFY 2012-13, and the requested standard is 800,000.

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

Reliability: CIRTIS is used statewide to identify the clients who received GR and OAA funded services, along with the date on which they received the services, the quantity of services, and the cost. Contracts with the AAAs require timely and accurate entry of service provision in CIRTIS. The *Programs and Services Handbook*, available to AAAs and the case managers with whom they contract, provides directions for the AAAs on enrolling clients in CIRTIS.

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

FMMIS is used to obtain information about Medicaid waiver clients age 60 and older who received home and community-based services. AHCA uses various monitoring procedures to maintain the integrity of recipient data in FMMIS.

This measure includes an unduplicated count of clients enrolled in programs that are tracked in CIRTS or FMMIS, the majority of our clients. For those programs that serve clients not reported in CIRTS or FMMIS, the contract managers are responsible for providing accurate counts of clients served. Numbers provided by contract managers are added to this count and therefore, may result in an inflated number. This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: Number of congregate meals provided

Action (check one):

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

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

Clients who received congregate meals funded by the Older Americans Act (OAA), Local Services Program (LSP), and the Adult Care Food Program (ACFP) are included in this measure.

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

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

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

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

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

For those programs that serve clients not reported in CIRTS, the contract managers are responsible for providing accurate counts of clients served. Numbers provided by contract managers are added to this count and therefore, may result in an inflated number. This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: Number of home-delivered meals provided

Action (check one):

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

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

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

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

The baseline year is SFY 2013-14, and the requested standard is 6,000,000.

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

Reliability: CIRTS was chosen as a primary data source because it is the most complete source of participant data across programs and because it can create unduplicated counts. CIRTS is used statewide to identify the clients who received General Revenue and OAA-funded services, along with the date on which they received the services, the quantity of services, and the cost. Contracts with the AAAs require timely and accurate entry of service provision in CIRTS. AAAs review monthly CIRTS reports to verify the accuracy of client and service data in CIRTS before approving any requests for payment. AAAs also conduct data entry error reviews and submit

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

FMMIS is used to obtain information about Medicaid waiver clients age 60 and older who received home and community-based services. The Agency for Health Care Administration uses various monitoring procedures to maintain the integrity of recipient data in FMMIS.

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

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

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

This measure includes an unduplicated count of clients enrolled in programs that are tracked in CIRTS or FMMIS, the majority of our clients. The number of clients served in the Adult Care Food Program and the Senior Farmers' Market Nutrition Program are added to this count, and therefore, may result in an inflated number. This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

Contracts with the AAAs require timely and accurate entry of service provision in CIRTS. The *Programs and Services Handbook*, available to AAAs and the case managers with whom they contract, provides directions for AAAs on enrolling clients in CIRTS. AAAs review monthly CIRTS reports to verify the accuracy of client and service data in CIRTS before approving any requests for payment. AAAs also conduct data entry error reviews and submit reports to DOEA to ensure that error rates are not exceeding one percent, as well as complete comparative analyses on a random sampling of client files to verify CIRTS accuracy. In addition, the Department's annual monitoring activities include a review of CIRTS for data accuracy.

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

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

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

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

This measure includes an unduplicated count of clients enrolled in programs that are tracked in CIRTS or FMMIS, the majority of our clients. The number of clients tracked manually are added to this count, and therefore, may result in an inflated number. This measure is calculated after the close of the state fiscal year with sufficient time for data entry into CIRTS to be completed.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

The methodology used to collect the data varies by program. The SHINE Program uses monthly counselor reporting forms submitted volunteers, staff, and the AAAs. Administration for Community Living (ACL) Beneficiary Contact and Group and Outreach Education forms are also used in conjunction with monthly volunteer time reporting. ACL has a database for reporting purposes.

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

Elder Abuse Prevention Education data are obtained from quarterly reports of services from contractual agreements. Direct contacts and attendance sheets from professional training sessions are used to compile a total number of clients served by the program.

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

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

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

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

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

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

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

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

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

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

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

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

This output measure is not an unduplicated count. Included in this measure is the number of people who received information through the Elder Helpline. Personal identifying information is not tracked in CIRTS for clients receiving this service. Therefore, the count will be inflated if one or more individuals had received this service more than once during the year. In addition, program counts from other programs are summed and are not unduplicated across programs, resulting in an inflated number if any individuals received services from more than one of the included programs.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

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

* Florida completed the implementation of the SMMC LTC Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid

waivers were terminated: Aged and Disabled Adult Medicaid Waiver, Consumer Directed Care Plus, Assisted Living Medicaid Waiver, Channeling Waiver, and Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). PACE is the only Medicaid program serving the elderly that continues to be administered by DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Home and Community Services
Measure: Number of elders served (residential assisted living support and elder housing issues)

Action (check one):

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

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

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

Data Sources and Methodology: The data source for this measure is FMMIS. FMMIS is used to enroll Medicaid providers, process Medicaid claims, adjudicate Medicaid claims, accept and process encounter claims for data collection, and reimburse Medicaid providers. Paid claims data from FMMIS are used to calculate an unduplicated count of Assisted Living Medicaid Waiver participants. The indicator is measured by computing a sum of the unduplicated participants across the Planning and Service Areas.

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

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

and the case managers with whom they contract, provides directions for AAAs to enroll clients in CIRT.S.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Consumer Advocate Services
Measure: Percent of complaint investigations initiated by the Ombudsman within five (5) business days (applies to the Long-Term Care Ombudsman Council)

Action (check one):

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

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

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

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

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

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

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

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

The Ombudsman Program has been tracking complaint data for many years, and reliability is determined through analyzing the consistency of findings over time. Evaluation of historical Ombudsman Program data shows this measure has remained consistent, with results varying less than five percent from year-to-year. ⁴¹

⁴¹ The last analysis of historical trends in Ombudsman Program data included the old reporting measure “Percent of complaint investigations initiated by the Ombudsman within five (5) working days.”

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

NOTE: The Long-Term Care Ombudsman Program (LTCOP) is requesting the revision of this measure and the adoption of the current language promulgated in rule. Due to a change in reporting requirements, which has been incorporated into the Florida Administrative Code (58L-1.007(1)(b) and (2)(a)), LTCOP is no longer required to report on this measure as worded. Instead, the program is now required to report on the percent of complaint investigations completed within 120 calendar days. The Long-Term Care Ombudsman Program is requesting revision of this output measure to align with the new reporting requirements: “Number of complaint investigations completed within 120 calendar days”.

Many districts have increased the presence of ombudsmen in facilities during annual assessments and quarterly visits during the past two reporting years. This may have contributed to a reduction in the number of concerns or complaints created. As the environment inside facilities becomes more conducive to the needs and desires of residents the number of complaints will naturally decline. Given the focus of resident-centered care by Centers for Medicare & Medicaid Services, a decline in the number of complaints was anticipated; therefore, LTCOP is requesting revision of the standard from 8,226 to 5,000.

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

The number of complaints investigated is determined by reviewing the investigation data. An ombudsman investigates a complaint by conducting interviews, making observations, and reviewing records with appropriate consent. Each complaint investigation is identified as “verified” or “not verified.” Upon completion of an investigation, a complaint disposition is also assigned. Some complaints may take months to complete because of the complexity of the issue involved. While the ombudsman strives to resolve a complaint to the satisfaction of the resident(s) involved in the complaint, a complaint investigation must be completed at the end of 120 days unless an extension has been granted by the District Ombudsman Manager, pursuant to rule 58L-1.007(2)(d), Florida Administrative Code.

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Consumer Advocate Services
Measure: Percentage of case investigations completed within 120 calendar days (Long-Term Care Ombudsman Program)

Action (check one):

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

NOTE: The Long-Term Care Ombudsman Program is requesting the addition of this outcome measure to align with the new reporting requirements and as a companion to the output measure: “Percentage of complaint investigations completed within 120 calendar days”.

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

The number of complaints investigated is determined by reviewing the investigation data. An ombudsman investigates a complaint by conducting interviews, making observations, and reviewing records with the appropriate consent. An investigation is initiated when the ombudsman makes contact with the complainant or resident. Some complaints may take months to complete because of the complexity of the issue involved. While the ombudsman strives to resolve a complaint to the satisfaction of the resident(s) involved, a complaint investigation must be completed within 120 calendar days after receiving the complaint, unless an extension has been granted by the District Ombudsman Manager, pursuant to rule 58L-1.007(2)(d), Florida Administrative Code. Complaint investigations that have had an extension granted by the District Ombudsman Manager during the fiscal year are not included in the calculation of this measure.

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

Validity: Identifying the percent of case investigations completed by LTCOP within 120 calendar days underscores the Department’s efforts in promoting the prevention of neglect, abuse, or exploitation of elders unable to protect their own interests (Section 430.03(13), *Florida Statutes*).

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

complaint, including the date the complaint was received, the date the investigation was initiated, and the date the investigation was completed.

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

The Ombudsman Program has been tracking complaint data for many years and reliability is determined through analyzing the consistency of findings over time. The Department has requested the addition of this measure due to a change in reporting requirements. Analysis of the consistency of this measure is currently underway, with 2013-2014 as the baseline year and 90 percent as the requested standard.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Consumer Advocate Services
Measure: Number of advocacy efforts completed by the Long-Term Care Ombudsman Program

Action (check one):

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

Data Sources and Methodology: The data source for the measure is the Long-Term Care Ombudsman Program (LTCOP) investigation data, which is collected and stored in each District Ombudsman Program Office and compiled at the state office. The number of advocacy efforts is determined by reviewing the data from individual cases, complaints, consultations, assessments and visitations. The data on the number of advocacy efforts is tracked and recorded within the LTCOP Web Application.

The baseline year is SFY 2016-17, and the requested standard is 25,000.

Validity: Identifying the number of advocacy efforts completed by LTCOP aligns with the Department's objective to increase advocacy for residents of long-term care facilities and underscores the Department's efforts to prevent the neglect, abuse, or exploitation of elders unable to protect their own interests (Section 430.03(13), *Florida Statutes*).

The advocacy data as the measuring instrument is appropriate to use for this measure.

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

The Ombudsman Program has been tracking advocacy effort data for many years and reliability is determined through analyzing the consistency of findings over time. The Department has requested the addition of this measure to better align with agency objectives. Analysis of the consistency of this measure is currently underway, with 2016-2017 as the baseline year and 25,000 as the requested standard.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

Reliability is determined by analyzing the consistency of findings over time. From 2009 to 2015, the percent of service activity initiated by public guardianship within five (5) days of receipt of request has been stable at 99 percent.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

Each OPG operates independently under the direction of the local circuit court. Each office keeps a record of the total number wards under guardianship, including its current caseload and new orders, pursuant to Section 744.708, *Florida Statutes*. There is a judicially approved plan for each ward under guardianship.

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

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

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

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

Continuing efforts are made to improve the accuracy of guardianship data, including file reviews, monitoring, and on-going oversight by the Office of Public and Professional Guardians (OPPG). In 2014, in efforts to improve existing monitoring activities, OPPG created a pre-

monitoring questionnaire to provide for more desk monitoring and incorporated the use of the Estate Management System database to prepare for monitoring visits and to review program reports. OPPG also increased the number of ward and facility visits made to each program.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Livable Communities/Livable Florida initiative
Measure: Number of Age-Friendly Cities in Florida

Action (check one):

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

Data Sources and Methodology: The data source for this measure is collected through reports provided by AARP.

In Florida, coordinating and aligning age-friendly efforts into a statewide movement represents the natural progression of work that started nearly 30 years ago. Since its inception, the Department has worked with partners across the Aging Network to help foster an environment that promotes well-being for Florida's elders, enabling them to remain in their own homes and communities.

In the past several years, the movement has gained even more momentum. In 2015, Sarasota County was the first Florida community to join AARP's Network of Age-Friendly States and Communities (Network); as of August 2019, 24 cities across the state had joined the Network. In April 2019, Florida became the 4th state to join the network.

Members of the network commit to improving their age-friendliness and submit to a rigorous membership assessment cycle. Being an age-friendly community requires a commitment to a five-year cycle of continuous improvements.

Developing an age-friendly community: the process

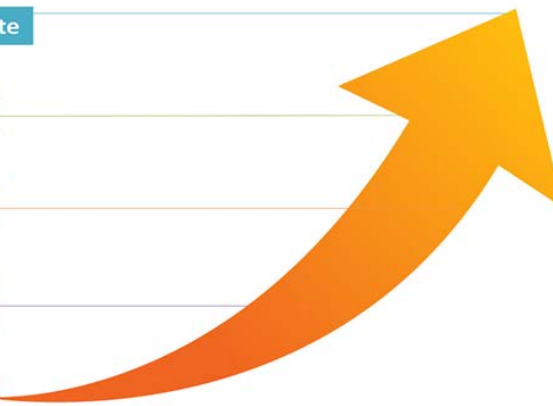
Year 5: Progress / status update

Years 3-5: Implementation

Year 2: Create an action plan

Year 1: Conduct a survey and listening sessions

Enrollment



<https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/getting-started.html>

After enrolling in the network, communities are required to conduct a baseline assessment of the needs in their community, create and submit to AARP an action plan, and create and submit to AARP a progress report. AARP conducts a vigorous review of all submissions and either returns materials for further development or approves the submissions. AARP is the repository for all materials related to action by members of the Network.

Validity: The major goal of the Age-Friendly Network is to create and maintain communities that have walkable streets, housing and transportation options, access to key services, and opportunities for residents to participate in community activities. The Network encourages states, cities, towns and counties to prepare for the rapid aging of the U.S. population by paying increased attention to the environmental, economic, and social factors that influence the health and well-being of older adults. By doing so, these communities are better equipped to become great places, and even lifelong homes, for people of all ages and abilities.

This is particularly relevant in Florida, as there are more than 5.5 million residents age 60 or older in Florida, and we have the highest population percentage of 65+ in the nation. By 2030, the senior population in Florida will increase to 7.6 million – an increase of more than 38%. Identifying the number of Age-Friendly Communities facilitates the Department’s efforts to assist elders in securing needed services in accordance with personal choice and in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency (Section 430.03(10), Florida Statutes (2019)).

Reliability: This measure is based on data submitted through reporting by each member of the Network in Florida to AARP. Reliability is established through reporting requirements, monitoring, and quality assurance efforts of AARP.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Livable Communities/Livable Florida initiative
Measure: Number of Age-Friendly Counties in Florida

Action (check one):

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

Data Sources and Methodology: The data source for this measure is collected through reports provided by AARP.

In Florida, coordinating and aligning age-friendly efforts into a statewide movement represents the natural progression of work that started nearly 30 years ago. Since its inception, the Department has worked with partners across the Aging Network to help foster an environment that promotes well-being for Florida's elders, enabling them to remain in their own homes and communities.

In the past several years, the movement has gained even more momentum. In 2015, Sarasota County was the first Florida community to join AARP's Network of Age-Friendly States and Communities (Network); as of August 2019, seven counties across the state had joined the Network. In April 2019, Florida became the 4th state to join the Network.

Members of the Network commit to improving their age-friendliness and submit to a rigorous membership assessment cycle. Being an age-friendly community requires a commitment to a five-year cycle of continuous improvements.

Developing an age-friendly community: the process

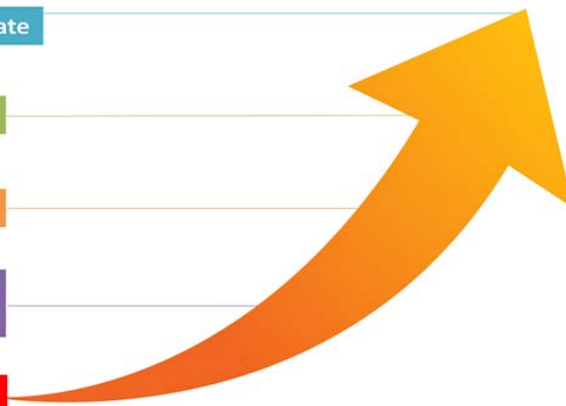
Year 5: Progress / status update

Years 3-5: Implementation

Year 2: Create an action plan

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After enrolling in the network, communities are required to conduct a baseline assessment of the needs in their community, create and submit to AARP an action plan, and create and submit to AARP a progress report. AARP conducts a vigorous review of all submissions and either returns materials for further development or approves the submissions. AARP is the repository for all materials related to action by members of the network.

Validity: The major goal of the network is to create and maintain communities that have walkable streets, housing and transportation options, access to key services and opportunities for residents to participate in community activities. The network encourages states, cities, towns and counties to prepare for the rapid aging of the U.S. population by paying increased attention to the environmental, economic and social factors that influence the health and well-being of older adults. By doing so, these communities are better equipped to become great places, and even lifelong homes, for people of all ages and abilities.

This is particularly relevant in Florida, as there are more than 5.5 million residents age 60 or older in Florida, and we have the highest population percentage of 65+ in the nation. By 2030, the senior population in Florida will increase to 7.6 million – an increase of more than 38%. Identifying the number of Age-Friendly communities facilitates the Department’s efforts to assist elders in securing needed services in accordance with personal choice and in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency (Section 430.03(10), Florida Statutes (2019)).

Reliability: This measure is based on data submitted through reporting by each member of the Network in Florida to AARP. Reliability is established through reporting requirements, monitoring, and quality assurance efforts of AARP.

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

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures		
Measure Number	Approved Performance Measures for FY 2016-17	Associated Activities Title
1	Percent of Elders the CARES program determined eligible for nursing home placement who are diverted	Universal Frailty Assessment ACT 2000
2	Number of CARES assessments	Universal Frailty Assessment ACT 2000
3	Percent of most frail elders who remain at home or in the community instead of going into a nursing home	Home and Community Services Diversions, Long-Term Care initiatives, Nutritional Services for the Elderly, Residential Assisted Living Support and Elder Housing Issues, Early Intervention/ Prevention, Supported Community Care, Caregiver Support
4	Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours	Home and Community Services Diversions, Long-Term Care initiatives, Nutritional Services for the Elderly, Residential Assisted Living Support and Elder Housing Issues, Early Intervention/ Prevention, Supported Community Care, Caregiver Support
5	Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups	All Home and Community Services
6	Percent of elders assessed with high or moderate risk environments who improved their environment score	All Home and Community Services
7	Percent of new service recipients with high-risk nutrition scores whose nutritional status improved	All Home and Community Services
8	Percent of new service recipients whose ADL assessment score has been maintained or improved	All Home and Community Services
9	Percent of new service recipients whose IADL assessment score has been maintained or improved	All Home and Community Services

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

Measure Number	Approved Performance Measures for FY 2016-17	Associated Activities Title
10	Percent of family and family-assisted caregivers who self-report they are very likely to provide care	All Home and Community Services
11	Percent of caregivers whose ability to continue to provide care is maintained or improved after service intervention (as determined by the caregiver and the assessor)	All Home and Community Services
12	Average time in the Community Care for the Elderly Program for Medicaid waiver-probable customers	All Home and Community Services
13	Percent of customers who are at imminent risk of nursing home placement who are served with community-based services	All Home and Community Services
14	Number of elders served with registered long-term care services	All Home and Community Services
15	Number of congregate meals provided	Nutritional Services for the Elderly ACT 4000
16	Number of elders served (caregiver support)	Caregiver Support ACT 4200
17	Number of elders served (early intervention/prevention)	Early Intervention/Prevention ACT 4100
18	Number of elders served (home and community services)	Home and Community Services Diversion ACT 4500
19	Number of elders served (LTC initiatives)	Long-Term Care Initiatives ACT 4800
20	Number of elders served (meals, nutrition education and counseling)	Nutritional Services for the Elderly ACT 4000
21	Number of elders served (residential assisted living support and elder housing issues)	Residential Living Support Elder Housing Issues ACT 4300
22	Number of elders served (supported community care)	Supported Community Care ACT 4400
23	Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions	Executive Direction and Support Services

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

Measure Number	Approved Performance Measures for FY 2016-17	Associated Activities Title
24	Percent of complaint investigations initiated by the ombudsman within five (5) business days	Long-Term Care Ombudsman Council ACT 1100
25	Number of complaints investigated	Long-Term Care Ombudsman Council ACT 1100
26	Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within five (5) days of receipt of request	Public Guardianship ACT 1200
27	Number of judicially approved guardianship plans including new orders	Public Guardianship ACT 1200

NUCSSP03 LAS/PBS SYSTEM
BUDGET PERIOD: 2008-2021
STATE OF FLORIDA

SP 09/23/2019 11:41
SCHED XI: AGENCY-LEVEL UNIT COST SUMMARY
AUDIT REPORT ELDER AFFAIRS, DEPT OF

SECTION III - PASS THROUGH ACTIVITY ISSUE CODES SELECTED:

TRANSFER-STATE AGENCIES ACTIVITY ISSUE CODES SELECTED:

1-8:

AID TO LOCAL GOVERNMENTS ACTIVITY ISSUE CODES SELECTED:

1-8:

AUDIT #1: THE FOLLOWING STATEWIDE ACTIVITIES (ACT0010 THROUGH ACT0490) HAVE AN OUTPUT STANDARD
(RECORD TYPE 5) AND SHOULD NOT:

*** NO ACTIVITIES FOUND ***

AUDIT #2: THE FCO ACTIVITY (ACT0210) CONTAINS EXPENDITURES IN AN OPERATING CATEGORY AND SHOULD NOT:
(NOTE: THIS ACTIVITY IS ROLLED INTO EXECUTIVE DIRECTION, ADMINISTRATIVE SUPPORT AND INFORMATION
TECHNOLOGY)

*** NO OPERATING CATEGORIES FOUND ***

AUDIT #3: THE ACTIVITIES LISTED IN AUDIT #3 DO NOT HAVE AN ASSOCIATED OUTPUT STANDARD. IN ADDITION, THE
ACTIVITIES WERE NOT IDENTIFIED AS A TRANSFER-STATE AGENCIES, AS AID TO LOCAL GOVERNMENTS, OR A PAYMENT OF
PENSIONS, BENEFITS AND CLAIMS (ACT0430). ACTIVITIES LISTED HERE SHOULD REPRESENT TRANSFERS/PASS THROUGH
THAT ARE NOT REPRESENTED BY THOSE ABOVE OR ADMINISTRATIVE COSTS THAT ARE UNIQUE TO THE AGENCY AND
ARE NOT APPROPRIATE TO BE ALLOCATED TO ALL OTHER ACTIVITIES.

BE	PC	CODE	TITLE	EXPENDITURES	FCO
65100600	1603000000	ACT6000	DISASTER PREPAREDNESS AND	45,369	

AUDIT #4: TOTALS FROM SECTION I AND SECTIONS II + III:

DEPARTMENT: 65	EXPENDITURES	FCO
FINAL BUDGET FOR AGENCY (SECTION I):	332,621,576	
TOTAL BUDGET FOR AGENCY (SECTIONS II + III):	332,621,583	
	-----	-----
DIFFERENCE:	7-	
(MAY NOT EQUAL DUE TO ROUNDING)	=====	=====

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Assisted Living (AL) Waiver – A Medicaid waiver that provided home and community-based services to elders, as well as individuals with disabilities who were assessed as being frail, functionally impaired, and at risk of nursing home placement. A case manager determined services based on a comprehensive assessment of needs. The services were designed to help the enrollee remain in the community for as long as possible to avoid nursing home placement. All enrollees served under this waiver transitioned to the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) effective March 1, 2014.

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

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

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

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

CARES (Comprehensive Assessment and Review for Long-Term Care Services) – A program operated by DOEA that is Florida’s federally mandated long-term care pre-admission screening program for Medicaid Institutional Care Program nursing facility and Medicaid waiver program applicants. An assessment is performed to identify long-term care needs and establish level of care (medical eligibility for nursing facility care). CARES staff educate consumers of options for individual choice and recommend the least restrictive, most appropriate placement.

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

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

Channeling Waiver – A home and community-based services program that began in 1985, it was operated through an annual contract with an organized health care delivery system in

Miami-Dade and Broward counties. Through contracts with the Department, the organization received a per-diem payment to provide, manage, and coordinate enrollees' long-term care service needs. All enrollees served under this waiver transitioned to the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) effective March 1, 2014.

Cronbach's Alpha – a statistic used as a measure of internal consistency or reliability of multiple measures combined into a continuous scale. In other words, it measures how well a set of variables or items measures a single, one-dimensional latent aspect of individuals. The value of alpha may lie between 0 and 1. An alpha should be 0.70 or higher to be used as a metric. An alpha above 0.90 might suggest responses to items in the scale are too overlapping and could be redundant.

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

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

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

Consumer Directed Care Plus (CDC+) – The Consumer Directed Care Plus Program was an option available to participants enrolled in the Aged and Disabled Adult (ADA) Medicaid Waiver. The Program allowed participants to hire workers and vendors of their own choosing, including family members or friends, to help with daily needs such as house cleaning, cooking, and getting dressed. Consumer Directed Care Plus was replaced with the Participant Directed Option under the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC), which was effective March 1, 2014.

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

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

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

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

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

Dementia Care and Cure Initiative (DCCI) – a DOEA initiative that will increase awareness, assistance, and advocacy for those with dementia, their families, and caregivers.

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

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

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

DOEA – Department of Elder Affairs.

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

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

EOG – Executive Office of the Governor.

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

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

F.A.C. – Florida Administrative Code.

FLAIR – Florida Accounting Information Resource Subsystem.

FMMIS – Florida Medicaid Management Information System.

Frail – A condition of physical and/or mental disability, including Alzheimer's disease or a related disorder with neurological brain dysfunction, which restricts an individual's ability to

perform normal activities of daily living or threatens the individual's capacity to live independently.

F.S. – Florida Statutes.

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

FY – Fiscal Year.

GAA – General Appropriations Act.

HCBS – Home and Community-Based Services.

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

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

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

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

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

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

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

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

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

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

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

LSP – Local Services Program.

LTC – Long-Term Care.

MDC – Memory Disorder Clinic.

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

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

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

NAPIS – National Aging Program Information System.

NASUAD – National Association of States United for Aging and Disabilities.

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

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

Office of Public and Professional Guardians (OPPG) – The OPPG, within the Department of Elder Affairs, was created by the Florida Legislature to provide guardianship services to persons who do not have adequate income or assets to afford a private guardian when there is no willing family or friend to serve. During the 2016 Florida legislative session, SB 232 renamed the Statewide Public Guardianship Office (SPGO) as the Office of Public and Professional Guardians (OPPG) and assigned the additional responsibility of administering the regulation of professional guardians who were not previously regulated by the State.

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

OAA Title III B – Older Americans Act section providing funding for supportive service programs, including multipurpose senior centers, for elders.

OAA Title III C1 – Older Americans Act section providing funding for congregate meals, outreach, and nutrition education for elders.

OAA Title III C2 – Older Americans Act section providing funding for home-delivered meals, outreach, and nutrition education for elders.

OAA Title III D – Older Americans Act section providing funding for disease prevention and health promotion services for elders.

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

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

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

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

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

Pass Through⁴² – Funds the state distributes directly to other entities, e.g., local governments or non-profit organizations, without being managed by the agency distributing the funds. These funds flow through the agency’s budget; however, the agency has no discretion regarding how the funds are spent, and the activities (outputs) associated with the expenditure of funds are not measured at the state level.

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

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

Program – A set of services and activities undertaken in accordance with a plan of action organized to realize identifiable goals based on legislative authorization (a program can consist of single or multiple services). For purposes of budget development, programs are identified in the General Appropriations Act by a title that begins with the word “Program.” In some instances, a program consists of several services and, in other cases, the program has no services

⁴⁰ This definition of “pass through” applies ONLY for the purposes of long-range program planning

delineated within it; the service is the program in these cases. The LAS/PBS code is used for purposes of both program identification and service identification. “Service” is a “budget entity” for purposes of the LRPP.

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

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

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

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

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

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

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

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

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

Senior Companion Program (SCP) – A peer volunteer program that provides services such as transportation to medical appointments, shopping assistance, meal preparation, and

companionship to elders at risk of institutionalization. Lower-income elder volunteers receive a stipend to help defray expenses, transportation reimbursement, and an annual medical checkup.

Service – See Budget Entity.

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

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

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

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

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

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

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

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

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