

2020 Summary

OF PROGRAMS AND SERVICES

RON DESANTIS
Governor

RICHARD PRUDOM
Secretary



Department of
ELDER AFFAIRS
STATE OF FLORIDA



SUMMARY OF PROGRAMS AND SERVICES

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JANUARY
2020



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PROGRAMS AT A GLANCE

Program	2018-2019 Funding	2019-2020 Funding	2018-2019 Number Served	Pg.
Adult Care Food Program (ACFP)	\$6,905,874	#\$6,905,874	189 Program Sites 3,014,210 Meals & Snacks	78
Alzheimer's Disease Initiative (ADI) - Respite/Special Projects	\$22,976,477	\$22,976,477	8,480 Clients	47
Alzheimer's Disease Initiative (ADI) - Memory Disorder Clinics	\$3,686,484	\$3,686,484	13,105 Clients	48
AmeriCorps	\$225,805	\$225,805	65 Clients 57 Volunteer Members 23,685 Hours of Service	80
Community Care for the Elderly (CCE)	\$55,179,837	\$57,338,170	44,269 Clients	56
Comprehensive Assessment and Review for Long-Term Care Services (CARES)	\$17,938,949	\$17,577,493	103,742 Assessments	69
Emergency Home Energy Assistance for the Elderly Program (EHEAP)	\$5,490,315	\$5,805,675	12,022 Households	82
Home Care for the Elderly (HCE)	\$9,703,357	\$9,703,357	2,753 Clients	58
Local Services Programs (LSP)	\$12,369,546	\$9,699,602	13,397 Clients	60
Long-Term Care Ombudsman Program (LTCOP)	\$2,932,093	#\$2,932,093	4,182 Assessments 4,653 Investigations	41
Medicare Improvements for Patients & Providers Act (MIPPA)	\$1,568,537	#\$1,568,537	37,342 Client Contacts	89
Nutrition Services Incentive Program (NSIP)	\$5,682,182	#\$5,682,182	8,522,089 Meals	30
Office of Public and Professional Guardians (OPPG)	\$7,003,324	\$9,703,357	3,816 Public Wards	62
Older Americans Act Title III B - Supportive Services	\$36,462,810	#\$36,462,810	38,311 Clients	24
Older Americans Act Title III C1 - Congregate Meals	\$23,871,232	#\$23,871,232	31,303 Clients	26
Older Americans Act Title III C2 - Home-Delivered Meals	\$23,407,329	#\$23,407,329	17,418 Clients	28
Older Americans Act Title III D - Disease Prevention and Health Promotion Services	\$1,856,225	#\$1,856,225	10,018 Clients	33
Older Americans Act Title III E - Caregiver Support	\$14,911,192	#\$14,911,192	87,840 Clients	35
Older Americans Act Title V - Senior Community Service Employment Program (SCSEP)	\$4,675,586	\$4,681,926	829 Clients	38
Program of All-Inclusive Care for the Elderly (PACE)	\$62,045,114	\$66,800,015	2,173 Clients	72
Respite for Elders Living in Everyday Families (RELIEF)	\$959,000	\$959,000	235 Volunteers 92,352 Hours of Service	66
Senior Companion Program (SCP)	\$402,835	\$395,711	221 Clients 63 Volunteer Companions 50,694 Hours of Service	85
Senior Farmers' Market Nutrition Program (SFMNP)	\$119,979	#\$119,979	51 Farmers' Markets 3,817 Clients	87
Senior Medicare Patrol (SMP)	\$460,557	#\$460,557	8,353 Client Contacts	89
Serving Health Insurance Needs of Elders Program (SHINE)	\$2,729,528	#\$2,729,528	484 Volunteers 53,917 Client Contacts	89

Note: Programs operate on different annual periods, i.e., state fiscal year, federal fiscal year, grant year, or calendar year. The most current program data available at the time of publication is from November 2019. Please refer to individual program listings for information on their respective program periods.

Projection





TABLE OF CONTENTS

A DOEA and the Aging Network 6

- General Overview. 6
- Demographics. 8
- The Longevity Economy 10
- Florida’s Season of Opportunity 11
- Division of Statewide
Community-Based Services 15
- Office of Public and
Professional Guardians 16
- Elder Rights 17
- Communicating with
Our Stakeholders and the Public. 18
- Florida’s Aging Network 19

B Older Americans Act Programs. 22

- Title III B – Supportive Services 23
- Title III C1 – Congregate Meals 25
- Title III C2 – Home-Delivered Meals. 27
- Title III – Nutrition Service
Incentive Program (NSIP) 29
- Title III D – Disease Prevention
and Health Promotion Services 31
- Title III E – National Family Caregiver
Support Program (Caregiver Support) . . . 34
- Title V – Senior Community Service
Employment Program (SCSEP). 36
- Title VII, Section 712 –
Long-Term Care Ombudsman Program . . 39
- Title VII, Section 720 –
Elder Abuse Prevention. 43

C State-Funded Programs 45

- Alzheimer’s Disease Initiative (ADI) 46
- Alzheimer’s Disease and Related Disorders (ADRD) Training 51
- Community Care for the Elderly (CCE) . . . 55
- Home Care for the Elderly (HCE) 57
- Local Services Programs (LSP) 59
- Office of Public and Professional Guardians (OPPG) 61
- Respite for Elders Living in Everyday Families (RELIEF) 65

D Medicaid Programs 67

- Comprehensive Assessment and Review for Long-Term Care Services (CARES) 68
- Program of All-Inclusive Care for the Elderly (PACE) 71
- Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) . . . 73

E Other Department Programs 76

- Adult Care Food Program (ACFP) 77
- AmeriCorps 79
- Emergency Home Energy Assistance for the Elderly Program (EHEAP) 81
- Senior Companion Program (SCP) 84
- Senior Farmers’ Market Nutrition Program (SFMNP) 86
- Serving Health Insurance Needs of Elders Program (SHINE) and Senior Medicare Patrol (SMP) 88

F Service Descriptions 90

- Program Codes Used in This Section 91

This publication is produced by the Florida Department of Elder Affairs and is updated annually to provide information about programs and services for Florida’s elders. Programs and services for elders vary in relation to consumer needs, demographics, funding availability, and legislative directives. The information and data provided herein were compiled as of December 2019.

For additional information, please contact the Department of Elder Affairs at 850-414-2000 or information@elderaffairs.org, or visit elderAffairs.org.

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

G Appendices 113

- Appendix 1: Cost Comparisons, Budget History, Appropriations, and ADRC Funding 115
- Appendix 2: General Eligibility Requirements for Major Programs and Services 116
- Appendix 3: Elder Demographics and Clients Served 118
- Appendix 4: Customer Assessment Profiles by Priority Level 122
- Appendix 5: Acronyms and Abbreviations 123
- Appendix 6: Index 125

DOEA and the Aging Network

General Overview



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.

B Better Well-Being for Seniors & Caregivers

O Older Floridians' Protection from Abuse, Neglect, & Exploitation

L Livable Communities

D Dementia Care and Cure Initiative

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

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

DOEA is responsible for developing policy recommendations for long-term care, combating ageism, creating public awareness of aging issues, understanding the contributions and needs of elders, advocating on behalf of elders, and serving as an information clearinghouse.

DOEA is the designated State Unit on Aging, in accordance with the federal Older Americans Act and Chapter 430, *Florida Statutes*. DOEA works in concert with federal, state, local, and community-based public and private agencies and organizations to represent the interests of older Floridians, their caregivers, and elder advocates. The organizations and providers that help create a better life for Florida's 5.5 million seniors make up Florida's Aging Network. An important part of the Aging Network is the 11 Area Agencies on Aging (AAAs), also called Aging and Disability Resource Centers (ADRCs), that provide a wide range of programs and assistance. Each AAA is managed at the local level and is responsible for selecting the services and providers to assist elders within each county. Through partnerships with the AAAs, DOEA provides community-based care to help seniors safely age with dignity, purpose, and independence.

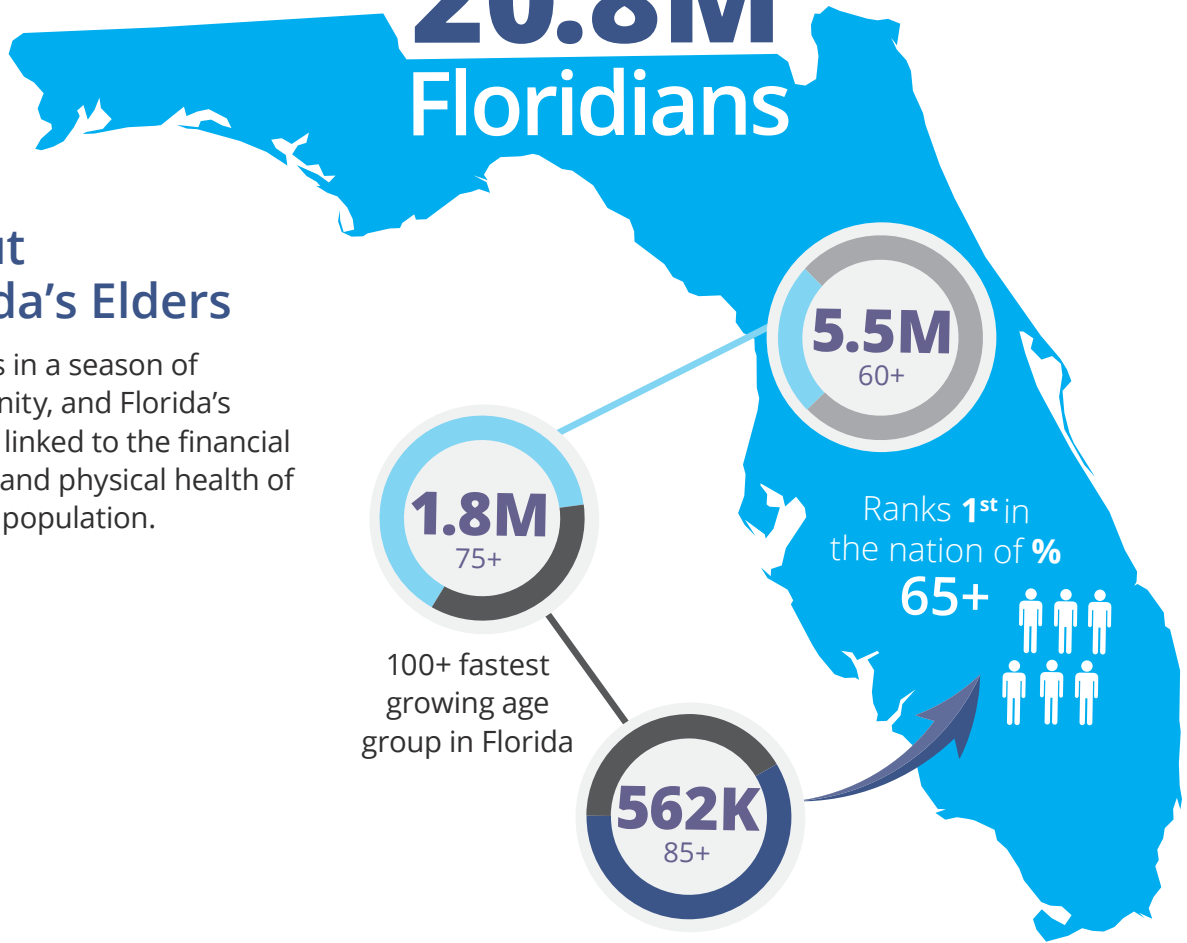
RON DESANTIS Governor

RICHARD PRUDOM Secretary

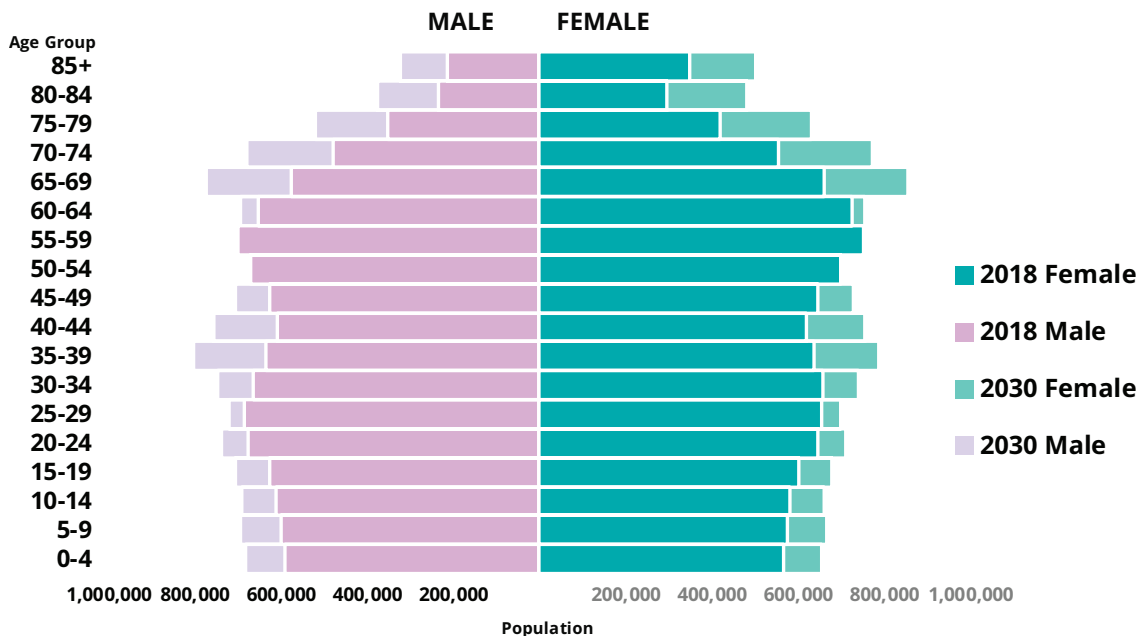
20.8M Floridians

About Florida's Elders

Florida is in a season of opportunity, and Florida's future is linked to the financial security and physical health of its older population.



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).

Demographics

Age Distribution

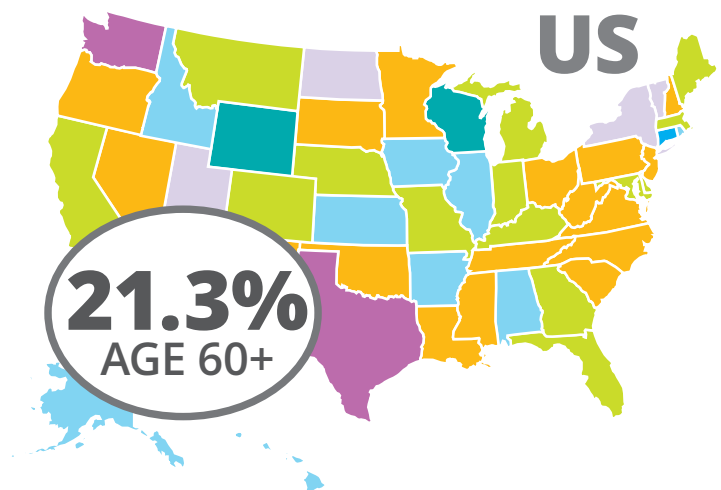
Florida is the third most populous state with 20,840,568 citizens. Among the 50 states, Florida has the highest percentage of elders age 65 and older and the second highest percentage of elders age 60 and older (26.5 percent) compared with a national percentage of 21.3 percent.

Florida outnumbers the senior populations of 20 other states combined as well as the total populations of Alaska, Delaware, North Dakota, Rhode Island, South Dakota, Vermont, and Wyoming combined. By 2030, Florida's older adult population is estimated to increase to 7.6 million, or about 30 percent of the state's population.

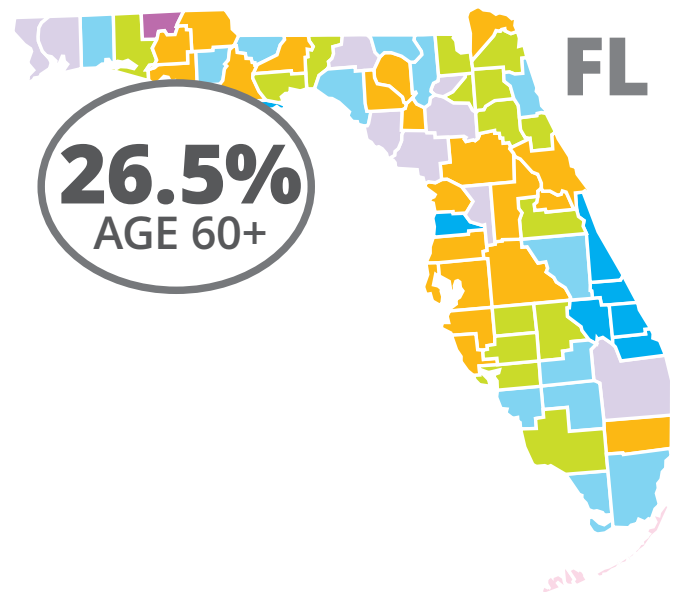
Further, the latest estimates show that more than 900 people move to Florida every day, and a significant number are over 60 years old. In one year, more than 11,000 people over the age of 60 moved to Florida. These migration trends are largely reflected in the urban areas and are concentrated in Miami-Dade, Broward, Palm Beach, Pinellas, and Hillsborough counties.

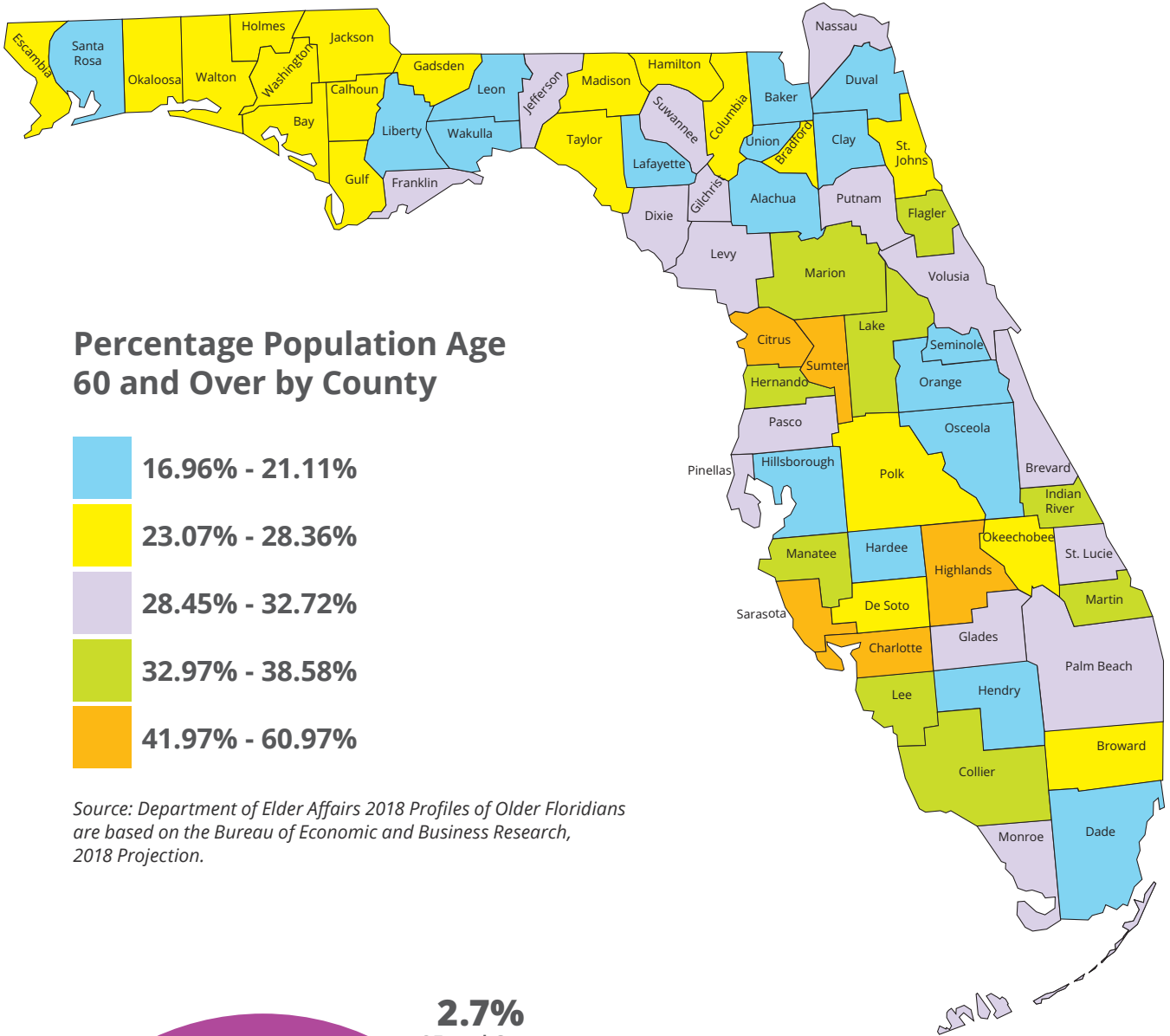
Source: DOEA's 2018 Profiles of Older Floridians; Source: Annual Estimates of the Civilian Population by Single Year of Age and Sex for the United States and States: April 1, 2010 to July 1, 2017, U.S. Census Bureau, Population Division (Released June 2018).

Source: Office of Economic and Demographic Research (2019). Demographic Estimating Conference Florida Demographic Forecast. Tallahassee, FL; Source: U.S. Census Bureau, 2018 American Community Survey (ACS) IPUMS 1-Year Estimate.

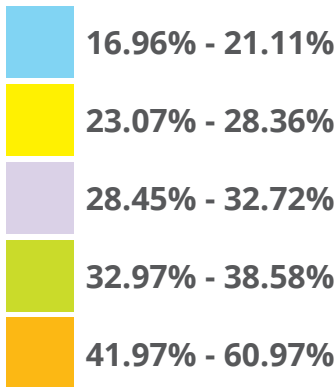


PERCENTAGE OF POPULATION AGE 60+

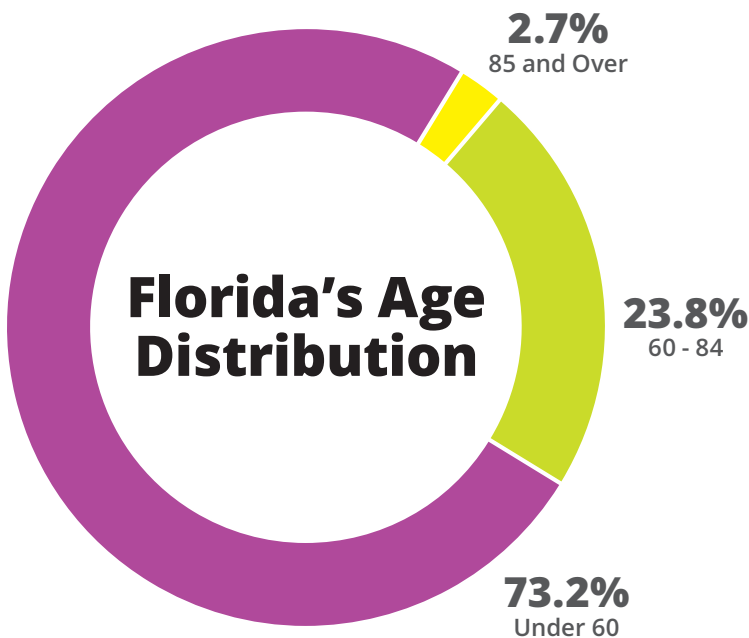




Percentage Population Age 60 and Over by County



Source: Department of Elder Affairs 2018 Profiles of Older Floridians are based on the Bureau of Economic and Business Research, 2018 Projection.



Top 5 Counties with the Highest Concentration of Elders in Florida

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

Source: DOEA's 2018 Profiles of Older Floridians.

The Longevity Economy

Older adults are an important part of Florida's economic engine. The average retiree in Florida contributes \$2,900 more to the state and local economy than they consume in public services.

These older adults, along with all adults over the age of 50 are fueling a significant, fast-growing and often overlooked "longevity economy" - the sum of all economic activity driven by these individuals including both the products and services they purchase directly as well as the further economic activity this spending generates.

People over 50 contribute to the economy in a positive, outsized proportion to their share of the population. Despite being 40 percent of Florida's population in 2017, the total economic contribution of the Longevity Economy accounted for 54 percent of Florida's GDP (\$478 billion).

Source: 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)."



DOEA and the Aging Network

Florida's Season of Opportunity

While there are challenges in promoting the health and well-being of the growing and increasingly diverse older adult population in Florida, the changing demographics also present an opportunity to use social and technological ingenuity to develop solutions to the changing needs that move us forward. Everything points to the fact that the communities that will thrive in the 21st century will be those that both tackle the challenges and embrace the positive possibilities that an aging population creates – essentially becoming livable communities.

The amenities of a livable community help maximize the independence and quality of life of older adults, while also enhancing the economic, civic, and social vitality of the community. That is why one of the most important initiatives at DOEA is Livable Florida – working with AARP to make Florida an “Age-Friendly State.”

In April, Florida became the fourth state in the nation to receive the Age-Friendly state designation. In embracing the Age-Friendly designation, the vision is for Florida to be a state where older adults and indeed all Floridians are thriving in livable communities where they not only live but live *well* and age *well*.

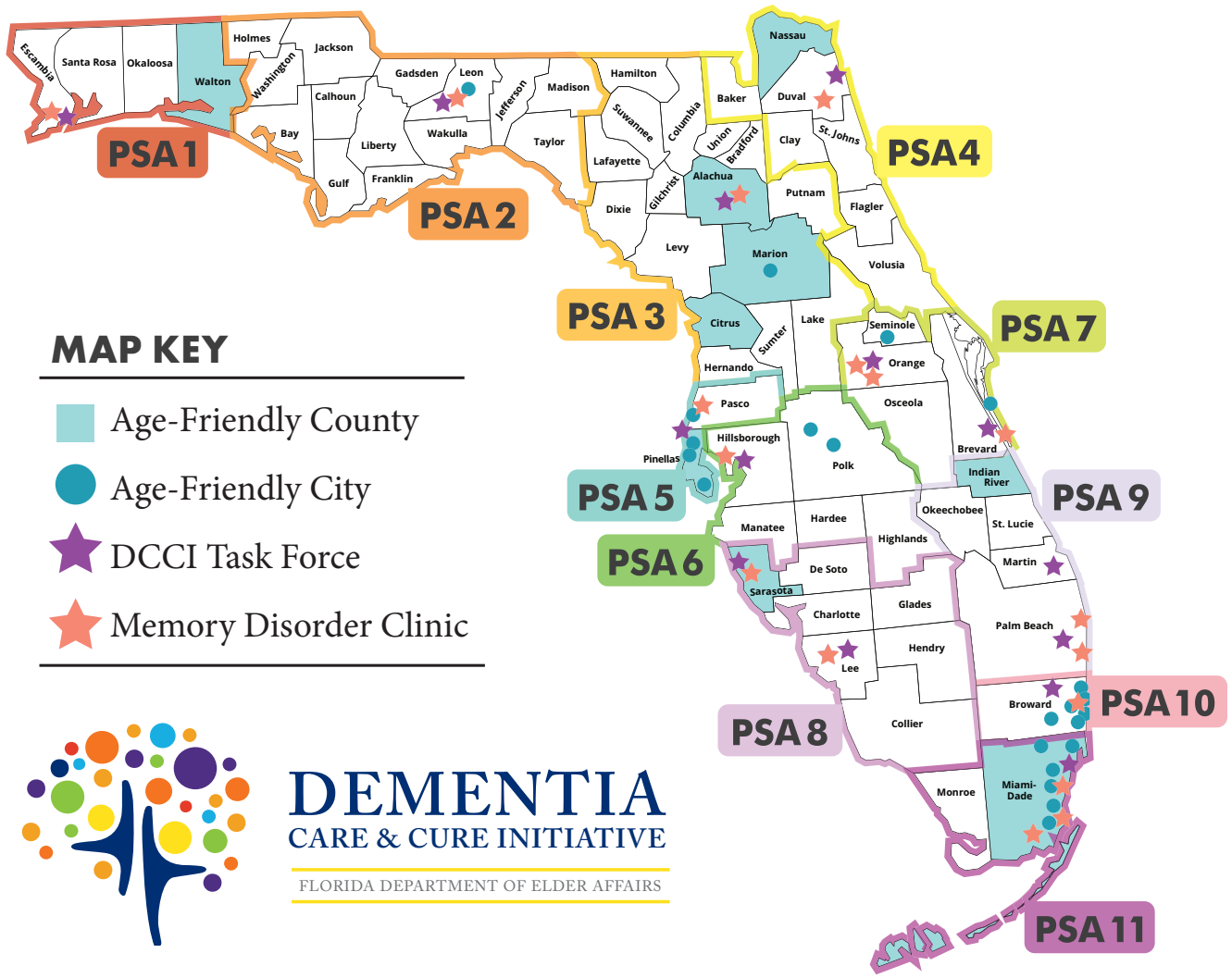
Age-Friendly states and communities address the social determinants of health – the conditions in which people are born, grow, live, work, and age. The social determinants of health include factors such as socioeconomic status, education, appropriate and affordable housing, neighborhood and physical



environment, employment, and social support networks, as well as access to health care.

Florida made great strides last year with the establishment of 35 new Age-Friendly communities – 21 cities, three villages, two towns, and nine counties have committed to becoming Age-Friendly. Not only will those communities be building on that momentum, but others will be joining them in 2020 in creating a Livable Florida.

In 2019, DOEA expanded the Dementia Care and Cure Initiative (DCCI). DCCI seeks to engage communities throughout the state to be more dementia caring, to promote better care for Floridians affected by dementia, and to support research efforts to find a cure. In collaboration with Florida's 11 Area Agencies on Aging and 17 Memory Disorder Clinics, participating DCCI communities organize Task Forces consisting of community professionals and stakeholders who



work to increase education, awareness, and sensitivity regarding the needs of those affected by dementia. In the last year, four new DCCI Task Forces were established and there are now 14 task forces located throughout the state.

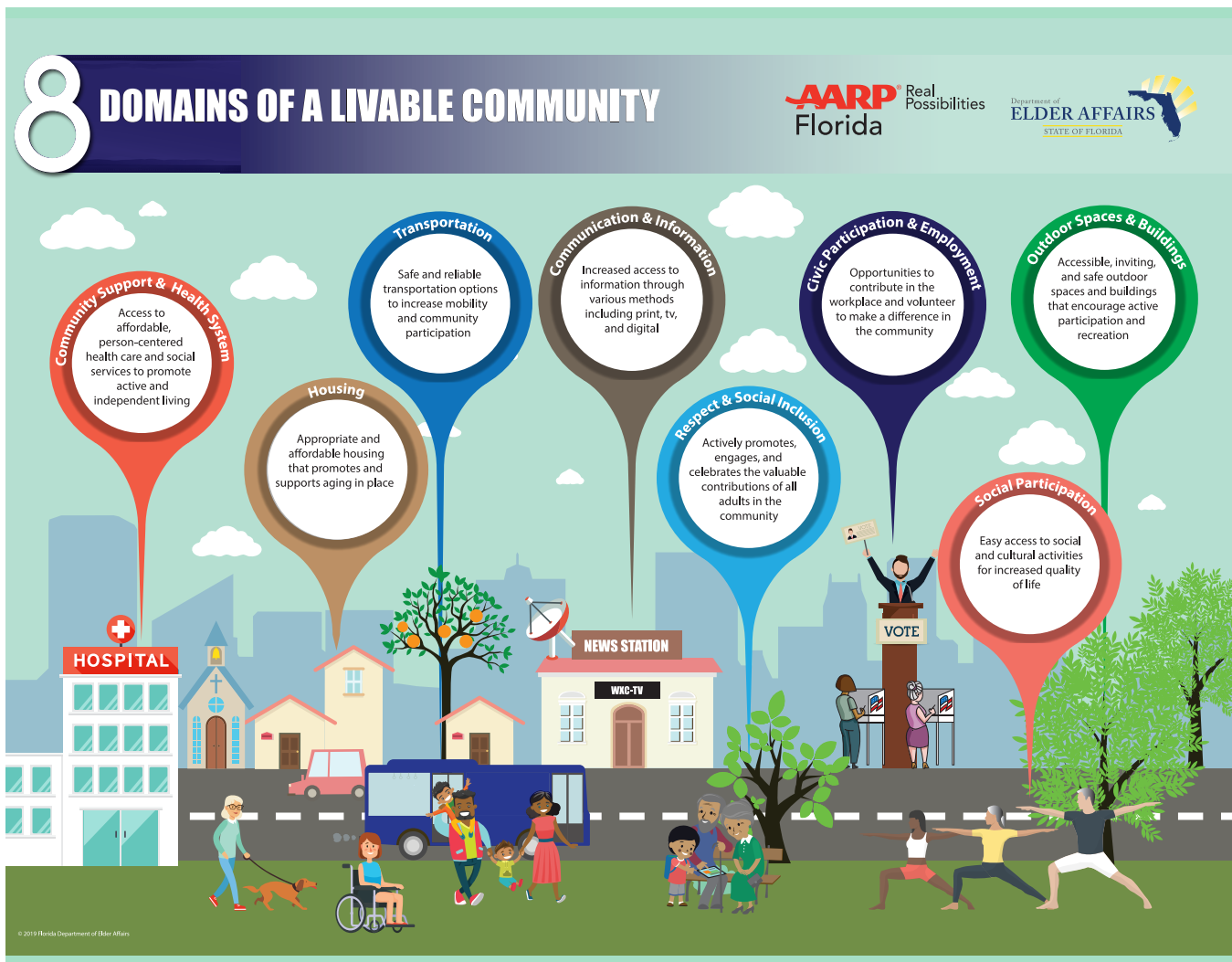
Other important highlights from 2019 include:

Public Education and Awareness

At the 2019 Florida Senior Day event, DOEA expanded programming to include a new Senior Day Forum with a panel led by DOEA Secretary Richard Prudom to discuss issues facing Florida’s seniors, their families, caregivers, and Florida’s Aging Network. Topics discussed included

- Florida’s Age-Friendly efforts;
- Governor DeSantis’ initiatives to combat dementia and to support individuals living with dementia and their families;
- Stopping abuse, neglect, and exploitation;
- Funding for senior services and the growing number of older Floridians;
- The unique needs of Florida’s senior veteran population.

New to the enhanced program was the Florida Senior Day dinner in which Lance Robertson, the Assistant Secretary for Aging and the Administrator for the Administration for Community Living (ACL), provided the keynote address and highlighted the many ways Florida stands as a model for other states in service to seniors.



Program Updates

In July 2019, DOEA increased the basic subsidy for caregivers each month through the Home Care for the Elderly (HCE) Program. The subsidy had not been updated in more than 20 years and is essential to offset expenses for providing support and care for the older adult for whom they care.

Additionally, DOEA changed its policy to allow clients to be dually enrolled in HCE and the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC), which now permits existing HCE clients who are released for SMMC enrollment to also keep their basic subsidy caregiver benefit if they choose.

To better serve Florida's older adults, the Community Care for the Elderly (CCE) and Alzheimer's Disease Initiative (ADI) programs received updates. Following a program evaluation, it was determined some clients were terminating their services due to the inability to pay co-payments required by the programs. In order to better serve seniors, DOEA updated the co-pay policy for CCE and ADI clients to ensure continued services to clients who are unable to pay. No CCE or ADI client may have their services terminated for inability to pay their co-pay.

Legislative Development

During Older Americans Month in May of 2019, the U.S. Senate Select Committee on Aging invited DOEA Secretary Richard Prudom to make a presentation to their committee to discuss Florida's strong Aging Network. The purpose of the committee hearing was to highlight all the actions Governor DeSantis has taken to make Florida the best place for older adults and their families to live, and to discuss reauthorization of the federal Older Americans Act. The committee invited Florida to present because of the innovative way the state serves the growing and increasingly diverse senior population, and they highlighted the Department as a model for other states to follow.

Long-Term Feeding Task Force

DOEA partnered with Feeding Florida, the Florida Department of Health, the Florida Department of Agriculture, the U.S. Department of Agriculture, and other stakeholders to establish a long-term feeding task force. This idea materialized after Hurricane Michael decimated parts of the Sunshine State in 2018 and focused on immediate food procurement to feed those impacted by the hurricane. This initiative has transformed into an information sharing network which facilitates collaboration and will help make Florida a hunger-free state all year.

Stopping Abuse, Neglect, and Exploitation of Older Floridians

In 2019, DOEA collaborated with the U.S. Health & Human Services Office of the Inspector General in exposing scams costing taxpayers billions of dollars. This resulted in 35 arrests in connection with an estimated \$2.1 billion in Medicare losses.

Memory Disorders

In Florida, more than 560,000 individuals are currently living with Alzheimer's disease and this figure is projected to increase to 720,000 individuals by 2025. These numbers do not include the tens of thousands more with other forms of dementia, nor does it include the more than one million Floridians who serve as informal caregivers to those living with Alzheimer's.

Because Alzheimer's is the sixth leading cause of death in Florida, DOEA worked on a number of key initiatives to support Floridians living with Alzheimer's disease and related dementias (ADRD) and their caregivers. Under Governor DeSantis' leadership, one of the initiatives was to add a priority area in the State Health Improvement Plan (SHIP) that is devoted to ADRD. DOEA serves as co-chair of the ADRD priority area, along with the Alzheimer's Association.

Livable Florida not only embraces the positive possibilities of an aging population but tackles the challenges as well. Solutions to complex social challenges do not emerge from the activities of a single individual, social service agency, or sector but rather from the activities of multiple entities including businesses, non-profits, local governments, and the general public. DOEA will continue to develop innovative solutions and forge new partnerships to build on this foundation and create and sustain Livable Florida.

*Source: Alzheimer's Association.
2019 Alzheimer's Disease facts and figures.*

DOEA and the Aging Network

Department Divisions

Division of Statewide Community-Based Services

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

SCBS also provides oversight for the Department's non-Medicaid home and community-based programs and services, including programs contracted to the Area Agencies on Aging (AAAs) and other entities. These programs are as follows:

- Older Americans Act (OAA);
- Community Care for the Elderly (CCE);
- Emergency Home Energy Assistance Program (EHEAP);
- Home Care for the Elderly (HCE);
- Local Services Program (LSP);
- Adult Care Food Program (ACFP); and
- Senior Farmers' Market Nutrition Program (SFMNP).



Additionally, SCBS provides oversight of the Department's Medicaid Long-Term Care Services, including Program of All-Inclusive Care (PACE) and Statewide Medicaid Managed Long-Term Care (SMMC LTC) Program. The PACE program targets individuals age 55 and older eligible for Medicaid nursing home placement and provides a comprehensive array of home and community-based long-term care services, as well as Medicare (acute care) services. Providers typically delivered services in an adult day health care setting. SMMC LTC provides home and long-term care services, including nursing home and in-home care for Medicaid recipients who are 65 years of age or older, or age 18 or older and eligible for Medicaid because of a disability and determined to require nursing facility level of care.

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



Office of Public and Professional Guardians

The Office of Public and Professional Guardians (OPPG):

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

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

OPPG has established the standards of practice for public and professional guardians and has the authority to receive and investigate complaints against these guardians and take appropriate disciplinary actions.

See the OPPG Program on page 63 in Section C of this document for more information.

DOEA continues to partner and support legislators while looking introspectively into Florida's guardianship program for improvements. We will prevent exploitation by driving accountability and equipping guardians with the necessary tools to serve our most vulnerable population.

Elder Rights

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

In addition to these programs, and in conjunction with a 15-member advisory committee, the bureau operates Florida's Alzheimer's Disease Initiative (ADI), which includes three components:

- 1) Supportive services such as counseling, consumable medical supplies, and respite for caregiver relief;
- 2) Memory Disorder Clinics (MDCs) to provide diagnosis, education, training, research, treatment, and referral; and
- 3) the Brain Bank to support research.

Elder Rights is responsible for planning, budgeting, monitoring, and coordinating the Alzheimer's Disease and Related Disorders (ADRD) training provider and curriculum approval process. Through contracted partners, the Department ensures training providers and curricula are reviewed and approved by qualified clinical professionals.

Furthermore, the bureau operates Respite for Elders Living in Everyday Families (RELIEF), a program offering respite services to family

caregivers of frail elders and those with Alzheimer's disease and related disorders.

The bureau's Serving Health Insurance Needs of Elders (SHINE) Program provides free, unbiased, and confidential Medicare-related counseling assistance for Florida's Medicare beneficiaries, their families, and caregivers.

The Bureau of Elder Rights' Senior Community Service Employment Program (SCSEP) helps low-income Floridians age 55 and older with poor employment prospects to participate in part-time community service positions with public or non-profit organizations. The goal is to help participants become economically self-sufficient while enjoying the social and physical benefits of employment.

In addition, the bureau's Office of Volunteer Community Service (OVCS) encourages volunteerism by Florida's older adults. The bureau also operates AmeriCorps, a network of national service programs that engages a multigenerational corps of members who commit to one year of service, and Senior Companion Program (SCP), a national service peer-volunteer program that provides services to elders at risk of nursing home placement.

Senior Centers

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

Senior centers are community facilities which provide a broad spectrum of services suited to diverse needs and interests. Florida's 260-plus centers provide a wide range of activities to enhance the daily lives of seniors. (An estimated 400,000 seniors visit Florida's senior centers every year.) These centers provide seniors the opportunity to participate in community-based activities within their own neighborhoods and among their friends.

DOEA and the Aging Network

Communicating with Our Stakeholders and the Public

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

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

OTHER DOEA PUBLICATIONS

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

WEBSITE
elderaffairs.org

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

DOEA and the Aging Network

Florida's Aging Network

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

Each of the 11 Area Agencies on Aging also operates as an Aging and Disability Resource Center. ADRCs function as a single, coordinated system for information and access to services for all Floridians seeking long-term care resources. The ADRCs provide information and assistance about state and federal benefits, as well as available local programs and services. Each AAA contracts with one or more Community Care for the Elderly Lead Agencies that provide and coordinate services for elders throughout the state.

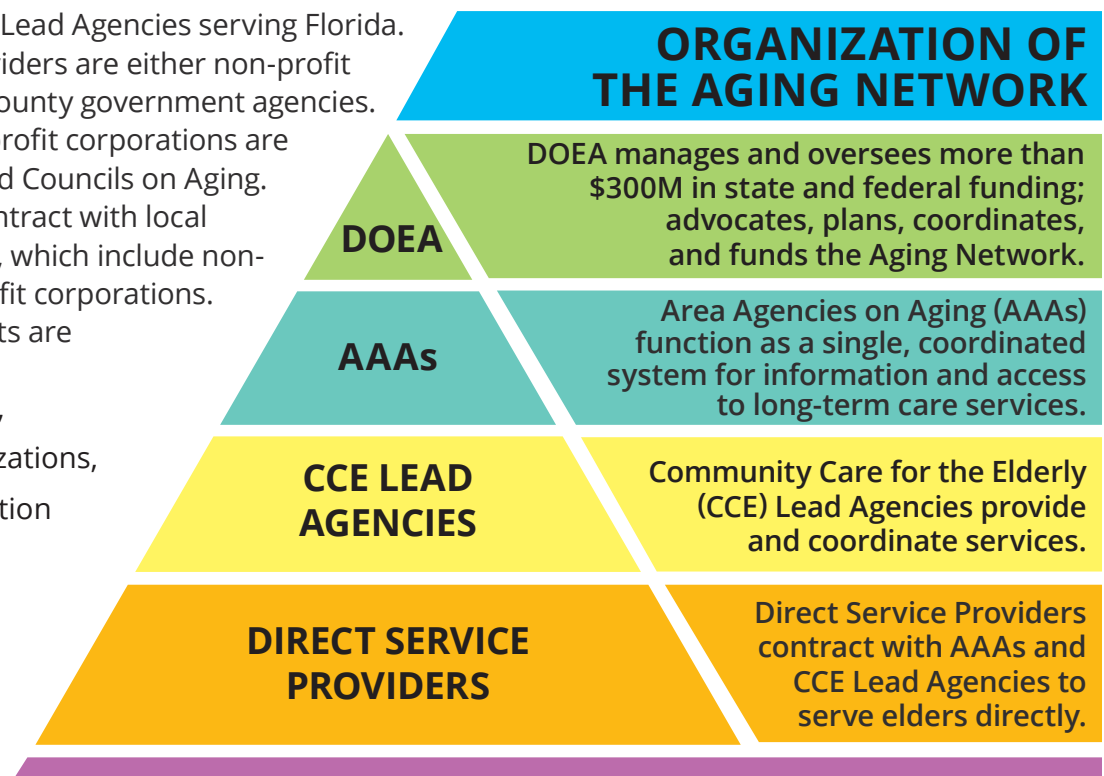
There are 52 CCE Lead Agencies serving Florida. Lead agency providers are either non-profit corporations or county government agencies. Among the non-profit corporations are senior centers and Councils on Aging. Lead agencies contract with local service providers, which include non-profit and for-profit corporations. Among non-profits are

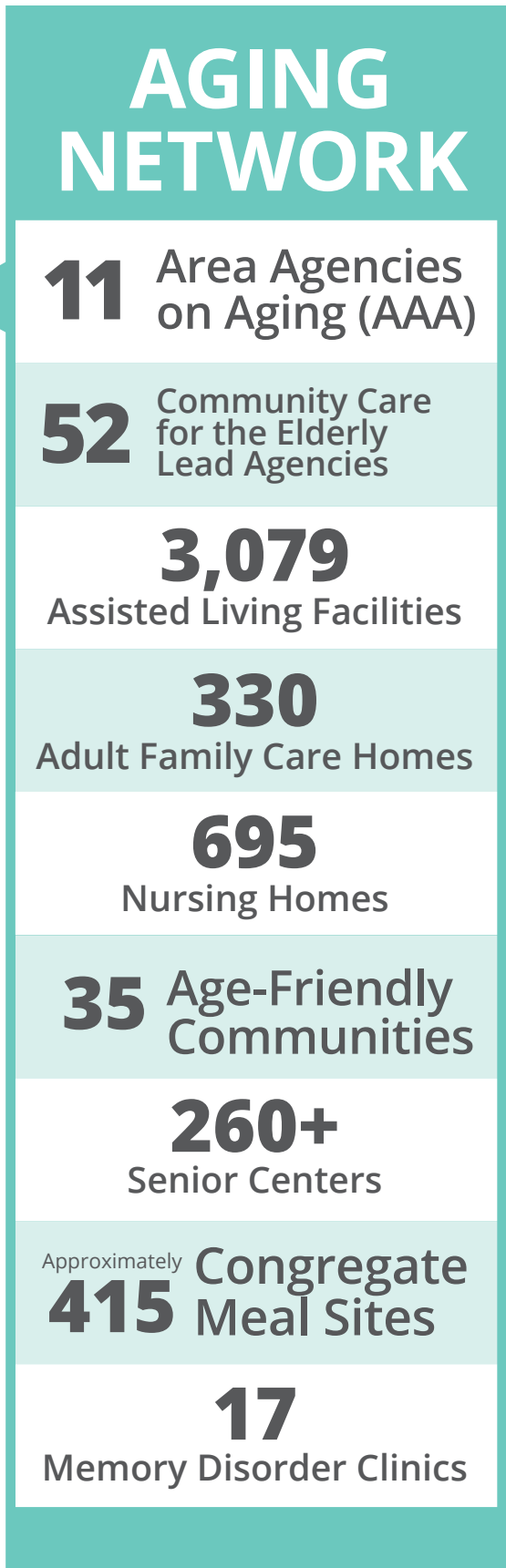
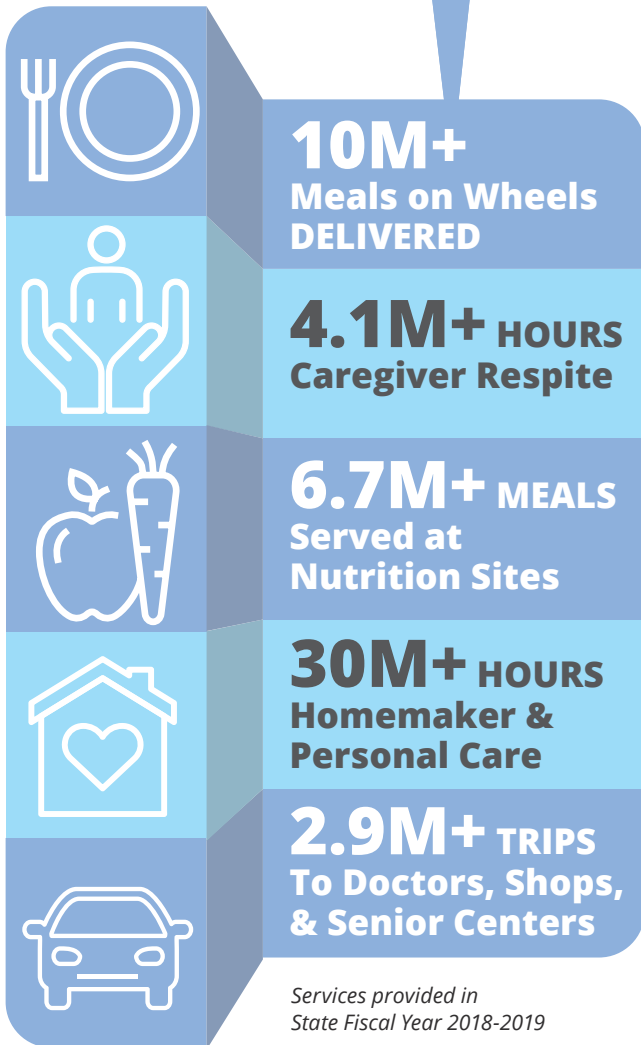
- Senior centers,
- County organizations,
- Community action agencies,

- Faith-based organizations,
- Adult day care centers, and
- Alzheimer's disease clinics.

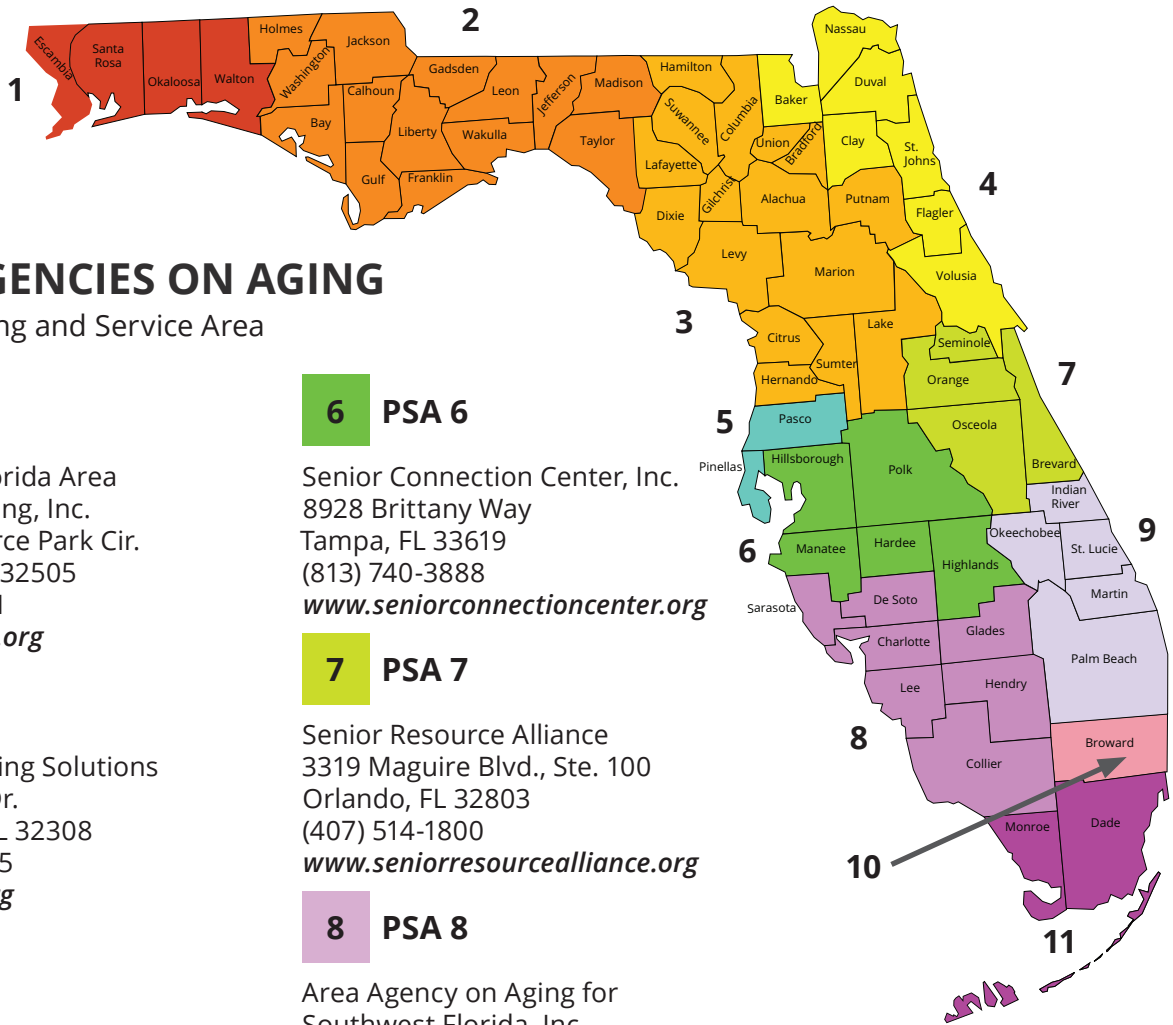
The AAAs also operate a statewide network of 11 Elder Helplines. Individuals and community agencies seeking accurate, unbiased information about federal, state, or local social and health and human services may access Florida's Elder Helpline by calling toll-free 1-800-96-ELDER (1-800-963-5337).

To improve an individual's entry into the services system, AAA services are accessible through local providers, including senior centers, lead agencies, health care providers, and other community agencies.





Source for assisted living facilities, adult family care homes, and nursing homes: DOE's 2018 Profiles of Older Floridians.



AREA AGENCIES ON AGING

PSA - Planning and Service Area

1 PSA 1

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

2 PSA 2

Advantage Aging Solutions
2414 Mahan Dr.
Tallahassee, FL 32308
(850) 488-0055
www.aaanf.org

3 PSA 3

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

4 PSA 4

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

5 PSA 5

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

6 PSA 6

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

7 PSA 7

Senior Resource Alliance
3319 Maguire Blvd., Ste. 100
Orlando, FL 32803
(407) 514-1800
www.seniorresourcealliance.org

8 PSA 8

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

9 PSA 9

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

10 PSA 10

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


11 PSA 11

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

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

SECTION B

Older Americans Act Programs



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

Older Americans Act Programs

Title III B – Supportive Services

B

OLDER AMERICANS ACT PROGRAMS

Description

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

Services and Activities

Supportive services consist of the following:

- Access services including transportation, outreach, information and referral, and case management;
- In-home services including homemaker, home health aide, home repair, companionship, telephone reassurance, chore, respite, and other supportive services for families of elders living with Alzheimer’s Disease and Related Disorders (ADRD); and
- Legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Administration

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

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

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

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

OAA Title III B Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
2010-2011	\$26,238,773	39,131
2011-2012	\$26,219,739	35,160
2012-2013	\$25,001,310	33,062
2013-2014	\$31,360,052	29,346
2014-2015	\$31,450,035	37,275
2015-2016	\$32,261,390	37,415
2016-2017	\$31,382,127	37,264
2017-2018	\$36,471,305	34,586
2018-2019	\$36,462,810	38,311
2019-2020	#\$36,462,810	#38,311

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

#Projection

Source for clients served: CIRTS

Program Highlight

When Ms. X first started counseling through supportive services, her spouse and only daughter had died within five months of each other. Her counselor tried different therapies to get Ms. X up and participating in life, but Ms. X was inconsolable. Her counselor started teaching Ms. X how to use an iPad, which she was very excited to learn. Several months later, another client had significant decline in her health and had to be admitted to hospice, making her incapable of taking care of her beloved cat. The counselor asked Ms. X if she had ever considered a pet and her eyes lit up with joy and excitement for the first time in months. Her counselor made the arrangements to transfer the cat to Ms. X's house. Both Ms. X and the cat's lives were uplifted being together. Ms. X now looks forward to each day with joy and has a purpose once again. She also takes pictures of her cat with her iPad and posts them on Facebook for her friends to see.



Older Americans Act Programs

Title III C1 – Congregate Meals

Description

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

Services and Activities

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

Administration

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

Eligibility

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

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

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

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

OAA Title III C1 Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
2010-2011	\$31,468,259	34,640
2011-2012	\$31,467,368	32,677
2012-2013	\$28,468,480	32,435
2013-2014	\$20,374,456	30,283
2014-2015	\$20,316,758	31,036
2015-2016	\$20,640,980	30,164
2016-2017	\$21,088,718	29,869
2017-2018	\$23,471,840	30,464
2018-2019	\$23,871,232	31,303
2019-2020	#\$23,871,232	#31,303

#Projection

Source for clients served: CIRTS

Program Highlight

Mr. F is a congregate meal site participant who is completely blind and has a difficult time navigating the world as he gets older. He took public transportation to get to one of the congregate meal sites, which meant that he walked himself to the closest bus stop, got on the bus, then got off at the closest stop and walked to the meal site. When the program manager was speaking to him one day, she learned of the challenges he endured just to eat at the congregate meal site and suggested to him that he start attending a different meal site which offers transportation. Now Mr. F is picked up at his door, guided onto the bus by the driver, and taken to the door of the meal site. Inside, staff and clients help him find a table and even join him on his daily laps around the inside of the building so he can safely get his exercise. Mr. F can safely and consistently attend the meal site where he not only enjoys a meal, but also gets some exercise and visits with friends he has made.

Older Americans Act Programs

Title III C2 - Home-Delivered Meals

B

OLDER AMERICANS ACT PROGRAMS

Description

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

Services and Activities

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

Administration

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

Eligibility

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

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

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

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

OAA Title III C2 Funding History and Numbers Served

Federal Fiscal Year*	Federal Funding	Clients Served
2010-2011	\$15,810,460	21,469
2011-2012	\$15,874,292	20,132
2012-2013	\$15,035,675	19,915
2013-2014	\$20,298,442	17,083
2014-2015	\$20,195,703	17,481
2015-2016	\$20,901,602	16,758
2016-2017	\$21,204,115	15,235
2017-2018	\$23,031,943	16,720
2018-2019	\$23,407,329	17,418
2019-2020	#\$23,407,329	#17,418

*Allotment plus carry-forward dollars.

#Projection

Source for clients served: CIRTS

Program Highlight

Mr. J is a client who lives alone and is dependent on a home health aide to help him clean his house and assist with personal care. He has multiple medical conditions that have required hospitalization, including severe breathing problems, asthma, chronic obstructive pulmonary disease, and Parkinson’s disease. He often has to drink out of a straw as he is unable to hold a glass steady. When the home-delivered meals provider contacted Mr. J to offer him meals, he broke down in tears. He reported that he had been living on peanut butter and jelly sandwiches because it was the only meal he could prepare himself. The delivery driver reported that when he first delivered the meals, he was met by an extremely frail-looking man who could barely open the door. Mr. J told his driver that he has very little contact with other people and was happy to see a real person for a change. OAA-funded home delivered meals have made a tremendous impact on Mr. J by addressing his basic human need of getting a nutritious meal and providing a safety net of checking on him so he does not feel isolated.

Older Americans Act Programs

Title III – Nutrition Service Incentive Program (NSIP)

B

OLDER AMERICANS ACT PROGRAMS

Description

The Nutrition Services Incentive Program (NSIP) provides supplemental funding for meals served under the Older Americans Act (OAA) housed in the Administration on Aging, part of the U.S. Department of Health and Human Services. NSIP provides additional funding to help providers adjust meal rates, improve meal quality, and increase the number of meals provided to needy clients.

Services and Activities

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

Administration

The Department administers the program through fixed-rate contracts with AAAs and local service providers.

Eligibility

Individuals eligible for NSIP assistance include the following:

- Individuals must be age 60 or older;
- Individuals must be qualified to receive services under the OAA; and
- Spouses, adults with disabilities, and volunteers younger than 60 may be served meals under some circumstances.

Statutory Authority

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

Funding Source and Allocation Methodologies

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

NSIP Funding History and Numbers Served

Federal Fiscal Year	Eligible Meals	Allocated Funding
2010-2011	11,376,805	\$7,752,196
2011-2012	11,370,000	\$7,187,763
2012-2013	8,677,755	\$6,247,984
2013-2014	8,677,755	\$6,235,977
2014-2015	8,519,847	\$6,367,358
2015-2016	8,429,804	\$6,300,064
2016-2017	7,715,226	\$6,116,211
2017-2018	7,960,261	\$5,731,388
2018-2019	8,522,089	\$5,682,182
2019-2020	#8,522,089	#\$5,682,182

Source for meals served: CIRTS

Program Highlight

Mr. E is in his 70s and when he first started attending a congregate meal site, he lived by himself, had few local relatives, and lacked the financial resources to engage in activities that would allow him to socialize with others. He said that he frequently fell and was often weak due to heart problems. Mr. E had difficulty preparing full, nutritious meals, and found himself becoming isolated, not eating well, and losing weight. He said that he was very lonely and confessed that his health and satisfaction with life were declining with each passing year, but he was determined to not give up. Mr. E learned about a congregate meal site and started attending three days a week. As he developed new friendships, he started to attend more frequently. Mr. E reports that he is much more satisfied with his life. He has regained some of the weight he had previously lost. He also now has close relationships with others his age. Mr. E said that the meal program has affected his life by taking away his loneliness.

Older Americans Act Programs

Title III D – Disease Prevention and Health Promotion Services

B

OLDER AMERICANS ACT PROGRAMS

Description

OAA Title III D funds provide evidence-based disease prevention and health promotion programs that have been researched and proven to be effective in the prevention and symptom management of chronic health conditions.

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

Services and Activities

OAA Title III D services include the following programs:

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

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

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

CHRONIC CONDITIONS: Chronic Disease Self-Management Program; Chronic

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

NUTRITION AND WELLNESS: Enhance Wellness; Healthy Eating Every Day; HomeMeds; and Powerful Tools for Caregivers.

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

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

Administration

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

Eligibility

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

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

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

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

OAA Title III D Funding History

Federal Fiscal Year	Funding
2010-2011	\$1,554,456
2011-2012	\$1,551,522
2012-2013	\$1,461,664
2013-2014	\$1,461,573
2014-2015	\$1,461,605
2015-2016	\$1,458,822
2016-2017	\$1,444,234
2017-2018	\$1,854,009
2018-2019	\$1,856,225
2019-2020	#\$1,865,225

#Projection

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

Program Highlight

Many participants in a recent Tai Chi/Tai Ji Quan: Moving for Better Balance workshop had Parkinson’s disease. One client in particular had attempted Tai Chi before but had become discouraged and quit because she felt too limited. During these workshops, which had people of all skill and ability levels, she felt more challenged and pushed herself to work harder. She had perfect attendance, said she noticed a significant decrease in her hand tremors during the sessions, and experienced fewer bad days. She was a fantastic role model for the other participants, especially those with Parkinson’s, and now considers Tai Chi exercises as one of her most valuable tools for managing her condition.

OAA III D Numbers Served

Calendar Year*	Clients Served
2011	95,471
2012	52,621
2013	**21,422
2014	***18,730
2015	10,909
2016	8,793
Federal Fiscal Year	Clients Served
2016-2017****	9,042
2017-2018	8,303
2018-2019	10,018
2019-2020	#10,018

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

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

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

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

#Projection

Source: Contractor monthly reports



Older Americans Act Programs

Title III E – National Family Caregiver Support Program (Caregiver Support)

Description

Older Americans Act (OAA) Title III E funds provide multifaceted systems of support services to family caregivers and grandparents.

Services and Activities

National Family Caregiver Support services include the following categories:

CAREGIVER SUPPORT SERVICES

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

CAREGIVER SUPPLEMENTAL SERVICES

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

GRANDPARENT OR NON-PARENT RELATIVE SUPPORT SERVICES

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

Administration

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

Eligibility

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

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

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

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

OAA Title III E Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
2010-2011	\$12,255,674	17,169
2011-2012	\$12,070,518	18,333
2012-2013	\$11,527,293	16,329
2013-2014	\$11,594,573	15,250
2014-2015	\$11,694,400	16,553
2015-2016	\$12,175,645	*80,889
2016-2017	\$12,289,080	77,749
2017-2018	\$14,897,648	90,050
2018-2019	\$14,911,192	87,840
2019-2020	#\$14,911,192	#87,840

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

#Projection

Source for clients served: NAPIS

Program Highlight

Ms. V has been attending an adult day care provided through the Caregiver Support program. When Ms. V moved to the area, she was very confused, depressed, and did not interact with anyone. Her family faced a new challenge of finding a safe place for her to go while they went to work. The idea of institutionalization was not something they were looking forward to in fear that she might become more lost and isolated. Upon searching for a place that provided socialization and different cognitive activities, Ms. V’s family learned about the adult day care. When Ms. V started attending, she was very sad and afraid that her family was going to leave her in the center forever. As the days passed, she started making new friends, and she became more eager to participate in different activities like coloring, painting, singing, and dancing. Ms. V’s son has stated on many occasions that the family can see a change in her because she loves coming to the center. She comes home singing, telling stories about her friends, and most importantly, Ms. V is not depressed anymore.

Older Americans Act Programs

Title V – Senior Community Service Employment Program (SCSEP)

Description

The Senior Community Service Employment Program (SCSEP) serves unemployed low-income Floridians age 55 and older who have poor employment prospects. The dual goals of the program are to provide useful opportunities in community service job training and to move SCSEP participants into unsubsidized employment so that participants can achieve economic self-sufficiency and remain a vital part of Florida's workforce.

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

Services and Activities

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

Under the Workforce Innovation and Opportunity Act of 2014, SCSEP is a mandated partner in regional one-stop centers operated under the auspices of Florida's 24 regional workforce development boards.

Administration

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

Eligibility

Individuals eligible for OAA Title V services include the following:

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

Preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, low-income minority elders,

individuals with Limited English Proficiency, and individuals residing in rural areas.

Statutory Authority

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

Funding Source and Allocation Methodologies

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

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

Annually, the Department works with national SCSEP sponsors to review existing slot placements by county and to ensure that authorized positions apportioned to each county are distributed in an equitable manner. With assistance from the national



sponsors, the Department develops an annual equitable distribution report to ensure that program funds are spent fairly and consistent with the distribution of eligible elders throughout the state.

OAA Title V Number of Program Slots

State Fiscal Year	State-Share Program Slots	Funding Allocation	National Sponsor Program Slots
2010-2011	939	\$6,781,930	2,825
2011-2012	543	\$5,031,981	2,124
2012-2013	540	\$5,235,172	2,111
2013-2014	516	\$5,006,353	2,124
2014-2015	525	\$5,094,417	2,063
2015-2016	525	\$5,094,417	2,054
2016-2017	525	\$5,094,417	1,879
2017-2018	481	\$4,660,264	1,879
2018-2019	483	\$4,675,586	1,888
2019-2020	#483	\$4,681,926	#1,888

#Projection

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

Program Highlight

A Senior Community Service Employment Program (SCSEP) participant was having difficulty getting to their SCSEP training assignment. Their vehicle was unsafe to drive due to dry rot on all four tires. The participant feared not being able to continue training since they were not able to afford new tires for their vehicle. Fortunately, the SCSEP Project Director was able to assist. SCSEP offers supportive services that are necessary to enable an individual's successful participation. The Project Director and office staff reviewed the participant's file, the necessity of the tires, and whether new tires would lead to the participant's successful completion of SCSEP training. They then obtained estimates and ultimately purchased four tires for the participant's vehicle. Supportive services like this enable SCSEP participants to successfully continue training at host agency assignments, attend available outside trainings, better conduct job search, and exit SCSEP for unsubsidized employment.

Older Americans Act Programs

Title VII, Section 712 – Long-Term Care Ombudsman Program

Description

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

- Conducts annual resident-centered administrative assessments that focus on quality-of-life issues in each long-term care facility;
- Responds to complaints filed by long-term care residents, their families, or guardians; and
- Monitors the development and implementation of federal, state, and local laws, regulations and policies that pertain to the health, safety, and welfare of residents in long-term care facilities.

Services and Activities

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

- Provides information, consultation, and other resources regarding residents' rights in all long-term care facilities;
- Helps develop and support resident and family councils to protect the well-being of residents;

Administration

The Long-Term Care Ombudsman Program is administered by the Department of Elder Affairs. The program operates through the Office of the State Long-Term Care Ombudsman and 14 local offices that coordinate and support the service of 335 certified volunteer ombudsmen and ombudsmen trainees. A map of the LTCOP office locations with contact information can be found on page 17 of this publication.

Eligibility

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



Statutory Authority

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

Funding Source and Allocation Methodologies

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

Program Highlight

An Ombudsman Program volunteer assisted a resident who longingly wanted to move out-of-state to be with his wife. The facility where he lived was not sending the information to the receiving facility timely, resulting in a bed becoming unavailable. This occurred multiple times, frustrating both the resident and the resident's family. With the assistance of the ombudsman, the facility received the documents needed to hold a bed and the resident was able to reunite with his wife.

A nursing home resident was inappropriately discharged from a facility. With ombudsman assistance, the resident requested a hearing to challenge the facility's action. A hearing was held and the facility was ordered to reverse its decision and allow the resident to return. The facility subsequently refused to take the resident back. An ombudsman referred the case for investigation. With persistence from the Ombudsman Program, the resident was allowed to return to the much needed safety of a nursing home facility.

LTCOP Appropriation History

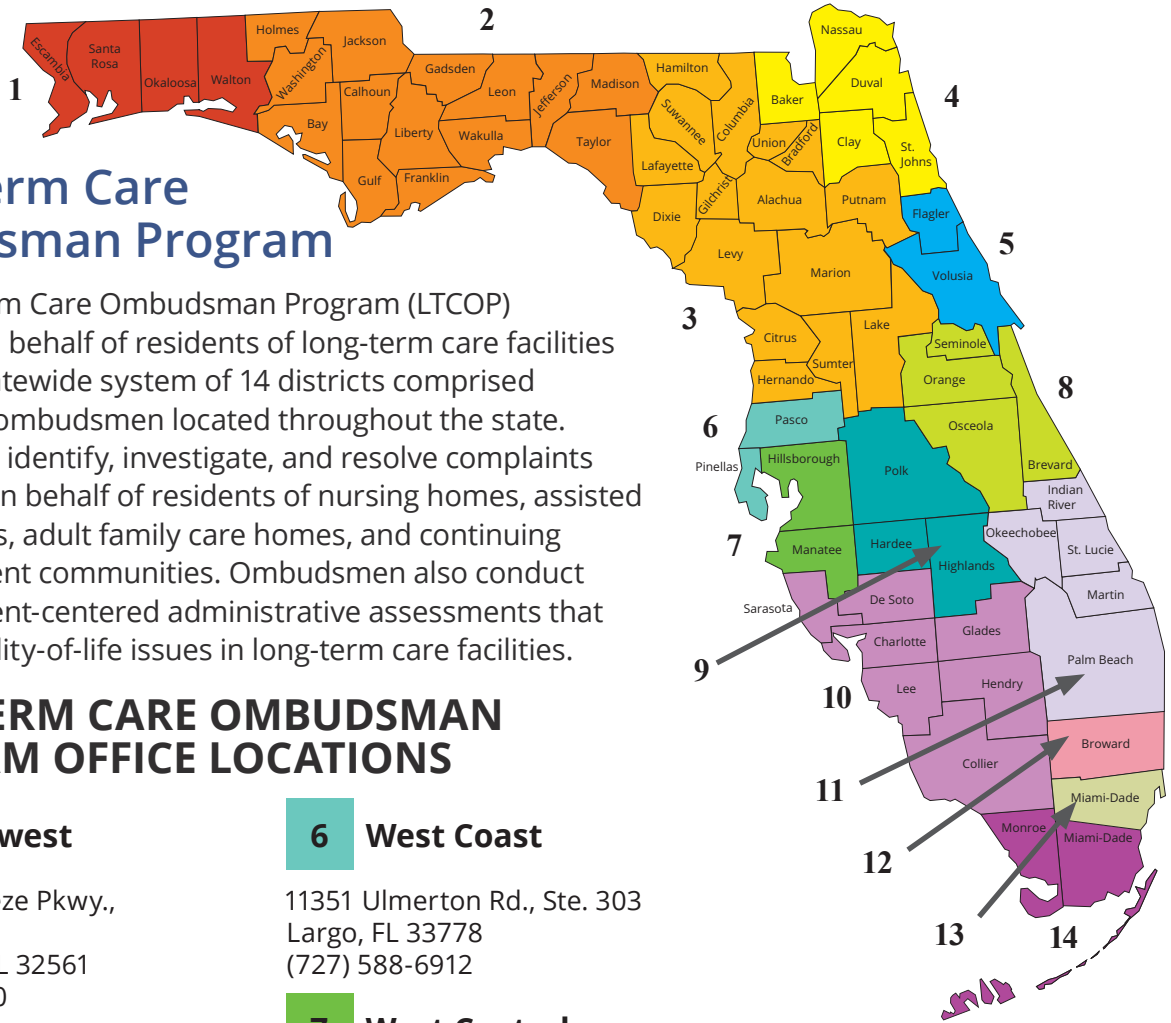
State Fiscal Year	Federal Funding	State Funding	Total Funding
2010-2011	\$1,239,282	\$1,329,103	\$2,568,385
2011-2012	\$2,639,270	\$1,312,938	\$3,952,208
2012-2013	*\$1,821,163	\$1,305,344	\$3,126,507
2013-2014	\$1,743,137	\$1,297,377	\$3,040,514
2014-2015	\$1,575,677	\$1,260,194	\$2,835,871
2015-2016	\$1,578,995	\$1,260,194	\$2,839,189
2016-2017	\$1,585,688	\$1,260,194	\$2,845,882
2017-2018	\$1,670,533	\$1,260,194	\$2,930,727
2018-2019	\$1,671,899	\$1,260,194	\$2,932,093
2019-2020	#\$1,671,899	\$1,260,194	#\$2,932,093

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

LTCOP Assessments and Investigations

Federal Fiscal Year	Facilities	Assessments	Complaint Investigations
2010-2011	4,039	3,347	7,534
2011-2012	4,039	4,269	8,600
2012-2013	4,074	4,091	7,336
2013-2014	4,079	4,120	6,624
2014-2015	4,068	4,164	5,751
2015-2016	4,154	4,019	5,718
2016-2017	4,130	4,304	5,651
2017-2018	4,112	4,230	5,189
2018-2019	4,094	4,182	4,653
2019-2020	#\$4,094	#\$4,182	#\$4,653

Source: District ombudsman offices reports #Projection



Long-Term Care Ombudsman Program

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

LONG-TERM CARE OMBUDSMAN PROGRAM OFFICE LOCATIONS

- 1 Northwest**

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

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

4040 Esplanade Way
Tallahassee, FL 32399
(850) 921-4703
- 7 West Central**

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

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

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

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

200 N. Kentucky Ave., Ste. 224
Lakeland, FL 33801
(863) 413-2764
- 5 First Coast South**

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

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

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

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

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

9495 Sunset Dr., Bldg. B-100
Miami, FL 33173
(305) 273-3250

County coloring represents area served by the corresponding office location.

Older Americans Act Programs

Title VII, Section 720 – Elder Abuse Prevention

Description

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

Services and Activities

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

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

OAA Title VII Funding History

Federal Fiscal Year	Federal Funding
2010-2011	\$367,419
2011-2012	\$361,264
2012-2013	\$344,252
2013-2014	\$344,252
2014-2015	\$344,252
2015-2016	\$344,252
2016-2017	\$344,252
2017-2018	\$344,252
2018-2019	\$344,352
2019-2020	#\$344,352

Administration

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



Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

SECTION C

State-Funded Programs

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

State-Funded Programs

Alzheimer's Disease Initiative (ADI)

Description

The Alzheimer's Disease Initiative (ADI) was legislatively created in 1985 to provide a continuum of services to meet the changing needs of individuals and families affected by Alzheimer's Disease and Related Disorders (ADRD). In conjunction with a 15-member advisory committee, of which 11 members are appointed by the Governor, the program includes three components: 1) Supportive services such as counseling, consumable medical supplies, and respite for caregiver relief; 2) Memory Disorder Clinics to provide diagnosis, education, training, research, treatment, and referral; and 3) the Florida Brain Bank to support research.

Administration

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

Eligibility

- ADI respite care is available for caregivers of adults age 18 and older who have been diagnosed as having ADRD.
- ADI respite care is available for individuals who have been diagnosed with or are suspected of having a memory loss where mental changes appear and interfere with the Activities of Daily Living.
- Caregivers of eligible consumers can receive training and other ADI support

services in addition to respite care. Individuals of any age suspected of having a memory disorder may request that a Memory Disorder Clinic conduct diagnostic evaluations to determine probable Alzheimer's Disease and Related Disorders.

- Individuals of any age, regardless of a diagnosis of ADRD, are eligible to sign up with the Alzheimer's Disease Initiative Brain Bank. Medical records documenting a general physical examination, neurological examination, hematological and biochemical studies, and a scan of the brain must be available.

Statutory Authority

Sections 430.501-430.504, *Florida Statutes*.

Funding Source and Allocation Methodologies

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

the Florida Brain Bank. Remaining funds are allocated to special projects per proviso language and legislative intent in the General Appropriations Act. Clients are assessed a co-payment based on a sliding scale developed by the Department. Co-pay collections help expand the availability of client services.

Services and Activities

RESPIRE SERVICES FOR CAREGIVER RELIEF

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

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

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

MEMORY DISORDER CLINICS

The Legislature has authorized 17 Memory Disorder Clinics to provide comprehensive diagnostic and referral services for persons with ADRD. The clinics, all of which receive funding from the State, also conduct service-related research and develop caregiver training materials and educational opportunities. Memory Disorder Clinics are required to:

- Provide services to persons who are suspected of being afflicted with ADRD. Services include accepting referrals from all respite and service providers

and conducting subsequent diagnostic evaluations for all referred consumers and the public within the Memory Disorder Clinic’s designated service area.

- Provide four hours of in-service training during the contract year to ADI respite service providers in the designated service area and develop and disseminate training models to service providers and the Department of Elder Affairs. A staff member of the Memory Disorder Clinic is to be designated to act as a training liaison for service providers.

ADI Appropriation History and Numbers Served*

State Fiscal Year	State Funding	Clients Served
2010-2011	\$8,362,200	2,300
2011-2012	\$9,404,262	3,348
2012-2013	\$9,554,262	**1,808
2013-2014	\$10,412,201	1,832
2014-2015	\$16,093,452	2,657
2015-2016	\$16,471,449	2,673
2016-2017	\$18,031,499	3,567
2017-2018	\$21,309,195	5,228
2018-2019	\$22,976,477	8,480
2019-2020	\$22,976,477	#9,143

**In previous years, this table was titled Respite/Special Projects Appropriation History and Numbers Served, though this did not represent all of the data presented. The previous title was derived from the funding streams as they are listed in the program contracts, though this funding can be used to provide all services offered through the ADI program, not only respite and expenditures funded through special projects.*

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

#Projection

Source for clients served: CIRTS

- Develop training materials and educational opportunities for lay and professional caregivers who serve individuals with ADRD and provide specialized training for caregivers, caregiver groups, and organizations in the designated service area.
- Conduct service-related applied research that may address, but is not limited to, therapeutic interventions and support services for persons living with ADRD.
- Establish a minimum of one annual contact with each respite care and service provider to discuss, plan, develop, and conduct service-related research projects.

Memory Disorder Clinic services are available to individuals diagnosed with or suspected of having a memory loss where mental changes appear and interfere with Activities of Daily Living. A map of the Memory Disorder Clinics with contact information can be found on page 50 of this publication.

RESEARCH

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

Memory Disorder Clinics Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2010-2011	\$2,968,081	7,096
2011-2012	\$2,968,081	6,732
2012-2013	\$2,968,081	6,886
2013-2014	\$3,413,603	6,560
2014-2015	\$3,463,683	6,638
2015-2016	\$3,463,683	7,006
2016-2017	\$3,463,683	8,092
2017-2018	\$3,463,683	9,753
2018-2019	\$3,686,484	13,105
2019-2020	\$3,686,484	#14,130

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

#Projection

Source for clients served: Memory Disorder Clinics manual reports regardless of payer source.

Brain Bank Appropriation History and Numbers Served

State Fiscal Year	State Funding	Persons Registered	Autopsies
2010-2011	\$117,535	120	87
2011-2012	\$117,535	129	119
2012-2013	\$117,535	89	69
2013-2014	\$117,535	83	92
2014-2015	\$117,535	88	75
2015-2016	\$117,535	61	59
2016-2017	\$117,535	71	54
2017-2018	\$117,535	60	40
2018-2019	\$117,535	70	49
2019-2020	\$117,535	#70	#40

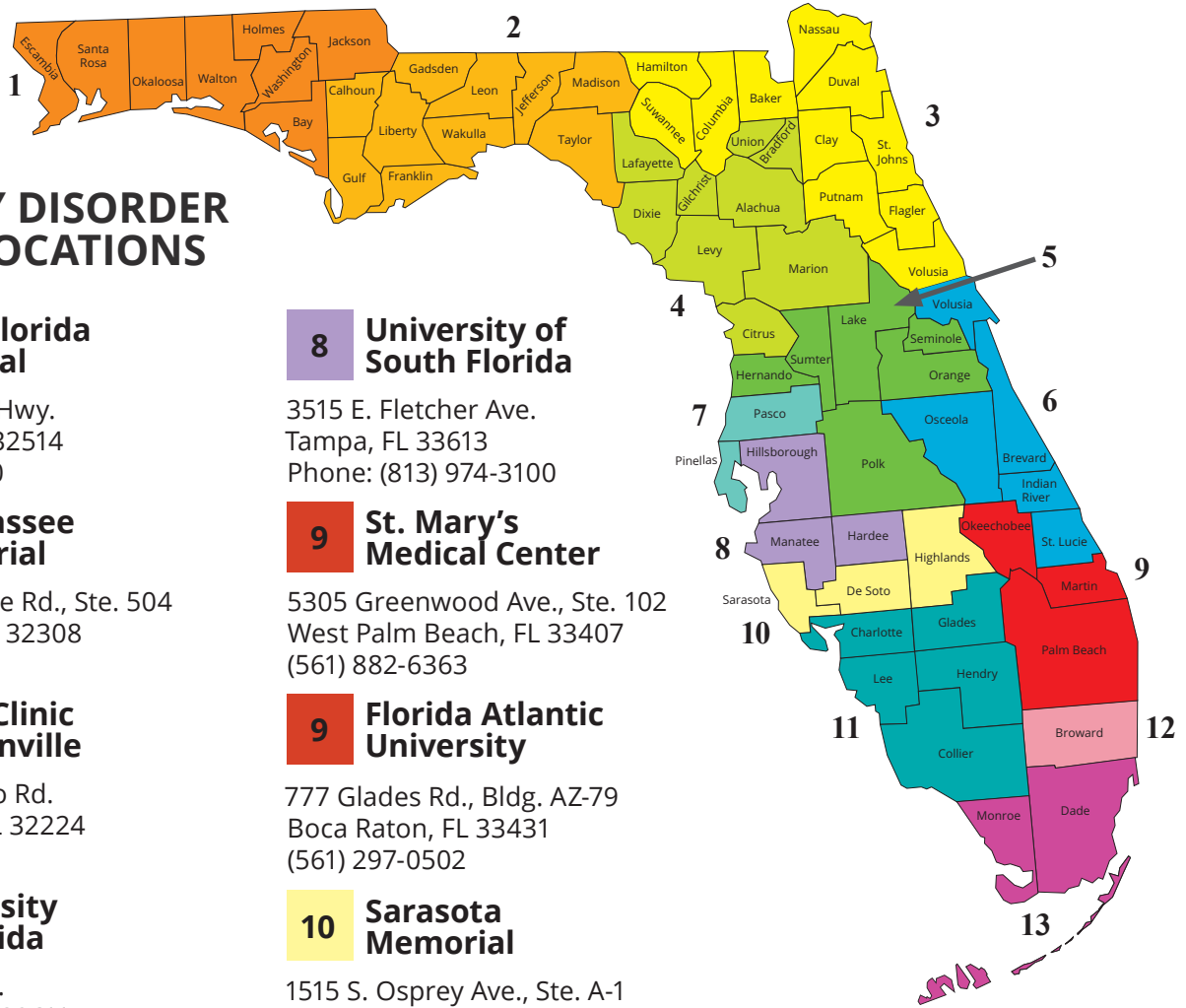
#Projection

Source for persons registered and autopsies: Brain Bank reports

Program Highlight

Recently, the daughter of a client at Lee Memory Care MDC applied for long-term care services after several elopement incidents, police calls by worried neighbors, and a transition from her mother living alone to moving in with her. The daughter works full-time and is also a full-time caregiver to her two-year-old granddaughter. Over the past few months, she has been managing work, her grandchild, and her mother who has a behavioral component to her memory disorder. The opportunity for in-home care services has been outside the realm of their fiscal realities. The MDC was instrumental in providing education on disease process, behavioral interventions, medication management, and serving as a sounding board to listen and provide support. Within two months of completing an application, long-term care services were approved and the daughter is now in the process of looking at assisted living facilities. Having this program in place and expediting this client's application has provided hope to a client's caregiver who will soon be able to step back into the role of daughter while her mother receives the care she needs in a safe environment.





MEMORY DISORDER CLINIC LOCATIONS

1 West Florida Hospital

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

2 Tallahassee Memorial

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

3 Mayo Clinic Jacksonville

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

4 University of Florida

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

5 Orlando Health Center for Aging

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

5 AdventHealth Orlando

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

6 East Central Florida

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

7 Morton Plant

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

8 University of South Florida

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

9 St. Mary's Medical Center

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

9 Florida Atlantic University

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

10 Sarasota Memorial

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

11 Lee Memorial

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

12 Broward Health North

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

13 Mt. Sinai Medical Center

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

13 University of Miami

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

13 Miami Jewish Health

5200 NE 2nd Avenue
Miami, FL 33137
(305) 514-8652

State of Florida Brain Bank

Wien Center for Alzheimer's Disease and Memory Disorders
4302 Alton Road, Suite 650
Miami Beach, Florida 33140
(305) 674-2018
In Central Florida:
(800) 330-1910 ext. 308

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

State-Funded Programs

Alzheimer's Disease and Related Disorders (ADRD) Training

Description

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

Services and Activities

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

- Adult day care centers;
- Assisted Living Facilities (ALFs) that provide special care for persons with ADRD;
- Home health agencies;
- Hospices;
- Nursing homes; and
- Specialized Alzheimer's adult day care facilities.

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

Administration

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

Eligibility

The specific eligibility requirements for trainers and curricula are documented in Florida Statutes and Florida Administrative Code. The Florida Statutes and rules, along with the names of the forms that need to be submitted, are listed on page 53.

Funding Source and Allocation Methodologies

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

ADRD Appropriation History

State Fiscal Year	State Funding
2010-2011	\$73,935
2011-2012	\$73,935
2012-2013	\$73,935
2013-2014	\$73,935
2014-2015	\$73,935
2015-2016	\$80,997
2016-2017	\$80,997
2017-2018	\$80,997
2018-2019	\$80,997
2019-2020	\$80,997



ADRD Trainer and Curricula Requirements

Entity	Statutory Authority	Training Provider Certification Form	Training Curriculum Certification Form
Adult Day Care Centers	See section 429.917(1), <i>Florida Statutes</i> ; and Rules 58A-6.015 and 6.016, Florida Administrative Code.	DOEA Form ADC/ ADRD-001, Application for Alzheimer's Disease or Related Disorders Training Provider Certification	DOEA Form ADC/ ADRD-002, Application for Alzheimer's Disease or Related Disorders Training Three-Year Curriculum Certification
Assisted Living Facilities	See section 429.178, <i>Florida Statutes</i> ; and Rules 58A-5.0191 (9), 5.0191(10) and 58A-5.0194, Florida Administrative Code.	DOEA Form ALF/ ADRD-001, Application for Alzheimer's Disease and Related Disorders Training Provider Certification	DOEA Form ALF/ ADRD-002, Application for Alzheimer's Disease or Related Disorders Training Three-Year Curriculum Certification
Home Health Agencies	See section 400.4785(1), <i>Florida Statutes</i> ; and Rules 58A-8.001 and 8.002, Florida Administrative Code.	DOEA Form HH/ADRD-001, Application for Alzheimer's Disease and Related Disorders Training Provider Certification	DOEA Form HH/ ADRD-002, Application for Alzheimer's Disease and Related Disorders Training Three-Year Curriculum Certification
Hospices	See section 400.6045(1), <i>Florida Statutes</i> ; and Rules 58A-2.027 and 2.028, Florida Administrative Code.	DOEA Form Hospice/ ADRD-001, Application for Alzheimer's Disease or Related Disorders Training Provider Certification	DOEA Form Hospice/ ADRD-002, Application for Alzheimer's Disease or Related Disorders Training Three-Year Curriculum Certification
Nursing Homes	See section 400.1755, <i>Florida Statutes</i> ; and Rules 58A-4.001 and 58A-4.002, Florida Administrative Code.	DOEA Form ADRD-001, Application for Alzheimer's Disease or Related Disorders Training Provider Certification	DOEA Form ADRD-002, Application for Alzheimer's Disease or Related Disorders Training Three-Year Curriculum Certification
Specialized Alzheimer's Adult Day Care Centers	See section 429.918(6) (b), <i>Florida Statutes</i> ; and Rule 58A-6.016(3), Florida Administrative Code.	DOEA Form ADC/ ADRD-001, Application for Alzheimer's Disease or Related Disorders Training Provider Certification	DOEA Form SAADC/ ADRD-003, Application for Alzheimer's Disease or Related Disorders Training Three-Year Curriculum Certification



ADRD Approved Trainers and Curricula

State Fiscal Year	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
ALF Approved Trainers	65	90	90	115	65	#65
ALF Approved Curriculum	20	16	44	23	21	#21
NH Approved Trainers	54	47	51	34	31	#31
NH Approved Curriculum	19	6	19	13	6	#6
Hospice Approved Trainers	13	15	22	22	9	#9
Hospice Approved Curriculum	15	6	11	11	10	#10
Adult Day Care Approved Trainers	9	9	10	20	15	#15
Adult Day Care Approved Curriculum	8	12	9	4	2	#2
Home Health Agency Approved Trainers	67	57	59	56	50	#50
Home Health Agency Approved Curriculum	15	12	5	9	13	#13
Specialized Alzheimer's Adult Day Care Approved Curriculum	n/a	n/a	0	6	2	#2

#Projection

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

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

State-Funded Programs

Community Care for the Elderly (CCE)

Description

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

Services and Activities

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

Administration

The Department administers the program through contracts with Area Agencies on Aging (AAAs), which subcontract with Community Care for the Elderly (CCE) Lead Agencies. Service delivery is provided by 51 Lead Agencies and their subcontractors.

Eligibility

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

Statutory Authority

Sections 430.201-430.207, *Florida Statutes*.

Funding Source and Allocation Methodologies

The CCE program is funded by General Revenue. A 10-percent match is required of service providers. Clients are assessed a co-payment based on a sliding scale developed by the Department. Co-pay collections help expand the availability of client services. No co-payments will be assessed on any CCE client whose income is at, or below, the federal poverty level as established by the U.S. Department of Health and Human Services. Additionally, no CCE client may have their services terminated for inability to pay their assessed co-payment.

CCE Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2010-2011	\$40,479,617	16,015
2011-2012	\$40,479,617	13,459
2012-2013	\$41,479,617	14,244
2013-2014	\$45,229,617	12,423
2014-2015	\$49,479,617	*31,866
2015-2016	\$50,479,617	38,596
2016-2017	\$52,434,837	42,966
2017-2018	\$54,679,837	44,086
2018-2019	\$55,179,837	44,269
2019-2020	\$57,338,170	46,001

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

#Projection

Source for clients served: CIRTS

Program Highlight

A client receiving Community Care for the Elderly (CCE) services lives alone, is unable to drive, has lung and heart problems, is visually and hearing impaired, and is at risk of falling. Due to health issues and her physical abilities, she is unable to perform many tasks for herself. The CCE program provides her with homemaking, personal care, frozen home-delivered meals, and emergency medical alert services. Additionally, the client has issues with her knees and has problems rising to a standing position. The CCE program was able to provide the client with a chair to assist her from sitting to standing. The client states that words are not adequate to express her gratitude for the services she receives from CCE and without these services, she would not be able to remain in her home and maintain her independence with pride.



State-Funded Programs

Home Care for the Elderly (HCE)

Description

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

Services and Activities

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

Administration

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

Eligibility

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

Statutory Authority

Sections 430.601-430.608, *Florida Statutes*.

Funding Source and Allocation Methodologies

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





HCE Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2010-2011	\$7,903,357	2,624
2011-2012	\$7,903,357	2,628
2012-2013	\$7,903,357	2,877
2013-2014	\$7,903,357	2,831
2014-2015	\$7,903,357	2,760
2015-2016	\$7,903,357	2,824
2016-2017	\$7,903,357	2,627
2017-2018	\$8,903,357	3,024
2018-2019	\$9,703,357	2,753
2019-2020	\$9,703,357	#2,753

#Projection

Source for clients served: CIRTS

Program Highlight

Ms. S is in her 60s, is bedbound, and requires 24/7 care from her daughter. She has many health and mobility issues as a result of rheumatoid arthritis, a broken back, and a history of strokes and a coma. Ms. S requires near total assistance to remain in the home. Ms. S's daughter had to quit working in order to care for her and prevent nursing facility placement. However, affording Ms. S's living and medical expenses and incontinence supplies became very challenging, which put her daughter at risk of returning to work and seeking other care arrangements. Recently, the Home Care for the Elderly (HCE) program increased its monthly basic subsidy, which further helps Ms. S's daughter pay for her health care needs. The HCE special subsidy also assists Ms. S with acquiring incontinence supplies to maintain her hygiene. Ms. S and her daughter feel that the subsidies provided by HCE have greatly relieved their financial burden and Ms. S is comforted knowing she will be able to obtain her required supplies.

State-Funded Programs

Local Services Programs (LSP)

Description

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

Services and Activities

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

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

Administration

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

Eligibility

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



Statutory Authority

General Appropriations Act, State of Florida.

Funding Source and Allocation Methodologies

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

LSP Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2010-2011	\$7,465,811	23,763
2011-2012	\$7,465,811	6,305
2012-2013	\$7,465,811	5,766
2013-2014	\$8,915,811	8,776
2014-2015	\$12,745,811	12,316
2015-2016	\$10,915,811	10,605
2016-2017	\$9,555,811	10,982
2017-2018	\$11,311,754	13,397
2018-2019	\$12,369,546	13,397
2019-2020	\$9,699,602	#10,505

#Projection

Source for clients served: CIRTS and manual reports

Program Highlight

A Local Services Program client receiving adult day care services told employees at the center that prior to receiving these services, she was often isolated at home. Through participation, her caregiver states that the client's memory has started improving and the client feels like she is needed and valued at the adult day care center. With the services received, the caregiver has been able to feel less stress and know that the client is well-cared for while attending the program.

State-Funded Programs

Office of Public and Professional Guardians (OPPG)

Description

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

Services and Activities

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

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

Administration

Currently, 17 public guardian programs serve all 67 counties. A map of the Offices of Public Guardians with contact information can be found on page 64 of this publication.

Eligibility

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

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



Professional Guardian Oversight

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

In June 2017, OPPG’s Standards of Practice and Disciplinary Guidelines pertaining to the regulation of Florida’s professional guardians were codified in the Florida Administrative Code. As of July 2018, OPPG received 128 legally sufficient complaints against professional guardians registered throughout the state. In addition to sending letters of concern to professional guardians, when the investigative findings so warranted, OPPG filed its first Administrative Complaint against a professional guardian with Florida’s Division of Administrative Hearings in February 2018.

Statutory Authority

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

Funding Source and Allocation Methodologies

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

OPPG Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2010-2011	\$2,755,400	2,667
2011-2012	\$2,963,687	2,650
2012-2013	\$2,592,051	3,156
2013-2014	\$2,769,851	2,931
2014-2015	\$6,489,345	3,329
2015-2016	\$5,734,662	3,874
2016-2017	*\$7,327,575	3,861
2017-2018	\$6,986,185	3,788
2018-2019	\$7,003,324	3,816
2019-2020	\$9,703,357	#5,289

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

#Projection

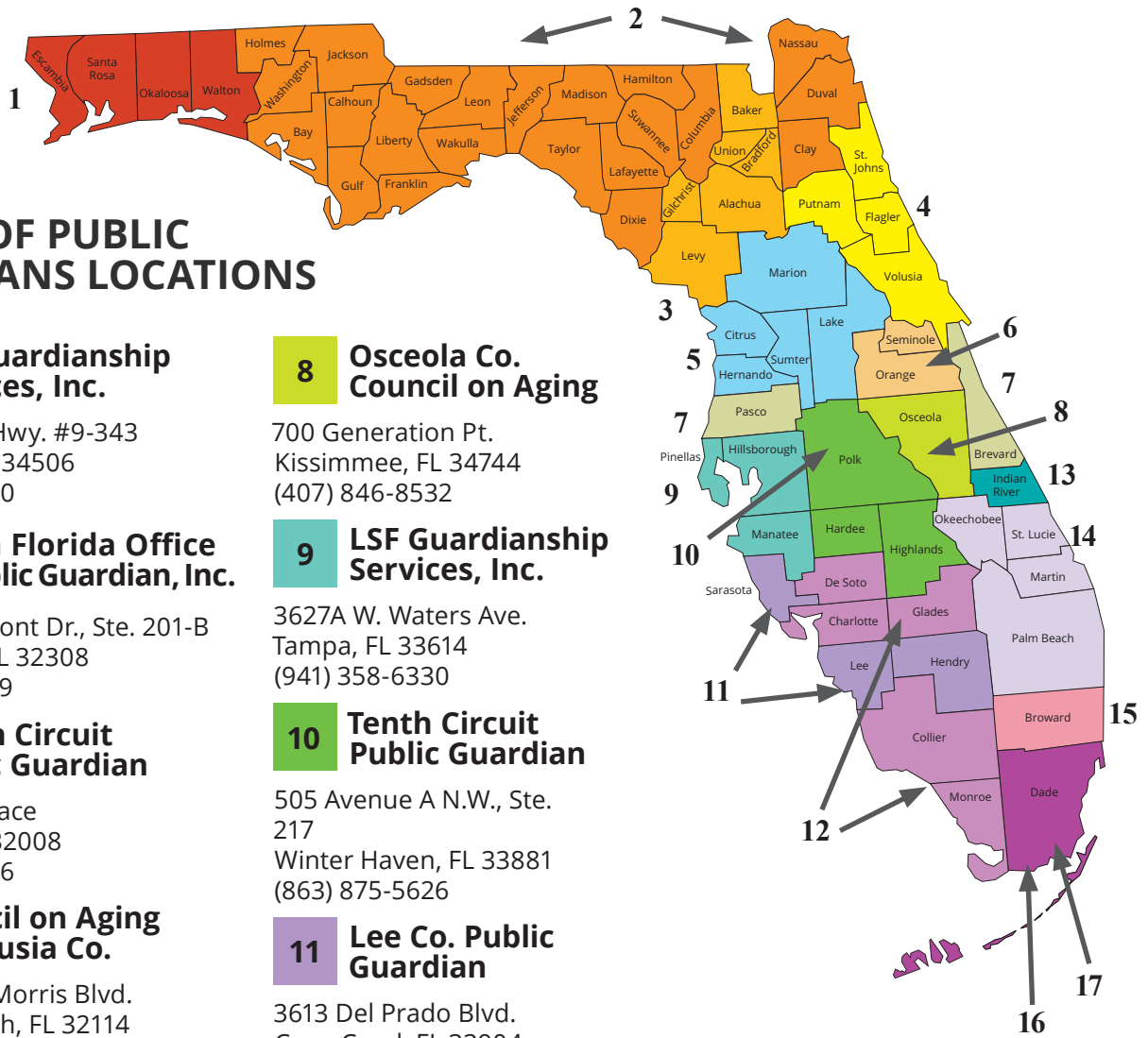
Source for clients served: Office of Public and Professional Guardians reports and data



Program Highlight

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

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



OFFICE OF PUBLIC GUARDIANS LOCATIONS

- 1 LSF Guardianship Services, Inc.**
 4600 Mobile Hwy. #9-343
 Pensacola, FL 34506
 (850) 469-4600
- 2 North Florida Office of Public Guardian, Inc.**
 1425 E. Piedmont Dr., Ste. 201-B
 Tallahassee, FL 32308
 (850) 487-4609
- 3 Eighth Circuit Public Guardian**
 27052 83rd Place
 Branford, FL 32008
 (386) 438-8236
- 4 Council on Aging of Volusia Co.**
 425 N. Clyde Morris Blvd.
 Daytona Beach, FL 32114
 (386) 253-4700
- 5 Fifth Circuit Public Guardian Corporation**
 110 N.W. 1st Ave., 4th Floor
 Ocala, FL 34475
 (352) 401-6753
- 6 Seniors First, Inc.**
 5395 L.B. McLeod Rd.
 Orlando, FL 32811
 (407) 297-9980
- 7 Aging Solutions**
 19001 Sunlake Blvd.
 Lutz, FL 33558
 Brevard: (866) 92-AGING
 Hillsborough: (813) 949-1888
 Pasco and Pinellas: (727) 442-1188

- 8 Osceola Co. Council on Aging**
 700 Generation Pt.
 Kissimmee, FL 34744
 (407) 846-8532
- 9 LSF Guardianship Services, Inc.**
 3627A W. Waters Ave.
 Tampa, FL 33614
 (941) 358-6330
- 10 Tenth Circuit Public Guardian**
 505 Avenue A N.W., Ste. 217
 Winter Haven, FL 33881
 (863) 875-5626
- 11 Lee Co. Public Guardian**
 3613 Del Prado Blvd.
 Cape Coral, FL 33904
 (239) 549-2505
- 12 Charlotte & Collier Co. Public Guardians**
 4680 Cardinal Way, Ste. 203
 Naples, FL 34112
 (239) 417-1040 Ext. 203
- 13 Public Guardianship Program of Indian River, Inc.**
 2101 Indian River Blvd., Ste. 200
 Vero Beach, FL 32960
 (772) 538-7101
- 14 Legal Aid Society of Palm Beach Co., Inc.**
 423 Fern St., Ste. 200
 West Palm Beach, FL 33401
 (561) 655-8944
- 15 Barry University School of Social Work**
 12401 Orange Dr., Ste. 214
 Davie, FL 33330
 (954) 862-3655
- 16 Guardianship Care Group, Inc.**
 337 Alcazar Ave., Unit 101
 Coral Gables, FL 33134
 (305) 748-6111
- 17 Guardianship Program of Dade Co., Inc.**
 8300 N.W. 53rd St., Ste. 402
 Miami, FL 33166
 (305) 482-3101

County coloring represents area served by the corresponding office location.

State-Funded Programs

Respite for Elders Living in Everyday Families (RELIEF)

Description

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

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

Services and Activities

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

Administration

Services are administered through Area Agencies on Aging (AAAs), and the Department provides contract management and technical assistance. The AAAs are selected for RELIEF contracts in Planning and Service Areas (PSAs) where it is determined that evening and weekend respite volunteers can be recruited, screened, matched with clients, and supervised. Contracts require regular reporting of activities and expenses. The RELIEF Program is administered in PSAs 1, 2, 4, 7, 8, 9, 10, and 11.

Eligibility

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

Statutory Authority

Section 430.071, *Florida Statutes*.

Funding Source and Allocation Methodologies

The RELIEF program is wholly funded by General Revenue.



RELIEF Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served	Volunteers	Units (Hours)
2010-2011	\$909,034	499	410	153,575
2011-2012	\$909,034	400	300	120,000
2012-2013	\$909,034	486	336	69,213
2013-2014	\$993,672	492	369	110,267
2014-2015	\$993,670	402	300	120,000
2015-2016	\$993,670	320	278	111,312
2016-2017	\$977,256	394	303	97,000
2017-2018	\$977,259	414	244	94,726
2018-2019	\$959,000	421	235	92,352
2019-2020	\$959,000	#421	#235	#92,352

#Projection

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

Program Highlight

"My RELIEF volunteer is a godsend because all my friends and other relatives have passed on and I no longer have any real connection with anyone. I am 96 years old and my body requires a lot of care to stay mobile."

"I'm very happy that the RELIEF volunteer has come into my life. I feel that I can do more things and I feel like more of a member of society. Thank you for coming into my life."

"The RELIEF program allows me to leave my father for a few hours to attend to buying groceries, paying bills, or just taking some time for myself, which is such a blessing. Being a caregiver can be very stressful at times, so having a RELIEF volunteer to visit and assist me with Dad is amazing."

"As a RELIEF volunteer, I am able to provide a service to caregivers and clients on evenings and weekends, which is wonderful because it won't conflict with my work schedule."

SECTION D

Medicaid Programs

D

MEDICAID PROGRAMS

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

Medicaid Programs

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

Description

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

Federal law mandates that the CARES Program perform an assessment or review of each individual who requests Medicaid reimbursement for nursing facility placement or home and community-based services. Any person or family member can initiate a CARES assessment by applying for the Medicaid Institutional Care Program (ICP). Assessments are completed at no cost to the clients.

Services and Activities

- Determine medical eligibility for the Medicaid ICP;
- Determine medical eligibility for Medicaid programs that provide home and community-based services; and
- Conduct medical assessments for residents in nursing facilities entering court-ordered receivership.

Administration

The Department of Elder Affairs administers CARES in partnership with the Agency for Health Care Administration. There are 17 CARES field offices located throughout the state. CARES personnel include physicians, registered nurses, assessors, administrative support staff, office supervisors, and regional program supervisors. The CARES management structure also includes central office staff responsible for program and policy development. A map of the CARES office locations with contact information can be found on page 70 of this publication.

Eligibility

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

Statutory Authority

Title XIX of the Social Security Act of 1965; 42 Code of Federal Regulations 456; section 409.985, *Florida Statutes*; Chapter 59G-4.180, and 59G-4.290, Florida Administrative Code.

Funding Source and Allocation Methodologies

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

CARES Appropriation History and Numbers Served

State Fiscal Year	Federal Funding = 50% State Funding = 50%*	Total Number of Assessments	Percent Diverted**
2010-2011	\$17,815,669	108,119	39.2%
2011-2012	\$17,643,458	120,603	38.7%
2012-2013	\$17,183,815	122,894	36.1%
2013-2014	\$17,300,580	***80,706	20.9%
2014-2015	\$18,358,055	88,075	n/a
2015-2016	\$18,316,195	93,790	n/a
2016-2017	\$18,332,574	100,304	n/a
2017-2018	\$17,983,094	99,247	n/a
2018-2019	\$17,938,949	103,742	n/a
2019-2020	\$17,577,493	#108,929	n/a

*Prior to January 1, 2019, federal funding was 75 percent and state funding was 25 percent. The Agency for Health Care Administration contracted with a private vendor in January 2019 to complete pre-admission screening and resident Review activities.

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

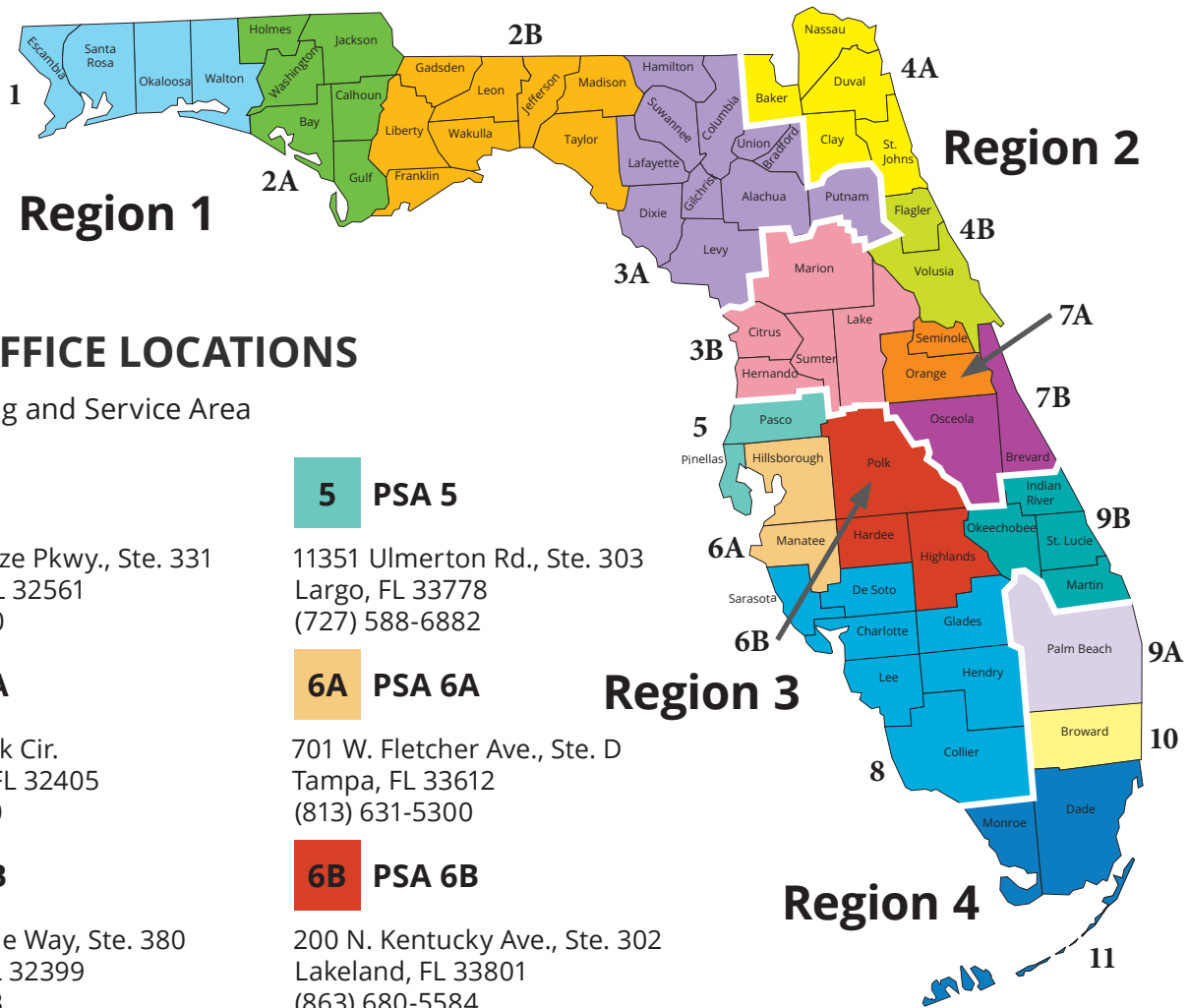
***The reduction in the number of assessments is due to CARES no longer performing annual face-to-face assessments of Medicaid waiver program participants beginning March 1, 2014.

#Projection

Source for assessments: CIRTS

Program Highlight

Mr. M is a 62-year-old with autism. When the assisted living facility (ALF) he called home was partially destroyed by Hurricane Michael, Mr. M was moved to a facility in Georgia. When his sister was ready to move him closer to home, she reached out to the CARES Program. A CARES nurse explained the steps, provided information, and supplied the Elder Helpline so Mr. M could be screened. Ultimately, the CARES nurse completed a comprehensive, face-to-face assessment and determined Mr. M's level of care. He is now happily living in an ALF close to his family and he has a case manager to help coordinate his services through his Medicaid long-term care plan.



CARES OFFICE LOCATIONS

PSA - Planning and Service Area

1 PSA 1
 1101 Gulf Breeze Pkwy., Ste. 331
 Gulf Breeze, FL 32561
 (850) 916-6700

2A PSA 2A
 278 Forest Park Cir.
 Panama City, FL 32405
 (850) 747-5840

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

3A PSA 3A
 14101 US Hwy. 441, Ste. 400
 Alachua, FL 32615
 (386) 418-6430

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

4A PSA 4A
 4161 Carmichael Ave., Ste. 101
 Jacksonville, FL 32207
 (904) 391-3920

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

5 PSA 5
 11351 Ulmerton Rd., Ste. 303
 Largo, FL 33778
 (727) 588-6882

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

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

7A PSA 7A
 400 W. Robinson St., Ste. 709
 Orlando, FL 32801
 (407) 540-3865

7B PSA 7B
 1970 Michigan Ave., Bldg. C-2
 Cocoa, FL 32922
 (321) 690-6445

8 PSA 8
 2295 Victoria Ave., Ste. 153
 Fort Myers, FL 33901
 (239) 338-2571

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

9B PSA 9B
 337 N. 4th St., Ste. E
 Fort Pierce, FL 34950
 (772) 460-3692

10 PSA 10
 8333 W. McNab Rd., Ste. 235
 Tamarac, FL 33321
 (954) 597-2240

11 PSA 11
 9495 Sunset Dr., Ste. B-100
 Miami, FL 33173
 (305) 270-6535

County coloring represents area served by the corresponding office location.

Medicaid Programs

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

Description

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

Services and Activities

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

Administration

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

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

PACE Centers	Counties Funded	Funded Slots
Florida PACE	Broward	125
Florida PACE	Miami-Dade	809
Hope Select Care PACE	Lee, Charlotte, and Collier	650
Palm Beach PACE	Palm Beach	656
Suncoast PACE	Pinellas	325
PROGRAM TOTAL		2,565

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

PACE Appropriation History and Numbers Served

State Fiscal Year	Combined Federal and State Funding	Clients Served
2010-2011	\$9,960,079	900
2011-2012	\$14,269,333	795
2012-2013	\$25,207,786	1,018
2013-2014	\$28,330,951	1,100
2014-2015	\$36,526,016	1,108
2015-2016	\$39,550,155	1,539
2016-2017	\$50,282,883	1,866
2017-2018	\$47,718,123	1,882
2018-2019	\$62,045,114	2,173
2019-2020	\$66,800,015	#2,377

#Projection

Source for clients served: Monthly enrollment reports from PACE Organizations

Program Highlight

Mr. and Mrs. R were unable to access needed services due to the rodent infestation in their home. Without help, they went without primary care and medications and both their home and health got worse. Mrs. R, a former registered nurse, was sure that they would be placed in a long-term care facility.

An agency reached out to the Program of All-Inclusive Care for the Elderly (PACE), knowing that often times PACE can find solutions to unique and challenging problems. Occupational therapy and home care staff went to the home and returned with information for the Interdisciplinary Team (IDT). Rodent feces covered the floor and were found in food cabinets. Mr. and Mrs. R came and spoke to the IDT members about their goals and their desire to remain living in the community. Immediately, Hope Healthcare PACE staff began assessing how to mitigate the home issue. With approval of Mr. and Mrs. R, staff met with a local pest control provider at their home. The home was found to be in safe condition, so a plan of remediation was developed and agreed upon. Mr. and Mrs. R enrolled in PACE and the work began. Traps were laid and treatment began inside the home, including deep cleaning of carpets and cabinets. Transportation brought Mr. and Mrs. R to the PACE center while their home was being treated. They saw their physician, received medications, socialized with others, and enjoyed participating in the events of the center. Home healthcare was approved to keep the home clean and in good condition. Mr. and Mrs. R have since blossomed in their home with the help of the IDT and more importantly, by the PACE model of care.

Medicaid Programs

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

Description

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

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

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

Services and Activities

SMMC LTC enrollees receive long-term care and acute services. Long-term care services provided include, at a minimum, adult companion care, adult day health

care, assisted living, assistive care services, attendant care, behavioral management, care coordination and case management, caregiver training, home accessibility adaptation, homemaker services, hospice, intermittent and skilled nursing, medical equipment and supplies, medication administration, medication management, nursing facility services, nutritional assessment and risk reduction, personal care, personal emergency response system, respite care, therapies (occupational, physical, respiratory, and speech), and non-emergency transportation. Acute care services are covered by the enrollment in a Statewide Medicaid Managed Care Managed Medical Assistance (MMA) program and through Medicare enrollment.

Administration

The Agency for Health Care Administration (AHCA) administers this program. The Aging and Disability Resource Centers (ADRCs) serve as the entry point for persons seeking to enroll in SMMC LTC. The Department of Elder Affairs coordinates enrollment and activities of the health plans in coordination with AHCA and administers the Independent Consumer Support Program (ICSP) to ensure that SMMC LTC consumers have multiple access points for information, complaints, grievances, appeals, and questions.

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

Funds are allocated from the federal Medicaid Trust Fund and General Revenue to AHCA.

Numbers Served

State Fiscal Year	Clients Enrolled
2013-2014*	97,364
2014-2015	110,241
2015-2016	116,745
2016-2017	122,068
2017-2018	129,795
2018-2019	137,157
2019-2020	#137,157

*August 2013 - June 2014

#Projection

Source: Agency for Health Care Administration

Program Highlight

In February 2019, the roll-out of new Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) plans and services was completed, resulting in an expanded range of benefits for enrollees. The number of LTC plans available in each region was increased from a minimum of two plans to four plans; additionally, all SMMC LTC enrollees now automatically qualify for enrollment in one of three dental plans. The roll-out also included an integration of the Managed Medical Assistance (MMA) and LTC programs, meaning persons who qualify for both MMA and LTC will have the same plan for both sets of services, enhancing the coordination of the care the client receives. All of these changes result in a greater number of options for enrollees, which enables them to choose the services and providers that are best tailored to meet their personal needs.



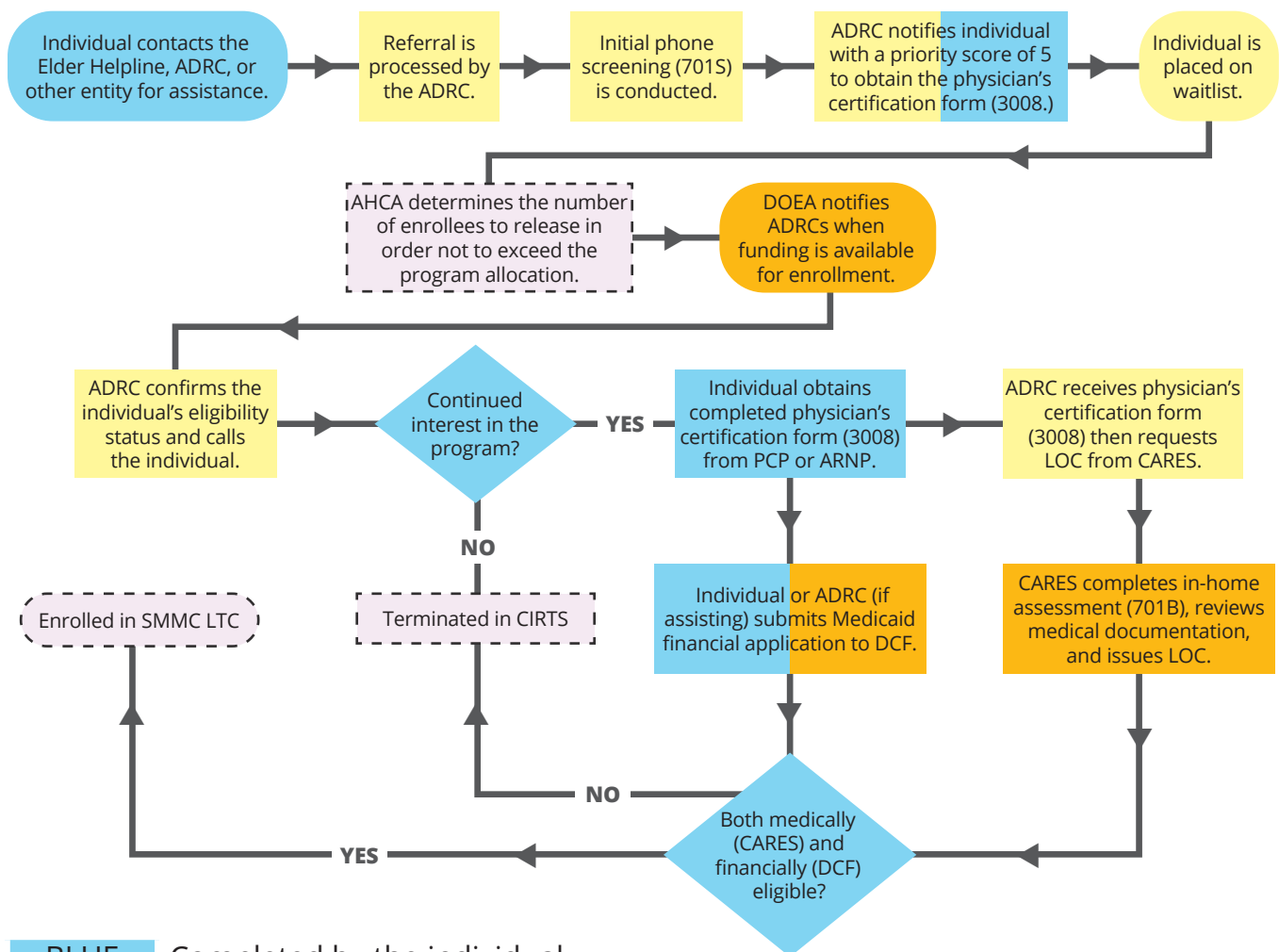
Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) Waitlist Process Map

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

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

ACRONYMS USED IN WAITLIST PROCESS MAP

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




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

PURPLE AHCA/DOEA action

SECTION E

Other Department Programs



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

Other Department Programs

Adult Care Food Program (ACFP)

Description

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

Services and Activities

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

Administration

The Department of Elder Affairs directly administers this program.

Eligibility

Centers eligible to receive meal reimbursement include the following:

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

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

To be eligible for the program, an individual must:

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

Statutory Authority

Title 7 Code of Federal Regulations Part 226.

Funding Source and Allocation Methodologies

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

ACFP Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Adult Care Program Sites	Average Meals or Snacks Served
2010-2011	\$3,922,519	130	*2,207,541
2011-2012	\$4,093,720	125	2,321,421
2012-2013	\$4,806,225	130	1,973,598
2013-2014	\$3,526,106	134	1,830,781
2014-2015	\$3,676,051	132	1,880,372
2015-2016	\$4,491,882	155	2,092,688
2016-2017	\$4,508,186	167	2,383,097
2017-2018	\$5,664,624	174	3,021,631
2018-2019	\$7,288,246	189	**3,014,210
2019-2020	#\$7,288,246	#189	#3,014,210

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

**Average meals and snacks served as of November 15, 2019.

#Projection

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

Program Highlight

The Adult Care Food Program (ACFP) celebrated Child and Adult Care Food Program (CACFP) Week during National Nutrition Month in March. This special week is sponsored by the National CACFP Sponsors Association and is designed to raise awareness of how the CACFP works to combat hunger. Representatives from the Southeast Regional United States Department of Agriculture office and ACFP staff from the Department of Elder Affairs visited an adult day care center in Miami to kick-off the celebration. Elders who attend the center enjoy healthy, delicious meals every day. In addition to the delicious food served to participants during CACFP Week, they were treated to music, games, and nutrition education materials. The ACFP providers work tirelessly to provide healthy meals to their elder clients and CACFP Week is an opportunity to celebrate their hard work. The representatives who visited the adult day care center stated that it was wonderful to see the ACFP in action.

Other Department Programs

AmeriCorps

Description

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

Services and Activities

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

Administration

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

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

AmeriCorps Funding History and Numbers Served

Grant Year*	Federal Funding	State Funding	Clients Served	Members	Member Hours of Service
2010-2011	**\$0	\$41,602	315	52	22,050
2011-2012	\$165,000	\$60,000	400	60	27,000
2012-2013	\$220,000	\$65,530	100	83	36,000
2013-2014	\$163,800	\$67,133	250	67	30,150
2014-2015	\$165,000	\$61,173	200	60	27,000
2015-2016	\$160,050	\$66,123	200	60	29,479
2016-2017	\$160,050	\$66,123	200	60	27,000
2017-2018	\$160,050	\$68,362	120	55	26,085
2018-2019	\$160,050	\$65,755	65	57	23,685
2019-2020	\$160,050	\$65,755	#65	#57	#23,685

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

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

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

#Projection

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

Program Highlight

“My AmeriCorps member provided me with much needed companionship and comfort when I was recovering from the medical procedures that I had undertaken. Life without my AmeriCorps volunteer would be so much more difficult. I am truly grateful.”

“I have gained the knowledge and the understanding of my client whom has allowed me to feel as if a part of her family. My client’s children are always reaching out to me as if I have been around them forever. This experience has truly opened my eyes and my heart to give more of myself to an amazing organization such as AmeriCorps. I am extremely thrilled for the skills that I will continue to gain on this path, as well as the challenges, which I feel will help me in the future.”

Other Department Programs

Emergency Home Energy Assistance for the Elderly Program (EHEAP)

Description

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

Services and Activities

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

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

Administration

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

Eligibility

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

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

Statutory Authority

Low-Income Home Energy Assistance Act of 1981 (Title XXVI of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35), as amended; 42 United States Code (U.S.C.) § 8621 et seq.; 45 Code of Federal Regulations (CFR) Part 96, Subpart H (§§ 96.80-96.89); Section 409.508, *Florida Statutes (F.S.)* and Rule 73C-26.021(3), *Florida Administrative Code (F.A.C.)*; Rule Chapter 73C-26, F.A.C.

Funding Source and Allocation Methodologies

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

Allocation of EHEAP funding is based on the following:

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

EHEAP Funding History and Numbers Served

Grant Year*	Federal Funding	Households Served	
		Heating Season	Cooling Season
2010-2011**	\$7,697,784	9,779	10,991
2011-2012	\$6,024,004	9,283	6,556
2012-2013	\$4,681,212	7,476	9,052
2013-2014	\$4,727,416	5,795	6,825
2014-2015	\$4,235,981	6,033	6,710
2015-2016	\$4,115,280	5,427	6,197
2016-2017	\$4,207,309	5,308	5,806
2017-2018***	\$4,329,787	5,219	5,711
2018-2019	\$5,490,315	6,944	5,078
2019-2020	\$5,805,675	#6,554	#5,376

*EHEAP Grant Year runs April to March.

**Contract period was extended through August 2011.

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

#Projection

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

Program Highlight

A caregiver reached out for assistance in making financial ends meet. She was in distress due to her caregiving responsibilities, as her loved one was suffering from dementia and she was unable to leave their home in fear of him wandering away. The Emergency Home Energy Assistance for the Elderly Program (EHEAP) coordinator planned to personally travel to their home to complete the EHEAP application. When the coordinator arrived, she found the door barricaded because the caregiver was trying to keep her loved one inside the home. She stated that he wanders and she needed to watch him constantly. The caregiver was up all night to ensure he did not escape the home. The EHEAP coordinator was able to complete the application without adding any additional stress to the caregiver and also took the opportunity to share additional programs and resources that they may be eligible to receive.

EHEAP assisted a client in finding a way to heat his home before the coming winter months. The caregiver of the client was bringing the client home after getting out of the nursing home. The house had no system of heat in it; no fireplace, no central heat and air, not even plug-in electrical heaters. Agency staff discussed energy options with the client and caregiver. The discussion led to the agency working with them in investigating propane options. The agency staff started working with the local propane companies and utilization of the EHEAP program to provide the home with heating capabilities. The caregiver expressed their gratefulness that they would be able to bring the client home from the nursing home to his warm house.



Other Department Programs

Senior Companion Program (SCP)

Description

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

Services and Activities

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

Administration

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

Eligibility

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

A recipient of Senior Companion Program volunteer services is an elder age 60 or older who is at risk of nursing home placement due to chronic illness, disability, or isolation.

Statutory Authority

Sections 430.07- 430.071, *Florida Statutes*; 45 CFR 2551; Public Law 93-113, Domestic Volunteer Service Act.

Funding Source and Allocation Methodologies

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

Senior Companion Funding History and Numbers Served

State Fiscal Year	Federal Funding	State Funding	Clients Served	Volunteer Companions	Hours of Service
2010-2011	\$356,882	\$58,328	324	102	72,000
2011-2012	\$356,882	\$58,328	347	100	66,692
2012-2013	\$356,882	\$58,328	255	84	60,031
2013-2014	\$342,607	\$58,328	300	84	64,500
2014-2015	\$342,607	\$58,328	235	68	46,153
2015-2016	\$342,607	\$58,328	283	67	57,179
2016-2017	\$342,607	\$58,328	260	80	64,000
2017-2018	\$342,607	\$58,328	200	79	64,449
2018-2019	\$344,507	\$58,328	221	63	50,694
2019-2020	\$359,737	\$35,974	#221	#63	#50,694

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

#Projection

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

Program Highlight

A Senior Companion Program (SCP) client suffered a stroke when he was living in New York. The stroke affected his right side, causing him to receive rehab for a long time. He lost all his savings. With no family in the area and no one to help him, he came down to live in Florida. The client lived alone and reported that he was hungry and needed food. He began receiving Meals on Wheels and SCP services. The apartment building where the client lived was ready to evict him as his payments were always late and incomplete. His electricity was cut-off several times for non-payment. The SCP volunteer spoke with the apartment manager and made sure his payments were made on-time and that the electricity was paid. She was also able to help him get a telephone plan that was affordable. One day the SCP volunteer went to see the client and noticed that he did not look well. She was concerned with his breathing and immediately called 911. The client was diagnosed with pneumonia and was admitted to the hospital where he was kept for several days. Every day, the only visitor he had was his assigned SCP volunteer. The client was very grateful for the Senior Companion Program.

Other Department Programs

Senior Farmers' Market Nutrition Program (SFMNP)

Description

The Senior Farmers' Market Nutrition Program (SFMNP) provides coupons to low-income elders to purchase fresh fruits and vegetables to support their health and good nutrition. The program also supports local farmers by increasing their sales through coupon redemption. Coupons can be exchanged for approved locally grown fresh fruits and vegetables at farmers' markets by eligible elders in participating counties. The coupon program typically begins April 1 and ends September 30 of each year. Funds remaining after this period may be reallocated to purchase bundles of fresh produce valued at \$40 per bundle. The bundles can then be distributed to eligible elders who did not receive coupons in the spring. All bundles must be distributed by November 30.

Services and Activities

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

Administration

The Department of Elder Affairs (DOEA) coordinates with the Florida Department of Agriculture and Consumer Services (DACCS), which operates the Women, Infants, and

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

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

SFMNP Funding History and Numbers Served

Grant Year*	Federal Funding	Farmers	Farmers' Markets	Participants Receiving:	
				Coupons	Bundled Produce
2010	\$107,132	203	38	2,680	n/a
2011	\$106,577	202	26	2,448	n/a
2012	\$106,577	203	34	2,467	401
2013	\$101,458	158	28	1,953	550
2014	\$98,752	174	43	1,891	450
2015	\$98,752	124	41	2,071	275
2016	\$97,139	139	40	1,901	475
2017	\$101,366	136	48	2,228	307
2018	\$120,662	149	50	2,750	678
2019	\$119,979	340	51	3,250	567
2020	#\$119,979	#340	#51	#3,250	#567

*SFMNP Grant Year typically runs March to November.

#Projection

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

Program Highlight

The Senior Farmers' Market Nutrition Program was able to serve new counties this year by redistributing funds based on the previous year's coupon redemption rate. Participants in the new counties were very excited to receive farmers' market coupons. One of the new county distributing agencies traveled to local farmers' markets to distribute coupons. Seniors came to the market, applied for coupons, and were able to start shopping right away. This method helped seniors and attracted more farmers to the program. Our partners were able to conduct multiple farmer trainings in the new areas so that seniors would have a variety of options when spending their coupons. Seniors that participate in this program are happy to buy fresh produce from local farmers.

Other Department Programs

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

Description

Through a statewide network, the SHINE Program provides Medicare-related counseling assistance for Florida's Medicare beneficiaries, their families, and caregivers. SHINE is part of the national State Health Insurance Assistance Program (SHIP).

Services and Activities

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

In addition to counseling, SHINE volunteers provide community education and outreach through presentations on Medicare and health insurance issues and by disseminating information focused on health promotion, consumer protection, and beneficiary rights at health and senior fairs throughout the state.

SHINE also operates two other programs. The MIPPA (Medicare Improvements for Patients & Providers Act) Program is able to help eligible clients enroll. Benefits are available for qualified Medicare Beneficiaries to help them save money on their copays, premiums, and deductibles.

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

Administration

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

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

Funding History and Numbers Served

Grant Year*	Federal Funding	Volunteers	Beneficiary Contacts
2010-2011	\$3,407,745	400	**92,511
2011-2012	\$3,452,321	475	106,052
2012-2013	\$3,494,146	481	148,296
2013-2014	\$3,522,766	523	161,205
2014-2015	***\$4,251,813	579	169,565
2015-2016	\$3,997,201	547	182,087
2016-2017	\$4,200,390	518	175,762
2017-2018	\$4,686,797	476	****62,309
2018-2019	*****\$4,758,622	484	*****99,612
2019-2020	#\$4,758,622	#550	#70,000

*SHINE Grant Year runs April to March.

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

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

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

*****The Administration for Community Living rolled out a new reporting database in August 2018. The national State Health Insurance Assistance Program (SHIP) moved from SHIP Talk to SHIP Tracking and Reporting System (STARS).

*****2018-2019 federal funding amounts and number of contacts consist of the following: Serving the Health Insurance Needs of Elders (SHINE) Grant, Performance Improvement and Innovation (PII) Grant, Medicare Improvements for Patients & Providers Act (MIPPA) Grant, and the Senior Medicare Patrol (SMP) Grant.

Source: SHIP Tracking and Reporting System (STARS)

#Projection

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

Program Highlight

A City of Clearwater employee provided feedback on the SHINE counseling her mother received. Her mother had just been approved for disability and had no idea how to begin. The daughter brought home several resources, including information on SHINE. Her mother set up a meeting with a local SHINE volunteer at the Clearwater Library. The day before the counseling session the mother felt insecure. Now, thanks to the SHINE volunteer, she is confident. Her daughter reports that she has been smiling ever since. According to the daughter, no one else had been able to tell them what they needed to know. The SHINE volunteer was patient, kind, and knowledgeable. The mother now understands what she needs to do and how she needs to do it.



SECTION F

Service Descriptions

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

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

Service Descriptions

Program Codes Used in This Section

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

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

Service	Description	Unit Type	Program(s)	Units of Service
A Matter of Balance	Adapted from Boston University's Roybal Center by Maine's Partnership for Healthy Aging, "A Matter of Balance" uses practical coping strategies to reduce fear of falling and to diminish the risk of falling, including group discussions; mutual problem-solving exercises to improve strength, coordination, and balance; and home safety evaluations.	Episodes	OAA	166
Active Living Every Day	Step-by-step behavior change program that helps individuals overcome their barriers to physical activity. As participants work through the course, they learn lifestyle management skills and build on small successes – methods that have proven effective in producing lasting change.	Episodes	OAA	7
Adult Day Care	Therapeutic social and health activities and services provided to adults who have functional impairments in a protective environment as non-institutional as possible.	Hours	CCE, HCE, LSP, OAA	758,045
Adult Day Health Care	Services furnished four or more hours per day on a regularly scheduled basis for one or more days per week in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.	Hours	CCE, OAA	5,849
	Services furnished in an outpatient setting that encompass both the health and social services needed to ensure optimal functioning of the individual, including social services to help with personal and family problems, planned group therapeutic activities, and nutritional meals.		SMMC LTC	7,995,405
Arthritis Foundation Exercise Program	Recreational exercise program designed specifically for people with arthritis and related diseases. The program uses gentle activities to help increase joint flexibility and range of motion, maintain muscle strength, and increase overall stamina.	Episodes	OAA	27

Service	Description	Unit Type	Program(s)	Units of Service
Arthritis Foundation Tai Chi Program	Also known as Tai Chi for Arthritis, this program is offered in community settings and has been proven to improve movement, balance, strength, flexibility, and relaxation. Other benefits associated with this program include decreases in pain and falls.	Episodes	OAA	72
Assisted Living	Personal care services, homemaker services, chore services, attendant care, companion services, medication oversight, and therapeutic social and recreational programming provided in a home-like environment in an assisted living facility. This service does not include the cost of room and board furnished in conjunction with residing in the facility.	Hours	SMMC LTC	4,021,512
Attendant Care	Hands-on supportive and health-related care specific to the needs of a medically stable, physically handicapped individual. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by state law. Housekeeping activities that are incidental to the performance of care may also be furnished as part of this activity.	Hours	SMMC LTC	749,453
		Episodes		14,138
Basic Subsidy	Fixed-sum cash payment made to an eligible caregiver each month to reimburse some of his/her expenses incurred while caring for the client. A basic subsidy is provided for support and maintenance of the care recipient, including medical costs not covered by Medicaid, Medicare, or any other insurance.	Months of Service	HCE	22,301



Service	Description	Unit Type	Program(s)	Units of Service
Behavioral Management	Behavioral health care services address mental health or substance abuse needs of members. Services are used to maximize reduction of the enrollee's disability and restoration to the best possible functional level and may include, but are not limited to, the following: an evaluation of the origin and trigger of the presenting behavior; development of strategies to address the behavior; implementation of an intervention by the provider; and assistance for the caregiver in being able to intervene and maintain the improved behavior.	Hours	SMMC LTC	Group: 1,697 Individual: 105,289
		Episodes		Group: 4,498 Individual: 836
Caregiver Training and Support	Training of caregivers, individually or in group settings, to reduce stress, increase coping skills, provide strategies for effective management of caregiving tasks, and enable them to provide high quality care to recipients within the home. Caregiver training and support may be provided through forums, including community seminars; support groups; and other organized local, regional, or statewide events.	Hours	ADI, CCE, OAA	Group: 3,739 Individual: 2,243
			SMMC LTC	20
Case Aide	Services that are supplemental to case management services and are provided by paraprofessionals under the direction of case managers or designated supervisory staff.	Hours	ADI, CCE, HCE, OAA	27,182
Case Management	Client-centered service that seeks to identify physical and emotional needs and problems through an interview and assessment process, including discussing and developing a plan for services that addresses these needs; arranging and coordinating agreed-upon services; and monitoring the quality and effectiveness of the services. Case management is a service for actively enrolled clients that provides continuing support and addresses the changing needs of clients.	Hours	ADI, CCE, HCE, LSP, OAA, SMMC LTC	285,895
		Episodes	SMMC LTC	265,787
		Months	SMMC LTC	32

Service	Description	Unit Type	Program(s)	Units of Service
Child Day Care	Services provided to a minor child no older than 18 or a child with a disability who resides with a grandparent or other related caregiver age 55 or older.	Hours	OAA	3,913
Chore	Services include routine house or yard tasks, including seasonal cleaning; yard work; lifting and moving furniture, appliances, or heavy objects; household repairs that do not require a permit or specialist; and household maintenance. Pest control may be included when not performed as a distinct activity.	Hours	CCE, LSP, OAA, HCE	28,441
Chore – Enhanced	Performance of any house or yard task beyond the scope of regular chore services due to more demanding circumstances requiring more intensified, thorough cleaning.	Hours	CCE, HCE, OAA	8,195
Chronic Disease Self-Management Program	Developed by Stanford University, community setting workshops are provided for individuals with chronic health problems. Workshops cover techniques to deal with problems such as frustration, fatigue, pain, and isolation; appropriate exercise for maintaining and improving strength, flexibility, and endurance; appropriate use of medications; communicating effectively with family, friends, and health professionals; nutrition; and how to evaluate new treatments.	Episodes	OAA	25
Chronic Pain Self-Management Program	Developed by Stanford University for individuals living with chronic pain, participants receive information and practical skills for chronic pain management. This program is for people who have a primary or secondary diagnosis of chronic pain that lasts 3-6 months or longer than the normal healing time of an injury.	Episodes	OAA	18



Service	Description	Unit Type	Program(s)	Units of Service
Companionship	Visiting a client who is socially and/or geographically isolated for the purpose of relieving loneliness and providing the client with continuing social contact with the community. It includes engaging in casual conversation; providing assistance with reading and writing letters; playing entertaining games; escorting a client to a doctor's appointment; and conducting diversion activities such as going to the movies, mall, library, or grocery store. Companions may also assist the recipient with such tasks as meal preparation, laundry, and light housekeeping tasks that are incidental to the individual's care and supervision.	Hours	CCE, OAA, SCP	218,764
Congregate Meals	Meals or snacks provided at eligible Adult Care Food Program centers.	Meals or Snacks	ACFP	3,014,210
	Meals provided at a congregate meal site that comply with the Dietary Guidelines for Americans and provides one-third of the daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient), as established by the Food and Nutrition Board of National Academy of Sciences.	Meals	LSP, OAA	3,720,436
Congregate Meals Screening	Assessments for congregate meal applicants or recipients with referral and follow-up as needed.	Hours	LSP, OAA	14,683
Counseling	Contacts with beneficiaries, family members, caregivers, or others, where program or Medicare information is shared, or for the purpose of discussing or gathering information about potential health care fraud, errors, or abuse. Depending on the program, individual interactions may also include counseling, investigation, and/or referrals to other agencies or target special beneficiary groups such as individuals with low-income or those living in rural areas.	Clients	SHINE, MIPPA, SMP	126,749

Service	Description	Unit Type	Program(s)	Units of Service
Counseling	Education and training for patient self-management by a qualified, non-physician health care professional.	Hours	SMMC LTC	50
Counseling – Gerontological	Emotional support, information, and guidance through a variety of modalities, including mutual support groups for older adults who are having mental, emotional, or social adjustment problems as a result of the process of aging.	Hours	ADI, CCE, HCE, LSP, OAA	Group: 1,289 Individual: 6,909
Counseling – Medicare and Health Insurance	Medicare and health insurance education, counseling, and assistance to Medicare beneficiaries, their families, and caregivers.	Client Contacts	SHINE	53,296
Counseling – Mental Health Counseling and Screening	Services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group, and family therapy provided to clients using techniques appropriate to this population.	Hours	ADI, CCE, LSP, OAA	Group: 69 Individual: 5,731
Counseling – Reintegration Training	Community/work reintegration training, including shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, and use of assistive technology device/adaptive equipment.	Hours	SMMC LTC	20
Diabetes Empowerment Education Program	Provides residents in the community with tools to better manage their diabetes. Evidence-based content components include nutrition, prevention of both chronic and acute complications, blood glucose monitoring, insulin pump program, and individual goals which include quality and length of life.	Episodes	OAA	19



Service	Description	Unit Type	Program(s)	Units of Service
Diabetes Self-Management Program	Diabetes self-management training services.	Hours	SMMC LTC	44
	Developed by Stanford University, individuals with Type 2 Diabetes attend workshops in a community setting. Subjects covered include techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional programs such as depression, anger, fear, and frustration; appropriate exercise for maintaining and improving strength and endurance; healthy eating; appropriate use of medication; and working more effectively with health care providers. Participants make weekly action plans, share experiences, and help each other solve problems they encounter while creating and carrying out their self-management program.	Episodes	OAA	22
Education	Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities. Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience, or skills; increasing awareness in areas like crime or accident prevention; promoting personal enrichment; and enhancing skills in a specific craft, trade, job, or occupation. Other options include training individuals or groups in guardianship proceedings for older individuals if other adequate representation is unavailable.	Episodes	LSP, OAA	Group: 11,529 Individual: 1,722
Emergency Alert Response (EAR) – Installation	Community-based electronic surveillance service that monitors frail homebound elders at high risk of institutionalization. EAR monitors by means of an electronic communication link to a response center with an electronic device that enables the elder to secure help in an emergency. The recipient can also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once the “help” button is activated.	Episodes	CCE, OAA, SMMC LTC	426

Service	Description	Unit Type	Program(s)	Units of Service
Emergency Alert Response (EAR) – Maintenance	Maintenance of EAR system, as explained above.	Days	CCE, LSP, OAA	1,044,765
		Months	SMMC LTC	156,243
Employment and Job Training	Average of 20 hours per week of paid part-time community service work for unemployed low-income persons who are age 55 and older. Assists with transition to unsubsidized employment.	Participants Served	SCSEP	829
Energy Assistance	Assistance to low-income households (with at least one individual age 60 or older in the home) experiencing a home energy emergency.	Households Served	EHEAP	12,022
Enhance Fitness	Group exercise program developed by the University of Washington, in collaboration with Senior Services, that focuses on stretching, flexibility, balance, low-impact aerobics, and strength training exercises.	Hours	OAA	1,634
Enhance-Wellness	Evidenced-based program developed by the University of Washington, in collaboration with Senior Services, that shows participants how to lower the need for drugs that affect thinking or emotions, lesson symptoms of depression and other mood problems, and develop a sense of greater self-reliance.	Hours	OAA	4
Escort	Personal accompaniment and assistance to a person who has physical or cognitive difficulties using regular vehicular transportation. The accompaniment and assistance is provided to individuals to or from service providers, medical appointments, or other destinations needed by the client. Escort is essential during travel to provide safety, security, and support.	Trips	CCE, OAA	383
Financial Risk Reduction – Assessment	Assessment of problem area(s) and guidance for managing income, assets, liabilities, and expenditures.	Hours	CCE	9
Financial Risk Reduction – Maintenance	Maintenance of problem area(s) and guidance for managing income, assets, liabilities, and expenditures.	Hours	CCE	115



Service	Description	Unit Type	Program(s)	Units of Service
Health Promotion	Individual and/or group sessions to help participants understand how lifestyle affects physical and mental health and develop personal practices that enhance total well-being. Services are provided at multipurpose senior centers, congregate meal sites, and other appropriate places that target elders who are low-income, minorities, or medically underserved. Services include the following: health risk assessments; routine health screenings; physical activity; home injury control services; mental health screenings for prevention and diagnosis; medication management, screening and education; gerontological counseling; and distribution of information concerning diagnosis, prevention, treatment, and rehabilitation of age-related diseases and chronic disabling conditions such as osteoporosis and cardiovascular diseases.	Episodes	LSP	60
Health Risk Assessment	Assessment utilizing one tool or a combination of tools to test older persons for certain risk factors that are known to be associated with a disease or condition. Many factors can be modified, including diet, risk-taking behaviors, coping styles, and lifestyle choices (such as smoking and overeating), and can be measured or identified through risk appraisal questionnaires. The health risk assessment helps the individual determine the addictive nature of many factors in their life. This can be done on a one-on-one or group basis.	Episodes	LSP	770
Health Support	Helps individuals secure and utilize necessary medical treatment, as well as preventive, emergency, and health maintenance services.	Hours	LSP, OAA	Group: 15,074
		Episodes	LSP, OAA	Individual: 9,280 567
Healthy Eating Every Day	Helps individuals establish healthy eating habits. Participants identify the reasons for their poor eating choices, learn management skills, and improve their eating habits. Healthy Eating Every Day follows the USDA Nutrition Guidelines.	Episodes	OAA	4

Service	Description	Unit Type	Program(s)	Units of Service
Home Accessibility Adaptations Services	Physical adaptations to the home required by the enrollee's plan of care that are necessary to ensure the health, welfare, and safety of the enrollee or that enable the enrollee to function with greater independence in the home and without which the enrollee would require institutionalization. Adaptations may include the installation of ramps and grab bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate the medical equipment and supplies necessary for the welfare of the enrollee. All services shall be provided in accordance with applicable state and local building codes.	Episodes	SMMC LTC	878
Home Health Aide	Hands-on personal care services, simple procedures as an extension of therapy or nursing services, assistance with ambulation or exercises, and assistance with self-administered medication. In-home services are performed by a trained home health aide or certified nursing assistant as assigned by and under the supervision of a registered nurse or licensed therapist.	Hours	CCE, OAA	6,460
Home-Delivered Meals	Complies with the Dietary Guidelines for Americans and provides one-third of the daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient), as established by the Food and Nutrition Board of National Academy of Sciences. May include hot, frozen, and/or emergency shelf meals.	Meals	CCE, HCE, LSP, OAA	4,636,092
			SMMC LTC	5,485,300



Service	Description	Unit Type	Program(s)	Units of Service
Homemaker	Specific home management duties including housekeeping, laundry, cleaning refrigerators, clothing repair, minor home repairs, assistance with budgeting and paying bills, client transportation, meal planning and preparation, shopping assistance, and routine household activities conducted by a trained homemaker. General household activities such as meal preparation and routine household care provided by a trained homemaker when the individual regularly responsible for these activities is temporarily absent or unable to manage them. Chore services, including heavy chore services and pest control, may be included in this service.	Hours	CCE, HCE, LSP, OAA	1,065,577
		Hours	SMMC LTC	9,917,979
HomeMeds	Previously known as Medication Management Improvement System (MMIS), the goal of the program is to identify, assess, and resolve medication problems that are common among frail older adults.	Hours	OAA	754
Housing Improvement	Home repairs, environmental modifications, adaptive alterations, or installing security devices.	Hours	CCE, OAA, LSP	8,917
		Episodes	HCE	25
Information	Response to inquiries from or on behalf of a person regarding public and private resources and available services.	Episodes	OAA, LSP	235,560
Intake	Completes standard intake and screening instruments to gather information about an applicant for services.	Hours	CCE, OAA, ADI	65,277
Intermittent and Skilled Nursing	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse, or advanced registered nurse practitioner in the client's place of residence, pursuant to a plan of care approved by a licensed physician.	Hours	SMMC LTC	5,579,026
		Episodes		180
Interpreting/Translating	Interpreting/translating is defined as explaining the meaning of oral and/or written communication to non-English speaking persons or persons with disabilities who require such assistance.	Hours	OAA, LSP	7

Service	Description	Unit Type	Program(s)	Units of Service
Legal Assistance	Legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney) to older individuals with economic or social needs. Legal services include counseling or representation by a non-lawyer when permitted by law. Legal assistance protects against the loss of basic civil rights and ensures the autonomy and independence of older persons.	Hours	LSP, OAA	35,559
Long-Term Care Consumer Complaint Investigation	Investigation and resolution of complaints made by or on behalf of residents of long-term care facilities. Complaint investigations are confidential, and services have no fee. Staff and volunteers, certified as ombudsmen, work with residents and facilities to resolve complaints to the resident's satisfaction.	Assessments	LTCOP	4,182
		Facilities		4,094
		Complaint Investigations		4,653
		Visitations		4,725
Material Aid	<ul style="list-style-type: none"> • Direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc. • Food item(s) necessary for health, safety, or welfare. This may include condiments or paper products necessary for food consumption, as well as delivery charges. Alcohol, drug, and tobacco products are excluded. • Repair, purchase, delivery, and installation of any household appliance necessary to maintain a home or assist with household tasks necessary for the health, safety, or welfare of the person. • Purchase of materials necessary to perform chore or enhanced chore services (see Chore and Chore – Enhanced service descriptions above). • Purchase of construction materials necessary to perform housing improvements, alterations, and repairs (see Housing Improvement service description above). 	Episodes	CCE, HCE, LSP, OAA	7,407



Service	Description	Unit Type	Program(s)	Units of Service
Medication Management	Screening, education, identification, and counseling regarding the medication regimens of clients, including prescription and over-the-counter medications, vitamins, and home remedies. These services also help to identify any dietary factors that may interact with the medication regimen. This can be done on a one-on-one or group basis.	Episodes	CCE	124
Medical Equipment and Supplies	Medical equipment and supplies specified in the plan of care, including devices, controls, or appliances that can withstand repeated use and enable the enrollee to increase the ability to perform activities of daily living; devices, controls, or appliances that enable the enrollee to perceive, control, or communicate with and be appropriate for the environment in which he or she lives; items necessary for life support or to address an enrollee's physical conditions, along with ancillary supplies and equipment necessary to the proper functioning of such items; such other durable and non-durable medical equipment not available under the Medicaid State Plan that is necessary to address enrollee needs, including consumable medical supplies, such as adult diapers; and repair of such items or replacement parts.	Items	SMMC LTC	26,870,285
		Hours		12,079
		Episodes		1,264
Nursing Home Applicant Assessment	Evaluation of the medical necessity for nursing facility care, the level of care required by the individual, and pre-admission screening of all nursing facility applicants to determine serious mental illness or intellectual disabilities.	Assessments	CARES	103,742
Nutrition Assistance	Bundled produce or coupons provided to low-income elders living in targeted service counties. Coupons can be exchanged for locally grown fresh produce at area farmers' markets.	Clients Served	SFMNP	3,817

Service	Description	Unit Type	Program(s)	Units of Service
Nutrition Counseling – Individual	One-on-one individualized advice and guidance to persons who are at nutritional risk because of poor health, nutritional history, current dietary intake, medication use, or chronic illnesses. Nutrition counseling includes options and methods for improving a client’s nutritional status.	Hours	CCE, OAA, LSP	1,878
Nutrition Education	Accurate, scientifically sound, practical, and culturally sensitive nutrition information and instruction to participants in a group or individual setting consistent with their needs and food resources. Nutrition education is the process by which individuals gain the understanding, skills, and motivation necessary to promote and protect their nutritional well-being through their food choices and food preparation methods.	Clients Served	OAA, LSP	205,755
Nutritional Assessment/ Risk Reduction Services	Assessment, hands-on care, and guidance to caregivers and enrollees with respect to nutrition. This service teaches caregivers and enrollees to follow dietary specifications that are essential to the enrollee’s health and physical functioning, prepare and eat nutritionally appropriate meals, and promote better health through improved nutrition. This service may include instructions on shopping for quality food and food preparation.	Episodes	SMMC LTC	11
		Hours		132
Occupational Therapy	Provided to produce specific functional outcomes in self-help, adaptive and sensory motor skill areas and assist the client to control and maneuver within the environment. The service shall be prescribed by a physician. It may include an occupational therapy assessment that does not require a physician’s prescription. In addition, this service may include training direct care staff and caregivers and monitoring those clients to ensure that they are correctly carrying out therapy goals.	Episodes	SMMC LTC	21,217
		Hours		113,024
Other Services	Category for goods or services not defined elsewhere that are necessary for the health, safety, or welfare of the person.	Episodes	CCE, HCE, LSP	145



Service	Description	Unit Type	Program(s)	Units of Service
Outreach	An OAA-required access service making active efforts to reach targeted individuals face-to-face, either in a community setting or in neighborhoods with large numbers of low-income minority elders, making one-on-one contact, identifying their service needs and encouraging their use of available resources.	Episodes	OAA	20,540
Outreach	Group outreach and education activities include interactive presentations to the public, either in-person or via electronic means, and may include forums, speaking engagements, seminars, exhibits, conferences, or other public events. The purposes of the outreach activities are to increase public awareness, inform the public about the availability of counseling and services in their area, educate beneficiaries, family members, and caregivers about services, or assist beneficiaries with enrollment.	Individuals Reached	SHINE, MIPPA, SMP	205,344
		Events		5,000
Outreach - Media	Media outreach and education activities where general program, services, or Medicare information is shared through media channels such as billboard, email, magazine, newsletter, newspaper, radio, social media, television, or website. Information may serve to educate individuals about health care fraud, errors, and abuse or target special beneficiary groups such as individuals with low-income or those living in rural areas.	Activities	SHINE, MIPPA, SMP	820
Personal Care	Assistance with eating, dressing, personal hygiene, and other Activities of Daily Living. This service may include assistance with meal preparation and housekeeping chores such as bed-making, dusting, and vacuuming incidental to the care furnished or essential to the health and welfare of the individual.	Hours	CCE, HCE, LSP, OAA, SMMC LTC	19,529,123
		Items	SMMC LTC	63,176
Pest Control Enhanced Initiation	Assists in ridding the environment of insects and other potential carriers of disease and enhances the safety, sanitation, and cleanliness for recipients. This service is beyond the scope of pest control initiation due to the greater effort required.	Episodes	CCE	26

Service	Description	Unit Type	Program(s)	Units of Service
Pest Control Initiation	Addresses insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients. Initiation covers start-up costs.	Episodes	CCE	238
Pest Control Maintenance	Addresses insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients.	Episodes	CCE	2,215
Pest Control – Rodent	Addresses rodents and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients. Rodent service consists of trapping, baiting, or other treatments or applications that result in the elimination of the rodent(s).	Episodes	CCE	26
Physical Therapy	Provided to produce specific functional outcomes in ambulation, muscle control and postural development and to prevent or reduce further physical disability. The service shall be prescribed by a physician. It may also include a physical therapy assessment, which does not require a physician’s prescription. In addition, this service may include training direct care staff and caregivers and monitoring those individuals to ensure that they are correctly carrying out therapy goals.	Hours	SMMC LTC	36,273
Powerful Tools for Caregivers	Evidence-based education program using a train-the-trainer method of dissemination. It provides individual strategies to handle unique caregiver challenges and develop a wealth of self-care tools to: reduce personal stress; change negative self-talk; communicate needs to family members and health care or service providers; communicate more effectively in challenging situations; recognize the messages in emotions; deal with difficult feelings; and make tough caregiving decisions.	Episodes	OAA	22



Service	Description	Unit Type	Program(s)	Units of Service
Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)	PEARLS is designed to reduce depressive symptoms and improve quality of life in older adults. The depression intervention takes place in the client's home over a six-month period and includes problem-solving treatment, behavioral activation, pleasant activities scheduling, and ongoing clinical supervision provided by a psychiatrist. PEARLS is designed to be deliverable by staff typically available in an Area Agency on Aging or in senior centers.	Episodes	OAA	91
Programa de Manejo Personal de la Diabetes	Community workshops designed for Spanish-speaking individuals with Type 2 Diabetes. Participants make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program.	Episodes	OAA	27
Public Guardianship	Protection of the personal and property rights of an individual who lacks the capacity to make decisions on their own behalf and in their own best interest, has limited financial means, and has no able or willing family members or friends to serve as guardian.	Wards	OPPG	3,816
Recreation	Planned leisure events such as games, sports, arts and crafts, theater, trips, and other relaxing social activities.	Hours	LSP, OAA	143,540
Referral and Assistance	Resources provided via telephone or face-to-face contact related to an individual's needs. Information is obtained about a person's needs; these needs are assessed; and the person is directed to the appropriate resources most able to meet the need. Contact with the resource is made for the person, as needed. Follow-up is a mandatory part of referral/assistance and is conducted with the referred person and/or the resource to determine the outcome.	Episodes	LSP, OAA	106,640
Respiratory Therapy	Treatment of conditions that interfere with respiratory functions or other deficiencies of the cardiopulmonary system. Services include evaluation and treatment related to pulmonary dysfunction.	Episodes	SMMC LTC	15,375
		Hours		6,242

Service	Description	Unit Type	Program(s)	Units of Service
Respite	Provision of relief or rest for a primary caregiver from the constant, continued supervision and care of functionally impaired individuals of all ages in an approved facility-based environment or in the home for a specified period of time.	Hours	SMMC LTC	1,635,727
Respite – In-Facility	Provision of relief or rest for a primary caregiver from the constant, continued supervision and care of functionally impaired individuals of all ages by providing care in an approved facility-based environment for a specified period of time.	Hours	ADI, CCE, HCE, OAA	665,139
Respite In-Facility - Specialized Alzheimer's Services	Provision of relief or rest for a primary caregiver from the constant supervision and care of functionally impaired individuals of all ages by providing care in an approved specialized Alzheimer's services facility-based environment for a specified period of time.	Hours	ADI	278,966
Respite – In-Home	Provision of relief or rest for a primary caregiver from the constant supervision and care of functionally impaired individuals of all ages by providing care in the home for a specified period of time.	Hours	ADI, AC, CCE, HCE, LSP, OAA, RELIEF	1,527,871
Screening and Assessment	Administration of standard assessment instruments to gather information and prioritize clients at the time of active enrollment or to re-assess currently active clients to determine need and eligibility for services.	Hours	LSP, OAA	35,091
Shopping Assistance	Helps a client get to and from stores or shops on behalf of a client. Includes proper selection of items to purchase, as well as storing purchased items upon return to the client's home. A shopping aide may assist more than one client during a shopping trip.	Trips	OAA, CCE	8,710
Sitter	Services provided to a minor child no older than 18 or a child with a disability who resides with a grandparent age 55 or older or another related caregiver age 55 or older. Sitter services may be carried out in the home or in a facility during the day, at night, or on weekends.	Hours	OAA	7,955



Service	Description	Unit Type	Program(s)	Units of Service
Skilled Nursing Services	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse, or advanced registered nurse practitioner in the client's place of residence, pursuant to a plan of care approved by a licensed physician.	Hours	CCE, OAA	2,932
Specialized Medical Equipment, Services, and Supplies	<ul style="list-style-type: none"> • Adaptive devices, controls, appliances, or services that enable individuals to increase their ability to perform Activities of Daily Living. This service also includes repair of such items, as well as replacement parts; • Dentures; walkers; reachers; bedside commodes; telephone amplifiers; touch lamps; adaptive eating equipment; glasses; hearing aids; and other mechanical or non-mechanical, electronic, and non-electronic adaptive devices; • Adult briefs, bed pads, oxygen, or nutritional supplements; • Medical services paying for doctor or dental visits; and • Pharmaceutical services paying for needed prescriptions. 	Episodes	ADI, CCE, HCE, LSP, OAA	48,514
Speech Therapy	Identification and treatment of neurological deficiencies related to feeding problems, congenital or trauma-related maxillofacial anomalies, autism, or neurological conditions that affect oral motor functions. Services include the evaluation and treatment of problems related to an oral motor dysfunction when determined through a multi-disciplinary assessment to improve an enrollee's capability to live safely in the home setting.	Episodes	SMMC LTC	59,455
		Hours		519
Tai Chi: Moving for Better Balance	Developed by the Oregon Research Institute, this simplified, eight-form version of Tai Chi offered in community settings decreases the number of falls and risks associated with falling in older adults. Other program benefits include social and mental well-being, balance and daily physical functioning, self-confidence in performing daily activities, personal independence, and improved quality of life and overall health.	Episodes	OAA	53

Service	Description	Unit Type	Program(s)	Units of Service
Telephone Reassurance	Communications with designated clients by telephone on a mutually agreed schedule to determine if they are safe and to provide psychological reassurance or to implement special or emergency assistance.	Episodes	OAA	8,751
Tomando Control de su Salud	Chronic disease management education and skills for Spanish-speaking populations. The program is not a translation of the Chronic Disease Self-Management Program but was developed separately in Spanish. Subjects covered are similar, but they are presented in ways that are culturally appropriate.	Episodes	OAA	23
Transportation	Travel to or from community services and resources, health and medical care, shopping, social activities, or other life-sustaining activities.	Trips	ADI, CCE, HCE, w LSP, OAA	1,047,966
	Non-emergency transportation service offered in accordance with the enrollee's plan of care and coordinated with other service delivery systems. This non-emergency transportation service includes trips to and from services offered by the SMMC LTC Managed Care Plan and includes trips to and from the Managed Care Plan's expanded benefits.	Episodes		1,920,007
		Hours	SMMC LTC	80,840
		Miles		1,490,671
Un Asunto de Equilibrio	Adapted from Boston University Roybal Center by Maine's Partnership for Healthy Aging, this program uses practical coping strategies to reduce fear of falling and to diminish the risk of falling, including group discussions, mutual problem solving, exercises to improve strength, coordination and balance, and home safety evaluation. This is the Spanish version of A Matter of Balance. Materials and videos have been translated into Spanish.	Episodes	OAA	28
Volunteer Recruitment, Training, and Placement – AmeriCorps	Engages members (volunteers) in intensive service to meet critical community needs and provides in-home respite to elders, caregivers, and families.	Members	AC	57
		Clients Served		65



Service	Description	Unit Type	Program(s)	Units of Service
Volunteer Recruitment, Training, and Placement – Senior Companion Program	Engages elder volunteers to provide services to elders at risk of institutionalization, such as transportation to medical appointments, shopping assistance, meal preparation, companionship, respite, and advocacy.	Volunteers	SCP	63
		Clients Served		221
Volunteer Recruitment, Training, and Placement - RELIEF Program	Engages multi-generational volunteers in assisting caregivers with respite services on evenings and weekends for frail, home-bound older adults, giving the caregiver a needed break.	Volunteers	RELIEF	235
		Clients Served		421
Volunteer Training	Training for individuals interested in helping caregivers with respite services.	Hours	RELIEF	2,043
Walk with Ease	Developed by the Arthritis Foundation, this program provides services for individuals with arthritis and other ongoing health conditions to increase their level of physical activity. Research supporting this program has shown to reduce disability, pain, fatigue, and stiffness, as well as improve balance, strength, and walking pace. The program also helps build confidence to be physically active and manage ongoing health conditions.	Episodes	OAA	12

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

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

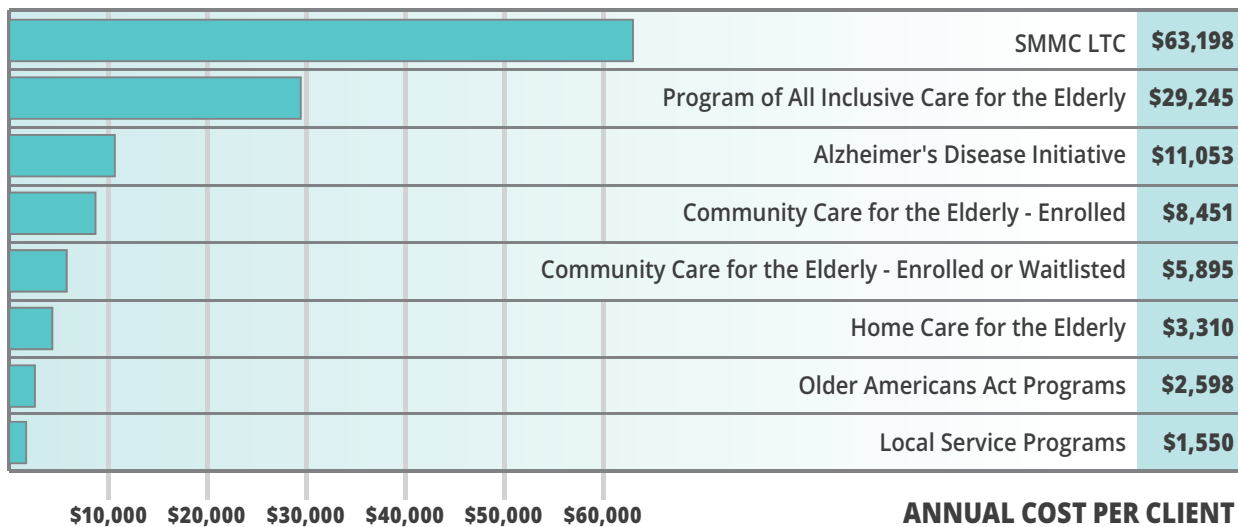
APPENDICES



Appendix 1

Cost Comparisons, Budget History, Appropriations, and ADRC Funding

Comparison of Annual Average Cost Per Client For Programs Serving Florida's Elders - SFY 2018-2019

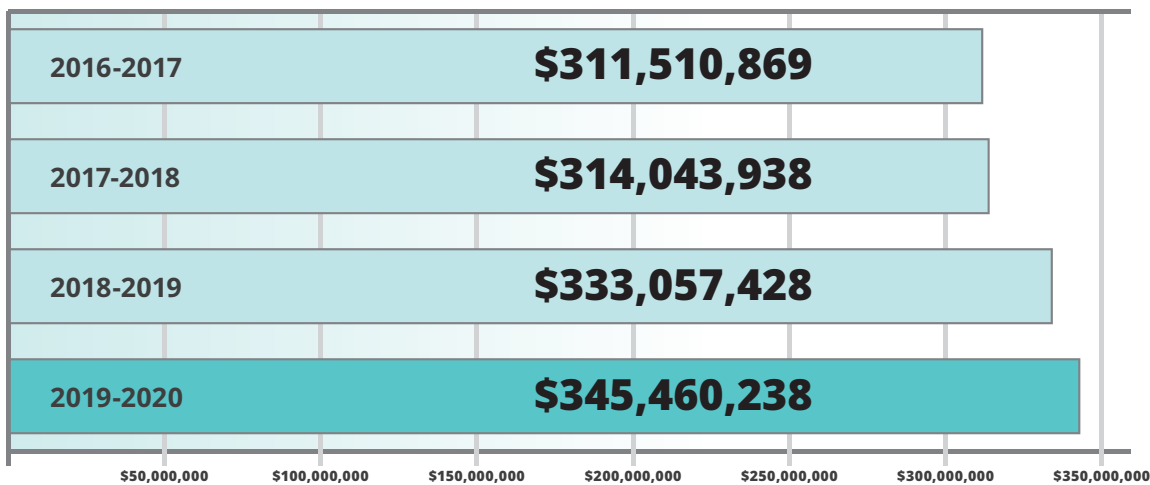


SMMC LTC: Statewide Medicaid Managed Care Long-term Care Program includes all ages; does not include incentives and/or pay-for-performance initiatives; may not include all adjustments. Numbers not confirmed by AHCA.

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

Source: CIRTS & FMMIS, SFY 2018-2019

Budget History



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

Source: 2019-2020 General Appropriations Act less vetoed amounts and Department of Elder Affairs' electronic Approved Operating Budget 2019-2020

Appropriations - State Fiscal Year 2019-2020

General Revenue	\$161,772,349
Legislative Appropriation	
Administrative Trust Fund	\$3,302,837
Public Guardianship Services	
Indirect Earnings	
Federal Grants Trust Fund	\$120,567,051
Title III and Title VII, Older Americans Act	
Title V Senior Community Service Employment Program	
HHS Nutrition Services Incentive Program	
USDA Child and Adult Care Food Program	
Emergency Home Energy Assistance Program (EHEAP)	
Serving Health Insurance Needs of Elders (SHINE) Program	
Senior Farmers' Market Nutrition Program	
Operations and Maintenance Trust Fund	\$59,795,301
Comprehensive Assessment and Review for Long-Term Care Services (CARES)	
Medicaid Administration	
Grants and Donations Trust Fund	\$22,700
Donations	
Total	\$345,460,238

Source: 2019-2020 General Appropriations Act less vetoed amounts and Department of Elder Affairs' electronic Approved Operating Budget 2019-2020

ADRC Funding

Fiscal Year	State	Federal	Total
2010-2011	\$2,389,233	\$2,389,234	\$4,778,467
2011-2012	\$2,389,233	\$2,389,234	\$4,778,467
2012-2013	\$2,389,233	\$2,389,234	\$4,778,467
2013-2014	\$3,039,233	\$3,039,234	\$6,078,467
2014-2015	\$3,039,233	\$3,039,234	\$6,078,467
2015-2016	\$3,039,233	\$3,039,234	\$6,078,467
2016-2017	\$3,089,233	\$3,089,234	\$6,178,467
2017-2018	\$3,215,320	\$3,215,321	\$6,430,641
2018-2019	\$3,215,320	\$3,215,321	\$6,430,641
2019-2020	\$3,215,320	\$3,215,321	\$6,430,641



Appendix 2

General Eligibility Requirements for Major Programs and Services

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

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

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

Appendix 3

Elder Demographics and Clients Served

County	Total Population					Percent of Population Who Are Elders				
	All Ages	60+	65+	75+	85+	60+	65+	75+	85+	Minority 60+
Alachua	263,291	51,823	37,422	15,202	4,697	19.7%	14.2%	5.8%	1.8%	26.8%
Baker	27,652	5,407	3,742	1,405	325	19.6%	13.5%	5.1%	1.2%	12.8%
Bay	181,199	42,736	30,897	13,419	4,140	23.6%	17.1%	7.4%	2.3%	15.5%
Bradford	28,057	6,839	5,040	2,219	660	24.4%	18.0%	7.9%	2.4%	13.3%
Brevard	583,563	183,319	135,978	63,451	19,360	31.4%	23.3%	10.9%	3.3%	17.2%
Broward	1,897,976	437,838	315,430	138,126	46,911	23.1%	16.6%	7.3%	2.5%	48.6%
Calhoun	15,093	3,769	2,779	1,221	308	25.0%	18.4%	8.1%	2.0%	13.5%
Charlotte	177,987	82,860	66,072	31,680	9,369	46.6%	37.1%	17.8%	5.3%	9.2%
Citrus	145,721	63,747	50,243	23,913	6,863	43.7%	34.5%	16.4%	4.7%	8.5%
Clay	212,034	44,759	31,981	12,744	3,235	21.1%	15.1%	6.0%	1.5%	20.2%
Collier	367,347	130,746	104,302	51,415	14,679	35.6%	28.4%	14.0%	4.0%	14.1%
Columbia	69,721	18,094	13,114	5,404	1,428	26.0%	18.8%	7.8%	2.0%	17.4%
De Soto	35,520	8,924	6,768	2,998	723	25.1%	19.1%	8.4%	2.0%	19.0%
Dixie	16,489	5,154	3,780	1,454	318	31.3%	22.9%	8.8%	1.9%	6.8%
Duval	952,861	191,918	134,526	53,887	16,746	20.1%	14.1%	5.7%	1.8%	37.6%
Escambia	318,560	76,332	55,462	23,779	7,010	24.0%	17.4%	7.5%	2.2%	27.3%
Flagler	107,511	38,258	29,845	13,118	3,310	35.6%	27.8%	12.2%	3.1%	20.4%
Franklin	12,009	3,484	2,609	1,093	266	29.0%	21.7%	9.1%	2.2%	9.3%
Gadsden	47,828	11,597	8,188	3,159	794	24.2%	17.1%	6.6%	1.7%	48.4%
Gilchrist	17,424	5,034	3,709	1,593	505	28.9%	21.3%	9.1%	2.9%	5.1%
Glades	13,002	4,082	3,199	1,473	304	31.4%	24.6%	11.3%	2.3%	18.3%
Gulf	16,499	4,575	3,398	1,427	365	27.7%	20.6%	8.6%	2.2%	11.5%
Hamilton	14,621	3,699	2,653	1,007	240	25.3%	18.1%	6.9%	1.6%	28.8%
Hardee	27,296	5,281	3,905	1,628	453	19.3%	14.3%	6.0%	1.7%	26.3%
Hendry	39,586	7,429	5,408	2,383	674	18.8%	13.7%	6.0%	1.7%	47.8%
Hernando	185,604	66,049	52,158	24,827	7,355	35.6%	28.1%	13.4%	4.0%	13.7%
Highlands	102,525	43,032	34,851	17,590	5,164	42.0%	34.0%	17.2%	5.0%	15.5%
Hillsborough	1,408,864	270,523	193,380	80,598	23,733	19.2%	13.7%	5.7%	1.7%	39.6%
Holmes	20,133	5,520	4,136	1,796	406	27.4%	20.5%	8.9%	2.0%	6.6%
Indian River	151,825	58,136	45,701	22,375	7,377	38.3%	30.1%	14.7%	4.9%	10.2%
Jackson	50,435	12,929	9,528	4,276	1,229	25.6%	18.9%	8.5%	2.4%	23.8%
Jefferson	14,733	4,411	3,147	1,135	315	29.9%	21.4%	7.7%	2.1%	29.3%

Pages 118, 120 Source: Rayer, S., & Wang, Y. (2019). *Population Projections by Age, Sex, Race, and Hispanic Origin for Florida and Its Counties, 2020–2045, With Estimates For 2018*. Retrieved from the University of Florida Bureau of Economic and Business Research website: bebr.ufl.edu/population/population-data/population-projections-age-sex-race-and-hispanic-origin-florida-and-its-3
 Pages 119, 121 Source: CIRTS for clients served; U.S. Census Bureau. *American Community Survey, 2017 American Community Survey 5-Year Estimates* factfinder.census.gov/faces/nav/jsf/pages/index.xhtml; Alzheimer's Disease 65+ : Department of Elder Affairs calculations based on Florida Population data and 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.

County	Percent of Population Who Are Elders				Clients Served			
	Below Poverty Level 60+	Alzheimer's Disease 65+	Living Alone 60+	60+ With Self-Care Disabilities	ADI	CCE	HCE	Community Nursing Home Beds Per 1,000 (75+)
Alachua	9.4%	12.5%	23.6%	5.7%	240	327	48	65.6
Baker	6.8%	11.1%	17.1%	3.0%	3	60	6	133.8
Bay	9.0%	13.1%	22.2%	6.9%	35	154	33	63.6
Bradford	11.5%	13.1%	23.2%	5.7%	29	56	4	108.2
Brevard	8.1%	13.8%	21.6%	5.5%	83	860	28	42.2
Broward	11.6%	13.6%	22.5%	6.8%	302	3,729	270	30.4
Calhoun	9.6%	12.6%	23.3%	18.8%	2	25	3	201.5
Charlotte	7.0%	13.9%	19.3%	4.7%	50	474	19	35.4
Citrus	9.1%	13.8%	21.4%	4.7%	215	396	21	46.1
Clay	6.6%	11.8%	17.0%	5.5%	17	371	32	81.1
Collier	7.4%	14.1%	19.3%	3.9%	68	469	25	14.7
Columbia	9.5%	12.2%	20.9%	7.9%	85	167	15	56.4
De Soto	12.2%	12.5%	21.7%	4.3%	7	110	7	39.4
Dixie	11.5%	11.1%	22.7%	8.8%	19	68	7	41.3
Duval	9.3%	12.4%	23.1%	6.4%	54	2,352	78	74.3
Escambia	6.7%	12.8%	22.0%	6.0%	43	467	21	73.9
Flagler	8.5%	12.6%	17.4%	5.3%	28	309	15	18.3
Franklin	7.7%	12.1%	19.7%	8.8%	2	17	6	82.3
Gadsden	10.6%	11.5%	22.0%	6.6%	10	32	12	38.0
Gilchrist	8.4%	13.1%	20.0%	8.9%	13	44	5	126.2
Glades	19.1%	12.5%	20.1%	9.6%	2	59	8	0.0
Gulf	9.1%	12.2%	17.7%	7.8%	1	21	1	84.1
Hamilton	12.8%	11.2%	20.0%	6.6%	16	52	13	59.6
Hardee	17.9%	12.4%	19.7%	9.7%	28	85	12	63.9
Hendry	15.1%	13.0%	18.6%	9.2%	4	136	20	104.1
Hernando	7.8%	13.9%	20.0%	5.3%	121	393	39	26.6
Highlands	9.2%	14.5%	19.7%	5.9%	127	496	16	34.0
Hillsborough	10.5%	12.6%	21.4%	6.8%	864	3,536	123	46.8
Holmes	12.6%	12.2%	21.6%	9.5%	3	24	6	100.2
Indian River	8.0%	14.6%	23.0%	5.8%	92	558	13	24.4
Jackson	9.8%	13.2%	21.2%	8.5%	8	59	6	126.3
Jefferson	7.7%	11.2%	23.4%	6.0%	5	29	1	138.3

County	Total Population					Percent of Population Who Are Elders				
	All Ages	60+	65+	75+	85+	60+	65+	75+	85+	Minority 60+
Lafayette	8,501	1,762	1,297	550	142	20.7%	15.3%	6.5%	1.7%	7.5%
Lake	342,917	113,686	88,108	40,637	10,992	33.2%	25.7%	11.9%	3.2%	16.4%
Lee	713,903	235,375	182,275	80,273	20,874	33.0%	25.5%	11.2%	2.9%	14.3%
Leon	292,332	54,015	38,465	14,820	4,352	18.5%	13.2%	5.1%	1.5%	28.3%
Levy	41,054	12,828	9,466	3,832	824	31.2%	23.1%	9.3%	2.0%	12.7%
Liberty	8,915	1,588	1,091	429	105	17.8%	12.2%	4.8%	1.2%	14.0%
Madison	19,473	5,155	3,792	1,562	452	26.5%	19.5%	8.0%	2.3%	31.7%
Manatee	377,826	127,395	98,295	44,850	13,066	33.7%	26.0%	11.9%	3.5%	12.5%
Marion	353,898	129,427	101,658	47,156	12,507	36.6%	28.7%	13.3%	3.5%	15.7%
Martin	155,556	60,010	46,908	23,361	7,746	38.6%	30.2%	15.0%	5.0%	7.7%
Miami-Dade	2,779,322	605,468	448,235	209,157	64,060	21.8%	16.1%	7.5%	2.3%	87.8%
Monroe	73,940	23,273	16,743	6,128	1,442	31.5%	22.6%	8.3%	2.0%	17.8%
Nassau	82,748	24,347	17,826	7,037	1,723	29.4%	21.5%	8.5%	2.1%	9.1%
Okaloosa	198,152	46,024	33,088	14,484	4,143	23.2%	16.7%	7.3%	2.1%	17.6%
Okeechobee	41,120	10,092	7,594	3,447	894	24.5%	18.5%	8.4%	2.2%	13.9%
Orange	1,349,597	228,895	159,240	63,619	18,811	17.0%	11.8%	4.7%	1.4%	54.3%
Osceola	352,496	66,084	46,698	18,475	4,896	18.7%	13.2%	5.2%	1.4%	60.9%
Palm Beach	1,433,417	432,939	337,224	169,321	60,092	30.2%	23.5%	11.8%	4.2%	23.3%
Pasco	515,077	152,963	117,440	53,181	15,779	29.7%	22.8%	10.3%	3.1%	13.6%
Pinellas	970,532	317,594	239,572	110,008	35,744	32.7%	24.7%	11.3%	3.7%	14.5%
Polk	673,028	180,801	136,741	59,582	15,433	26.9%	20.3%	8.9%	2.3%	23.2%
Putnam	72,981	21,677	15,995	6,780	1,896	29.7%	21.9%	9.3%	2.6%	15.4%
St Johns	238,742	62,546	45,842	19,050	5,731	26.2%	19.2%	8.0%	2.4%	11.4%
St Lucie	302,432	86,490	65,456	29,560	8,686	28.6%	21.6%	9.8%	2.9%	25.0%
Santa Rosa	174,887	38,660	27,257	10,848	2,614	22.1%	15.6%	6.2%	1.5%	11.0%
Sarasota	417,442	178,361	143,766	72,751	22,939	42.7%	34.4%	17.4%	5.5%	7.3%
Seminole	463,560	98,122	70,039	29,536	9,591	21.2%	15.1%	6.4%	2.1%	29.5%
Sumter	124,935	76,168	65,441	29,349	5,338	61.0%	52.4%	23.5%	4.3%	5.0%
Suwannee	44,879	12,767	9,690	4,429	1,265	28.4%	21.6%	9.9%	2.8%	12.0%
Taylor	22,283	6,320	4,716	1,916	409	28.4%	21.2%	8.6%	1.8%	15.8%
Union	15,867	3,161	1,993	666	141	19.9%	12.6%	4.2%	0.9%	21.6%
Volusia	531,062	169,690	127,478	56,674	18,011	32.0%	24.0%	10.7%	3.4%	16.7%
Wakulla	31,943	6,567	4,520	1,620	377	20.6%	14.2%	5.1%	1.2%	12.4%
Walton	67,656	17,864	12,755	4,965	1,285	26.4%	18.9%	7.3%	1.9%	9.3%
Washington	25,129	6,168	4,481	1,819	415	24.5%	17.8%	7.2%	1.7%	13.4%
Florida	20,840,568	5,512,586	4,134,536	1,863,667	562,037	26.5%	19.8%	8.9%	2.7%	31.0%

County	Percent of Population Who Are Elders				Clients Served			
	Below Poverty Level 60+	Alzheimer's Disease 65+	Living Alone 60+	60+ With Self-Care Disabilities	ADI	CCE	HCE	Community Nursing Home Beds Per 1,000 (75+)
Lafayette	11.9%	12.3%	19.9%	8.8%	6	23	5	109.1
Lake	7.7%	13.2%	18.9%	4.2%	287	513	44	36.6
Lee	8.1%	12.7%	19.0%	5.2%	64	1,395	44	25.5
Leon	6.7%	11.9%	23.1%	4.7%	18	64	26	51.2
Levy	11.0%	11.5%	22.5%	8.5%	49	123	11	31.3
Liberty	11.0%	11.6%	20.8%	13.2%	3	16	3	0.0
Madison	16.2%	12.4%	23.5%	5.0%	4	30	7	152.4
Manatee	7.4%	13.4%	19.3%	4.0%	286	834	53	31.1
Marion	8.7%	13.2%	19.7%	5.3%	280	543	41	31.8
Martin	6.0%	14.8%	24.2%	4.6%	116	454	29	34.0
Miami-Dade	18.6%	13.8%	17.1%	7.8%	290	6,065	863	39.9
Monroe	11.6%	10.9%	22.0%	4.1%	21	143	17	39.2
Nassau	6.6%	11.6%	15.9%	5.5%	14	176	13	34.1
Okaloosa	6.1%	12.9%	20.3%	4.9%	24	125	21	62.1
Okeechobee	15.6%	13.0%	19.7%	5.1%	27	174	16	52.2
Orange	9.3%	12.2%	17.5%	5.4%	319	1,917	54	65.5
Osceola	11.3%	11.8%	13.2%	6.2%	22	655	17	58.5
Palm Beach	8.7%	15.2%	23.7%	5.6%	994	4,084	135	35.3
Pasco	9.1%	13.4%	21.5%	6.0%	321	1,561	29	36.4
Pinellas	8.9%	13.9%	26.3%	5.6%	554	2,406	41	69.8
Polk	9.2%	12.6%	18.7%	5.7%	533	2,000	102	50.2
Putnam	12.9%	12.6%	24.7%	6.0%	71	110	28	49.7
St Johns	5.8%	12.6%	18.0%	4.5%	37	367	16	28.2
St Lucie	10.3%	13.3%	20.6%	6.9%	257	1,018	54	35.5
Santa Rosa	5.7%	11.6%	15.4%	6.8%	11	164	11	37.8
Sarasota	6.4%	14.8%	22.7%	4.2%	54	775	21	40.6
Seminole	7.2%	13.0%	19.2%	5.8%	107	584	20	42.2
Sumter	6.0%	12.0%	15.0%	2.9%	78	107	17	12.6
Suwannee	10.4%	13.3%	19.1%	7.1%	44	112	23	90.5
Taylor	12.6%	11.5%	17.5%	10.4%	4	18	4	62.6
Union	8.7%	10.1%	15.0%	5.4%	12	33	5	0.0
Volusia	9.1%	13.4%	23.0%	6.2%	118	1,421	51	56.5
Wakulla	10.0%	10.8%	22.4%	6.2%	5	21	2	74.1
Walton	8.4%	11.6%	22.5%	6.6%	9	70	13	55.8
Washington	11.6%	11.7%	21.5%	9.8%	5	42	1	99.0
Florida	9.9%	13.4%	20.7%	5.9%	7,615	44,036	2,749	43.3

Appendix 4

Customer Assessment Profiles by Priority Level

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

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

CLIENT ASSESSMENT PROFILES BY PRIORITY RANK	PRIORITY RANK			
	1 and 2	3	4	5
Number of ADLs with which help is required	2	3	4	5
Number of IADLs with which help is required	5	6	7	7-8
Percent with dementia or cognitive impairment	31%	40%	47%	58%
Percent self-assessed in poor health	29%	50%	63%	75%
Percent of caregivers in crisis	0%	10%	29%	46%
A lot of difficulty with caregiver's physical health	3%	10%	19%	34%

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

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

Appendix 5

Acronyms and Abbreviations

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

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



Appendix 6

Index

A

ADRD 51, 53, 54, 123

ADRD Training 53

Adult Care Food Program , 77, 15, 77, 115

Adult Day Care , 45, 47, 54, 55, 34, 67, 71, 77, 92

Adult Day Health Care 55, 92

Aging and Disability Resource Center 19, 21

Aging and Disability Resource Center(s) 6, 19, 114, 115, 123

Alzheimer's Disease 19, 45, 46, 23, 46, 47, 48, 50, 51, 54, 48, 91, 48, 119,

Alzheimer's Disease Initiative 46, 91, 46, 47, 48, 111, 94, 119, 97

AmeriCorps 76, 79, 80, 91, 111

Area Agency(ies) on Aging (AAAs) 6, 57, 15, 59, 19, 20, 21, 21, 46, 29, 55, 65, 81, 65, 114, 81, 123

Assessment(s) 36, 39, 41, 47, 55, 91, 68, 69, 105, 115, 99, 100, 104, 105

Assisted Living 19, 51, 53, 52, 20, 20, 42, 67, 93, 123

B

Basic Subsidy 57, 93

Behavioral Management 94

Brain Bank(s) 46, 47, 48, 49

C

Caregiver Support 34

CARES , 68, 69, 70, 15, 69, 91, 115, 69, 104

Case Aide 55, 94

Case Management 45, 55, 57, 71, 94

Chore , 55, 95, 55, 103, 102

Communities for a Lifetime 123

Community Care for the Elderly 55, 19, 20, 54, 55, 15, 91, 92, 94, 95, 96, 97, 98, 99, 55, 101, 102, 103, 104, 105, 106, 111, 114, 119, 105

Companionship 55, 65, 84, 96

Congregate Meals 45, 96

Consumable Medical Supplies 46, 47, 55

Council(s) on Aging 19

Counseling 36, 45, 46, 47, 55, 88, 89, 97, 105

E

Education 43, 46, 60, 61, 79, 48, 98, 105

Elder Abuse 43, 44

Elder Abuse Prevention 43

Emergency Alert Response 55, 91, 98, 99

Emergency Home Energy Assistance for the Elderly Program , 82, 15, 91, 115, 116, 81, 82, 99

Emergency Home Repair 55

Employment 36, 91, 115, 117, 99

Energy Assistance , 81, 15, 91, 115, 116, 81, 99

Escort 55, 99

H

Health Insurance , 91, 115, 97

Health Promotion , 100

Health Risk 100

Health Support 100

Home Accessibility 57

Home Care for the Elderly 57, 56, 57, 91, 101, 103, 15, 105, 106, 111, 92, 93, 94, 95, 119, 97, 102

Home-Delivered Meals 27, 29, 45, 55, 101

Home Health Aide 55, 57

Homemaker 20, 55, 102

Home Repair(s) 43, 55

Housing 102, 103

Housing Improvement(s) 102, 103

I

Independent Consumer Support Program , 123

Information , 91, 24, 91, 116, 102

J

Job Training , 99

L

Legal Assistance 55, 103

Local Services Programs 59, 58, 59, 91, 92, 94, 95, 96, 97, 99, 100, 101, 102, 103, 15, 105, 60, 106, 111, 103

Long-Term Care Ombudsman Program 39, 40, 42, 42, 91, 103

M

Material Aid 55, 103

Meals 20, 2, 27, 29, 45, 29, 30, 55, 78, 55, 77, 96, 101, 96

Medicaid 20, 71, 15, 68, 71, 77, 88, 89, 76, 114, 91, 77, 115, 93

Medical Equipment , 104, 110

Medicare , 71, 76, 71, 88, 89

Medication Management 91, 102, 104

Memory Disorder Clinic(s) , 46, 47, 48, 50, 20, 50

N

National Family Caregiver Support Program 34

Nutrition Counseling 105

Nutrition Education 86, 105

Nutrition Services Incentive Program 29, 29, 115, 29, 30

O

Occupational Therapy 105

Office of Public and Professional Guardians 61, 16, 60, 61, 64, 62, 91

Older Americans Act 6, 22, 27, 31, 34, 15, 36, 37, 39, 40, 43, 44, 29, 29, 76, 91, 115, 29

Ombudsman 39, 40, 42, 42, 91, 123

Other Services 57, 105

Outreach 43, 79, 106

P

Personal Care 45, 55, 106

Physical Therapy , 107

Program of All-Inclusive Care for the Elderly , 15, 2, 71, 71, 91, 71, 72

Public Guardianship 16, 61, 16, 64, 108, 115

R

Recreation 108

Respiratory Therapy 108

Respite 20, 65, 45, 46, 47, 48, 55, 63, 65, 65, 79, 84, 65, 77, 109

Respite for Elders Living in Everyday Families 65, 65, 91

S

Screening and Assessment 109

Senior Community Service Employment Program 36, 37, 91, 117, 99, 124

Senior Companion 84, 76, 84, 76, 91

Senior Farmers' Market Nutrition Program , 86, 15, 115, 117, 15

SHINE , 88, 89, 91, 115, 97

Shopping Assistance 55, 84, 109

Skilled Nursing , 102, 110

Speech Therapy 110

Statewide Medicaid Managed Care , 15, 91, 92, 93, 94, 97, 98, 99, 101, 102, 104, 105, 106, 108, 111, 114, 102

Supportive Services 23

T

Telephone Reassurance 111

Transportation , 55, 84, 84

V

Volunteer(s) , 20, 2, 65, 66, 79, 84, 88, 89, 65, 111

Summary

OF PROGRAMS AND SERVICES

This 2020 edition of the Summary of Programs & Services provides comprehensive information about the Florida Department of Elder Affairs and the programs it administers. Specifically, the 2020 Summary of Programs & Services contains the following information for each of the programs the Department administers:

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

The 2020 Summary of Programs & Services also includes an appendix with demographic and budget information. Unless otherwise noted, this publication contains information and data compiled as of January 2020.

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

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