

2021

# Summary of Programs & Services



Helping all Floridians to

**LIVE & AGE  
WELL & WELL**

**RON DESANTIS**  
*Governor*

**MICHELLE BRANHAM**  
*Secretary*



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# SUMMARY OF PROGRAMS AND SERVICES

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RON DESANTIS  
*Governor*

MICHELLE BRANHAM  
*Secretary*

**2021**



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4040 Esplanade Way  
Tallahassee, Florida  
32399-7000

Phone: 850-414-2000

Fax: 850-414-2004

TDD: 850-414-2001

**ELDERAFFAIRS.ORG**

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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 November 2021.

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

For individuals interested in enrolling in DOEA’s programs or services, please contact the Elder Helpline at **1-800-96-ELDER**.



## PROGRAMS AT A GLANCE

Program	2020-2021 Funding	2021-2022 Funding	2020-2021 Numbers Served	Pg.
Adult Care Food Program (ACFP)	\$6,990,469	#\$6,990,469	2,421,108 meals & snacks* 223 program sites	72
Alzheimer's Disease Initiative (ADI) — Respite/Special Projects	\$28,255,006	\$34,746,404	2,810 clients	44
Alzheimer's Disease Initiative (ADI) — Memory Disorder Clinics	\$3,909,285	\$3,909,285	13,249 clients	45
AmeriCorps	\$227,024	\$248,113	21,681 hours of service	74
Community Care for the Elderly (CCE)	\$61,557,614	\$68,850,206	49,429 clients	53
Comprehensive Assessment and Review for Long-Term Care Services (CARES)	\$17,725,744	\$18,396,055	112,871 assessments	63
Emergency Home Energy Assistance for the Elderly Program (EHEAP)	\$5,848,537	\$5,848,537	16,330 households	76
Home Care for the Elderly (HCE)	\$10,303,357	\$10,303,357	4,797 clients	55
Local Services Programs (LSP)	\$9,549,398	\$10,028,454	9,884 clients	56
Long-Term Care Ombudsman Program (LTCOP)	\$2,993,996	#\$2,993,996	756 assessments 2,511 complaints	38
Medicare Improvements for Patients & Providers Act (MIPPA)	\$2,929,739	\$1,952,866	31,109 client contacts	80
Nutrition Services Incentive Program (NSIP)	\$6,272,944	#\$6,272,944	12,768,421 meals	30
Office of Public and Professional Guardians (OPPG)	\$18,152,629	\$18,024,853	3,806 public wards	57
Older Americans Act Title III B - Supportive Services	\$34,171,554	#\$34,171,554	29,921 clients	24
Older Americans Act Title III C1 — Congregate Meals	\$26,793,122	#\$26,793,122	30,291 clients	26
Older Americans Act Title III C2 — Home-Delivered Meals	\$26,914,784	#\$26,914,784	30,655 meals	28
Older Americans Act Title III D — Disease Prevention and Health Promotion Services	\$1,867,767	#\$1,867,767	6,188 clients	32
Older Americans Act Title III E — Caregiver Support	\$15,381,708	#\$15,381,708	94,634 clients	34
Older Americans Act Title V — Senior Community Service Employment Program (SCSEP)	\$4,681,926	#\$4,681,926	434 clients	36
Program of All-Inclusive Care for the Elderly (PACE)	\$73,077,718	\$90,663,745	2,372 clients	66
Respite for Elders Living in Everyday Families (RELIEF)	\$932,084	\$959,000	151 volunteers 68,351 hours	60
Senior Farmers' Market Nutrition Program (SFMNP)	\$122,464	#\$122,464	3,250 clients	78
Senior Medicare Patrol (SMP)	\$460,551	\$478,557	27,929 client contacts	80
Serving Health Insurance Needs of Elders Program (SHINE)	\$2,914,883	\$2,926,303	42,756 client contacts	80

Note: Programs operate on different annual periods, i.e., state fiscal year, federal fiscal year, grant year, or calendar year. The program data available at time of publication is from November, 2021. Please refer to individual program listings for their respective program periods.

# Projection \*Final count for 2020-21 have not been reported as of November 1, 2021

# SECTION A

*Florida's Aging  
Network*



# Department of Elder Affairs General Overview

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 5.9 million seniors make up Florida’s Aging Network. Important to the Aging Network are 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.



*Above: Governor Ron DeSantis, former secretary Richard Prudom, and Secretary Michelle Branham*

## 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

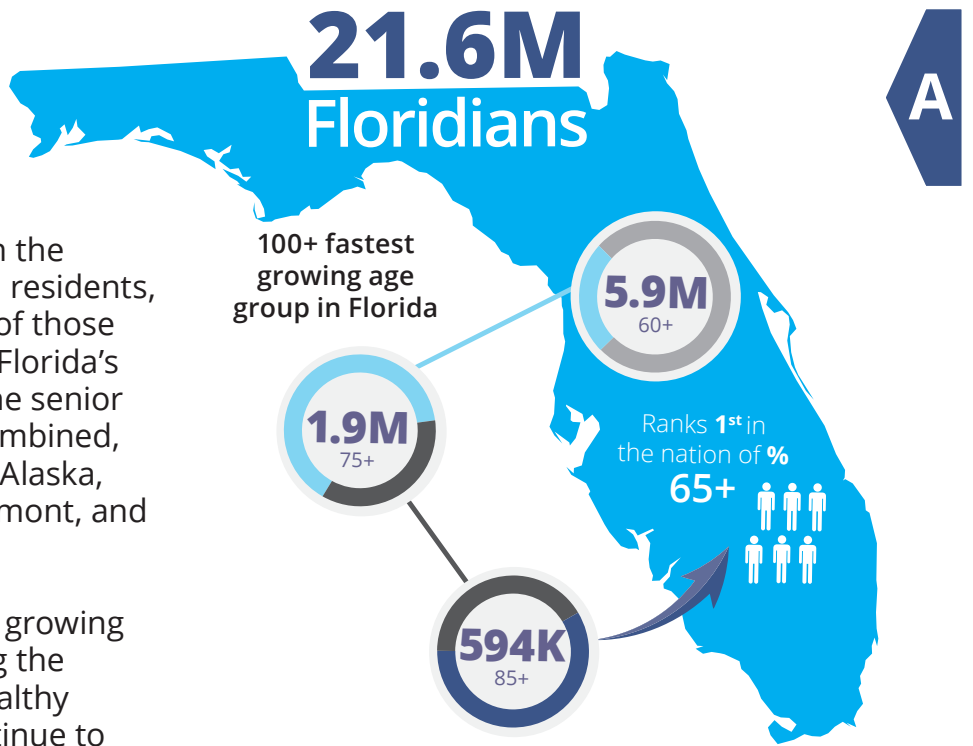
**D** Dementia Care and Cure Initiative

# Florida's Older Adults

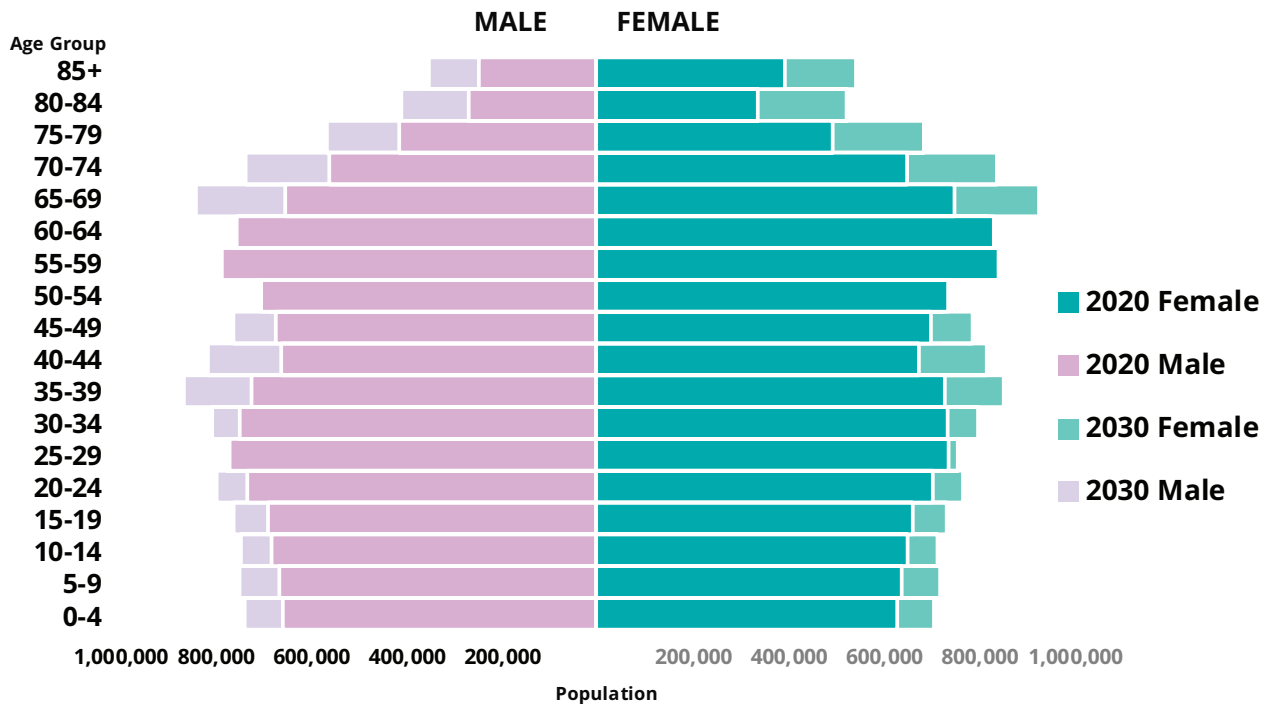
## By the Numbers

Florida is the third largest state in the nation, with more than 21 million residents, and over 28 percent (5.9 million) of those residents are over the age of 60. Florida's senior population outnumbers the senior populations of 20 other states combined, as well as the total population of Alaska, North Dakota, South Dakota, Vermont, and Wyoming.

Older adults 100+ are the fastest growing age group in Florida, emphasizing the need for a statewide focus on healthy aging. Florida is projected to continue to experience increases in the number of older residents over the next 10 years as a result of migration and baby boomers who continue to age into retirement.



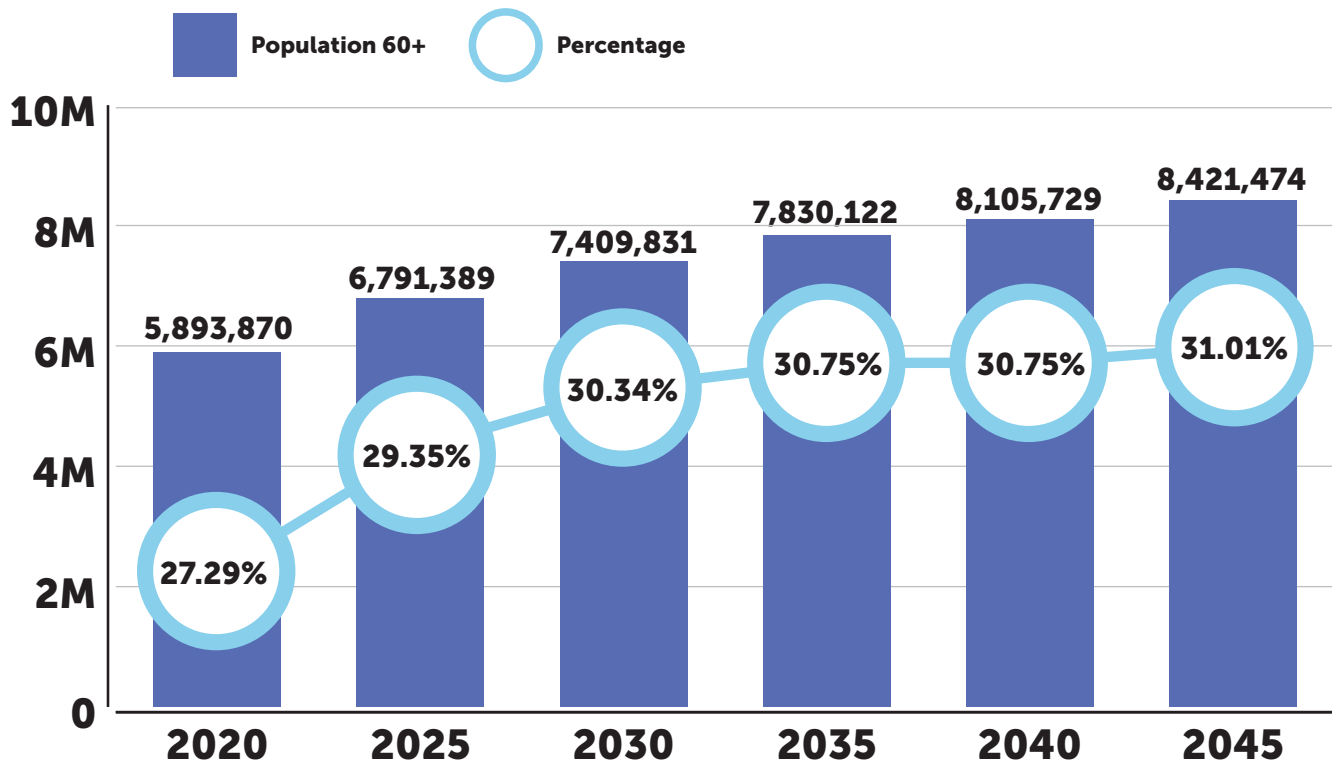
## Florida Population Projections by Gender, 2020 vs. 2030



Source: Bureau of Economic and Business Research, Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2021-2045, With 2020 Estimates (Released July, 2021).

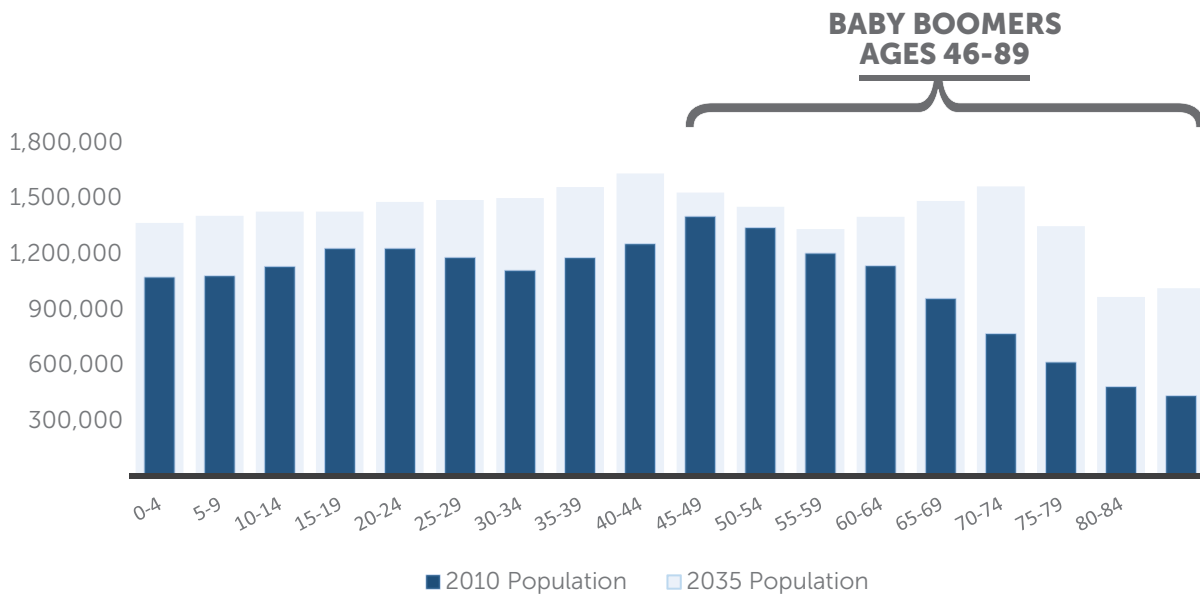


## 2020-2045 POPULATION PROJECTIONS FOR FLORIDA



2020 to 2045 Population Projections for Florida: Actual and Percent, 60 and Older 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)

## POPULATION PROJECTIONS FOR FLORIDA RESIDENTS BY AGE: 2010 AND 2035



Population Projections for Florida Residents by Age: 2010 and 2035 Source: Bureau of Economic and Business Research, 2010 Census Counts, and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2020-2045 With 2018 Estimates (Released June 27, 2019) and The Census Bureau's International Data Base, Mid-year Population by Older Five-Year Age Groups and Sex (Updated September 2018)

Disabilities among Florida’s elder population vary by type, with 13 percent reporting cognitive impairments or problems with memory, 17 percent reporting ambulatory disabilities, and 14 percent reporting two or more types of impairment.

As this age group grows, along with the state’s entire population, states like Florida will be faced with increased demands on infrastructure and services. By 2030 Florida’s population of older adults will increase more than 30 percent from what it is today, which may place excessive burdens on the state’s economic and healthcare systems for older adults—challenges that have increased because COVID-19 has a disproportionate impact on older adults.



## Geographic Concentration Areas

The latest estimates from state economists show more than 900 people move to Florida every day, and nearly one-quarter of those are age 60 and older. These migration trends are largely reflected in the urban areas and are concentrated in the central and southern counties, namely Miami-Dade (636,153), Broward (462,249), Palm Beach (450,876), Pinellas (335,442), Hillsborough (291,953), and Lee (253,537) counties. These

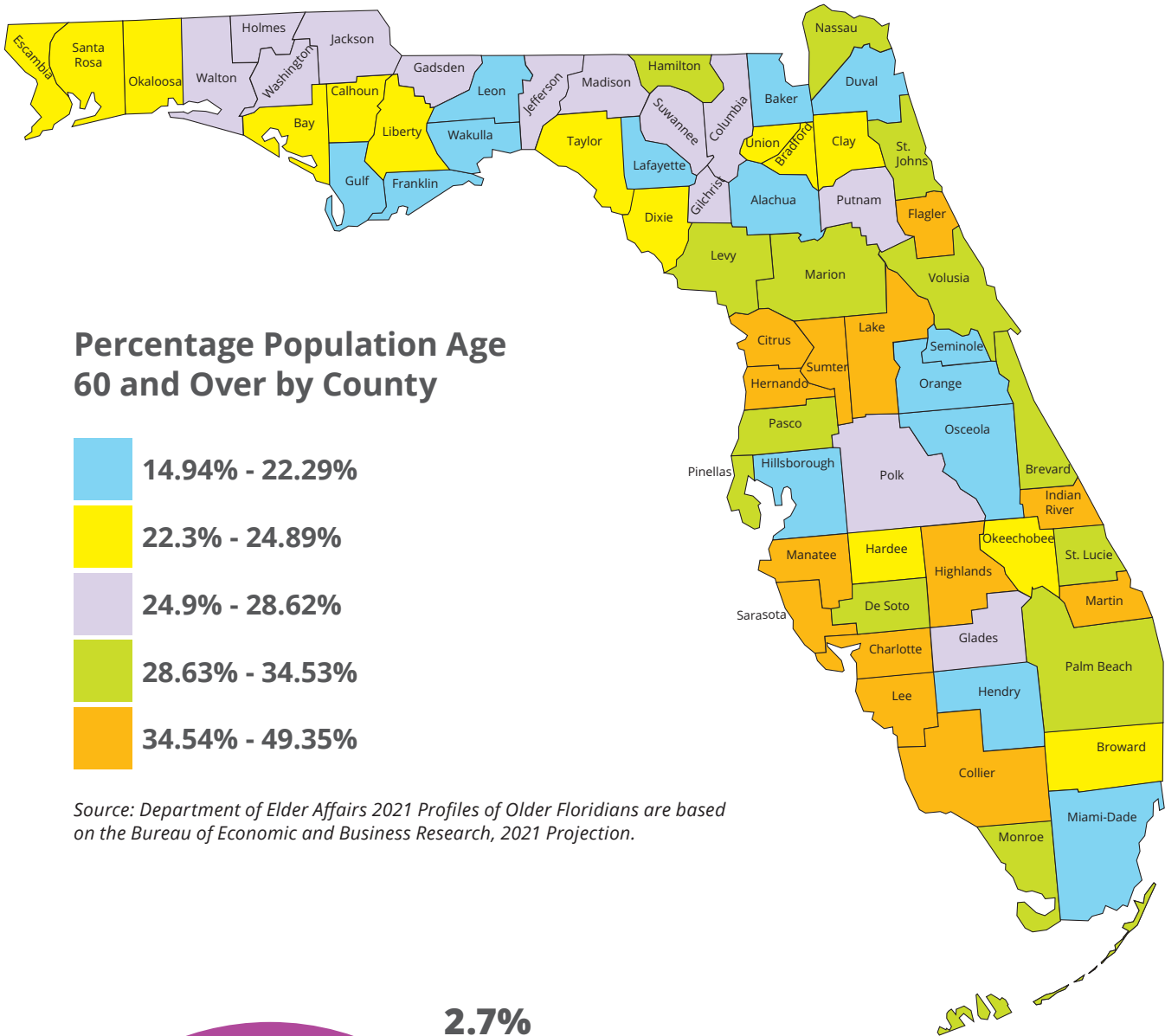
six counties account for 42 percent of the total state population age 60 and older.

Another way to determine where geographic concentrations of older adults in Florida may be located is to consider the proportion of older adults relative to the size and age of populations by county. In Florida, 22 counties have an older population of at least 30 percent, and there are five counties with more than 40 percent of their population over the age of 60.

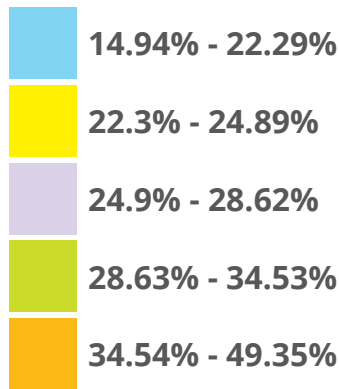
### COUNTIES IN FLORIDA WHERE 50 PERCENT OR MORE OF THE TOTAL POPULATION IS 60 OR OLDER, 2020

County	Total Population	Total Population (60+)	Percentage 60+
Sumter	141,422	87,576	62%
Charlotte	187,904	89,063	47%
Citrus	149,383	66,595	45%
Sarasota	438,816	191,581	44%
Highlands	104,834	44,834	43%

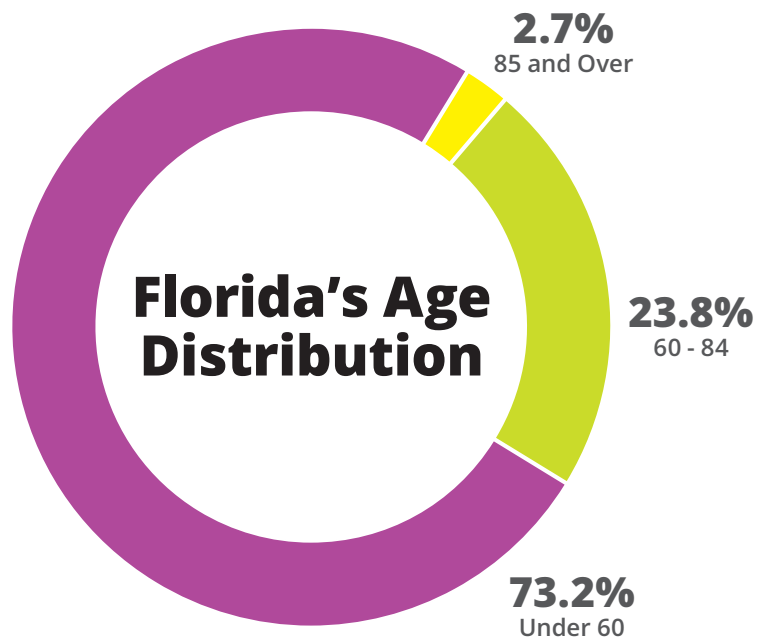
Source: Florida County Profiles, Department of Elder Affairs, revised October 2021 (U.S. Census data 2020)



### Percentage Population Age 60 and Over by County



Source: Department of Elder Affairs 2021 Profiles of Older Floridians are based on the Bureau of Economic and Business Research, 2021 Projection.

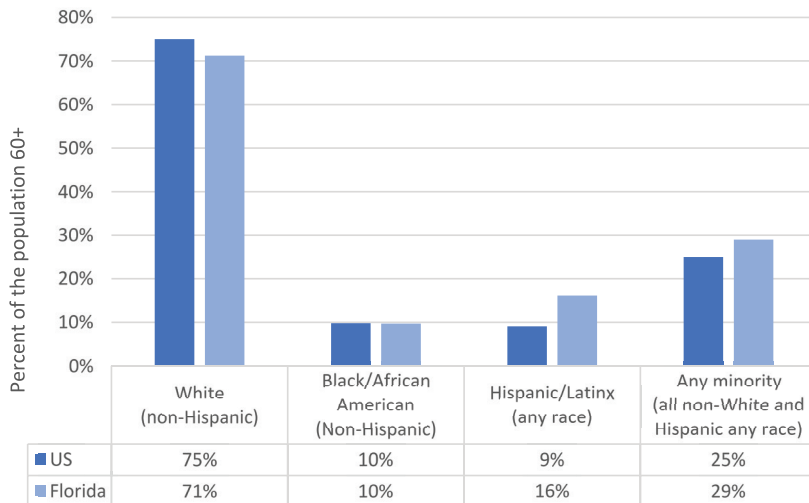


### Top 5 Counties With the Highest Concentration of Elders in Florida

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

Source: DOEA's 2021 Profiles of Older Floridians.

## U.S. AND FLORIDA PERCENT OF PERSONS AGE 60 AND OLDER BY RACE AND HISPANIC ETHNICITY, 2018



The expected changes in national **life expectancy** show **increases** projected **through the year 2045**.

Source: Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2018, U.S. Census Bureau, Population Division <https://www.census.gov/data/tables/time-series/demo/popest/2010s-national-detail.html>

## Diversity

Florida also benefits from a rich cultural diversity. Approximately 29 percent of people age 60 and older identify as a racial or ethnic minority.

Among people age 60 and older, the percentage of minorities in Florida continues to exceed that of the nation. The two largest minority groups of older adults are those who are Black or of African descent at 10 percent, and Hispanic or Latin ethnicity at 16 percent. Additionally, Florida is also home to more than 1.3 million foreign born older adults who contribute to the cultural, religious, and linguistic diversity of the state, with a resulting 22 percent of older adults who are able to speak in a language other than English, and 13 percent who are unable to speak English well.<sup>1</sup>

Disabilities among Florida’s elder population varied by type, with 13 percent reporting cognitive impairments or problems with memory, 17 percent reporting ambulatory disabilities, and 14 percent reporting two or more types of impairment. Though 37 percent of Florida’s

older adults do not have any type of disability,<sup>2</sup> those older adults age 85 and older, as well as those with lower incomes are more likely to experience disabilities and physical limitations.

## Life Expectancy

The projected increase of older adults in the population is in part due to the improved health and well-being of Floridians, which allows them to live longer lives. This is already apparent with the population of individuals age 100 and older, currently the nation’s fastest-growing age group by percentage. Many favorable trends are occurring simultaneously among individuals age 60 and older that continue to decrease the likelihood of morbidity (illness) and mortality (death). These include the following:

- A declining disability rate among people age 60 and older;
- Delayed retirement and increased labor force participation in older age groups; and
- Increases in education and a focus on healthy aging.

1 U.S. Census Bureau, Population Estimates Program (PEP), updated annually. [census.gov/quickfacts/FL](https://www.census.gov/quickfacts/FL); retrieved April 28, 2020. American Community Survey Product, 2018: ACS 1-Year Estimates Subject Tables "Population 60 Years and Over in Florida;" TableID: S0102

2 Department of Elder Affairs calculations based on Florida Population Data and 2012-2016 American Community Survey Data provided by AGID [agid.acl.gov/customtables/acs/year](http://agid.acl.gov/customtables/acs/year)

Long-term care and public health programs must be prepared and adequately funded to increase their staffing and operational capacity to prevent shortages in the care and services available to those in need. This may be particularly important as these demographic trends begin to impact other trends such as the ratio of available caregivers which is expected to drop from 4.4 to 2.8 by 2030.<sup>3</sup>

**AGE 65+**

**21-23 YEARS**

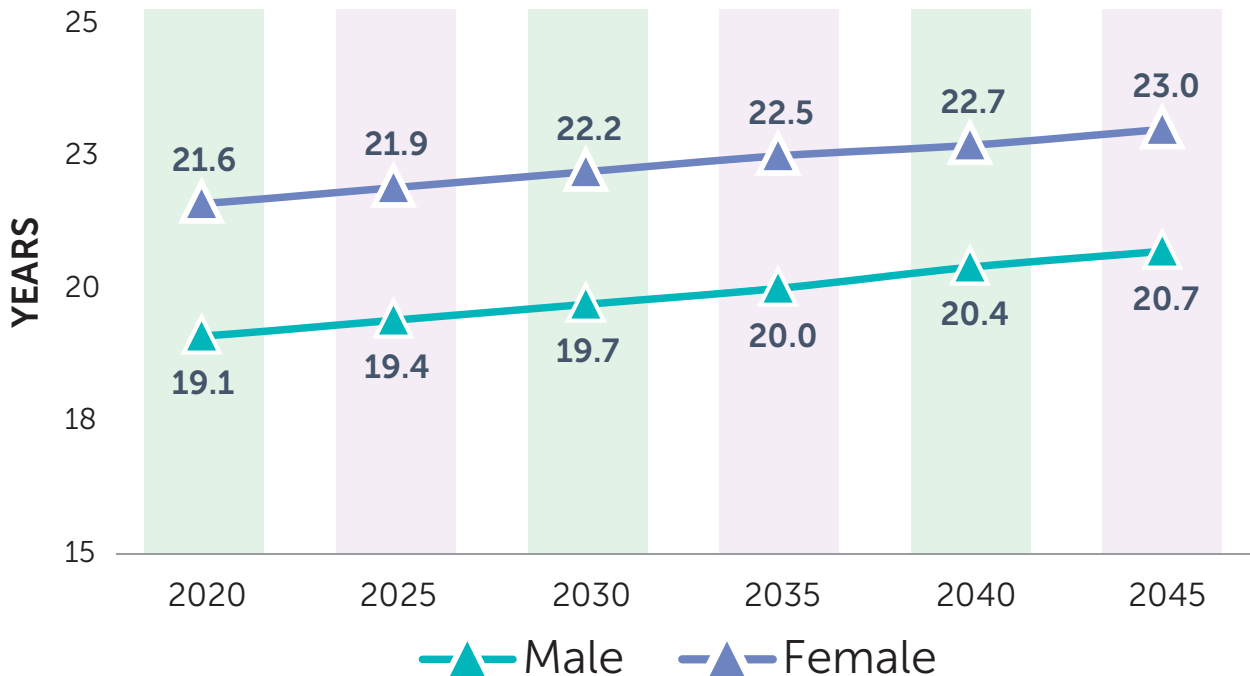
*At age 65, the average American is estimated to live an additional 21 to 23 years.*

## Contributions of Older Adults

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 and 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).<sup>4</sup>

UNITED STATES LIFE EXPECTANCY AT AGE 65: 2020 TO 2045



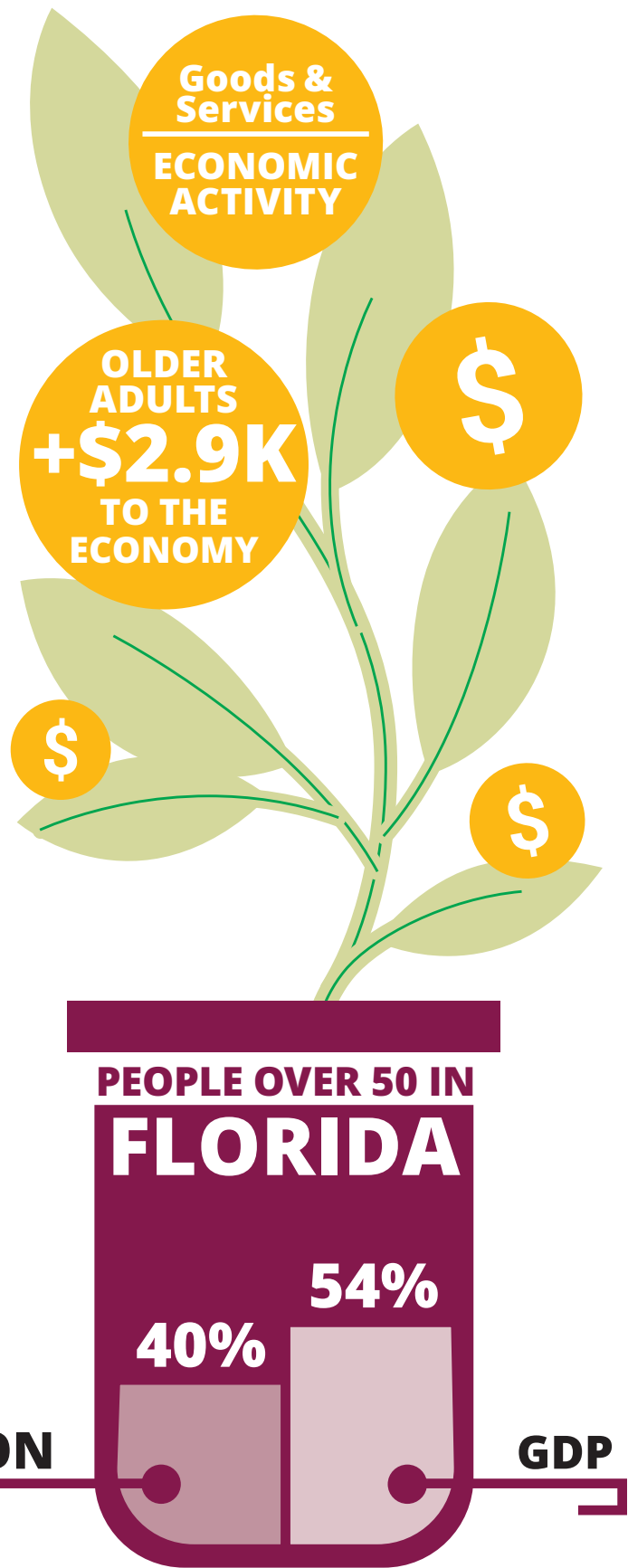
Source: Social Security Administration 2019 OASDI Trustees Report. Table V.A5. Cohort Life Expectancy—Intermediate Projections

<sup>3</sup> AARP Public Policy Institute DataExplorer, Florida Projected Caregiver Support Ratio 2010-2040; [policydata.aarp.org](http://policydata.aarp.org)

<sup>4</sup> 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).”

In addition to being significant contributors to the state's economy, older adults are often very active in their local communities. As a result those communities with a high proportion of older adults enjoy numerous advantages. Older adults donate to charitable causes at a larger rate than younger generations. Volunteerism in this group continuously enhances communities throughout Florida which is evident in local programs and services such as libraries, schools, community-services organizations, museums, theater groups, and art galleries. Older adults also remain committed to their families with many providing care to another family member, including raising grandchildren when a parent is unable to do so.

- Approximately 91% of older Floridians are registered voters.<sup>5</sup>
- One in three adults over age 60 provides care to another elder.<sup>6</sup>
- More than 67,000 older adults raised their grandchildren in 2018.<sup>6</sup>
- In 2017, older adults volunteered more than 130 million hours, valued at more than \$3 billion in cost savings to the state for their services.<sup>6</sup>
- There has been a 16% increase in the number of grandparents responsible for their grandchildren since 2006 (56,664).<sup>7</sup>



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

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

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

# Florida's Aging Network

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

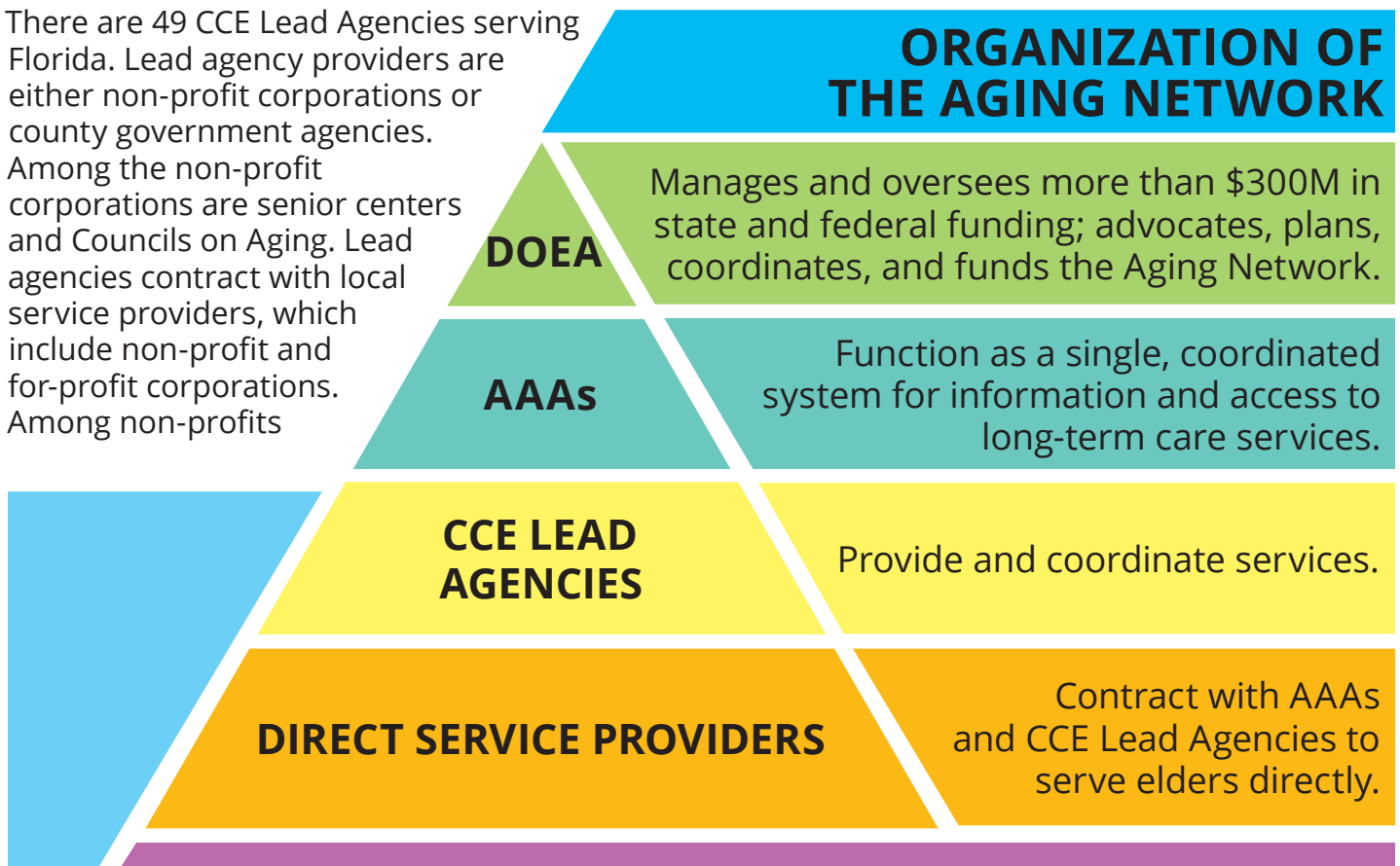
Each of the 11 Area Agencies on Aging also operates as an Aging and Disability Resource Center (ADRC). ADRCs function as a single, coordinated system for information and access to services for all Floridians seeking long-term care resources. The ADRCs provide information and assistance about state and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

There are 49 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.



## Description of Current Service Population

The Department works to improve the well-being of Florida’s older adults through the provision of appropriate and cost-effective home and community-based services. More than 1.2 million Floridians age 60 and older received services from the Department in fiscal year 2021-2022, and over 95 percent of the Department’s \$404.9 million budget (state and federal) is spent providing direct services.

The Department uses the Federal Poverty Level as a measure of economic need. Of the clients screened and served by the Department, 43 percent were below the poverty level compared to approximately 11 percent in the general 60-and-older population. Furthermore, low-income minority clients were 30 percent of the service population compared to five percent in the general population of people age 60 and older.

The client’s living situation is used to measure social needs among other factors. Thirty-six percent of the service population lived alone, compared to only 18 percent in the general 60-and-older population. Approximately six

percent of the Florida 60+ population has limited English proficiency compared with 24 percent of the clients served.

The rural area designation is used to measure access to services. Nearly four-fifths of all rural older adults live in counties that are primarily urban. Six percent of the clients DOEA serves lived in rural areas, compared to nine percent in the general 60-and-older population.

Providers are instructed to make special efforts to target and serve older adults with the greatest economic and social needs in all counties by addressing program development, advocacy, and outreach efforts. Further, DOEA clients who receive case management services are provided service options based on their assessed needs and preferences, and choices of providers when more than one provider is available. Consumer choice is an underlying principle as programs and services are administered.

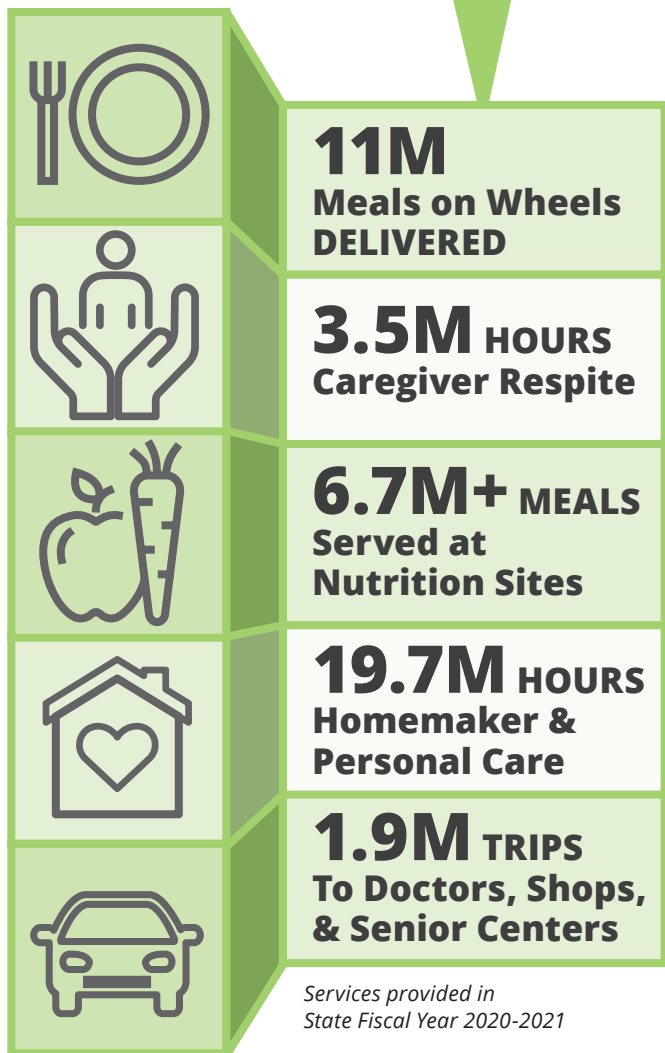
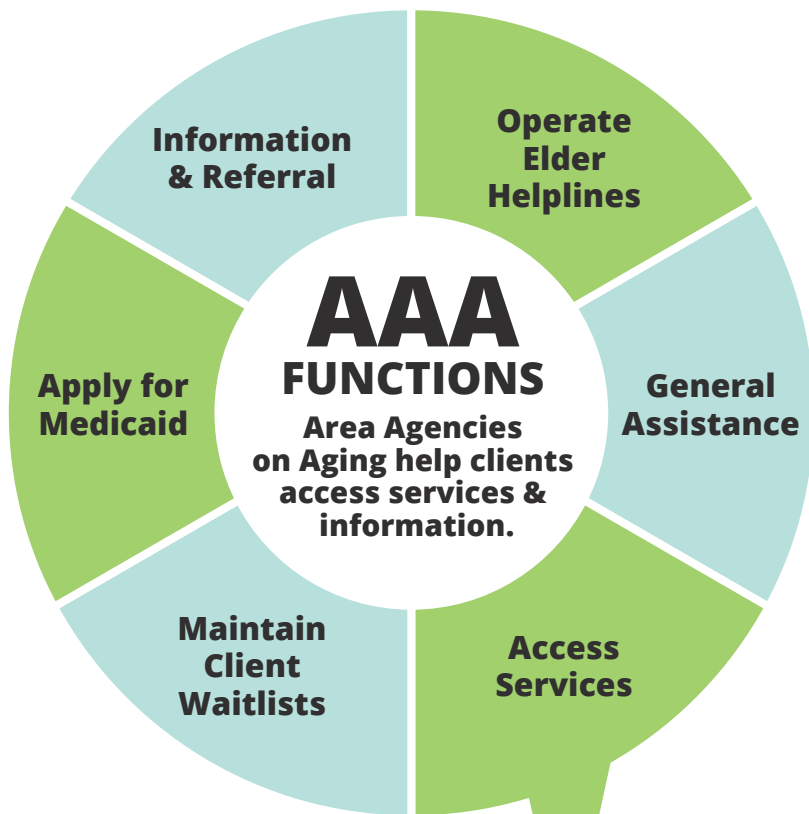
For more information, visit the DOEA’s Profile of Older Floridians or the Elder Needs Index at [elderaffairs.org](http://elderaffairs.org).

### FLORIDA 60+ POPULATION COMPARED TO SCREENED AND SERVED CLIENTS

Characteristic 60+	Florida 60+ Population	Percent 60+	Number of Service Recipients*	Receiving or Screened for Services*
Below 100% of Poverty Level	576,867	11%	52,472	43%
Living Alone	972,146	18%	43,804	36%
Minority	1,545,786	29%	61,972	51%
Minority Below 100% of Poverty Level	268,408	5%	36,242	30%
Rural Areas	505,588	9%	6,804	6%
Limited English Proficiency	347,573	6%	28,930	24%

Source: U.S. Census Bureau American Community Survey, 2018, 1-year and 5-Year Estimates and CIRTS State Fiscal Year 2018-19; Calculated using DOEA’s 2019 Targeting Report. \*Includes individuals screened and served in OAA programs and individuals served in General Revenue programs





# AGING NETWORK

**11** Area Agencies on Aging (AAA)

**49** Community Care for the Elderly (CCE) Lead Agencies

**3,150** Assisted Living Facilities

**284** Adult Family Care Homes

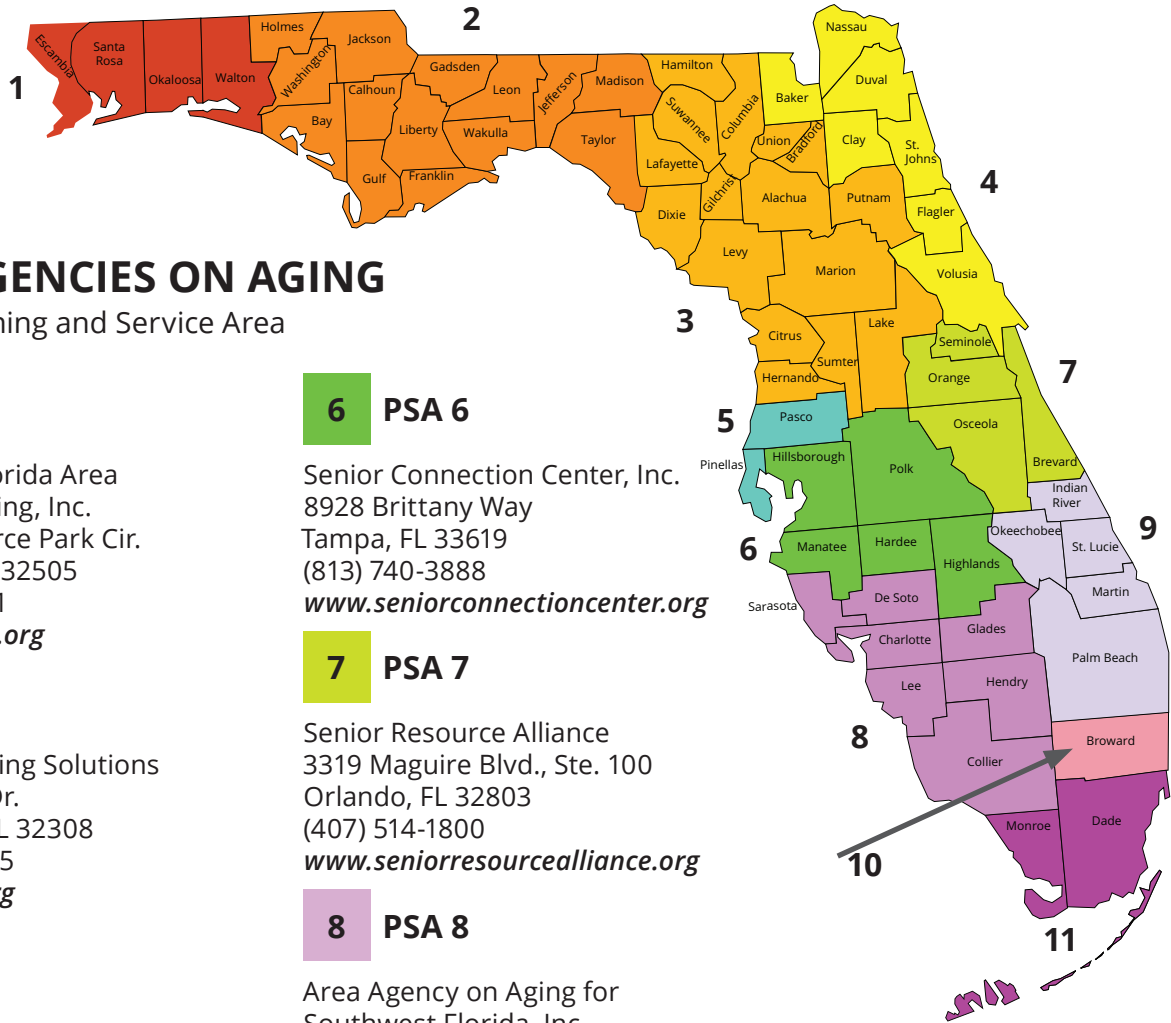
**704** Nursing Homes

**43** Age-Friendly Communities

Approximately **400** Congregate Meal Sites

**17** Memory Disorder Clinics

*Source for assisted living facilities, adult family care homes, and nursing homes: DOEA's 2021 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](http://www.nwflaaa.org)

#### 2 PSA 2

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

#### 3 PSA 3

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

#### 6 PSA 6

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

#### 7 PSA 7

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

#### 8 PSA 8

Area Agency on Aging for Southwest Florida, Inc.  
2830 Winkler Avenue, Suite 112  
Fort Myers, FL 33916  
(239) 652-6900  
[www.aaaswfl.org](http://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](http://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](http://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](http://www.allianceforaging.org)

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



# Livable Florida

## Preparing for the Future of Aging

100 years ago, the average life expectancy in the U.S. was 54 years old; today it is 78.5. People are living longer because of advances in medicine, technology, and through smarter health choices. Even though life expectancy is increasing, there is a growing prominence of chronic illness, such as dementia, osteoporosis, heart disease and stroke, and their associated disabilities.

While there are challenges in promoting the health and well-being of the growing and diverse older adult population in Florida, the changing demographics also present numerous opportunities. In response to Florida's rapidly aging society, diversity, and other special considerations, Florida has placed emphasis on working with local leaders to tackle the challenges and embrace the positive possibilities an aging population creates – essentially becoming livable communities. These emerging trends and conditions require a holistic approach that is Age-Friendly to everyone in our communities.

Aging should be an experience everyone embraces as the reward for a life of living and working among, with, and for their communities. It is a period of continued growth, development, and increasingly subjective well-being despite physical challenges.

## Livable Communities

In April 2019, Florida became the fourth state in the nation to receive the Age-Friendly state designation. In embracing the Age-Friendly designation, Florida strives to be a state where older adults, and indeed all Floridians,

## GOALS FOR A LIVABLE COMMUNITY



are thriving in livable communities where they 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.

As of May 2021, 43 new Age-Friendly communities – 26 cities, three villages, two towns, and 12 counties have committed to becoming Age-Friendly. With those communities building on that momentum, others are expected to join.

# Areas of Focus

The Age-Friendly framework, which was developed by AARP, is divided into eight “Domains of Livability.” The domains are used by many of the states and communities in the AARP Network of Age-Friendly States and Communities to organize and prioritize their work to become more livable for people of all ages and abilities.

To ensure Florida’s older adults have the opportunity to live the best life possible in the Sunshine State, Livable Florida is employing tactics which will help increase the number of communities in AARP’s Network of Age-Friendly States and Communities, as well as identify and form partnerships with private and public entities to create and sustain Livable Florida.

DOEA acts as a leader, connecting communities, agencies, and organizations to help Floridians live well and age well. Through Livable Florida, the Department’s efforts center on increasing awareness of Livable Florida and supporting Age-Friendly communities. Additionally, Livable Florida will facilitate partnerships and relationships to increase collaboration on initiatives such as age-friendly universities, age-friendly business and employer designations, and securing more resources.

Utilizing the eight domains of livability, the Department has developed seven areas of focus to enable older Floridians to understand, reach, and use the full breadth of their community features.



These Areas of Focus are as follows:

- Create a Livable Florida;
- Build Quality Places;
- Promote Community Engagement;
- Maintain Health and Wellness;
- Support Caregivers and Families;
- Stop Abuse, Neglect, and Exploitation of Seniors; and
- Increase Disaster Preparation and Resiliency.

# The Challenges of COVID-19 Bring New And Exciting Successes

The Department, along with Aging and Disability Resource Centers (ADRCs), lead agencies, providers, and community partners responded continuously and vigorously to serve older adults in Florida during COVID-19. The pandemic brought a renewed focus to the pressing needs of the most vulnerable and put a spotlight on the staggering effects of social isolation.

The Department coordinated with the Aging Network to deploy multiple innovative response strategies and interventions including the Feeding Older Floridians Restaurant Meal Initiative, technologies to support individuals with Alzheimer's disease and related dementias, socially isolated older

adults, and an action plan to address mental health issues.

Throughout the pandemic, efforts to respond creatively brought to bear a number of innovative new ideas and required changes to how some of the Department's core functions were delivered.

## Supporting Caregivers and Families During COVID-19

### Project: VITAL

The Department of Elder Affairs partnered with the Alzheimer's Association in a program called Project: VITAL (Virtual Inclusive Technology for All) to provide virtual visitation opportunities using a tablet. The easy-to-use tablets from iN2L were supplied to nursing homes and assisted living facilities throughout Florida. The tablets have one-touch video chat tools and over 1,000 apps to engage the residents.

**FACT:** Within five weeks of the project's inception, over 150 senior communities throughout the state received tablets specifically designed to keep isolated residents connected to their loved ones.

Project: VITAL also provided emotional support and comfort to the elderly, many with dementia, and their families during social isolation. The program allowed residents to retain connections with their loved ones in the absence of face-to-face visits. Numerous facilities reached out to DOEA following the delivery of a tablet to share stories of happiness expressed by their clients.

### Congregate Meal Program

Florida's congregate meal sites provide thousands of meals to older adults throughout the state each day, but the COVID-19 pandemic forced the emergency closure of these sites. Older adults had to shelter safely in their homes, creating for many a real risk of hunger and social isolation. DOEA partnered with the Department of



Seek help when needed – If distress impacts activities of daily life for several days or weeks, talk to a clergy member, counselor, doctor, or call 1-800-662-4357.



# talk it out

Business and Professional Regulation, the Florida Restaurant and Lodging Association (FRLA), and local Area Agencies on Aging (AAAs) to create a program where restaurants prepared and delivered fresh meals to older adults in need. The initiative ensured older Floridians continued to receive nutritious meals and remained connected with their communities. As an added benefit, the initiative helped participating restaurants to stay open and keep their workers employed.

## Project Shuffle

The Department of Elder Affairs (DOEA) distributed over 1,000 pre-loaded MP3 players to benefit socially isolated seniors and adults living with Alzheimer's disease and related dementias (ADRD). The Florida Alzheimer's Association donated the MP3 players to assist in improving the quality of life for people with ADRD.

**FACT:** The Department of Elder Affairs distributed over 1,000 pre-loaded MP3 players to socially isolated seniors and adults living with Alzheimer's disease and related dementia throughout Florida.

In April of 2020, DOEA mailed units to the senior's caregivers and families to improve engagement. The MP3 players were pre-loaded with music to help lessen social isolation by allowing people with dementia to access long-term memories. Music may reduce stress or distress, enhance mood, and increase the ability to effectively communicate.

## #TalkItOut

The Department of Elder Affairs launched the #TalkItOut campaign in May of 2020. The campaign's goal was to assure older adults that feelings of anxiousness, depression, or loneliness are not a normal part of growing older. Social media, web graphics, and full-color flyers contained local, state, and national resources and phone numbers for people to call when seeking professional mental health assistance.

**FACT:** From July 1, 2019 – June 30, 2020, clients throughout the state received more than 14,600 hours of gerontological and mental health counseling to combat mental distress, either individually or in group settings.



## American Rescue Plan

To mitigate the impact of the COVID-19 pandemic the State of Florida received significant federal funding to address the basic needs of older adults, and to deliver immediate and direct relief to families and caregivers impacted by the pandemic. Funding was provided to the Department through the Coronavirus Aid, Relief, and Economic Security Act (CARES) and the American Rescue Plan (ARP), which provided funds focused on addressing both social and emotional needs of seniors as a result of social isolation and other negative health impacts of loneliness.

In addition to funding from the CARES Act (\$61 million), Florida received \$18 million through Families First, \$4.5 million through Coronavirus Preparedness and Response Supplemental Appropriations Act, \$12.7 million through the Consolidated Appropriations Act, \$127 million in Agency for Health Care Administration Florida Medicaid Program spending, and the State of Florida also received over \$107 million through the American Rescue Plan (ARP), which specifically included:

- \$56.6 million for older adult nutrition services (home delivered and prepared meals for seniors);
- \$34.7 million for supportive services (to address mental health & social isolation) of older adults;
- \$3.3 million for preventative health (improve health & well-being of seniors and to reduce disease and injury); and
- \$12.1 million for caregiver services.

The flyers were distributed through all 11 Area Agencies on Aging in Florida. Department of Elder Affairs Secretary Richard Prudom used the flyer during press conferences and webinars to highlight the multiple avenues available to older adults for behavioral health services.

The pandemic disrupted the social determinants of health—the conditions in which people are born, grow, live, work and age—but, in doing so, has increased the awareness and understanding of social services as a critical function in ensuring positive health outcomes for the state's population. The pandemic provided numerous opportunities for rebuilding and reorganization at all levels, and the ability for communities to see the benefits of new and expanded technologies with the advent of new programs and improved services.

# SECTION B

## *Older Americans Act Programs*

B

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



# Older Americans Act Programs

## Title III B—Supportive Services

### Description

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

### Services and Activities

Supportive services consist of the following:

- Access services including transportation, outreach, information and referral, and case management;
- In-home services including homemaker, home health aide, home repair, companionship, telephone reassurance, chore, respite, and other supportive services for families of elders living with Alzheimer’s disease and related dementias (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
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	\$32,571,250	33,188
2020-2021	\$34,171,554	29,921
2021-2022	#\$34,171,554	#29,921

*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

# 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
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	\$26,299,358	32,558
2020-2021	\$26,793,122	30,291
2021-2022	#\$26,793,122	#30,291

#Projection

Source for clients served: CIRTS

# Older Americans Act Programs

## Title III C2—Home-Delivered Meals

### Description

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

### Services and Activities

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

### Administration

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

### Eligibility

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

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

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

### Statutory Authority

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

## Funding Source and Allocation Methodologies

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

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

## OAA Title III C2 Funding History and Numbers Served

Federal Fiscal Year*	Federal Funding	Clients Served
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	\$27,160,170	31,384
2020-2021	\$26,914,784	30,665
2021-2022	#\$26,914,784	#30,665

\*Allotment plus carry-forward dollars.

#Projection

Source for clients served: CIRTS



# Older Americans Act Programs

## Title III—Nutrition Service Incentive Program

### 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 age 60 or older;
- Individuals 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 previous 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
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	12,949,785	\$6,323,772
2020-2021	12,768,421	\$6,272,944
2021-2022	#12,768,421	#\$6,272,944

Source for meals served: CIRTS





# Older Americans Act Programs

## Title III D—Disease Prevention and Health Promotion Services

### Description

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

Some benefits of these programs include learning to overcome fatigue, positively managing symptoms, managing pain, 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
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	\$1,867,767
2020-2021	\$1,867,767
2021-2022	#\$1,867,767

#Projection

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

## OAA III D Numbers Served

Calendar Year*	Clients Served
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***	8,493
2020-2021***	6,188
2021-2022	#6,188

\*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.

\*\*\*\*\*Decreased number of clients served due to effects of COVID-19, e.g., reduction in evidence-based programs delivery April-September 2020, transition to virtual platform and provision of telephone reassurance.

#Projection

Source: Contractor monthly reports



# Older Americans Act Programs

## Title III E—National Family Caregiver Support Program

### 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
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	\$15,381,708	90,597
2020-2021	\$15,381,708	94,634
2021-2022	#\$15,381,708	#94,634

\*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



# Older Americans Act Programs

## Title V—Senior Community Service Employment Program

### Description

The Senior Community Service Employment Program (SCSEP) serves unemployed and/or 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, free annual 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 the necessary skills, they receive job development assistance, job referrals, resumé 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 are 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
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	481	\$4,675,586	1,885
2019-2020	513	\$4,681,926	1,888
2020-2021	434	\$4,718,350	1,902
2021-2022	#434	#\$4,681,926	#1,902

#Projection

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

# 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 improve the quality of life for all Florida long-term care residents by advocating for and protecting their health, safety, welfare, and rights. Program staff and volunteers receive specialized training to become state-certified ombudsmen who identify, investigate, and resolve complaints made by, or on behalf of residents of nursing homes, assisted living facilities, adult family care homes, or continuing care retirement communities.

### Services and Activities

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

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

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

### Administration

The Long-Term Care Ombudsman Program is administered by the Department of Elder Affairs. The program operates through the Office of the State Long-Term Care Ombudsman and 14 local offices that coordinate and support the service of 200 certified volunteer ombudsmen and ombudsman trainees. A map of the LTCOP office locations with contact information can be found on page 42 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 provided at no cost and are confidential.

### Statutory Authority

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

### Funding Source and Allocation Methodologies

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

## LTCOP Appropriation History

State Fiscal Year	Federal Funding	State Funding	Total Funding
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	\$1,755,727	\$1,260,194	\$3,025,921
2020-2021	\$1,173,802	\$1,260,194	\$2,433,996
2021-2022	#\$1,173,802	\$1,260,194	#\$2,433,996



## LTCOP Assessments and Investigations

Federal Fiscal Year	Facilities	Assessments	Complaint Investigations
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	4,198	4,859
2019-2020	4,108	2,942	3,994
2020-2021	4,161	756*	2,511
2021-2022	#\$4,161	#\$3,053	#\$3,994

Source: District Ombudsman Offices Reports #Projection

\* For 2020-21 the number of in-person assessments were reduced due to volunteer's inability to access facilities due to COVID-19

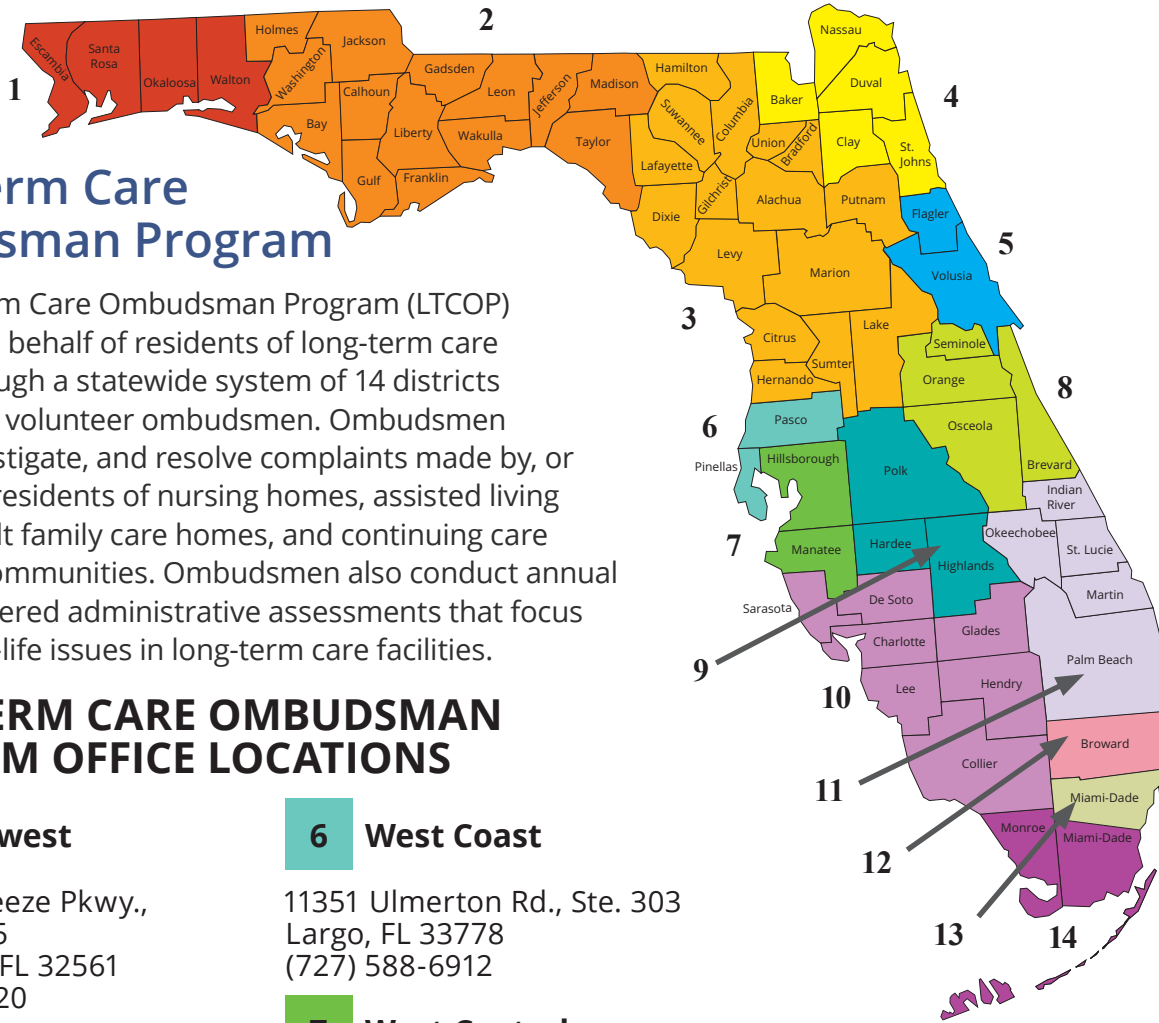


# Long-Term Care Ombudsman Program

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. 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

<p><b>1 Northwest</b></p> <p>1101 Gulf Breeze Pkwy., Bldg. 3, Ste. 5 Gulf Breeze, FL 32561 (850) 916-6720</p>	<p><b>6 West Coast</b></p> <p>11351 Ulmerton Rd., Ste. 303 Largo, FL 33778 (727) 588-6912</p>	<p><b>11 Palm Beach</b></p> <p>111 S. Sapodilla Ave., #125 A-B-C West Palm Beach, FL 33401 (561) 837-5038</p>
<p><b>2 Panhandle</b></p> <p>4040 Esplanade Way Tallahassee, FL 32399 (850) 921-4703</p>	<p><b>7 West Central</b></p> <p>701 W. Fletcher Ave., Ste. C Tampa, FL 33612 (813) 558-5591</p>	<p><b>12 Broward</b></p> <p>8333 W. McNabb Rd., Ste. 231 Tamarac, FL 33321 (954) 597-2266</p>
<p><b>3 North Central</b></p> <p>1515 E. Silver Springs Blvd., Ste. 203 Ocala, FL 34470 (352) 620-3088</p>	<p><b>8 East Central</b></p> <p>400 W. Robinson St., Ste. S709 Orlando, FL 32801 (407) 245-0651</p>	<p><b>13 North Dade</b></p> <p>9495 Sunset Dr., Bldg. B-100 Miami, FL 33173 (305) 273-3294</p>
<p><b>4 First Coast</b></p> <p>4161 Carmichael Ave., Ste. 141 Jacksonville, FL 32207 (904) 391-3942</p>	<p><b>9 South Central</b></p> <p>200 N. Kentucky Ave., Ste. 224 Lakeland, FL 33801 (863) 413-2764</p>	<p><b>14 South Dade</b></p> <p>9495 Sunset Dr., Bldg. B-100 Miami, FL 33173 (305) 273-3250</p>
<p><b>5 First Coast South</b></p> <p>210 N. Palmetto Ave., Ste. 403 Daytona Beach, FL 32114 (386) 226-7846</p>	<p><b>10 South West</b></p> <p>2295 Victoria Ave., Rm. 152 Ft. Myers, FL 33901 (239) 338-2563</p>	



County coloring represents area served by the corresponding office location.

# Older Americans Act Programs

## Title VII, Section 720— Elder Abuse Prevention

B

### 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.”

### 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.

## OAA Title VII Funding History

Federal Fiscal Year	Federal Funding
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	\$344,252
2020-2021	\$344,252
2021-2022	\$344,252



**FACT:** During State Fiscal Year 2018-2019, Elder Abuse Prevention Program outreach included 12,287 direct contacts and 517 events and presentations. During State Fiscal Year 2019-2020, that outreach included 15,414 direct contacts and 549 events and presentations.

During 2019-2020 SFY, there was an increase of over 3,000 direct contacts. This is more than likely due to the transition to virtual presentations, which allowed more remote participation. This transition was a necessary response to the COVID-19 pandemic. However, reaching the low-income, rural, and minority communities remains a priority for the program objectives.

# 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

### 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 dementias (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 dementias.

- 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

**RESPITE SERVICES FOR CAREGIVER RELIEF**

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

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

- Develop training materials and educational opportunities for family 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.

## ADI Appropriation History and Numbers Served\*

State Fiscal Year	State Funding	Clients Served
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	7,624
2019-2020	\$28,484,254	10,889
2020-2021	\$32,381,826	9,357
2021-2022	\$39,273,224	#9,357

\*Calculated based on allocations ADI RESPITE, RATE DIFF AND RECURRING & NON-RECURRING PROJECTS. Amount does not include dollars appropriated for MDC’s, MDC Performance Incentives, or Brain Bank

#Projection

Source for clients served: CIRTS



- 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
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	13,738
2020-2021	\$3,909,285	13,249
2021-2022	\$3,909,285	#13,249

*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

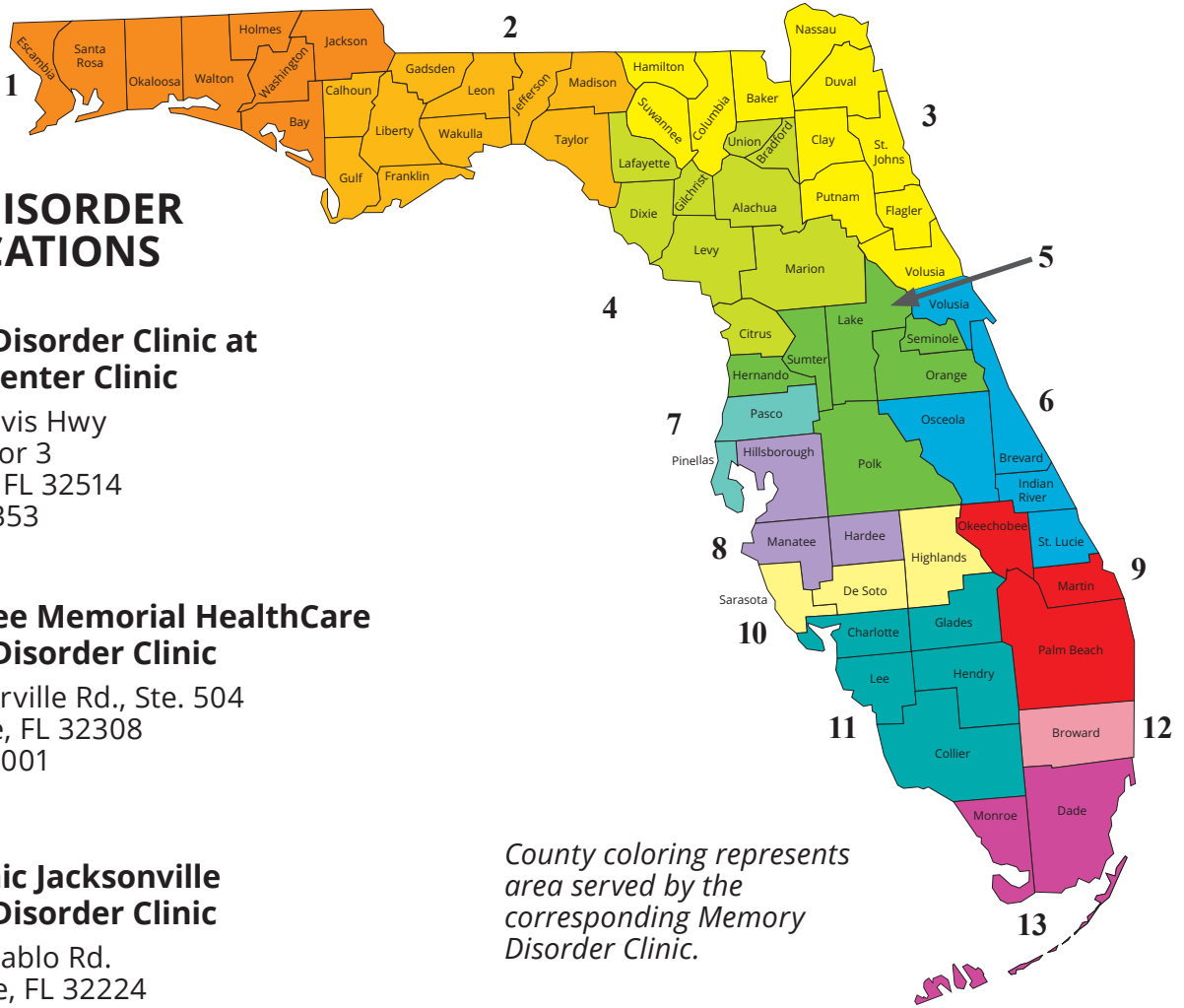
State Fiscal Year	State Funding	Persons Registered	Autopsies
2012-2013	\$117,535	89	69
2013-2014	\$117,535	83	92
2014-2015	\$117,535	88	75
2015-2016	\$117,535	61	59
2016-2017	\$117,535	71	54
2017-2018	\$117,535	60	40
2018-2019	\$117,535	70	49
2019-2020	\$117,535	62	59
2020-2021	\$217,535	41	36
2021-2022	\$ 617,535	#41	#36

#Projection

Source for persons registered and autopsies: Brain Bank reports



# MEMORY DISORDER CLINIC LOCATIONS



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

**1** **Memory Disorder Clinic at Medical Center Clinic**  
 8333 N. Davis Hwy  
 Bldg. 1, Floor 3  
 Pensacola, FL 32514  
 850-474-8353

**2** **Tallahassee Memorial HealthCare Memory Disorder Clinic**  
 1401 Centerville Rd., Ste. 504  
 Tallahassee, FL 32308  
 (850) 431-5001

**3** **Mayo Clinic Jacksonville Memory Disorder Clinic**  
 4500 San Pablo Rd.  
 Jacksonville, FL 32224  
 (904) 953-7103

**4** **University of Florida Memory Disorder Clinic**  
 3009 SW Williston Rd.  
 Gainesville, FL 32608  
 (352) 294-5400

**5** **Orlando Health Center for Aging and Memory Disorder Clinic**  
 32 West Gore Street  
 Orlando, FL 32806  
 (321) 841-9700

**5** **AdventHealth Memory Disorder Clinic**  
 1573 W. Fairbanks Ave, Ste. 210  
 Winter Park, FL 32789  
 (407) 392-9237

**6** **Health First Memory Disorder Clinic**  
 3661 S. Babcock St.  
 Melbourne, FL 32901  
 (321) 434-7612

**7** **Morton Plant Madonna Ptak Center for Alzheimer's Research and Memory Disorders Clinic**  
 430 Morton Plant St., Ste. 401  
 Clearwater, FL 33756  
 (727) 298-6025

**8** **University of South Florida Memory Disorder Clinic**  
 3515 E. Fletcher Ave.  
 Tampa, FL 33613  
 Phone: (813) 974-3100

**St. Mary's Medical Center  
Memory Disorder Clinic at Palm  
Beach Neuroscience Institute**

9

901 Village Blvd., Ste. 702  
West Palm Beach, FL 33409  
(561) 990-2135  
8756 Boynton Beach Blvd., Ste. 2500  
Boynton Beach, FL 33472  
(561) 990-2135

**Florida Atlantic University  
Louis and Anne Green Memory  
and Wellness Center**

9

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

**Sarasota Memorial Memory  
Disorder Clinic**

10

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

**Lee Memorial LPG Memory Care**

11

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

**Broward Health North  
Memory Disorder Center**

12

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

**Mt. Sinai Medical Center Wien  
Center for Alzheimer's Disease  
and Memory Disorders**

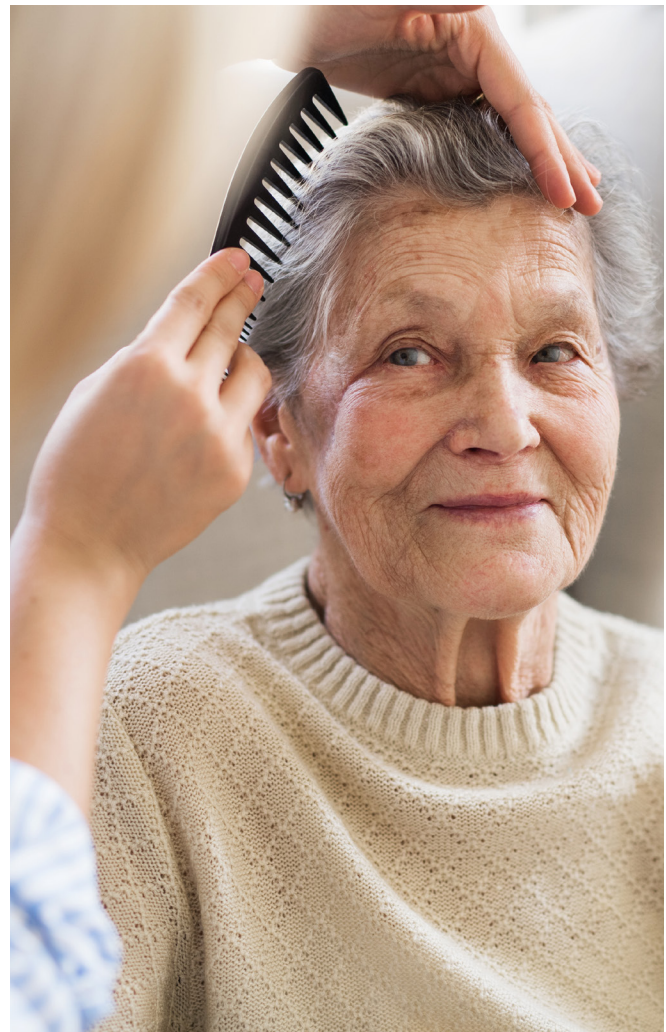
13

4302 Alton Rd., Ste. 650  
Miami Beach, FL 33140  
(305) 674-2543 ext. 54461

**University of Miami Center for  
Cognitive Neuroscience and Aging**

13

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



**The MIND Institute at  
Miami Jewish Health**

13

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

**BRAIN BANK LOCATIONS**

**State of Florida Brain Bank- Satellite  
Office Orlando Alzheimer's and  
Dementia Resource Center**

5

1410 Gene Street  
Winter Park, FL 32789  
(407) 436-7755

**State of Florida Brain Bank  
Wien Center for Alzheimer's  
Disease and Memory Disorders**

13

4302 Alton Road, Suite 650  
Miami Beach, Florida 33140  
(305) 674-2018

# State-Funded Programs

## Alzheimer’s Disease and Related Dementias (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 require paid caregivers to obtain additional training. 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 dementias (ADRD) training providers and training curricula for the following entities licensed in Florida:

- Adult day care centers;
- Assisted Living Facilities 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](http://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 51.

### 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
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
2020-2021	\$80,997
2021-2022	\$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 Dementias Training Provider Certification	DOEA Form ADC/ ADRD-002, Application for Alzheimer's Disease or Related Dementias 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 Dementias Training Provider Certification	DOEA Form ALF/ ADRD-002, Application for Alzheimer's Disease or Related Dementias 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 Dementias Training Provider Certification	DOEA Form HH/ ADRD-002, Application for Alzheimer's Disease and Related Dementias 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 Dementias Training Provider Certification	DOEA Form Hospice/ ADRD-002, Application for Alzheimer's Disease or Related Dementias 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 Dementias Training Provider Certification	DOEA Form ADRD-002, Application for Alzheimer's Disease or Related Dementias 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 Dementias Training Provider Certification	DOEA Form SAADC/ ADRD-003, Application for Alzheimer's Disease or Related Dementias Training Three-Year Curriculum Certification



## ADRD Approved Trainers and Curricula

State Fiscal Year	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Assisted Living Facility Approved Trainers	90	115	65	42	20	#20
Assisted Living Facility Approved Curriculum	44	23	21	36	9	#9
Nursing Home Approved Trainers	51	34	31	21	22	#22
Nursing Home Approved Curriculum	19	13	6	8	10	#10
Hospice Approved Trainers	22	22	9	17	10	#10
Hospice Approved Curriculum	11	11	10	17	10	#10
Adult Day Care Approved Trainers	10	20	15	18	9	#9
Adult Day Care Approved Curriculum	9	4	2	9	5	#5
Home Health Agency Approved Trainers	59	56	50	42	36	#36
Home Health Agency Approved Curriculum	5	9	13	9	4	#4
Specialized Alzheimer's Adult Day Care Approved Curriculum	0	6	2	0	4	#4

NOTE: During the 2020-21 FY the Contractor reviewed and verified all trainers and curricula which eliminated non-active trainers and trainings

#Projection

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

## Community Care for the Elderly

### Description

The Community Care for the Elderly (CCE) Program provides community-based services on 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 aides, chore assistance, companionship, consumable medical supplies, counseling, escort services, emergency alert response, emergency home repair, home-delivered meals, home health aides, homemakers, 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 CCE Lead Agencies. Service delivery is provided by 49 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.



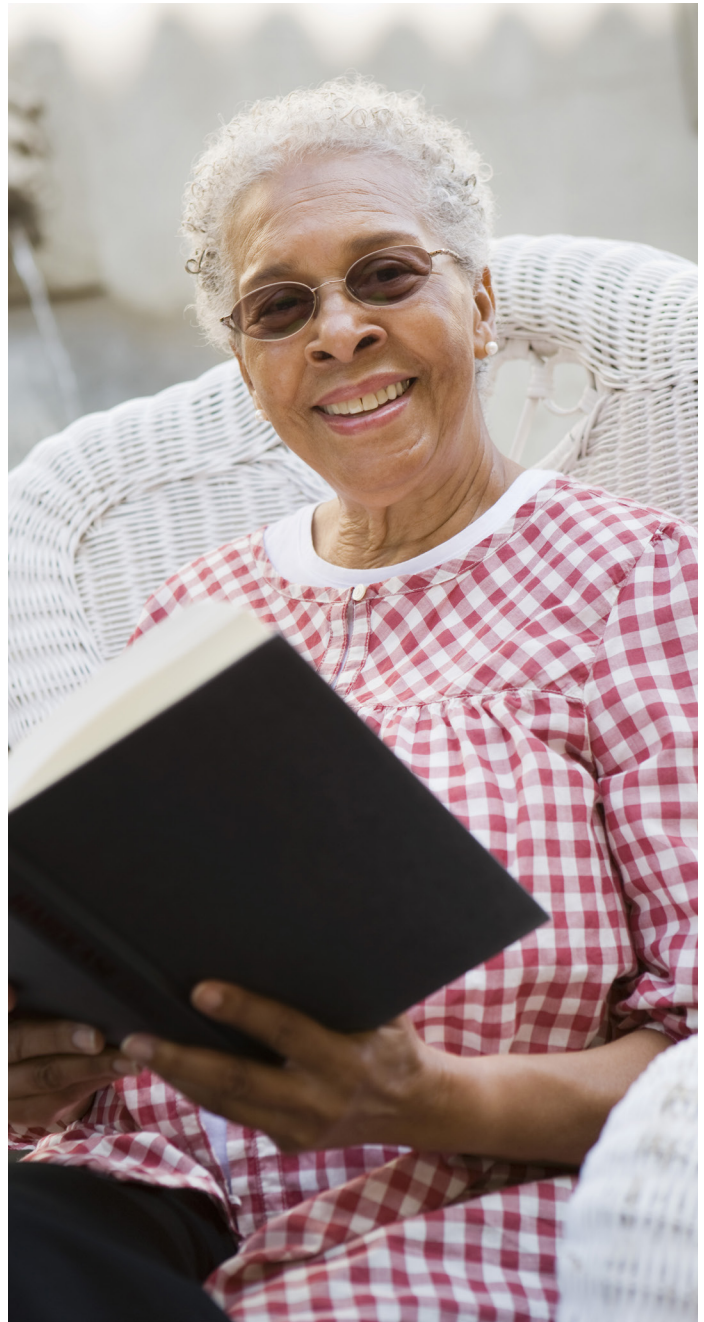
# CCE Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
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	46,939
2020-2021	\$61,557,614	49,429
2021-2022	\$68,850,206	#49,429

\*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



# State-Funded Programs

## Home Care for the Elderly

### 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 the 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 or necessary.

### 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
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	3,375
2020-2021	\$10,303,357	4,797
2021-2022	\$10,303,357	#4,797

#Projection

Source for clients served: CIRTS





# State-Funded Programs

## Local Services Programs

### 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 subcontracts 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 the 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
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	\$9,691,534	12,095
2020-2021	\$9,549,398	9,884
2021-2022	\$10,028,454	#9,884

#Projection

Source for clients served: CIRTS and manual reports

# State-Funded Programs

## Office of Public and Professional Guardians

### 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 works to develop the curriculum and training of public and professional guardians, creates and administers professional guardian competency exam, and registers 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 58 of this publication.

### Eligibility

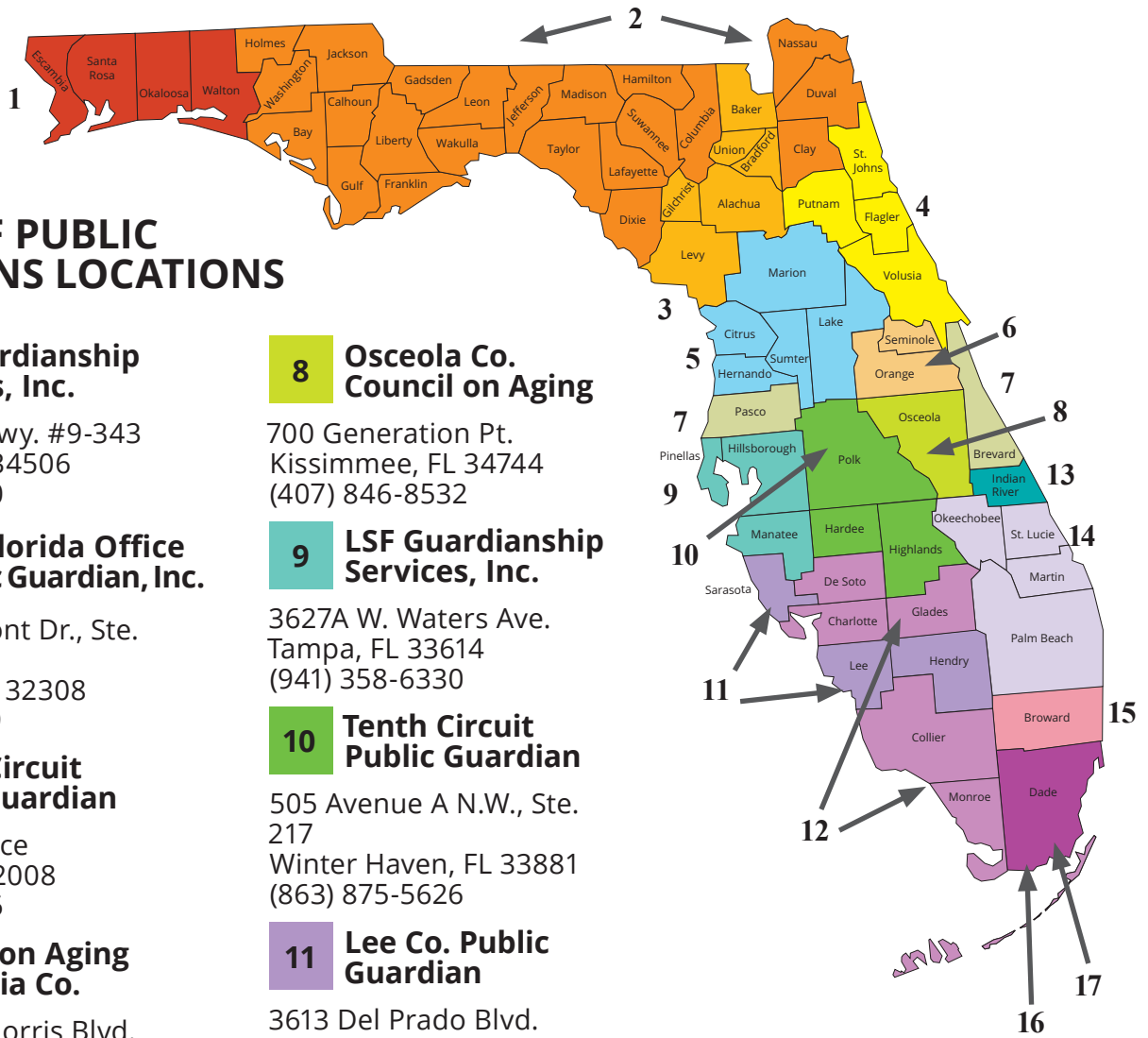
A person must meet the following criteria to be served by a public guardian, pursuant to Chapter 744, *Florida Statutes*:

- 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 Courts 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.





## 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 St. Thomas University School of Law**  
 16401 NW 37th Ave,  
 Miami Gardens, FL 33054  
 (305) 623-2310
- 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.

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	Public Wards Served
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	3,890
2020-2021	\$18,152,629	3,806
2021-2022	\$18,024,853	#3,806

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

*#Projection*

*Source for public wards served: Office of Public and Professional Guardians reports and data*



## State-Funded Programs

# RELIEF - Respite for Elders Living in Everyday Families

### Description

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

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

### Services and Activities

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

### Administration

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

### Eligibility

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

### Statutory Authority

Section 430.071, *Florida Statutes*.

### Funding Source and Allocation Methodologies

The RELIEF program is wholly funded by General Revenue.



## RELIEF Appropriation History and Numbers Served

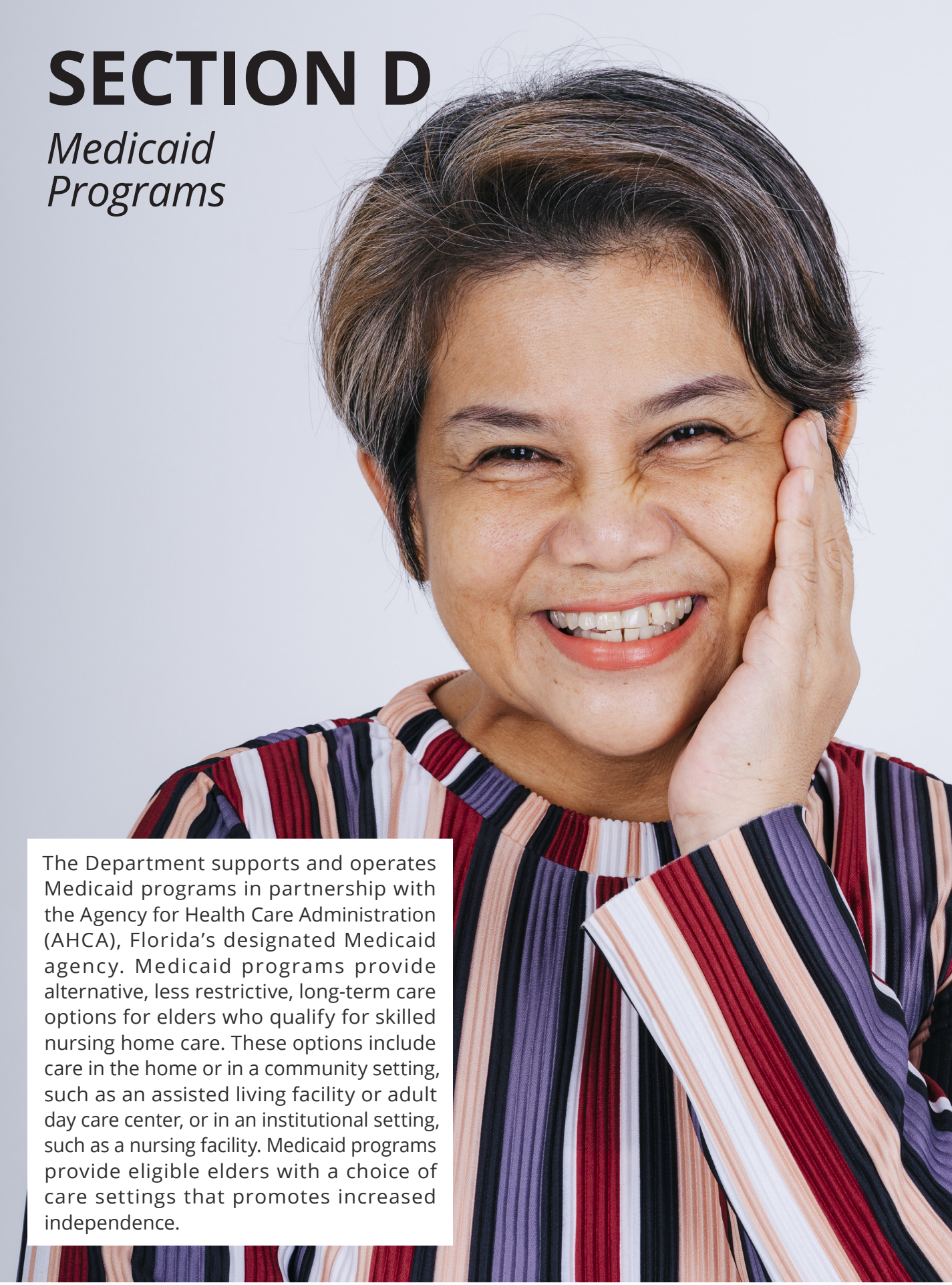
State Fiscal Year	State Funding	Clients Served	Volunteers	Units (Hours)
2012-2013	\$909,034	486	336	69,213
2013-2014	\$993,672	492	369	110,267
2014-2015	\$993,670	402	300	120,000
2015-2016	\$993,670	320	278	111,312
2016-2017	\$977,256	394	303	97,000
2017-2018	\$977,259	414	244	94,726
2018-2019	\$959,000	421	235	92,352
2019-2020	\$959,000	353	228	66,065
2020-2021	\$959,000	415	151	68,352
2021-2022	\$932,084	#415	#151	#68,352

#Projection

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

# SECTION D

## *Medicaid Programs*



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

## Comprehensive Assessment and Review for Long-Term Care Services

### 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 65 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**
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	110,764	n/a
2020-2021	\$17,725,744	112,871	n/a
2021-2022	\$18,396,055	#112,871	n/a

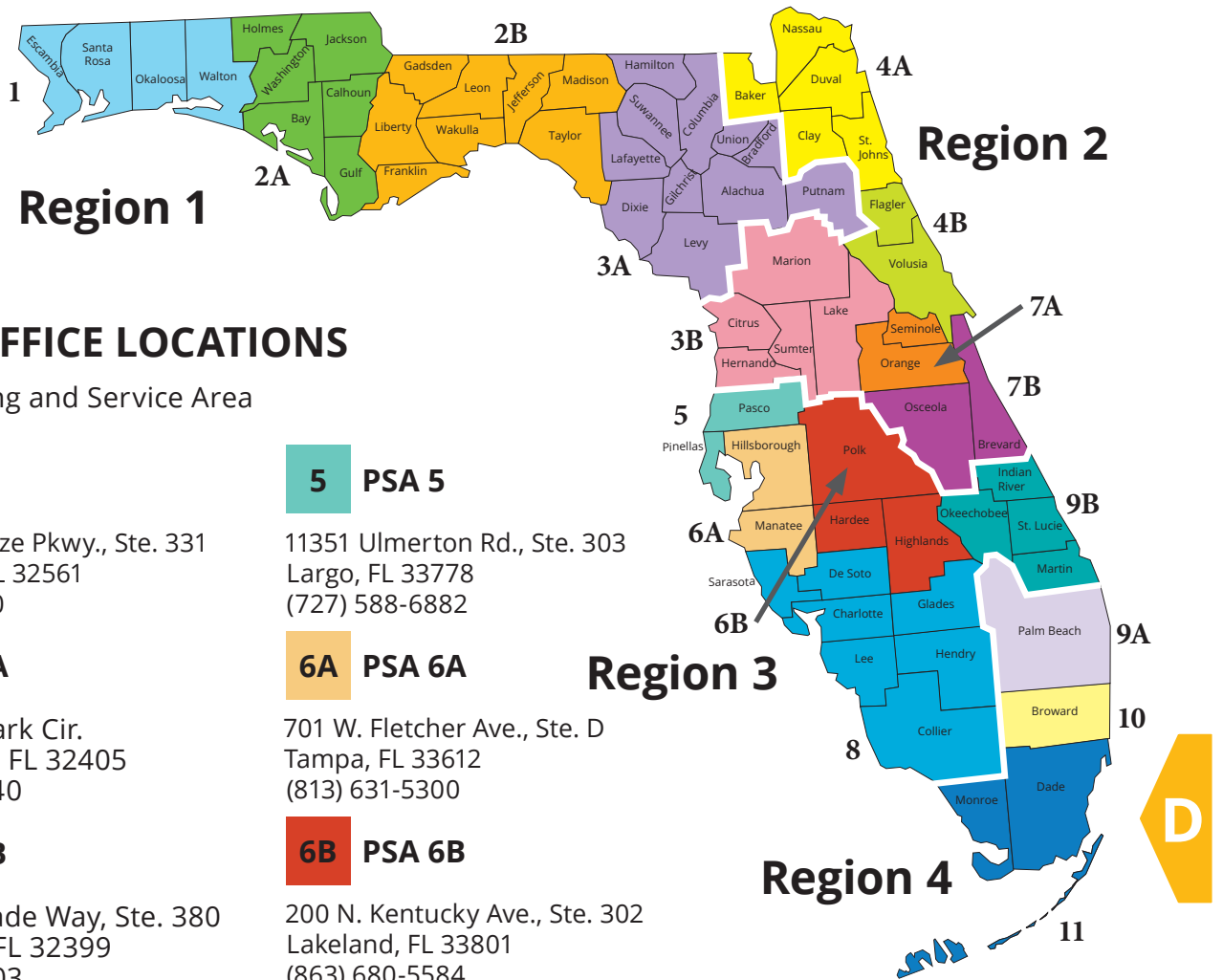
\*Prior to January 1, 2019, federal funding was 75 percent and state funding was 25 percent. The Agency for Health Care Administration contracted with a private vendor in January 2019 to complete pre-admission screening and resident review activities.

\*\*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



## 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

## PACE—Program of All-Inclusive Care for the Elderly

### 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	225
Florida PACE	Miami-Dade	928
Hope Select Care PACE	Lee, Charlotte, and Collier	650
PACE Place	Clay and Duval	150
*New Program 2020	Hillsborough, Hernando, and Pasco	250
*New Program 2020	Manatee, Sarasota, and DeSoto	150
Palm Beach PACE	Palm Beach	906
Suncoast PACE	Pinellas	325
<b>PROGRAM TOTAL</b>		<b>3,584</b>

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

\* As of November 1, 2021, Center is still in application phase and currently not serving clients. Slots represented number appropriated for by the Legislature

## PACE Appropriation History and Numbers Served



State Fiscal Year	Combined Federal and State Funding	Clients Served
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	2,348
2020-2021	\$73,077,718	2,372
2021-2022	\$90,663,745	#2,506

#Projection

Source for clients served: Monthly enrollment reports from PACE Organizations

# Medicaid Programs

## Statewide Medicaid Managed Care Long-term Care Program

### 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
2014-2015	110,241
2015-2016	116,745
2016-2017	122,068
2017-2018	129,795
2018-2019	137,157
2019-2020	146,352
2020-2021	122,332
2021-2022	#122,332

#Projection

Source: Agency for Health Care Administration

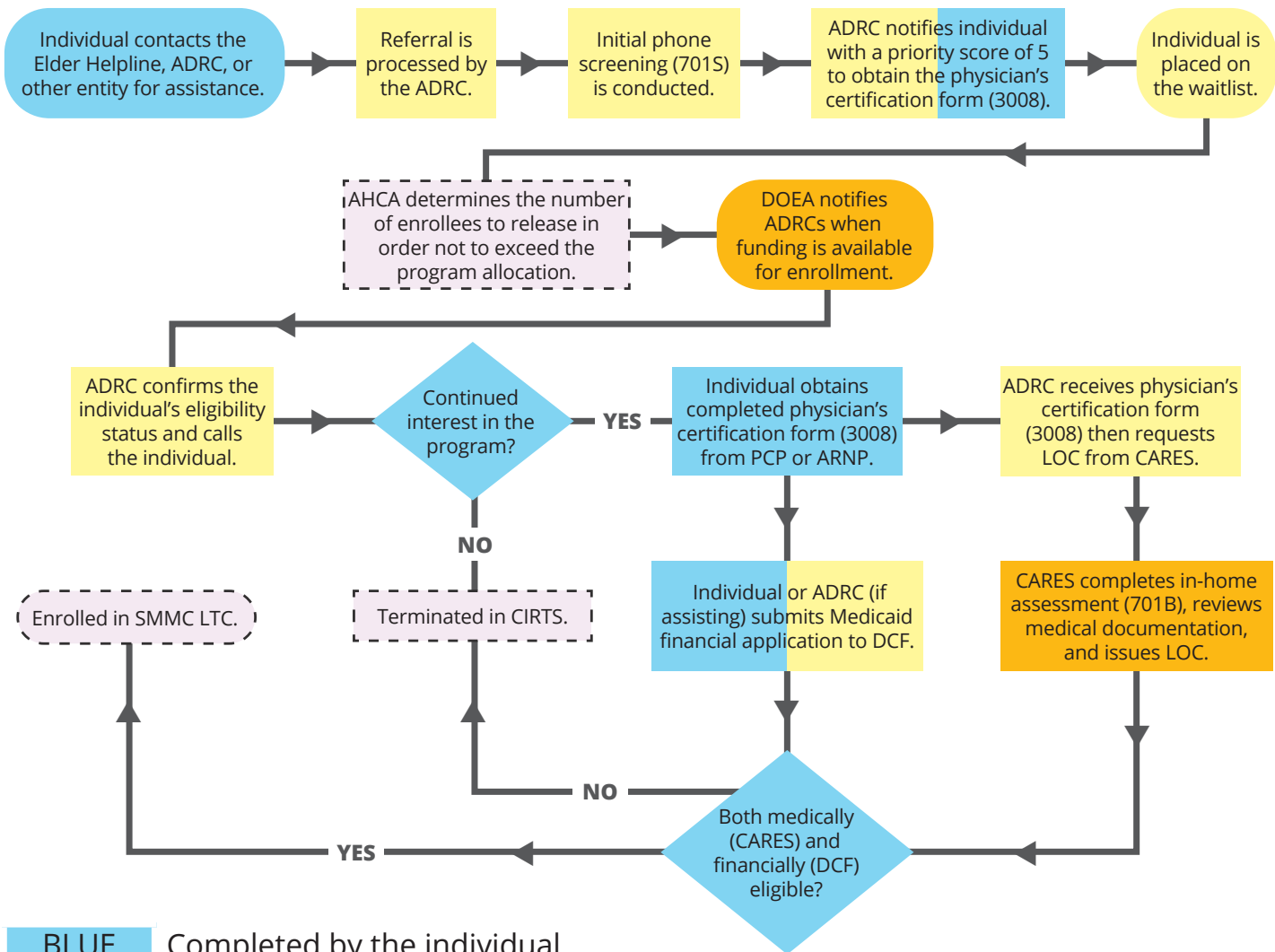
# Statewide Medicaid Managed Care Long-term Care Program Waitlist Process Map

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 submission of proper documentation.

## 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 received General Revenue matching funds to supplement federal grants awarded by the Corporation for National and Community Service.



# Other Department Programs

## Adult Care Food Program

### Description

The Adult Care Food Program (ACFP) supports the provision of nutritious meals and/or snacks for community-based individual attending adult care centers. These meals support the clients' nutritional status, enabling them to continue 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
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	\$6,890,469	206	2,257,200
2020-2021	\$6,990,469	223	*2,421,108
2021-2022	#\$6,990,469	#223	#2,421,108

\*Average meals and snacks served as of November 1, 2021.

#Projection

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



# 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 educational 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 across 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. Additionally, 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	Volunteers	Member Hours of Service
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	52	69	26,852
2020-2021	\$160,050	\$66,974	52	52	21,681
2021-2022	\$181,139	\$66,974	#52	#60	#21,681

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.

#Projection

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



## Other Department Programs

# EHEAP—Emergency Home Energy Assistance for the Elderly Program

## 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 receive 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

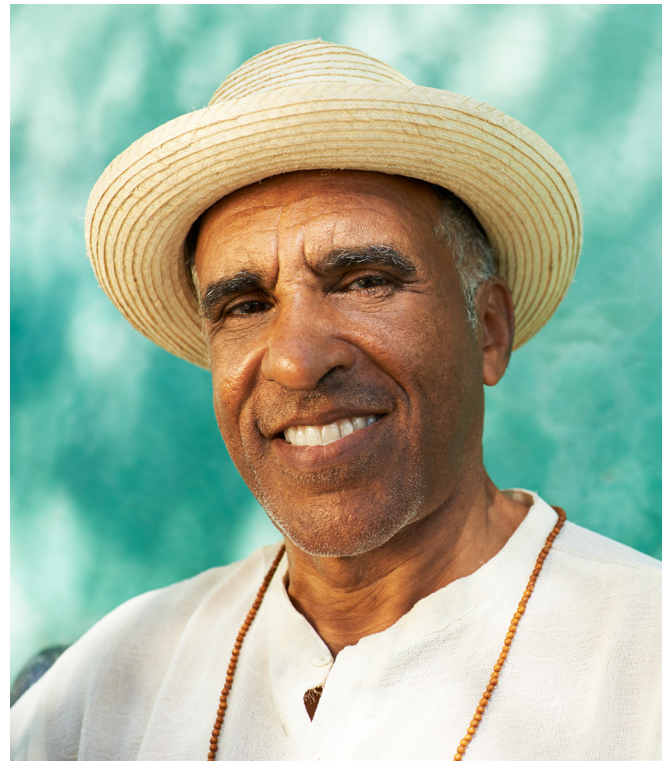
Low-Income Home Energy Assistance Act of 1981 (Title XXVI of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35), as amended; 42 *United States Code* (U.S.C.) § 8621 et seq.; 45 Code of Federal Regulations (CFR) Part 96, Subpart H (§§ 96.80-96.89); Section 409.508, *Florida Statutes* (F.S.) and 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 the heating and cooling 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 days over the most recent 10-year period.



## EHEAP Funding History and Numbers Served

Grant Year*	Federal Funding	Households Served	
		Heating Season	Cooling Season
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	5,011	5,068
2020-2021**	\$5,848,537	6,155	10,175
2021-2022	#\$5,848,537	#6,155	#10,175

\*EHEAP Grant Year runs April to March.

\*\*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)



## Other Department Programs

# Senior Farmers' Market Nutrition Program

### Description

The Senior Farmers' Market Nutrition Program (SFMNP) provides coupons to low-income elders to purchase fresh fruits and vegetables to support their health and promote 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 (DACS), which operates the Women, Infants, and Children (WIC) Farmers' Market Nutrition Program, to simplify administration of SFMNP and reduce administrative expenses. A Memorandum of

Agreement gives DACS primary responsibility to recruit, authorize, train, and monitor participating farmers. DACS is also responsible for providing participating farmers with vendor stamps, program manuals, and program participation signs to display at farmers' markets. 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
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	\$122,464	152	54	3,250	789
2021	#\$122,464	#152	#54	#3,250	#935





## Other Department Programs

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

## 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 at 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, 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
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	****53,917
2019-2020	*****\$4,714,574	413	55,561
2020-2021	*****\$4,923,508	383	42,756
2021-2022	\$5,474,098	#383	#42,756

\*SHINE Grant Year runs April to March.

\*\*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



# 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 clienteles, 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).

<b>AC</b>	AmeriCorps	<b>OAA</b>	Older Americans Act
<b>ACFP</b>	Adult Care Food Program	<b>OPPG</b>	Office of Public and Professional Guardians
<b>ADI</b>	Alzheimer's Disease Initiative	<b>PACE</b>	Program of All-Inclusive Care for the Elderly
<b>CARES</b>	Comprehensive Assessment and Review for Long-Term Care Services	<b>PEARLS</b>	Program to Encourage Active Rewarding Lives for Seniors
<b>CCE</b>	Community Care for the Elderly	<b>PSA</b>	Planning and Service Area
<b>CIRTS</b>	Client Information and Registration Tracking System	<b>RELIEF</b>	Respite for Elders Living in Everyday Families
<b>DOEA</b>	Department of Elder Affairs	<b>SCP</b>	Senior Companion Program
<b>DRI</b>	Dietary Reference Intake	<b>SCSEP</b>	Senior Community Service Employment Program
<b>EAR</b>	Emergency Alert Response	<b>SFMNP</b>	Senior Farmers' Market Nutrition Program
<b>EHEAP</b>	Emergency Home Energy Assistance for the Elderly Program	<b>SHINE</b>	Serving Health Insurance Needs of Elders Program
<b>HCE</b>	Home Care for the Elderly	<b>SMMC LTC</b>	Statewide Medicaid Managed Care Long-Term Care Program
<b>LSP</b>	Local Services Programs	<b>SMP</b>	Senior Medicare Patrol
<b>LTCOP</b>	Long-Term Care Ombudsman Program	<b>USDA</b>	United States Department of Agriculture
<b>MIPPA</b>	Medicare Improvements for Patients and Providers Act		
<b>MMIS</b>	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	47
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	10
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	224,742
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	1,298
	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	5,022,947
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	12

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	37
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	4,220,643
Attendant Care	Hands-on supportive and health-related care specific to the needs of a medically stable, physically handicapped individual. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by state law. Housekeeping activities that are incidental to the performance of care may also be furnished as part of this activity.	Hours	SMMC LTC	1,142,568
		Episodes		10,584
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	26,344



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: 317.89 Individual: 83,717.5
		Episodes		Group: 1313 Individual: 282
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: 4571.76 Individual: 5148.25
			SMMC LTC	12
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	27,795
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	171,238
		Episodes	SMMC LTC	44,235
		Months	SMMC LTC	162

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	5,384
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	20,887
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	5,888
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	46
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	6





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	169,460
Congregate Meals	Meals or snacks provided at eligible Adult Care Food Program centers.	Meals or Snacks	ACFP	2,421,108
	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	1,989,115
Congregate Meals Screening	Assessments for congregate meal applicants or recipients with referral and follow-up as needed.	Hours	LSP, OAA	11,333
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	101,794

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	17
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: 842 Individual: 7,358.5
Counseling – Medicare and Health Insurance	Medicare and health insurance education, counseling, and assistance to Medicare beneficiaries, their families, and caregivers.	Client Contacts	SHINE	52,838
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: 635.75 Individual: 12,438.75
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	2
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	11



Service	Description	Unit Type	Program(s)	Units of Service
Diabetes Self-Management Program	Diabetes self-management training services.	Hours	SMMC LTC	37
	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	11
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: 22,918.5 Individual: 6,331.75
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	499

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	1,118,542
		Months	SMMC LTC	170,057
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	434
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	16,330
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	146
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	28
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	41
Financial Risk Reduction – Assessment	Assessment of problem area(s) and guidance for managing income, assets, liabilities, and expenditures.	Hours	CCE	12
Financial Risk Reduction – Maintenance	Maintenance of problem area(s) and guidance for managing income, assets, liabilities, and expenditures.	Hours	CCE	10



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	20
Health Risk Assessment	Assessment utilizing one tool or a combination of tools to test older persons for certain risk factors that are known to be associated with a disease or condition. Many factors can be modified, including diet, risk-taking behaviors, coping styles, and lifestyle choices (such as smoking and overeating), and can be measured or identified through risk appraisal questionnaires. The health risk assessment helps the individual determine the addictive nature of many factors in their life. This can be done on a one-on-one or group basis.	Episodes	LSP	860
Health Support	Helps individuals secure and utilize necessary medical treatment, as well as preventive, emergency, and health maintenance services.	Hours	LSP, OAA	Group: 5,052.25 Individual: 2,418.75
		Episodes	LSP, OAA	382
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	11

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	932
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	2,859
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	* 11,154,164
			SMMC LTC	6,307,185

\* Meal delivery increased due to services delivered in response to COVID-19



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	1,104,440
		Hours	SMMC LTC	10,274,101
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	918
Housing Improvement	Home repairs, environmental modifications, adaptive alterations, or installing security devices.	Hours	CCE, OAA, LSP	10,937
		Episodes	HCE	8
Information	Response to inquiries from or on behalf of a person regarding public and private resources and available services.	Episodes	OAA, LSP	322,334
Intake	Completes standard intake and screening instruments to gather information about an applicant for services.	Hours	CCE, OAA, ADI	67,211
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	5,476,743
		Episodes		140
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	0

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	44,447
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	756
		Facilities		4,161
		Complaint Investigations		2,511
		Visitations		111
Material Aid	<ul style="list-style-type: none"> <li>• Direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc.</li> <li>• 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.</li> <li>• 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.</li> <li>• Purchase of materials necessary to perform chore or enhanced chore services (see Chore and Chore – Enhanced service descriptions above).</li> <li>• Purchase of construction materials necessary to perform housing improvements, alterations, and repairs (see Housing Improvement service description above).</li> </ul>	Episodes	CCE, HCE, LSP, OAA	40,195





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	164
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	31,216,211
		Hours		3,394
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	112,871
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	4,185

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	1,826
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	216,206
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	16
		Hours		56
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	142
		Hours		49,515
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	1,253



Service	Description	Unit Type	Program(s)	Units of Service
Outreach—Individual	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	9,545
Outreach—Group	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	55,237
		Events		2,565
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	1,319
Personal Care	Assistance with eating, dressing, personal hygiene, and other Activities of Daily Living. This service may include assistance with meal preparation and housekeeping chores such as bed-making, dusting, and vacuuming incidental to the care furnished or essential to the health and welfare of the individual.	Hours	CCE, HCE, LSP, OAA, SMMC LTC	18,673,472
		Items	SMMC LTC	56,321
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	4

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	386
Pest Control Maintenance	Addresses insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients.	Episodes	CCE	2,078
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	17
Physical Therapy	Provided to produce specific functional outcomes in ambulation, muscle control and postural development and to prevent or reduce further physical disability. The service shall be prescribed by a physician. It may also include a physical therapy assessment, which does not require a physician's prescription. In addition, this service may include training direct care staff and caregivers and monitoring those individuals to ensure that they are correctly carrying out therapy goals.	Hours	SMMC LTC	28,012
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	13



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	107
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	1
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	3,806
Recreation	Planned leisure events such as games, sports, arts and crafts, theater, trips, and other relaxing social activities.	Hours	LSP, OAA	25,587
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	108,357
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	15,029
		Hours		6,866

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	1,489,373
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	321,615
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	143,457
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	1,622,577
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	42,838
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 *COVID19	2,380 *19,203
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	4,183



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	2,198
Specialized Medical Equipment, Services, and Supplies	<ul style="list-style-type: none"> <li>• 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;</li> <li>• 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;</li> <li>• Adult briefs, bed pads, oxygen, or nutritional supplements;</li> <li>• Medical services paying for doctor or dental visits; and</li> <li>• Pharmaceutical services paying for needed prescriptions.</li> </ul>	Episodes	ADI, CCE, HCE, LSP, OAA	50,306
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	83,296
		Hours		1,724
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	24

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	46,197
			COVID19 Related	391,495
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	5
Transportation	Travel to or from community services and resources, health and medical care, shopping, social activities, or other life-sustaining activities.  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.	Trips	ADI, CCE, HCE, w LSP, OAA	252,163
		Episodes		1,303,046
		Hours	SMMC LTC	247,552
		Miles		947,720
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	1
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	52
		Clients Served		52





Service	Description	Unit Type	Program(s)	Units of Service
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	421
		Clients Served		415
Volunteer Training	Training for individuals interested in helping caregivers with respite services.	Hours	RELIEF	4
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	3

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

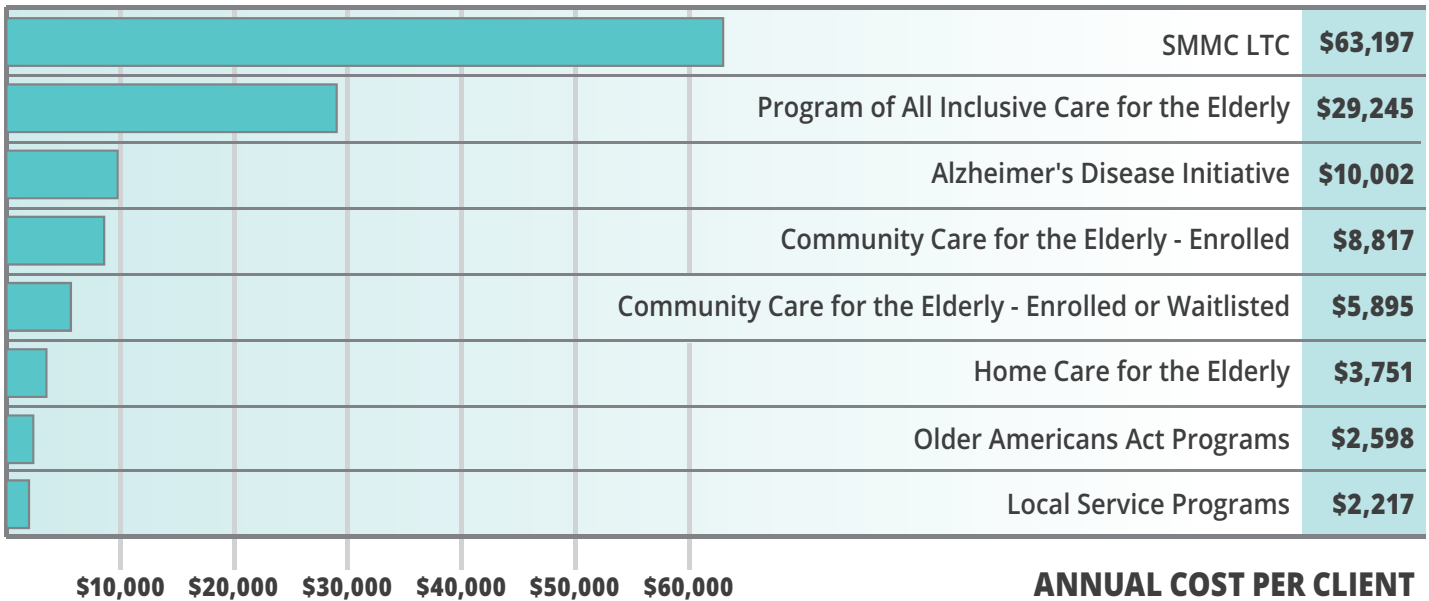
# APPENDICES



# Appendix 1

## Cost Comparisons, Budget History, Appropriations, and ADRC Funding

### Comparison of Annual Average Cost Per Client For Programs Serving Florida's Elders—SFY 2021-2022

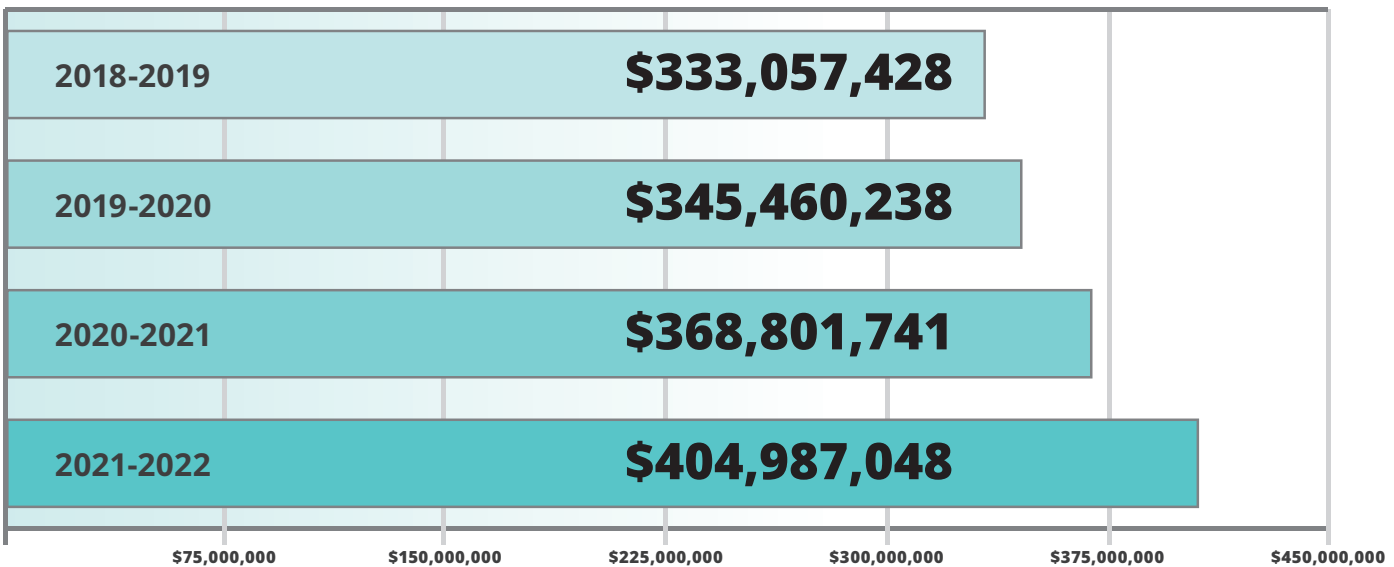


SMMC LTC: Statewide Medicaid Managed Care Long-Term Care Program includes all ages; does not include incentives and/or pay-for-performance initiatives; may not include all adjustments. Numbers not confirmed by AHCA.

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 2020-2021

### Budget History (State and Federal Funding)



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

## State Appropriations—Fiscal Year 2021-2022

General Revenue . . . . .	<b>\$205,667,303</b>
Legislative Appropriation	
Administrative Trust Fund . . . . .	<b>\$3,019,242</b>
Public Guardianship Services	
Indirect Earnings	
Federal Grants Trust Fund . . . . .	<b>\$130,892,905</b>
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 . . . . .	<b>\$23,042,343</b>
Comprehensive Assessment and Review for Long-Term Care Services (CARES)	
Medicaid Administration	
Grants and Donations Trust Fund . . . . .	<b>\$22,700</b>
Donations	
<hr/>	
Total . . . . .	<b>\$362,644,493</b>

*Source: 2021-2022 General Appropriations Act less vetoed amounts and Department of Elder Affairs' electronic Approved Operating Budget 2021-2022*

## 2021 Federal COVID-19 Relief Dollars

American Rescue Plan (COVID19) . . . . .	<b>\$107,527,030</b>
Supporting Nutrition Programs, HCE Services and Assisting Caregivers	
CARES ACT . . . . .	<b>\$61,327,115</b>
Families First . . . . .	<b>\$18,161,682</b>
Coronavirus Preparedness & Response Supplemental Appropriation . . . . .	<b>\$4,568,290</b>
Consolidation Appropriations Act . . . . .	<b>\$12,750,236</b>
<hr/>	
Total . . . . .	<b>\$204,334,353</b>





## ADRC Funding

Fiscal Year	State	Federal	Total
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
2020-2021	\$2,570,447	\$2,570,447	\$5,140,894
2021-2022	\$2,570,447	#\$2,570,447	#\$5,140,894

#Projection

# DOEA Programs and Services by Funding Source

## OAA PROGRAMS & SERVICES

<b>Title III B</b>	<b>Title VII</b>	<b>Title III E National Family Caregiver Support Program</b>
Information and Referral Assistance	Elder Abuse Prevention	
Support Services	Long-Term Care Ombudsman Program	<b>Title V Senior Community Service Employment Program</b>
<b>Title III D Preventive Services</b>	<b>Title III C1 Congregate Meals</b>	<b>Nutrition Services Incentive Program</b>
	<b>Title III C2 Home-Delivered Meals</b>	

## GENERAL REVENUE PROGRAMS & SERVICES

<b>Alzheimer's Disease and Related Dementias Training Provider and Curriculum Approval</b>	<b>Community Care for the Elderly</b>	<b>Local Services Programs</b>
	<b>Home Care for the Elderly</b>	<b>Respite for Elders Living in Everyday Families</b>
<b>Alzheimer's Disease Initiative</b>	<b>Office of Public and Professional Guardians</b>	

## MEDICAID PROGRAMS & SERVICES

<b>CARES</b>	<b>Statewide Medicaid Managed Care Long-Term Care Program</b>	<b>Program of All-Inclusive Care for the Elderly</b>
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## OTHER PROGRAMS & SERVICES

<b>Adult Care Food Program</b>	<b>Emergency Home Energy Assistance for the Elderly Program</b>	<b>Senior Farmers' Market Nutrition Program</b>
<b>AmeriCorps</b>		<b>SHINE Program</b>



## 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 of adults age 18 and older. No age requirements for Memory Disorder Clinics.	No income test; consumers are assessed a co-pay amount based on a sliding scale.	Diagnosed as having probable Alzheimer's disease or related dementias.
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 100 percent of the Max Income Value under the State Median Income Guidelines for household size of 1-8. Total gross household income of not more than 150 percent of the federal poverty level for household size of 9 or more.	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	N/A	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	271,588	55,753	41,071	16,626	4,973	20.5%	15.1%	6.1%	1.8%	24.3%
Baker	28,532	5,822	4,060	1,537	350	20.4%	14.2%	5.4%	1.2%	12.8%
Bay	174,410	42,849	30,902	13,495	4,194	24.6%	17.7%	7.7%	2.4%	13.1%
Bradford	28,725	7,215	5,329	2,397	714	25.1%	18.6%	8.3%	2.5%	13.0%
Brevard	606,671	198,398	145,900	67,800	20,927	32.7%	24.0%	11.2%	3.4%	16.0%
Broward	1,932,212	462,249	333,067	143,669	47,418	23.9%	17.2%	7.4%	2.5%	48.4%
Calhoun	14,489	3,773	2,781	1,241	310	26.0%	19.2%	8.6%	2.1%	11.9%
Charlotte	187,904	89,063	70,732	34,538	10,213	47.4%	37.6%	18.4%	5.4%	8.6%
Citrus	149,383	66,595	52,197	25,401	7,292	44.6%	34.9%	17.0%	4.9%	7.3%
Clay	219,575	48,255	34,687	14,100	3,533	22.0%	15.8%	6.4%	1.6%	17.5%
Collier	387,450	140,615	111,893	56,663	16,361	36.3%	28.9%	14.6%	4.2%	13.9%
Columbia	70,617	19,325	13,995	5,856	1,529	27.4%	19.8%	8.3%	2.2%	16.3%
De Soto	37,082	9,515	7,196	3,231	773	25.7%	19.4%	8.7%	2.1%	18.8%
Dixie	16,663	5,406	3,969	1,558	341	32.4%	23.8%	9.4%	2.0%	6.3%
Duval	982,080	207,410	146,482	58,262	17,702	21.1%	14.9%	5.9%	1.8%	34.1%
Escambia	323,714	80,880	58,910	25,234	7,395	25.0%	18.2%	7.8%	2.3%	24.7%
Flagler	114,173	41,407	32,413	14,632	3,637	36.3%	28.4%	12.8%	3.2%	18.3%
Franklin	11,864	3,554	2,695	1,167	278	30.0%	22.7%	9.8%	2.3%	9.2%
Gadsden	46,226	11,725	8,410	3,202	796	25.4%	18.2%	6.9%	1.7%	48.2%
Gilchrist	18,269	5,509	4,066	1,792	561	30.2%	22.3%	9.8%	3.1%	4.6%
Glades	13,609	4,333	3,423	1,630	345	31.8%	25.2%	12.0%	2.5%	16.3%
Gulf	14,724	4,684	3,538	1,508	385	31.8%	24.0%	10.2%	2.6%	10.9%
Hamilton	14,570	3,966	2,871	1,109	263	27.2%	19.7%	7.6%	1.8%	27.6%
Hardee	27,443	5,437	4,036	1,694	460	19.8%	14.7%	6.2%	1.7%	25.7%
Hendry	40,953	8,083	5,848	2,629	749	19.7%	14.3%	6.4%	1.8%	45.7%
Hernando	192,186	69,561	54,792	26,462	7,801	36.2%	28.5%	13.8%	4.1%	13.4%
Highlands	104,834	44,834	36,076	18,530	5,380	42.8%	34.4%	17.7%	5.1%	15.2%
Hillsborough	1,478,759	291,953	209,120	86,876	25,164	19.7%	14.1%	5.9%	1.7%	37.7%
Holmes	20,001	5,675	4,261	1,886	423	28.4%	21.3%	9.4%	2.1%	5.7%
Indian River	158,834	62,376	48,978	23,893	7,847	39.3%	30.8%	15.0%	4.9%	10.0%
Jackson	46,587	12,762	9,519	4,333	1,234	27.4%	20.4%	9.3%	2.6%	22.6%

County	Total Population					Percent of Population Who Are Elders				
	All Ages	60+	65+	75+	85+	60+	65+	75+	85+	Minority 60+
Jefferson	14,394	4,606	3,338	1,204	308	32.0%	23.2%	8.4%	2.1%	28.5%
Lafayette	8,690	1,864	1,386	593	155	21.4%	15.9%	6.8%	1.8%	7.8%
Lake	366,742	123,698	95,292	44,547	11,926	33.7%	26.0%	12.1%	3.3%	15.6%
Lee	750,493	253,537	196,100	88,300	22,291	33.8%	26.1%	11.8%	3.0%	13.6%
Leon	299,484	57,630	41,849	16,162	4,543	19.2%	14.0%	5.4%	1.5%	27.0%
Levy	41,699	13,390	9,932	4,097	859	32.1%	23.8%	9.8%	2.1%	12.3%
Liberty	8,575	1,589	1,091	426	108	18.5%	12.7%	5.0%	1.3%	13.2%
Madison	18,954	5,286	3,944	1,630	456	27.9%	20.8%	8.6%	2.4%	31.2%
Manatee	398,503	138,168	106,542	48,900	13,996	34.7%	26.7%	12.3%	3.5%	11.9%
Marion	368,135	138,069	107,883	51,078	13,450	37.5%	29.3%	13.9%	3.7%	15.2%
Martin	161,301	64,104	49,838	24,918	8,232	39.7%	30.9%	15.4%	5.1%	7.2%
Miami-Dade	2,832,794	636,153	472,132	219,204	67,814	22.5%	16.7%	7.7%	2.4%	87.2%
Monroe	77,823	25,415	18,632	6,952	1,550	32.7%	23.9%	8.9%	2.0%	17.4%
Nassau	89,258	27,468	20,284	8,234	2,007	30.8%	22.7%	9.2%	2.2%	8.0%
Okaloosa	203,951	49,356	35,279	15,391	4,617	24.2%	17.3%	7.5%	2.3%	14.5%
Okeechobee	42,112	10,630	7,961	3,667	951	25.2%	18.9%	8.7%	2.3%	13.5%
Orange	1,415,260	249,415	174,298	68,978	20,304	17.6%	12.3%	4.9%	1.4%	50.1%
Osceola	387,055	74,784	52,891	21,043	5,553	19.3%	13.7%	5.4%	1.4%	59.7%
Palm Beach	1,466,494	450,876	349,866	174,342	60,697	30.7%	23.9%	11.9%	4.1%	23.2%
Pasco	542,638	164,352	126,013	57,556	16,793	30.3%	23.2%	10.6%	3.1%	12.3%
Pinellas	984,054	335,442	253,304	115,518	36,507	34.1%	25.7%	11.7%	3.7%	12.5%
Polk	715,090	196,374	148,488	65,321	16,644	27.5%	20.8%	9.1%	2.3%	23.1%
Putnam	73,723	22,646	16,722	7,125	1,994	30.7%	22.7%	9.7%	2.7%	14.9%
St Johns	184,653	42,452	29,917	12,046	2,923	23.0%	16.2%	6.5%	1.6%	10.0%
St Lucie	438,816	191,581	154,493	79,202	24,615	43.7%	35.2%	18.0%	5.6%	25.0%
Santa Rosa	476,727	104,541	75,061	31,788	10,263	21.9%	15.7%	6.7%	2.2%	8.8%
Sarasota	261,900	70,788	52,134	21,970	6,451	27.0%	19.9%	8.4%	2.5%	6.7%
Seminole	322,265	93,936	70,630	31,777	9,392	29.1%	21.9%	9.9%	2.9%	27.4%
Sumter	141,422	87,576	75,939	36,407	6,828	61.9%	53.7%	25.7%	4.8%	4.4%
Suwannee	45,463	13,375	10,155	4,756	1,344	29.4%	22.3%	10.5%	3.0%	11.3%
Taylor	22,436	6,612	4,987	2,061	434	29.5%	22.2%	9.2%	1.9%	15.2%
Union	15,410	3,211	2,062	697	153	20.8%	13.4%	4.5%	1.0%	20.5%
Volusia	551,588	181,900	136,490	60,323	18,916	33.0%	24.7%	10.9%	3.4%	16.3%
Wakulla	33,981	7,208	4,981	1,805	415	21.2%	14.7%	5.3%	1.2%	11.3%
Walton	74,724	20,358	14,507	5,744	1,455	27.2%	19.4%	7.7%	1.9%	7.7%
Washington	25,334	6,498	4,697	1,968	435	25.6%	18.5%	7.8%	1.7%	12.1%
Florida	21,596,068	5,893,870	4,422,335	1,998,681	594,727	27.3%	20.5%	9.3%	2.8%	29.8%



County	Percent of Population Who Are Elders				Clients Served			
	Below Poverty Level 60+	Alzheimer's Disease 65+	Living Alone 60+	60+ With Self-Care Disabilities	ADI	CCE	HCE	Community Nursing Home Beds Per 1,000 (75+)
Alachua	9.8%	10.6%	27.7%	5.4%	447	74	50	60.7
Baker	10.8%	9.8%	22.8%	6.2%	8	18	11	122.3
Bay	9.8%	10.6%	26.6%	7.9%	52	167	52	69.0
Bradford	14.6%	10.8%	23.7%	6.2%	25	47	6	100.1
Brevard	8.6%	11.4%	25.7%	5.3%	182	795	16	41.4
Broward	12.7%	11.4%	26.3%	6.5%	299	4,505	327	28.5
Calhoun	13.9%	11.1%	28.5%	15.4%	4	18	6	198.2
Charlotte	7.0%	11.5%	21.4%	5.1%	40	670	28	33.0
Citrus	9.2%	11.1%	22.8%	5.5%	188	452	34	43.4
Clay	6.5%	9.3%	20.9%	5.4%	44	71	35	88.7
Collier	7.2%	12.0%	19.3%	3.9%	60	631	19	14.5
Columbia	10.6%	10.4%	23.0%	7.1%	58	138	30	71.4
De Soto	15.9%	10.7%	19.7%	4.8%	5	121	11	36.5
Dixie	10.5%	10.0%	23.6%	7.9%	24	42	4	38.5
Duval	11.4%	10.1%	28.0%	5.7%	70	5,661	126	73.2
Escambia	8.0%	10.4%	26.4%	5.9%	56	635	27	73.2
Flagler	7.3%	10.3%	19.2%	5.1%	25	40	11	16.4
Franklin	9.3%	10.1%	26.1%	7.3%	3	19	6	77.1
Gadsden	9.7%	10.2%	30.3%	5.8%	3	26	19	37.5
Gilchrist	9.8%	11.2%	21.7%	7.4%	14	32	7	112.2
Glades	13.9%	10.8%	24.8%	9.9%	2	60	16	0.0
Gulf	8.8%	9.9%	22.9%	9.5%	4	25	3	79.6
Hamilton	22.4%	9.4%	18.8%	6.4%	6	50	13	54.1
Hardee	15.1%	10.9%	20.1%	5.3%	27	91	11	61.4
Hendry	18.6%	11.0%	19.9%	7.4%	9	125	25	94.3
Hernando	10.2%	11.3%	22.6%	5.2%	138	354	33	24.9
Highlands	10.1%	12.3%	21.2%	5.7%	141	539	9	32.3
Hillsborough	11.7%	10.4%	24.7%	6.7%	1122	4,338	152	43.6
Holmes	15.4%	10.5%	27.9%	11.6%	10	32	10	95.4
Indian River	8.3%	11.9%	23.4%	5.6%	27	111	33	23.2
Jackson	11.7%	10.7%	29.3%	8.4%	10	39	8	124.6
Jefferson	9.5%	10.2%	23.5%	5.3%	7	25	2	197.7
Lafayette	17.1%	10.0%	30.3%	5.9%	3	13	5	101.2
Lake	8.1%	11.1%	22.5%	4.6%	73	558	46	37.9
Lee	8.3%	11.0%	20.5%	5.2%	146	2,121	75	24.0
Leon	9.0%	9.9%	28.3%	5.4%	15	29	29	53.1
Levy	14.2%	10.2%	26.2%	7.0%	39	105	19	29.3
Liberty	13.6%	9.8%	21.8%	19.2%	2	17	2	0.0

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+)
Madison	18.7%	10.0%	30.7%	4.9%	1	14	5	146.0
Manatee	7.4%	11.3%	22.5%	3.7%	285	975	68	29.8
Marion	8.8%	11.0%	22.5%	5.1%	77	729	50	31.7
Martin	7.2%	12.5%	26.3%	4.9%	52	46	21	31.9
Miami-Dade	20.0%	11.7%	20.3%	7.7%	1496	8,007	2406	37.8
Monroe	11.3%	9.6%	24.8%	3.5%	13	70	10	34.5
Nassau	7.8%	9.4%	18.5%	4.6%	27	36	9	29.1
Okaloosa	8.0%	10.4%	27.6%	5.2%	38	92	20	58.4
Okeechobee	11.7%	11.5%	21.7%	6.3%	6	60	16	49.1
Orange	11.2%	10.3%	20.6%	5.6%	472	2,363	134	63.7
Osceola	11.8%	10.0%	15.8%	5.8%	56	909	23	57.0
Palm Beach	9.5%	12.7%	26.9%	5.7%	1216	4,878	109	34.1
Pasco	10.4%	10.9%	24.8%	5.3%	437	1,965	59	33.8
Pinellas	10.7%	11.8%	30.1%	5.4%	537	2,150	125	66.9
Polk	10.4%	10.7%	21.5%	5.7%	563	2,085	117	47.0
Putnam	13.9%	10.1%	29.3%	6.3%	52	151	24	47.3
St Johns	6.4%	10.0%	20.4%	6.5%	47	63	16	46.4
St Lucie	10.6%	11.1%	20.5%	3.6%	54	121	57	13.3
Santa Rosa	7.1%	9.8%	20.6%	2.6%	16	95	14	12.9
Sarasota	6.7%	12.2%	24.1%	12.3%	99	1041	32	134.8
Seminole	8.8%	10.8%	22.6%	6.4%	159	671	33	39.5
Sumter	5.8%	9.8%	18.2%	2.5%	54	161	17	10.2
Suwannee	8.6%	10.5%	18.1%	7.7%	56	94	28	84.3
Taylor	15.8%	9.5%	24.6%	8.2%	3	17	3	58.2
Union	10.3%	8.8%	16.4%	3.9%	7	23	3	0.0
Volusia	10.2%	11.2%	26.0%	5.9%	172	415	85	53.1
Wakulla	8.7%	9.3%	26.7%	6.2%	3	15	7	66.5
Walton	7.7%	9.6%	25.8%	5.6%	13	31	12	48.2
Washington	16.2%	10.1%	27.6%	8.6%	4	27	2	91.5
Florida	10.8%	11.2%	23.8%	5.8%	9,403	50,098	4,821	41.3

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](http://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](https://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.



## 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 Activities of Daily Living with which help is required	2	3	4	5
Number of Instrumental Activities of Daily Living with which help is required	5 to 6	6 to 7	7	7 to 8
Percent with dementia or cognitive impairment	30%	38%	46%	56%
Percent self-assessed in poor health	29%	51%	63%	77%
Percent of caregivers in crisis	0%	7%	23%	38%
A lot of difficulty with caregiver's physical health	3%	10%	18%	33%

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

Source: CIRTS (Client Information and Registration Tracking System), SFY 2021-2022

# Appendix 5

## Acronyms and Abbreviations

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



# 2021

## Summary of Programs & Services

This 2021 edition of the *Summary of Programs & Services* provides comprehensive information about the Florida Department of Elder Affairs and the programs it administers. Specifically, the 2021 *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 2021 *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 November 2021.

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, please visit us online at [ELDERAFFAIRS.ORG](http://ELDERAFFAIRS.ORG) or call us toll-free at 1-800-963-5337.

4040 Esplanade Way  
Tallahassee, Florida 32399-7000

[ELDERAFFAIRS.ORG](http://ELDERAFFAIRS.ORG)

Phone 850-414-2000  
Fax 850-414-2004  
TDD 850-414-2001

