Department of
ELDER AFFAIRS
STATE OF FLORIDA

Ron DeSantis
Governor

Richard Prudom
Secretary

LONG-RANGE PROGRAM PLAN

Department of Elder Affairs
Tallahassee, Florida

September 30, 2021

Chris Spencer, Policy Director
Office of Policy and Budget
Executive Office of the Governor
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House Appropriations Committee
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Tallahassee, Florida 32399-1300

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Senate Committee on Appropriations
201 Capitol
Tallahassee, Florida 32399-1300

Dear Directors:

Pursuant to Chapter 216, *Florida Statutes*, the Long-Range Program Plan (LRPP) for the Department of Elder Affairs is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives, and measures for the Fiscal Year 2022-23 through Fiscal Year 2026-27.

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

Sincerely,

Secretary Richard Prudom
Florida Department of Elder Affairs

Department of
ELDER AFFAIRS
STATE OF FLORIDA

Long-Range Program Plan

Fiscal Years 2022-2023 through 2026-2027

RON DESANTIS, GOVERNOR

RICHARD PRUDOM, SECRETARY

September 2021

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AGENCY MISSION, VISION, AND VALUES

MISSION:

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

VISION:

For all Floridians to live well and age well.

CORE VALUES:

B – Better well-being for seniors and caregivers

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

L – Livable Communities

D – Dementia Care and Cure Initiative

Agency Goals

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

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

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

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

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

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

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

Goal 6: Maintain effective and responsive management.

Agency Objectives

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

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

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

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

Objective 2.3: Improve caregiver supports and services;

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

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

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

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

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

AGENCY SERVICE OUTCOMES AND PERFORMANCE PROJECTION TABLES

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

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

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

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

Baseline Year 2002-2003	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
2.8 months	2.8 months	2.8 months	2.8 months	2.8 months	2.8 months

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

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

Baseline Year 2016-2017	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
85%	85%	85%	85%	85%	85%

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

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

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

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

Baseline Year 1998-1999	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
91.6%	97%	97%	97%	97%	97%

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

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

Baseline Year 1998-1999	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
15.3%	N/A	N/A	N/A	N/A	N/A

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

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

Baseline Year 1998-1999	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
$2,221	N/A	N/A	N/A	N/A	N/A

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

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

Baseline Year 1997-1999	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
59.1%	65%	65%	65%	65%	65%

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

Baseline Year 1997-1999	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
58%	62.3%	62.3%	62.3%	62.3%	62.3%

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

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

Baseline Year 2003-2004	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
90%	90%	90%	90%	90%	90%

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

Baseline Year 2001-2002	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
95%	97%	97%	97%	97%	97%

Objective 2.3: Improve caregiver supports and services

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

Baseline Year 1997-1998	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
90.2%	N/A	N/A	N/A	N/A	N/A

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

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

Baseline Year 2002-2003	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
87%	N/A	N/A	N/A	N/A	N/A

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

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

Baseline Year 2013-2014	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
86.4%	86%	86%	86%	86%	86%

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

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

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

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

Baseline Year 1997-1999	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
58.6%	66%	66%	66%	66%	66%

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

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

Baseline Year 2013-2014	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
95%	95%	95%	95%	95%	95%

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

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

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

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

Baseline Year 1999-2000	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
90%	100%	100%	100%	100%	100%

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

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

Baseline Year 2016-2017	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
29,719	25,000	25,000	25,000	25,000	25,000

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

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

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

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

Baseline Year 2002-2003	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
79.3%	79.3%	79.3%	79.3%	79.3%	79.3%

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

Goal 6: Maintain effective and responsive management

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

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

Baseline Year 2001-2002	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
2.7%/21.2%	1.8%/22.2%	1.8%/22.2%	1.8%/22.2%	1.8%/22.2%	1.8%/22.2%

LINKAGE TO GOVERNOR'S PRIORITIES

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

1. Restore and Protect Florida's Environment

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

Goal 6: Maintain effective and responsive management

2. Improve Florida's Education System

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

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

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

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

3. Economic Development and Job Creation

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

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

Goal 6: Maintain effective and responsive management

4. Health Care

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

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

5. Public Safety

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

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

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

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

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

6. Public Integrity

Goal 6: Maintain effective and responsive management

TRENDS AND CONDITIONS STATEMENT

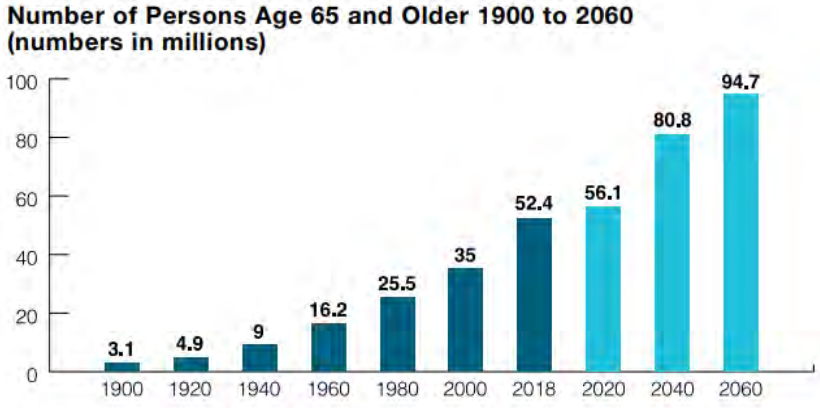
AGENCY PRIMARY RESPONSIBILITIES, BASED ON STATUTE

The Florida Department of Elder Affairs (DOEA/Department) is the designated State Unit on Aging, in accordance with the federal Older Americans Act and Chapter 430, F.S. (Florida Statutes). The Department works 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 older adults make up Florida's Aging Network.

SELECTION OF PRIORITIES

Florida is the third most populous state in the United States with approximately 21.5 million residents. With more than 5.9 million residents age 60 and older, Florida outnumbers the state senior populations of 20 other states combined. With the highest percentage of older residents age 65 and older in the nation (21%), Florida is second only to California in the actual number of citizens age 65 and older.[1] Because of this large proportion of older adults, Florida's future is linked to the financial security and physical health of its older population.

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. Despite modest projections of attrition and out-migration, Florida can expect to see a significant increase in older adults over the next two decades. By 2030, Florida's population of older adults will increase more than 30 percent, which may place excessive burdens on the state's economic and healthcare system for older adults.



Note: Increments in years are uneven. Lighter bars (2020, 2040, and 2060) indicate projections.
Source: U.S. Census Bureau, Population Estimates and Projections

1 Retrieved from Florida State Plan on Aging 2021-2024 on August 26, 2021 at https://elderaffairs.org/wp-content/uploads/DRAFT-Florida-State-Plan-on-Aging-2022-2025_reduced.pdf

Impact of the COVID-19 Pandemic

The pandemic has highlighted the critical importance of aging services, which are an essential part of the nation's health infrastructure and are just as important as clinical services. The Department has used these challenging times as an opportunity to approach caring for older adults with renewed focus on innovative response strategies. These response strategies include using new and expanded technology and heralding the advent of entirely new programs to improve existing services. The current situation serves to confirm and amplify the value of the priorities and goals upon which this plan focuses.

Geographic Concentration Areas

The latest estimates from state economists show more than 900 people move to Florida every day, and a large number 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 41.2 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, 28 counties have an older population of at least 30 percent, and five counties are more than 40 percent.

Contribution of Older Adults

Florida's older adults are significant contributors to the state's economy and are very active in their local communities, and those communities with a high proportion of older adults enjoy numerous advantages. Economists have noted civic and economic factors are part of a broader and fast-growing "Longevity Economy" in Florida, fueled by retirees and adults over age 50. This is due to a noted trend of people age 50 and over, staying employed longer, earning wages, spending more money, generating tax revenue, and producing economic value for an extended period.

Older adults also donate to charitable causes at a larger rate than younger generations and contribute greatly to their communities by volunteering. Volunteerism in this group continuously enhances communities throughout Florida and is evident in local programs and services such as libraries, schools, community-services organizations, museums, theater groups, and art galleries. Older adults also remain committed to their families with many providing care to another family member, including raising grandchildren when a parent is unable to do so.

The following indicators show the stability older adults provide to Florida's communities:[2]

- Despite being more than a quarter of Florida's population, adults age 60 and older positively contribute to the economy at both the state and local level at a higher rate in proportion to the rest of the population.
- Older adults' total economic contribution accounts for 48 percent of Florida's Gross Domestic Product (GDP) ($505 billion).
- Older adults' activities also supported 6.3 million jobs and generated $342 billion in wages and salaries. Their contribution to GDP is forecast to reach $1.7 trillion in 2050.
- The older adults' population in Florida contributed $15 billion in volunteering activities and $37 billion in unpaid caregiving in 2018, with the average person spending 90 hours on volunteering and almost 370 hours on caregiving over the entire year.
- People age 50-plus will continue to play a significant role as part of Florida's workforce: by 2030, 50-plus workers in the state are projected to number 3.8 million, representing 33 percent of the state's total labor force.
- Approximately 83 percent of older Floridians vote.
- One in three adults over age 60 provides care to another elder.
- More than 76,475 older adults raised their grandchildren in 2018

Life Expectancy

The projected increase of older adults in the population is in part due to the improved health and well-being of Floridians, allowing them to live longer lives. This is already apparent with the population of individuals age 100 and older, currently the 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.

Long-term care and public health programs must be prepared and adequately funded to increase their staffing and operation capacity to prevent shortages in the care and services available to those in need. This may be particularly important as these 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.

2 Retrieved from AARP's The Longevity Economy Outlook on August 25, 2020 at https://www.aarp.org/content/dam/aarp/research/surveys_statistics/econ/2020/longevity-economy-outlook-florida.doi.10.26419-2Fint.00044.010.pdf

Maintain Health and Wellness

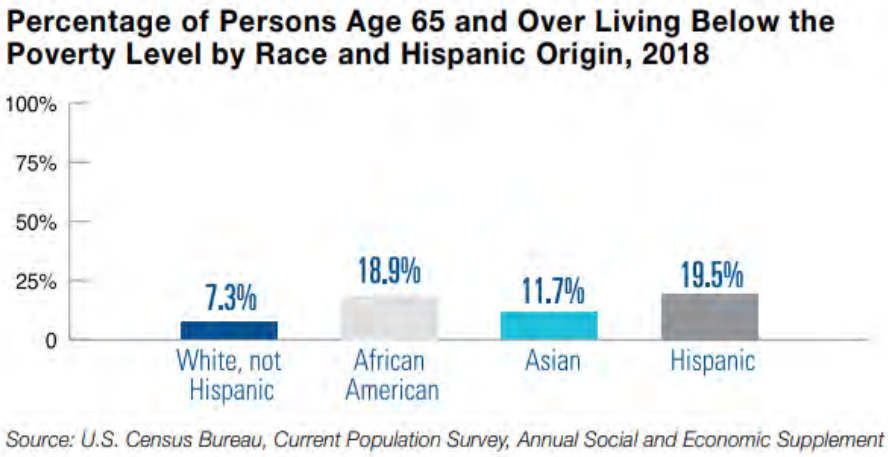
An estimated 23 percent or 1.3 million older Floridians are either medically underserved or live in medically underserved areas. To maintain or improve health and wellness, older Floridians must have access to medical care and support. This includes access to affordable person-centered health care and social services to promote active and independent living. It is also essential to address specific areas of health and wellness such as nutrition and Alzheimer's disease and related dementias because problems in these areas can hinder the ability to live an active, healthy life.

Food insecurity among those 55+ is associated with greater risks for diabetes, obesity, cardiovascular and lung disease, and high blood pressure. In 2019, DOEA partnered with Feeding Florida, the Florida Department of Health (DOH), the Florida Department of Agriculture, the U.S. Department of Agriculture, and other stakeholders to establish a long-term feeding task force. This initiative functions as an information sharing network and facilitates collaboration.

Approximately 580,000 people in Florida age 65 and older live with Alzheimer's disease or related dementias (ADRD), which is the second highest total number in the nation. DOEA has multiple initiatives to help combat ADRD, including the Dementia Care and Cure Initiative (DCCI). DCCI task forces work in collaboration with Florida's 11 Area Agencies on Aging (AAAs) and 17 Memory Disorder Clinics, with the purpose of engaging communities across the state to be more dementia caring. The Department will continue to support person-centered health and wellness, including furthering existing efforts to address nutrition and ADRD.

Diversity

The percentage of minority older adults in Florida continues to exceed that of the nation. Of adults age 60 and older, 29 percent identify as a racial or ethnic minority, and comprise 22 percent of those age 85 and older. The two largest minority groups of older adults are those who are Black or of African descent at 10 percent, and Hispanic or Latinx ethnicity at 16 percent. 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 can speak in a language other than English, and 13 percent who are unable to speak English well. 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, those older adults age 85 and older, as well as those with lower incomes are more likely to experience disabilities and physical limitation.



Caregivers and Families

Providing caregiver support is essential to maintaining the well-being of older adults in a livable community. As the population ages, the support available for caregivers will come into sharper focus. Connections between family members are important for increasing supports available to caregivers of older Floridians.

A caregiver—sometimes called an informal caregiver—is an unpaid individual (for example, a spouse, partner, family member, friend, or neighbor) involved in assisting others with activities of daily living and/or medical tasks. Studies consistently report higher levels of depressive symptoms and mental health problems among caregivers. Three in ten caregivers struggle to manage their health due to caregiving. More than half of caregivers (56%) experienced at least one work-related strain. This may take the form of working different hours, fewer/more hours, and taking time off (whether paid or unpaid).

Older adults raising grandchildren also face unique challenges and are in need of additional supports and connections to child centered resources to alleviate the tremendous physical, emotional, and financial strains related to self-care, family care, and childcare. Supporting older adults and their families to serve as informal caregivers helps to alleviate physical and emotional stress and the financial burdens they carry.

In 2019, Secretary Prudom updated the mission and vision of the Department of Elder Affairs to increase awareness of the importance of Florida's caregivers. The new mission is to promote the health, safety, and independence of Florida's seniors, their families, and caregivers. The updated vision is for all Floridians to live well and age well. The intention of this change was to more formally declare DOEA's commitment to supporting the millions of important and selfless caregivers and care partners across Florida.

Hours of care provided per week

Source: Caregiving in the United States 2020. AARP

Preparing for the Future of Aging

While there are challenges in promoting the health and wellbeing 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 and special considerations, the Department has placed an emphasis on working with local leaders to both tackle the challenges and embrace the positive possibilities that an aging population creates—essentially becoming livable communities.

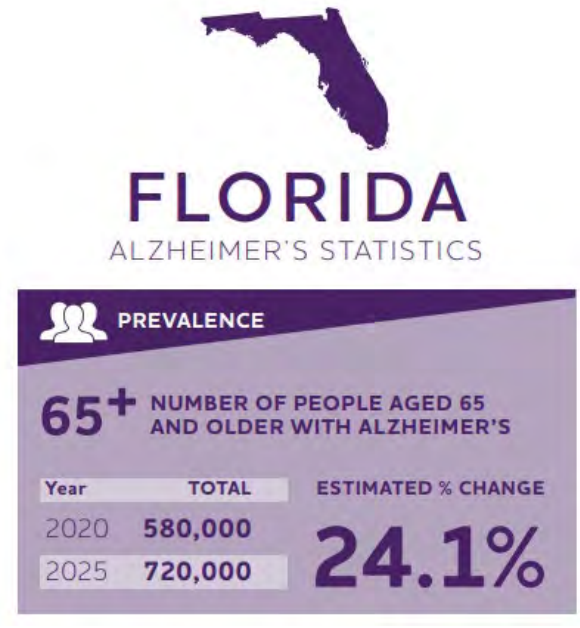
In April 2019, Florida became the fourth state in the nation, and the first state in the Sun Belt, to receive the Age-Friendly state designation from AARP's Network of Age-Friendly States and Communities. The Age-Friendly initiative in Florida, called Livable Florida, seeks to establish a state where people may live well and age well, regardless of age or ability and is creating a Florida all people want to call home. As of July 2021, 41 Communities—29 cities/towns/villages, 12 county-wide designations—had joined the Age-Friendly Network with more communities anticipated to join in 2021. To grow this network across all 67 Florida counties, the Department is working on an action plan with AARP to engage community partners across the state to join the Age-Friendly Network.

DOEA has continued to pursue innovative ways to provide older adults with the services they want and need through several approaches, including the following activities and programs:

- Establishing a Livable Florida—a Florida where all people can live well and age well, regardless of age or ability, and creating a Florida that all people want to call home—the outcome of Florida receiving the Age-Friendly designation;
- Promoting the AARP Age-Friendly Network of States and Communities throughout the state;
- Establishing and promoting the Age-Friendly Business designation and the Age-Friendly Employer designation programs, which highlight and commend Florida businesses and employers that engage Floridians of all ages and abilities. An Age-Friendly Business recognizes that age-friendly is customer-friendly. An Age-Friendly Employer recognizes that hiring older workers is smart business and values employees based solely on their talent and contributions to the workplace, regardless of age;
- Expanding the Dementia Care and Cure Initiative (DCCI) to engage communities to become "Dementia-Caring" and improve the quality of life for those affected by dementia, including caregivers;
- Leading efforts with the Alzheimer's disease and related dementias (ADRD) priority area in the State Heath Improvement Plan (SHIP) to achieve measurable objectives which improve the quality of life for those living with ADRD, as well as their caregivers;
- Identifying opportunities to stop abuse, neglect, and exploitation of elders and those living with ADRD and collaborating with other stakeholders—state and federal entities, as well as private organizations—to analyze the effectiveness of programs, identify best practices, and achieve efficiencies to stop abuse, neglect, and exploitation of elders and those living with ADRD;
- Expanding employment and volunteer opportunities available to older adults;
- Participating in the Florida Age-Friendly Public Health Learning and Action Network and collaborating with public and private partners on this initiative; and
- Incorporating electronic information sharing and outreach through the Livable Communities e-newsletter, the internet, and social media to provide education about aging issues.

DEMENTIA CARE AND CURE INITIATIVE

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



As of August 2021, there were 16 Task Forces in Dementia-Caring Communities throughout Florida. The current Task Forces are housed in Big Bend (Tallahassee), Brevard County, Broward County, Central Florida (Orlando), Collier County, Hillsborough County, Jacksonville (Caregiver Coalition), Lee County, Manatee County, Martin County ("HUGS"), Miami-Dade counties, Mid-Florida, Northwest Florida (Pensacola), Palm Beach County, Pasco-Pinellas counties, and Sarasota County. While the initiative is a statewide effort, it is a community-driven one. Each community has the autonomy to create an action plan and engage in educational, awareness, and advocacy projects and activities that best meet the unique needs of those living with and affected by dementia in their community. Efforts to grow the number of DCCI community task forces around the state and to strengthen the impact of the existing task forces continue.

These communities have been working to provide free dementia sensitivity education and training to various community sectors, including first responders, law enforcement personnel, health care professionals, faith communities, transportation providers, businesses, social service agencies, and other community entities. Task Forces also engage in awareness projects by collaborating with city and county entities to disseminate helpful information about Aging and Disability Resource Centers (ADRCs) and MDCs through outlets such as utility bills and other citizen outreach efforts.[3]

3 Graphic retrieved from Florida Alzheimer's Statistics Facts and Figures 2021 on August 25, 2021 at https://www.alz.org/media/Documents/florida-alzheimers-facts-figures-2021.pdf

Age-Friendly Communities

The availability and quality of certain community features directly impact the well-being of older adults. Using an age-friendly perspective, DOEA assists local leaders in identifying ways to promote active, engaged, and healthy living for people of all ages in Florida. The AARP Network of Age-Friendly States and Communities is an affiliate of the World Health Organization's (WHO) international Age-Friendly Cities and Communities Program.

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

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

The eight "Domains of Livability" are as follows:

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

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

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

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

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

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

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

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

As of July 2021, 41 Communities—29 cities, towns, and villages, 12 county-wide designations, and 16 total counties—had joined the Age-Friendly Network with more communities anticipated to join in 2021. To grow this network across all 67 Florida counties, the Department is working on an action plan with AARP to engage community partners across the state to join the Age-Friendly Network.

Florida Age-Friendly Network Members

A. CITIES, TOWNS, VILLAGES		
Location	Population	Year Joined
Florida	21.48 Million	2019
Cape Canaveral	10,470	2019
Clearwater	116,946	2019
Coconut Creek	61,248	2021
Coral Gables	49,700	2018
Coral Springs	133,759	2019
Cutler Bay	43,718	2016
Doral	65,741	2020
Dunedin	36,537	2018
Fort Lauderdale	182,437	2017
Hallandale Beach	39,847	2016
Hialeah	256,813	2021
Hollywood	154,817	2016
Lakeland	112,136	2016
Longwood	15,561	2016
Miami	467,963	2018
Miami Beach	88,885	2020
Miami Lakes	31,367	2018
Miami Shores	10,365	2018
Ocala	60,786	2019
Orlando	287,442	2019
Palmetto Bay	25,523	2017
Pembroke Pines	173,591	2017
Pinecrest	19,155	2016
Pompano Beach	112,118	2018
Satellite Beach	11,130	2016
St. Petersburg	265,351	2016
Tallahassee	194,500	2015
Wilton Manors	12,756	2018
Winter Haven	44,955	2019

B. COUNTIES		
Location	Population	Year Joined
Alachua	269,043	2019
Citrus	149,657	2019
Collier	384,902	2020
Indian River	159,923	2019
Leon	293,582	2021
Marion	365,579	2019
Miami-Dade	2,716,940	2016
Nassau	88,625	2019
Orange	1,393,452	2021
Pinellas	974,996	2017
Sarasota	433,742	2015
Walton	74,071	2019

Public Health Initiatives

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

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

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

Conclusion

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

Other Considerations: Legislative Changes

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

On June 21, 2021, Governor Ron DeSantis signed House Bill 905 into law, and it became effective July 1, 2021. House Bill 905 codifies the PACE in Florida law and sets specific parameters on program services and participating organizations. The bill directs AHCA, in consultation with DOEA to approve organizations that have submitted the necessary application and data to CMS pursuant to federal requirements established under the Balanced Budget Act of 1997. Applications, as required by CMS, will be reviewed by AHCA on an ongoing basis, in consultation with the DOEA for initial approval. Notice of applications must also be published in the Florida Administrative Register.

Other Considerations: Grant Awards

The Department pursued the following federal funding opportunities:

- The Department was awarded the Medicare Improvements for Patients and Providers Act (MIPPA) grant by ACL. With this funding, the Department will enhance state efforts to assist Medicare beneficiaries through a statewide partnership with Florida's 11 AAAs. The program will focus on intensified outreach activities to beneficiaries likely to be eligible for the Low-Income Subsidy Program (LIS) or the Medicare Savings Program (MSP) and to assist those beneficiaries in applying for benefits. Funds will be used to enhance efforts to provide one-on-one counseling, education, and group outreach efforts to Medicare beneficiaries in preventative services and assistance programs for those with limited incomes.

- The Department was awarded the 2020-2025 State Health Insurance Assistance Program (SHIP) Base Grant by ACL. With this funding, the Department will strengthen the capacity of the Serving Health Insurance Needs of Elders (SHINE) program. Through a statewide network of trained volunteer counselors, SHINE provides the only source of free, personal, unbiased, and confidential Medicare-related counseling assistance for Florida's Medicare beneficiaries, their families, and caregivers. The SHINE program outreach helps to inform groups and individuals about Medicare benefits, coverage rules, written notices and forms, appeal rights and procedures, and more. The vision of the SHINE program is to be the known and trusted community resource for Medicare information.

- The Department received year three of a five-year grant from ACL to fund the Senior Medicare Patrol (SMP) Project's grant. The purpose of this funding is to empower and assist beneficiaries to prevent, detect, and report health care fraud, errors, and abuse by expanding outreach, counseling, and education through existing partnerships in Florida. With the awarded funding, the Department will provide group education and one-on-one assistance to Medicare beneficiaries on a statewide basis; recruit, train, and retain a sufficient and effective workforce ready to provide high quality education and inquiry resolution; monitor and assess SMP results on operational and quality measures; and position SMP to respond to changes in the programmatic landscape.

- The Department received year two of a three-year grant from ACL to fund the 2019 Evidence-Based Falls Prevention Program. In partnership with the Mid-Florida Area Agency on Aging (d/b/a Elder Options), the Florida Department of Health, the Florida Agency for Health Care Administration, Florida Health Networks, county health departments, local senior centers, and other key stakeholders, the Department will develop capacity for, deliver, and sustain evidence-based falls prevention programs in close collaboration with the Aging Network to better serve Florida's older adult population within underserved areas via the capacity-building funding option. Funds from this grant will be used to increase evidence-based falls prevention programs in PSA 3, including Matter of Balance, Tai Ji Quan: Moving for Better Balance, and Tai Chi for Arthritis.

Other Considerations: Other Temporary Grant Awards

In March 2021, Congress passed a $1.9 trillion federal stimulus bill aimed at combatting the devastating economic and public health consequences of the COVID-19 pandemic. The American Rescue Plan offers an unprecedented opportunity to invest in more effective and less costly approaches to public health and safety. Specifically, states and local communities can leverage American Rescue Plan resources to spur long-term, system-wide improvements—including strategies to reduce justice involvement, connect people to community-based services, and put people on a pathway to success. While every jurisdiction has its own unique needs and challenges, American Rescue Plan funding can help create and scale programs that will ultimately make communities safer, healthier, and more equitable. DOEA received temporary grants to address the critical needs of older adults created by the global pandemic to help provide meals and nutrition services, support family caregivers, help older adults connect and engage with others to reduce social isolation, reopen senior centers, and help nursing home residents resolve complaints.

- The Department was awarded the Administration on Community Living's (ACL's) 2021 Vaccine Access Grant funding for the COVID-19 pandemic. The grant budget period is April 1, 2021- Sept 30, 2022. 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. The Department has 11 contracts with the Area Agencies on Aging (AAAs) also operating as Aging and Disability Resource Centers (ADRCs) that cover the state. The AAAs have conducted outbound calls to over 37,000 elders currently receiving services and identified nearly 11,000 of those who want COVID-19 vaccines and linked them to local vaccine resources. DOEA is reviewing other studies that show there is still vaccine hesitancy in the elder population. DOEA intends to conduct a communications campaign (radio only, radio/television and social media) to spread positive, current vaccine access information.

- The Long-Term Care Ombudsman Program (LTCOP) was awarded the Administration for Community Living's (ACL's) CARES for Ombudsman Program under Title VII of the Older Americans Act funding for the COVID-19 pandemic. As a result of the coronavirus, there has been an urgent need to support residents in long-term care facilities. This funding was allocated to respond to the Coronavirus Emergency. The Ombudsman Program was tasked to seek to expand their virtual presence to residents and their families and continue to promote the health, safety welfare and rights of residents in the context of COVID-19.

Other Considerations: Funding Changes

The 2021 Florida Legislature appropriated approximately $32 million in new funding for the Department for Fiscal Year 2021-22. Increased funding for services to older adults in the State of Florida is as follows:

- $6.79 million to provide Alzheimer's respite care services for individuals on the waitlist;
- $7.29 million to serve older adults on the waitlist for the Community Care for the Elderly Program;
- $2.69 million to implement the statewide eCIRTS (Enterprise Client Information and Registration Tracking System) project with non-recurring dollars;
- $17.59 million to serve older adults in the Program of All-Inclusive Care for the Elderly in Broward, Desoto, Hernando, Hillsborough, Manatee, Miami-Dade, Palm Beach, Pasco, and Sarasota counties;
- $1.64 million for Alzheimer's projects that are funded with non-recurring dollars; and
- $3.46 million in Local Service Programs that are funded with non-recurring dollars.

AGENCY PRIMARY RESPONSIBILITIES

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

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

1. Administer human services and long-term care programs, including programs funded under the federal Older Americans Act and other programs that are assigned to the Department by law.

2. Be responsible for ensuring that each Area Agency on Aging operates in a manner that provides Florida elders with the best services possible.

3. Serve as an information clearinghouse at the state level and assist local-level information and referral resources as a repository and means for the dissemination of information regarding all federal, state, and local resources for assistance to the elderly in the areas of, but not limited to, health, social welfare, long-term care, protective services, consumer protection, education and training, housing, employment, recreation, transportation, insurance, and retirement.

4. Recommend guidelines for the development of roles for state agencies that provide services for the aging, review plans of agencies that provide such services, and relay the plans to the Governor and the Legislature.

5. Review and coordinate aging research plans of all state agencies to ensure that research objectives address issues and needs of the state's elderly population. The research activities that must be reviewed and coordinated by the Department include, but are not limited to, contracts with academic institutions, development of educational and training curricula, Alzheimer's disease and other medical research, studies of long-term care and other personal assistance needs, and design of adaptive or modified living environments.

6. Request other departments that administer programs affecting the state's elderly population to amend their plans, rules, policies, and research objectives as necessary to ensure programs and other initiatives are coordinated and maximize the state's efforts to address the needs of the elderly.

Agency Priorities for the Next Five Years

In keeping with its goals, the Department's priorities for the next five years are as follows:

1. Provide home and community-based services for older adults and their caregivers to ensure that elders can choose to remain safely in their homes and communities;

2. Increase awareness of the positive impact that older adults have on Florida's economy and communities;

3. Ensure that federal and state funds are used to effectively and efficiently serve older adults' needs;

4. Implement gubernatorial and legislative initiatives, as well as federal legislative mandates;

5. Prepare for future needs of older adults through planning, collaboration, and policy development;

6. Provide information that empowers older adults, adults with disabilities, caregivers, and their families to make informed decisions about long-term care options;

7. Empower older adults to stay active and improve their physical and mental well-being;

8. Advocate for the protection of elder rights through education and collaboration;

9. Strengthen the state's ability to prevent and respond to elder abuse, neglect, and exploitation;

10. Work with Florida's Aging Network and state agencies to plan for, respond to, and educate older adults about hurricanes and other disasters;

11. Expand workforce development options to improve employee retention;

12. Establish a Livable Florida, which is the outcome of the Age-Friendly designation that Florida achieved in April 2019, and foster an environment that promotes the well-being of older Floridians, enabling them to remain in their own homes and communities as they age, making Florida a place people of all ages and abilities want to call home; and

13. Advance Governor Ron DeSantis' initiatives that support Floridians living with Alzheimer's disease and related dementias (ADRD) and their caregivers, to include: increasing education and awareness of the signs and symptoms of ADRD; promoting the awareness of designated Memory Disorder Clinics as diagnostic and support service centers; and promoting innovative solutions for advancement in research.

Revised or Proposed New Programs

In response to COVID-19 the Department, in coordination with the Florida Restaurant and Lodging Association and the Florida Department of Business and Professional Regulation created the COVID-19 Restaurant Meal Initiative. This initiative helped to facilitate the process to allow restaurants and food establishments to become emergency meal vendors during the pandemic. Since its inception and the first meal delivery in April of 2020, this initiative has helped local restaurants in Florida remain in business while meeting the increased demand for home-delivered meals while many elders shelter in place to limit exposure to COVID-19. As of July 31, 2021, more than 5.8 million restaurant initiative meals have been delivered to elders throughout the state, primarily through federal emergency funding, and more than 25.5 million meals have been delivered to the homes of elders since the beginning of the pandemic.

Additionally, alternate services and service delivery methods have been implemented in order to meet the unique needs of elders during the pandemic. As Adult Day Cares closed throughout the state, in-facility respite services were quickly converted to in-home respite services. Congregate meals were converted to home-delivered meals. As of July 31, 2021, more than 625,000 telephone reassurance calls had been completed with elders and caregivers statewide. Companion services were replaced with telephone reassurance calls as many elders did not want outside visitors in their homes but still needed companionship and conversation. Shopping assistance was replaced with shopping delivery. The pandemic offered opportunities to think outside of the box in order to meet the needs of older adults.

Justification of the Final Projection for Each Outcome and Impact Statement Relating to Demand and Fiscal Implications

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

List of Potential Policy Changes Affecting the Agency Budget Request

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

List of Changes Which Would Require Legislative Action

There are no changes that would require legislative action.

LIST OF ALL TASK FORCES

Work Group / Task Force	Legislative Requirement	Comments
Alzheimer's Disease Advisory Committee (ADAC)	s. 430.501, *F.S.*	Established by the Florida Legislature—under the umbrella of the Alzheimer's Disease Initiative—to serve as a major resource to the Legislature regarding issues involving Alzheimer's disease and related dementias (ADRD) and advise DOEA regarding legislative, programmatic, and administrative matters related to persons living with Alzheimer's disease and their caregivers. Appreciating the importance of supporting those living with ADRD and their caregivers, during the 2019 legislative session the membership of ADAC was increased from 10 to 15. Members are appointed to four-year staggered terms, except for the sitting members of the Senate and House of Representatives, who are appointed to terms corresponding to their respective terms of office. The ADAC elects one of its members to serve as chair for a one-year term. Committee meetings are held quarterly or as frequently as needed. The ADAC is now responsible for preparing and submitting an annual report to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the Secretary of Elder Affairs. The annual report must include information and recommendations on Alzheimer's disease policy, state-funded efforts in Alzheimer's disease research and programs, and proposed updates to the Alzheimer's Disease State Plan. In addition, DOEA must use ADAC's annual report to make updates to the Alzheimer's Disease State Plan every three years, beginning November 1, 2020.

Work Group / Task Force	Legislative Requirement	Comments
Alzheimer's Disease and Related Dementias Priority Area Workgroup for the State Health Improvement Plan		In March of 2019, Governor Ron DeSantis directed the Department of Health (DOH) to add a section in the State Health Improvement Plan (SHIP) exclusively devoted to ADRD. DOEA partnered with DOH, the Alzheimer's Association, Inc., and other stakeholders to identify goals, strategies, and objectives for the ADRD priority area. The three goals of the ADRD priority area are: 1. Strengthen the capacity to address Alzheimer's disease and related dementias (ADRD) in Florida. 2. Assure a competent ADRD workforce through education and training. 3. Enhance support for those living with ADRD and their caregivers in Florida. DOEA and the Alzheimer's Association, Inc., serve as co-chairs of the ADRD priority area workgroup. Florida is one of the first states in the nation to have a priority area in its SHIP devoted exclusively to the care of those living with ADRD and their caregivers.
Bicycle and Pedestrian Partnership Council		The Florida Department of Transportation (FDOT) established the Council to promote the livability, health, and economic benefits of bicycle and pedestrian activity by serving as a forum to provide guidance to FDOT, partners, and other stakeholders on policy matters and issues affecting the bicycle and pedestrian transportation needs of the State of Florida. The Coalition is a diverse group of national, state, and local partners, stakeholders, and safety advocates that are charged with prioritizing and implementing countermeasures that improve the safety of pedestrians and bicyclists.

Work Group / Task Force	Legislative Requirement	Comments
Big Bend Fraud Task Force (BBFTF)		BBFTF comprises a group of professional individuals and organizations who work together against the rising number of financial crimes committed against individuals, businesses, and banking communities in the Big Bend area. Due to the sophisticated nature of many of these crimes, law enforcement, banking, and business communities needed a way to exchange information. A task force formed to provide these entities with an opportunity to network and reduce the overall economic loss and ensure successful criminal prosecution. Since its inception, BBFTF has been instrumental in the fight against financial crimes through the development of various anti-fraud programs.
CareerSource South Florida Local Workforce Development Board (CSSF)		CSSF is one of 24 boards in the State of Florida. It is comprised of Miami-Dade and Monroe counties. CSSF includes representatives of local private business, educational institutions, economic development agencies, labor organizations, community-based organizations, state agencies, and other individuals deemed appropriate who are responsible for shaping the local workforce development system in accordance with federal and state law.
Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Review Committee	s. 394.656, *F.S.*	The Committee "serve[s] as the advisory body to review policy and funding issues that help reduce the impact of persons with mental illness and substance abuse disorders on communities, criminal justice agencies, and the court system. The committee shall advise [the Department of Children and Families] in selecting priorities for grants and investing awarded grant moneys." The committee includes one representative from DOEA.

Work Group / Task Force	Legislative Requirement	Comments
Dementia Care and Cure Initiative (DCCI) Statewide Task Forces		As of July 2021, there are 16 active DCCI task forces throughout Florida. These groups are comprised of advocates, health care providers, and community partners to provide dementia sensitivity outreach presentations in their communities. Representatives from the Area Agencies on Aging and the Memory Disorder Clinics lead the 16 existing task forces.
Florida Alliance of Information & Referral Services (FLAIRS) Advisory Board of Directors	s. 408.918, *F.S.*	FLAIRS is a mechanism for generating ideas and resources around a common set of professional concerns related to the delivery of information and referral services. A Board of Directors, comprised of representatives from each of the state's authorized 2-1-1 service providers, governs FLAIRS. The FLAIRS board established the FLAIRS Advisory Board to ensure that FLAIRS is inclusive of the concerns of other I&R providers, and to foster cross-sector communication.
Florida Association of Senior Centers (FASC)		The Florida Association of Senior Centers (FASC) is a dynamic network of professionals who serve at least 400,000 Floridians who visit senior centers every year.
Florida Commission for the Transportation Disadvantaged (FCTD)	s. 427.012, *F.S.*	The Secretary, or a senior-management-level representative, serves as ex-officio, non-voting advisor to the commission. The commission is responsible for ensuring the coordination of transportation services for older adults, persons with disabilities, and people with low income who are dependent upon others to access employment, health care, education, and other life-sustaining activities.

Work Group / Task Force	Legislative Requirement	Comments
Florida Coordinating Council for the Deaf and Hard of Hearing	s. 413.271, *F.S.*	The mission of this council is to serve as an advisory and coordinating body that recommends policies to address the needs of persons who are deaf, hard of hearing, late-deafened, and deaf-blind, as well as methods that improve the coordination of services among public and private entities and to provide technical assistance, advocacy, and education. The Secretary of Elder Affairs or his or her designee shall serve on the council.
Florida Department of Economic Opportunity Strategic Plan for Economic Development		The plan assists the Governor in advancing Florida's economy by championing the state's economic development vision and by administering state and federal programs and initiatives to fuel job creation in competitive communities and promote economic resiliency.
Florida Department of Children and Families (DCF) Coalition on Homelessness		DCF created the Council on Homelessness in 2001 to develop policies and recommendations to reduce homelessness in Florida. The Council's mission is to develop and coordinate policy to reduce the prevalence and duration of homelessness, and work toward ending homelessness in Florida. On June 18, 2020, Governor Ron DeSantis approved Senate Bill 68, which added the Secretary of the Department of Elder Affairs, or his or her designee, to the Council. Previously, DOEA served as an *ex-officio* member of the Council.
Florida Department of Health (DOH)-SpNS Interagency Committee	s. 381.0303(6), *F.S.*	DOEA serves as a member of the Special Needs Shelter (SpNS) Interagency Committee. The committee addresses and resolves problems related to SpNS not addressed in the state comprehensive emergency medical plan and consults on the planning and operation of SpNS. The committee must develop, negotiate, and regularly review any necessary interagency agreements; undertake other such activities DOH deems necessary to facilitate the implementation of the committee's assignment; and submit recommendations to the Legislature as necessary.

Work Group / Task Force	Legislative Requirement	Comments
Florida Developmental Disabilities Council (FDDC)	s. 393.002, *F.S.*	This council, established in accordance with the Developmental Disabilities Assistance and Bill of Rights Act, P.L. 106-402 Final Rule, 45 CFR Part 1386, must include in its membership representatives of certain state agencies, including the principal state agency that administers funds under the Older Americans Act. Representatives participate in full council meetings and one task force.
Florida State Health Improvement Plan (SHIP) Steering Committee		Under the leadership of the State Surgeon General, the Department of Health tasked a diverse group of partners with creating a blueprint for action, culminating in Florida's State Health Improvement Plan (SHIP). The five-year SHIP sets out goals for Florida's public health system which includes a range of stakeholders, such as state and local government agencies, health care providers, employers, community groups, universities and schools, non-profit organizations, and advocacy groups. The goal is efficient and targeted collective action to improve the health of Floridians.
Florida State Nutrition Action Coalition (FL-SNAC)		FL-SNAC is an interagency collaborative that focuses on nutrition and obesity-prevention activities across state agencies that administer USDA Food and Nutrition Services programs, which includes the Departments of: Agriculture and Consumer Services, Children and Families, Elder Affairs, and Health. The goal of FL-SNAC is to coordinate the delivery of effective nutrition programs and services that promote healthy eating and physical activity throughout the lifespan.

Work Group / Task Force	Legislative Requirement	Comments
Florida Health Care Connections Executive Steering Committee		The ESC is responsible for (1) identifying and recommending to the Executive Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives any statutory changes needed to implement the modular replacement to standardize, to the fullest extent possible, the state's healthcare data and business processes; (2) reviewing and approving any changes to the project's scope, schedule, and budget that do not conflict with the requirements of Subsections (1) and (2) of the Implementing Bill; (3) ensuring that adequate resources are provided throughout all phases of the project; (4) approving all major project deliverables; and (5) approving all solicitation-related documents associated with the replacement of the current FMMIS and Medicaid fiscal agent. External AHCA membership is made up of the Assistant Secretary for Child Welfare of the Department of Children and Families or designee; Assistant Secretary for Economic Self-Sufficiency of DCF or designee; State CIO or designee; Deputy Secretary for Children's Medical Services of DOH or designee; Agency for Person s with Disabilities representative with waiver prep and submission experience; a representative of Florida Healthy Kids Corporation; a representative of the Department of Elder Affairs with Medicaid Program experience; and a representative of the Department of Financial Services with state financial process and PALM experience.
Governor's Panel on Excellence in Long-Term Care	s. 400.235, *F.S.* & 59A-4.200, *F.A.C.*	The Governor's Panel on Excellence in Long-Term Care, known as the Gold Seal Panel, awards and recognizes nursing home facilities that demonstrate excellence in long-term care over a sustained period, promotes the stability of the industry, and facilitates the physical, social, and emotional well-being of nursing home facility residents. The State Long-Term Care Ombudsman is a member.

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

Work Group / Task Force	Legislative Requirement	Comments
Medical Care Advisory Committee	42 CFR 431.12	Federal regulations require each state Medicaid Program to establish a committee to serve in an advisory capacity on health and medical care issues. According to 42 CFR 431.12, this committee must include the following: • Board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income people and with the resources available for their care; • Members of consumer groups, including Medicaid recipients; and • Agency heads from Department of Children and Families and Department of Health. The committee may be asked to provide Agency for Health Care Administration (AHCA), the chief health policy and planning entity for the state that is responsible for the administration of the Florida Medicaid Program, with advice on improving Medicaid recipients' access to specialists and enhancing communication with Medicaid recipients. Members may also, upon request, review and provide input on a variety of Medicaid materials and make recommendations to AHCA about Medicaid policies, rules, and procedures.

Work Group / Task Force	Legislative Requirement	Comments
Multi-agency SpNS Discharge Planning Teams	s.381.0303(2)(e), *F.S.*	The Secretary of the Department of Elder Affairs shall convene, at any time deemed appropriate and necessary, a multiagency SpNS discharge planning team to assist local areas that are severely affected by a natural or manmade disaster that requires the use of SpNS. These teams aid local emergency management agencies with the continued operation or closure of shelters, as well as with the discharge of clients with special needs to alternate facilities if necessary. The Secretary may call upon any state agency or office to provide staff to assist these teams. Each team may include at least one representative from Department of Elder Affairs, Department of Health, Department of Children and Families, Department of Veterans' Affairs, Agency for Health Care Administration, and Agency for Persons with Disabilities.
Safe Mobility for Life Coalition		Since 2009, the Florida Department of Transportation (FDOT) through the Safe Mobility for Life Program in the State Traffic Engineering and Operations Office has been partnering with the Pepper Institute on Aging and Public Policy at Florida State University to facilitate a statewide coalition to address the specific needs of Florida's aging road users. Working together with member organizations, the Safe Mobility for Life Coalition's mission is to implement a strategic plan to increase the safety, access, and mobility for aging road users and eliminate fatalities and reduce serious injuries.
State Plan on Aging Advisory Group		The State Plan Advisory Group was originally created in 2016 to work with DOEA to develop recommendations for the 2017-2020 State Plan on Aging (Appendix 1 State Plan on Aging). The advisory group includes member organizations from Florida's Aging Network and representatives from other private, public, and non-profit organizations. The advisory group meets to develop the plan goals, objectives, and strategies and assess progress.

Work Group / Task Force	Legislative Requirement	Comments
Substance Abuse and Mental Health Planning Council		The council oversees the U.S. Substance Abuse and Mental Health Services Administration application for block grant funding for mental health services in Florida and the service delivery by contractors.
Suicide Prevention Coordinating Council	s. 14.20195, *F.S.*	The Suicide Prevention Coordinating Council advises the Statewide Office for Suicide Prevention regarding the development of a statewide plan for suicide prevention, with the guiding principle being that suicide is a preventable problem. Thirteen members shall be appointed by the director of the Statewide Office of Suicide Prevention. The Department of Elder Affairs' Secretary or their designee is identified as one of the state official agencies to serve on the council.

LRPP EXHIBIT II: PERFORMANCE MEASURES AND STANDARDS

Department: Department of Elder Affairs	Department No.: 65

Program: Services to Elders	Code: 65000000
Service/Budget Entity: Comprehensive Eligibility Services	Code: 65100200

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2021-22	Approved Prior Year Standard FY 2020-21	Prior Year Actual FY 2020-21	Approved Standard for FY 2021-22	Requested Standard for FY 2022-23
Percent of elders CARES determined to be eligible for nursing home placement who are diverted[4]	30%	Data not available	30%	Request deletion of measure
Number of CARES assessments	85,000	112,867	85,000	85,000
NEW MEASURE: Number of days for determination of medical eligibility (CARES)[5]		10 days	Request addition of new measure	12 days
NEW MEASURE: Percent of individuals new to the Aging Network who are put on the waitlist for the Statewide Medicaid Managed Care Long-term Care Program within one (1) business day of being screened[6]		90%	Request addition of new measure	85%

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

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

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

Department: Department of Elder Affairs	Department No.: 65

Program: Services to Elders	Code: 65000000
Service/Budget Entity: Home and Community Services	Code: 65100400

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2021-22	Approved Prior Year Standard FY 2020-21	Prior Year Actual FY 2020-21	Approved Standard for FY 2021-22	Requested Standard for FY 2022-23
Percent of most frail elders who remain at home or in the community instead of going into a nursing home	97%	97%	97%	97%
Percent of Adult Protective Services (APS) referrals who need immediate services to prevent further harm who are served within 72 hours	97%	98%	97%	97%
Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups[7]	$3,988	Data not available	$3,988	Request deletion of measure
Percent of elders assessed with high or moderate risk environments who improved their environment score	79.3%	62%	79.3%	79.3%
Percent of new service recipients with high-risk nutrition scores whose nutritional status improved[8]	66%	47%	66%	Request deletion of measure
NEW MEASURE: Percent of active clients eating two or more meals per day[9]		93.4%	Request addition of new measure	95%
Percent of new service recipients whose ADL assessment score has been maintained or improved	65%	72.4%	65%	65%
Percent of new service recipients whose IADL assessment score has been maintained or improved	62.3%	69.5%	62.3%	62.3%

[7] The Department is requesting deletion of this measure because the data for this measure cannot be accurately measured.

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

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2021-22	Approved Prior Year Standard FY 2020-21	Prior Year Actual FY 2020-21	Approved Standard for FY 2021-22	Requested Standard for FY 2022-23
Percent of family and family-assisted caregivers who self-report they are very likely to continue to provide care[10]	89%	Data not available	89%	Request deletion of measure
Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)[11]	90%	Data not available	90%	Request deletion of measure
NEW MEASURE: After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care[12]		90.3%	Request addition of new measure	86%
Average time in the Community Care for the Elderly Program for Medicaid Waiver probable customers[13]	2.8 months	3.6 months	2.8 months	Request deletion of measure
Percent of customers who are at imminent risk of nursing home placement who are served with community-based services	90%	84%	90%	90%
NEW MEASURE: Percentage of clients surveyed who believe services help them remain in their home or in the community[14]		Data not available	Request addition of new measure	97%

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

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

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

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

[14] The Department is requesting addition of the measure: "*Percent of clients surveyed who believe services help them remain in their home or in the community*." The baseline year is SFY 2012-13, and the requested standard is 97%; Data is unavailable for this measure for SFY 2020-21.

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2021-22	Approved Prior Year Standard FY 2020-21	Prior Year Actual FY 2020-21	Approved Standard for FY 2021-22	Requested Standard for FY 2022-23
NEW MEASURE: Percent of clients surveyed who are satisfied with the services they receive[15]		Data not available	Request addition of new measure	95%
NEW MEASURE: Number of elders with Alzheimer's disease or cognitive impairment served[16]		78,465	Request addition of new measure	30,000
Number of elders served with registered long-term care services	186,495	463,424	186,495	186,495
Number of congregate meals provided	5,300,535	5,873,567	5,330,535	5,330,535
NEW MEASURE: Number of home-delivered meals provided[17]		16,143,676	Request addition of new measure	6,000,000
Number of elders served (meals, nutrition education, and nutrition counseling)	81,903	147,427	81,903	81,903
Number of elders served (caregiver support)	54,450	96,004	54,450	54,450
Number of elders served (early intervention/prevention)	355,908	506,526	355,908	355,908
Number of elders served (home and community services diversion)[18]	51,272	49,425	51,272	Request deletion of measure
Number of elders served (long-term care initiatives)[19]	12,150	2,372	12,150	Request deletion of measure

[15] The Department is requesting addition of the measure: "*Percent of clients surveyed who are satisfied with the services they receive*." The baseline year is SFY 2012-13, and the requested standard is 95%; Data is unavailable for this measure for SFY 2020-21.

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

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

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

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2021-22	Approved Prior Year Standard FY 2020-21	Prior Year Actual FY 2020-21	Approved Standard for FY 2021-22	Requested Standard for FY 2022-23
NEW MEASURE: Number of elders served with community-based long-term care services[20]		750,751	Request addition of new measure	800,000
Number of elders served (residential assisted living support and elder housing issues)[21]	3,997	Data not available	3,997	Request deletion of measure
Number of elders served (supported community care)[22]	56,631	60,108	56,631	Request deletion of measure
NEW MEASURE: Number of Florida cities, towns, and villages in AARP's Network of Age-Friendly Communities		29	Request addition of new measure	30
NEW MEASURE: Number of Florida counties in AARP's Network of Age-Friendly Communities		12	Request addition of new measure	10

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

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

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

Department: Department of Elder Affairs	Department No.: 65

Program: Services to Elders	Code: 65000000
Service/Budget Entity: Executive Direction and Support Services	Code: 65100600

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2021-22	Approved Prior Year Standard FY 2020-21	Prior Year Actual FY 2020-21	Approved Standard for FY 2021-22	Requested Standard for FY 2022-23
Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions	1.8% / 22.2%	2.27%/15.72%	1.8% / 22.2%	1.8% / 22.2%

Department: Department of Elder Affairs	Department No.: 65

Program: Services to Elders	Code: 65000000
Service/Budget Entity: Consumer Advocate Services	Code: 65101000

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2021-22	Approved Prior Year Standard FY 2020-21	Prior Year Actual FY 2020-21	Approved Standard for FY 2021-22	Requested Standard for FY 2022-23
Percent of investigations initiated by the ombudsman within seven (7) business days[23]	91%	94.7%	Request revision of this measure	91%
Number of complaint investigations completed within 120 calendar days (long-term care ombudsman council)[24]	8,226	3,216	Request revision of this measure	5,000
NEW MEASURE: Percent of case investigations completed by the ombudsman within 120 calendar days[25]		94.6%	Request addition of new measure	90%
NEW MEASURE: Number of advocacy efforts completed by the Long-Term Care Ombudsman Program[26]		15,817	Request addition of new measure	25,000

[23] The Long-Term Care Ombudsman Program is requesting revision of the approved measure due to a change in reporting requirements. The approved measure "*Percent of complaint investigations initiated by the ombudsman within five (5) working days*" is revised to "*Percent of investigations initiated by the ombudsman within seven (7) business days.*"

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

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

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

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2021-22	Approved Prior Year Standard FY 2020-21	Prior Year Actual FY 2020-21	Approved Standard for FY 2021-22	Requested Standard for FY 2022-23
Percent of service activities on behalf of frail or incapacitated elders initiated by public guardianship within five (5) days of receipt of request	100%	100%	100%	100%
Number of judicially approved guardianship plans including new orders	2,000	3,935	2,000	2,000

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☒ Deletion of Measure
☐ Adjustment to GAA Performance Standard

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

Factors Accounting for the Difference:

Internal Factors (check all that apply)
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect ☒ Other (Identify) Data are not available.

Explanation:

External Factors (check all that apply)
☐ Resources Unavailable ☐ Technological Problems
☒ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix the Problem
☐ Current Laws Are Working Against the Agency Mission

Explanation: The Department is requesting the deletion of this measure because it no longer reflects an activity for which CARES is responsible. As a result of the implementation of the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program, diversions are now the responsibility of SMMC LTC managed care plans. Under SMMC LTC, it is the managed care plan's responsibility to determine the most appropriate setting for a client. Therefore, data for this measure will no longer be available to the Department.

Management Efforts to Address Differences/Problems (check all that apply)
☐ Training ☐ Technology
☐ Personnel ☐ Other (Identify)

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment to GAA Performance Standard

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
90%	84%	6.4% Under	7.2%

Factors Accounting for the Difference:

Internal Factors (check all that apply)
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect ☒ Other (Identify) Program Variance

Explanation: Though performance is within an acceptable margin of error, there have been tightened controls on the type of staff and conditions within which imminent risk designations are allowed, pursuant to Notice of Instruction [NOTICE#: 022717-2-PC-SWCBS] issued in February 2017. This change resulted in a smaller number of imminent risk designations since 2018. As such, each case requiring institutional care now carries more weight in the measure, causing wider variability in the overall performance percentage.

External Factors (check all that apply)
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix the Problem
☐ Current Laws Are Working Against the Agency Mission

Explanation:

Management Efforts to Address Differences/Problems (check all that apply)
☐ Training ☐ Technology
☐ Personnel ☐ Other (Identify)

Recommendations:

LRPP Exhibit III: Performance Measure Assessment

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

Action:

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

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

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

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

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

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

☐ Training	☐ Technology
☐ Personnel	☒ Other (Identify)

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☐ Deletion of Measure
☐ Adjustment to GAA Performance Standard

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
79.3%	62%	17.3% Under	22%

Factors Accounting for the Difference:

Internal Factors (check all that apply)
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect ☐ Other (Identify)

Explanation:

External Factors (check all that apply)
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☒ Other (Identify) Program Variance
☐ This Program/Service Cannot Fix the Problem
☐ Current Laws Are Working Against the Agency Mission

Explanation: The number of elders who are initially assessed as living in high or moderate risk environments is low (n=95). The small initial number is sensitive to change and creates large swings in the percentage-based measure even when some individuals improve their environment score or have other status changes.

Completely removing residential risks is sometimes not possible. Reducing some types of risks identified in the home environment, for example, modifying a bathroom or widening a door, are not allowed unless a client is the owner of their residence, or authorized to allow residential modifications. Additionally, some individuals are reluctant to accept interventions that require changes to life-long housekeeping habits, such as accumulating items or garbage, or keeping floors and pathways clear of clutter. In addition to refusal of environmental services, clients were either provided partial services that did not completely resolve their environmental risks,

or were only able to be enrolled in a program that did not offer services that address environmental risk due to their low priority score or availability of funds in their area.

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

☒ Training	☐ Technology
☐ Personnel	☒ Other (Identify)

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
66%	47%	19% Under	28.8%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

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

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

☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☒ Deletion of Measure
☐ Adjustment to GAA Performance Standard

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

Factors Accounting for the Difference:

Internal Factors (check all that apply)
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect ☒ Other (Identify) Data are not available.

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

External Factors (check all that apply)
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix the Problem
☐ Current Laws Are Working Against the Agency Mission

Explanation:

Management Efforts to Address Differences/Problems (check all that apply)
☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☒ Deletion of Measure
☐ Adjustment to GAA Performance Standard

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

Factors Accounting for the Difference:

Internal Factors (check all that apply)
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect ☒ Other (Identify) Data are not available.

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

External Factors (check all that apply)
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix the Problem
☐ Current Laws Are Working Against the Agency Mission

Explanation:
Management Efforts to Address Differences/Problems (check all that apply)
☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:
☒ Performance Assessment of Outcome Measure ☐ Revision of Measure
☐ Performance Assessment of Output Measure ☒ Deletion of Measure
☐ Adjustment to GAA Performance Standard

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2.8 months	3.6 months	.8 months Over	29%

Factors Accounting for the Difference:

Internal Factors (check all that apply)
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect ☐ Other (Identify)

Explanation:

External Factors (check all that apply)
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☒ Other (Identify)
☐ This Program/Service Cannot Fix the Problem
☐ Current Laws Are Working Against the Agency Mission

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

Management Efforts to Address Differences/Problems (check all that apply)
☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
51,272	49,425	1,847 Under	3.6%

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

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

Explanation: The SMMC LTC Program was developed at the direction of the Florida Legislature in 2011 and implemented statewide in March 2014. The legislation required that the ADA Medicaid Waiver and its CDC+ option, the Channeling Waiver, and the Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD), included in the Home and Community Services Diversions activity, be terminated upon the successful implementation of SMMC LTC.

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

☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:

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

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

Factors Accounting for the Difference:

Internal Factors (check all that apply)

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

Explanation:

External Factors (check all that apply)

☐ Resources Unavailable ☐ Technological Problems
☒ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☒ Other (Identify) Data are not available.
☐ This Program/Service Cannot Fix the Problem
☐ Current Laws Are Working Against the Agency Mission

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

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

☐ Training ☐ Technology
☐ Personnel ☐ Other (Identify)

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:
☐ Performance Assessment of Outcome Measure ☐ Revision of Measure
☒ Performance Assessment of Output Measure ☒ Deletion of Measure
☐ Adjustment to GAA Performance Standard

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
12,150	2,372	9,778 Under	80.5%

Factors Accounting for the Difference:

Internal Factors (check all that apply)
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect ☐ Other (Identify)

Explanation:

External Factors (check all that apply)
☐ Resources Unavailable ☐ Technological Problems
☒ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix the Problem
☐ Current Laws Are Working Against the Agency Mission

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

Management Efforts to Address Differences/Problems (check all that apply)
☐ Training ☐ Technology
☐ Personnel ☐ Other (Identify)

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:
☐ Performance Assessment of Outcome Measure ☐ Revision of Measure
☒ Performance Assessment of Output Measure ☒ Deletion of Measure
☐ Adjustment to GAA Performance Standard

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
56,631	60,108	3,477 Over	6.14%

Factors Accounting for the Difference:

Internal Factors (check all that apply)
☐ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☐ Previous Estimate Incorrect ☐ Other (Identify)

Explanation:

External Factors (check all that apply)
☐ Resources Unavailable ☐ Technological Problems
☐ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☒ Other (Identify) Duplicate measure.
☐ This Program/Service Cannot Fix the Problem
☐ Current Laws Are Working Against the Agency Mission

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

Management Efforts to Address Differences/Problems (check all that apply)
☐ Training ☐ Technology
☐ Personnel ☒ Other (Identify)

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

LRPP EXHIBIT III: PERFORMANCE MEASUREMENT ASSESSMENT

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

Action:
☐ Performance Assessment of Outcome Measure ☒ Revision of Measure
☒ Performance Assessment of Output Measure ☐ Deletion of Measure
☒ Adjustment to GAA Performance Standard

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
8,226	3,216	5,010 Under	61%

Factors Accounting for the Difference:

Internal Factors (check all that apply)
☒ Personnel Factors ☐ Staff Capacity
☐ Competing Priorities ☐ Level of Training
☒ Previous Estimate Incorrect ☐ Other (Identify)

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

External Factors (check all that apply)
☐ Resources Unavailable ☐ Technological Problems
☒ Legal/Legislative Change ☐ Natural Disaster
☐ Target Population Change ☐ Other (Identify)
☐ This Program/Service Cannot Fix the Problem
☐ Current Laws Are Working Against the Agency Mission

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

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

☐ Training
☐ Technology
☐ Personnel
☐ Other (Identify)

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

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

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

Validity: CARES staff assess long-term care needs and establish appropriate level of care for individuals. These activities allow older adults and adults with disabilities to live safely at home or in a community setting rather than in a nursing home, helping to eliminate inappropriate institutionalization. Long-term care services are then provided in accordance with personal choice and in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency (subsections 430.03(10) and (14), F.S.).

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☒ Requesting new measure.
☐ Backup for performance measure.

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

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

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

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

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

The nutrition status score ranges from 0 to 21. The risk breakout for scores is as follows: low risk 0-2, medium risk 3-5, and high risk 6-21. The score from the reassessed year is compared to the initial assessment. The measure is based on how many of the clients assessed in year one who were high risk had some improvement in their score when reassessed.

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☒ Requesting new measure.
☐ Backup for performance measure.

NOTE: Due to COVID-19, congregate meal sites and Adult Day Cares shut down statewide. Some locations were able to transition to a grab-and-go style of meal delivery, while many transitioned clients to home delivered meals. Shopping assistance was also provided to clients unable to leave home or self-isolating to minimize exposure to COVID-19.

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

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

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

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

This measure is also included in the DETERMINE screening tool, a validated scale developed as part of the Nutritional Risk Initiative for the U.S. Administration on Aging. The Nutritional Risk Initiative was developed in order to address the prevalence of malnutrition among older adults. The DETERMINE tool is based on the following warning signs for poor nutrition: disease, eating poorly, tooth loss/mouth pain, economic hardship, reduced social contact, multiple medicines, involuntary weight loss/gain, needs assistance in self-care, and age above 80. The scale has been tested for validity and reliability and is used in all 50 states in Older Americans Act-funded nutrition programs.[27]

Reliability: The Department requires the completion of comprehensive online training and certification for case managers and CARES assessors who use the assessment forms, which

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

Activities of daily living scales have been used in social service research for over 40 years (see the Katz Index of Independence[28]) and ADL scores have been validated as a standard and appropriate way to measure an individual's functional abilities.

Reliability: The Department requires completion of comprehensive online training and certification, which works to minimize inter-rater differences by ensuring consistent training for all CARES Assessors and case managers administering the forms. The trainee must score at

[28] https://www.alz.org/careplanning/downloads/katz-adl.pdf

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

Activities of Daily Living scales have been used in social service research for over 40 years (see the Lawton-Brody Instrumental Activities of Daily Living Scale[29]) and IADL scores have been validated as a standard and appropriate way to measure an individual's functional abilities.

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

[29] https://www.alz.org/careplanning/downloads/lawton-iadl.pdf

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
☐ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

The Department conducted a comprehensive validation of assessment measures in 2016. This included analyzing the set of questions used to assess the level of difficulty caregivers are having in different aspects of their lives as a result of caring for a family member or friend. Results from this validation effort showed that all caregiver questions are reliable and consistent in determining the level of difficulty a caregiver is feeling in different aspects of his or her life.

A Cronbach's alpha of 0.861 indicated low redundancy and good internal consistency in these measures when they were tested for utility in combination as a scale. This caregiver difficulties scale was used to test this measure, to ensure caregivers' self-rated ability to continue to provide care performed similarly. Analysis of findings from the revised assessment instrument confirmed caregiver confidence and difficulties were consistent in both magnitude and direction: caregivers who did not feel very confident in continuing to provide care were the most likely to have a lot of difficulty in different aspects of their lives. In contrast, caregivers who reported being very confident that they can continue care represent over 90 percent of caregivers who were found to have "No Difficulty" in certain aspects of their lives.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
- ☐ Requesting revision to approved performance measure.
- ☐ Change in data sources or measurement methodologies.
- ☐ Requesting new measure.
- ☒ Backup for performance measure.

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

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

Reliability: Imminent risk designations are only made by an ADRC screener after completing a comprehensive assessment. Since the performance baseline was set, there have been tightened controls on the type of staff and conditions within which imminent risk designations are allowed. Changes to this designation were issued via formal Notice of Instruction in February 2017. The overall effect of this change has resulted in a much smaller number of imminent risk designations in 2018 and 2019, which results in wider variability in the overall performance percentage.

Any client whom a screener considers in imminent risk must be reviewed and approved by a supervisor, and follow the guidance issued by DOEA via NOI in February of 2017. This designation is only used when there is agreement that nursing home placement is very likely to occur if services are not provided.

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

Recognizing the number of older adults with Alzheimer's disease or other cognitive impairment who are receiving services underscores the Department's efforts to promote the maintenance and improvement of the physical well-being and mental health of older adults (Section 430.03(11), F.S.).

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

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

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

This measure includes an unduplicated count of clients enrolled in programs that are tracked in CIRTS or FMMIS, which are most of our clients. For those programs that serve clients not reported in CIRTS or FMMIS, the contract managers are responsible for collecting data tracked separately by the AAAs and providing counts of additional clients served. The number of older adults served by the Memory Disorder Clinics and the Adult Care Food Program are added to this count and, therefore, may result in variations. This measure is calculated after the close of the state fiscal year with enough time for data entry into CIRTS.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
- ☐ Requesting revision to approved performance measure.
- ☐ Change in data sources or measurement methodologies.
- ☒ Requesting new measure.
- ☐ Backup for performance measure.

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

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

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

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

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

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

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

This measure includes an unduplicated count of clients enrolled in programs that are tracked in CIRTS or FMMIS, which is most of our clients. For those programs that serve clients not reported in CIRTS or FMMIS, the contract managers are responsible for collecting data tracked separately by the AAAs and providing counts of additional clients served. Numbers provided by contract managers are added to this count and therefore may result in variations. This measure is calculated after the close of the state fiscal year with enough time for data entry into CIRTS.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

NOTE: Due to COVID-19, all 397 congregate meal sites that are contracted providers through the Department shut down statewide. Therefore, the number of congregate meals drastically reduced statewide as some sites transitioned to a grab-and-go style of meal delivery. Most congregate meal sites transitioned clients to home-delivered meals. Shopping assistance, with grocery delivery, was also provided to clients unable to leave home or self-isolating to minimize exposure to COVID-19.

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

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

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

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

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

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

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

For those programs that serve clients not reported in CIRTS, the contract managers are responsible for collecting data tracked separately by the AAAs and providing counts of additional clients served. Numbers provided by contract managers are added to this count and, therefore, may result in variations. This measure is calculated after the close of the state fiscal year with enough time for data entry into CIRTS.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

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

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
- ☐ Requesting revision to approved performance measure.
- ☐ Change in data sources or measurement methodologies.
- ☐ Requesting new measure.
- ☒ Backup for performance measure.

NOTE: Due to COVID-19, congregate meal sites and Adult Day Cares shut down statewide. Some locations were able to transition to a grab-and-go style of meal delivery, while many transitioned clients to home-delivered meals. Additionally, many clients received shopping assistance, with grocery delivery, if they were unable to leave home or self-isolating to minimize exposure to COVID-19.

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

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

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
- ☐ Requesting revision to approved performance measure.
- ☐ Change in data sources or measurement methodologies.
- ☐ Requesting new measure.
- ☒ Backup for performance measure.

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

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

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

The indicator is measured by aggregating the unduplicated number of older adults served according to these different program sources.

Validity: One way to measure the success of caregiver support programs is identifying the number of older adults served. Caregiver support programs aid in the support of families and other caregivers of older adults (section 430.03(15), F.S.).

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

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

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

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

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

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

This measure includes an unduplicated count of clients enrolled in programs that are tracked in CIRTS or FMMIS, which are most of our clients. The number of clients served in some of the included programs are tracked manually and added to this count, and, therefore, may result in variations. This measure is calculated after the close of the state fiscal year with enough time for data entry into CIRTS.

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

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

The methodology used to collect the data varies by program. The SHINE and MIPPA programs use monthly counselor reporting forms submitted by volunteers, staff, and the AAAs. Administration for Community Living (ACL) Beneficiary Contact and Group and Media Outreach Education forms are also used in conjunction with monthly volunteer time reporting. ACL has a database for reporting purposes. In 2018, the SHINE Program began operating the SMP Program. The SHINE SMP Program uses monthly counselor reporting forms submitted by volunteers, staff, and the AAAs. Administration for Community Living (ACL) Interaction Contact and Group and Media Outreach Education forms are also used in conjunction with monthly volunteer time reporting. ACL has a database for reporting purposes.

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

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

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

The indicator is measured by aggregating the number of older adults served according to reports from these different program sources.

Validity: One way to measure the success of early intervention/prevention programs is identifying the number of older adults served. Early intervention/prevention programs assist older adults in securing needed services in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency (section 430.03(10), F.S.).

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

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

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

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

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

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

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

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

Some of the programs included in this measure do not collect unique identification information from participants. Therefore, this output measure may not provide an unduplicated count. For example, this measure includes the number of people who received information through the Elder Helpline. Personal identifying information is not tracked in CIRTS for clients receiving this service. Therefore, the count will be inflated if one or more individuals had received this service more than once during the year. In addition, program counts from other programs, including SHINE, SMP, and MIPPA, are summed and are not unduplicated across programs, potentially resulting in an inflated number if any individuals received services from more than one of the included programs.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

Validity: Contracts with the AAAs require timely and accurate entry of service usage in CIRTS. Payment to the AAAs for services invoiced are required to match the service data recorded in

CIRTS. The Department's annual monitoring activities include a review of CIRTS for data accuracy.

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
- ☐ Requesting revision to approved performance measure.
- ☐ Change in data sources or measurement methodologies.
- ☐ Requesting new measure.
- ☒ Backup for performance measure.

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

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

Data Sources and Methodology: The data source for this measure is FMMIS, managed by the Agency for Health Care Administration. FMMIS is used to enroll Medicaid providers, process Medicaid claims, adjudicate Medicaid claims, accept and process encounter claims for data collection, and reimburse Medicaid providers.

Paid claims data from FMMIS are used to calculate an unduplicated count of Long-Term Care Community Diversion Pilot Project* and PACE participants. With the implementation of SMMC LTC and the termination of the Long-Term Care Community Diversion Pilot Project, PACE will be the only program remaining in the Long-Term Care Initiatives activity in SFY 2014-15.

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

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

* Florida completed the implementation of the SMMC LTC Program with client enrollments in the last areas of the state as of March 1, 2014. Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult Medicaid Waiver, Consumer Directed Care

Plus, Assisted Living Medicaid Waiver, Channeling Waiver, and Long-Term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). PACE is the only Medicaid program serving older adults that continues to be administered through DOEA.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
- ☐ Requesting revision to approved performance measure.
- ☐ Change in data sources or measurement methodologies.
- ☐ Requesting new measure.
- ☒ Backup for performance measure.

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

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

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

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

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

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

Reliability: This measure is calculated after the close of the state fiscal year with enough time for data entry into CIRTS. All changes made to CIRTS services data are tracked and any changes made can be identified. The *Programs and Services Handbook*, available to AAAs and the case managers with whom they contract, provides directions for AAAs to enroll clients in CIRTS.

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

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

The Ombudsman Program has been tracking complaint data for many years, and reliability is determined through analyzing the consistency of findings over time. Evaluation of historical Ombudsman Program data shows this measure has remained consistent, with results varying less than five percent from year to year. [30]

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
☒ Requesting revision to approved performance measure.
☐ Change in data sources or measurement methodologies.
☐ Requesting new measure.
☒ Backup for performance measure.

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

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

Data Sources and Methodology: The data source for the measure is the LTCOP investigation data collected and stored in each Ombudsman Program office within each district and compiled at the state office. The data on the number of complaints received, and when they are investigated, is tracked and recorded.

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

Validity: Identifying the percent of case investigations completed by LTCOP within 120 calendar days underscores the Department's efforts in promoting the prevention of neglect, abuse, or exploitation of older persons unable to protect their own interests (section 430.03(13), F.S.).

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

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

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

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

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):

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

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

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

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

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

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

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

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

LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY & RELIABILITY

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

Action (check one):
- ☐ Requesting revision to approved performance measure.
- ☐ Change in data sources or measurement methodologies.
- ☐ Requesting new measure.
- ☒ Backup for performance measure.

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

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

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

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

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

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

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

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

LRPP Exhibit IV: Performance Measure Validity & Reliability

Department: Department of Elder Affairs
Program: Services to Elders
Service/Budget Entity: Livable Florida Initiative
Measure: Number of Age-Friendly Cities, Towns, and Villages in Florida

Action (check one):

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

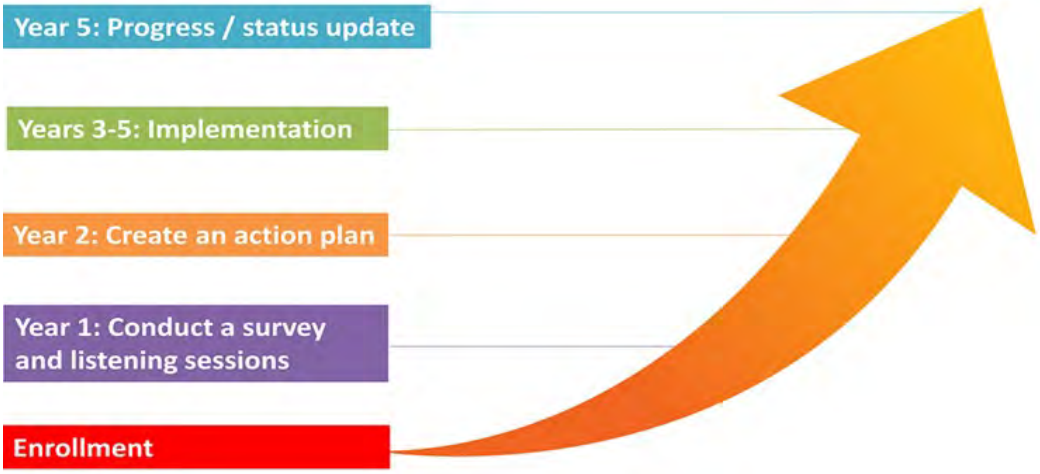
Data Sources and Methodology: The data source for this measure is collected through reports provided by AARP.

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

In the past several years, the movement has gained even more momentum. In 2015, Sarasota County was the first Florida community to join AARP's Network of Age-Friendly States and Communities (Network); as of August 2020, 26 cities, towns, and villages across the state had joined the Network. In April 2019, Florida became the fourth state to join the Network.

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

Exhibit 10. Developing an Age-Friendly Community: The Process



After enrolling in the network, communities are required to conduct a baseline assessment of the needs in their community, create and submit to AARP an action plan, and create and submit to AARP a progress report. AARP conducts a vigorous review of all submissions and either returns materials for further development or approves the submissions.[31]

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

This is particularly relevant in Florida. Identifying the number of Age-Friendly Communities facilitates the Department's efforts to assist older adults in securing needed services in accordance with personal choice and in a manner that achieves or maintains autonomy and prevents, reduces, or eliminates dependency (section 430.03(10), F.S.).

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

[31] https://www.aarp.org/livable-communities/network-age-friendly-communities/info-2014/getting-started.html

LRPP Exhibit IV: Performance Measure Validity & Reliability

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

Action (check one):

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

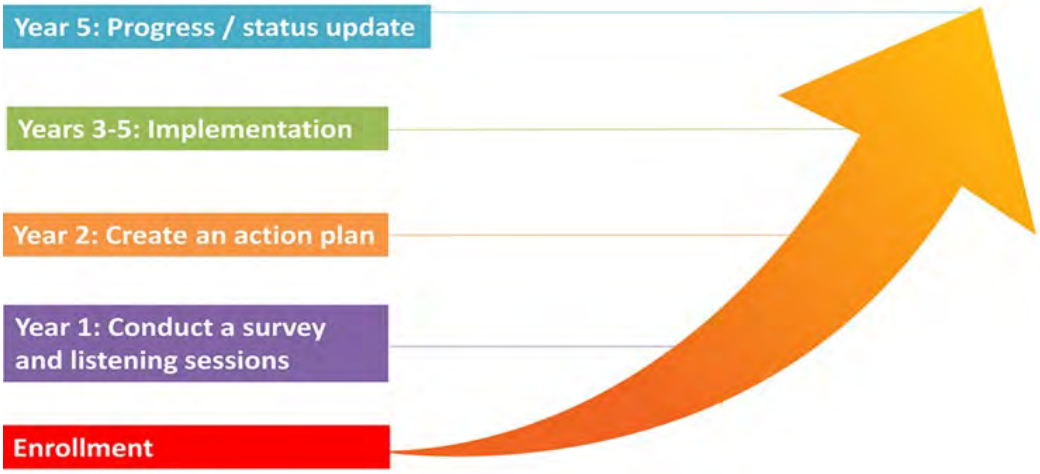
Data Sources and Methodology: The data source for this measure is collected through reports provided by AARP.

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

In the past several years, the movement has gained even more momentum. In 2015, Sarasota County was the first Florida community to join AARP's Network of Age-Friendly States and Communities (Network); as of August 2020, nine counties across the state had joined the Network. In April 2019, Florida became the fourth state to join the Network.

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

Exhibit 11. Developing an Age-Friendly Community: The Process



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

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

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

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures			
Measure Number	Approved Performance Measures for FY 2020-21		Associated Activities Title
1	Percent of elders the CARES program determined eligible for nursing home placement who are diverted		Universal Frailty Assessment ACT 2000
2	Number of CARES assessments		Universal Frailty Assessment ACT 2000
3	Percent of most frail elders who remain at home or in the community instead of going into a nursing home		Home and Community Services Diversions, Long-Term Care Initiatives, Nutritional Services for the Elderly, Residential Assisted Living Support and Elder Housing Issues, Early Intervention/ Prevention, Supported Community Care, Caregiver Support
4	Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours		Home and Community Services Diversions, Long-Term Care Initiatives, Nutritional Services for the Elderly, Residential Assisted Living Support and Elder Housing Issues, Early Intervention/ Prevention, Supported Community Care, Caregiver Support
5	Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups		All Home and Community Services
6	Percent of elders assessed with high or moderate risk environments who improved their environment score		All Home and Community Services
7	Percent of new service recipients with high-risk nutrition scores whose nutritional status improved		All Home and Community Services
8	Percent of new service recipients whose ADL assessment score has been maintained or improved		All Home and Community Services
9	Percent of new service recipients whose IADL assessment score has been maintained or improved		All Home and Community Services

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures			
Measure Number	Approved Performance Measures for FY 2020-21		Associated Activities Title
10	Percent of family and family-assisted caregivers who self-report they are very likely to provide care		All Home and Community Services
11	Percent of caregivers whose ability to continue to provide care is maintained or improved after service intervention (as determined by the caregiver and the assessor)		All Home and Community Services
12	Average time in the Community Care for the Elderly Program for Medicaid waiver-probable customers		All Home and Community Services
13	Percent of customers who are at imminent risk of nursing home placement who are served with community-based services		All Home and Community Services
14	Number of elders served with registered long-term care services		All Home and Community Services
15	Number of congregate meals provided		Nutritional Services for the Elderly ACT 4000
16	Number of elders served (caregiver support)		Caregiver Support ACT 4200
17	Number of elders served (early intervention/prevention)		Early Intervention/Prevention ACT 4100
18	Number of elders served (home and community services)		Home and Community Services Diversion ACT 4500
19	Number of elders served (LTC initiatives)		Long-Term Care Initiatives ACT 4800
20	Number of elders served (meals, nutrition education, and counseling)		Nutritional Services for the Elderly ACT 4000
21	Number of elders served (residential assisted living support and elder housing issues)		Residential Living Support Elder Housing Issues ACT 4300
22	Number of elders served (supported community care)		Supported Community Care ACT 4400
23	Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions		Executive Direction and Support Services

LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures			
Measure Number	Approved Performance Measures for FY 2020-21		Associated Activities Title
24	Percent of complaint investigations initiated by the ombudsman within five (5) business days		Long-Term Care Ombudsman Council ACT 1100
25	Number of complaints investigated		Long-Term Care Ombudsman Council ACT 1100
26	Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within five (5) days of receipt of request		Public Guardianship ACT 1200
27	Number of judicially approved guardianship plans including new orders		Public Guardianship ACT 1200

SCHEDULE XI/EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY

ELDER AFFAIRS, DEPARTMENT OF	FISCAL YEAR 2020-21			
SECTION I: BUDGET	OPERATING			FIXED CAPITAL OUTLAY
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT			369,250,741	2,360,000
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)			61,190,934	-1,760,000
FINAL BUDGET FOR AGENCY			430,441,675	600,000
SECTION II: ACTIVITIES * MEASURES	Number of Units	*(1) Unit Cost*	*(2) Expenditures (Allocated)*	*(3) FCO*
Executive Direction, Administrative Support and Information Technology (2)				0
Long-term Care Ombudsman Council * Number of complaint investigations completed	3,216	1,615.22	5,194,535	
Public Guardianship Program * Number of judicially approved guardianship plans	3,935	4,058.65	15,970,803	
Universal Frailty Assessment * Total number of CARES assessments	112,867	189.79	21,420,895	
Meals, Nutrition Education, And Nutrition Counseling * Number of people served	147,427	606.73	89,448,389	
Early Intervention/Prevention * Number of elders served	506,526	56.54	28,637,180	
Caregiver Support * Number of elders served	96,004	578.27	55,516,683	
Supportive Community Care * Number of elders served	60,108	759.15	45,630,981	
Home And Community Services Diversions * Number of elders served	49,425	1,488.83	73,585,615	600,000
Long Term Care Initiatives * Number of elders served	2,372	12,298.44	29,171,891	
TOTAL			364,576,972	600,000
SECTION III: RECONCILIATION TO BUDGET				
PASS THROUGHS				
TRANSFER - STATE AGENCIES				
AID TO LOCAL GOVERNMENTS				
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS				
OTHER			138,346	
REVERSIONS			65,726,356	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)			430,441,674	600,000
SCHEDULE XI/EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY				

(1) Some activity unit costs may be overstated due to the allocation of double budgeted items.
(2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.
(3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.
(4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

SECTION III - PASS THROUGH ACTIVITY ISSUE CODES SELECTED:

TRANSFER-STATE AGENCIES ACTIVITY ISSUE CODES SELECTED:

1-8:

AID TO LOCAL GOVERNMENTS ACTIVITY ISSUE CODES SELECTED:

1-8:

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

*** NO ACTIVITIES FOUND ***

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

*** NO OPERATING CATEGORIES FOUND ***

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

BE	PC	CODE	TITLE	EXPENDITURES	FCO
65100600	1603000000	ACT6000	DISASTER PREPAREDNESS AND	138,346	

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

DEPARTMENT: 65	EXPENDITURES	FCO
FINAL BUDGET FOR AGENCY (SECTION I):	430,441,675	600,000
TOTAL BUDGET FOR AGENCY (SECTIONS II + III):	430,441,674	600,000
DIFFERENCE:	1	
(MAY NOT EQUAL DUE TO ROUNDING)		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Assisted Living Facility – Any building or buildings, section or distinct part of a building, private home, boarding home, home for the aged or other residential facility, whether operated for profit or not, which undertakes through its ownership or management to provide housing,

meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.

Assisted Living (AL) Waiver – A Medicaid waiver that provided home and community-based services to older adults, as well as individuals with disabilities who were assessed as being frail, functionally impaired, and at risk of nursing home placement. A case manager determined services based on a comprehensive assessment of needs. The services were designed to help the enrollee remain in the community for as long as possible to avoid nursing home placement. All enrollees served under this waiver transitioned to the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) effective March 1, 2014.

Below Poverty Level – Individuals with income below the amount annually established by the federal government as the poverty level.

Budget Entity – A unit or function at the lowest level to which funds are specifically appropriated in the appropriations act. "Budget entity" and "service" have the same meaning.

Caregiver – A person who has been entrusted with, or has assumed the responsibility for, the care of an older adult or adult with disabilities.

Care Plan – The tool used by the case manager to document a client's assessed needs, services to be provided, and costs associated with the provision of services. The care plan is a plan of action, developed in conjunction with the client, caregiver, and the client's family or representative. It is designed to assist the case manager in the overall management of the client's care.

CARES (Comprehensive Assessment and Review for Long-Term Care Services) – A program operated by DOEA that is Florida's federally mandated long-term care pre-admission screening program for Medicaid Institutional Care Program nursing facility and Medicaid waiver program applicants. An assessment is performed to assess long-term care needs and establish level of care (medical eligibility for nursing facility care). CARES staff educate consumers on options for individual choice and recommend the least restrictive, most appropriate placement.

Case Management – A service provided to an older adult by a professional who is trained or experienced in the skills required to deliver and coordinate services. Includes assessing for care needs and arranging, coordinating, and monitoring an optimum package of services to meet the identified needs of the elder.

Centers for Medicare & Medicaid Services – Administers Medicare, Medicaid, and the Children's Health Insurance Program. Formerly called the Health Care Finance Administration (HCFA).

Channeling Waiver – A home and community-based services program that began in 1985, it was operated through an annual contract with an organized health care delivery system in Miami-Dade and Broward counties. Through contracts with the Department, the organization received a per-diem payment to provide, manage, and coordinate enrollees' long-term care

service needs. All enrollees served under this waiver transitioned to the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) effective March 1, 2014.

Cronbach's Alpha – a statistic used as a measure of internal consistency or reliability of multiple measures combined into a continuous scale. In other words, it measures how well a set of variables or items measures a single, one-dimensional latent aspect of individuals. The value of alpha may lie between 0 and 1. An alpha should be 0.70 or higher to be used as a metric. An alpha above 0.90 might suggest responses to items in the scale are too overlapping and could be redundant.

CIRTS (Client Information and Registration Tracking System) – DOEA's centralized customer registry and database, with information about customers who have received a Department-funded service. CIRTS is a dynamic database that is updated on a real-time basis when a customer enrolls, or an existing customer receives a service. The information captured in CIRTS includes client name, address, telephone number, all physical and mental assessment data (activities of daily living, instrumental activities of daily living, etc.), and services received by date of service and number of units of service provided.

Community – Geographic area designated by the AAA after considering the incidence of need, availability and delivery pattern of local services, and natural boundaries of neighborhoods. A community may be a county, a portion of a county, or two or more counties.

Community Care for the Elderly (CCE) – A state-mandated service delivery system, which contracts out community-based services. The services provide assistance with daily tasks to help make it possible for functionally impaired older adults to live independently in their own homes.

Consumer Directed Care Plus (CDC+) – The Consumer Directed Care Plus Program was an option available to participants enrolled in the Aged and Disabled Adult (ADA) Medicaid Waiver. The Program allowed participants to hire workers and vendors of their own choosing, including family members or friends, to help with daily needs such as house cleaning, cooking, and getting dressed. Consumer Directed Care Plus was replaced with the Participant Directed Option under the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC), which was effective March 1, 2014.

Contract – A legally binding agreement between the state and another entity, public or private, for the provision of services.

Contract Manager – A person designated by the Department or the AAA to manage the performance of the contract.

Contractor/Subcontractor – The entity selected as the result of a procurement decision using competitive or non-competitive methods to provide goods or services pursuant to a legally executed agreement. The contractor/subcontractor can be a recipient, subrecipient, or vendor.

Demand – The number of output units that are eligible to benefit from a service or activity.

Dementia – The loss of cognitive functions (such as thinking, remembering, and reasoning) of sufficient severity to interfere with an individual's daily functioning. Dementia is not a disease. It is a group of symptoms which may accompany certain diseases or conditions. Symptoms may also include changes in personality, mood, and behavior.

Dementia Care and Cure Initiative (DCCI) – a DOEA initiative that works to educate the community on how to increase awareness, assistance, and advocacy for those with dementia, their families, and caregivers.

Department – The Florida Department of Elder Affairs (DOEA).

Department of Children and Families (DCF) – The state agency responsible for social and financial assistance services for categorically eligible children and adults.

Diversion – A strategy that places participants in the most appropriate care settings and provides comprehensive community-based services to prevent or delay the need for long-term placement in a nursing facility.

DOEA – Department of Elder Affairs.

Direct-Support Organization – The Foundation for Florida's Elders, Inc., is the Direct-Support Organization for the Department of Elder Affairs.

Emergency Home Energy Assistance for the Elderly (EHEAP) – A program that provides vendor payments to assist low-income households, with at least one-person age 60 or older, that are experiencing home energy emergencies.

EOG – Executive Office of the Governor.

Exploitation – Exploitation means, but is not limited to, the following:
Stands in a position of trust or confidence with a vulnerable adult and knowingly, by deception or intimidation, obtains or uses, or attempts to obtain or use the adult's funds, assets, or property with the intent to temporarily or permanently deprive the adult of the use, benefit, or possession of the funds, assets, or property for the benefit of someone other than the vulnerable adult.

F.A.C. – Florida Administrative Code.

FLAIR – Florida Accounting Information Resource Subsystem.

FMMIS – Florida Medicaid Management Information System.

Frail – A condition of physical and/or mental disability, including Alzheimer's disease or a related disorder with neurological brain dysfunction, which restricts an individual's ability to

perform normal activities of daily living or threatens the individual's capacity to live independently.

F.S. – Florida Statutes.

Functionally Impaired Older Adult – A person 60 years of age or older with physical or mental limitations that restrict the individual's ability to perform the normal activities of daily living and impede the individual's capacity to live independently without provision of services. Functional impairment will be determined through a functional assessment completed with each applicant for Community Care for the Elderly, Home Care for the Elderly, and Alzheimer's Disease Initiative services.

FY – Fiscal Year.

GAA – General Appropriations Act.

HCBS – Home and Community-Based Services.

Home Care for the Elderly – A program that provides a basic subsidy averaging $106 per month for support/maintenance services and supplies to allow frail older adults to remain in their homes with a live-in caregiver. Case management services are also provided.

Indicator – A single quantitative or qualitative statement that reports information about the nature of a condition, entity, or activity. This term is used commonly as a synonym for the word "measure."

Information Technology Resources – Includes data processing-related hardware, software, services, telecommunications, supplies, personnel, facility resources, maintenance, and training.

Input – The quantities of resources used to produce goods or services and the demand for those goods and services.

Instrumental Activities of Daily Living (IADL) – Functions and tasks associated with the management of care such as preparing meals, taking medications, heavy chores, housekeeping, making telephone calls, managing money, shopping, and using transportation.

Legislative Appropriations System/Planning and Budgeting Subsystem (LAS/PBS) –The statewide appropriations and budgeting system owned and maintained by the Executive Office of the Governor.

Legislative Budget Request (LBR) – A request to the Florida Legislature, filed pursuant to s. 216.023, *F.S.*, or supplemental detailed requests filed with the legislature, for the amounts of money an agency or branch of government believes will be needed to perform the functions for which it is authorized, or for which it is requesting authorization by law, to perform.

Level of Care – A term used to define medical eligibility for nursing home care under Medicaid and Medicaid waiver community-based non-medical services. (To qualify for Medicaid waiver programs, the applicant must meet the nursing home level of care.) Level of care also is a term used to describe the frailty level of a consumer seeking DOEA services and is determined from the frailty level prioritization assessment tool. The Customer Profiles by Assessment Level, included in the Department's *Summary of Programs and Services* document, shows the prioritization levels, and describes the average consumer's health, disability level, caregiver situation, and nursing home risk score for each level.

Long-Range Program Plan (LRPP) – A plan developed on an annual basis by each state agency that is policy-based, priority-driven, accountable, and developed through careful examination and justification of all programs and their associated costs. Each plan is developed by examining the needs of agency customers and clients and proposing programs and associated costs to address those needs based on state priorities as established by law, the agency mission, and legislative authorization. The plan provides the framework and context for preparing the Legislative Budget Request and includes performance indicators for evaluating the impact of programs and agency performance.

Long-Term Care Community Diversion Pilot Project – A Medicaid waiver program designed to provide home and community-based services to older adults assessed as being frail, functionally impaired, and at risk of nursing home placement who are dually eligible for Medicaid and Medicare. Also known as the Nursing Home Diversion (NHD) Program. All enrollees served under this waiver transitioned to the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) effective March 1, 2014.

Long-Term Care Ombudsman Program (LTCOP) – A statewide system of volunteers who receive, investigate, and resolve complaints made by, or on behalf of, individuals living in nursing homes, assisted living facilities, or adult family care homes. This program is administratively housed in DOEA and has district staff who coordinate the work of the volunteers.

LSP – Local Services Program.

LTC – Long-Term Care.

MDC – Memory Disorder Clinic.

Medicaid – A medical assistance program funded with federal matching funds that serves low-income families, those age 18 and older, people who are blind, and people with disabilities. The DCF ACCESS (Automated Community Connection to Economic Self Sufficiency) Florida Program determines eligibility for public assistance.

Medicare – A federal health insurance program that serves people 65 and older and those with certain disabilities, regardless of income. Medicare has three parts: Part A (hospital insurance), Part B (medical insurance), Part C (Medicare Advantage), and Part D (prescription assistance).

Monitoring – The collection and analysis of contract agencies' performance related to current and past activities in order to determine whether the agency complied with its contracts and state and federal rules, adhered to standards of good practice within the industry, and produced outcomes consistent with DOEA's statutory mission and focus.

NAPIS – National Aging Program Information System.

NASUAD – National Association of States United for Aging and Disabilities, rebranded as ADvancing States in 2019.

National Family Caregiver Support Program (NFCSP) – Provides support services for family caregivers, including grandparents or other older adults caring for relatives. The program encourages the provision of multifaceted systems of support services to assist individuals in providing care to older family members, adults with disabilities, and children. The primary program consideration is to relieve emotional, physical, and financial hardships of individuals providing care. Funded by the Older Americans Act, Title III E.

Neglect – The failure or omission on the part of the caregiver or vulnerable adult to provide the care, supervision, and services necessary to maintain the physical and mental health of the vulnerable adult, including, but not limited to, food, clothing, medicine, shelter, supervision, and medical services, which a prudent person would consider essential for the well-being of a vulnerable adult; or the failure of a caregiver or vulnerable adult to make a reasonable effort to protect a vulnerable adult from abuse, neglect, or exploitation by others. "Neglect" is repeated conduct or a single incident of carelessness that produces or could reasonably be expected to result in serious physical or psychological injury or a substantial risk of death.

Office of Public and Professional Guardians (OPPG) – The OPPG, within the Department of Elder Affairs, was created by the Florida Legislature to provide guardianship services to persons who do not have adequate income or assets to afford a private guardian when there is no willing family or friend to serve. The OPPG ensures compliance of professional guardians registration relating to education, bonds, credit, and criminal background screening as required by statute. Since 2016, the OPPG has expanded its responsibilities to include oversight and regulation of approximately 550 or more professional guardians statewide, which includes investigating, and if appropriate, disciplining the guardians in violation of law.

Older Americans Act (OAA) – Federal legislation that provides funding for a wide array of social services for persons age 60 and older. The Act emphasizes the development of a comprehensive and coordinated service delivery system for older adults; elimination of duplicating and overlapping functions; and integration of social and nutritional services.

OAA Title III B – Older Americans Act section providing funding for supportive service programs, including multipurpose senior centers, for older adults.

OAA Title III CI – Older Americans Act section providing funding for congregate meals, outreach, and nutrition education for older adults.

OAA Title III C2 – Older Americans Act section providing funding for home-delivered meals, outreach, and nutrition education for older adults.

OAA Title III D – Older Americans Act section providing funding for disease prevention and health promotion services for older adults.

OAA Title III E – Older Americans Act section known as the National Family Caregiver Support Program. It funds supportive services for caregivers who provide in-home care for frail older adults and grandparents or older adults who are relative caregivers of children 18 years of age or younger or individuals with a disability.

OAA Title V – Older Americans Act section providing for the Senior Community Service Employment Program (SCSEP).

OAA Title VII – Older Americans Act section which incorporates separate authorizations of appropriations for the following: Long-Term Care Ombudsman Program; the program for prevention of older adult abuse, neglect, and exploitation; and the elder rights and legal assistance program.

Outcome – An indicator of the actual impact or public benefit of a service.

Output – The actual service or product delivered by a state agency.

Pass Through[32] – Funds the state distributes directly to other entities, e.g., local governments or non-profit organizations, without being managed by the agency distributing the funds. These funds flow through the agency's budget; however, the agency has no discretion regarding how the funds are spent, and the activities (outputs) associated with the expenditure of funds are not measured at the state level.

Performance Measure – A quantitative or qualitative indicator used to assess state agency performance.

Planning and Service Area (PSA) – A distinct geographic area, established by the Department of Elder Affairs, in which the Older Americans Act and related programs are administered by an Area Agency on Aging (see definition above).

Program – A set of services and activities undertaken in accordance with a plan of action organized to realize identifiable goals based on legislative authorization (a program can consist of single or multiple services). For purposes of budget development, programs are identified in the General Appropriations Act by a title that begins with the word "Program." In some

[40] This definition of "pass through" applies ONLY for the purposes of long-range program planning

instances, a program consists of several services and, in other cases, the program has no services delineated within it; the service is the program in these cases. The LAS/PBS code is used for purposes of both program identification and service identification. "Service" is a "budget entity" for purposes of the LRPP.

Program Component – An aggregation of generally related objectives, which, because of their special character, related workload, and interrelated output, can logically be considered an entity for purposes of organization, management, accounting, reporting, and budgeting.

Program of All-Inclusive Care for the Elderly (PACE) – A program that targets individuals who would otherwise qualify for Medicaid nursing home placement and provides them with a comprehensive array of home and community-based services at a cost less than nursing home care.

Public Guardianship Program – A statewide program established to address the needs of vulnerable persons in need of guardianship services. Guardians protect the property and personal rights of incapacitated individuals.

Quality Assurance – Evaluation of the quantity, quality, economy, and appropriateness of services in accordance with prescribed standards of care and level of professionalism. It also includes methods for determining participants' satisfaction or dissatisfaction with services being delivered.

Recipient/Subrecipient – A person or entity that is not an employee, who performs all or part of those services under contract with the pass-through entity. Recipients and subrecipients typically determine program eligibility, are responsible for program decision-making, and must adhere to compliance requirements. They have their performance measured against state and federal goals and use federal and state program funds to carry out services under programs.

Reliability – The extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for the intended use.

Respite – In-home or short-term facility-based assistance for a homebound older adult from someone, who is not a member of the family unit, to allow the caregiver to leave the premises of the homebound elder for a period of time.

Rural Area – An area outside a Standard Metropolitan Statistical Area (SMSA) as defined by the U.S. Department of Commerce, Bureau of Census.

Self-Neglect – "Vulnerable adult in need of services" means a vulnerable adult who has been determined by a protective investigator to be suffering from the ill effects of neglect not caused by a second party perpetrator and is in need of protective services or other services to prevent further harm.

Senior Community Service Employment Program (SCSEP) – A federal program funded by Title V of the Older Americans Act that provides low-income older adults with paid part-time work experience in community services, to provide them with the experience and skills needed to obtain unsubsidized employment in the local job market.

Service – See Budget Entity.

Service Provider – An entity that is awarded a sub-grant or contract from an AAA to provide services under the following programs: Older Americans Act, Alzheimer's Disease Initiative, Community Care for the Elderly, Home Care for the Elderly, and Local Services Program.

Serving Health Insurance Needs of Elders (SHINE) – A free program offered by the Florida Department of Elder Affairs and the local Area Agency on Aging. Specially trained volunteers can assist with Medicare, Medicaid, and health insurance questions by providing one-on-one counseling and information. SHINE services are free, unbiased, and confidential.

Standard – The level of performance of an outcome or output.

Statewide Medicaid Managed Care Long-term Care (SMMC LTC) – The Statewide Medicaid Managed Care Long-term Care Program provides home and community-based services and nursing facility services to older adults (65+) and individuals with disabilities (ages 18-64) who meet nursing facility level of care.

SWOT – Strengths, Weaknesses, Opportunities, and Threats. A SWOT analysis is a global assessment of an agency's stakeholders and the agency's external and internal environments.

U.S. Department of Health and Human Services (HHS) – The federal agency, which includes the AoA, responsible for administering the Older Americans Act programs.

Unit Cost – The average total cost of producing a single unit of output (goods and services for a specific agency activity).

Units of Service – Units of service are a standard method for counting and reporting services provided.

Validity – The appropriateness of the measuring instrument in relation to the purpose for which it is being used.