

# Summary of Programs and Services

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APRIL 2009



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This document is produced by the Florida Department of Elder Affairs and updated periodically to provide the public and the Legislature information about programs and services for Florida's elders. Services and programs for elders vary in relation to consumer needs, demographics, funding availability and legislative directives. This Summary of Programs and Services, unless otherwise noted, contains information and data compiled as of December 2008.

For additional or updated information about any of the services or programs listed in this document, please contact the Department of Elder Affairs. Additional information is also available in the Department's Long-Range Program Plan, Master Plan on Aging and State Plan, and on the Department's website: <http://elderaffairs.state.fl.us>.



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# PREFACE

The 2009 Summary of Programs and Services contains comprehensive information about the activities of the Florida Department of Elder Affairs and the persons it serves. It is organized as follows:

[Section A – General Overview](#) describes the Department’s organizational structure, including the responsibilities of each division and bureau. It also has maps and contact information for the Department’s services network including Area Agencies on Aging, Comprehensive Assessment and Review for Long-Term Care Services (CARES) and Long-Term Care Ombudsman Program offices. Locations of the Statewide Public Guardianship Office and cities and counties participating in the Communities for a Lifetime program are also included.

[Section B – Services and Utilization](#) provides a means to cross-reference a particular service with the program or programs that provide that service. This cross-reference defines each service, the program(s) providing the service, and the number of units of service provided for the last complete program year.

[Section C – Older Americans Act \(OAA\) Programs and Services](#) offers an alphabetic listing of OAA programs with information such as program administration, eligibility, statutory authority, appropriation history and funding source.

[Section D – State General Revenue Programs](#) is an alphabetic listing of state-funded programs with information such as program administration, eligibility, statutory authority, appropriation history and funding source.

[Section E – Medicaid Programs](#) provides detailed information about Medicaid-funded programs. Information about the Comprehensive Assessment and Review for Long-Term Care Services (CARES) program is included in this section. Program information includes administration, eligibility, statutory authority, appropriation history and funding source.

[Section F – Other Department Programs](#) describes programs with funding sources other than OAA, General Revenue and Medicaid.

[Appendix](#) provides a variety of technical information about Department programs, including annualized program cost comparisons per customer served, classification of programs by activity and budget entity per the Department’s Long-Range Program Plan (LRRP), budget by revenue source, elder population statistics and program enrollment by county, customer profiles by assessment priority level, definitions and a list of acronyms.

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# Section A

## General Overview

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# FLORIDA DEPARTMENT OF ELDER AFFAIRS

## OVERVIEW

Charlie Crist, Governor

E. Douglas Beach, Secretary

The Florida Department of Elder Affairs works to create an environment that enables most older Floridians to live independently in their own homes and communities. Through partnerships with 11 Area Agencies on Aging, the Department provides community-based care to help seniors age with dignity, purpose and security. By working together with community-based organizations across the state, the Department is able to provide information to elders and their caregivers on how to live healthy lives. The Department, in partnership with Florida's aging services network, offers many services – such as adult day care or help with transportation and chores – to elders based on various criteria, such as income level and health status.

The Department was constitutionally designated by Florida voters to “serve as the primary state agency responsible for administering human services programs for the elderly” (Section 430.03, Florida Statutes). Its purpose is to serve elders in order to help them maintain their self-sufficiency and self-determination.

With more than 4.3 million residents age 60 and older, Florida currently ranks first in the nation in the percentage of its citizens who are elders, and will continue to do so for the foreseeable future (23 percent in 2008 growing to 35 percent in 2030). One in 11 Floridians is age 75 and older, a number that is expected to increase to about one in 10 (9.8 percent) by 2010. The population age 100 and older is currently the state's fastest-growing age group by percentage. Florida is also rich in generational and cultural diversity, especially among individuals age 55 and older. Florida's future is linked to the financial, health and physical security of its elder population.

The Department recognizes that individuals age differently. Some people have chronic conditions that begin prior to age 60, while others live their entire lives without need of long-term medical or social services. In order to efficiently use its limited resources, the Department works with individuals and families to determine both frailty level and appropriate level of care, targeting services to individuals with the greatest relative risk of nursing home placement. A goal of many of the Department's programs is to help seniors continue to live in their homes or communities for as long as possible, rather than in less familiar and more costly nursing homes.

### Mission Statement

» To foster optimal quality of life for elder Floridians.

### Vision

» To foster a social, economic and intellectual environment for all ages, and especially for those age 60 and older, where all can enjoy Florida's unparalleled amenities in order to thrive and prosper.

## The Elder Services Network

- » 11 Area Agencies on Aging
- » 58 Community Care lead agencies
- » 2,760 assisted living facilities
- » 671 nursing homes
- » 477 local governments
- » 35,918 volunteers
- » 240+ senior centers

## Other State Agencies Involved in Providing Services to Seniors

Agency for Health Care Administration (AHCA) oversees the Medicaid program

Department of Children and Families (DCF) determines technical and financial eligibility for Medicaid services

The Department's policy and program development is shaped in part by the Department of Elder Affairs Advisory Council, appointed by the Governor. The Council advises the Secretary and makes recommendations to the Governor and the Legislature.

The Department of Elder Affairs, in partnership with the Advisory Council, emphasizes activities that will maintain and improve the quality of life for older Floridians.

The Department also works in concert with other federal, state, local and community-based public and private agencies and organizations that represent the interests of older people, their caregivers and elder advocates.

## PRINCIPLES GOVERNING THE DEPARTMENT'S SERVICES

### FLORIDA FOR A LIFETIME: EMPOWERING AND PROTECTING SENIORS

Florida is home to a large number of seniors who bring vitality and a wealth of life experience to all generations of Floridians. For this reason, Governor Charlie Crist and Lieutenant Governor Jeff Kottkamp are firmly committed to securing safety and affordability in health care, protecting seniors from fraud and creating opportunities for seniors to live active and enriched lives.

This commitment focuses on the following guiding principles:

- **Affordability** – Ensure affordable housing options that provide Florida's seniors the freedom and flexibility to live in homes that accommodate their lifestyles and unique needs.
- **Accessibility** – Increase access to affordable long-term care for Florida's most vulnerable citizens while ensuring the quality of care and cost effectiveness. Enhance opportunities for home- and community-based care, because not all seniors require institutional care and may be better served at home or in their communities.
- **Empowerment** – Increase awareness among Floridians as health care consumers by improving access to meaningful information that is helpful when comparing the quality and cost of health-care options.
- **Intergenerational Partnerships** – Increase lifelong learning opportunities and assistance to caregivers by developing partnerships with schools and workforce programs. Enhance opportunities for seniors who are – or want to be – in the workforce so that as baby boomers retire, their expertise is available to strengthen the workforce.

- **Protection and Safety** – Emphasize the importance of preparing for storms and other emergencies by assisting efforts to put up shutters, secure yard furniture, purchase supplies or understand evacuation shelters for individuals with special needs. Empower seniors in combating fraud, scams and identity theft.

## COMMUNITIES FOR A LIFETIME INITIATIVE

Governor Crist remains committed to the Communities for a Lifetime initiative begun in 1999 to address the future challenges of a rapidly growing and aging population. Some 105 Florida cities, counties, towns and villages are active partners, recognizing that elder-friendly enhancements benefit people of all ages. Participating communities engage in a self-assessment and planning process, addressing a variety of areas including universal design for housing, accessibility, health care, transportation and efficient use of natural resources.

**105 Florida cities, counties, towns and villages are *Communities for a Lifetime* partners**

The initiative focuses on enhancing opportunities available for people of all ages to continue living in their own communities for a lifetime and encourages partnerships and collaborations to meet identified needs.

The Department is statutorily charged with serving all citizens in the state age 60 and older<sup>1</sup> – approximately one-fourth of the state’s population. However, a majority of Department staff time and resources goes toward assisting a very small percentage of seniors through home- and community-based services and conducting pre-admission screenings for Medicaid applicants for skilled nursing care. The Communities for a Lifetime initiative provides the Department with a mechanism to help more elders live independently, as well as to help communities plan for the future needs of all their citizens, both young and old.

The Department is focusing efforts on four extremely vital issues facing Florida seniors and retirees who are not enrolled in Medicaid programs: 1) transportation, 2) housing, 3) employment and 4) volunteerism. This increased focus has resulted in part from many requests for assistance from elders who wish to maintain an independent lifestyle for as long as possible. Florida’s growing elder population will further increase the need for programs and services addressing these key issues. In many instances, these efforts also provide opportunities for elders who require long-term care to find appropriate home- and community-based care options that are less restrictive and less costly than skilled nursing care. Therefore, the goal and values of the Communities for a Lifetime initiative are reflected in all Department programs.

Under the Communities for a Lifetime initiative, the Elder Housing Unit provides information and technical assistance to elders and community leaders to help them create affordable senior housing choices and assisted living to foster aging in place with dignity. The Elder Housing Unit provides

information about assisted living facilities (ALFs), adult family care homes (AFCHs) and other affordable supportive housing, as well as access to the most appropriate information and resources to meet an individual's housing needs and preferences.

The Volunteer and Community Services Unit provides technical assistance, public awareness and other support for new innovative demonstration projects that foster intergenerational connections – interaction between youth and elders – at the state and local levels. Elders serve as mentors to youth by sharing life experiences, while young volunteers in turn assist elders with home repair, companionship, respite and other services. Department staff actively participates in the Governor's Mentoring Initiative through one-on-one mentoring, special projects at partner schools and activities that promote community volunteerism. The Department also works with local providers to coordinate information on available funding for intergenerational programs, partnership development, coordination of resources for grandparents raising grandchildren, and coordination of health and education events to engage the skills and talents of elders and young people.

### **About Aging and Disability Resource Centers/ Aging Resource Centers**

#### **Primary functions:**

- » Provide information and referral services
- » Ensure that eligibility determinations are done properly and efficiently
- » Triage clients who require assistance
- » Manage the availability of financial resources for certain key long-term care programs targeted for elders to ensure financial viability and stability

#### **AGING AND DISABILITY RESOURCE CENTERS**

In April 2004, the Department received a federal grant from the Administration on Aging and the Centers for Medicare and Medicaid Services to establish at least two pilot aging and disability resource centers (ADRCs). As a result, aging and disability resource centers in the Orlando, St. Petersburg and Fort Lauderdale areas began providing services to caregivers, elders and adults with severe and persistent mental illnesses (SPMI) in the summer and fall of 2005.

Florida's ADRCs provide information and referral not only to elders, but also to adults age 18 and older who have SPMI such as bipolar disorder, schizophrenia or clinical depression. The ADRC is not meant to compete with existing mental health referral, but rather to enhance the existing mental health referral network. Information and referral specialists are trained to refer callers to mental health providers if they indicate that they have a severe and persistent mental illness or if the specialist discerns that the inquiry may be related to SPMI.

#### **AGING RESOURCE CENTERS**

The success of the ADRC pilot sites in three of the state's Planning and Service Areas has enhanced the implementation of aging resource centers (ARCs) on a statewide basis to make it easier for all Florida elders to access long-term care services. In accordance with the provisions of section 430.2053, Florida Statutes, the Department worked with the Area Agencies on Aging in the remaining eight Planning and Service Areas to complete their transition to ARCs. The 2008 Florida Legislature appropriated \$3.3 million in recurring

funds to the Department to complete statewide implementation of ARCs, a process that was concluded in November 2008.

The development of ADRCs/ARCs has increased the efficiency of long-term care service delivery and helped individuals navigate the long-term care system more easily. ADRCs/ARCs build on the strengths of the current long-term care network and give Florida's citizens better opportunities to receive services in a seamless and highly responsive manner.

A statewide memorandum of agreement between the Department and the Department of Children and Families ensures that the different government entities that determine whether a person is eligible for services are located in the same place, either physically or electronically. Those entities are DOEA's Comprehensive Assessment and Review for Long-Term Care Services (CARES) program and the Department of Children and Families' Economic Self Sufficiency (ESS) unit. The ADRC/ARC approach ensures that each eligibility determination occurs as efficiently and quickly as possible.

One measure of the effectiveness of ADRCs/ARCs is how the eligibility determination process has been streamlined, reducing the time needed to collect the necessary paperwork to enroll a client in a Medicaid waiver program. By co-locating staff members from the ADRC/ARC, the CARES program (DOEA) and the ESS unit (DCF), staffs have been able to process applications much more efficiently.

To improve an individual's entry into the system, the ADRC/ARC is accessible through a number of local providers, including senior centers, lead agencies, health care providers and other community agencies. Additionally, individuals can access ADRC/ARC services by telephone or through the internet. It is anticipated that approximately 80 percent of questions and service needs will be handled through improved access to information and referral to community, faith-based, charitable, for-profit and public non-long-term care programs.

To ensure consistent access to aging and other long-term care resources, the three ADRCs and the eight ARCs are using a common information and referral (I&R) software system that is centralized and web-based. Statewide information will now be available to consumers regardless of their access location.

### **Services to Elders in State Fiscal Year 2007-2008 included:**

- » More than 7.4 million "Meals on Wheels" delivered to homebound elders
- » More than 4.6 million meals served at nutrition sites, preventing isolation and loneliness
- » More than 3 million hours of caregiver respite
- » More than 9.5 million hours of homemaker and personal care
- » More than 1.4 million trips to or from doctor's appointments, senior centers and shopping

# DIVISION AND UNIT RESPONSIBILITIES WITHIN THE DEPARTMENT

## Elder Volunteers

In Fiscal Year 2007-2008, a total of 35,918 volunteers - mostly elders themselves - provided more than 1.9 million hours of service valued at more than \$37 million.

The Department of Elder Affairs was created as a result of voter approval of a constitutional amendment in 1988, and was established in statute in 1991. The Department began operation in January 1992, responsible for administering human service programs for the elderly and developing policy recommendations for long-term care. Department responsibilities also include combating ageism, creating public awareness and understanding of the contributions and needs of elders, advocating on behalf of elders, and serving as an information clearinghouse.

The Department of Elder Affairs is one of the smallest of the Governor's agencies. The Department implements a variety of innovative programs such as Consumer-Directed Care Plus, Medicaid Home- and Community-Based Waivers, and Community Care for the Elderly. These programs result in significant cost savings for Florida. Home- and community-based services are provided at an average annual cost per client between \$3,898 and \$22,006, compared to an average annual cost of \$46,074 in a skilled nursing facility.

The majority of programs administered by the Department are privatized. More than 94 percent of the Department's budget is directed to services provided primarily by not-for-profit agencies and local governments under contract through Florida's Area Agencies on Aging (AAAs), entities mandated by the federal Older Americans Act.

## OFFICE OF THE SECRETARY

The Office of the Secretary is the focal point for management and overall coordination of the Department. The Secretary, appointed by the Governor and confirmed by the Florida Senate, serves as the Department's chief administrative officer and charts the agency's overall direction. The Secretary represents the Governor on matters relating to Florida's elder population and serves as an advocate regarding issues and programs that affect the Department and the elders it serves.

The Office of the Secretary includes the Offices of the General Counsel and Inspector General, the Research and Policy Coordinator, and the Divisions of Financial Administration and Internal & External Affairs.

## OFFICE OF THE GENERAL COUNSEL

The Office of the General Counsel provides legal advice for the Department. The office renders legal opinions; reviews all contracts, grants and inter-agency

## Office of the Secretary

General Counsel

Inspector General

Division of Internal &  
External Affairs

Division of Financial  
Administration

agreements, and helps formulate agency policy. The office also is responsible for promulgating all long-term care rules for assisted living facilities, adult family care homes, adult day care centers, hospices, and Alzheimer's trainer and training standards for nursing homes and assisted living facilities. In conjunction with the Agency for Health Care Administration and the Department of Health, the Department is responsible for end-of-life care education. The office provides legal representation in cases filed against the Department and the Secretary, as well as cases filed by the Department. The office responds to constituent letters, phone calls and emails of a legal nature and provides referrals to appropriate resources. The Office of the General Counsel also serves as the Department's primary public records point of contact.

***Statewide Public Guardianship Office*** – Established October 1, 1999, by Chapter 744.701-709, Florida Statutes, the Statewide Public Guardianship Office (SPGO) is responsible for providing guardianship services primarily to indigent persons who lack the capacity to make their own decisions and have no willing or able family or friend to act as their guardian. When this situation occurs, a court may appoint a public guardian.

SPGO, which operates through 16 local Offices of Public Guardian throughout Florida, is also responsible for the registration and education of professional guardians. The Statewide Public Guardianship Office can be reached by calling 850-414-2381.

## **OFFICE OF INSPECTOR GENERAL**

The Office of Inspector General provides independent, objective assurance and consulting activities designed to add value and improve the agency's operations. The office provides a central point to coordinate activities that promote accountability, integrity and efficiency in government. The office helps the Department accomplish its objectives by providing a systematic, disciplined approach to evaluating risk management, internal controls and agency performance.

## **RESEARCH AND POLICY COORDINATOR**

The Research and Policy Coordinator serves as the Department's primary liaison with the organizations and entities that make up Florida's aging network. The coordinator maintains regular communication with the Area Agencies on Aging and other key entities, detailing the Department's position on various topics and receiving input from the Department's partners on how best to serve the state's elder population. The coordinator is also responsible for evaluating how the Department carries out its critical functions in order to develop more effective and efficient ways to meet its legislative and constitutional responsibilities.

## DIVISION OF INTERNAL & EXTERNAL AFFAIRS

The Division of Internal & External Affairs encompasses most of the Department's administrative functions that are not directly connected to financial administration, as well as units that represent the Department to external audiences and help safeguard the legal rights of Florida elders.

**Internal Affairs** includes General Services/Human Resources, Information Systems, Planning and Evaluation, and Staff Development.

### **General Services/Human Resources/Disaster Preparedness and Emergency Operations**

The General Services and Human Resources Unit handles property and records management, personnel services/human resource services, leasing and facility management, and disaster preparedness and emergency operations. As home of the agency's Emergency Coordinating Officer (ECO), the unit coordinates with the Florida Division of Emergency Management on emergency preparedness issues and post-disaster response. The ECO ensures that the Department, Area Agencies on Aging and local service providers have approved all-hazards Disaster and Continuity of Operations Plans to be implemented during a threat of imminent disaster. Emergencies/disasters can include weather-related or man-made events, including hurricanes, tornadoes, civil disturbances, contractual disputes, epidemics, massive migrations, fires, nuclear power plant accidents, train derailments, terrorism, floods and bio-terrorism.

### **Information Systems**

The Information Systems Unit provides valuable technical support to both the Department's employees and private non-profit partners statewide, specifically the Area Agencies on Aging information technology units. Dedicated to maintaining the appropriate level of information security, the unit works in partnership with the Agency for Enterprise Information Technology to assure compliance with current security industry standards and to provide the appropriate level of information security in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191. The unit is divided into three functional groups as follows:

**Applications Support Group** – This group is responsible for maintaining all applications developed for the Department. It administers the Department's Client Information & Registration Tracking System (CIRTS), which is used by the aging network to manage client assessment data, register clients for services, plan client services and maintain program waiting lists. CIRTS is also used by CARES assessors to evaluate client eligibility for Medicaid services and to develop recommendations for client placement. In addition to providing technical assistance for supported applications,



this group also actively works to develop web-based applications and websites. This group also receives escalated Help Desk requests that are application-specific.

**Enterprise Support** – This group is responsible for providing technology support to all Department employees throughout the state, as well as the Area Agencies on Aging. The group maintains, supports, troubleshoots and implements various software and hardware technologies for the Department, including but not limited to computers, software and other wireless technologies.

**Technical Support** – This group is responsible for all system software and technical infrastructure, including servers, networks, operating system software, email, databases and database administration for applications. This group troubleshoots malfunctioning equipment and software, and is also responsible for information security and HIPAA compliance for information systems and interchange.

## Planning and Evaluation

The Bureau of Planning and Evaluation measures and evaluates the efficiency and cost-effectiveness of the Department’s programs. It supports the Department’s commitment to providing the highest quality of services by regularly surveying and monitoring to assess consumer satisfaction. The bureau provides the Department and its stakeholders with the following services:

- Strategic planning and needs assessment
- Performance-based program budgeting
- Program analysis and evaluation
- Demographic analysis and forecasting
- Program data gathering and dissemination
- Grant writing

The bureau also acts as a clearinghouse for demographic, economic and social information about older Floridians, provides planning and other analytical support for the Department’s partners within Florida’s elder service delivery network, and prepares documents required by the federal Older Americans Act and the Florida Legislature.

## Staff Development

The Staff Development Unit, which houses the Department’s training manager, develops beneficial training required of agency employees and ensures that all employees receive the training. The unit also coordinates other staff development opportunities for employees.

### Planning and Evaluation Bureau Publications

- » Consumer Resource Guide
- » Long-Range Program Plan
- » Florida Master Plan on Aging
- » State Plan on Aging
- » Summary of Programs and Services

**External Affairs** includes the Long-Term Care Ombudsman Program, Legislative Affairs, Communications, Communities for a Lifetime, and Elder Rights.

### Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program (1-888-831-0404) advocates on behalf of residents of long-term care facilities through a statewide system of 17 district councils of volunteer ombudsmen. Ombudsmen identify, investigate and resolve complaints made by or on behalf of residents of nursing homes, assisted living facilities and adult family care homes.

### Legislative Affairs

The Legislative Affairs Office serves as the Department's liaison to the legislative branch of government, advocating the Department's positions on matters before the Florida Legislature. The office is responsible for drafting legislative proposals designed to assist Florida's elders, and for helping to review any legislation proposed by the Legislature or others. The office's objective is to assure that all laws passed are in the best interests of Florida's elders. In addition, the office helps legislators and their constituents with concerns related to elder issues.

### Communications

The Communications Office is responsible for educating the public about the Department's programs and services. Communications staff members help assure that all Department materials present an appropriately positive image of aging and a balanced representation of elders including diversity in cultural distinction, geographic location and degree of frailty or wellness. The Department's audience includes Florida's elders, caregivers, the general public, the mass media, professionals in the aging network and other state agencies. To communicate to this diverse audience, the office utilizes the Department's *Elder Update* publication, the website and the mass media.

***Elder Update*** – The Department's bi-monthly newspaper, *Elder Update* includes articles covering relevant topics important to Florida elders. Some 70,000 copies of *Elder Update* are distributed at no cost to individuals and groups within Florida who request it, and is also available on the Department's website.

***Internet Site*** – Internet users can directly access Department information on a broad range of elder-related subjects through the state's MyFlorida.com web portal ([www.myflorida.com](http://www.myflorida.com)) or directly at <http://elderaffairs.state.fl.us>.

### Annual *Elder Update* Disaster Preparedness Special Issue

"All of your *Elder Update* issues are very interesting and informative, but the 'Disaster Preparedness' issue is my favorite. I keep it the whole year for reference until the new one arrives.

Although I am most interested in the hurricane information, it is good to know all the other disaster advice is in one issue."

—Sharon Goldman,  
Miami Beach

## Communities for a Lifetime

The Communities for a Lifetime Bureau administers programs that help communities create environments that embrace the life experience and valuable contributions of older adults and feature improvements to benefit all residents, youthful and elder alike. These programs help ensure the continued healthy aging of all citizens:

**Housing** – The elder housing unit focuses on independent housing and assisted living planning and policy development. The unit provides technical assistance and disseminates senior housing and supportive services information to local governments, community organizations, providers, state agencies and the general public, working to address senior housing and supportive services needs. One goal of the unit is to ensure that elder interests are represented on relevant committees and workgroups that address housing and assisted living issues.

**Employment** – In addition to administering the OAA Senior Community Service Employment Program (SCSEP), the unit works to increase awareness among employers of the benefits of hiring older workers.

**Health, Wellness and Injury Prevention** – This unit provides opportunities for health education, nutrition consultation and education, fitness promotion, medication management, and osteoporosis and preventive health screenings. The Florida Injury Prevention Program for Seniors (FLIPS) provides safety information on fire prevention tips for seniors, as well as other home-safety tips to prevent accidental falls and poisoning. In addition, the unit collaborates with the Alzheimer’s Disease Advisory Committee to educate Floridians about driver safety issues.

**Transportation and Mobility** – This unit works with communities to develop a range of options designed to allow seniors to remain mobile, independently able to access needed services and activities.

**Volunteerism and Intergenerational Programs** – This unit works to bring elders together with their communities to share their knowledge and experience, recognizing that volunteers enhance their own lives and those of the people they serve. The unit also works with Florida’s communities to create local programs and services that cross generational boundaries to benefit elders and youth.

## Elder Rights

The Elder Rights Bureau helps elders age with security. The bureau’s programs help ensure that older individuals are able to access and maintain benefits and legal rights. This includes protection from abuse, neglect and other crimes, whether at home, in the community or in institutional care:

***Serving Health Insurance Needs of Elders (SHINE)*** – The SHINE program provides free, unbiased health insurance counseling and information to elders and their caregivers regarding Medicare, prescription assistance, long-term care planning and insurance, Medicaid and a variety of other health care issues. Through a statewide network of trained SHINE counselors, individuals can receive personal and confidential assistance for their Medicare-related questions and issues.

***Elder Abuse Prevention Program*** – This program provides education and outreach to identify and prevent elder abuse, neglect, fraud and exploitation. The program also develops public safety initiatives that provide information and education regarding public-safety issues affecting Florida’s elders and their caregivers. The unit coordinates with state and local law enforcement and Seniors and Law Enforcement Together (SALT) councils to promote community crime-prevention initiatives.

***Legal Services Development*** – In compliance with a requirement of the federal Older Americans Act, the unit develops and coordinates the state’s legal services and elder-rights programs.

***Senior Legal Helpline*** – The Department partners with Bay Area Legal Services, Inc., of Tampa on a toll-free helpline to increase access to legal advice and referrals for underserved Florida seniors. The Senior Legal Helpline provides free legal advice and brief services by telephone to Florida residents age 60 and older, regardless of income, for civil legal problems. The helpline (1-888-895-7873) is available each weekday.

## **DIVISION OF FINANCIAL ADMINISTRATION**

The Division of Financial Administration coordinates organization, direction and support activities for all Department programs. This includes contract management, accounting, budgeting and revenue management.

### **Contract Administration and Purchasing**

The Contract Administration and Purchasing Unit helps contract managers, management and administrative staff acquire goods and services to meet the Department’s program needs, including procurement of client-based contractual services. The unit helps develop and execute all written contracts and solicitations for the Department.

### **Budget**

The Budget Office prepares the Department’s Legislative Budget Request (LBR) and the Approved Operating Budget (AOB). The unit also monitors the Department’s budget throughout the year and requests adjustments as necessary.

### **Accounting and Contract Payment**

The Accounting and Contract Payment section is responsible for recording and reconciliation of all financial transactions, in order to properly and accurately account for all expenditures of funds appropriated to the Department.

## Revenue Management

The Revenue Management Unit is responsible for the draw-down of federal dollars granted to the Department, and is also responsible for all revenue collections and trust fund management activities to ensure that cash is available for departmental expenditures.

## OFFICE OF THE DEPUTY SECRETARY & CHIEF OF STAFF

The Office of the Deputy Secretary includes the Chief of Staff functions for the Department and oversees the Division of Statewide Community-Based Services.

### DIVISION OF STATEWIDE COMMUNITY-BASED SERVICES

The Division of Statewide Community-Based Services consists of the Bureau of Comprehensive Assessment and Review for Long-Term Care Services (CARES), Bureau of Long-Term Care & Support and Bureau of Community & Support Services. Division-wide services provided by these units include:

***Nursing home pre-admission screening, support and oversight for the Department's Medicaid Waiver programs*** (operated in partnership with the Agency for Health Care Administration, Florida's designated Medicaid agency). Like other Medicaid programs, Medicaid Waiver programs are provided through joint state and federal funding. However, Medicaid Waiver programs authorize the state to provide care in the individual's home, or in a community setting such as an assisted living facility or adult day care center, rather than in an institutional setting such as a nursing home or other skilled nursing facility. These Medicaid Waiver programs provide consumers independence and a choice of care settings, with the goal of also reducing the cost of care.

***Support and oversight for the Department's non-Medicaid home- and community-based programs and services.*** Most of these services are provided by not-for-profit agencies and local governments under contract through the state's 11 Area Agencies on Aging. Contracted programs include the federally funded Older Americans Act (OAA), Emergency Home Energy Assistance for the Elderly (EHEAP), and Food and Nutrition Services programs, as well as the state-funded Community Care for the Elderly, Alzheimer's Disease Initiative and Home Care for the Elderly programs.

***Services provided directly by the Department or contracted to entities other than Area Agencies on Aging.*** These services include the Adult Care Food Program, Elder Farmers' Market Nutrition Program, memory disorder clinics, brain bank and the Senior Community Service Employment Program. The division also approves Alzheimer's disease training providers and training curricula for specified staff of nursing homes and assisted living facilities.

Office of the  
Deputy Secretary  
& Chief of Staff

Division of Statewide  
Community-Based  
Services

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

CARES is Florida's federally mandated nursing home pre-admission assessment program. CARES staff members, including registered nurses and assessors, perform medical needs assessments of individuals. These assessments are part of the process for elders to become eligible for services through Florida Medicaid. The CARES staff members identify a client's long-term care needs, determine the level of care required to meet those needs and, if appropriate, suggest less restrictive alternatives that may allow the client to continue living at home or in a community setting rather than in a nursing home.

### Long-Term Care & Support

The Long-Term Care and Support Bureau administers the Department's various Medicaid Waiver programs. These programs are designed to help individuals who qualify for the level of care offered by nursing homes but may be able to remain in their own homes or communities by receiving the waiver services. Through contracts with Area Agencies on Aging and local service providers, the Bureau administers programs including:

***Consumer-Directed Care Plus Program (CDC+)*** – This statewide program provides consumers the flexibility to be in charge of directing their own care by allowing them to manage a budget and purchase home- and community-based services that meet their needs. Individuals currently enrolled in the Aged and Disabled Adult Waiver (ADA), Traumatic Brain and Spinal Cord Injury Waiver or Adult Services Waiver are eligible to participate in CDC+.

***Long-Term Care Community Diversion Pilot Project*** – Designed to target the frailest individuals who would otherwise qualify for Medicaid nursing home placement, this project strives to provide frail elders with community-based alternatives in lieu of nursing home placement. By using managed care principles, the project provides these alternatives at a cost less than Medicaid nursing home care. This program, implemented in consultation with the Agency for Health Care Administration, has been expanded from four service providers in four counties serving 950 enrollees in October 2003 to 15 providers in 32 counties serving 14,447 enrollees as of December 1, 2008.

***Medicaid Aged and Disabled Adult Waiver (ADA)*** – This program helps maintain independence while living at home for Medicaid-eligible frail elders and persons with disabilities who are at risk of nursing home placement. Administered through an interagency agreement with the Agency for Health Care Administration, the program provides services and items including chore, homemaker, personal care, respite, case management, adult day health care, counseling, case aide, physical therapy,

### Cost Savings

In Fiscal Year 2007-2008, the state had a cost avoidance in fiscal year 2007-2008 of more than \$530 million in General Revenue expenditures for nursing home payments by spending \$467.6 million in home- and community-based services.

caregiver training and support, emergency alert response, consumable medical supplies, home delivered meals, environmental modification, health risk management, speech therapy and occupational therapy.

***Alzheimer’s Disease Medicaid Waiver*** – This waiver program provides home- and community-based services to people age 60 and older who have Alzheimer’s disease and are living with a caregiver. Implemented in consultation with the Agency for Health Care Administration, the program is approved in four Florida counties through the year 2010 to provide services and items such as case management, adult day health care, respite care, wanderer alarm system, wanderer identification and location program, personal care, caregiver training, incontinence supplies, behavioral assessment and intervention, environmental modification and pharmacy review.

***Medicaid Assisted Living for the Frail Elderly Waiver (ALE)*** – This waiver program makes support and services available in assisted living facilities that have Extended Congregate Care or Limited Nursing Services licenses. The program serves clients age 60 or older who are at risk of nursing home placement and meet additional specific functional criteria. Services and items include assisted living (i.e., companion, homemaker, personal care, etc.), case management and incontinence supplies.

***Program of All-Inclusive Care (PACE)*** – The PACE program provides voluntary managed long-term care programs to address the increase in state expenditures for long-term care services and to meet consumer needs. The program is implemented in consultation with the Agency for Health Care Administration. PACE targets individuals eligible for Medicaid nursing home placement, and provides a comprehensive array of home- and community-based, long-term care services as well as all Medicare (acute care) services. Services are delivered in an adult day health care setting.

## Community & Support Services

The Community and Support Services Bureau consists of the following four teams: (1) Aging Resource Center Implementation, Contract Management and Technical Assistance; (2) Caregiver Support; (3) Nutrition, and (4) Monitoring and Quality Assurance. Bureau functions include most non-Medicaid community-based programs and oversight functions to help elders remain in their own homes and avoid institutional care.

***Aging Resource Center Implementation, Contract Management and Technical Assistance*** – This team assists Area Agencies on Aging and other contracting organizations in implementing programs and services at the regional and local levels. In addition to having primary responsibility to implement the Aging and Disability Resource Centers (ADRCs)/Aging Resource Centers (ARCs), this team provides contract management and

technical support to organizations to help implement in-home and community-based services funded through federal or state General Revenue dollars. Programs, services and funding sources include the following:

***Older Americans Act (OAA)*** – Services and items funded through Florida’s federal OAA allotment include adult day care, caregiver training and support, chore, congregate dining, home-delivered meals, homemaker services, information and referral assistance, medical transportation, nutrition education, personal care and shopping assistance.

***Alzheimer’s Disease Initiative (ADI)*** – This program utilizes state General Revenue funds to provide caregiver training and support including counseling, consumable medical supplies and respite for caregiver relief; memory disorder clinics to provide diagnosis, research, treatment and referral; model day care programs to test new care alternatives, and a research database and brain bank to support research. ADI services are provided in conjunction with the Alzheimer’s Disease Advisory Committee, which helps the Department provide program services to foster an environment where persons with Alzheimer’s disease can safely congregate during the day, socialize or receive therapeutic treatment.

***Community Care for the Elderly (CCE)*** – This long-standing program utilizes state funds to provide case management and other services to frail elders age 60 and older. Other services include adult day health care, home health aide, counseling, home repair, medical therapeutic care, home nursing, emergency alert response, and information. Eligibility is based in part on a client’s inability to perform certain daily tasks such as meal preparation, bathing or grooming.

***Home Care for the Elderly (HCE)*** – This program utilizes state funds to provide a subsidy to caregivers to help them maintain low-income elders in their own home or in the home of a caregiver. Payment is made for support and health maintenance and to assist with food, housing, clothing and medical care. A special subsidy is available to help with specialized health care needs.

***Emergency Home Energy Assistance for the Elderly (EHEAP)*** – This federally funded program provides limited financial assistance during a home energy emergency for low-income households with at least one person age 60 or older.

**Caregiver Support** – This program provides caregiver support services through federal- and state-funded programs such as the OAA National Family Caregiver Support Program, Respite for Elders Living in Everyday Families (RELIEF), AmeriCorps, and Senior Companion.

**Nutrition** – This program offers technical assistance to help local providers of OAA nutrition programs provide quality services. It administers the following federally funded programs:



**Adult Care Food Program** – This program assists eligible Adult Care Centers and Mental Health Day Centers in providing meals to elders.

**Elder Farmers’ Market Nutrition Program** – This program improves the nutritional health of low-income elders by providing coupons that can be redeemed for locally grown fresh fruits and vegetables at approved farmers’ markets.

**Nutrition Services Incentive Program (NSIP)** – This program reimburses Area Agencies on Aging and service providers for the costs of congregate and home-delivered meals.

**Monitoring and Quality Assurance (MQA)** – This unit acts on behalf of the Department in its oversight role, ensuring the integrity of programs and services funded through and by the Department. The MQA unit performs periodic monitoring reviews of programs and services administered by Area Agencies on Aging and/or funded entities to ensure that they:

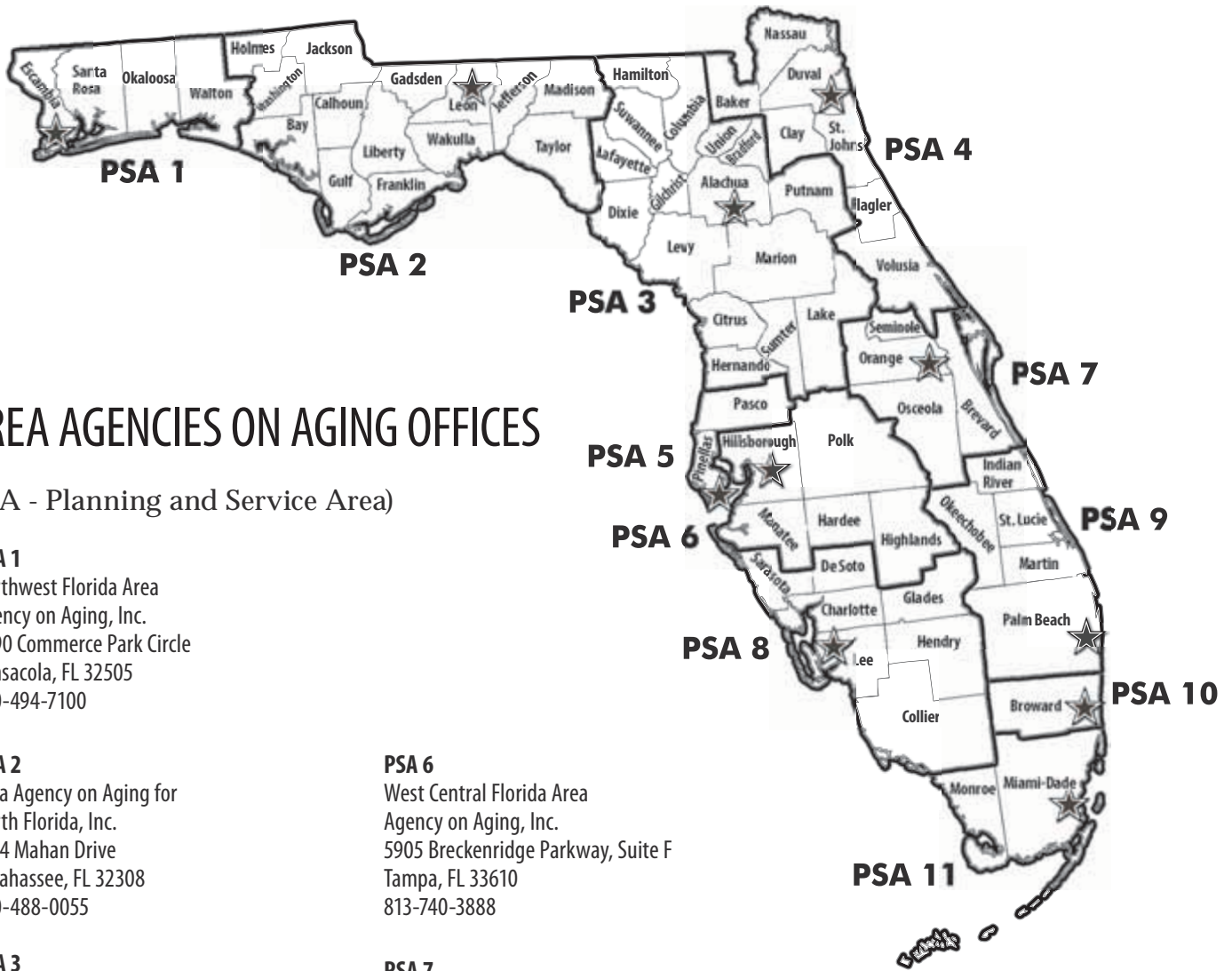
- Adhere to contract provisions and to state and federal laws;
- Comply with industry standards and best practices;
- Achieve legislatively-mandated performance measures; and
- Align with the Department’s statutory mission and focus.

The Department’s monitoring function not only identifies operational weaknesses and related remedial controls associated with various programs, but also focuses heavily on the evaluation and effectiveness of existing preventive measures and controls. These measures include good governance, identification and management of related business risks, and the establishment of an internal control and quality assurance environment that provides effective oversight of grantees.

# ELDER SERVICES NETWORK COMPONENTS AND THEIR ROLES

1. **U.S. Department of Health & Human Services, Administration on Aging**, led by the Assistant Secretary for Aging, funds home- and community-based services for millions of older persons through Older Americans Act (OAA) allotments to the states and competitive grants.
2. **Florida Department of Elder Affairs** is the designated state unit on aging in accordance with the Older Americans Act and Chapter 430, Florida Statutes. The Department's role is to administer Florida's OAA allotment and grants and to advocate, coordinate and plan services to elders provided by the State of Florida. The Older Americans Act requires the Department to fund a service delivery system through designated Area Agencies on Aging in each of the state's 11 Planning and Service Areas. In addition, Chapter 430 requires that the Department fund service-delivery lead agencies that coordinate and deliver care at the consumer level in the counties comprising each Planning and Service Area.
3. **Area Agencies on Aging (AAA)** are the designated private not-for-profit entities that advocate, plan, coordinate and fund a system of elder support services in their respective Planning and Service Areas. The designation of AAA is in keeping with the Older Americans Act. Area Agencies on Aging operate Aging and Disability Resource Centers (ADRCs) or Aging Resource Centers (ARCs).
4. **Lead Agencies** provide and coordinate services for elders in the state's 11 Planning and Service Areas. There are 58 lead agencies serving all of Florida's 67 counties. Some lead agencies provide services in more than one county due to the scarcity of providers in some rural counties. Lead agency providers are either non-profit corporations or county government agencies. Among the non-profit corporations are senior centers and councils on aging. Lead agencies are the only entities that can provide fee-for-service case management on an ongoing basis.
5. **Local service providers** include non-profit and for-profit corporations. Among non-profits are senior centers, county organizations, community action agencies, faith-based organizations and Alzheimer's clinics. Among for-profit entities are assisted living facilities, in-home service agencies and managed care organizations.

# AREA AGENCIES ON AGING



## AREA AGENCIES ON AGING OFFICES

(PSA - Planning and Service Area)

**PSA 1**

Northwest Florida Area Agency on Aging, Inc.  
5090 Commerce Park Circle  
Pensacola, FL 32505  
850-494-7100

**PSA 2**

Area Agency on Aging for North Florida, Inc.  
2414 Mahan Drive  
Tallahassee, FL 32308  
850-488-0055

**PSA 3**

Mid Florida Area Agency on Aging, Inc.  
5700 SW 34th Street, Suite 222  
Gainesville, FL 32608  
352-378-6649

**PSA 4**

ElderSource, The Area Agency on Aging of Northeast Florida  
4160 Woodcock Drive, 2nd Floor  
Jacksonville, FL 32207  
904-391-6600

**PSA 5**

Area Agency on Aging of Pasco-Pinellas, Inc.  
9887 4th Street North, Suite 100  
St. Petersburg, FL 33702  
727-570-9696

**PSA 6**

West Central Florida Area Agency on Aging, Inc.  
5905 Breckenridge Parkway, Suite F  
Tampa, FL 33610  
813-740-3888

**PSA 7**

Senior Resource Alliance  
988 Woodcock Road, Suite 200  
Orlando, FL 32803  
407-228-1800

**PSA 8**

Area Agency on Agency of Southwest Florida  
2285 First Street  
Fort Myers, FL 33901  
239-332-4233

**PSA 9**

Area Agency on Aging of Palm Beach/Treasure Coast  
1764 N. Congress Avenue, Suite 201  
West Palm Beach, FL 33409  
561-684-5885

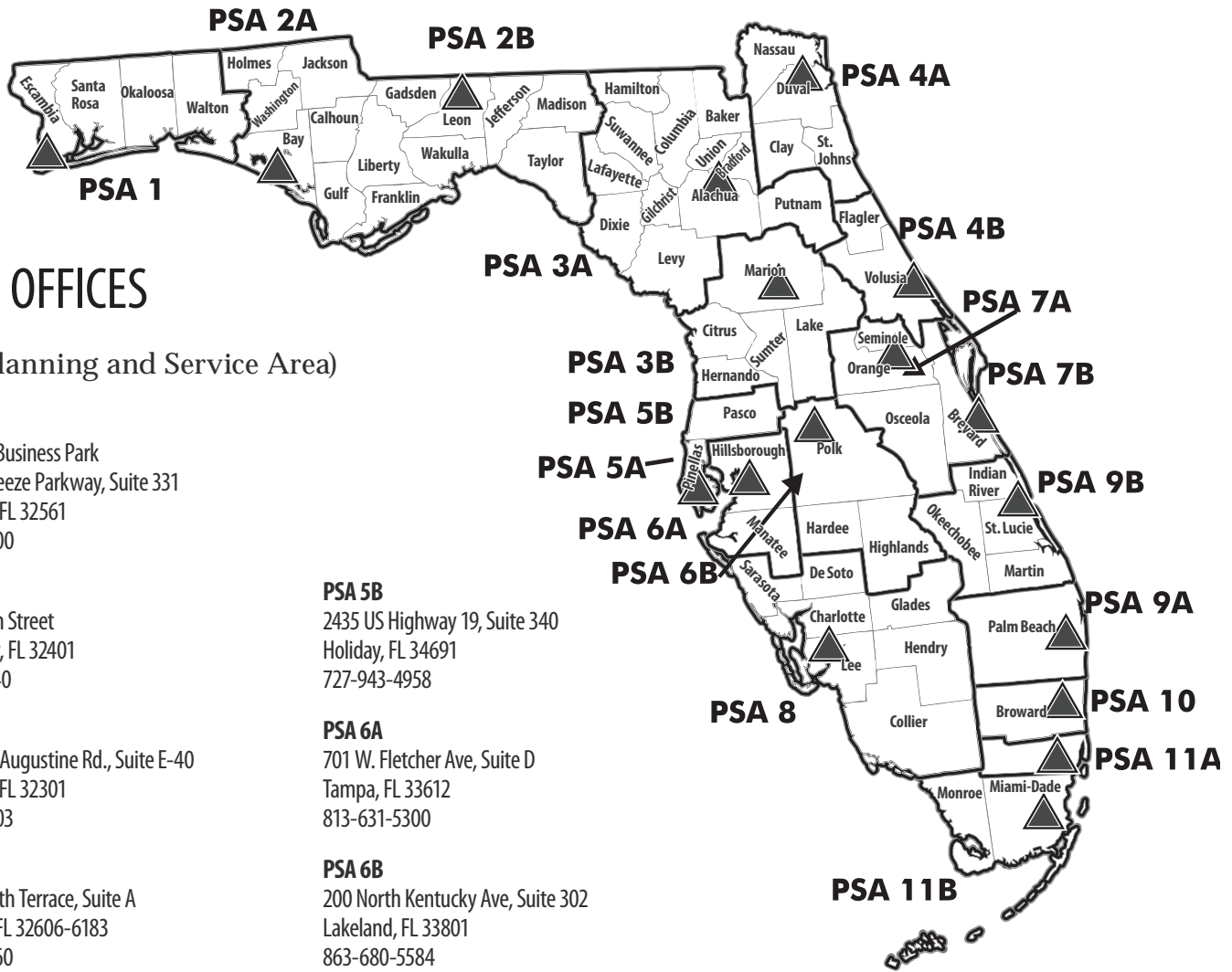
**PSA 10**

Aging and Disability Resource Center of Broward County, Inc.  
5345 NW 35th Avenue  
Ft. Lauderdale, FL 33309  
954-714-3456

**PSA 11**

Alliance for Aging, Inc.  
9500 South Dadeland Boulevard, Suite 400  
Miami, FL 33156  
305-670-6500

# COMPREHENSIVE ASSESMENT AND REVIEW FOR LONG-TERM CARE SERVICES (CARES)



## CARES OFFICES

(PSA - Planning and Service Area)

### PSA 1

Quietwater Business Park  
1101 Gulf Breeze Parkway, Suite 331  
Gulf Breeze, FL 32561  
850-916-6700

### PSA 2A

101 West 5th Street  
Panama City, FL 32401  
850-747-5840

### PSA 2B

2002 Old St. Augustine Rd., Suite E-40  
Tallahassee, FL 32301  
850-414-9803

### PSA 3A

3801 NW 40th Terrace, Suite A  
Gainesville, FL 32606-6183  
352-955-6560

### PSA 3B

1515 E. Silver Springs Blvd., Suite 203  
Ocala, FL 34470  
352-620-3457

### PSA 4A

Midtown Centre Office Center Park, Bldg. 3300  
4162 Carmichael Avenue, Suite 101  
Jacksonville, FL 32207  
904-391-3920

### PSA 4B

210 North Palmetto Avenue, Suite 408  
Daytona Beach, FL 32114  
386-238-4946

### PSA 5A

11351 Ulmerton Road, Suite 303  
Largo, FL 33778  
727-588-6882

### PSA 5B

2435 US Highway 19, Suite 340  
Holiday, FL 34691  
727-943-4958

### PSA 6A

701 W. Fletcher Ave, Suite D  
Tampa, FL 33612  
813-631-5300

### PSA 6B

200 North Kentucky Ave, Suite 302  
Lakeland, FL 33801  
863-680-5584

### PSA 7A

The Tedder Building, Suite 200  
988 Woodcock Road  
Orlando, FL 32803  
407-228-7700

### PSA 7B

1970 Michigan Ave, Bldg. J West  
Cocoa, FL 32922  
321-690-6445

### PSA 8

12381 S. Cleveland Ave, Suite 402  
Fort Myers, FL 33907  
239-278-7210

### PSA 9A

2290 10th Ave. N, Suite 401  
Lake Worth, FL 33461  
561-540-1181

### PSA 9B

1404-B South 28th Street  
Ft. Pierce, FL 34947  
772-460-3692

### PSA 10

7771 W Oakland Park Blvd, Suite 123  
Sunrise, FL 33351  
954-746-1773

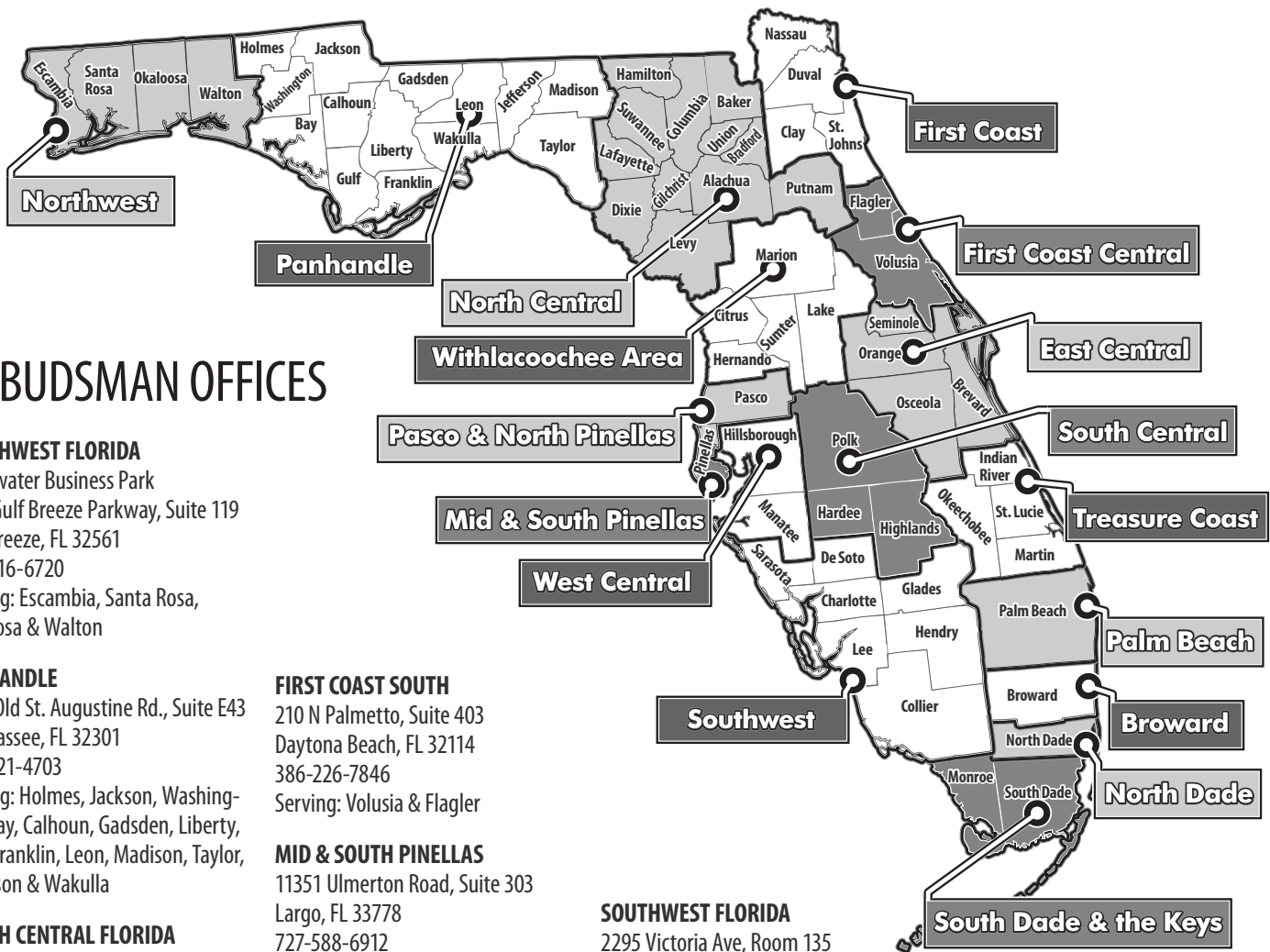
### PSA 11A

7270 NW 12th Street, Suite 130  
Airport Executive Tower 2  
Miami, FL 33126  
786-336-1400

### PSA 11B

7300 N. Kendall Drive, Suite 780  
Miami, FL 33156  
305-671-7200

# LONG-TERM CARE OMBUDSMAN PROGRAM



## OMBUDSMAN OFFICES

### NORTHWEST FLORIDA

Quietwater Business Park  
1101 Gulf Breeze Parkway, Suite 119  
Gulf Breeze, FL 32561  
850-916-6720  
Serving: Escambia, Santa Rosa,  
Okaloosa & Walton

### PANHANDLE

2002 Old St. Augustine Rd., Suite E43  
Tallahassee, FL 32301  
850-921-4703  
Serving: Holmes, Jackson, Washing-  
ton, Bay, Calhoun, Gadsden, Liberty,  
Gulf, Franklin, Leon, Madison, Taylor,  
Jefferson & Wakulla

### NORTH CENTRAL FLORIDA

3801 NW 40th Terrace, Suite A  
Gainesville, FL 32606-6183  
352-955-5015  
Serving: Hamilton, Suwanee,  
Columbia, Lafayette, Dixie, Levy,  
Union, Putnam, Alachua, Bradford &  
Gilchrist

### WITHLACOOCHEE AREA

1515 East Silver Springs Blvd., Suite 203  
Ocala, FL 34470  
352-620-3088  
Serving: Marion, Citrus, Hernando,  
Sumter & Lake

### FIRST COAST

Midtown Center Office  
Center Park, Bldg. #3300  
4161 Carmichael Avenue, Suite 141  
Jacksonville, FL 32207  
904-391-3942  
Serving: Nassau, Baker, Duval, Clay &  
St. Johns

### FIRST COAST SOUTH

210 N Palmetto, Suite 403  
Daytona Beach, FL 32114  
386-226-7846  
Serving: Volusia & Flagler

### MID & SOUTH PINELLAS

11351 Ulmerton Road, Suite 303  
Largo, FL 33778  
727-588-6912  
Serving: Mid & South Pinellas  
(South of Belleair Rd. in Clearwater)

### PASCO & NORTH PINELLAS

Holiday Tower, Suite 330  
2435 US Highway 19  
Holiday, FL 34691  
727-943-4955  
Serving: Pasco & North Pinellas  
(North of Belleair Rd. in Clearwater)

### WEST CENTRAL FLORIDA

9393 N. Florida Avenue, #418  
Tampa, FL 33612  
813-558-5591  
Serving: Hillsborough & Manatee

### EAST CENTRAL FLORIDA

988 Woodcock Road, Suite 198  
Orlando, FL 32803  
407-228-7752  
Serving: Orange, Seminole, Brevard  
& Osceola

### SOUTHWEST FLORIDA

2295 Victoria Ave, Room 135  
Ft. Myers, FL 33901  
239-338-1493  
Serving: Sarasota, DeSoto, Charlotte,  
Glades, Lee, Hendry & Collier

### PALM BEACH COUNTY

111 S. Sapodilla Avenue, #125 A-B-C  
West Palm Beach, FL 33401  
561-837-5038  
Serving: Palm Beach

### TREASURE COAST

1903 S 25th Street, Suite 100  
Ft. Pierce, FL 34947  
772-595-1385  
Serving: Martin, St. Lucie, Indian  
River & Okeechobee

### BROWARD COUNTY

7771 West Oakland Park Blvd, Suite 139  
Sunrise, FL 33351  
954-747-7919  
Serving: Broward

### SOUTH DADE & THE FL KEYS

7300 N. Kendall Drive, Suite 780  
Miami, FL 33156  
305-671-7245  
Serving: Monroe & S. Miami Dade  
(South of Flagler St., all SE & SW  
addresses)

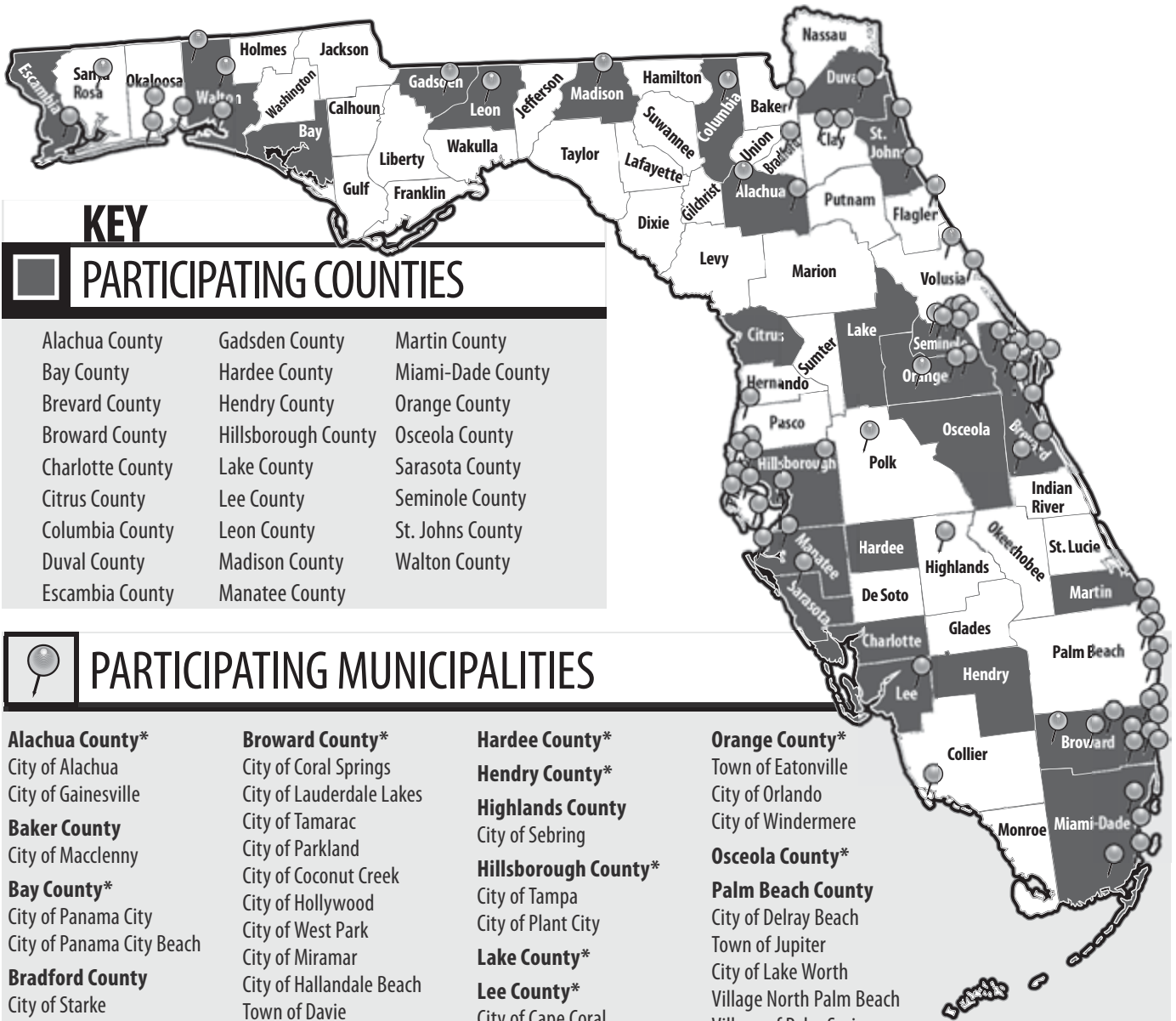
### NORTH DADE

7270 NW 12th Street, Suite 550  
Miami, FL 33126  
786-336-1418  
Serving: N. Miami Dade,  
(North of Flagler Street, all of Hialeah  
and NE and NW addresses)

### SOUTH CENTRAL FLORIDA

200 N Kentucky Avenue, #224  
Lakeland, FL 33801  
863-413-2764  
Serving: Polk, Highland & Hardee

# COMMUNITIES FOR A LIFETIME



## KEY

### PARTICIPATING COUNTIES

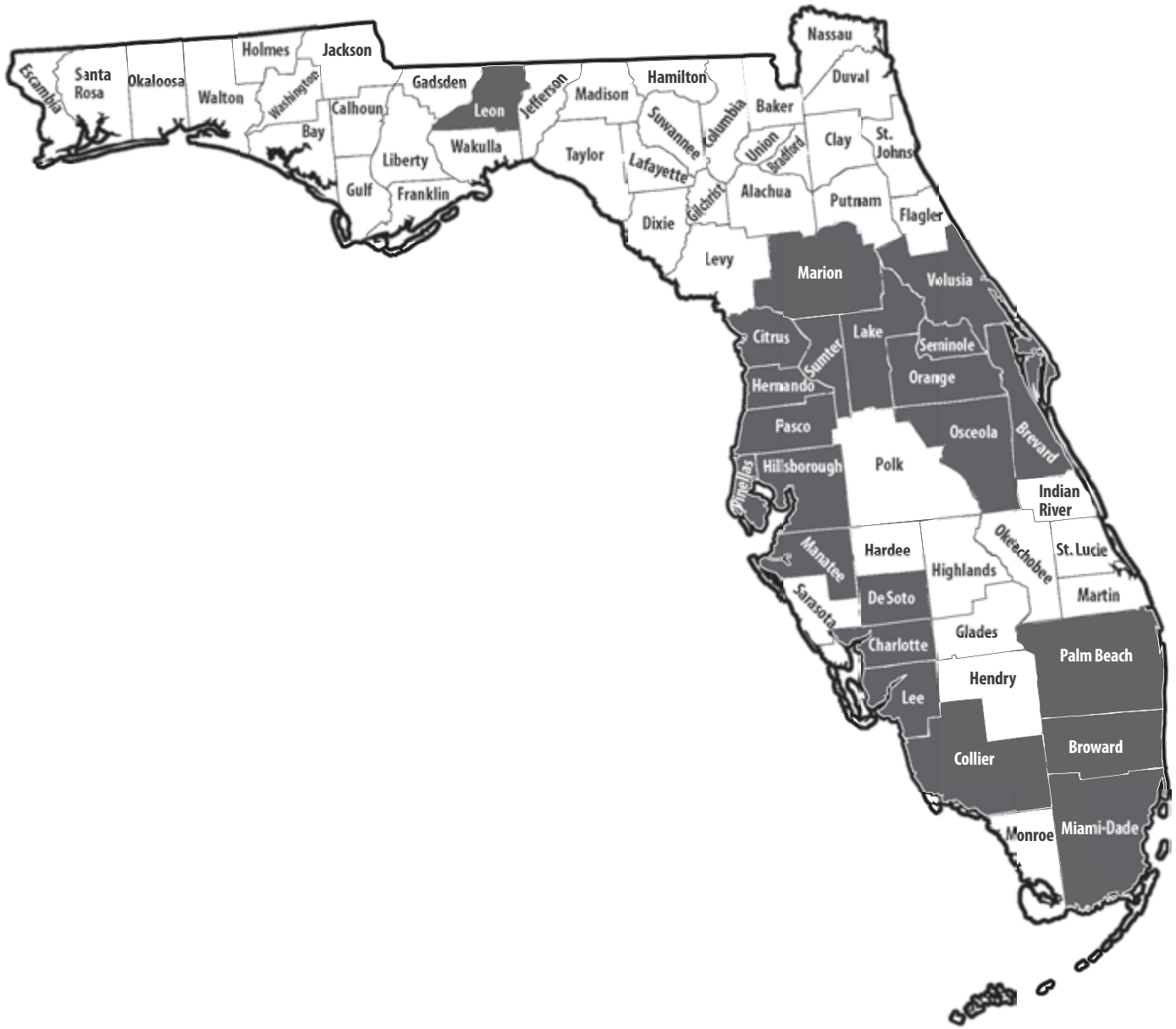
- |                  |                     |                   |
|------------------|---------------------|-------------------|
| Alachua County   | Gadsden County      | Martin County     |
| Bay County       | Hardee County       | Miami-Dade County |
| Brevard County   | Hendry County       | Orange County     |
| Broward County   | Hillsborough County | Osceola County    |
| Charlotte County | Lake County         | Sarasota County   |
| Citrus County    | Lee County          | Seminole County   |
| Columbia County  | Leon County         | St. Johns County  |
| Duval County     | Madison County      | Walton County     |
| Escambia County  | Manatee County      |                   |

### PARTICIPATING MUNICIPALITIES

- |  |   |   |   |
|--|---|---|---|
| <p><b>Alachua County*</b><br/>City of Alachua<br/>City of Gainesville</p> <p><b>Baker County</b><br/>City of Macclenny</p> <p><b>Bay County*</b><br/>City of Panama City<br/>City of Panama City Beach</p> <p><b>Bradford County</b><br/>City of Starke</p> <p><b>Brevard County*</b><br/>City of Cocoa<br/>City of Cocoa Beach<br/>City of Indian Harbor Beach<br/>Town of Malabar<br/>Town of Melbourne Beach<br/>City of Palm Bay<br/>City of Rockledge<br/>City of Satellite Beach<br/>City of Titusville</p> <p><b>Broward County*</b><br/>City of Coral Springs<br/>City of Lauderdale Lakes<br/>City of Tamarac<br/>City of Parkland<br/>City of Coconut Creek<br/>City of Hollywood<br/>City of West Park<br/>City of Miramar<br/>City of Hallandale Beach<br/>Town of Davie</p> <p><b>Charlotte County*</b></p> <p><b>Citrus County*</b></p> <p><b>Clay County</b><br/>City of Keystone Heights<br/>Town of Penny Farms</p> <p><b>Collier County</b><br/>City of Marco Island</p> <p><b>Columbia County*</b><br/>City of Lake City</p> <p><b>Duval County*</b><br/>City of Jacksonville</p> <p><b>Escambia County*</b><br/>City of Pensacola</p> <p><b>Flagler County</b><br/>City of Palm Coast</p> <p><b>Gadsden County*</b><br/>City of Quincy</p> | <p><b>Hardee County*</b></p> <p><b>Hendry County*</b></p> <p><b>Highlands County</b><br/>City of Sebring</p> <p><b>Hillsborough County*</b><br/>City of Tampa<br/>City of Plant City</p> <p><b>Lake County*</b></p> <p><b>Lee County*</b><br/>City of Cape Coral</p> <p><b>Leon County*</b><br/>City of Tallahassee</p> <p><b>Madison County*</b><br/>City of Madison</p> <p><b>Manatee County*</b><br/>City of Bradenton Beach<br/>City of Anna Maria</p> <p><b>Martin County*</b></p> <p><b>Miami-Dade County*</b><br/>City of Hialeah<br/>Town of Miami Lakes<br/>City of Miami Gardens<br/>City of South Miami</p> <p><b>Okaloosa County</b><br/>City of Destin<br/>City of Niceville<br/>City of Fort Walton Beach</p> | <p><b>Orange County*</b><br/>Town of Eatonville<br/>City of Orlando<br/>City of Windermere</p> <p><b>Osceola County*</b></p> <p><b>Palm Beach County</b><br/>City of Delray Beach<br/>Town of Jupiter<br/>City of Lake Worth<br/>Village North Palm Beach<br/>Village of Palm Springs<br/>City of Boynton Beach</p> <p><b>Pasco County</b><br/>City of New Port Richey</p> <p><b>Pinellas County</b><br/>City of Clearwater<br/>City of Dunedin<br/>City of Gulfport<br/>City of Oldsmar<br/>City of Safety Harbor<br/>City of St. Petersburg<br/>City of Tarpon Springs</p> <p><b>Polk County</b><br/>City of Bartow</p> <p><b>Santa Rosa County</b><br/>Town of Jay</p> <p><b>Sarasota County*</b><br/>City of Venice</p> | <p><b>Seminole County*</b><br/>City of Lake Mary<br/>City of Oviedo<br/>City of Winter Springs<br/>City of Sanford<br/>City of Altamonte Springs<br/>City of Longwood</p> <p><b>St. Johns County*</b></p> <p><b>Volusia County*</b><br/>City of Ormond Beach<br/>City of DeLand</p> <p><b>Walton County*</b><br/>City of DeFuniak Springs<br/>City of Freeport<br/>City of Paxton</p> |
|--|---|---|---|

(\*) Indicates a CFAL county

# FLORIDA COUNTIES HAVING LOCAL OFFICES OF THE PUBLIC GUARDIAN



## KEY:



LOCAL OFFICES OF THE PUBLIC GUARDIAN

# SENIOR CENTERS & FLORIDA'S AGING NETWORK

Florida's "aging network" encompasses a wide range of organizations and providers that help create a better life for the Sunshine State's 4.36 million seniors. The Department of Elder Affairs is the organization primarily responsible for administering elder-related programs within Florida, but it is really at the local level that the "rubber meets the road" – where essential services are actually provided to seniors who need them.

With the nation's largest concentration of residents age 60 and older, Florida relies on a network of committed volunteers and dedicated professionals to deliver helpful services. The Department coordinates most of its activities through 11 Area Agencies on Aging, which work closely with lead local agencies, faith-based and non-profit community organizations and local governments. Their common goal: delivering an array of services that enable Florida to continue offering active, healthy living for seniors throughout their later years.

Among the most important elements of the aging network are Florida's senior centers. Studies show that elders are happier and healthier when they are engaged socially, intellectually and physically, and senior centers are involved in all three pursuits.

Senior centers are community facilities that provide a broad spectrum of services suited to the diverse needs and interests of independent older persons. Florida's 240-plus centers provide a wide range of activities that enhance the daily lives of seniors and extend beyond traditional programs and events. An estimated 380,000 seniors visit Florida's senior centers every year. These centers provide seniors the opportunity to participate in community-based activities within their own neighborhoods and among their friends.

Each senior center is unique, offering its own mix of services and activities ranging from educational and recreational opportunities to fitness and wellness classes, nutritional meals and more. Each center relies on its own funding sources for operations. The vast majority are located in free-standing buildings, within recreation or multi-generational community centers, or in local government buildings. Because most have small full-time staffs, senior centers rely heavily on volunteers.

Most Florida senior centers are open at least 30 hours each week, many on weekends, and they offer affordable programs at little or no cost. The services most commonly offered in the state's senior centers are information and referral, congregate meals and transportation. A list of Florida's senior centers is available online on the Department's website at <http://elderaffairs.state.fl.us/english/seniorcenter/sc.pdf>.

In 2007 and 2008, the Florida Legislature authorized the Department to award one-time grants for fixed capital outlay projects for senior centers. The grants awarded by the Department are enabling new senior centers in 14 communities across the state – Apalachicola, Bradenton, Clearwater, Cross City, Delray Beach, Fernandina Beach, Gainesville,



Lake Butler, Melrose, Miami, Milton, Pembroke Pines, Starke and West Palm Beach – as well as repairs and maintenance on existing facilities throughout the state.

APPROPRIATION HISTORY:	
STATE FISCAL YEAR	STATE FUNDING
2007-2008	\$9,100,000
2008-2009	\$10,000,000

All Senior Centers in Florida are encouraged to seek national accreditation from the National Institute of Senior Centers. Currently nine centers have attained this distinction, as follows:

**Sunshine Senior Center (St. Petersburg)**

Accredited 2001  
330 5th St. N.  
St. Petersburg, FL 33701  
phone: 727-893-7190  
fax: 727-892-5464  
website: <http://www.stpete.org/>

**Senior Friendship Center of Sarasota**

Accredited 2003  
1888 Brother Geenen Way  
Sarasota, FL 34236  
phone: 941-955-2122  
fax: 941-366-8247  
website:  
<http://www.seniorfriendship.com>

**Lane Wiley Senior Center (Jacksonville)**

Accredited 2007  
6710 Wiley Road  
Jacksonville, FL 32210  
phone: 904-783-6589  
fax: 904-693-14241  
website:  
<http://www.coj.net/seniorcenters>

**Tallahassee Senior Center**

Accredited 2002  
1400 N. Monroe Street  
Tallahassee, FL 32303  
phone: 850-891-4000  
fax: 850-891-4020  
website: <http://talgov.com/senior>

**Senior Friendship Center of Venice**

Accredited 2003  
1888 Brother Geenen Way  
Sarasota, FL 34236  
phone: 941-955-2122  
fax: 941-366-8247  
website:  
<http://www.seniorfriendship.com>

**Coastal Community Center (St. Augustine)**

Accredited 2007  
180 Marine Street  
St. Augustine, FL 32084  
phone: 904-209-3700  
fax: 904-209-3654  
website: [www.stjohnscoa.com](http://www.stjohnscoa.com)

**Mary L. Singleton Center (Jacksonville)**

Accredited 2002  
1805 Flag St.  
Jacksonville, FL 32209  
phone: 904-630-0928  
fax: 904-630-0212  
website:  
[Jacksonville Community and Senior Center Services](http://www.jacksonvillecommunityandseniorservices.com)

**Boynton Beach Senior Center**

Accredited 2006  
1021 S. Federal Highway  
Boynton Beach, FL 33425  
phone: 561-742-6570  
fax: 561-734-5926  
website: [http://www.boynton-beach.org/government/departments/recreation\\_and\\_parks/community\\_centers/senior\\_center/index.htm](http://www.boynton-beach.org/government/departments/recreation_and_parks/community_centers/senior_center/index.htm)

**Mae Volen Senior Center (Boca Raton)**

Accredited 2008  
1515 W. Palmetto Park Road  
Boca Raton, FL 33486  
phone: 561-395-8920  
fax: 561-886-0110  
website: [www.maevolens.com](http://www.maevolens.com)

A full listing of Florida’s senior centers is available online at: <http://elderair.state.fl.us/english/seniorcenter/sc.pdf>



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# Section B

## Services and Utilization

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# INTRODUCTION TO SERVICES AND UTILIZATION

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

- State fiscal year 2007-2008 (July 1, 2007, through June 30, 2008); or
- Federal fiscal year 2007-2008 (October 1, 2007, through September 30, 2008); or
- In the case of programs operating on a calendar year, January 1 through December 31, 2007.

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

# PROGRAM CODES USED IN THIS SECTION

(Acronyms/abbreviations for programs with data captured by CIRTS are based on Department CIRTS report of units of service)

AC	AmeriCorps
ACFP	Adult Care Food Program
ADI	Alzheimer's Disease Initiative
ADRD	Alzheimer's Disease and Related Disorders Training Provider and Curriculum Approval
ALW	Assisted Living for the Frail Elderly Waiver
ALZ	Alzheimer's Disease Waiver
CAE	Crimes Against Elders
CARES	Comprehensive Assessment and Review for Long-Term Care Services
CCDA	Community Care for Disabled Adults*
CCE	Community Care for the Elderly
CS	Contracted Services
EFMNP	Elder Farmers' Market Nutrition Program
EHEAP	Emergency Home Energy Assistance for the Elderly
HRNPE	High-Risk Nutrition Program for the Elderly**
LSP	Local Services Programs
LTCOP	Long-Term Care Ombudsman Program
MW	Medicaid Waiver, Home- and Community-Based Services
NHD	Long-Term Care Community Diversion Pilot Project
OAA	Older Americans Act
OES	Osteoporosis Education and Screening
RELIEF	Respite for Elders Living in Everyday Families
SC	Senior Companions
SCSEP	Senior Community Service Employment Program (OAA Title V)
SHINE	Serving Health Insurance Needs of Elders
SPGO	Statewide Public Guardianship Office

*\* Community Care for Disabled Adults is administered by the Department of Children and Families, which contracts with selected community-care lead agencies in the elder services network to provide program services.*

*\*\* High-Risk Nutrition Program for the Elderly is administered by the Alliance for Aging, Inc., the designated Area Agency on Aging for Planning and Service Area 11 (Miami-Dade and Monroe counties).*

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Adult Day Care</b>	Therapeutic social and health activities and services provided to adults who have functional impairments, in a protective environment as non-institutional as possible.	Hours	CCE, HCE, LSP, OAA,	898,727
<b>Adult Day Care Food Program</b>	USDA funded program that subsidizes meals served to Licensed Adult Day Care Center Participants	Meals	ACFP	1,681,000
<b>Adult Day Health Care</b>	Services furnished four or more hours per day on a regularly scheduled basis for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.	Hours	ALZ, CCE, MW, NHD	2,256,772
<b>Alzheimer's Disease Training Provider and Curriculum Approval</b>	Approves Alzheimer's disease training providers and training curricula for specified nursing home, assisted living facility, hospice, adult day care and home health agency staff.	Training providers approved	ADRD	464
		Training curricula approved		81
<b>Assisted Living Comprehensive Services</b>	Array of service components provided by or through the assisted living facility in which the recipient resides. These service components are specified in the recipient's plan of care.	Days	ALW, NHD	829,803
<b>Attendant Care</b>	Supportive and health-related hands-on care services specific to the needs of a medically stable, physically handicapped individual. Skilled nursing care, personal care and housekeeping activities incidental to care may be authorized as part of this service.	Hours	MW	27,106
<b>Basic Subsidy</b>	A fixed sum cash payment made to an eligible caregiver each month to reimburse some of his/her expenses of caring for the client. A basic subsidy is provided for support and maintenance of the care recipient, including medical costs not covered by Medicaid, Medicare or any other insurance.	Months of service	HCE	47,619
<b>Caregiver Training/Support</b>	Training of caregivers, individually or in group settings, to reduce stress, increase coping skills, provide strategies for effective management of caregiving tasks, and enable them to provide high quality care to recipients within the home. Caregiver training and support may be provided through forums including community workshops, seminars and other organized local, regional or statewide events. Support may also be provided to caregivers through telecommunications media.	Hours	ADI, ALZ, MW, OAA	4,818 (Group) 3,906 (Individual)
<b>Case Aide</b>	Services that are an adjunct and supplemental to case management services and are provided by paraprofessionals under the direction of case managers or designated supervisory staff.	Hours	ADI, CCE, HCE, LSP, MW, OAA	33,952
<b>Case Management</b>	A client-centered service that assists individuals in identifying physical and emotional needs and problems through an interview and assessment process; discussing and developing a plan for services that addresses these needs; arranging and coordinating agreed-upon services; and monitoring the quality and effectiveness of the services. Case management is a service for actively enrolled clients that provides continuing support and addresses the changing needs of clients.	Hours	ADI, ALW, ALZ, CCDA, CCE, HCE, LSP, MW, NHD, OAA	230,306

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Child Day Care</b>	Services provided to a minor child no older than 18, or a child with a disability, who resides with a grandparent or other related caregiver age 55 or older.	Hours	OAA	10,649
<b>Chore</b>	The performance of routine house or yard tasks including such jobs as seasonal cleaning; yard work; lifting and moving furniture, appliances, or heavy objects; household repairs that do not require a permit or specialist; and household maintenance. Pest control may be included when not performed as a distinct activity.	Hours	CCE, HCE, LSP, MW, OAA	96,475
	Chore services are provided to maintain the recipient's home in a clean, sanitary and safe environment. Chore services include heavy household chores such as washing floors, windows and walls, tacking down rugs and tiles, and moving heavy items of furniture in order to provide safe access and egress.		MW	
<b>Chore (Enhanced)</b>	Performance of any house or yard task beyond the scope of regular chore services due to more demanding circumstances requiring more intensified thorough cleaning.	Hours	CCE, LSP, MW, OAA	3,510
<b>Companionship</b>	Visiting a client who is socially and/or geographically isolated, for the purpose of relieving loneliness and providing continuing social contact with the community by engaging in casual conversation, providing assistance with reading, writing letters, playing entertaining games, escorting a client to a doctor's appointment and conducting diversional activities such as going to the movies, the mall, the library or grocery store.	Hours	CCE, LSP, OAA	1,114,621
	Adult companion services are non-medical care, supervision and socialization provided to a functionally impaired adult. Companions may assist or supervise the recipient with such tasks as meal preparation, laundry and shopping. Providers may also perform light housekeeping tasks that are incidental to the individual's care and supervision.		MW	
<b>Congregate Meals</b>	The provision at a congregate meal site of a meal that complies with the Dietary Guidelines for Americans and provides 1/3 daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient) as established by the Food and Nutrition Board of National Academy of Sciences.	Meals	CS, HRNPE, LSP, OAA	4,605,754
<b>Congregate Meals (Screening)</b>	Conducts assessments for congregate-meal applicants or recipients, with referral and follow-up as needed.	Hours	OAA	4,493
<b>Consumable Medical Supplies</b>	Consumable medical supplies are disposable supplies used by the recipient that are essential to care for the recipient's needs. Such supplies enable a recipient to either perform activities of daily living or stabilize and monitor a health condition.	Episodes	ALW, MW	65,448



SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Counseling</b>	Uses the casework mode of relating to a client (via interview, discussion or lending a sympathetic ear) to advise and enable the older person and/or his/her family to resolve problems (concrete or emotional) or to relieve temporary stresses. Through counseling, persons are helped to maximize the use of available resources to assure physical and emotional well-being.	Hours	CCE, OAA	18,516
	Counseling services address the symptoms arising from the stresses of the aging process and the functional limitations of that process or disability. This service includes the development of appropriate personal support networks, exploration of possible alternative behavior patterns, therapeutic social skills, and identification of optimal interpersonal functioning.		MW	
<b>Counseling (Gerontological) – Group and Individual</b>	Same as for CCE and OAA above, but geared toward physiological and psychological aspects of aging. Counselors may also act as advocates. This may be done on a one-to-one or group basis.	Hours	ADI, CCE, LSP, OAA	2,106 (Group) 23,590 (Individual)
<b>Counseling (Medicare and Health Insurance)</b>	Provides Medicare and health insurance education, counseling and assistance to Medicare recipients, their families and caregivers.	Consumers served	SHINE	278,241
<b>Counseling (Mental Health Counseling/ Screening)</b>	Services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group and family therapy provided to individuals using techniques appropriate to this population.	Hours	CCE, LSP, OAA	4,013
<b>Disease Information</b>	Providing information to individuals, families, caregivers and the general public about chronic conditions and diseases, and about prevention measures and services, treatment, rehabilitation and coping strategies for those factors that cannot change. This can be done on a one-on-one or group basis.	Episodes	OAA	93 (Group) 1,283 (Individual)
<b>Education</b>	Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities; Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience or skills; increasing awareness in such areas as crime or accident prevention; promoting personal enrichment; and enhancing skills in a specific craft, trade, job or occupation. Other options include training individuals or groups in guardianship proceedings of older individuals if other adequate representation is unavailable.	Hours	LSP, OAA	3,200
<b>Education/ Training - Group</b>	(See above description.)	Episodes	LSP, OAA	10,175
<b>Education/ Training - Individual</b>	(See above description.)	Episodes	OAA	4,178

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Emergency Alert Response</b>	A community-based electronic surveillance service that monitors the frail homebound elder by means of an electronic communication link with a response center.	Days	CCE, LSP, OAA	1,176,762
	Emergency alert response system (EARS) services provide an electronic device that enables individuals at high risk of institutionalization to secure help in an emergency. The recipient can also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated.		MW, NHD	
<b>Emergency Alert Response – Installation</b>	(See above description.)	Episodes	CCE, MW, NHD	14
<b>Emergency Home Repair</b>	Provides critically needed home repairs, modifications and alterations.	Episodes	CCE	14
<b>Employment and Job Training</b>	Provides low-income persons age 55 and older who have poor employment prospects with paid work experience in community-service agencies, followed by placement in unsubsidized jobs.	Clients served	SCSEP	1,062
<b>Environmental Modification</b>	Provides physical adaptations to the recipient’s home to ensure his/her health, welfare and safety, or to enable the recipient to function more independently at home.	Episodes	MW, NHD	263
<b>Escort</b>	Personal accompaniment and assistance to a person who has physical or cognitive difficulties using regular vehicular transportation. The accompaniment and assistance is provided to individuals to or from service providers, medical appointments or other destinations needed by the client. Escort is essential during travel to provide safety, security and support.	One-way trips	CCE, LSP, OAA	29,848
	Escort services provide trained individuals to accompany and assist recipients to and from service providers. Escorts can provide language interpretations for recipients who have hearing or speech impairments and can also be used to translate foreign languages on behalf of the recipient.		MW, NHD	
<b>Financial Risk Reduction (Assessment)</b>	Provides ongoing assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities and expenditures.	Hours	CCE, NHD	53
<b>Financial Risk Reduction (Maintenance)</b>	(See above description.)	Hours	CCE, NHD	900

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Health Promotion</b>	Offers individual and/or group sessions that help participants understand how lifestyle affects physical and mental health and develop personal practices that enhance total well-being. Services are provided at multipurpose senior centers, congregate meal sites and other appropriate places that target elders who are low income, minorities or medically under-served. Services related to health promotion include: health risk assessments; routine health screenings; home injury control services; mental health screenings for prevention and diagnosis; medication management screening and education; gerontological counseling; distribution of information concerning diagnosis, prevention, treatment and rehabilitation of age-related diseases and chronic disabling conditions such as osteoporosis; evidence-based chronic disease self-management programs; and evidence-based fitness and nutrition programs.	Episodes	LSP, OAA	668 (Group) 1,016 (Individual)
		Hours		5,321
<b>Health Risk Assessment</b>	An assessment utilizing one or more tools to test older persons for certain risk factors that are known to be associated with a disease or condition. Many factors can be modified, including diet, risk-taking behaviors, coping styles and lifestyle choices (such as smoking and overeating), and can be measured or identified through risk appraisal questionnaires. The health risk assessment helps the individual determine the addictive nature of many factors in his/her life. This can be done on a one-on-one or group basis.	Hours	LSP, OAA	5,546
<b>Health Risk Assessment - Individual</b>	(See above description.)	Episodes	OAA	7,206
<b>Health Risk Screening</b>	Utilizes diagnostic tools to screen large groups of people or individuals for the presence of a particular disease or condition. This service is designed for early intervention and detection. Referral is required when screening results indicate professional services are needed, or when a request is made by the individual being served. Health risk screening procedures screen for diseases and ailments such as hypertension, glaucoma, cholesterol, cancer, vision or hearing loss, diabetes, osteoporosis and nutrition deficiencies.	Hours	OAA	9,188
<b>Health Risk Screening – Group and Individual</b>	(See above description.)	Episodes	OAA	24 (Group) 2,336 (Individual)
<b>Health Risk Screening and Education - Osteoporosis</b>	Utilizes diagnostic tools to screen large groups of people or individuals for the presence of osteoporosis. This service is designed for early intervention and detection. Educates elders about osteoporosis and osteoporosis prevention.	Clients served	OES	6,018
<b>Health Support</b>	Helps individuals secure and utilize necessary medical treatment as well as preventive, emergency and health maintenance services.	Episodes	OAA	2,920
<b>Health Support – Group and Individual</b>	(See above description.)	Hours	CCE, LSP, OAA	1,830 (Group) 5,189 (Individual)

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Home Delivered Meals</b>	Provides a home-delivered meal that complies with the Dietary Guidelines for Americans and provides 1/3 daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient), as established by the Food and Nutrition Board of National Academy of Sciences.	Meals	CCDA, CCE, CS, HCE, LSP, MW, NHD, OAA	7,475,621
<b>Home Health Aide Service</b>	Provides hands-on personal care services, performs simple procedures as an extension of therapy or nursing services, assists with ambulation or exercises, and assists with self-administered medication as defined by Chapter 400.488, Florida Statutes, and Chapter 59A-8.020, Florida Administrative Code.	Hours	OAA	730
<b>Home Injury Control</b>	Helps prevent or reduces physical harm due to falls or other preventable injuries of elders in their homes. This can be done on a one-on-one or group basis.	Hours	OAA	3,917
<b>Home Injury Control – Group and Individual</b>	(See above description.)	Episodes	OAA	32 (Group) 1 (Individual)
<b>Homemaker</b>	Performs specific home management duties including housekeeping, laundry, cleaning refrigerators, clothing repair, minor home repairs, assistance with budgeting and paying bills, client transportation, meal planning and preparation, shopping assistance and routine household activities by a trained homemaker.	Hours	CCDA, CCE, HCE, LSP, MW, NHD, OAA	4,651,818
<b>Housing Improvement</b>	Provides home repairs, environmental modifications, adaptive alterations, security device installation or payments for households experiencing a home-energy emergency.	Hours	CCE, HCE, LSP, OAA	30,351
<b>Housing Improvement – Vendor Payment</b>	(See above description.)	Episodes	HCE	29
<b>Housing Improvement – Energy Assistance</b>	Provides assistance to low-income households experiencing a home energy emergency.	House-holds served	EHEAP	5,880
<b>Information</b>	Responds to an inquiry from or on behalf of a person regarding public and private resources and available services.	Episodes	LSP, OAA	460,261
<b>Intake</b>	Administers standard intake and screening instruments in order to gather information about an applicant for services.	Hours	CCE, OAA	4,362
<b>Interpreting/ Translating</b>	Explaining the meaning of oral and/or written communication to non-English speakers and/or persons with disabilities who are unable to perform the functions.	Hours	OAA	15

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Legal Services</b>	Legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney). Legal services include counseling or representation by a non-lawyer, when permitted by law, to older individuals with economic or social needs. Legal assistance protects against the loss of basic civil rights and ensures the autonomy and independence of older persons.	Hours	LSP, OAA	37,581
<b>Long-Term Care Alternatives to Nursing Homes</b>	Services that provide home, community-based or assisted living long-term care as alternatives to nursing home placement, and that integrate the delivery of acute and long-term care.	Clients served	NHD	27,338
<b>Long-Term Care Consumer Complaint Investigation</b>	Investigates and resolves complaints by or on behalf of residents of long-term care facilities. Maintains statewide reporting system and provides information regarding long-term care facilities.	Assess-ments Investiga-tions	LTCOP	3,932 7,715
<b>Material Aid</b>	<p style="text-align: center;">Aid in the form of:</p> <ol style="list-style-type: none"> <li>(1) Goods or food such as the direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc.</li> <li>(2) Food item(s) necessary for health, safety or welfare. This may include condiments or paper products necessary for food consumption, as well as delivery charges. Alcohol, drug and tobacco products are excluded.</li> <li>(3) The repair, purchase, delivery and installation of any household appliance necessary to maintain a home or assist with household tasks necessary for the health, safety or welfare of the person.</li> <li>(4) The purchase of materials necessary to perform chore or enhanced chore services (see Chore and Enhanced Chore service descriptions above).</li> <li>(5) The purchase of construction materials necessary to perform housing improvements, alterations and repairs (see Housing Improvement service descriptions above).</li> </ol>	Episodes	CCE, HCE, LSP, OAA	30,745
<b>Medication Management</b>	Screening, education, identification and counseling regarding the medication regime that an individual is using, including prescription and over-the-counter medications, vitamins, and home remedies. These services also help to identify any dietary factors that may interact with the medication regime. The combination of alcohol or tobacco with various medications and diets, along with the effects on specific conditions, would ideally be included in this service. This can be done on a one-on-one or group basis.	Hours	OAA	3,152
<b>Medication Management – Group and Individual</b>	(See above description.)	Hours	OAA	96 (Group) 279 (Individual)

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Model Day Care</b>	Therapeutic, social and health activities specific to clients with memory disorders. Services and activities include, but are not limited to, active and quiet games, reminiscence, validation therapy, pet therapy, water therapy and other failure-free activities appropriate to the client's level of functioning. Model day care centers also provide training for health care and social service personnel in the care of persons having Alzheimer's disease or related memory disorders.	Hours	ADI	57,449
<b>Nursing Home Applicant Assessment</b>	Pre-admission screening and assessment of nursing home applicants.	Number of assessments	CARES	88,316
<b>Nutrition Assistance</b>	Provides low-income elders living in targeted service counties with coupons that can be exchanged for locally grown fresh produce at area farmers' markets.	Clients served	EFMNP	3,274
<b>Nutrition Counseling</b>	Provides individualized advice and guidance to persons who are at nutritional risk because of their poor health, nutritional history, current dietary intake, use of medications or chronic illnesses. Nutritional counseling includes options and methods to improve an individual's nutritional status.	Hours	CCE, OAA	1,030
<b>Nutrition Counseling - Individual</b>	(See above description. )	Hours	CCE, OAA	1,100
<b>Nutrition Counseling - Group</b>	(See above description. Nutrition Counseling-Group will no longer be a service category effective SFY 2008-2009.)	Hours	OAA	65
<b>Other Services</b>	A miscellaneous category for goods or services not defined elsewhere that are necessary for the health, safety or welfare of the person.	Episodes	CCE, CS, HCE, LSP	10,487
<b>Outreach</b>	An OAA-required access service making active efforts to reach target individuals face to face, either in a community setting or in home neighborhoods with large numbers of low-income minority elderly, making one-to-one contact, identifying their service need and encouraging their use of available resources.	Episodes	LSP, OAA	34,453
<b>Personal Care</b>	Assistance with eating, dressing, personal hygiene and other activities of daily living. This service may include assistance with meal preparation and housekeeping chores such as bed making, dusting and vacuuming incidental to the care furnished or essential to the health and welfare of the individual.	Hours	ALZ, CCDA, CCE, HCE, LSP, MW, NHD, OAA	4,940,198
<b>Pest Control Initiation</b>	Helps rid the environment of insects and other potential carriers of disease and enhances safety, sanitation and cleanliness for recipients. Initiation covers start-up costs.	Hours	CCE, NHD	87
<b>Pest Control - Enhanced Initiation</b>	(See above description.)	Episodes	CCE	12
<b>Pest Control Maintenance</b>	Helps rid the environment of insects and other potential carriers of disease and enhances safety, sanitation and cleanliness for recipients.	Hours	CCE, MW, NHD	942
<b>Pest Control -Rodent</b>	Helps rid the environment of rodents and other potential carriers of disease and enhances the safety, sanitation and cleanliness for recipients. Rodent service consists of trapping, baiting or other treatments or applications that result in the elimination of rodent(s).	Hours	CCE	17

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Pest Control – Rodent Control Maintenance</b>	(See above description.)	Hours	CCE	12
<b>Physical Fitness</b>	Activities for elders to improve their strength, flexibility, endurance, muscle tone, range of motion, reflexes, cardiovascular health and/or other aspects of physical functioning.	Hours	OAA	3,079
<b>Public Education</b>	Speaking to groups or distributing materials to individuals at public gatherings to describe services and opportunities available to audience members within their communities. The Public Education service category will be merged into the Education category effective SFY 2008-2009.	Episodes	OAA	2,422
<b>Public Guardianship</b>	Provides services to meet the needs of the most vulnerable persons who lack the capacity to make decisions on their own behalf and in their own best interests. Guardians protect the property and personal rights of incapacitated individuals.	Wards of limited financial means provided services	SPGO	2,544
<b>Recreation</b>	Assists with participation in or attendance at planned leisure events such as games, sports, arts and crafts, theater, trips and other relaxing social activities.	Hours	LSP, OAA	693,940
<b>Referral/ Assistance</b>	An activity provided via telephone or one-on-one in person. Information is obtained about a person's needs, these needs are assessed, and the person is directed to the appropriate resources most able to meet the need. Contact with the resource is made for the person, as needed. Follow-up is a mandatory part of referral/assistance and is conducted with the referred person and/or the resource to determine the outcome.	Episodes	OAA	37,804
<b>Respite</b>	Relief or rest for a primary caregiver from the constant/continued need to provide supervision, companionship, therapeutic and/or personal care for a functionally impaired older person for a specified period of time.	Hours	ADI, ALZ, CCE, HCE, LSP, MW, NHD, OAA, RELIEF	3,063,337
<b>Respite In-Facility</b>	(See above description.)	Hours	ADI, ALZ, CCE, HCE, LSP, MW, OAA	796,565
<b>Respite - Institutional</b>	(See above description. Respite-Institutional will no longer be a service category effective SFY 2008-2009.)	Hours	OAA	6,323
<b>Risk Reduction - Nutritional</b>	Conducts a nutritional status assessment and provides a nutritional care plan for the recipient and/or caregiver, specified as necessary to promote the participants' health and safety.	Hours	CCE	106
<b>Screening and Assessment</b>	Administers standard assessment instruments to gather information about and prioritize clients at the time of active enrollment or to reassess currently active clients to determine need and eligibility for services.	Hours	CCE, LSP, OAA	68,527
<b>Senior Companion - Companionship</b>	Provides companionship services for frail elders through elder companions, to allow clients to live independently in their own homes.	Hours	CCES	13,987

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Shopping Assistance</b>	Helps a client get to and from stores or shops on behalf of a client. Includes proper selection of items to purchase and storing purchased items upon return to the client's home. A shopping aide may assist more than one client during a shopping trip.	One-way trips	CCE, OAA	19,175
<b>Sitter</b>	Services provided to a minor child no older than 18, or a child with a disability, who resides with a grandparent age 55 and older or other related caregiver age 55 and older. Sitter services may be carried out in the home or in a facility during the day, at night or on weekends.	Hours	OAA	3,597
<b>Skilled Nursing Services</b>	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse or advanced registered nurse practitioner, in the client's place of residence, pursuant to a plan of care approved by a licensed physician.	Hours	CCE, CS, LSP	7,409
	Services listed in the plan of care that are within the scope of the state's Nurse Practice Act are listed on the recipient's care plan and are provided on an intermittent basis to recipients. Services are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the state. Sessions may be in the provider's office or the recipient's home.		MW	
<b>Specialized Medical Equipment, Services and Supplies</b>	<p>Services include:</p> <ol style="list-style-type: none"> <li>(1) Adaptive devices, controls, appliances or services that enable individuals to increase their ability to perform activities of daily living. This service also includes repair of such items as well as replacement parts;</li> <li>(2) Dentures, walkers, reachers, bedside commodes, telephone amplifiers, touch lamps, adaptive eating equipment, glasses, hearing aids and other mechanical or non-mechanical, electronic and non-electronic adaptive devices;</li> <li>(3) Supplies such as adult briefs, bed pads, oxygen or nutritional supplements;</li> <li>(4) Medical services paying for doctor or dental visits; and</li> <li>(5) Pharmaceutical services paying for needed prescriptions.</li> </ol>	Episodes	ADI, CCE, HCE, LSP, MW, NHD, OAA	33,005
<b>Telephone Reassurance</b>	Communicating with designated clients by telephone on a mutually agreed schedule to determine that they are safe and to provide psychological reassurance, or to implement special or emergency assistance.	Episodes	OAA	116,138
<b>Transportation</b>	Travel to or from community services and resources, health and medical care, shopping, social activities, or other life sustaining activities.	One-way trips	CCE, CS, HCE, LSP, OAA	1,473,608
<b>Volunteer Recruitment, Training and Placement</b>	Engages members (volunteers) in intensive service to meet critical needs in education, public safety, health and the environment, including respite, home modification and repair, chore services, disaster preparedness and community outreach to elders, caregivers and families.	Members	AC	51
		Clients served		300
<b>Volunteer Recruitment, Training and Placement – Senior Companion</b>	Engages elder volunteers to provide services to elders at risk of institutionalization, such as transportation to medical appointments, shopping assistance, meal preparation, companionship and advocacy.	Volunteers	SC	179
		Clients served		600



SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Volunteer Training</b>	Provides training to individuals interested in helping caregivers with respite services.	Hours	RELIEF	1,493
<b>Wanderer Alarm System</b>	Includes installation and maintenance of wanderer alarm systems for individuals at risk of wandering. The following types of monitoring systems are covered: alert panels, voice alarms, electromagnetic door locks, perimeter alarms and transmitter alarms.	Days	ALZ	*
<b>Wanderer Identification and Location Program</b>	Includes programs to help families monitor and track loved ones at risk of wandering. Individuals are registered in national database with information about participant and contacts. Participants receive ID bracelet or necklace, clothing labels and wallet cards that indicate memory impairment. A toll-free number allows caregivers to report when participant wanders away, and an alert is sent to law enforcement.	Episodes	ALZ	*

*\*Department assumed administration of program October 2008; data not yet available*

### Services Table Data Sources

#### Service Definitions and Programs Providing Services:

- DOEA Programs and Services Handbook, July 2008
- DOEA 2007 Summary of Programs and Services
- Florida Home- and Community-based Waiver for Aged & Disabled Adults

#### Units of Service:

- DOEA CIRTS Report for Services 7/1/2007 - 6/30/2008, generated 10/21/2008
- DOEA CIRTS for Medicaid Waiver Services 7/1/2007 - 6/30/2008, generated 10/21/2008
- DOEA 2007 Summary of Programs and Services
- DOEA Division of Internal and External Affairs report data
- DOEA Division of Statewide Community-Based Services report data
- DOEA Delphi Report for FFY 2008



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# Section C

## Older Americans Act Programs and Services

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# Summary of Older Americans Act Program Services

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

Florida's OAA Title III funds are allocated by formula to the 11 Area Agencies on Aging, which in turn contract with local service providers to deliver the services described below to eligible individuals age 60 and over and their caregivers.

The Senior Community Service Employment Program (SCSEP), funded under Title V of the OAA, contracts directly with local service providers to provide unemployed low-income persons age 55 and older with work experience, training and placement in unsubsidized employment.

OAA Title VII funding supports programs and services to protect elders from abuse and provide public education, training and information regarding elder abuse prevention. The Department administers OAA Title VII elder abuse prevention programs through contracts with Area Agencies on Aging and local service providers.

# Older Americans Act Title III

## DESCRIPTION:

Florida's OAA Title III funds are allocated by formula to the 11 Area Agencies on Aging, which in turn contract with local service providers to deliver the services described below to eligible individuals age 60 and over and their caregivers.

## SERVICES OR ACTIVITIES:

- **Title III B:** Provides supportive services to boost the well-being of elders and to help them live independently in their home environment and the community.
- **Title III C1:** Provides congregate meals and nutrition education in strategically located centers such as schools, churches, community centers, senior centers and other public or private facilities where persons may receive other social and rehabilitative services.
- **Title III C2:** Provides home-delivered meals and nutrition education to frail homebound individuals.
- **Title III D:** Provides an array of periodic disease-prevention and health-promotion services at senior centers or alternative sites. Services are designed to help elders prevent or manage chronic diseases and promote healthier lifestyles.
- **Title III E:** Provides services through the National Family Caregiver Support Program to assist families caring for frail older members, and to assist grandparents or older relatives who are caregivers for children 18 and younger or for children of any age who have disabilities.

## ADMINISTRATION:

The Department administers OAA Title III programs and services through contracts with Area Agencies on Aging, which in turn enter into contracts with local service providers to deliver services within their communities. Program services are provided by more than 250 contractors and subcontractors statewide.

## ELIGIBILITY:

Individuals age 60 and older are eligible for OAA Title III services. Spouses and disabled adults younger than 60 may be served meals under certain circumstances. There is no

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

Title III E, the National Family Caregiver Support Program, serves family caregivers who provide in-home and community care for a person age 60 or older, and grandparents or older individuals age 55 and older who are relative caregivers of children no older than 18 or of children of any age who have disabilities.

**STATUTORY AUTHORITY:**

Older Americans Act, 42 United States Code 3001 et seq., as amended by Public Law 106-501; Section 20.41 and Chapter 430, Florida Statutes.

**OAA TITLES III/VII APPROPRIATION HISTORY AND NUMBERS SERVED:**

<b>FFY*</b>	<b>FEDERAL FUNDING OAA TITLE III ALLOCATION TO PSAS</b>	<b>CLIENTS SERVED**</b>
1991-1992	\$44,068,537	341,687
1992-1993	\$47,768,315	328,235
1993-1994	\$45,691,633	367,099
1994-1995	\$47,673,802	359,481
1995-1996	\$47,636,129	74,144
1996-1997	\$45,419,240	81,695
1997-1998	\$45,522,319	107,074
1998-1999	\$47,148,432	94,929
1999-2000	\$47,240,735	91,173
2000-2001	\$49,299,486	89,058
2001-2002	\$61,339,936	112,613
2002-2003	\$72,368,906	96,901
2003-2004	\$71,197,508	90,895
2004-2005	\$73,160,794	87,848
2005-2006	\$74,503,185	86,613
2006-2007	\$73,470,910	84,642
2007-2008	\$75,785,098	80,326
2008-2009	\$77,134,747	81,624#

\* Federal fiscal year runs October to September, but contract for service period is January to December.

\*\* Prior to 1995, figures include non-registered services; beginning with 1995, figures include registered services only. Title III E services are included beginning in 2001.

# Estimate

Source: CIRTS

## **FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

OAA Title III programs are 100 percent federally funded. A 10 percent match is required for services and a 25 percent match is required for administration. The statewide funding distribution formula is based on four factors:

1. **35 percent weight** - Planning and Service Area population age 60 and older, divided by the statewide population 60 and over.
2. **35 percent weight** - Planning and Service Area population age 60 and older with incomes below the poverty level, divided by the statewide population age 60 and over with incomes below the poverty level.
3. **15 percent weight** - Planning and Service Area minority population age 60 and older with income below 125 percent of the poverty level.
4. **15 percent weight** - Planning and Service Area population age 60 and older with both a mobility limitation and a self-care limitation, as self-reported in the 1990 Census of population and housing.

The administrative funding allocation for Area Agencies on Aging under the Older Americans Act is based on:

1. Base allocation: 7 percent of the Title III services allocation, with a minimum of \$230,000 per Area Agency.
2. The balance of Area Agency administrative funding is allocated based on:
  - A. 50 percent weight - Population age 60 and older in the Planning and Service Area
  - B. 25 percent weight - Number of counties in the Planning and Service Area
  - C. 25 percent weight - Allocation of Community Care for the Elderly core services

Area Agency on Aging administrative funding is limited to 10 percent of the total Older Americans Act grant award. The state unit on aging administrative expense is limited to 5 percent of the grant award.



# Older Americans Act Title III B: SUPPORTIVE SERVICES

OAA Title III B funds are allocated to Area Agencies on Aging, which contract with service providers to deliver supportive services such as transportation, outreach, information and referral/assistance, case management, homemaker, home health aide, visiting/telephone reassurance, chore/maintenance, legal services, escort, residential repair/renovation, and health support.

For more detail, refer to the detailed description of OAA Title III B information and referral/assistance services in this subsection.

## OAA TITLE III B STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR*	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$22,027,242	54,541
2002-2003	\$25,986,733	56,877
2003-2004	\$25,864,837	52,010
2004-2005	\$25,554,888	52,323
2005-2006	\$25,516,538	51,759
2006-2007	\$25,409,222**	50,148
2007-2008	\$24,856,142	47,093***
2008-2009	\$24,749,455	46,892#

\* Federal fiscal year runs October to September, but contract for service period is January to December.

\*\* Allotment and carry forward.

\*\*\* Unduplicated count of clients with data captured by CIRTS. See Information and Referral/Assistance Units of Service table below for data on services assisting elders, caregivers and the general public with their information and referral needs.

# Projection

Source: AOB and CIRTS

## Program Highlight

Gerald lives in a mobile home in a rural area. After concerned out-of-state relatives referred Gerald to the local elder services, he initially resisted the provider's offers of help. However, unable to properly keep up his home, he eventually accepted daily home-delivered meals and the help of a homemaker to keep his home clean. Through the patience and persistence of the local provider, Gerald is now receiving nutritious meals and his home provides a cleaner, safer environment.

# Information and Referral/Assistance

## **DESCRIPTION:**

Information and Referral/Assistance (I&R/A) is a supportive service for older adults and their caregivers who seek information about elder services within their communities. I&R/A services are provided through a statewide network of 12 Elder Helplines. Each of Florida's Planning and Service Areas (PSAs) has at least one Elder Helpline staffed by information & referral specialists. Funds for I&R/A are allocated to Area Agencies on Aging, which may choose to provide the service or contract with an information and referral service provider. Individuals and community agencies seeking accurate, unbiased information about state or local social and health services can access Florida's Elder Helpline information and referral service by calling toll free 1-800-96-ELDER (1-800-963-5337).

## **SERVICES OR ACTIVITIES:**

Older persons and their caregivers are often faced with numerous challenges relating to aging. As the aging population grows, so does the demand for information. The I&R/A functions provide information and referral services that assure all older persons in the state have access to current information about programs, services, resources and opportunities available within their communities.

The information and referral network consists of state units on aging (in Florida, the Department of Elder Affairs), Area Agencies on Aging and local Older Americans Act-funded providers. National information and referral standards are implemented to ensure that essential elements of I&R/A are being provided. I&R/A programs are key to connecting persons with information on services such as transportation, financial assistance, health insurance counseling, caregiver support, elder abuse prevention, housing, senior centers, energy assistance, home-delivered meals, home health care and long-term care.

The Department's functions include developing I&R/A policies and procedures; providing training resources and technical assistance; managing and maintaining the statewide toll-free 800 service; providing resource information to the Elder Helplines; and serving as state I&R/A liaison to the National Association of State Units on Aging and state I&R/A committees. To expand information and referral services and better serve consumers, the Department developed a statewide web-based Elder Resource Directory database. The database references approximately 5,553 resources and is maintained by Department and Area Agency on Aging staff.

Other Department functions include responding to consumer-generated inquiries via mail, email and telephone, and researching interdisciplinary aging topics.

**INFORMATION AND REFERRAL/ASSISTANCE UNITS OF SERVICE:**

UNITS OF SERVICE			
STATE FISCAL YEAR	INFORMATION	REFERRALS	TOTAL
2001-2002	790,644	89,699	880,343
2002-2003	745,067	74,433	819,500
2003-2004	814,168	80,364	894,532
2004-2005	911,790	90,949	1,002,739
2005-2006	672,927	92,185	765,112
2006-2007*	621,886	41,503	663,389
2007-2008*	455,614	38,382	493,996
2008-2009#	357,634	62,127	419,761

*\*Reduction in information units reflects cessation of outsourcing of Elder Helplines by 9 of 11 Area Agencies on Aging and a change in data source.*

Sources: CIRTIS and WebDB

# Projection

## Program Highlight

An elder client made a visit to the Elder Helpline in her community to request information and assistance with her utility bill. During this visit, the elder noticed an ACCESS (Automated Community Connection to Economic Self-Sufficiency) poster and inquired about public assistance benefits. The Information & Referral specialist interviewed the client and discovered that she was receiving only her spouse’s Social Security benefits. The elder client’s \$400 monthly benefit was her only source of income to pay for basic needs, including medical costs. The Information & Referral specialist also discovered that the client possessed a Medicaid card but had never used it. The specialist provided information about the benefits of the card and, with the client’s permission, contacted her doctor and pharmacist, who placed notes in her files to request the card during her next visits. Thus, the Information & Referral specialist’s expertise in navigating the ACCESS system enabled the elder client to get the help she needed to meet her medical needs.

# Older Americans Act Title III C1: CONGREGATE MEALS

OAA Title III C1 funds are allocated to Area Agencies on Aging, which contract with local service providers to deliver congregate meals at specified meal sites. Meals must conform to current Dietary Guidelines for Americans and provide at least one-third of the current daily Dietary Reference Intake (DRI) for the predominant statewide demographic recipient, a moderately active female age 70 or older. In addition to OAA Title III C1 services, the Department’s contracted services and local services programs provide congregate meals among their services.

## OAA TITLE III C1 STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR*	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$23,373,108	40,228
2002-2003	\$26,317,912	40,432
2003-2004	\$25,277,412	38,584
2004-2005	\$25,247,512	36,822
2005-2006	\$25,336,324	34,424
2006-2007	\$25,054,134**	35,215
2007-2008	\$26,114,186	32,674
2008-2009	\$27,235,573	34,044#

\* Federal fiscal year runs October to September, but contract for service period is January to December

\*\* Allotment plus carry-forward

# Projection

Source: AOB and CIRTS

# Older Americans Act Title III C2: HOME-DELIVERED MEALS

OAA Title III C2 funds are allocated to Area Agencies on Aging, which contract with local service providers for provision of home delivered meals. Meals must conform to current Dietary Guidelines for Americans and provide at least one-third of the current daily Dietary Reference Intake (DRI) for the predominant statewide demographic recipient, a moderately active female age 70 or older. In addition to OAA Title III C2 services, the Department’s contracted services and local services programs provide home delivered meals among their services.

## OAA TITLE III C2 STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$10,560,890	27,027
2002-2003	\$12,930,649	28,792
2003-2004	\$13,259,431	27,146
2004-2005	\$13,184,571	25,297
2005-2006	\$13,399,176	24,504
2006-2007	\$13,466,020**	23,627
2007-2008	\$13,303,977	22,409
2008-2009	\$13,663,443	24,920#

\* Federal fiscal year runs October to September, but contract for service period is January to December

\*\* Allotment plus carry-forward

# Projection

Source: AOB and CIRTIS

# Older Americans Act Title III D: PREVENTIVE HEALTH SERVICES

OAA Title III D funds are allocated to Area Agencies on Aging, which enter into contracts with service providers for preventive health services. This subsection contains a detailed description of Health Promotion and Wellness Initiatives.

## OAA TITLE III D STATE ALLOTMENT HISTORY:

FEDERAL FISCAL YEAR*	FEDERAL FUNDING
2001-2002	\$1,522,680
2002-2003	\$1,547,751
2003-2004	\$1,606,047
2004-2005	\$1,597,014
2005-2006	\$1,584,411
2006-2007	\$1,569,412
2007-2008	\$1,513,320
2008-2009	\$1,513,320

\* Federal fiscal year runs October to September, but contract for service period is January to December

Source: AOB and CIRTS.

## Health Promotion and Wellness Initiatives

### DESCRIPTION:

Health Promotion and Wellness Initiatives include evidence-based chronic disease self-management courses, chronic disease prevention courses and physical activity courses. Other initiatives include workshops, seminars, health fairs and health screening opportunities. Initiatives are developed and conducted to educate seniors and their caregivers, to deliver effective interventions to make a noticeable difference in elders' health and well-being, and to increase awareness about issues related to the health of elder Floridians.

### SERVICES OR ACTIVITIES:

Health Promotion and Wellness Initiatives offer a variety of activities including gerontological counseling, mental health counseling and screening, disease information,

health promotion, health risk assessment and screening, home injury control, medication management, nutrition counseling and programs, physical fitness programs, diabetes education and screening, arthritis education, cancer education and screening, cardiovascular health education, injury and fall prevention, and osteoporosis education and screening.

**NUMBERS SERVED:**

FEDERAL FISCAL YEAR (FFY)/ CALENDAR YEAR (CY)	CLIENTS SERVED
FFY 1998-1999	Information not available
FFY 1999-2000	23,808
FFY 2000-2001	472,764*
FFY 2001-2002	97,461
FFY 2002-2003**	39,925**
CY 2003	91,247
CY 2004	78,902
CY 2005	73,797
CY 2006	52,084
CY 2007	61,781
CY 2008	70,668#

\* Includes direct and indirect services; all other program years reference direct services only.

\*\* Contract period was 7/1/2002 to 12/31/2002 in order to transition from a FFY to a calendar year.

# Estimate

## Program Highlight

Evidence-based chronic disease self-management courses and evidence-based physical activity and nutrition courses are among OAA III D services offered by the Department in partnership with the Area Agencies on Aging. These courses help elders maintain their health and manage chronic conditions. Courses have proven effective for participating elders in decreasing their hospital in-patient days and medical costs, as well as increasing the number of days they reported feeling “good” or “very good.” An elder participating in Living Healthy, a chronic disease self-management course, expressed her gratitude for the program and how it helped her control her pain. She reported that her incidences of extreme pain had been greatly reduced since she completed the Living Healthy course.

# Older Americans Act Title III E: NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

Funds for the National Family Caregiver Support Program are allocated to Area Agencies on Aging, which contract with local service providers to deliver a range of services. These services include information, assistance in gaining access to services, individual counseling, organization of support groups and caregiver training, respite care, supplemental services including housing improvement, chore, provision of medical supplies and services, and legal assistance for caregivers and grandparents or older individuals who are caregivers for relatives.

National Family Caregiver Support Program services are available to adult family members who provide in-home and community care for a person age 60 or older, or to grandparents and relatives age 55 or older who serve as caregivers for children 18 and younger or for children of any age who have disabilities.

## OAA TITLE III E STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$8,721,584	3,778
2002-2003	\$10,010,315	5,541
2003-2004	\$10,969,024	3,533
2004-2005	\$11,853,336	5,512*
2005-2006	\$12,117,749	18,228*
2006-2007	\$12,796,158	22,513*
2007-2008	\$9,997,473	28,880
2008-2009	\$9,972,956	28,810**

\* Includes only customers served with respite and other one-on-one services. Increases are due to improved data capture using NAPIS.

\*\* Estimate

Source: 2005-2008 NAPIS Reports



## PROGRAM HIGHLIGHTS

Muriel and Donald, both age 67, felt increasingly anxious and helpless as they witnessed their daughter's inability to deal responsibly with a serious long-term drug addiction. Over the years the daughter – their only child – matured from a teenager to an adult. But the incidents of drug abuse, life-threatening overdoses, fighting and irresponsibility increased in number and severity despite the couple's efforts to convince her to seek help. Now their child was a mother with a child of her own, an 8-year-old son. Out of necessity, Muriel and Donald took on the role of caregivers, providing a home and financial support for their daughter and grandson, but the stress of their daughter's ongoing drug abuse soon became unbearable. One morning, they heard their grandson screaming in terror. His mother had overdosed again, and he couldn't wake her up. The grandson was terrified that his mother might be dead. Fortunately, the woman survived the incident and subsequently recovered from her drug overdose after hospitalization. But this was the final straw, and Muriel and Donald decided they could no longer deal with what had long been an intolerable situation, made worse by the fears for their grandson. The grandparents sought help from Jewish Adoption and Foster Care Options (JAFCO). JAFCO provides a variety of legal, emotional and therapeutic support services for caregivers, funded by OAA Title III E dollars. The JAFCO social worker assigned to their case counseled Muriel and Donald about possible options for dealing with their daughter's drug dependency. JAFCO helped them successfully file a motion in family court for emergency temporary custody of their grandson. Now, two years after being granted custody, Muriel and Donald still visit with their JAFCO social worker on a regular basis and attend a bi-weekly grandparent support group. Their daughter is in a drug rehabilitation program and doing very well on her own without the financial support of her parents. The grandson is in therapy and doing much better at home and at school. He visits his mother regularly and is happy she is getting the help she needs to overcome her drug dependency and make a better life for herself.

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In their elder years, Frank and Mary could look back at many happy years of marriage. But a few years ago Mary was diagnosed with a form of dementia. As his wife's condition worsened, Frank took on the role of caregiver, but the increasing demands of this role left him frustrated and exhausted. Frank began to worry that the stress of caregiving was adversely affecting his own health and memory. As a result, Frank reluctantly brought Mary to the Noble A. McArtor Senior Day Center, which provides respite and other caregiver services funded with OAA Title III E dollars. Frank hoped that the Center could provide respite care for his wife on weekdays, allowing him to get some rest and tend to house chores that had long been left undone due to the demands of caregiving. The McArtor Center does not specifically serve individuals with memory disorders but was willing to accept Mary on a trial basis to determine if she could benefit from Center services, and to see if the Center could accommodate her needs. This proved to be the case. Although Mary initially seemed reluctant to let Frank leave during her first few days at the Center, staff helped her quickly become acclimated to her new surroundings. Although her memory loss often made it difficult for her to express what she was trying to say, she enjoyed many Center activities, particularly the live music. A caring and friendly woman, Mary began to reach out to other elders and soon became a welcome, familiar figure at the Center. Frank was delighted that Mary had adjusted so well to the Center, and this in turn gradually reduced the stress he had been experiencing as a caregiver. Frank now receives additional caregiver assistance through counseling and a monthly caregiver support group offered by the Center. He finds these services very helpful. Frank takes Mary to the Center Mondays through Thursdays, but keeps her home on Fridays so they can enjoy the day together doing favorite activities such as fishing.

# **Older Americans Act Title V: SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM**

## **DESCRIPTION:**

The Senior Community Service Employment Program (SCSEP) serves unemployed low-income Floridians who are at least 55 years old and have poor employment prospects. Participants are placed in a part-time community service position with a public or private non-profit organization, with the goal of transitioning to a regular job with any type of employer. The program's goal is to help keep elders economically self-sufficient while enjoying the social and physical benefits of remaining a vital part of Florida's workforce.

## **SERVICES OR ACTIVITIES:**

Services provided by the program include outreach and recruitment, eligibility determination, assessments, preparation of an individual employment plan, program orientation, supportive services, annual free physical examinations, job training, personal and employment-related counseling, part-time paid work experience in community-service assignments, job development, job referrals, placement in unsubsidized employment and follow-up activities.

Under the Workforce Investment Act, implemented by Florida on July 1, 1999, SCSEP is a mandated partner in regional one-stop centers operated under the auspices of Florida's 24 regional workforce development boards.

## **ADMINISTRATION:**

SCSEP is the only federally funded employment and training program focused exclusively on the needs of low-income older persons. The Department administers SCSEP state-share funds through contracts with local providers (see Funding Source and Allocation Methodologies).

## **ELIGIBILITY:**

Eligibility is limited to unemployed Florida residents who are 55 and older and have income of no more than 125 percent of the Federal Poverty Income Guidelines (as published annually by the U.S. Department of Health and Human Services). Statutory selection priorities focus on eligible persons who are 60 and older, and eligible veterans and qualified spouses (in accordance with the Veterans Employment Act). Other preferences

for enrollment are incomes below poverty level, greatest social or economic need, minorities, and limited English-speaking skills.

**STATUTORY AUTHORITY:**

Title V of the Older Americans Act, 42 United States Code 3001 et seq. as amended by Public Law 109-365.

**NUMBER OF PROGRAM SLOTS:**

STATE FISCAL YEAR	STATE-SHARE PROGRAM SLOTS	FUNDING ALLOCATION	NATIONAL-SPONSOR PROGRAM SLOTS
1995-1996	State share slots prior to SFY 2001-2002 are included in national sponsor slot allocations.	Not Available	3,783
1996-1997			3,510
1997-1998			3,528
1998-1999			3,512
1999-2000			3,547
2000-2001			3,547
2001-2002	723		2,824
2002-2003	837		2,827
2003-2004	821	\$5,869,211	2,287
2004-2005	724	\$5,171,937	2,824
2005-2006	718	\$5,146,318	2,813
2006-2007	712	\$5,094,851	2,785
2007-2008	712	\$5,661,826	2,785
2008-2009	692	\$6,088,015	2,707

*Source: U.S. Department of Labor/Employment and Training Administration*

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

The program is funded under Title V of the Older Americans Act. Nationally, 78 percent of funds and related slots are contracted on a competitive basis by the U. S. Department of Labor to national sponsors. These sponsors operate programs directly or subcontract

them to public or non-profit agencies. The remaining 22 percent of funds are allocated to each state.

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

The Department hosts an annual meeting with national SCSEP sponsors to review existing slot placements by county and to assure that authorized positions apportioned to each county are distributed in an equitable manner, taking into consideration several relative factors. This meeting is also used to cooperatively develop the annual equitable distribution report to ensure that program funds are spent fairly, consistent with the distribution of eligible elders throughout the state.

## **PROGRAM HIGHLIGHT**

In 2001, Maria left her native Venezuela with her husband Armando and three children for political and economic reasons. Seeking a better life in the United States, the family settled in Miami but struggled with a variety of problems, including age and language barriers and difficulty in finding affordable housing. Three years after their arrival, Armando suffered a heart attack and was unable to work, compelling Maria to look for assistance to care for her husband and family. She was uncertain about her employment prospects because she was 62 years old, but then learned about the Senior Community Service Employment Program. Maria enrolled in the program and received training as a childcare worker while gaining work experience during her community service assignment. Her personality and abilities made her ideal for this assignment. After completing her program participation, Maria accepted a job as a childcare worker in a facility near her home, making it more convenient to care for her husband. Maria has now acquired a childcare training certificate and is currently taking classes to improve her English. As a result of her new career, Maria feels much more confident about the future and hopes someday to manage a childcare facility of her own.

# Older Americans Act Title VII: ELDER ABUSE PREVENTION

OAA Title VII funding supports programs and services to protect elders from abuse and provide public education, training and information regarding elder abuse prevention. The Department administers OAA Title VII elder abuse prevention programs through contracts with Area Agencies on Aging and local service providers.

The Department allocates OAA Title III and Title VII funds to Florida's 11 Planning and Service Areas (PSAs) on a formula basis. Please refer to the previous table in the Title III program listing for information concerning the combined OAA Title III/VII appropriation history.

## Elder Abuse Prevention Program

### DESCRIPTION:

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

### SERVICES OR ACTIVITIES:

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

The Department, in conjunction with other statewide agencies and local communities, administers the Triad Program, a comprehensive crime-prevention program represented by a three-way commitment among law enforcement, seniors and community organizations. The mission of the statewide triad is to strengthen community partnerships in order to reduce crime and the fear of crime among older Floridians. The Department works with other statewide agencies and local communities to promote the development of triads throughout the state. The program has developed and distributed a triad fact

sheet, a “How to Start a Triad” kit, a “Preventing Home Repair Fraud” tip sheet and brochure, and a “Prevent Identity Theft” brochure.

**ADMINISTRATION:**

The Elder Abuse Prevention Program is administered by the Department’s Elder Rights Bureau through contracts with Area Agencies on Aging. It works to develop, strengthen and carry out programs to prevent elder abuse, neglect and exploitation, including financial exploitation.

**ELIGIBILITY:**

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

**STATUTORY AUTHORITY:**

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

**APPROPRIATION HISTORY:**

STATE FISCAL YEAR	FEDERAL FUNDING
1999-2000	\$169,537
2000-2001	\$172,259
2001-2002	\$344,252
2002-2003	\$383,366
2003-2004	\$380,874
2004-2005	\$378,726
2005-2006	\$378,779
2006-2007	\$377,396
2007-2008	\$382,298
2008-2009	\$372,498

## FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

### PROGRAM HIGHLIGHT

During the 2006-2007 fiscal year, the Department conducted presentations and training sessions throughout the state on elder abuse, neglect and exploitation prevention and on mandatory reporting. These 318 training sessions attracted 8,538 participants. Session attendees included seniors, medical professionals, law enforcement and social service personnel, paraprofessionals and others who interact with elders on a regular basis. In the fall of 2007, the Department developed a statewide campaign to create awareness about elder abuse and empower Florida residents of all ages to take an active role in its prevention. The ongoing campaign utilizes radio, print and other media. The slogan for the campaign – “The power to prevent elder abuse is in your hands” – emphasizes how important it is for each resident to take an active role in preventing elder abuse.

# Long-Term Care Ombudsman Program

## **DESCRIPTION:**

The program is a statewide, volunteer-based system of district councils that work to protect, defend and advocate on behalf of long-term care facility residents. Ombudsmen identify, investigate and resolve complaints made by, or on behalf of, residents of nursing homes and other long-term care facilities.

## **SERVICES OR ACTIVITIES:**

Volunteers investigate all complaints and devise a means to resolve concerns brought to the attention of the program by, or on behalf of, residents of long-term care facilities who are age 60 or older. In addition, the program:

- Monitors and comments on the development and implementation of federal, state and local laws, regulations and policies that pertain to the health, safety and welfare of residents in long-term care facilities;
- Provides information and referral regarding long-term care facilities;
- Conducts assessments focusing on quality-of-life issues in each long-term care facility at least annually; and
- Helps develop resident and family councils to protect the well-being of residents.

## **ADMINISTRATION:**

The Long-Term Care Ombudsman Program is administered by the Department of Elder Affairs. The program operates through 17 district councils, and paid staff at the state and local levels coordinate and support the work of certified volunteers.

## **ELIGIBILITY:**

Anyone – including friends, family members, facility staff and residents themselves – may report a concern on behalf of a resident of a long-term care facility, such as a nursing home, assisted living facility or adult family care home. There is no fee for the service and there are no financial or residency requirements to qualify for the programs services.



**STATUTORY AUTHORITY:**

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

**APPROPRIATION HISTORY**

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	TOTAL
1994-1995	\$722,597	\$112,387	\$834,984
1995-1996	\$720,872	\$143,001	\$863,873
1996-1997	\$723,359	\$138,530	\$861,889
1997-1998	\$724,095	\$147,749	\$871,844
1998-1999	\$945,993	\$159,634	\$1,105,627
1999-2000	\$1,011,559	\$259,634	\$1,271,193
2000-2001	\$1,011,559	\$339,634	\$1,351,193
2001-2002	\$1,082,358	\$1,205,102	\$2,287,460
2002-2003	\$1,316,838	\$1,285,102	\$2,601,940
2003-2004	\$1,394,945	\$1,361,593	\$2,756,538
2004-2005	\$1,450,999	\$1,351,432	\$2,802,431
2005-2006	\$1,205,727	\$1,267,764	\$2,473,491
2006-2007	\$1,505,485	\$1,447,583	\$2,953,068
2007-2008	\$1,115,096	\$1,401,870	\$2,516,966
2008-2009	\$1,153,739	\$1,370,388	\$2,524,127

## INSPECTIONS AND INVESTIGATIONS

FEDERAL REPORTING YEAR	FACILITIES	ASSESSMENTS	COMPLAINTS INVESTIGATED
1993-1994	1,677	1,953	5,206
1994-1995	3,016	2,235	6,295
1995-1996	2,925	2,082	5,455
1996-1997	3,053	2,097	6,635
1997-1998	3,237	2,474	10,071
1998-1999	3,378	2,761	7,969
1999-2000	3,661	2,886	8,040
2000-2001	3,567	2,832	7,664
2001-2002	3,470	2,240	7,643
2002-2003	3,653	3,120	8,667
2003-2004	3,702	2,894	9,035
2004-2005	3,500	2,944	7,963
2005-2006	3,585	2,582	7,905
2006-2007	3,585	2,582	7,905
2007-2008	3,932	3,932	7,715
2008-2009*	3,932	3,932	7,800

\* Estimates

Source: Data collected and reported from district ombudsman offices

### FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Long-Term Care Ombudsman Program is funded by Title VII of the Older Americans Act and by state General Revenue. Federal and state funds are disbursed according to recommendations by the State Ombudsman through the Department of Elder Affairs.

## Program Highlight

During an annual assessment of an adult family care home, a local ombudsman found that the residents of the facility were in danger because the facility had installed a steel cage to encase the front porch and all the home's windows had bars over them. When the ombudsman attempted to enter the facility he found the cage door locked, and a resident on the porch was unable to open the door for him.

When the ombudsman asked the resident to have the owner open the door, he was told that the owner was not at home and the resident did not have a way to contact her. The ombudsman waited for the owner to return. After an hour, the owner arrived at the home and opened the door to allow the ombudsman to enter. The ombudsman conducted his annual assessment and learned that the owner always locked the door, preventing the residents from leaving.

The ombudsman discussed his concern over the locked cage and the fact that the residents were unable to exit the facility, even in an emergency. The owner indicated that she locked the door to protect the residents, one of whom had a tendency to wander away. The ombudsman informed the owner that this placed all of the residents in danger, and since this was their home they should be allowed to go outside. He also explained that in the event of a fire, the residents would not be able to exit the facility. When the ombudsman was ready to leave, he found that the door had automatically locked itself. When he asked the owner to unlock the door, she was unable to turn the lock from inside – in essence, she had locked herself in the home as well.

After eventually being able to leave the facility, the ombudsman contacted the Department of Children and Families (DCF) Abuse Hotline, the Agency for Health Care Administration (AHCA) and the local fire department regarding the safety hazard posed by the “caged porch.” The Department of Children and Families conducted an investigation with the Attorney General's Office and found that the residents of the facility were indeed in danger. DCF removed all the residents from the facility and placed them in other facilities in the area. As a result of the ombudsman's discovery and the subsequent findings by AHCA, the facility's licenses were not renewed.



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# Section D

## State General Revenue Programs

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# INTRODUCTION TO STATE GENERAL REVENUE PROGRAMS

Section D of the Summary of Programs and Services provides detailed information about Department of Elder Affairs programs funded wholly or primarily with General Revenue dollars. These programs provide a wide variety of home- and community-based services for elders, including adult day care, caregiver training and support, case management, congregate meals, counseling, education/training, home-delivered meals, personal care, respite and transportation.

# ALZHEIMER'S DISEASE AND RELATED DISORDERS TRAINING PROVIDER AND CURRICULUM APPROVAL (ADRD)

## DESCRIPTION:

Alzheimer's Disease and Related Disorders Training Provider and Curriculum Approval (ADRD) approves training providers and training curricula for specified employees of nursing homes, assisted living facilities, hospices, home health agencies and adult day care centers.

## SERVICES OR ACTIVITIES:

ADRD has two major components with respect to the approval process for:

- A. Alzheimer's disease and related disorder training providers, and curricula for assisted living facilities that advertise that they provide special care for persons with Alzheimer's disease and related disorders; and
- B. Alzheimer's disease and related disorder training providers and training curricula for all licensed nursing homes, hospices, adult day care centers, and home health agencies in Florida.

In addition, the program is required to maintain a website informing the public of all approved Alzheimer's disease training providers.

### **Assisted Living Alzheimer's Disease and Related Disorders Training Approval Process:**

In 1997, the Florida Legislature created the Assisted Living ADRD for specified assisted living facilities, pursuant to section 429.178, Florida Statutes. The approval process is designed to ensure that assisted living facilities that advertise that they provide special care for persons with Alzheimer's disease and other related disorders receive quality Alzheimer's disease training and continuing education approved by the Department.

The law requires that, within three months of employment, any assisted living facility employee who has regular contact with residents with Alzheimer's disease and related disorders complete four hours of initial Alzheimer's disease training approved by the Department. The law also requires that any assisted living facility employee who provides direct care to residents with Alzheimer's disease and related disorders complete the initial four hours of training and four additional hours of training approved by the Department. The training for a direct caregiver employee is to be completed within nine months after he/she begins employment. Assisted living facility employees who provide direct care are required to complete four hours of continuing education annually.



Individuals seeking the Department's approval as assisted living Alzheimer's disease training providers and approval of their training curricula must submit the required documents to the Department's contractor. Training provider and curriculum requirements are outlined in Section 429.178, Florida Statutes, and Rules 58A-5.0191 (9)(10), Florida Administrative Code.

**Nursing Home Alzheimer's Disease and Related Disorders Training Approval Process:**

In 2001, the Florida Legislature created the Nursing Home ADRD for specified employees of all licensed nursing homes, pursuant to Section 400.1755, Florida Statutes. The approval process is designed to ensure that nursing home employees receive quality Alzheimer's disease training approved by the Department.

The law requires that nursing home employees who have direct contact with residents with Alzheimer's disease and related disorder complete one hour of approved Alzheimer's disease training within the first three months of employment. The law also requires that any individual who provides direct care must complete the required one-hour approved training and an additional three hours of approved training within nine months of beginning employment.

Individuals seeking the Department's approval as nursing home Alzheimer's disease training providers and approval of their training curricula must submit the required applications to the Department's contractor. Training provider and curriculum requirements are outlined in Section 400.1755, Florida Statutes, and Rules 58A-4.001 and .002, Florida Administrative Code.

**Hospice Alzheimer's Disease and Related Disorders Training Approval Process:**

In 2003, the Florida Legislature created the Hospice ADRD for specified employees of all licensed hospices pursuant to Section 400.6045(1), Florida Statutes. The approval process is designed to ensure that specified hospice employees receive quality Alzheimer's disease training approved by the Department.

The law requires that hospice employees who have direct contact with residents with Alzheimer's disease must complete one hour of approved training within the first three months of employment. The law also requires that any individual who provides direct care complete the required one-hour approved training and an additional three hours of approved training within nine months of beginning employment.

Section 400.6045(1)(g), Florida Statutes, requires the Department to adopt rules to establish standards for the hospice employees who are subject to this training, for the trainers, and for the required training. In 2003, the Department completed the rule promulgation

process to establish standards for training, trainers and curricula by holding rule development workshops to obtain comments from the public. ADRD with respect to hospice employees was implemented after the rule promulgation and adoption process was completed.

Individuals seeking the Department's approval as a hospice Alzheimer's disease training provider and approval of their training curriculum must submit the required applications to the Department's contractor. Training provider and curriculum requirements are outlined in Section 400.6045(1), Florida Statutes, and Rules 58A-2.027 and 2.028, Florida Administrative Code.

**Adult Day Care Centers Alzheimer's Disease and Related Disorders Training Approval Process:** In 2003, the Florida Legislature created the Adult Day Care Centers ADRD for specified employees of all licensed adult day care centers, pursuant to section 429.917(1), Florida Statutes. The approval process is designed to ensure that specified adult day care center employees receive quality Alzheimer's disease training approved by the Department.

The law requires that adult day care center employees who have direct contact with residents with Alzheimer's disease must complete one hour of approved training within the first three months of employment. The law also requires that any individual who provides direct care complete the required one-hour approved training and an additional three hours of approved training within nine months of beginning employment.

Section 429.917(1)(g), Florida Statutes, requires the Department to adopt rules to establish standards for adult day care center employees who are subject to this training, for the trainers, and for the required training. In 2003, the Department completed the rule promulgation process to establish standards for the training, trainers and curricula by holding rule development workshops to obtain comments from the public. The Adult Day Care Centers ADRD was implemented after the rule promulgation and adoption process was completed.

Individuals seeking the Department's approval as an Adult Day Care Alzheimer's disease training provider and approval of their training curriculum must submit the required applications to the Department's contractor. Training provider and curriculum requirements are outlined in Section 429.917(1), Florida Statutes, and Rules 58A-6.015 and 6.016, Florida Administrative Code.

**Home Health Agency Alzheimer's Disease and Related Disorders Training Approval Process:** In 2003, the Florida Legislature created the Home Health Agency Alzheimer's

Disease and Related Disorders training approval process for specified personnel of all licensed home health-care agencies, pursuant to section 400.4785(1), Florida Statutes. The approval process is designed to ensure that specified home health agency personnel receive quality Alzheimer’s disease training approved by the Department.

The law requires that home health agency personnel providing direct care to patients must complete two hours of Alzheimer’s disease approved training within nine months of beginning employment with the agency. Section 400.4785(1)(f), Florida Statutes, requires the Department to adopt rules to establish standards for home health agency personnel who are subject to this training, for the trainers, and for the required training. In October 2005, the Department completed the rule promulgation process to establish standards for the training, trainers and curricula by holding rule development workshops to obtain comments from the public. The Home Health Agency ADRD was implemented in October 2005.

Individuals seeking the Department’s approval as a Home Health Agency Alzheimer’s disease training provider and approval of their training curriculum must submit the required applications to the Department’s contractor. Training provider and curriculum requirements are outlined in Section 400.4785(1), Florida Statutes, and Rules 58A-8.001 and 8.002, Florida Administrative Code.

#### **ADMINISTRATION:**

The Department is responsible for planning, budgeting, monitoring and coordinating the ADRD. The Department contracts with the University of South Florida’s Training Academy on Aging in the Florida Policy Exchange Center on Aging to administer the program and to ensure that qualified clinical professionals review and approve the training providers and curricula. The University of South Florida also maintains the list of approved training providers, which can be accessed on the internet at [www.trainin-gonaging.usf.edu](http://www.trainin-gonaging.usf.edu). The Department certifies/approves Alzheimer’s disease trainers and training curricula for assisted living facility employees as provided in Section 429.178, Florida Statutes.

#### **ELIGIBILITY:**

##### **Assisted Living Alzheimer’s Disease Training Provider**

Individuals seeking the Department’s approval as an assisted living Alzheimer’s disease training provider must submit and obtain approval of an Alzheimer’s disease training curriculum; must submit documentation that the applicant has a bachelor’s degree from

an accredited college or university or is licensed as a registered nurse, and must have:

- One year of teaching experience as an educator of caregivers for persons with Alzheimer’s disease and related disorders;
- Three years of practical experience in a program providing care to persons with Alzheimer’s disease and related disorders; or
- Completed a specialized training program in the subject matter of this program and a minimum of two years of practical experience in a program providing care to persons with Alzheimer’s disease and related disorders.

A master’s degree from an accredited college or university in a subject related to the content of this training program may substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-for-year basis for the required college degree. The application for Assisted Living training provider is DOEA Form ALF/ADRD 001.

### **Assisted Living Alzheimer’s Disease Training Curriculum**

Approval of the initial four-hour training curriculum requires that an applicant submit a curriculum that addresses the following subject areas: understanding Alzheimer’s disease and related disorders, characteristics of Alzheimer’s disease, communicating with residents with Alzheimer’s disease, family issues, resident environment, and ethical issues as specified in rule.

Approval of the additional four-hour training curriculum requires that an applicant submit a curriculum that addresses the following subject areas: behavior management, assistance with activities of daily living, activities for residents, stress management for the caregiver, and medical information as specified in rule. The application for Assisted Living training curriculum is DOEA Form ALF/ADRD 002.

### **Nursing Home Alzheimer’s Disease Training Provider**

Approval as a nursing home Alzheimer’s disease training provider requires an application (DOEA Form ADRD-001) and documentation that the individual holds a bachelor’s degree in a health care, human service or gerontology-related field from an accredited college or university, or holds a license as a registered nurse. Approval also requires that the individual:

- Possess teaching or training experience as an educator of caregivers for persons with Alzheimer’s disease and related disorders;
- Have one year of practical experience in a program providing care to persons with Alzheimer’s disease and related disorders; or
- Have completed a specialized training program in Alzheimer’s disease and related disorders from a university or an accredited health care, human service or gerontology continuing education provider.

A master’s degree from an accredited college or university in a subject related to health care, human service or gerontology may substitute for the required teaching or training experience. Years of teaching experience or training as an educator of caregivers for persons with Alzheimer’s disease and related disorders may substitute on a year-for-year basis for the required bachelor’s degree.

### **Nursing Home Alzheimer’s Disease Training Curriculum**

Approval of the initial one-hour training curriculum requires an application (DOEA Form ADRD-002) that addresses the following subject areas: understanding Alzheimer’s disease and related disorders, characteristics of Alzheimer’s disease and related disorders, and communicating with residents with Alzheimer’s disease and related disorders.

Approval of the additional three-hour training curriculum requires an application (DOEA Form ADRD-002) that addresses the following subject areas: behavior management, assistance with activities of daily life, activities for residents, stress management for the caregiver, family issues, resident environment, and ethical issues.

### **Hospice Alzheimer’s Disease Training Provider**

Approval as a hospice Alzheimer’s disease training provider requires an application (DOEA Form Hospice/ADRD-001) and documentation that the individual holds a bachelor’s degree in a health care, human service or gerontology-related field from an accredited college or university or holds a license as a registered nurse. Approval also requires that the individual:

- Possess teaching or training experience as an educator of caregivers for persons with Alzheimer’s disease or related disorders; or
- Have one year of practical experience in a program providing care to persons with Alzheimer’s disease or related disorders; or

- Have completed a specialized training program in Alzheimer’s disease or related disorders from an accredited health care or human service or gerontology continuing education provider.

A master’s degree from an accredited college or university in a subject related to health care, human service or gerontology may substitute for the required teaching or training experience. Years of teaching experience or training as an educator of caregivers for persons with Alzheimer’s disease and related disorders may substitute on a year-for-year basis for the required bachelor’s degree.

### **Hospice Alzheimer’s Disease Training Curriculum**

Approval of the initial one-hour training curriculum requires an application (DOEA Form Hospice/ADRD-002) that addresses the following subject areas: understanding Alzheimer’s disease or related disorders, characteristics of Alzheimer’s disease or related disorders, and communicating with patients with Alzheimer’s disease or related disorders.

Approval of the additional three-hour training curriculum requires an application (DOEA Form Hospice/ADRD-002) that addresses the following subject areas: behavior management, assistance with activities of daily life to promote the patient’s independence, activities for patients, stress management for the caregiver, family issues, patient environment, and ethical issues.

### **Adult Day Care Training Provider**

Approval as an Adult Day Care Alzheimer’s disease training provider requires an application (DOEA Form ADC/ADRD-001) and documentation that the individual holds a bachelor’s degree in a health care, human service or gerontology related field from an accredited college or university or holds a license as a registered nurse. Approval also requires that the individual:

- Possess teaching or training experience as an educator of caregivers for persons with Alzheimer’s disease or related disorders; or
- Have one year of practical experience in a program providing care to persons with Alzheimer’s disease or related disorders; or
- Have completed a specialized training program in Alzheimer’s disease or related disorders from an accredited health care or human service or gerontology continuing education provider.

A master's degree from an accredited college or university in a subject related to health care, human service or gerontology may substitute for the required teaching or training experience. Years of teaching experience or training as an educator of caregivers for persons with Alzheimer's disease and related disorders may substitute on a year-for-year basis for the required bachelor's degree.

### **Adult Day Care Training Curriculum**

Approval of the initial one-hour training curriculum requires an application (DOEA Form ADC/ADRD-002) that addresses the following subject areas: understanding Alzheimer's disease or related disorders, characteristics of Alzheimer's disease or related disorders, and communicating with patients with Alzheimer's disease or related disorders.

Approval of the additional three-hour training curriculum requires an application (DOEA Form ADC/ADRD-002) that addresses the following subject areas: behavior management, assistance with activities of daily life to promote the patient's independence, activities for patients, stress management for the caregiver, family issues, patient environment, and ethical issues.

### **Home Health Agency Alzheimer's Disease Training Provider**

Approval as a home health agency Alzheimer's disease training provider requires an application (DOEA Form HH/ADRD-001) and documentation that the individual holds a bachelor's degree in a health care, human service or gerontology-related field from an accredited college or university, or holds a license as a registered nurse. Approval also requires that the individual:

- Have one year of teaching experience as an educator of caregivers for persons with Alzheimer's disease and related disorders;
- Have one year of clinical experience providing direct personal health care services to persons with Alzheimer's disease and related disorders; or
- Have completed a specialized training program in Alzheimer's disease and related disorders from a university or an accredited health care, human service or gerontology continuing education provider.

A master's degree from an accredited college or university in a subject related to health care, human service or gerontology may substitute for the required teaching or training experience. Years of teaching experience or training as an educator of caregivers for

persons with Alzheimer’s disease and related disorders may substitute on a year-for-year basis for the required bachelor’s degree.

### **Home Health Agency Alzheimer’s Disease Training Curriculum**

Approval of the two-hour training curriculum requires an application (DOEA Form HH/ADRD-002) that addresses the following subject areas: understanding Alzheimer’s disease and related disorders, communicating with patients with these disorders, behavior management, promoting independence through assistance with activities of daily living, and developing skills for working with families and caregivers.

#### **STATUTORY AUTHORITY:**

Sections 400.1755, 429.178, 400.6045, 429.917, and 400.4785, Florida Statutes.



## APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
State Funding	\$100,000	\$72,398	\$72,398	\$72,398	\$76,469	\$77,826	\$77,826
ALF Approved Trainers	285	318	173	89	88	151	110*
ALF Approved Curriculum	86	95	26	19	23	29	24*
NH Approved Trainers	1,246	1,475	174	138	131	122	132*
NH Approved Curriculum	99	104	16	37	29	23	14*
Hospice Approved Trainers	**	89	23	24	31	26	43*
Hospice Approved Curriculum	**	8	9	10	8	14	7*
Adult Day Care Approved Trainers	**	14	7	8	12	19	10*
Adult Day Care Approved Curriculum	**	1	7	0	0	6	2*
Home Health Agency Approved Trainers	***	***	***	347	184	146	150*
Home Health Agency Approved Curriculum	***	***	***	40	17	9	18*

\* Projection from the contractor

\*\* Trainer/training approval for hospice and adult day care was implemented during SFY 2003-2004, following rule promulgation.

\*\*\* The rule promulgation process for implementation of home health agency Alzheimer's disease training approval was completed in October 2005 (SFY 2005-2006). As a result, the numbers of approved trainers and curricula are unusually high for that year.

Source: University of South Florida Alzheimer's approval program database received through quarterly reports to DOEA from the contractor

## FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Program funding is from General Revenue.

# ALZHEIMER'S DISEASE INITIATIVE

## DESCRIPTION:

The Alzheimer's Disease Initiative (ADI) was legislatively created in 1985 to provide a continuum of services to meet the changing needs of individuals with, and families affected by, Alzheimer's disease and similar memory disorders. In conjunction with a ten-member advisory committee appointed by the Governor, the program includes four components: 1) supportive services including counseling, consumable medical supplies and respite for caregiver relief; 2) memory disorder clinics to provide diagnosis, research, treatment and referral; 3) model day care programs to test new care alternatives, and 4) a research database and brain bank to support research.

## SERVICES OR ACTIVITIES:

**Respite Services for Caregiver Relief:** Alzheimer's Respite Care programs are established in all of Florida's 67 counties, with many counties having multiple service sites. In 1991-1992, respite services were established in 38 counties, and five years later funds were appropriated to expand respite services to all 67 Florida counties.

Many Alzheimer's victims require care 24 hours a day, especially in the late stages of the disease. ADI respite includes in-home, facility-based (usually at adult day care centers), emergency and extended care (up to 30 days) respite for caregivers who serve victims of memory disorders. On average, fewer than three hours of respite care per week are provided per person.

In addition to respite care services, caregivers and consumers may receive supportive services essential to maintaining persons with Alzheimer's disease or related dementia in their own homes. The supportive services may include caregiver training and support groups, counseling, consumable medical supplies and nutritional supplements. Services are authorized by a case manager based on a comprehensive assessment and on unmet needs identified during that assessment.

**Memory Disorder Clinics:** The Legislature has authorized 15 memory disorder clinics to provide diagnostic and referral services for persons with Alzheimer's disease and related dementia. The centers also conduct service-related research and develop caregiver training materials and educational opportunities. Memory disorder clinics are required to:

- Provide services to persons suspected of having Alzheimer’s disease or other related dementia. Services include accepting referrals from all respite and model day care service providers and conducting subsequent diagnostic workups for all referred consumers and the general public within the memory disorder clinic’s designated service area.
- Provide four hours of in-service training during the contract year to all ADI respite and model day care service providers in the designated service area, and develop and disseminate training models to service providers and the Department of Elder Affairs. A staff member of the memory disorder clinic is to be designated to act as a liaison for training and service providers.
- Develop training materials and educational opportunities for lay and professional caregivers who serve individuals with Alzheimer’s disease or related dementia, and provide specialized training for caregivers and caregiver groups/organizations in the designated service area.
- Conduct service-related applied research; such research may address, but is not limited to, diagnostic technique, therapeutic interventions and support services for persons suffering from Alzheimer’s disease and related memory disorders.
- Establish a minimum of one annual contact with each respite care and model day care service provider to discuss, plan, develop and conduct service-related research projects.
- Plan for the public dissemination of research findings through professional papers and, for key information, to the general public.

Memory disorder clinic services are available to individuals diagnosed with or suspected of having a memory loss where mental changes appear and gradually interfere with activities of daily living. Memory disorder clinic sites include: Mayo Clinic in Jacksonville; University of Florida in Gainesville; East Central Florida Memory Clinic in Melbourne; Orlando Regional Healthcare System in Orlando; University of South Florida in Tampa; North Broward Medical Center in Pompano Beach; University of Miami in Miami; Mount Sinai Medical Center in Miami Beach; West Florida Regional Medical Center in Pensacola; St. Mary’s Medical Center in West Palm Beach; Tallahassee Memorial Healthcare in Tallahassee; Lee Memorial Memory Disorder Clinic in Fort Myers; Sarasota Memorial Hospital in Sarasota; Morton Plant Hospital in Clearwater, and Florida Atlantic University in Boca Raton.

**Model Day Care:** Four model day care programs have been established in conjunction with memory disorder clinics to test therapeutic models and provide day care services: Al'z Place in Gainesville; Easter Seal Society in Miami; Villa Maria in North Miami, and Hillsborough County Adult Day Care Services in Tampa. The model day care program provides a safe environment where Alzheimer's patients congregate for the day and socialize with each other, as well as receive therapeutic interventions designed to maintain or improve their cognitive functioning.

**Research:** The Johnny B. Byrd, Sr. Alzheimer's Center and Research Institute coordinates with memory disorder clinics, teaching hospitals and medical schools that receive ADI funding in order to facilitate Alzheimer's disease research. The institute will develop, create and coordinate a centralized database to organize statewide research data pertinent to Alzheimer's disease and related memory disorders.

The State of Florida Alzheimer's disease brain bank is a service- and research-oriented network of statewide regional sites. The intent of the brain bank program is to collect and study the brains of deceased patients who had been clinically diagnosed with dementia. Mt. Sinai Medical Center contracts annually with the State of Florida to operate the primary brain bank. Coordinators at regional brain bank sites in Melbourne, Orlando, Tampa and Pensacola help recruit participants and act as liaisons between the brain bank and participants' families. Alzheimer's disease respite care program providers, memory disorder clinics, and model day care programs also recruit brain bank participants. Families of Alzheimer's victims obtain two significant service benefits from the brain bank: 1) a diagnostic confirmation of the disease written in clear, understandable terms, and 2) involvement in various research activities both inside and outside of Florida.

#### **ADMINISTRATION:**

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

The Alzheimer's Disease Advisory Committee, composed of 10 members selected by the Governor, advises the Department regarding legislative, programmatic and administrative matters that relate to Alzheimer's disease victims and their caregivers.

#### **ELIGIBILITY:**

- ADI respite care is available for caregivers of adults age 18 and older who have been diagnosed as having probable Alzheimer's disease or other related memory disorders.

- ADI respite care is available for individuals who have been diagnosed with or suspected of having a memory loss where mental changes appear and gradually interfere with the activities of daily living.
- To be eligible for model day care a consumer must be diagnosed by a memory disorder clinic, or has been diagnosed using standards adopted by memory disorder clinics, as having a memory loss where mental changes appear and gradually interfere with activities of daily living.
- Caregivers of eligible consumers can receive training and other ADI support services in addition to respite care. Individuals of any age suspected of having a memory disorder may request that memory disorder clinics conduct diagnostic evaluations to determine probable Alzheimer's disease or other related memory disorders.
- Individuals of any age with a diagnosis of Alzheimer's disease or other related memory disorder are eligible to sign up with the Alzheimer's disease brain bank. Medical records documenting a general physical examination, neurological examination, hematological and biochemical studies, and a scan of the brain must be available.

Consumers receiving ADI services are given an opportunity to participate in the cost of their care through a co-payment that is based on a sliding co-payment schedule developed by the Department. Co-payments are used to support and expand services.

**STATUTORY AUTHORITY:**

Sections 430.501 - 430.504, Florida Statutes.

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

**Respite/Special Projects**

<b>STATE FISCAL YEAR</b>	<b>STATE FUNDING</b>	<b>CLIENTS SERVED</b>
1992-1993	\$2,260,618	1,613
1993-1994	\$2,260,618	1,773
1994-1995	\$2,810,618	2,272
1995-1996	\$3,797,301	2,566
1996-1997	\$4,701,939	2,816
1997-1998	\$6,301,939	3,209
1998-1999	\$7,301,939	3,590
1999-2000	\$7,801,939	3,468
2000-2001	\$7,801,939	3,305
2001-2002	\$7,801,939	3,101
2002-2003	\$7,401,454	2,647
2003-2004	\$7,401,454	2,749
2004-2005	\$10,302,855	2,730
2005-2006	\$9,971,754	2,429
2006-2007	\$10,546,754	2,446
2007-2008	\$10,291,005	2,379
2008-2009	\$9,621,935	2,225*

*\*Projected*

*Source: CIRTS clients served, ADI services*

## Memory Disorder Clinics

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$1,864,765	2,561
1993-1994	\$2,169,676	2,534
1994-1995	\$2,978,373	3,140
1995-1996	\$2,964,266	3,579
1996-1997	\$3,078,824	4,203
1997-1998	\$3,078,824	3,794
1998-1999	\$3,645,824	4,920
1999-2000	\$3,834,824	4,832
2000-2001	\$4,223,824	4,900
2001-2002	\$4,223,824	6,314
2002-2003	\$2,912,881	6,134
2003-2004	\$2,912,881	7,328
2004-2005	\$3,793,016	6,884
2005-2006	\$4,039,411	6103
2006-2007	\$3,286,351	4,872
2007-2008	\$3,416,490	4,745
2008-2009	\$3,254,474	4,745*

\* Projection

*Note: The definition of unduplicated persons served was revised effective SFY 2006-2007. The revised definition is: Total new patients seen plus registered persons who had at least one clinic visit during the annual contract. New and registered persons are only counted once each contract year for an unduplicated count.*

*Source for clients served: Manual reports from memory disorder clinics*

## Brain Bank

STATE FISCAL YEAR	STATE FUNDING	PERSONS REGISTERED	AUTOPSIES
1993-1994	\$138,859	82	67
1994-1995	\$138,859	80	84
1995-1996	\$138,201	82	67
1996-1997	\$130,139	100	87
1997-1998	\$130,139	44	66
1998-1999	\$130,139	54	67
1999-2000	\$137,139	82	59
2000-2001	\$130,139	130	90
2001-2002	\$130,139	56	47
2002-2003	\$130,139	56	47
2003-2004	\$130,139	83	74
2004-2005	\$130,139	61	40
2005-2006	\$155,139	55	48
2006-2007	\$130,139	76	72
2007-2008	\$130,139	118	75
2008-2009	\$128,876	125*	80*

*\*Projected*

*Source for client information: Brain Bank reports*



## Model Day Care

STATE FISCAL YEAR	STATE FUNDING
2006-2007	\$376,530
2007-2008	\$376,530
2008-2009	\$372,879

*Note: Model Day Care SFY 2006-2007 funding is not included with Memory Disorder Clinics as in past years*

*Source: CIRTS*

### FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Alzheimer's Disease Initiative is funded by General Revenue and Tobacco Settlement funds. There is no match requirement. The Department allocates general revenue funding to each of the Area Agencies on Aging, which in turn fund providers of model day care and respite care programs in designated counties. The allocation for ADI respite funding is based on each county's population age 75 and older (50 percent weight) and probable number of Alzheimer's cases (50 percent weight). Additional Alzheimer's disease services are administered by Department staff through contracts with designated memory disorder clinics and the Florida Brain Bank.

Remaining funds are allocated to special projects per proviso language and legislative intent in the General Appropriations Act.

## PROGRAM HIGHLIGHTS

The following is a sample of some of the positive feedback and comments received by Memory Disorder Clinics from family caregivers:

“I want to let you know how much we appreciated the quality time you spent with my parents and me. Thank you for being such a positive influence in our lives.”

“You helped us understand my husband’s condition and gave us hope. We will be forever grateful for your understanding and kindness.”

“In this place it appears that the patient is totally the center of attention. The patient is the most important person – the time dedicated to my wife and me was incredibly extensive. Here the patient feels loved.”

“Thank you for your kind words during my loss. Pam fought tenaciously for years as your staff knows. Her brain is being autopsied for further research to be done. We need to find a cure for this horrible disease.”

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The following is a success story provided by Elder Day Stay, a licensed adult day program funded by the Alzheimer’s Disease Initiative:

Lawrence and Sadie have been married for almost 50 years. They both worked in the small upholstery business they owned until it was time for retirement. Even now their devotion to one another is obvious. They have never been separated – not even for one night – since their wedding day. But Sadie now has Alzheimer’s disease. At first Lawrence could cope with the confusion, memory “glitches” and other symptoms of his wife’s disease. But as the disease progressed, he began to show signs of fatigue and developed health problems of his own. He was also emotionally devastated at the thought of placing his wife in a skilled nursing facility. He was reassured, however, when the Elder Day Stay adult day program proved to be an ideal alternative to institutionalization. For the past two years, Sadie has been participating in activities, exercises and music programs three days a week. As a result, she receives the mental, physical and social stimulation that makes her life more fulfilling, and her husband receives respite from his role as a caregiver. Lawrence now has the time to visit his 100-year-old mother in a local nursing home, socialize with friends, go to the doctor, and sometimes take a much-needed nap. But the important thing to Lawrence is that Sadie and he remain together.

# COMMUNITY CARE FOR THE ELDERLY (CCE)

## DESCRIPTION:

The Community Care for the Elderly (CCE) Program provides community-based services organized in a continuum of care to help functionally impaired older people live in the least restrictive yet most cost-effective environment suitable to their needs.

## SERVICES OR ACTIVITIES:

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

## ADMINISTRATION:

The Department administers the program through contracts with Area Agencies on Aging, which subcontract with Community Care for the Elderly lead agencies. Service delivery is provided by 58 lead agencies and their subcontractors.

## ELIGIBILITY:

- Individuals must be age 60 or older and functionally impaired, as determined by an initial comprehensive assessment and annual reassessments.
- As directed by 1998 revisions to Section 430.205(5), Florida Statutes, primary consideration for services is given to elderly persons referred to Adult Protective Services (APS) and determined by APS to be victims of abuse, neglect or exploitation who are in need of immediate services to prevent further harm.

## STATUTORY AUTHORITY:

Sections 430.201-430.207, Florida Statutes.

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

<b>STATE FISCAL YEAR</b>	<b>STATE FUNDING</b>	<b>CLIENTS SERVED</b>
1992-1993	\$36,082,001	36,462
1993-1994	\$36,270,000	27,700
1994-1995	\$38,660,000	30,990
1995-1996	\$41,471,224	38,827
1996-1997	\$41,158,448	41,990
1997-1998	\$38,818,253	38,564
1998-1999	\$33,891,064*	35,580
1999-2000	\$45,038,164**	40,338
2000-2001	\$46,933,055	40,804
2001-2002	\$43,451,823	37,296
2002-2003	\$43,451,823	34,476
2003-2004	\$43,446,823	34,986
2004-2005	\$43,446,823	33,909
2005-2006	\$44,106,823	32,470
2006-2007	\$47,106,823	28,485
2007-2008	\$43,364,370	19,232
2008-2009	\$41,521,133	17,573***

*In SFY 1993-1994, the formerly combined CCE and Medicaid waiver programs (and reported data) were separated.*

*Beginning in SFY 1996-97, the number of clients served reflects increasingly more accurate data collection, clients served with short-term case management, and co-pay collections used to make services available to more clients.*

*Funding includes allocations, Community Service Systems (CSS) Senior Companion Program match, and Operations & Maintenance Trust Fund (OMTF) dollars.*

*\*Balance reflects \$3,007,562 transfer to the Home- and Community-based waiver program, creating \$6,807,519 in federal and General Revenue funds available for waiver-eligible clients.*

*\*\*Reflects \$1,761,646 transferred to the Home- and Community-Based waiver.*

*\*\*\* Projection*

*Source: CIRTS data*

## FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is funded by General Revenue and Tobacco Settlement funds. A 10 percent match is required of service providers. Clients are assessed a co-payment based on a sliding scale developed by the Department. Co-pay collections help expand the availability of client services.

### Non-weighted factors:

- A. Area Agency on Aging (AAA) administration - \$35,000 per AAA up to \$70,000 if negotiated with the Department to competitively procure CCE services through a request for proposals.
- B. County base - \$45,000 per county
- C. In addition to the base per county, counties receive the following:

<u>60+ Population</u>	<u>Additional Funding</u>
5,000 or less . . . . .	\$12,500
5,000-100,000 . . . . .	\$25,000
100,000-300,000 . . . . .	\$75,000
300,000 or more . . . . .	\$125,000

### Weighted factors:

- A. Planning and Service Area (PSA) population age 75 and older, divided by the statewide population age 75 and older (50 percent weight in the total formula); and
- B. Planning and Service Area population age 65 and older living alone, divided by the statewide population age 65 and older living alone (50 percent weight).

## PROGRAM HIGHLIGHT

Clarence and Regina, a frail elderly couple, were referred to the local provider by a concerned neighbor. Regina, a double amputee, and her husband, also an amputee, are both wheelchair-bound. No family resources were available to assist with their care. The couple was found living in unsafe and hazardous conditions with an infestation of ticks throughout their home and on their pet. Through the help of the case manager, chore services were provided to clean the home and rid it of the pests. A local assisted living facility volunteered to provide the couple with a place to stay and meals until the work on the home was completed. The case manager was also able to enlist the help of a veterinarian to provide pet care. Community volunteers helped remove the old furniture, and the local provider replaced the furniture from its thrift store. The couple now lives in a safe, clean environment with the support of the local provider and Community Care for the Elderly funding.

# CONTRACTED SERVICES

## DESCRIPTION:

The program provides additional funding to expand long-term care alternatives that enable elders in certain counties to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement. The program provides meals and community-based services for elders in Planning and Service Areas 9 (Palm Beach County), 10 (Broward County) and 11 (Miami-Dade County).

## SERVICES OR ACTIVITIES:

Available services include: congregate and home-delivered meals, recreation, transportation, homemaker services, and nursing and health support services.

## ADMINISTRATION:

The Department administers the program through contracts with Area Agencies on Aging, which then subcontract with agencies identified in the General Appropriations Act to provide services.

## ELIGIBILITY:

Residents age 60 and older in Palm Beach, Broward and Miami-Dade counties are eligible for services. There is no income or co-pay requirement.

## STATUTORY AUTHORITY:

General Appropriations Act, State of Florida.

## APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	CONTRACTED SERVICES		ELDERLY MEAL PROGRAM	
	FUNDING	NO. CLIENTS	FUNDING	NO. MEALS
1994-1995	\$94,555	227	\$212,996	52,461
1995-1996	\$94,114	259	\$211,998	59,834
1996-1997	\$91,750	255	\$206,674	59,711
1997-1998	\$91,750	295	\$306,674	160,386
<b>CONTRACTED SERVICES*</b>				
STATE FISCAL YEAR	FUNDING	UNITS OF SERVICE	CLIENTS SERVED	
1998-1999	\$398,424	140,010	Not Available	
1999-2000	\$398,424	125,628		
2000-2001	\$398,424	56,028	837	
2001-2002	\$648,424	69,645	937	
2002-2003	\$648,424	69,645	937	
2003-2004	\$1,075,924**	44,682	5,186	
2004-2005	\$1,075,924*	144,919	5,030	
2005-2006	\$1,075,924	145,324	13,349	
2006-2007	\$1,075,924	145,124	13,399	
2007-2008	\$1,075,924	160,914	13,888	
2008-2009	\$1,075,924	167,945***	12,495***	

\* Contracted Services and Elderly Meals were previously funded under separate appropriations categories. In SFY 1998-99, the Legislature consolidated funding for these two programs under the Contracted Services appropriation category.

\*\* Includes \$427,500 for projects previously funded under the Community Care Programs for the Elderly category

\*\*\* Estimate

Source: WebDB

## FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Continued funding is received through proviso language in the General Appropriations Act. The program is 100 percent funded by state General Revenues. No match or co-payment is required.

# HOME CARE FOR THE ELDERLY (HCE)

## DESCRIPTION:

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

## SERVICES OR ACTIVITIES:

A basic subsidy averaging \$106 per month is provided for all program participants. Special subsidies are authorized for some consumers and can be used for: incontinence supplies, medications, medical supplies, wheelchairs, assistive devices, ramps and home accessibility modifications, nutritional supplements, home health aide, home nursing, and other services to help maintain the individual at home. Formal case management is provided when needed.

## ADMINISTRATION:

The Department is responsible for planning, monitoring, training and technical assistance. Unit rate contracts are established by Area Agencies on Aging for local administration of the program within each Planning and Service Area. Services include more than 100,000 subsidy checks issued annually.

## ELIGIBILITY:

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

## STATUTORY AUTHORITY:

Sections 430.601 - 430.608, Florida Statutes.



**APPROPRIATION HISTORY AND NUMBERS SERVED:**

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1995-1996	\$11,650,180*	7,603
1996-1997	\$13,458,403	8,901
1997-1998	\$13,458,403	9,114
1998-1999	\$13,458,403	9,381
1999-2000	\$13,458,403	9,020
2000-2001	\$13,458,403	8,813
2001-2002	\$9,529,461	6,934
2002-2003	\$9,529,461	5,599
2003-2004	\$9,529,461	5,269
2004-2005	\$9,529,461	5,414
2005-2006	\$9,529,461	5,538
2006-2007	\$9,529,461	5,420
2007-2008	\$9,529,461	5,240
2008-2009	\$8,319,323	4,521**

\* From its creation in 1977 through December 1995, the Home Care for the Elderly program was under the management of the Department of Health and Rehabilitative Services. The second half of SFY 1995-96 was the first period for funding appropriated through the Department of Elder Affairs.

\*\* Estimate; authorization for client enrollments discontinued October 1, 2008, until further notice

Source: CIRTS data

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

Current funding allocations are based on Department of Children and Families district allocations in use when the program was transferred to the Department in January

**PROGRAM HIGHLIGHT**

One Home Care for the Elderly client has been receiving services since 2004. He states, "Words cannot express my gratitude. I don't know what I would do without that assistance." This client, recently diagnosed with prostate cancer, has limited mobility and uses a walker. In addition, he takes medications for depression and diabetes. With the Home Care for the Elderly subsidy to defray some of the costs of his care, the client and his caregiver are able to pay for the medications he needs.

# LOCAL SERVICES PROGRAMS

## DESCRIPTION:

These programs provide additional funding to expand long-term care alternatives that enable elders to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement.

## SERVICES OR ACTIVITIES:

The following table identifies which of Florida's 11 Planning and Service Areas (PSAs) offers specific services funded through Local Services Programs. All PSAs (with the exception of PSA 1) offer at least one of these services.

SERVICE	PLANNING AND SERVICE AREA(S)
Adult Day Care	2, 3, 4, 5, 9, 10, 11
Case Aide	4
Case Management	2, 4, 9, 11
Chore	5X
Companionship	4
Counseling	5, 8, 11
Education/Training	8
Emergency Alert Response	4, 5, 9
Health Support	5, 8, 11
Homemaker	4, 5, 6, 9, 11
Housing Improvement	4
Information	5, 8
Legal Assistance	5
Material Aid	4, 10

SERVICE	PLANNING AND SERVICE AREA(S)
Nursing	11
Nutrition	2, 5, 9, 10, 11
Outreach	8, 10
Personal Care	4, 9, 11
Physical Fitness	11
Public Education	10, 11
Recreation	5, 7, 8, 10, 11
Referral	5, 8
Respite	2, 10, 11
Screening and Assessment	11
Specialized Medical Equipment, Services and Supplies	4, 9
Transportation	2, 5, 10, 11

#### ADMINISTRATION:

The Department administers the program through contracts with Area Agencies on Aging, which then subcontract with local providers to delivery services.

#### ELIGIBILITY:

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

#### STATUTORY AUTHORITY:

General Appropriations Act, State of Florida.

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED	
1992-1993	\$3,145,479	Information not available	
1993-1994	\$3,395,479		
1994-1995	\$3,012,479		
1995-1996	\$3,198,210		
1996-1997	\$3,648,210		
1997-1998	\$3,333,433		
1998-1999	\$3,464,443		
1999-2000	\$3,351,313		
2000-2001	\$3,828,443		5,570
2001-2002	\$3,206,255		6,460
2002-2003	\$2,906,434	5,551	
2003-2004	\$6,231,434*	6,413*	
2004-2005	\$6,331,434**	6,478	
2005-2006	\$6,710,183	37,191***	
2006-2007	\$8,019,183	33,772	
2007-2008	\$8,764,833	33,634	
2008-2009	\$7,032,833	29,828#	

\* Funding increase was due in part to transfer of funding from CCPE. Increased funding permitted additional or augmented services for clients most in need of these services.

\*\* \$3,325,000 of funding is non-recurring General Revenue.

\*\*\* Increased number for 2006-2007 reflects new reporting methodology by contractors, from unduplicated to duplicated client counts, for clients who receive more than one service.

# Estimate

Source: WebDB data

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

The program is 100 percent funded by state General Revenues, and funds are allocated as designated in proviso language of the General Appropriations Act. No match or co-payment is required.

## PROGRAM HIGHLIGHT

Philip is 70 years old and suffers from high blood pressure, kidney disease, diabetes and an open leg wound that will not heal. He manages to get around using a wheelchair and walker but is frequently hospitalized due to the leg wound. Philip's monthly income is \$579, and his total assets are less than \$2,000. His dire financial situation led him to seek assistance from the Senior Meals Program funded with Local Services Program dollars. Program staff determined that Philip was at high risk for malnutrition. Due to his nutritional needs and physical limitations, Philip receives breakfasts and home-delivered hot meals provided by the Senior Meals Program Monday through Friday. The program also provides him with shopping assistance so he can buy additional food and hygiene items as his budget permits. A program staff member donated a color television and a telephone to Philip to replace his that had been broken.

For the past year, Philip has been able to live independently as a result of Senior Meals Program services. He is very grateful for these services and often calls to chat and maintain his contacts with staff.

# OSTEOPOROSIS SCREENING AND EDUCATION

## DESCRIPTION:

The primary purpose of this program is to raise awareness of the condition of osteoporosis and osteoporosis prevention among elder adults. The program is designed to help elders make more informed decisions to maintain a healthy lifestyle. A secondary purpose of the program is to educate elders about the benefits of screening to treat or mitigate the effects of osteoporosis and to encourage them to educate family members about the importance of osteoporosis prevention and screening.

## SERVICES OR ACTIVITIES:

Services include educational seminars and pDexa bone mineral density scans. The program's effectiveness is measured through pre- and post-tests and by follow-up assessments.

## ADMINISTRATION:

Staff from the Department's Wellness Section provides planning and technical assistance. Direct services are provided through a contract with a qualified licensed osteoporosis education and screening organization.

## ELIGIBILITY:

Services are available to persons age 60 or older, targeting those who are medically underserved and economically disadvantaged.

## STATUTORY AUTHORITY:

General Appropriations Act, State of Florida; Section 430.07(8), Florida Statutes.

## APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1999-2000	\$200,000	4,465
2000-2001	\$45,485*	1,400
2001-2002	\$200,000	7,301
2002-2003	\$200,000	7,273
2003-2004	\$200,000	7,736
2004-2005	\$200,000	6,974
2005-2006	\$200,000	6,896
2006-2007	\$200,000	6,269
2007-2008	\$212,485	6,661
2008-2009	\$191,974	6,018**

\*Osteoporosis program funding for SFY 2000-2001 consisted of previous state fiscal year certified carry-forward funding only.

\*\* Projected; decline in clients served is due to budget reduction

Source: Center for Osteoporosis reports

## FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is funded by state General Revenues from recurring Tobacco Settlement Trust Funds. Resources are allocated based on the Department's evaluation of program proposals.

### PROGRAM HIGHLIGHT

Some individuals receiving Osteoporosis Screening and Education services, though members of families in which osteoporosis is more prevalent, have noted that healthy nutrition and a healthy lifestyle have made a positive difference in their bone mineral density scans, in contrast to their siblings who have not made these lifestyle changes.

Men have been especially grateful for the bone mineral density scans, particularly when scan results indicate that they must take action to strengthen demineralized bones. Prior to receiving the scans, some of these men did not believe they could get osteoporosis.

# **RESPIRE FOR ELDERS LIVING IN EVERYDAY FAMILIES (RELIEF)**

## **DESCRIPTION:**

The RELIEF program offers respite services to caregivers who work with frail elders and those with Alzheimer's disease and related dementia. The intent is to provide respite to family caregivers in order to increase their ability to continue caring for a homebound elder and avoid the need to institutionalize the elder. Individuals who do not currently receive other Department services are given first priority.

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

## **SERVICES OR ACTIVITIES:**

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

## **ADMINISTRATION:**

Services are administered through Area Agencies on Aging, and the Department provides contract management and technical assistance. The Area Agencies use contracted sub-providers to recruit, select and train volunteers according to Department policies and procedures for volunteer service. Contracted providers are responsible for identifying and matching clients with volunteers. Contracts require regular reporting of activities and expenses.

## **ELIGIBILITY:**

This program serves frail homebound elders, age 60 and older, who live with a full-time caregiver who can benefit from up to four hours of respite, especially evening and weekend respite.

## **STATUTORY AUTHORITY:**

Section 430.071, Florida Statutes.



**APPROPRIATION HISTORY AND NUMBERS SERVED:**

<b>STATE FISCAL YEAR</b>	<b>STATE FUNDING</b>	<b>NUMBER OF CLIENTS SERVED</b>	<b>NUMBER OF VOLUNTEERS</b>	<b>UNITS (HOURS)</b>
1997-1998*	\$727,772	334	202	89,552
1998-1999**	\$930,044	371	235	141,366
1999-2000	\$1,330,044	609	467	121,162
2000-2001	\$1,330,044	449	396	193,597
2001-2002	\$1,330,044	484	323	144,229
2002-2003	\$1,294,530	369	242	151,715
2003-2004	\$994,530	382	274	116,938
2004-2005	\$1,044,530	586	393	132,134
2005-2006	\$1,044,530	577	356	136,182
2006-2007	\$1,044,530	554	332	132,156
2007-2008	\$1,044,530	512	324	138,600
2008-2009	\$1,044,530	450#	300#	135,000

\* Report period is from September 1997-September 1998

\*\* Report period is from October 1998-June 1999

# Projected; reduction in numbers and units is due to increased mileage reimbursements for fuel cost increases and related factors.

Source: Monthly progress reports and contracts

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

The RELIEF program is 100 percent funded by state General Revenues. Area Agencies on Aging are selected for RELIEF contracts in Planning and Service Areas where it is determined that evening and weekend respite volunteers can be recruited, screened, matched and supervised. Contracts are granted to agencies based on their ability to recruit and retain the necessary number of volunteers. Seven Area Agencies on Aging currently administer the RELIEF program.

## PROGRAM HIGHLIGHTS

Daily respite services provided by RELIEF volunteers in Miami have given a mother and daughter the opportunity to remain in their home and out of institutional care. Alda is 92 years old and was recently diagnosed with cancer. Her daughter, 65, has been Alda's primary caregiver but is now ill and in need of services herself. In addition to respite, RELIEF volunteers are helping the mother and daughter cope with their illnesses and the emotional stress of their difficult living circumstances. Both Alda and her daughter have expressed gratitude for the help, comfort and friendship provided by RELIEF volunteers.

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A caregiver in Jacksonville praised the RELIEF program, noting, "The program provides me with opportunities to leave my home and run essential errands with confidence, knowing my loved one is in caring hands while I am away."

# STATEWIDE PUBLIC GUARDIANSHIP OFFICE

## DESCRIPTION:

The Statewide Public Guardianship Office (SPGO), created by the Florida Legislature and staffed in June 2000, helps provide services to meet the needs of truly vulnerable persons who lack the capacity to make decisions on their own behalf. Guardians protect the property and personal rights of incapacitated individuals. SPGO is responsible for appointing and overseeing Florida's public guardians, as well as for conducting the licensing and education of Florida's professional guardians.

## SERVICES OR ACTIVITIES:

The Statewide Public Guardianship Office provides direction, coordination and oversight of public guardianship services in the state; develops performance measures; collects data on individuals served; and works to find ways to enhance funding to increase the availability of public guardians to serve individuals in need. The office is responsible for the curriculum and training of public and professional guardians, and licenses professional guardians as mandated by Florida Statute.

## ADMINISTRATION:

The Secretary of the Department of Elder Affairs appoints an Executive Director, who serves at the Secretary's pleasure.

## ELIGIBILITY:

Currently 15 public guardians serve 20 counties around Florida. Local public guardian offices are mandated by statute to provide guardianship services to persons of limited financial means in instances where no family or friend can be identified to provide these services.

To meet the appointment criteria pursuant to Chapter 744, Florida Statutes, a potential public guardian must submit:

- Be a resident of Florida, is at least 18 years old and has full legal rights and capacity (be "Sui Juris").
- Have knowledge of the legal process and social services available to meet the needs of incapacitated persons.

- Maintain a staff of professionally qualified individuals to carry out the guardianship functions, including a staff attorney who has experience in probate areas and another person who has a master’s degree in social work or a gerontologist, psychologist, registered nurse or nurse practitioner.
- Submit an annual registration form and related licensing fees.
- Undergo a criminal history check by the Federal Bureau of Investigation (FBI) and Florida Department of Law Enforcement (FDLE).
- Submit to a credit history check.
- Complete the 40-hour guardianship course, pass the state exam and maintain continuing education credits.
- Hold no position that would create a conflict of interest.
- Maintain a current blanket bond.

In addition, if the potential public guardian is a non-profit organization, it must also show that:

- It has been granted tax-exempt status by the Internal Revenue Service.

Unlike public guardians, professional guardians receive compensation for services rendered to wards who have adequate income or assets to pay for these services. To become a licensed professional guardian, an applicant must pass the professional guardian competency examination and submit the following:

- Annual registration form and related licensing fees
- Criminal history report from the Federal Bureau of Investigation (FBI) and Florida Department of Law Enforcement (FDLE)
- Credit history
- Proof of professional guardian bond
- Proof of professional guardian training, including passage of the state exam

**STATUTORY AUTHORITY:**

Chapter 744, Florida Statutes.

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

STATE FISCAL YEAR	APPROPRIATION	PUBLIC WARDS PROVIDED SERVICES
2000-2001	\$1,252,858	1,098*
2001-2002	\$1,302,858	1,405
2002-2003	\$1,067,921	1,654
2003-2004	\$1,188,344	1,714
2004-2005	\$2,355,579	2,214
2005-2006	\$2,380,003	2,486
2006-2007	\$2,383,242	2,342**
2007-2008	\$2,279,718	2,544
2008-2009	\$2,308,146	2,500#

\* Approximately 298 served with state funding and 800+ with local funding; numbers served reflect those actually adjudicated by the court to be incapacitated and assigned a guardian.

\*\* Decrease due to anticipated overall increase in state-funded costs per ward. Effective July 1, 2004, an Article V revision to the Florida Constitution no longer permitted counties to impose an add-on filing fee to fund local public guardian offices, necessitating additional state funding for these offices.

# Projected

Source: Statewide Public Guardianship Office reports and data

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

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



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# Section E

## Medicaid Programs

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# INTRODUCTION TO MEDICAID PROGRAMS

Section E of the Summary of Programs and Services provides detailed information about the Department's Medicaid programs. The Department operates Medicaid Waiver programs in partnership with the Agency for Health Care Administration, which is Florida's designated Medicaid agency. Medicaid Waiver programs are administered through contracts with Area Agencies on Aging and local service providers. These programs provide alternative, less restrictive long-term care options for elders who qualify for skilled nursing-home care. These options include care in the home or in a community setting, such as an assisted living facility or adult day care center, rather than in an institutional setting such as a nursing home or other skilled nursing facility. Medicaid Waiver programs thus provide qualified elders with a choice of care settings in a way that promotes increased independence. Also described in this section is the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program. This program conducts medical assessments that are part of the process of determining Medicaid eligibility for individuals applying for a skilled nursing facility or for Medicaid-funded community services (the Department of Children and Families determines financial eligibility for all Medicaid programs).

# ALZHEIMER'S DISEASE WAIVER

## DESCRIPTION:

This Medicaid Home- and Community-Based Services Waiver provides specialized services designed to maintain individuals with Alzheimer's disease in the community. Program services are available in Broward, Miami-Dade, Palm Beach and Pinellas counties.

Each beneficiary's service package is tailored to meet his/her needs as indicated by the needs assessment and care planning process. Individuals in the later stages of Alzheimer's disease are expected to require a more intense service package than those in the earlier stages.

## SERVICES OR ACTIVITIES:

This waiver program provides case management, adult day health care, respite care, wanderer alarm system, wanderer identification and location program, caregiver training, behavioral assessment and intervention, incontinence supplies, personal care, environmental modification and pharmacy review.

## ADMINISTRATION:

The Department has an interagency agreement with the Agency for Health Care Administration (Florida's Medicaid agency) to administer the waiver program.

## ELIGIBILITY:

Beneficiaries must be age 60 or older and must meet the technical and financial criteria applied to individuals seeking Medicaid assistance for nursing home status as well as the following additional criteria:

- Have a diagnosis of Alzheimer's disease made or confirmed by a memory disorder clinic, a neurologist or a physician with experience in neurology.
- Live with a capable caregiver in a private home or apartment.

Technical eligibility determination is completed by CARES teams in targeted Planning and Service Areas. Financial criteria are based on an individual's monthly income and assets, and are modified annually based on the federal cost of living adjustment (COLA) granted to Social Security beneficiaries. The Department of Children and Families determines financial eligibility for all Medicaid programs.

**STATUTORY AUTHORITY:**

Sections 1915(b) and (c) of the Social Security Act of 1965; 42 Code of Federal Regulations 441.302; Sections 409.906 (13) and 430.502, Florida Statutes.

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

STATE FISCAL YEAR	FUNDING	CLIENTS SERVED
2004-2005	\$5,038,809	N/A*
2005-2006	\$5,038,809	80*
2006-2007	\$5,057,409	109
2007-2008	\$5,057,409	320
2008-2009	\$5,057,409	350**

\* Program was made operational by the Agency for Health Care Administration in SFY 2005-2006

\*\* Estimate based on total available enrollee slots

Source: Department data and reports

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

The FY 2003-04, 2004-2005 and 2005-2006 General Appropriations Acts provided authorization and funding for an Alzheimer’s home- and community-based service waiver financed by Medicaid.

# COMPREHENSIVE ASSESSMENT AND REVIEW FOR LONG-TERM CARE SERVICES (CARES)

## DESCRIPTION:

Comprehensive Assessment and Review for Long-Term Care Services (CARES) is Florida's federally mandated pre-admission screening program for nursing home applicants. A registered nurse and/or assessor performs client assessments. A physician or registered nurse reviews each application to determine the level of care needed to best serve the applicant. The assessment identifies long-term care needs, establishes the appropriate level of care (medical eligibility for nursing facility care) and recommends the least restrictive, most appropriate placement. The program emphasizes approaches that make it possible for individuals to remain in their homes, through home-based services, or in alternative community placements such as assisted living facilities.

Federal law mandates that the CARES Program perform an assessment or review of each individual who requests Medicaid reimbursement for nursing facility placement or who seeks one of several waivers, including the Project AIDS Care (PAC), the Aged and Disabled Adult (ADA) or the Assisted Living for the Frail Elderly (ALE) waivers. A CARES assessment is also mandatory if a private-pay applicant is suspected of having mental retardation or mental illness. Any person or family member can initiate a CARES assessment by applying for the Medicaid Institutional Care Program (ICP). A private-pay assessment may be requested if a family wants to know whether their loved one meets the level of care for a nursing facility or other placement. These assessments are completed as a free service.

## SERVICES OR ACTIVITIES:

- Medical eligibility for the Medicaid Institutional Care Program (ICP)
- Medical eligibility for several Medicaid waivers that provide community services
- Medical assessment for all mentally ill clients for ICP
- Medical assessment for all developmentally disabled clients for ICP
- Medical assessment for residents in nursing facilities entering court-ordered receivership
- Medical utilization review of Medicaid nursing home residents for continuing eligibility

**ADMINISTRATION:**

The Department of Elder Affairs is responsible for the federal program through an interagency agreement with the Agency for Health Care Administration. Nineteen CARES field offices are located throughout the state. CARES personnel include registered nurses, social workers and assessors, administrative support staff, and an office supervisor. Physicians are used as consultants as part of the assessment and staffing process. CARES management structure includes two regional program supervisors who report to central office administration.

**ELIGIBILITY:**

The CARES program is the medical component of the Medicaid eligibility process for persons applying for a nursing facility or for Medicaid-funded community services. CARES personnel must determine whether medical criteria are met. The other portion of the process involves determining the applicant's financial eligibility for Medicaid, which is done by the Department of Children and Families through that agency's Automated Community Connection to Economic Self-Sufficiency (ACCESS) system. An applicant must meet Supplemental Security Income (SSI) or ICP income eligibility criteria.

More than 90 percent of the ICP applications originate in either the CARES or ESS units. The balance is referred from hospitals or other health/elder care sources. In this process each Department must notify the other when it receives an application.

**STATUTORY AUTHORITY:**

42 Code of Federal Regulations 456; 42 Code of Federal Regulations 483.100 – 483.138 (Subpart C); Title XIX of the Social Security Act of 1965; Chapter 59G, Florida Administrative Code; Sections 409.912(13)(a) and 430.205(5)J, Florida Statutes.

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

<b>STATE FISCAL YEAR</b>	<b>FEDERAL FUNDS = 75% STATE FUNDS = 25%</b>	<b>NUMBER OF ASSESSMENTS</b>	<b>% DIVERTED</b>
1992-1993	\$4,498,250	41,568	Baseline data collection on this measure began in 1998-1999
1993-1994	\$4,498,250	43,513	
1994-1995	\$4,498,250	44,899	
1995-1996	\$6,914,062	46,475	
1996-1997	\$8,060,115	50,068	
1997-1998	\$8,289,228	61,618	
1998-1999	\$8,448,930	54,926*	
1999-2000	\$9,361,546	62,341	17.8%
2000-2001	\$10,971,736	69,482	22.7%
2001-2002	\$11,095,299	80,157**	24.3%
2002-2003	\$11,297,587	78,267*	26.4%
2003-2004	\$10,967,368	74,229*	26.1%
2004-2005	\$11,918,712	87,987	30%
2005-2006	\$13,694,333	87,218	31%
2006-2007	\$15,440,712	88,078	32%
2007-2008	\$16,311,511	88,316	30.1%
2008-2009	\$16,269,207	84,192***	38%***

\* Numbers are smaller than the previous year due to decrease in Continued Residency Reviews based on filled Medicaid nursing facility beds in some areas of the state, as well as an increase in the number of Medicare dedicated beds and a decrease in Continued Residency Reviews.

\*\* Corrected figure based on the Summary of Cases by Assessment Site Report

\*\*\* Projection is based on legislatively approved output standard as indicated in the Department's Long-Range Program Plan

Source: CIRTS

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

The Department of Elder Affairs allocates CARES spending authority to each office in the 19 CARES Planning and Service Areas, based on the number of client applications and assessments and number of CARES personnel in each service area.

# LONG-TERM CARE COMMUNITY DIVERSION PILOT PROJECT

## DESCRIPTION:

The Long-Term Care Community Diversion Pilot Project is designed to target the frailest individuals who would otherwise qualify for Medicaid nursing home placement. It does this by providing long-term care services including home- and community-based services, Medicaid-covered medical services for persons who are dually eligible (e.g., prescription drugs, Medicare coinsurance and deductibles), and nursing home care. Through contracts with the state, managed care organizations receive a per-member per-month capitation payment to provide, manage and coordinate the enrollee's full continuum of long-term care. The objective is to provide frail elders with community-based alternatives in lieu of nursing home placement at a lower cost than Medicaid nursing home care.

The project is operated in 32 counties with 15 providers.

## SERVICES OR ACTIVITIES:

Services provided to project participants include adult companion, adult day health, assisted living services, case management, chore services, consumable medical supplies, environmental accessibility adaptation, escort, family training, financial assessment/risk reduction, home-delivered meals, homemaker, nutritional assessment/risk reduction, personal care, personal emergency response systems, respite care, occupational, physical and speech therapies, nursing facility services, prescribed drugs, visual/hearing/dental services, and optional transportation.

## ADMINISTRATION:

The Department administers the Long-Term Care Community Diversion Pilot Project in consultation with the Agency for Health Care Administration through a cooperative agreement.

## ELIGIBILITY:

Project enrollees must be age 65 and older; be eligible for Medicare Parts A & B; be eligible for Medicaid up to the Institutional Care Program (ICP) income and asset levels; reside in the project service area; be determined by CARES to be a person who, on the effective date of enrollment, can safely be served with home- and community-based services; and be determined by CARES to be at risk of nursing home placement and meet one or more of the following clinical criteria:

1. Require some help with five or more activities of daily living (ADLs);
2. Require some help with four ADLs plus require supervision or administration of medication;
3. Require total help with two or more ADLs;
4. Have a diagnosis of Alzheimer's disease or another type of dementia and require assistance or supervision with three or more ADLs; or
5. Have a diagnosis of a degenerative or chronic condition requiring daily nursing services.

**STATUTORY AUTHORITY:**

Section 1915(c), Social Security Act; Sections 430.701-430.709 and 409.912, Florida Statutes.



**APPROPRIATION HISTORY AND NUMBERS SERVED:**

STATE FISCAL YEAR	COMBINED FEDERAL AND STATE FUNDING	CLIENTS SERVED
1996-1997	\$11,117,454	N/A
1997-1998	\$22,769,909	N/A
1998-1999	\$22,769,907	118
1999-2000	\$22,769,907	814
2000-2001	\$22,769,907	1,074
2001-2002	\$26,119,143	1,165
2002-2003	\$30,916,013	1,216
2003-2004	\$68,082,110	4,247
2004-2005	\$128,457,002	7,480
2005-2006	\$274,713,462	9,348
2006-2007	\$200,870,188	5,319
2007-2008	\$224,335,496	13,024
2008-2009	\$306,373,201	16,402*

*NOTE: Project implementation began 12/98. Funding is contained within the Agency for Health Care Administration appropriation and presents combined federal and state appropriations. Funding includes Program of All-Inclusive Care for the Elderly (PACE) clients for SFY 2002-2003 and subsequent years (see separate PACE listing).*

*\* Projection (includes PACE clients).*

*Source: Department program data and CIRTS reports.*

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

Funds are from the federal Medicaid Trust Fund and state General Revenues.

# AGED AND DISABLED ADULT WAIVER

## DESCRIPTION:

Medicaid waiver home- and community-based services are provided to older persons and disabled individuals assessed as being frail, functionally impaired and at risk of nursing home placement. A case manager determines services based on a comprehensive assessment of needs. The services are designed to help the recipient remain in the community for as long as possible.

## SERVICES OR ACTIVITIES:

Services include adult day health care, attendant care, case aide, case management, chore, companionship, consumable medical supplies, counseling, emergency alert response, environmental modifications, escort, family training and support, financial assessment, home-delivered meals, homemaker, personal care, pest control, rehabilitative engineering evaluation, respite, risk reduction, skilled nursing, specialized medical equipment and supplies, and therapies.

## ADMINISTRATION:

The Department administers the waiver program through an interagency agreement with the Agency for Health Care Administration (Florida's Medicaid agency).

## ELIGIBILITY:

Individuals must be age 60 years and older or a disabled adult ages 18-59, and must meet the same technical and financial criteria as individuals seeking Medicaid assistance for nursing home status. Technical eligibility determinations are completed by CARES teams located within each of Florida's 11 Planning and Service Areas. Financial criteria are based on the individual's monthly income and assets and are modified annually based on the federal cost of living adjustment (COLA) granted to Social Security beneficiaries. The Department of Children and Families determines financial eligibility for all Medicaid programs.

## STATUTORY AUTHORITY:

Section 1915(c)(1) of the Social Security Act of 1965; 42 Code of Federal Regulations 441.302; Section 409.906(13), Florida Statutes.

## APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING = 55%* STATE FUNDING = 45%*	CLIENTS SERVED
1992-1993	\$14,298,627	6,848
1993-1994	\$16,455,529	6,952
1994-1995	\$20,971,119	8,047
1995-1996	\$23,927,145	8,667
1996-1997	\$36,112,463	10,605
1997-1998	\$42,524,317	11,636
1998-1999	\$51,197,577**	12,197
1999-2000	\$53,037,571***	12,483
2000-2001	\$61,976,956	12,068
2001-2002	\$82,188,322	15,079
2002-2003	\$87,604,575	14,197
2003-2004	\$87,587,017	11,745
2004-2005	\$79,025,827	10,981
2005-2006	\$88,569,763	12,854
2006-2007	\$85,594,582	13,420
2007-2008	\$85,485,333	10,808
2008-2009	\$85,485,333	11,000#

\* Approximate percentage changes at the start of each federal fiscal year

\*\* Includes \$3,490,962 transferred from CCE/LSP

\*\*\* Includes \$1,761,646 transferred from CCE as of 11/99

# Projected

Source for Clients Served: CIRTS, reports compiled from paid claims data submitted by fiscal agent for all services for persons 60 and older

## FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Base funding was established by the Legislature in SFY 1992-1993 using expenditure information from the Medicaid fiscal agent for that year.

The Department allocates Aged and Disabled Adult waiver spending authority to each of Florida's 11 Area Agencies on Aging. The formula is calculated by using average cost, caseload and attrition.

# CONSUMER-DIRECTED CARE PLUS (CDC+) PROGRAM

## DESCRIPTION:

The Medicaid Aged and Disabled Adult Waiver appropriation includes funding for the Consumer-Directed Care Plus (CDC+) Program. CDC+ serves individuals who are already receiving services from the Medicaid Aged/Disabled Adult (ADA) Waiver, the Traumatic Brain and Spinal Cord Injury (TBI/SCI) Waiver or the Adult Services Waiver. The CDC+ Program allows participants to hire workers and vendors of their own choosing – including family members or friends – to help with daily needs such as housecleaning, cooking and getting dressed. The program offers trained consultants to help consumers manage their budgets and make decisions, but individuals may also choose a family member or friend as their representative for these important matters.

The objectives of the CDC+ Program are:

- To demonstrate that some consumers of long-term care services can make more appropriate use of Medicaid resources when they have greater control over choice and the delivery of services and related purchases.
- To empower elders, people with disabilities, and their families to make choices about purchases from both formal and informal sources that best meet their needs.
- To provide consumers and their families the ability to make cost-effective purchases.
- To demonstrate the use of consultant services, which become less intensive over time, to help consumers make purchases related to their long-term care needs.

## SERVICES OR ACTIVITIES:

Consumers are given a monthly budget to purchase the amounts and types of long-term care supplies and services they need, from providers they choose. Providers may include family members, friends and neighbors, as well as home care agencies and contractors. CDC+ uses a fiscal/employer agent to maintain accounts, pay invoices and payroll, and provide employer labor and tax-related technical assistance to CDC+ staff. Consultants train, coach and provide technical assistance to consumers as needed.

**ADMINISTRATION:**

The Department of Elder Affairs administers the Consumer-Directed Care Plus Program in partnership with the Agency for Health Care Administration, the Department of Children and Families and the Department of Health. Florida implemented the CDC+ Program under the authority of an Independence Plus 1115 waiver amendment approved by the Centers for Medicare and Medicaid Services in May 2003, and in March 2008 the CDC+ Program began operating under the 1915(j) State Plan Amendment.

**ELIGIBILITY:**

The Department’s CDC+ Program is available to frail elders, adults with physical disabilities, and adults with brain and/or spinal cord injury. Consumers in each category may have a representative (such as a friend, caregiver or family member) manage the fiscal and program issues if they need or want assistance. Medicaid-enrolled individuals receiving services from one of the Medicaid 1915 (c) waiver programs listed below are eligible for CDC+. No others are eligible.

- Aged and Disabled Adults Medicaid Waiver: for frail elders (60 years or older).
- Aged and Disabled Adults Medicaid Waiver: for physically disabled adults (ages 18 to 60).
- Traumatic Brain/Spinal Cord Injury Medicaid Waiver: for adults (18 years or older) with traumatic brain and/or spinal cord injury.

**STATUTORY AUTHORITY:**

Section 1915(c) of the Social Security Act of 1965; 42 Code of Federal Regulations 441.302; General Appropriations Act, State of Florida; Section 409.906(13), Florida Statutes.

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

The CDC+ Program receives General Revenue funds, which are matched by Medicaid funds for program administration. Existing 1915 (c) Medicaid waiver appropriations to the Department of Elder Affairs, the Department of Health and the Department of Children and Families fund CDC+ consumer expenditures.

# ASSISTED LIVING FOR THE FRAIL ELDERLY WAIVER

## DESCRIPTION:

Assisted Living Medicaid waiver services are for clients age 60 and older who are at risk of nursing home placement and meet additional specific criteria related to the individual's ability to function. Recipients need additional support and services, which are made available in assisted living facilities with Extended Congregate Care or Limited Nursing Services licenses.

## SERVICES OR ACTIVITIES:

Appropriate services are made available based on the recipient's level of need. The program includes three services: assisted living, case management and incontinence supplies. The components of assisted living include: attendant call system, attendant care, behavior management, case management, chore services, companion services, homemaker, incontinence supplies, intermittent nursing, medication management, occupational therapy, personal care, physical therapy, specialized medical equipment and supplies, speech therapy, and therapeutic social and recreational services.

## ADMINISTRATION:

The Department administers the waiver program through an interagency agreement with the Agency for Health Care Administration (Florida's Medicaid agency).

## ELIGIBILITY:

Recipients must be age 60 and older and must meet the technical and financial criteria applied to individuals seeking Medicaid assistance for nursing home status and at least one of the following additional criteria:

- Requires assistance with four or more activities of daily living (ADLs), or three ADLs plus supervision to administer medication.
- Requires total help with one or more ADL(s).
- Has a diagnosis of Alzheimer's disease or other dementia and requires assistance with two or more ADLs.

- Has a diagnosis of a degenerative or chronic medical condition requiring nursing services that cannot be provided in a standard assisted living facility, but are available in an assisted living facility licensed for limited nursing or extended congregate care.
- Is a Medicaid-eligible recipient awaiting discharge from a nursing home who cannot return to a private residence because he/she needs supervision, personal care or periodic nursing services, or a combination of the three.

Applicants may already reside in the participating assisted living facility or may reside in the community at the time of application.

The Department of Children and Families determines financial eligibility for Medicaid programs. Participants may have some payment responsibility depending on their monthly income and assets. The Assisted Living waiver does not reimburse facilities for room and board. Reimbursement amounts are modified annually based on the federal cost of living adjustment (COLA) granted to Social Security beneficiaries. The Department of Children and Families establishes the amount allowed for room and board for consumers who are served by Florida's Optional State Supplementation program. Consumers in assisted living facilities may also be eligible to receive services through Medicaid Assistive Care Services.

#### **STATUTORY AUTHORITY:**

Section 1915(c) of the Social Security Act of 1965; 42 Code of Federal Regulations 441.302; General Appropriations Act, State of Florida; Section 409.906(13), Florida Statutes.

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

<b>STATE FISCAL YEAR</b>	<b>FEDERAL FUNDING = 55%* STATE FUNDING = 45%*</b>	<b>CLIENTS SERVED</b>
1994-1995	\$2,281,022	189
1995-1996	\$2,262,612	376
1996-1997	\$3,392,705	639
1997-1998	\$5,638,466	1,175
1998-1999	\$10,198,616	1,493
1999-2000	\$14,518,316	2,421
2000-2001	\$21,482,532	3,017
2001-2002	\$27,127,294	3,910
2002-2003	\$30,607,322	4,473
2003-2004	\$30,601,014	4,200
2004-2005	\$30,589,282	4,290
2005-2006	\$31,626,666	5,141
2006-2007	\$33,186,632	4,639**
2007-2008	\$33,186,632	3,186**
2008-2009	\$33,129,879	4,000#

\* Approximate - Federal Financial Participation (FFP) is determined each federal fiscal year

\*\* No enrollments 2/07 through 9/08 due to Florida General Revenue budget limitations

# Projection

Source: CIRTS Clients Served

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

The Department allocates Assisted Living waiver spending authority to each of Florida's 11 Area Agencies on Aging. The formula is calculated by using average cost, caseload and attrition.



# PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE)

## DESCRIPTION:

The PACE model is a project within the Long-Term Care Community Diversion Pilot Project (see separate program listing) 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. Individuals who choose to enroll in PACE have both their medical and long-term care needs managed through a single provider.

## SERVICES OR ACTIVITIES:

In addition to services covered under the Long-Term Care Community Diversion Pilot Project, the PACE project includes all services covered by Medicare. PACE is unique, however, in several respects. PACE providers receive both Medicare and Medicaid capitated payments and are responsible for providing the full continuum of medical and long-term care services. In addition, PACE sites receive an enhanced capitation payment from Medicare, beyond that of a traditional Medicare health maintenance organization (HMO). PACE also has a unique service delivery system, with many services being delivered through adult day care centers and case management provided by multi-disciplinary teams.

## ADMINISTRATION:

The PACE project is administered by the Department of Elder Affairs in consultation with the Agency for Health Care Administration. The PACE program, which previously operated as a federal demonstration project, was given regular Medicaid and Medicare service status in the federal Balanced Budget Act of 1997. As a result, states can now implement PACE projects without a federal waiver. In 1998, the Legislature authorized financing and contracting for a PACE site as part of the Community-Based Diversion Project.

## ELIGIBILITY:

To be eligible for PACE, an individual must be age 55 or older and eligible for Medicare or Medicaid with income and assets up to the Institutional Care Program (ICP) level.

**STATUTORY AUTHORITY:**

42 Code of Federal Regulations 460; Balanced Budget Act of 1997; Sections 430.701-430.709 and 409.912, Florida Statutes; Laws of Florida 2004-270.

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

Prior to 2006-2007 budget appropriations, PACE funding and number of clients served were included in the appropriation history/numbers served table for the Long-Term Care Community Diversion Pilot Project (see program listing). In SFY 2006-2007, PACE received separate funding to provide 150 additional clients with services in Miami-Dade County; 200 new clients in a PACE project in Martin and St. Lucie counties; and an additional 200 clients in a PACE project in Lee County.

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

<b>STATE FISCAL YEAR</b>	<b>FEDERAL FUNDING = 55%* STATE FUNDING = 45%*</b>	<b>CLIENTS APPROVED</b>
2006-2007	\$7,100,490	550
2007-2008	\$9,055,012	550
2008-2009	\$10,278,683*	550

*\* Total represents PACE portion of Long-Term Care Community Diversion Pilot Project appropriations.*

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

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





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# Section F

## Other Department Programs

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# INTRODUCTION TO OTHER DEPARTMENT PROGRAMS

Section F of the Summary of Programs and Services provides descriptions of Department programs that do not fall strictly into Older Americans Act (OAA), General Revenue or Medicaid categories. These programs are largely funded by the U.S. Department of Health and Human Services, U.S. Department of Agriculture, Centers for Medicare and Medicaid Services, or other federal sources. However, the Senior Companion Program receives state General Revenue matching funds to supplement federal grants awarded by the Corporation for National and Community Service. Also, the Nutrition Services Incentive Program is authorized by the Older Americans Act and is currently administered by the U.S. Department of Health and Human Services, Administration on Aging. Section F programs are listed alphabetically.

# ADULT CARE FOOD PROGRAM

## DESCRIPTION:

The program reimburses eligible adult care centers and other eligible centers to help them provide nutritious, wholesome meals to adult-care participants. Centers using this program help maintain participants' nutritional status while keeping food costs down.

## SERVICES OR ACTIVITIES:

Eligible adult care centers are reimbursed for meals, and may seek reimbursement for up to three meals/snacks per day. Reimbursement rates are determined on an individual participant basis. Participants who receive the following types of benefits will be categorized as free on the Free and Reduced Price Meal Application: Medicaid, Supplemental Security Income (SSI), Food Stamps or Food Distribution Program on Indian Reservations (FDPIR). Beneficiaries or participants documented to be at or below 130 percent of the poverty level qualify for the maximum reimbursement. Participants who do not meet the above criteria are assessed on the amount they declare to be their income.

## ADMINISTRATION:

The Department of Elder Affairs directly administers the Adult Care Food Program.

## ELIGIBILITY:

Centers eligible to receive meal reimbursement include:

- Licensed Adult Day Care Centers, public and proprietary centers (proprietary centers must receive Medicaid Title XIX funding for at least 25 percent of their participants).
- Mental Health Day Treatment Centers.
- In-Facility Respite Centers under contract with Department-funded programs.
- Habilitation Centers approved by the Department of Children and Families.

Participants eligible for the program must:

- Be age 60 and older, or an adult age 18 and older with a functional disability.



- Reside in the home or a “community-based” care facility.
- Be enrolled in a qualified center.

**STATUTORY AUTHORITY:**

7 Code of Federal Regulations 226.

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

FEDERAL FISCAL YEAR	FEDERAL FUNDING	ADULT DAY CARE SITES	PARTICIPANTS, DAILY AVERAGE
1997-1998	\$1,522,310	43	1,426
1998-1999	\$1,620,215	74	1,537
1999-2000	\$1,758,186	83	1,800
2000-2001	\$2,107,620	104	2,110
2001-2002	\$2,213,000	114	2,146
2002-2003	\$2,436,975	125	7,177*
2003-2004	\$2,721,000	113	7,327
2004-2005	\$2,573,404	107	7,664
2005-2006	\$2,526,004	106	8,338
2006-2007	\$2,735,702	94	8,238
2007-2008	\$3,509,380	94	8,942
2008-2009	\$3,509,380	93	9,269**

*Program transferred to Department from Department of Education 10/1/97*

*\* Increase reflects improved data capture from sites by Department*

*\*\* Projection*

*Source: DOEA program records*

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

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

# AMERICORPS

## DESCRIPTION:

AmeriCorps is a network of national service programs that engages a multi-generational corps of members who receive a living allowance and commit to one year of service in exchange for an education award. Members serve on a full-time, part-time or quarter-time basis annually for 1,700 hours, 900 hours and 450 hours, respectively. AmeriCorps programs recruit members and community volunteers for intensive service to meet critical needs in education, public safety, health and the environment. Department program services include respite, education and community outreach to elders, caregivers and families.

## SERVICES OR ACTIVITIES:

The Department operates a Legacy Corps (Easter Seals of South Florida Respite Program) project in Miami-Dade County, one of 11 projects administered around the nation by the University of Maryland Center on Aging. The Department partners with 49 AmeriCorps members and community volunteers to provide respite services to multicultural caregivers of frail elders at risk of institutionalization. In addition, caregivers receive information regarding available community services and support to help relieve the stress of caring for an elderly loved one.

## ADMINISTRATION:

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

## ELIGIBILITY:

All caregivers of frail homebound elders, except those already receiving paid respite services, who reside in Miami-Dade County and can benefit from program services are eligible for the Legacy Corps.

## STATUTORY AUTHORITY:

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

## APPROPRIATION HISTORY AND NUMBERS SERVED:

CALENDAR YEAR	FEDERAL FUNDING	STATE FUNDING	CLIENTS SERVED	MEMBERS	MEMBER HOURS OF SERVICE
1997*	\$530,866	\$30,000	530	40	56,847
1998	\$834,711	\$165,175	654	75	93,935
1999	\$826,447	\$103,275	611	83	93,830
2000	\$695,765	\$130,000	2,653	55	82,276
2001	\$111,377	\$18,000	291	13	10,622
2002	\$242,000	\$30,000	550	57	40,000
2003	\$841,769	\$108,000	800	80	100,000
2004	\$626,404	\$118,163	1,200	75	46,009**
2005	\$695,287	\$130,928	2,500	78	50,000
2006	\$230,000	\$80,000	1,500	43	20,030***
2007	\$137,813	\$36,921	300	51	22,000
2008	\$126,513	\$36,921	300#	49#	22,000#

*Notes: Number of AmeriCorps programs differs from year to year. Required local and in-kind match contributions are not reflected in above dollar amounts. "Clients served" reflects clients receiving direct services, outreach and education. Decrease in 2006 and 2007 funding due to reduction in number of AmeriCorps programs.*

*\* Report period for calendar year 1997 was February-December 1997*

*\*\* Reduction in 2004 hours due to predominance of part-time members and member attrition during 2004 hurricane season*

*\*\*\* Program sites with a majority of quarter-time members significantly decreased volunteer hours*

*# Program period is April through March; data are projections*

*Source: Data from monthly progress reports, contracts and web-based reporting system*

## FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Department receives funding for the Legacy Corps from the University of Maryland School of Public Health, through an AmeriCorps grant from the Corporation for National and Community Service. The Department contracts with Easter Seals of South Florida to provide services locally.

## PROGRAM HIGHLIGHT

A caregiver reports, “My mother was injured in an automobile accident and hospitalized for five days. Our AmeriCorps volunteer went to the hospital to be with my mother and me on a Saturday and Sunday to offer her support. Each evening during my mother’s hospitalization, the volunteer would visit again and bring food. I thank God she was at my side.”

A recent Legacy Corps Alumni Focus Group Report noted how the majority of members have had rewarding experiences as volunteer caregivers. One alumnus stated, “I learned a lot from my client. The client, caregiver and I established a three-way bond. Even though I have graduated from the Legacy Corps program, I still visit them. We have become like family.”

# ELDER FARMERS' MARKET NUTRITION PROGRAM

## DESCRIPTION:

The Elder Farmers' Market Nutrition Program provides coupons or produce to low-income elders, promoting good nutrition through greater consumption of fresh fruits and vegetables. The program also supports local farmers by increasing their sales through coupon redemption. Coupons can be exchanged for approved locally grown fresh fruits and vegetables at farmers' markets in Alachua, Bay, Jackson, Leon, Sumter, Suwannee and Union counties. The program typically begins April 1 and ends July 31 of each year.

## SERVICES OR ACTIVITIES:

Low-income elders who live in participating counties may apply for the program through the local lead agency. Eligible elders who participate in the produce-value coupon portion of the program receive two coupon booklets per season. Each booklet contains five \$4.00 coupons that can be used to purchase fresh fruits and vegetables from participating farmers' markets. To take advantage of Florida's fall growing season, the Department has added a "pre-bundled produce" program option, which became operational in 2008. Under this option, lead agencies contract to have a variety of pre-bundled produce delivered to eligible elders at designated sites in Alachua, Leon, Sumter, Suwannee and Union Counties. Participants receive a maximum program benefit of \$40 per household in farmers' market coupons or pre-bundled produce. Elders also receive nutrition education relating to fresh fruits and vegetables.

## ADMINISTRATION:

The Department coordinates with the Department of Agriculture and Consumer Services (DACS), which operates the Women, Infants and Children (WIC) Farmers' Market Nutrition Program, to simplify administration of the Elder Farmers' Market Nutrition Program and reduce administrative expenses. A memorandum of agreement gives DACS primary responsibility to recruit, authorize, train and monitor participating farmers. DACS is also responsible for providing participating farmers with vendor stamps, program manuals and program participation signs to display at farmers' markets. The Department operates the program in cooperation with Elder Care of Alachua County, Suwannee River Economic Council, Mid-Florida Community Services, Bay County Council on Aging, Jackson County Senior Citizens Organization, Elder Care Services and Tallahassee Senior Citizens Association. Family and Consumer Science agents from

the University of Florida Institute of Food and Agricultural Science (IFAS) Extension Service provide nutrition education for program participants.

**ELIGIBILITY:**

Participants must be age 60 or older and have an annual income of less than 185 percent of federal poverty income levels. Participants must redeem coupons for approved produce at authorized farmers’ markets or receive pre-bundled produce at designated program sites.

**STATUTORY AUTHORITY:**

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

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

CALENDAR YEAR	FEDERAL FUNDING	STATE FUNDING	PARTICIPATING FARMERS	FARMERS’ MARKETS	PARTICIPANTS RECEIVING COUPONS	PARTICIPANTS RECEIVING BUNDLED PRODUCE
2001	\$200,000	\$0	59	5	1,440	N/A
2002	\$163,136	\$0	60	10	1,850	N/A
2003	\$96,604		48	6	1,749	N/A
2004	\$96,576	\$83,316*	153	15	3,092	N/A
2005	\$87,964	\$76,000*	205	18	3,300	N/A
2006	\$92,911	\$128,684*	194	16	3,954	N/A
2007	\$94,903	\$31,335	233	17	3,274	N/A
2008	\$104,903	\$0	186	17	2,194	253

\* State Vitamin Settlement Grant

\*\* With the conclusion of Vitamin Settlement Grant funding in 2007, the program is now 100 percent federally funded. In addition to reduced 2008 appropriation, funding delays resulted in a truncated program season and reduced numbers of program clients served.

Source: Department program data and reports

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

Coupon funding consists of federal funds from a grant award from the U.S. Department of Agriculture Commodity Credit Corporation. Although considerable administrative

time is involved in overseeing the program, all program funds go to services. The Department opts to absorb the administrative cost and local agencies offer their administrative time as in-kind contributions, thereby expanding the number of elders who may benefit from the program.

## **PROGRAM HIGHLIGHT**

The Elder Farmers' Market Nutrition Program supplements the income of small produce farmers while providing low-income seniors with resources that allow them to increase their consumption of fresh fruits and vegetables – a step that improves the seniors' overall nutritional status and reduces their risk of chronic disease. In 2007, almost 42 percent of participating farmers surveyed indicated that they had increased their fruit and vegetable production thanks to the program.

In a survey of the program's elder consumers, 97 percent of respondents said they would recommend the program to family and friends, and 85 percent said they would continue to patronize the markets even if coupons were no longer offered.

# EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM (EHEAP)

## DESCRIPTION:

The Emergency Home Energy Assistance for the Elderly Program (EHEAP) assists low-income households with at least one person age 60 and older, when the households experience a home energy emergency.

## SERVICES OR ACTIVITIES:

Payments are for home heating or cooling and other emergency energy-related costs during the heating (October-March) and cooling (April-September) seasons. Eligible households may be provided one benefit per season, up to \$400. Effective November 1, 2008, the crisis assistance benefit increased from \$400 to \$600 per season. Payments are made directly to the vendor or by a two-party check to the vendor and client for electricity, natural gas, propane, fuel oil, kerosene or wood.

Program beneficiaries may receive vouchers to purchase blankets, portable heaters and fans. The program can also help pay for repairs to existing heating or cooling equipment or for re-connection fees. Additional funds with increased benefits may be issued by the President of the United States during seasonal emergencies.

## ADMINISTRATION:

The Department manages the program through a contract with the Department of Community Affairs and through the Area Agencies on Aging. Monitoring, training and technical assistance are performed by Department staff, while Area Agencies on Aging monitor local service providers. Contracts are established at each Area Agency on Aging for local administration of the program.

## ELIGIBILITY:

To be eligible for assistance, households must have:

- A heating or cooling emergency,
- At least one individual age 60 or older in the home, and
- A net household annual income of no more than 150 percent of the federal poverty guidelines, minus certain exclusions.



**STATUTORY AUTHORITY:**

Low-Income Home Energy Assistance Act of 1981, 42 United States Code 8621 et seq.; Title XXVI of Public Law 97-35, as amended; 45 Code of Federal Regulations 96; Section 409.508, Florida Statutes; Chapter 91-115, Laws of Florida, Section 10; Chapter 9B-65, Florida Administrative Code.

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

EHEAP FISCAL YEAR (APRIL 1 - MARCH 31)	FEDERAL FUNDING	HOUSEHOLDS SERVED	
		HEATING SEASON	COOLING SEASON
1994-1995	\$ 1,150,406	6,006	6,275
1995-1996	\$ 1,049,631	5,839	6,665
1996-1997	\$ 995,347	5,971	2,959
1997-1998	\$794,506	4,555	3,898
1998-1999	\$2,823,751*	3,278	6,157
1999-2000	\$873,649	2,793	3,434
2000-2001	\$1,013,152**	3,965	2,894
2001-2002	\$1,369,942***	3,547	3,636
2002-2003	\$1,479,529 #	3,844	3,433
2003-2004	\$1,343,391	3,710	3,575
2004-2005	\$1,468,578	3,489	3,291
2005-2006	\$1,751,721	4,278	4,120
2006-2007	\$2,987,094##	3,841	4,978
2007-2008	\$1,892,884	1,931	3,949
2008-2009	\$1,761,778	2,338###	

\* Includes regular EHEAP (\$794,506) and special Presidential award for cooling assistance for the 1998 summer heat wave

\*\* Includes \$139,215 Winter Contingency Funds

\*\*\* Includes \$251,479 Winter Contingency Funds

# Includes \$116,540 of 2003-2004 Winter Contingency Funds

## Includes additional LIHEAP award of \$1,380,097

### Estimate: Households include duplication, as they may receive service in each season. Decreased number reflects benefit increase from \$400 to \$600 per season.

Source: Contractor reports

## **FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

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

Allocation of Home Energy Assistance funding is based on the following:

- The Planning and Service Area population age 60 and older who are at or below 150 percent of the poverty level, divided by the statewide population age 60 and over who are at or below 150 percent of the poverty level.
- Factored into this is a percentage to take heating and cooling costs into consideration. Costs are determined after the state has been divided into three climatic regions (North, Central and South) based on the average number of heating and cooling degree days over the most recent 10-year period.

## PROGRAM HIGHLIGHTS

Sanders, a 65-year-old man, is in poor health, confined to his bed and on oxygen due to health reasons. After his electricity was turned off, Sanders called Pasco County Human Services for assistance with his past-due electric bill. A social worker pre-screened him over the phone and determined that he was eligible for the crisis EHEAP program. The social worker called the power company, told customer representatives that Sanders was eligible for energy assistance and requested that his service be restored. The power company immediately sent a worker to reconnect Sanders's electricity. The social worker and a case management coordinator made a home visit to Mr. J. that morning, completed the EHEAP application and approved the crisis service. They also took an application from Mid-Florida Community Services, the LIHEAP provider, for possible future service under this program. Since the initial home visit, staff has visited Sanders three times to maintain contact with him and see how he is doing. Coordination of community-provider services contributed toward success in meeting Sanders's immediate needs for emergency energy assistance and planning for his future energy needs.

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Coordination of service-provider efforts also contributed to the Northwest Florida Area Agency on Aging's success in assisting Cora, age 87. Despite an annual income that fell well below the poverty level, Cora was the head of household for her five resident grandchildren, the youngest of whom was only two years old. Given her financial straits, Cora was unable to pay a past-due \$1,200 natural-gas bill. The Area Agency determined that Cora was eligible for EHEAP assistance and paid \$400 of the bill using its program funds. Through interagency collaboration, Energy Services of Pensacola helped Cora with an additional \$400, and Catholic Charities paid the remaining \$400 of the bill, ensuring that Cora and her grandchildren would have natural gas service when they needed it.

# **NUTRITION SERVICES INCENTIVE PROGRAM**

## **DESCRIPTION:**

The Nutrition Services Incentive Program (NSIP) supplements funding for food used in meals served under the Older Americans Act (OAA). The NSIP has been authorized under OAA since 1978. Until 2004, the program was administered by the U.S. Department of Agriculture, but in 2003 Public Law 108-7 amended the OAA to transfer the program to the U.S. Department of Health and Human Services, Administration on Aging. The NSIP is intended to provide incentives to efficiently and effectively deliver nutritious meals to older individuals.

## **SERVICES OR ACTIVITIES:**

The NSIP reimburses Area Agencies on Aging and service providers for the costs of congregate and home-delivered meals, through a supplement of approximately \$0.67 per meal (reimbursement rate varies annually).

## **ADMINISTRATION:**

The Department administers the program through reimbursement contracts with Area Agencies on Aging and service providers.

## **ELIGIBILITY:**

To be eligible for NSIP assistance, individuals receiving congregate and home-delivered meals must be at least age 60 and qualified to receive services under the OAA. Spouses, disabled adults and volunteers younger than 60 may be served meals under some circumstances.

## **STATUTORY AUTHORITY:**

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

## APPROPRIATION HISTORY AND NUMBERS SERVED:

FFY	FUNDING ALLOCATED TO PSAS	NUMBER OF MEALS SERVED
1993-1994	\$6,878,452	Information not available.
1994-1995	\$6,634,928	
1995-1996	\$6,197,272	
1996-1997	\$6,584,425	
1997-1998	\$6,219,477	11,092,344
1998-1999	\$6,181,148	11,159,321
1999-2000	\$6,095,408	11,279,706
2000-2001	\$6,768,177	11,168,424
2001-2002	\$6,659,871	12,372,254
2002-2003	\$7,441,372	12,828,297
2003-2004	\$8,007,700	13,083,624
2004-2005	\$10,002,339	12,966,176
2005-2006	\$7,632,468	12,055,381
2006-2007	\$7,434,107	11,388,443
2007-2008	\$7,632,469	10,940,795
2008-2009	\$7,353,961	10,541,567*

\*Projected number of meals. A 2007 policy change prohibiting inclusion of CCE meals affected projections beginning in FFY 2007-2008.

Source: Department program reports

## FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The NSIP is 100 percent federally funded. NSIP allotments by the Administration on Aging to state units on aging represent proportional shares of the annual program appropriation based on the number of meals served in the prior year. The Department allocates NSIP funding to Planning and Service Areas based on the projected number of meals to be served.

# SENIOR COMPANION PROGRAM

## DESCRIPTION:

Senior Companion is a national service peer-volunteer program funded by a grant from the Corporation for National and Community Service. Senior Companion volunteers provide services to elders at risk of institutionalization due to chronic illnesses, disabilities or isolation. Volunteers receive pre-service and monthly training, a modest tax-free stipend to help defray expenses, local transportation reimbursement, accident and liability insurance while on duty, and an annual medical checkup.

## SERVICES OR ACTIVITIES:

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

## ADMINISTRATION:

The Department partners with Area Agencies on Aging and local providers to administer the program. Local service providers recruit, train and assign Senior Companions. The Department provides ongoing program supervision and technical support to participating Area Agencies on Aging and local service providers.

## ELIGIBILITY:

Volunteers must be low-income elders, age 60 and older, who pass a criminal background check and are able to commit to 15 hours of service per week.

Recipients of Senior Companion volunteer services are elders, age 60 and older, who are at risk of institutionalization due to chronic illness, disability or isolation.

## STATUTORY AUTHORITY:

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

## APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	CLIENTS SERVED	VOLUNTEER COMPANIONS	HOURS OF SERVICE
1994-1995	\$174,359	\$83,155	475	75	78,300
1995-1996	\$174,359	\$85,438	525	95	99,180
1996-1997	\$174,359	\$84,264	614	141	80,716
1997-1998	\$188,100	\$85,878	801	140	125,919
1998-1999	\$227,964	\$95,882	600	153	121,456
1999-2000	\$232,457	\$73,645	738	125	99,790
2000-2001	\$301,106	\$80,076	725	214	93,355
2001-2002	\$351,328	\$93,908	701	201	109,043
2002-2003	\$366,967	\$89,607	521	146	109,515
2003-2004	\$353,363	\$90,530	678	180	121,760
2004-2005	\$352,363	\$90,530	759	181	119,548
2005-2006	\$352,363	\$90,656	845	178	126,919
2006-2007	\$ 357,860	\$117,764	873	161	93,967
2007-2008	\$277,928	\$117,764	600	179	89,400
2008-2009	\$276,947	\$116,766	500*	184*	120,000*

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

*\* Projected*

*Source: Department records and manual reports submitted by program sites (client and companion data)*

## FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Corporation for National and Community Service awards the Senior Companion grant to the Department. Matching funds are from state General Revenues. Service providers are selected for program contracts based on their ability to recruit and retain volunteers and to provide required local matching funds.

## **PROGRAM HIGHLIGHT**

Small things make a big difference in the life of both a senior companion volunteer and a client. A volunteer in Marion County commented, “It is rewarding to help someone and have an impact on his or her life.”

A Senior Companion Program client satisfaction survey conducted by the Department between May and June 2007 showed that 92 percent of caregiver respondents were able to continue providing care or continue working without having to place their loved one in a long-term care facility.



# **SERVING HEALTH INSURANCE NEEDS OF ELDERS (SHINE) PROGRAM**

## **DESCRIPTION:**

Through a statewide network of trained volunteer counselors, the Serving Health Insurance Needs of Elders (SHINE) Program provides the only source of one-on-one personal and confidential Medicare-related counseling assistance for Florida's elders and caregivers. SHINE is part of the national State Health Insurance Assistance Program (SHIP).

## **SERVICES OR ACTIVITIES:**

More than 400 trained volunteers provide free and unbiased information, counseling and assistance in areas related to Medicare, Medicaid, long-term care insurance, prescription assistance, Medicare plan choices, supplemental insurance, preventive benefits, fraud prevention and beneficiary rights. Counseling and other services are provided at counseling sites, via telephone and over the internet.

In addition to counseling, SHINE has a strong community education and outreach component. Volunteers make educational presentations on Medicare and health-insurance issues to a variety of community groups and disseminate information at numerous health and senior fairs throughout the state. Education and outreach efforts focus on health promotion, consumer protection and beneficiary rights.

## **ADMINISTRATION:**

SHINE is a program of the Department of Elder Affairs. Department staff provide planning, training, technical assistance and support to volunteers. SHINE is operated at the local level through a partnership with the state's 11 Area Agencies on Aging.

## **ELIGIBILITY:**

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

## **STATUTORY AUTHORITY:**

Omnibus Budget Reconciliation Act of 1990, Section 4360; Section 430.07, Florida Statutes.

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

<b>FEDERAL FISCAL YEAR</b>	<b>FEDERAL FUNDING</b>	<b>NUMBER OF VOLUNTEERS</b>	<b>NUMBER OF CLIENTS SERVED</b>
1993-1994	\$774,814	430	8,270
1994-1995	\$556,386	496	12,404
1995-1996	\$684,386	575	19,226
1996-1997	\$598,543	600	29,000
1997-1998	\$591,637	600	30,000
1998-1999	\$1,036,679	600	80,457
1999-2001*	\$4,186,952	500	142,647
2001-2002	\$989,837	425	94,315
2002-2003	\$734,740	480	89,887
2003-2004	\$1,050,689	450	96,149
2004-2005	\$1,316,875	440	100,829
2005-2006	\$1,946,387	400	153,362
2006-2007	\$1,963,474	400	176,502
2007-2008	\$2,267,337	425	278,241**
2008-2009	\$2,349,987	450**	260,067***

\* Funded for 18-month period ending 3/15/01; includes funding in support of the National SHIP Resource Center.

\*\* Increase due to intensified publicity and related SHINE outreach efforts

\*\*\* Estimate

Source: SHINE Semi-Annual Report

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

SHINE, funded through a federal grant from the Centers for Medicare & Medicaid Services, began providing services in 1993. Funding allocations are usually based on volunteer hours and clients served in the preceding year, as well as the number of beneficiaries in the state.

## PROGRAM HIGHLIGHT

Volunteerism is a treasured resource and SHINE volunteers truly make a difference. For Jo, a SHINE volunteer from Lee County, it has become second nature. For eleven years Jo has provided her volunteer services for the SHINE program, and she remains steadfast in her mission to help counsel Medicare beneficiaries and their families on various health insurance matters. Throughout her time as a SHINE volunteer counselor, Jo has seen many changes in the Medicare program and has diligently made contributions to help seniors make informed decisions and choices for their health care needs. Not a week goes by that Jo does not “set up shop” in her home to assist those in need of Medicare counseling. Additionally, she volunteers every Tuesday at her local SHINE counseling site. Through her volunteer work with the SHINE program, Jo uses her SHINE training to help clients in her area with their Medicare questions or issues, including researching claims. Over the course of her eleven years with SHINE, Jo has retrieved more than \$500,000 in Medicare health insurance claims that she filed on behalf of Medicare beneficiaries.

It is easy to see how Jo embodies the SHINE mission of empowering Florida’s seniors and their representatives to reach informed decisions regarding health insurance, long-term care planning and prescription assistance. SHINE is able to offer counseling services and information thanks to its network of volunteers like Jo who maintain and respect the privacy and personal needs of all served.



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# Appendix

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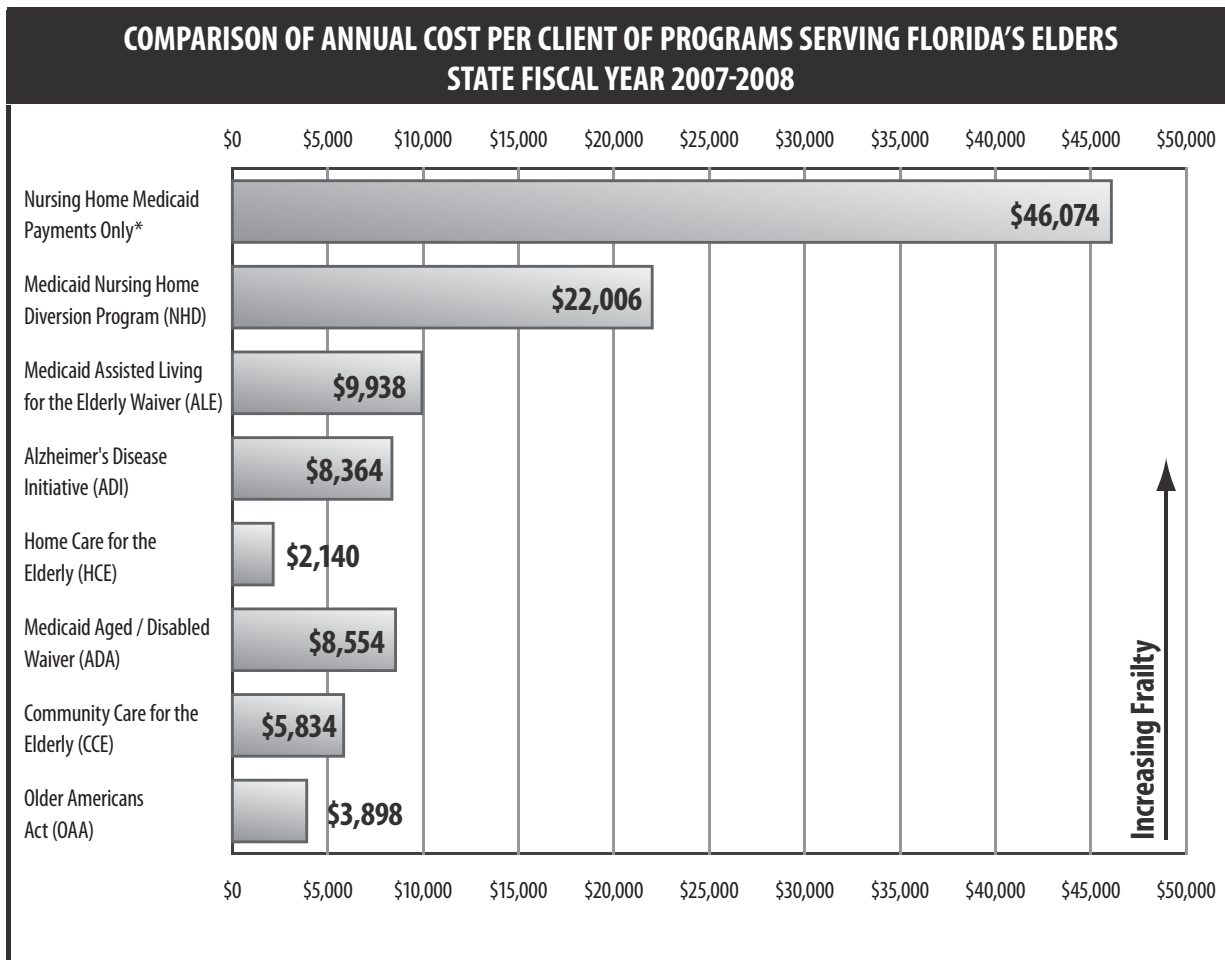
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# COST COMPARISONS

In addition to serving the needs of elders, Department programs save the state an average of \$1.88 in nursing home care for every dollar spent on home- and community-based services. By determining the number of case months of nursing home care that are avoided thanks to home- and community-based services and then factoring in the average monthly costs of each kind of service, it is possible to estimate the value of the avoided nursing home care. This shows that in fiscal year 2007-2008, the state was able to avoid more than \$997.8 million in nursing home payments by spending \$467.7 million for home- and community-based services.



# LONG-RANGE PROGRAM PLAN - SERVICES TO ELDERERS

This table provides a cross-reference of how programs fit into activities and budget entities in the Department’s Long-Range Program Plan.

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
Comprehensive Eligibility Services	Universal Frailty Assessment	Comprehensive Assessment and Review for Long-Term Care (CARES)	124
Home and Community Services	Caregiver Support	Alzheimer’s Disease Medicaid Waiver	122
		Alzheimer’s Disease Initiative	90
		AmeriCorps	146
		Home Care for the Elderly (HCE)	104
		Older Americans Act Title III E (National Family Caregiver Support Program)	64
		Respite for Elders Living in Everyday Families (RELIEF)	112
		Senior Companion Program	158
	Early Intervention/Prevention	Elder Abuse Prevention Program (OAA Title VII)	69
		Emergency Home Energy Assistance for the Elderly	152
		Health Promotion and Wellness Initiatives	62
		Information & Referral/Assistance	58
		Osteoporosis Screening and Education	110
		Senior Community Service Employment Program (OAA Title V)	66
		Serving Health Insurance Needs of Elders (SHINE)	161
	Supportive Community Care	Contracted Services (except meals)	102
		Local Services Programs (except meals)	106
		Older Americans Act Programs (OAA Title III B)	57
	Housing, Hospice and End of Life	Alzheimer’s Disease and Related Disorders Training Provider and Curriculum Approval	80
	Residential Assisted Living Support	Medicaid Assisted Living for the Frail Elderly Waiver	134



SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
Home and Community Services (continued)	Nutritional Services for the Elderly	Adult Care Food Program	144
		Contracted Services (meals only)	102
		Elder Farmers' Market Nutrition Program	149
		Local Services Programs (meals only)	106
		Nutrition Services Incentive Program (NSIP)	156
		Older Americans Act Programs (OAA Title III C1, Title III C2)	60
	Long-Term Care Initiatives	Long-Term Care Community Diversion Pilot Project	127
		Program of All-Inclusive Care (PACE)	137
	Home and Community Services Diversions	Community Care for the Elderly (CCE)	99
		Consumer-Directed Care Plus (CDC+) Program	132
		Medicaid Aged and Disabled Adult Waiver	130
Consumer Advocate Services	Long-Term Care Ombudsman Council	Long-Term Care Ombudsman Program	72
	Public Guardianship Program	Statewide Public Guardianship Office	115

# GENERAL ELIGIBILITY REQUIREMENTS FOR MAJOR PROGRAMS AND SERVICES

**NOTE:** Eligibility requirements listed below are for general informational purposes only. Information may be subject to change. Before relying on this information, please contact the Department for the most current program eligibility requirements.

For other general program information, please refer to the individual program descriptions listed in Sections C, D, E and F of this document.

Please note that poverty guidelines and Institutional Care Program (ICP) standards are revised annually.

PROGRAM	AGE	INCOME	OTHER REQUIREMENTS/ FRAILITY LEVELS
Adult Care Food Program	60 and older, or 18 and older and chronically impaired.	Level of reimbursement per client to center is based on participants' assessed level of need in accordance with USDA's annual adjustments to Income Eligibility Guidelines.	Must reside in the home or in a "community-based" care facility. Must be enrolled in an Adult Care Center. Center's reimbursement based on participant's assessed level of need.
Alzheimer's Disease Initiative	Caregivers for adults 18 and older; no requirement for Memory Disorder Clinics.	No income test; consumers are given opportunity to co-pay based on a sliding scale.	Diagnosed as having probable Alzheimer's disease or other memory disorder.
Alzheimer's Disease Medicaid Wavier	60 and older	Medicaid-eligible up to Institutional Care Program (ICP) income and asset level.	Must be at risk of nursing home placement. Must meet technical criteria for individuals seeking Medicaid assistance for nursing homes. Some additional clinical criteria apply.
Community Care for the Elderly	60 and older	Co-payment is assessed based on sliding schedule.	Must be assessed as functionally impaired. Primary consideration to persons referred by Adult Protective Services.
Emergency Home Energy Assistance for the Elderly	At least one household member age 60 and older	Household income 150% of poverty guidelines or less; certain exclusions apply.	Must have a heating or cooling emergency.

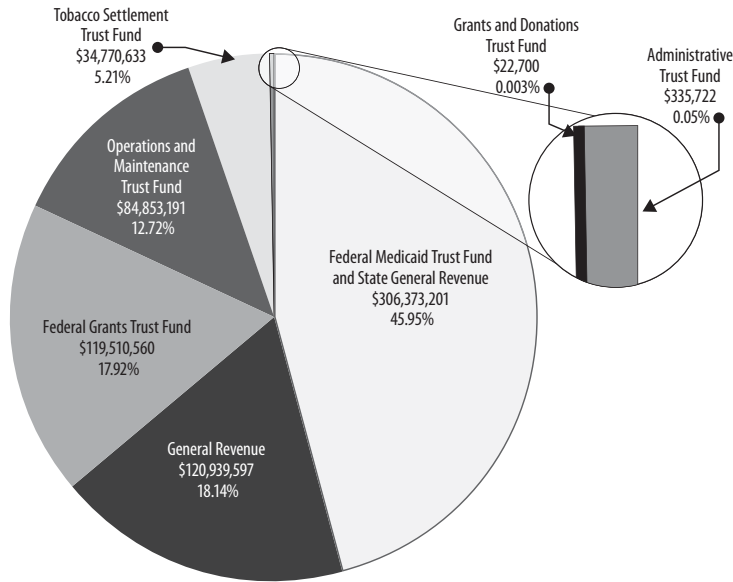
<b>PROGRAM</b>	<b>AGE</b>	<b>INCOME</b>	<b>OTHER REQUIREMENTS/ FRAILTY LEVELS</b>
Home Care for the Elderly	60 and older	Less than Institutional Care Program (ICP) standard for income and assets.	Must be at risk of nursing home placement and have approved adult caregiver willing and able to provide or assist in arranging for care.
Long-Term Care Community-Based Diversion Project	65 and older	Medicare-eligible, Medicaid-eligible up to Institutional Care Program (ICP) income and asset level.	Must reside in project service area. Must be at risk of nursing home placement. Some additional clinical criteria apply.
Medicaid Aged and Disabled Adult Waiver	60 and older, or 18-59 and disabled	Medicaid-eligible up to Institutional Care Program (ICP) income and asset level.	Must be at risk of nursing home placement. Must meet technical criteria for individuals seeking Medicaid assistance for nursing homes.
Medicaid Assisted Living for the Frail Elderly Waiver	60 and older	Medicaid-eligible up to Institutional Care Program (ICP) income and asset level.	Must be at risk of nursing home placement. Must meet technical criteria for individuals seeking Medicaid assistance for nursing homes. Some additional clinical criteria apply.
Older Americans Act Programs (except Title V)	60 and older; spouse under 60 and disabled adults may be served meals under some circumstances	No income test.	Preference to persons with greatest economic or social needs, with particular attention to low-income minority and rural individuals.
Senior Community Service Employment Program (OAA Title V)	55 and older	Household income 125% of poverty guidelines or less; certain exclusions apply.	Targets persons with poor employment prospects and greatest economic need.

# SOURCE OF REVENUE - STATE FISCAL YEAR 2008-2009\*

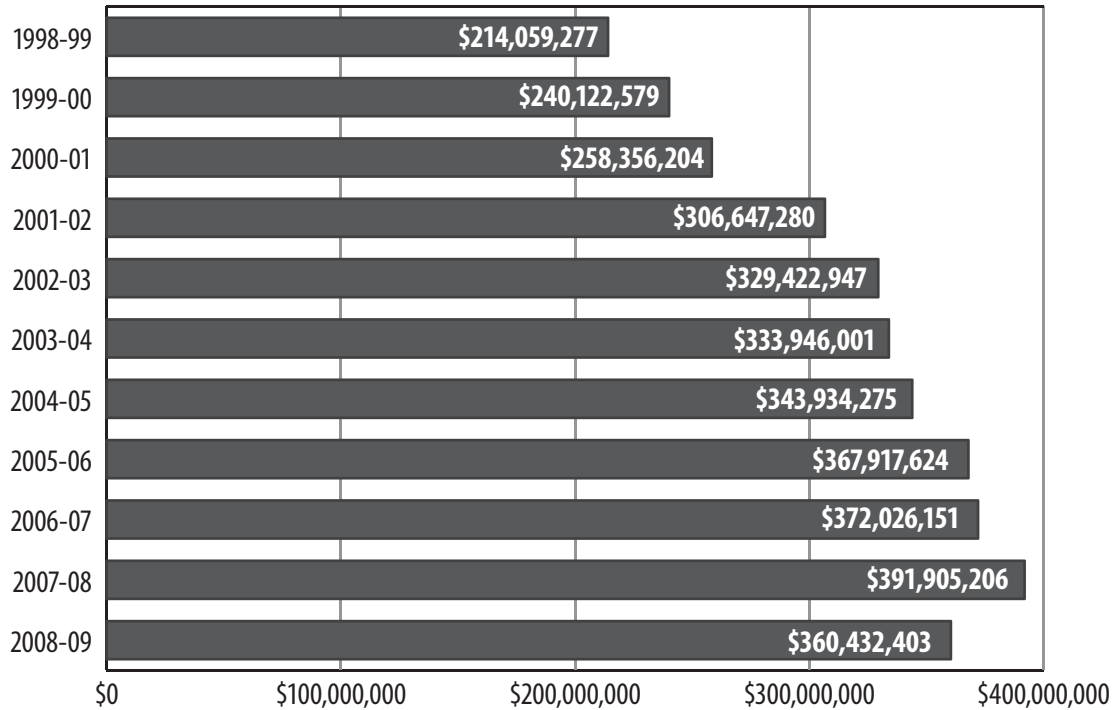
<b>General Revenue.</b> . . . . .	<b>\$ 120,939,597</b>
Legislative Appropriation	
<b>Tobacco Settlement Trust Fund</b> . . . . .	<b>\$ 34,770,633</b>
Legislative Appropriation	
<b>Grants and Donations Trust Fund.</b> . . . . .	<b>\$ 22,700</b>
Donations	
<b>Operations and Maintenance Trust Fund</b> . . . . .	<b>\$ 84,853,191</b>
Aged and Disabled Adult Medicaid Waiver	
Assisted Living for the Frail Elderly Medicaid Waiver	
Alzheimer's Dementia-Specific Medicaid Waiver	
CARES (Comprehensive Assessment & Review for Long-Term Care)	
Medicaid Administration	
<b>Federal Grants Trust Fund</b> . . . . .	<b>\$ 119,510,560</b>
Title III and VII, Older Americans Act	
Title V Senior Community Services Employment Program	
HHS Nutrition Services Incentive Program	
USDA Adult Day Care Food Program	
Emergency Home Energy Assistance Program	
Serving Health Insurance Needs of Elders (SHINE)	
Elder Farmers' Market Nutrition Program	
<b>Administrative Trust Fund.</b> . . . . .	<b>\$ 335,722</b>
Public Guardianship Services	
Assisted Living Facility Licensure Fees	
<b>Federal Medicaid Trust Fund and State General Revenue</b> . . . . .	<b>\$ 306,373,201</b>
Long-Term Care Community Diversion Pilot Project	
<b>Total.</b> . . . . .	<b>\$ 666,805,604</b>

\* Source: 2008-2009 General Appropriations Act and Department of Elder Affairs Approved Operating Budget 2008-2009 before January 2009 reductions.

**TOTAL APPROPRIATIONS: \$ 666,805,604**



**BUDGET OVERVIEW (NOT INCLUDING DIVERSION)**



*Notes:*

*Overview does not include the budget for the Long-Term Care Community Diversion Pilot Project (Nursing Home Diversion). This program is funded within the Agency for Health Care Administration budget but is operated by the Department of Elder Affairs through an interagency agreement.*

*DOEA budget (not including Nursing Home Diversion) has grown 68.4 percent over the past ten years.*

*Department programs and services are 94 percent privatized through contracts with Area Agencies on Aging and other providers.*

*Executive Direction and Support Services represents 2.44 percent of the Department's budget.*

# ELDER DEMOGRAPHICS/PROGRAM ENROLLMENT BY COUNTY

COUNTY	TOTAL POPULATION					PERCENT OF POPULATION WHO ARE ELDERS				
	ALL AGES	60+	65+	75+	85+	60+	65+	75+	85+	MINORITY 60+
Alachua	252,388	34,950	24,732	11,733	3,557	13.8%	9.8%	4.6%	1.4%	21.9%
Baker	25,890	4,092	2,789	1,101	268	15.8%	10.8%	4.3%	1.0%	9.3%
Bay	169,307	35,557	25,316	11,332	2,840	21.0%	15.0%	6.7%	1.7%	10.5%
Bradford	29,059	5,470	3,967	1,859	542	18.8%	13.7%	6.4%	1.9%	12.4%
Brevard	556,213	150,648	115,471	57,610	14,948	27.1%	20.8%	10.4%	2.7%	10.5%
Broward	1,758,494	337,629	253,155	136,005	46,766	19.2%	14.4%	7.7%	2.7%	27.6%
Calhoun	14,310	2,871	2,169	1,045	323	20.1%	15.2%	7.3%	2.3%	12.9%
Charlotte	165,781	69,448	56,101	30,329	8,468	41.9%	33.8%	18.3%	5.1%	6.7%
Citrus	142,043	58,242	45,947	23,556	6,452	41.0%	32.3%	16.6%	4.5%	4.7%
Clay	185,168	30,693	21,012	9,041	2,555	16.6%	11.3%	4.9%	1.4%	10.3%
Collier	332,854	101,987	79,022	38,797	9,205	30.6%	23.7%	11.7%	2.8%	8.1%
Columbia	66,121	14,128	10,278	4,675	1,249	21.4%	15.5%	7.1%	1.9%	13.7%
DeSoto	34,487	8,444	6,486	3,159	746	24.5%	18.8%	9.2%	2.2%	11.5%
Dixie	15,963	4,197	3,119	1,406	331	26.3%	19.5%	8.8%	2.1%	4.5%
Duval	904,971	141,009	98,523	46,613	13,235	15.6%	10.9%	5.2%	1.5%	27.0%
Escambia	313,480	61,605	45,740	22,501	6,643	19.7%	14.6%	7.2%	2.1%	19.6%
Flagler	95,512	33,674	26,144	12,549	2,746	35.3%	27.4%	13.1%	2.9%	17.8%
Franklin	12,331	3,220	2,349	994	270	26.1%	19.0%	8.1%	2.2%	9.0%
Gadsden	50,611	9,275	6,671	3,070	869	18.3%	13.2%	6.1%	1.7%	48.6%
Gilchrist	17,256	3,739	2,722	1,189	286	21.7%	15.8%	6.9%	1.7%	6.8%
Glades	11,323	2,875	2,123	882	200	25.4%	18.7%	7.8%	1.8%	10.7%
Gulf	16,923	3,733	2,738	1,232	332	22.1%	16.2%	7.3%	2.0%	10.1%
Hamilton	14,779	2,502	1,774	824	248	16.9%	12.0%	5.6%	1.7%	25.8%
Hardee	27,909	4,850	3,737	1,931	491	17.4%	13.4%	6.9%	1.8%	19.3%
Hendry	41,216	5,781	4,264	1,947	493	14.0%	10.3%	4.7%	1.2%	34.1%
Hernando	164,907	60,081	47,713	25,138	6,342	36.4%	28.9%	15.2%	3.8%	7.7%
Highlands	100,207	38,894	32,032	17,436	4,712	38.8%	32.0%	17.4%	4.7%	9.1%
Hillsborough	1,200,541	201,229	145,012	70,242	20,440	16.8%	12.1%	5.9%	1.7%	28.4%
Holmes	19,757	4,342	3,229	1,507	452	22.0%	16.3%	7.6%	2.3%	5.4%
Indian River	141,667	48,387	38,428	21,125	6,173	34.2%	27.1%	14.9%	4.4%	6.8%
Jackson	52,639	11,075	8,235	4,059	1,225	21.0%	15.6%	7.7%	2.3%	20.6%
Jef erson	14,553	3,130	2,214	1,110	321	21.5%	15.2%	7.6%	2.2%	28.8%
Lafayette	8,287	1,409	1,051	479	131	17.0%	12.7%	5.8%	1.6%	6.7%

COUNTY	TOTAL POPULATION					PERCENT OF POPULATION WHO ARE ELDERS				
	ALL AGES	60+	65+	75+	85+	60+	65+	75+	85+	MINORITY 60+
Lake	288,379	93,912	73,086	35,664	8,910	32.6%	25.3%	12.4%	3.1%	8.0%
Lee	623,725	188,886	145,676	73,575	19,267	30.3%	23.4%	11.8%	3.1%	8.3%
Leon	274,892	34,885	23,755	11,150	3,490	12.7%	8.6%	4.1%	1.3%	24.0%
Levy	40,817	10,713	7,878	3,608	927	26.2%	19.3%	8.8%	2.3%	9.7%
Liberty	8,158	1,259	900	401	96	15.4%	11.0%	4.9%	1.2%	12.6%
Madison	20,152	4,107	3,087	1,492	465	20.4%	15.3%	7.4%	2.3%	26.8%
Manatee	317,699	91,625	71,546	38,481	11,398	28.8%	22.5%	12.1%	3.6%	7.0%
Marion	329,418	101,473	79,405	40,678	10,451	30.8%	24.1%	12.3%	3.2%	10.7%
Martin	143,868	50,464	39,925	21,109	6,223	35.1%	27.8%	14.7%	4.3%	5.0%
Miami-Dade	2,477,289	458,374	339,543	163,115	47,216	18.5%	13.7%	6.6%	1.9%	81.0%
Monroe	76,081	18,746	13,036	5,728	1,448	24.6%	17.1%	7.5%	1.9%	15.7%
Nassau	71,915	16,058	11,043	4,473	959	22.3%	15.4%	6.2%	1.3%	6.9%
Okaloosa	197,597	37,371	26,577	11,550	2,878	18.9%	13.5%	5.8%	1.5%	9.6%
Okeechobee	40,003	8,776	6,836	3,421	842	21.9%	17.1%	8.6%	2.1%	10.0%
Orange	1,114,979	147,768	103,611	47,504	12,501	13.3%	9.3%	4.3%	1.1%	38.3%
Osceola	273,709	41,157	28,744	12,580	3,320	15.0%	10.5%	4.6%	1.2%	38.2%
Palm Beach	1,294,654	349,338	276,554	156,624	49,018	27.0%	21.4%	12.1%	3.8%	14.0%
Pasco	438,668	131,058	103,054	54,869	15,889	29.9%	23.5%	12.5%	3.6%	6.7%
Pinellas	938,461	257,860	198,543	108,055	35,629	27.5%	21.2%	11.5%	3.8%	8.9%
Polk	585,733	137,721	104,689	52,120	13,875	23.5%	17.9%	8.9%	2.4%	13.8%
Putnam	74,989	19,162	14,322	6,582	1,530	25.6%	19.1%	8.8%	2.0%	13.5%
St. Johns	181,180	39,393	28,253	13,575	3,519	21.7%	15.6%	7.5%	1.9%	7.6%
St. Lucie	276,585	76,367	59,323	30,745	7,574	27.6%	21.4%	11.1%	2.7%	15.0%
Santa Rosa	144,136	25,737	17,873	7,320	1,855	17.9%	12.4%	5.1%	1.3%	6.6%
Sarasota	393,608	152,594	121,958	67,448	20,875	38.8%	31.0%	17.1%	5.3%	4.5%
Seminole	426,413	68,521	47,202	21,710	5,593	16.1%	11.1%	5.1%	1.3%	22.0%
Sumter	93,034	34,838	28,771	14,214	3,051	37.4%	30.9%	15.3%	3.3%	6.8%
Suwannee	40,927	10,009	7,588	3,723	1,085	24.5%	18.5%	9.1%	2.7%	9.8%
Taylor	23,199	4,750	3,367	1,528	375	20.5%	14.5%	6.6%	1.6%	11.4%
Union	15,974	2,013	1,333	551	135	12.6%	8.3%	3.5%	0.8%	14.0%
Volusia	510,750	140,908	108,420	56,575	16,623	27.6%	21.2%	11.1%	3.3%	10.1%
Wakulla	30,717	5,608	3,724	1,411	372	18.3%	12.1%	4.6%	1.2%	8.5%
Walton	57,784	14,056	10,532	4,852	1,205	24.3%	18.2%	8.4%	2.1%	7.6%
Washington	24,779	5,472	4,005	1,862	556	22.1%	16.2%	7.5%	2.2%	11.0%
<b>Florida</b>	<b>18,807,219</b>	<b>4,280,148</b>	<b>3,238,423</b>	<b>1,644,770</b>	<b>473,010</b>	<b>22.8%</b>	<b>17.2%</b>	<b>8.7%</b>	<b>2.5%</b>	<b>22.1%</b>

COUNTY	PERCENT OF POPULATION				PROGRAM ENROLLMENTS						
	BELOW POVERTY LEVEL 60+	ALZHEIMER'S DISEASE 65+	LIVING ALONE 60+	65+ WITH SELF-CARE DISABILITIES	ADA	ADI	ALE	CCE	HCE	NH DIVERSION	COMMUNITY NURSING HOME BEDS PER 1,000 (75+)
Alachua	9.1%	14.5%	23.8%	11.9%	126	97	0	121	68	2	79.6
Baker	9.7%	11.9%	18.3%	17.7%	15	9	0	77	14	0	170.8
Bay	9.1%	13.2%	24.1%	13.1%	188	23	38	151	69	0	75.4
Bradford	14.4%	14.2%	21.9%	12.4%	15	5	11	59	8	0	129.1
Brevard	7.3%	14.5%	22.5%	8.9%	230	69	101	286	57	468	45.6
Broward	9.9%	16.7%	28.5%	10.0%	739	340	155	1,551	410	1,737	31.1
Calhoun	17.1%	14.8%	26.6%	19.6%	48	8	1	55	23	0	235.4
Charlotte	6.0%	15.8%	20.7%	8.3%	71	10	3	280	44	101	36.5
Citrus	7.7%	15.0%	19.6%	7.9%	111	14	41	212	44	48	45.9
Clay	6.6%	13.2%	17.5%	12.6%	104	21	23	151	55	0	120.9
Collier	5.5%	14.0%	18.3%	5.6%	41	16	10	287	61	64	19.5
Columbia	11.9%	13.6%	24.8%	13.2%	83	13	12	113	94	0	65.2
DeSoto	7.5%	13.9%	16.6%	8.9%	16	7	4	101	12	0	13.0
Dixie	15.5%	13.1%	24.4%	15.6%	17	5	0	56	19	0	42.7
Duval	10.1%	14.3%	26.2%	13.5%	558	41	44	1,077	229	380	84.4
Escambia	8.7%	14.9%	23.8%	14.6%	238	35	54	180	56	0	75.0
Flagler	5.4%	13.5%	17.0%	9.4%	45	13	3	98	14	17	19.1
Franklin	12.4%	12.9%	23.3%	14.8%	46	5	15	28	15	0	0
Gadsden	14.6%	13.9%	24.9%	14.8%	68	26	15	81	45	0	39.1
Gilchrist	13.4%	12.9%	19.9%	13.2%	17	9	1	49	10	0	169.0
Glades	9.2%	12.2%	20.1%	10.8%	5	4	0	71	10	0	0
Gulf	12.3%	13.5%	24.5%	13.9%	33	4	10	34	11	0	97.4
Hamilton	16.8%	14.3%	23.8%	13.2%	60	7	0	86	55	0	72.8
Hardee	14.8%	14.8%	20.0%	13.5%	38	7	0	42	27	0	53.9
Hendry	12.2%	13.5%	21.8%	12.6%	12	10	0	110	17	8	127.4
Hernando	6.7%	15.1%	18.8%	9.6%	51	16	64	250	73	108	26.3
Highlands	8.2%	15.7%	20.8%	9.0%	83	15	50	201	59	0	34.3
Hillsborough	9.0%	14.6%	24.2%	12.2%	623	85	246	2,305	341	1,084	51.8
Holmes	15.4%	14.3%	25.5%	14.0%	93	5	21	36	51	0	119.4
Indian River	6.1%	16.2%	23.2%	7.3%	56	8	52	122	34	133	25.8
Jackson	17.0%	15.0%	29.2%	16.4%	140	23	18	175	87	0	133.0
Jef erson	15.3%	15.0%	19.2%	21.1%	101	3	0	37	22	0	141.5
Lafayette	15.8%	13.7%	27.1%	11.2%	14	2	19	41	6	0	125.1
Lake	6.8%	14.1%	20.1%	8.6%	51	12	51	298	78	184	39.2
Lee	5.9%	14.7%	20.0%	7.9%	179	28	169	1,192	78	229	27.4
Leon	7.0%	14.6%	24.2%	13.0%	178	16	5	221	64	0	66.7



COUNTY	PERCENT OF POPULATION				PROGRAM ENROLLMENTS						
	BELOW POVERTY LEVEL 60+	ALZHEIMER'S DISEASE 65+	LIVING ALONE 60+	65+ WITH SELF-CARE DISABILITIES	ADA	ADI	ALE	CCE	HCE	NH DIVERSION	COMMUNITY NURSING HOME BEDS PER 1,000 (75+)
Levy	11.6%	13.5%	24.0%	11.2%	75	5	25	115	12	0	49.9
Liberty	18.4%	13.0%	29.2%	19.8%	22	1	14	43	9	0	0
Madison	19.1%	14.9%	26.2%	14.7%	58	5	22	30	27	0	159.6
Manatee	6.4%	16.0%	24.6%	7.9%	78	25	60	304	63	151	35.3
Marion	8.3%	14.8%	20.7%	9.3%	145	26	33	485	42	163	33.7
Martin	5.6%	15.7%	22.7%	6.0%	41	58	1	172	27	70	37.7
Miami-Dade	15.0%	14.5%	20.0%	13.4%	1,959	262	510	931	1,088	3,432	49.0
Monroe	8.5%	13.1%	20.9%	7.3%	16	15	0	226	33	0	41.9
Nassau	7.9%	11.8%	19.8%	13.0%	83	12	6	142	37	0	53.7
Okaloosa	5.6%	12.9%	22.0%	10.9%	61	21	12	80	29	0	77.8
Okeechobee	9.9%	14.4%	21.0%	9.3%	67	6	0	83	21	0	50.6
Orange	8.4%	13.6%	21.1%	12.3%	428	222	185	323	92	853	85.8
Osceola	8.3%	13.2%	18.7%	9.3%	193	13	15	92	56	259	85.9
Palm Beach	6.7%	16.9%	24.7%	8.4%	769	237	57	1,362	252	1,088	38.6
Pasco	8.0%	15.8%	23.5%	8.5%	193	41	211	345	72	283	33.1
Pinellas	7.9%	16.7%	29.2%	9.0%	591	70	338	728	121	1,054	73.7
Polk	8.4%	14.6%	21.7%	10.9%	303	36	54	732	270	259	54.2
Putnam	11.9%	13.3%	24.8%	14.4%	56	7	28	168	45	0	51.2
St. Johns	6.2%	14.1%	21.1%	8.3%	70	17	28	86	38	37	44.6
St. Lucie	7.8%	14.8%	20.3%	9.0%	140	61	68	185	92	144	34.2
Santa Rosa	8.2%	12.4%	19.2%	12.4%	51	16	52	55	20	0	56.0
Sarasota	5.1%	16.6%	22.9%	7.7%	102	50	24	724	76	304	41.5
Seminole	6.4%	13.6%	21.4%	11.3%	77	72	87	113	27	309	54.0
Sumter	7.9%	13.8%	19.0%	10.9%	28	2	8	80	36	0	19.0
Suwannee	12.0%	14.8%	23.4%	13.0%	63	14	11	163	57	0	107.7
Taylor	14.9%	13.3%	25.7%	14.4%	77	3	0	32	10	0	78.5
Union	14.0%	12.4%	19.4%	20.3%	17	3	0	40	7	0	0
Volusia	7.3%	15.6%	23.8%	9.0%	385	36	100	962	148	436	55.7
Wakulla	10.2%	11.8%	17.9%	12.8%	53	10	1	55	18	0	85.0
Walton	9.4%	13.5%	22.2%	14.6%	32	15	10	85	28	0	57.1
Washington	16.4%	14.3%	24.8%	16.2%	95	7	1	57	26	0	96.7
<b>Florida</b>	<b>8.6%</b>	<b>15.1%</b>	<b>23.0%</b>	<b>10.1%</b>	<b>10,528</b>	<b>2,379</b>	<b>3,116</b>	<b>19,232</b>	<b>5,239</b>	<b>13,200</b>	<b>48.2</b>

Source: Department of Elder Affairs calculations based on University of Florida, Bureau of Economic and Business Research (BEBR) population estimates for 11/3/08; Florida Legislature, Office of Economic and Demographic Research projections for 11/08; and U.S. Bureau of the Census 2000 data.

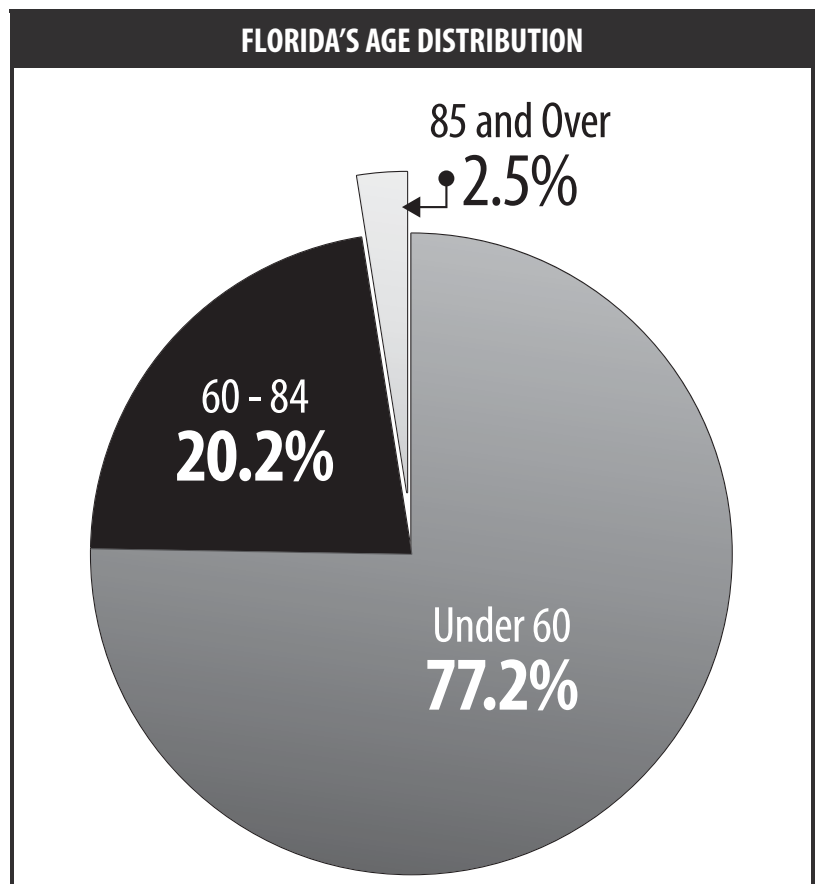
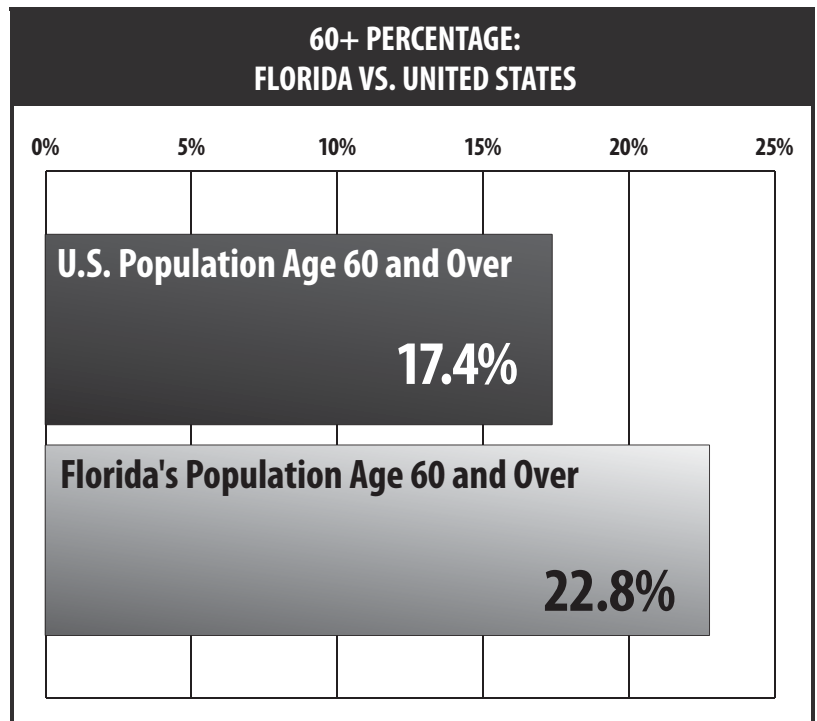
Program enrollment data is from the Department's Client Information and Registration Tracking System (CIRTS), Paid Claim Database for the Aged and Disabled Adult Medicaid Waiver (ADA) and Assisted Living for the Frail Elderly Medicaid Waiver (ALE), and FREEDOM enrollment spans.

# AGE DISTRIBUTION

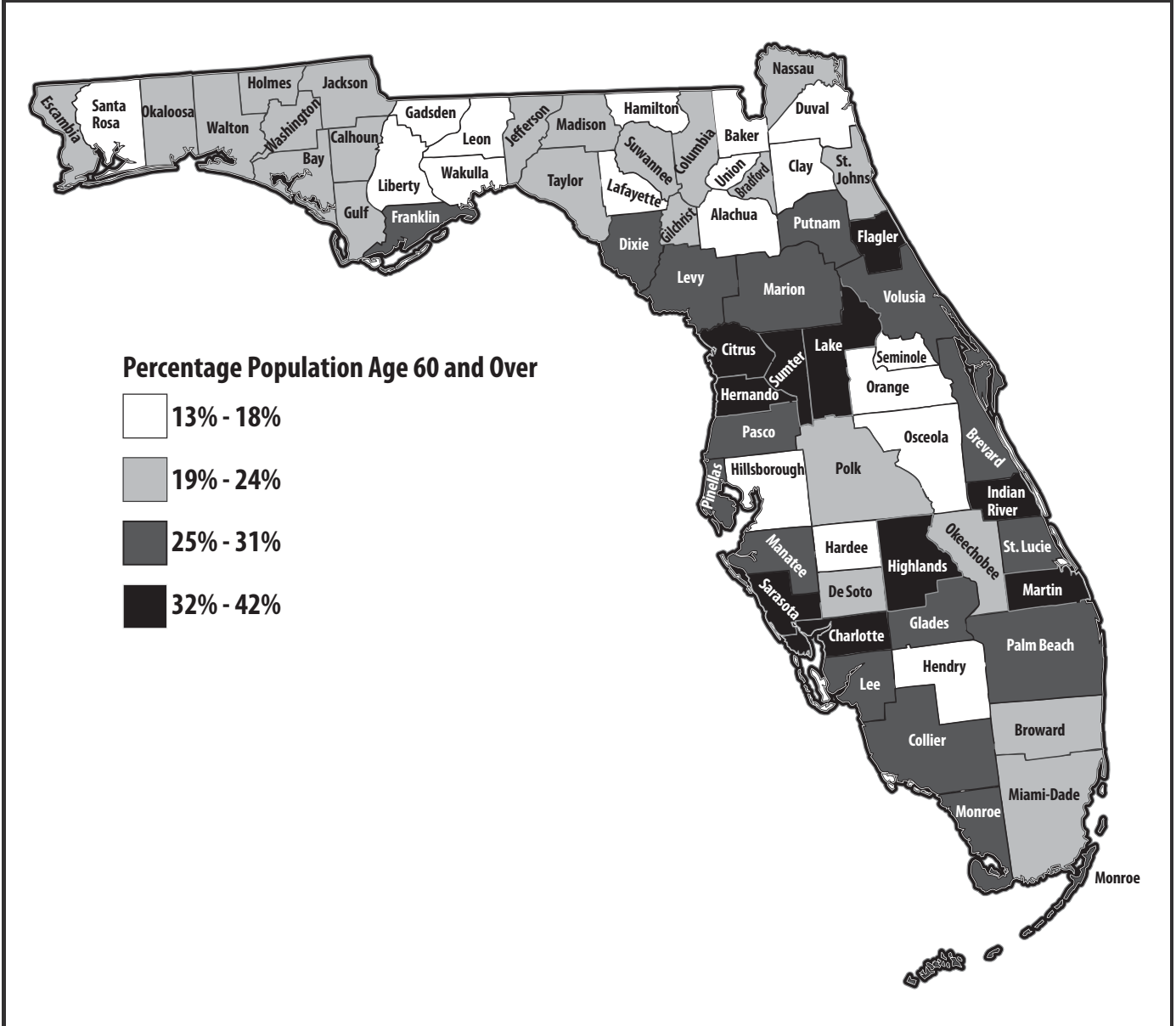
Florida is the fourth most populous state with 18,807,219 citizens. Among the 50 states, Florida has the highest percentage of elders age 60 and older (22.8 percent) compared with a national percentage of 17.4 percent. Of Florida's 4,280,148 elders age 60 and older, 473,010 are age 85 and older.

Most Florida elders age 60 and older reside in urban areas, and are concentrated in Miami-Dade, Palm Beach, Broward, Pinellas and Hillsborough counties. These five counties account for 37.5 percent of the total state population age 60 and older, and 42.1 percent of the population 85 and older.

In terms of density, Florida's population 60 and older comprises at least 30 percent of the total residents in 14 counties. Interestingly, none of the five counties with the largest populations 60 and older is among that group.



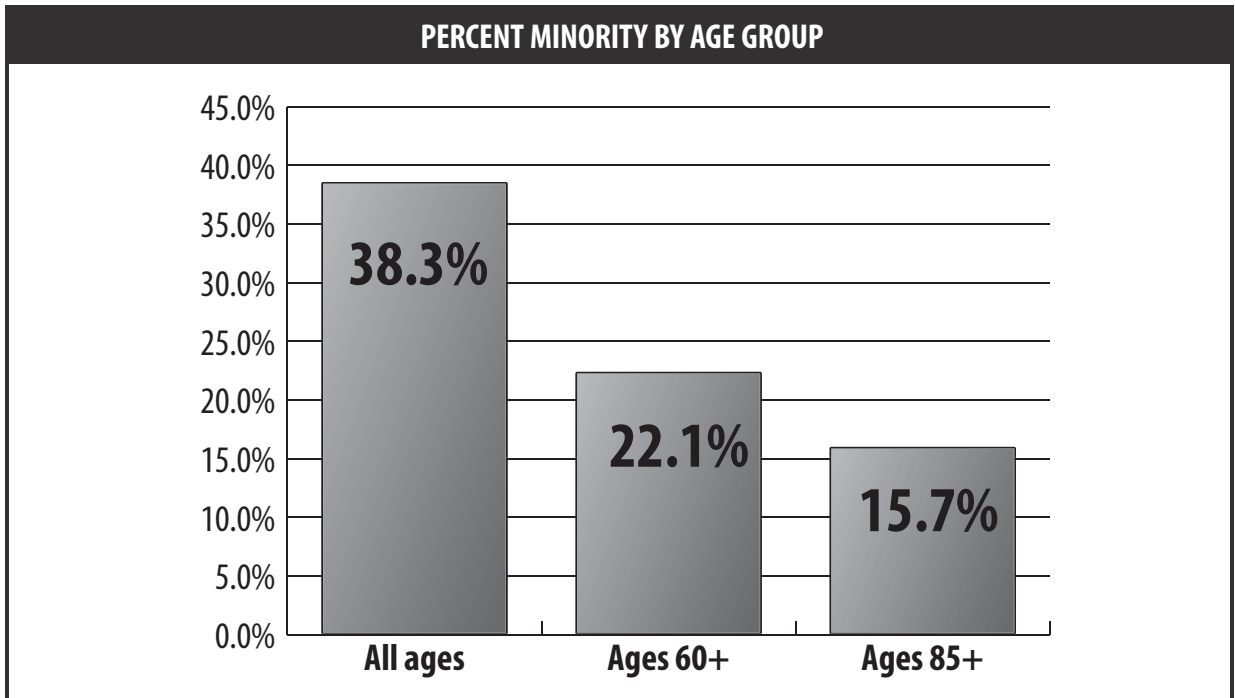
**FLORIDA'S ELDER POPULATION AGE 60 AND OLDER BY COUNTY  
AS A PERCENTAGE OF OVERALL POPULATION**



The five counties with the most dense population of elders age 60 and older are Charlotte (42 percent), Citrus (40 percent), Highlands (39 percent), Sarasota (38 percent) and Sumter (37 percent). Two areas of the state, West Central and Southwest Florida, consist of counties with 30 percent or more of the population age 60 and older. West Central Florida is located north of Tampa, west of Orlando and south of Gainesville. Southwest Florida is on the Gulf of Mexico south of Bradenton.

# MINORITY DISTRIBUTION

As the age of Florida population groups increases, their racial and ethnic diversity decreases. This decrease in diversity can be attributed to the migration of elders into Florida and the life span of minorities within the state. While almost two in five (38.3 percent) Floridians are minority, this percentage declines to about one in five (22.1 percent) of all elders age 60 and older, and about one in six (15.7 percent) of all elders age 85 and older.



In Florida, 29.2 percent of the white non-Hispanic population is age 60 and older. In comparison, minorities generally constitute a smaller percentage of elders among their respective populations. Statewide, 13.9 percent of Hispanics and 11.5 percent of African-Americans are age 60 and older.

Counties with the highest percentages of residents age 60 and older also show differences between white non-Hispanics and minorities. The top six counties with non-minority elders representing 40 percent or more of their populations are Highlands (48.9 percent), Sumter (44.5 percent) Charlotte (44.4 percent), Citrus (42.7 percent), Sarasota (42.5 percent) and Collier (41.4 percent). Two of these counties are in West Central Florida, and four are in Southwest Florida.

The top six counties with minority elders representing 15 percent or more of their populations are Flagler (29.6 percent), Charlotte (23.6 percent), Citrus (22.5 percent), Hernando (20.1 percent), Miami-Dade (17.8 percent) and Jefferson (15.3 percent). These counties do not appear to exhibit any geographical grouping patterns.

# CUSTOMER ASSESSMENT PROFILES BY PRIORITY LEVEL

The Department assesses applicants into one of five priority levels based on their need for home- and community-based services. Priority level 1 is the lowest level of need and level 5 is the highest. In addition, clients may be placed in two special high-risk categories: Adult Protective Services (APS) referrals and elders identified as being at imminent risk of nursing home placement. The Department’s prioritization policy requires service agencies to provide services in the following order of priority: APS, imminent-risk, priority level 5, level 4, level 3, level 2 and then level 1.

Key: ADL = activity of daily living; IADL = instrumental activity of daily living (see list below table)

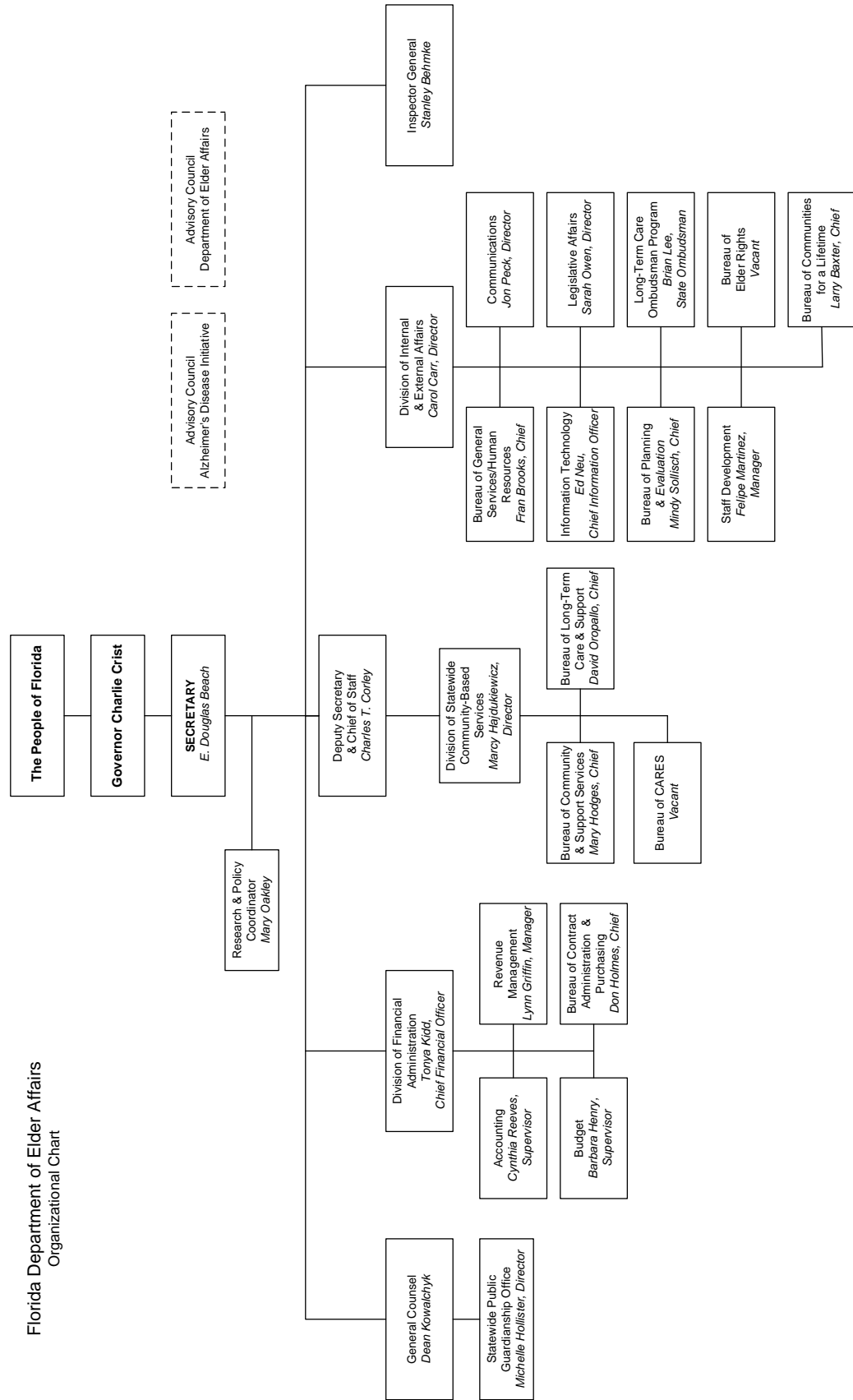
CUSTOMER PROFILE LEVELS				
LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
<b>DISABILITIES</b>				
Number of ADLs that require total help = 0 ...require some help = 2 ...require total help = 2-3 Number of IADLs that require some help = 6	Number of ADLs that require total help = 0-1 ...require some help = 3 Number of IADLs that require total help = 5 ...require some help = 7	Number of ADLs that require total help = 2 ...require some help = 4 Number of IADLs that require total help = 5-6 ...require some help = 7	Number of ADLs that require total help = 1 ...require some help = 4 Number of IADLs that require total help = 6 ...require some help = 7-8	Number of ADLs that require total help = 3 ...require some help = 5 Number of IADLs that require total help = 7 ...require some help = 8
<b>SELF-ASSESSED HEALTH</b>				
Fair	Fair	Fair	Fair	Fair-Poor
<b>CAREGIVER SITUATION</b>				
67% of primary caregivers in good or excellent health, 24% experiencing health crisis	56% of primary caregivers in good or excellent health, 32% experiencing health crisis	50% of primary caregivers in good or excellent health, 51% experiencing health crisis	45% of primary caregivers in good or excellent health, 70% experiencing health crisis	40% of primary caregivers in good or excellent health, 74% experiencing health crisis
<b>RISK SCORE</b>				
Average Risk Score of nursing home placement = 20	Average Risk Score of nursing home placement = 38	Average Risk Score of nursing home placement = 46	Average Risk Score of nursing home placement = 45	Average Risk Score of nursing home placement = 57

Revised January 2009

ADLs: bathe, dress, eat, use bathroom, transfer, walking/mobility

IADLs: do heavy chores, do light housekeeping, use phone, manage money, prepare meals, do shopping, take medication, use transportation

# FLORIDA DEPARTMENT OF ELDER AFFAIRS ORGANIZATIONAL CHART



UPDATED: 03/31/09

# DEFINITIONS

**Activities of Daily Living** - Functions and tasks for self-care, including ambulation, bathing, dressing, eating, grooming, toileting and other similar tasks.

**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 disabled adults or frail elders who are not relatives.

**Adult Protective Services** - The provision or arrangement of services to protect a disabled adult or an elderly person from further occurrences of abuse, neglect or exploitation. Services may include protective supervision, placement and in-home and community-based services.

**Area Agency on Aging** - A public or nonprofit private agency or office designated by the Department of Elder Affairs to coordinate and administer the Department's programs and to provide, through contracting agencies, 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, that 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.

**Caregiver** - A person who has been entrusted with or has assumed the responsibility for the care of an older individual, either voluntarily, by contract, by receipt of payment for care or as a result of the operation of law.

**Client Information and Registration Tracking System (CIRTS)** - The Department of Elder Affairs' centralized customer registry and database holding information about customers who have received services from Area Agencies on Aging since 1997. CIRTS is a dynamic database that is updated on a real-time basis every time a new customer enrolls or an existing customer receives a service.

**Consumer-Directed Care** - Projects to demonstrate the value of having consumers, or their caregivers on their behalf, in charge of directing their own care. The premise is that consumers or their caregivers are in the best position to make decisions about services and how they should spend the associated service dollars. Services that the consumer

might have performed by a family member, neighbor or formal service provider include activities such as bathing, transporting, feeding and other tasks needed for the individual to remain safely in his/her home. The consumer has the choice of who provides the care, when the care is provided and how it should be done.

**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.

**Instrumental Activities of Daily Living (IADL)** - Functions and tasks associated with management of care, such as preparing meals, taking medications, light housekeeping, taking medication, shopping and other similar tasks.

**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 or Assisted Living Medicaid waiver services, the applicant must meet the nursing home level of care.) Level of care is also a term used to describe the frailty level of a consumer seeking Department of Elder Affairs services, as determined by the frailty level prioritization assessment tool.

**Long-Range Program Plan** - A plan developed each year by each state government agency. 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, by the agency mission and by 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.

**Medicaid** - A state-administered medical assistance program that serves low-income families, those age 65 and older, people who are blind, and people with disabilities. A person must apply and qualify before being eligible for Medicaid coverage. The Department of Children and Families' Medicaid Economic Services office determines financial eligibility for Medicaid services. Financial eligibility is based on assets and income. The requirements are not universal for all Medicaid services; therefore, individuals may qualify for some Medicaid services but not others.

**Medicaid Waivers** - Programs for which the federal Omnibus Budget Reconciliation Act of 1981 authorized the Secretary of the U.S. Department of Health and Human Services to waive federal requirements to allow states to provide home- and community-based services to individuals who would require institutionalization without these services.



Florida Medicaid currently has 12 waivers, four of which are coordinated by the Department of Elder Affairs.

**Medicare** - A federal health insurance program that serves people 65 and older and those with certain disabilities, regardless of income. Medicare has three parts: Part A (hospital insurance), Part B (medical insurance) and Part D (prescription assistance). Qualified individuals are automatically enrolled in Medicare Part A, but must apply to become eligible for Part B and Part D coverage.

**Older Americans Act Programs** - Programs funded by the Older Americans Act that provide a variety of in-home and community-based services to persons age 60 and older. Local service providers deliver services through contracts with Area Agencies on Aging.

**Planning and Service Area (PSA)** - A distinct geographic area, established by the Department of Elder Affairs, in which the Department's service delivery programs are administered by quasi-governmental entities called Area Agencies on Aging.

**Respite** - In-home or short-term facility-based assistance for a homebound elder provided by someone who is not a member of the family unit, to allow the family to leave the homebound elder for a period of time.

# ACRONYMS

<b>AAA</b>	Area Agency on Aging	<b>GIS</b>	Geographic Information System
<b>ACFP</b>	Adult Care Food Program	<b>HCBS</b>	Home- and Community-Based Services
<b>ADA</b>	Aged and Disabled Adult Medicaid Waiver	<b>HCE</b>	Home Care for the Elderly
<b>ADI</b>	Alzheimer’s Disease Initiative	<b>HIPAA</b>	Health Insurance Portability and Accessibility Act
<b>ADL</b>	Activities of Daily Living	<b>HMO</b>	Health Maintenance Organization
<b>AHCA</b>	Agency for Health Care Administration	<b>IADL</b>	Instrumental Activities of Daily Living
<b>ALE</b>	Assisted Living for the Frail Elderly Medicaid Waiver	<b>ICP</b>	Institutional Care Program
<b>ALF</b>	Assisted Living Facility	<b>LSP</b>	Local Services Programs
<b>ALZ</b>	Alzheimer’s Disease Medicaid Waiver	<b>LTCOP</b>	Long-Term Care Ombudsman Program
<b>AoA</b>	Administration on Aging (U.S. Department of Health and Human Services)	<b>MIS</b>	Management Information System
<b>APS</b>	Adult Protective Services	<b>NASUA</b>	National Association of State Units on Aging
<b>BEBR</b>	Bureau of Economic and Business Research	<b>NSIP</b>	Nutrition Services Incentive Program
<b>CARES</b>	Comprehensive Assessment and Review for Long-Term Care Services	<b>OAA</b>	Older Americans Act
<b>CCE</b>	Community Care for the Elderly	<b>PACE</b>	Program of All-Inclusive Care for the Elderly
<b>CDC+</b>	Consumer-Directed Care Plus	<b>PSA</b>	Planning and Service Area
<b>CIRTS</b>	Client Information and Registration Tracking System	<b>RELIEF</b>	Respite for Elders Living in Everyday Families
<b>CMS</b>	Centers for Medicare & Medicaid Services (formerly Health Care Financing Administration)	<b>SALT</b>	Seniors and Law Enforcement Together
<b>COLA</b>	Cost of Living Adjustment	<b>SCSEP</b>	Senior Community Service Employment Program
<b>DOEA</b>	Department of Elder Affairs	<b>SHINE</b>	Serving Health Insurance Needs of Elders
<b>EFMNP</b>	Elder Farmers’ Market Nutrition Program	<b>SPGO</b>	Statewide Public Guardianship Office
<b>EHEAP</b>	Emergency Home Energy Assistance for the Elderly Program		

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# ELDER SERVICES AT A GLANCE - STATE FISCAL YEAR 2007-2008

PROGRAM	CLIENTS SERVED	FUNDING	SPECIAL NOTES
Adult Care Food Program	daily average: 8,942	\$3,509,380	
Alzheimer's Disease Initiative (ADI)	7,199	\$13,837,634	
Alzheimer's Disease Medicaid Waiver	320	\$5,057,409	
AmeriCorps	300	\$36,921	member hours of service: 22,000
Community Care for the Elderly (CCE)	19,232	\$43,364,370	
Comprehensive Assessment and Review for Long-Term Care Services (CARES)		\$16,311,511	assessments: 88,316
Contracted Services	13,888	\$1,075,924	
Elder Abuse Prevention Program		\$382,298	
Elder Farmer's Market Nutrition Program	3,274	\$31,335	233 farmers , 17 markets participating
Emergency Home Energy Assistance for the Elderly Program (EHEAP)	5,880	\$1,892,884	cooling: 1,931 heating: 3,949
Home Care for the Elderly (HCE)	5,240	\$9,529,461	
Local Service Programs	33,634	\$8,764,833	
Long-Term Care Community Diversion Pilot Program (Nursing Home Diversion)	13,024	\$224,335,496	32 counties with 15 providers
Long-Term Care Ombudsman Program (LTCOP)		\$2,516,966	assessments: 3,932 complaints investigated: 7,715
Medicaid Aged and Disabled Adult Waiver (ADA)	10,808	\$85,485,333	
Medicaid Assisted Living For the Frail Elderly Waiver (ALE)	3,186	\$33,186,632	
Nutrition Services Incentive Program (NSIP)		\$7,632,469	meals: 10,940,795
Older Americans Act:			
Older Americans Act TITLE III B Supportive Services	47,093	\$24,856,142	
Older Americans Act TITLE III C1 Congregate Meals	32,674	\$26,114,186	
Older Americans Act TITLE III C2 Home Delivered Meals	22,409	\$13,303,977	
Older Americans Act TITLE III D Health and Wellness	61,781	\$1,513,320	
Older Americans Act TITLE III E Caregiver Support	28,880	\$9,997,473	group: 4,818 individual: 3,906
Osteoporosis Screening and Education	6,661	\$212,485	
Program of All-Inclusive Care (PACE)	550	\$9,055,012	
Respite for Elders Living in Everyday Families (RELIEF)	512	\$1,044,530	hours: 135,000
Senior Community Service Employment Program	3,497	\$5,661,826	
Senior Companion	600	\$117,764	volunteer companions: 179; hours of service: 89,400
Serving the Health Insurance Needs of Elders (SHINE)	278,241	\$2,267,337	total includes public events; volunteers: 425
Statewide Public Guardianship Of ce	2,544	\$2,279,718	