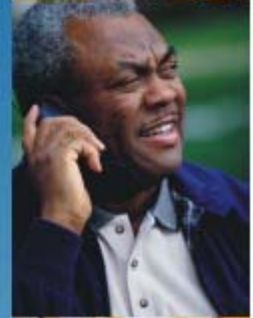


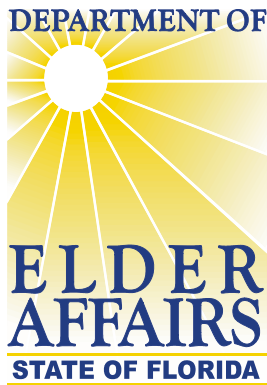
**FLORIDA
DEPARTMENT OF
ELDER AFFAIRS**

**2003
SUMMARY OF
PROGRAMS
& SERVICES**

**Jeb Bush
Governor**

**Terry F. White
Secretary**





JEB BUSH
GOVERNOR

TERRY F. WHITE
SECRETARY

Department of Elder Affairs

Summary of Programs and Services (Formerly Resource Manual)

January 2003

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TALLAHASSEE
FLORIDA, 32399-7000

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fax 850.414.2004
TDD 850.414.2001

<http://elderaffairs.state.fl.us>

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 availabilities and legislative directives. This Summary of Programs and Services, unless otherwise notated, contains information and data compiled as of November 2002.

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

TABLE OF CONTENTS

Section A: Overview	3
Aging Network Map - Area Agencies on Aging	15
Aging Network Map - CARES	16
Aging Network Map - Long Term Care Ombudsman	17
Section B: Services	19
Section C: Programs	37
Introduction	39
Cost Comparisons	40
Long Range Program Plan - Services to Elders	41
General Participant Eligibility Requirements for Major Programs and Services	44
Program Descriptions	
Adult Care Food Program	46
Affordable Housing	48
Alzheimer's Disease Initiative	50
Alzheimer's Disease Training Approval Program	56
AmeriCorps	60
Assisted Living Training Program	63
CARES (Comprehensive Assessment and Review for Long Term Care)	65
Community Care for the Elderly	68
Community Care Programs for the Elderly	71
Consumer Directed Care Project	74
Contracted Services	77
Crimes Against Elders	79
Dementia Caregivers Telehealth Support Project	81
Elder Farmers Market Nutrition Program	83
Emergency Home Energy Assistance for the Elderly	85
End-of-life Care	88
Health and Wellness Promotion Initiatives	90
Home Care for the Elderly	92
Information and Referral/Assistance	94
Intergenerational Connections	96
Local Services Programs	99
Long Term Care Initiatives	101
Long Term Care Community Based Diversion Project	101
Program of All Inclusive Care for the Elderly	103
The Social Health Maintenance Organization	104
Long Term Care Ombudsman Program	107
Medicaid Aged and Disabled Adult Waiver	110
Medicaid Assisted Living for the Frail Elderly Waiver	113
Medicare and Health Insurance Education, Counseling and Assistance	116
Older Americans Act Programs	118
Osteoporosis Education and Screening	121

Outreach Resource Center for Culturally Diverse Elders	123
Public Guardianship Program	125
RELIEF (Respite for Elders Living in Everyday Families)	128
Senior Community Service Employment Program	130
Senior Companion Program	133
Services Through Alzheimer’s Relief Systems (STARS)	135
Section D: Appendix	137
Source of Revenue State Fiscal Year 2002-2003	139
Budget Overview	140
Map of Program Participation	141
Demographic Tables	142
Florida’s Age Distribution	146
Florida’s Minority Elderly Population	148
Customer Profiles by Assessment Level	150
Agencies with Long Term Care Functions	151
Definitions	152
Acronyms	155
Index	157

2003
SUMMARY OF
PROGRAMS & SERVICES

SECTION A



OVERVIEW



Florida Department of Elder Affairs

Overview

Jeb Bush, Governor

Terry White, Secretary

Mission Statement

To create an environment that provides choices, promotes independence and enables older Floridians to remain in their communities for a lifetime.

Vision: Golden Choices

To lead the nation in assisting elders to age in place, with dignity, purpose, security, and in an elder-friendly community.

Values

*Compassion
Accountability
Caregiver Support
Quality
Intergenerational
Partnerships
Diversity*

The Florida Department of Elder Affairs works to create an environment that enables older Floridians to live independently in their own homes and communities. Through partnerships with eleven Area Agencies on Aging, the Department provides community-based care to help seniors age with dignity, purpose and security. The Department is able to provide elders and their caregivers information to live healthy lives by working together with many community-based organizations. Many services, such as adult day care, transportation and chore, are provided by more than one program, which serve people based on various criteria such as age, income level and health status.

The Department is the agency 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 every aspect possible to help them keep their self-sufficiency and self-determination.

Demographically, 23 percent of the population of Florida is age 60 and older. Floridians age 75 and older make up 9.2 percent of the state’s total population; a number that is expected to increase to 9.8 percent by 2010. The population age 100 and older is currently the state’s fastest growing age group. With more elders in Florida than 17 other states and the District of Columbia combined, Florida’s future is linked to the financial, health and physical security of our elder population. Florida is also rich in generational and cultural diversity, especially among the age 55 and older population.

The Department recognizes that individuals age differently. Some people have chronic conditions, which begin prior to age 60 while others live their entire lives without need of long-term medical or social services. In its effort to serve elders, the Department works with individuals and families to determine both frailty level and appropriate level of care. In order to efficiently use resources, the

Department targets services to individuals with the greatest relative risk of nursing home placement.

THE BLUEPRINT: FLORIDA'S GOLDEN CHOICES

Golden Choices is the vision and guiding principles of Governor Jeb Bush, Lieutenant Governor Frank Brogan, and Secretary Terry White for elder independence and security. Florida's Golden Choices are:

The Elder Services Network

- 11 Area Agencies on Aging
- 55 Community Care Lead Agencies
- 751 Service Providers
- Over 2,316 Assisted Living Facilities
- 668 Nursing Homes
- 475 Municipalities and local governments
- 53,000 Volunteers

- *Ageing in Place* - the right place for the right person at the right time.
- *Ageing with Security* - protection from abuse, neglect and other crimes at home, in the community, and in institutional care.
- *Ageing with Dignity* - respectful care for elders for the rest of their lives and for their loved ones.
- *Ageing with Purpose* - recognition of elders' contributions of talent and experience to the labor force, volunteerism and younger generations.
- *Ageing in an Elder-Friendly Environment* - fostering elders' quality of life, safety, and autonomy both at home and throughout the community.

The Department's policy and program development is shaped in part by the Elder Affairs Advisory Council, appointed by the Governor. Their involvement serves to advise the Secretary and to make recommendations to the Governor and the Legislature.

The Department of Elder Affairs, in partnership with the Advisory Council, gives attention to those activities, which will maintain and improve the quality of life for older Floridians. The Department also works in concert with other federal, state, county, and community-based public and private agencies and organizations, which represent the interests of older people, their caregivers, and elder advocates.

DIVISION AND UNIT RESPONSIBILITIES

The Department of Elder Affairs was created as a result of a constitutional amendment in 1988 and established in statute in 1991. The Department began operation in January 1992 with the legislative responsibility of being the primary agency for administering human service programs for the elderly and developing policy recommendations for long-term care. The

Department's purpose also includes combating ageism, creating public awareness and understanding of the contributions and needs of elders, advocating on behalf of elders, serving as an information clearinghouse and more. For a complete list of purposes and responsibilities see Section 20.41 and Chapter 430, Florida Statutes.

Cost Savings

The state had a cost avoidance in fiscal year 2001-2002 of over \$425 million in general revenue expenditures in nursing home payments by spending \$176.7 million in Home and Community based Services.

The Department of Elder Affairs is one of the smallest Governor's agencies. The Department implements a variety of innovative programs such as, the Consumer Directed Care Project, 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 \$1,178 and \$9,419, compared to an average annual cost of \$40,647 in a skilled nursing facility.

The majority of programs administered by the Department are privatized. Over 94 percent of the Department's budget goes to services provided primarily by not-for-profit agencies and local governments under contract through the state's Area Agencies on Aging (AAAs), which are mandated by the federal government under the Older Americans Act. In Florida there are eleven AAAs and 55 Community Care for the Elderly lead agencies.

Office of the Secretary

Cities and Counties Committed to Becoming Communities for a Lifetime

Alachua County
City of Alachua
City of Belle Glade
Brevard County
City of Cape Canaveral
Citrus County
City of Cape Coral
Charlotte County
City of Clearwater
City of Delray Beach
City of Dunedin
City of Fort Pierce
City of Gainesville
Hernando County
City of Jacksonville

Office of the Secretary

Office of Communications

The Communications Office is responsible for proactively educating the public about the Department's programs and services. Communications' staff members are instrumental in helping assure that all Department materials present a 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, television, radio and print media, professionals in the aging network and other state agencies. Mechanisms for communicating information include the *Elder Update* publication, the Web site and mass media.

Communities for a Lifetime and Elder Friendly Businesses

The Communications Department oversees Governor Jeb Bush's *Communities for a Lifetime* and *Elder Friendly Businesses* initiatives. Introduced early in Governor Bush's administration, the initiatives address the future challenges of a rapidly growing and aging population. By December

Town of Jay
Lake County
City of Lake Alfred
City of Lake Worth
Leon County
City of Maitland
Manatee County
Martin County
Miami-Dade County
City of Milton
City of New Port Richey
The Village of North Palm
Beach
City of Oakland
Orange County
City of Orlando
City of Ormond Beach
City of Port St. Lucie
City of Safety Harbor
City of St. Augustine
City of St. Cloud
St. Lucie County
City of St. Petersburg
Sarasota County
City of Seminole
City of South Pasadena
City of Stuart
City of Sunrise
City of Tallahassee
City of Tamarac
City of Tarpon Springs
Volusia County
City of West Palm Beach
City of Windermere
City of Winter Garden
City of Winter Park

2002, more than 50 communities became partners recognizing that elder friendly enhancements benefit people of all ages. 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. The initiative focuses on coordinating with other state agencies as well as local organizations to broaden the scope of the initiative's first phase. The goal and values of the *Communities for a Lifetime* initiative are reflected in all Department programs.

***Elder Update* Newspaper**

The Department's bi-monthly newspaper, *Elder Update*, includes articles covering relevant topics such as state and federal aging legislation, health issues, volunteer opportunities, calendar of events, and consumer issues. *Elder Update* is distributed at no cost to individuals and groups within Florida who request it and is also available on our Web site. To receive *Elder Update*, send name, address, city, state, and zip code to *Elder Update*, 4040 Esplanade Way, Tallahassee, FL 32399-7000.

Internet Site

Internet users can directly access the Department and information on a broad range of elder-related subjects from the Governor's MyFlorida.com Web site (www.myflorida.com) or the Department's Internet address <http://elderaffairs.state.fl.us>. This site is also available in Spanish at <http://elderaffairs.state.fl.us/doea/ancianos.html>.

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 purpose of the office is to provide a central point for coordination of activities that promote accountability, integrity, and efficiency in government. The office helps the Department accomplish its objectives by providing a systematic, disciplined approach in evaluating risk management, internal controls and agency performance.

Office of Legal and Legislative Affairs

The Office of Legal and Legislative Affairs provides legal advice for the Department as well as serves as the Department's liaison to the Legislative Branch of Florida government. The office renders

legal opinions, reviews all contracts, grants and inter-agency agreements, and assists in and coordinates all rule promulgation and agency policy formulation. The office provides 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 e-mails of a legal nature and provides referrals to appropriate resources or by direct response.

The office is responsible for assisting the Legislature in its duties in both proactive and reactive roles. It is responsible for proposing and drafting legislation that will assist Florida's elders, as well as assisting in the review of any legislation proposed by the Legislature to assure that all laws passed are in the best interests of elders. The office is also responsible for long-term care rule promulgation for assisted living facilities, adult family care homes, adult day care centers, hospices, and Alzheimer's trainer and training standards for nursing home and assisted living facilities. In conjunction with the Agency for Health Care Administration and Department of Health, the Department is responsible for end-of-life care education. In addition, the Office of Legislative Affairs assists legislators and their constituents with any problems related to elder issues.

Office of Long-Term Care Policy

During the regular legislative session of 2002 , Senate Bill 1276 created the Office of Long-Term Care Policy within the Department of Elder Affairs. It is the primary office in charge of coordinating all state agencies' policies on long-term issues, with an emphasis on diversions to non-institutional settings. The Director and an Advisory Council appointed by Governor Bush will provide direction.

Office of the Deputy Secretary

Office of the Deputy Secretary

Division of Administrative Services

The Division coordinates planning, organization, direction, and supports all functions related to Accounting and Finance, Planning and Budgeting, Contract Administration, Contracts, Procurement, Revenue Management, Property and Records Management, and Personnel Services/Human Services. Through the operation of the Department's accounting, budget, cash and contract administration systems, the Division furnishes routine and special reports to the Department leadership, other governmental entities and the general public. The Division provides assistance and support in the financial management of the Department and coordinates the Legislative

Disaster Preparedness

"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

Publications

- Consumer Resource Guide
- Consumer Satisfaction Surveys
- Long Range Program Plan
- State Master Plan on Aging
- State Plan on Aging.
- Summary of Programs and Services

Budget Request, in conjunction with the Planning and Evaluation Unit.

The Division also oversees disaster preparedness and operations through an emergency coordinating officer (ECO), who coordinates with the 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 an approved all-hazards Continuity of Operations Plan to be implemented during a threat of imminent disaster. Disasters include any weather-related or manmade disasters, including hurricanes, tornadoes, civil disturbances, contractual disputes, epidemics, massive migrations, fires, nuclear power plant accidents, train derailments, terrorism and bioterrorism.

Division of Management Information Systems

The Division of Management Information Systems (MIS) provides technical support to file servers, the Intranet and Internet sites, the local and wide-area networks, and system security functions. In addition to providing Help Desk support for all aspects of the user PCs and related software that resides on user desktops, MIS also provides support for all DOEA-built applications and database administration.

Planning and Evaluation Unit

The Planning and Evaluation Unit provides the Department of Elder Affairs 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; and grant writing. The primary responsibilities of this unit are to measure and evaluate the efficiency and cost-effectiveness of the Department's programs and support the Department's commitment to providing the highest quality of services by continued surveying and monitoring of consumer satisfaction. This unit also acts as a clearinghouse for demographic, economic, and social information about older Floridians.

In addition to providing support to planning and other analytical activities of the Department's partners in Florida's elder service delivery network, this unit prepares documents required by Older Americans Act and the Legislature.

Division of Statewide Community Based Services

The Division of Statewide Community Based Services provides

Services to Elders in Fiscal Year 2000 -2001 included:

- 8.7 million “Meals on Wheels” delivered to shut-in elders.
- 5.6 million meals served at nutrition sites, preventing isolation and loneliness.
- 1.3 million hours of caregiver respite.
- 3.7 million hours of homemaker and personal care.
- 1.8 million trips to and from doctor’s appointments, senior centers and shopping.

Nursing Home Transitioning

With the help of CARES, almost 400 elders who chose to, were able to move from a nursing facility and return to a community setting. By moving to an assisted living facility, residents gain independence, privacy and dignity.

support and oversight for more than 60 home and community based programs and services. Most are provided by not-for-profit agencies and local governments under contract through the state’s 11 Area Agencies on Aging. Contracted programs include federally funded Older Americans Act and Emergency Home Energy Assistance for the Elderly programs, and various state programs such as Community Care for the Elderly, Alzheimer’s Disease Initiative and Home Care for the Elderly. The Assisted Living for the Elderly and Aged and Disabled Adult Medicaid Waiver programs are provided by joint state and federal funds.

Services provided directly by the Department and administered by the Division include the Adult Care Food Program, Assisted Living Facilities Training and CARES (Comprehensive Assessment and Review for Long-Term Care Services).

The Division administers the following programs and services:

- **Adult Care Food Program** – Assists eligible Adult Care Centers and Mental Health Day Centers in providing meals to elders.
- **Alzheimer’s Disease Initiative (ADI)** – Addresses special needs of individuals with Alzheimer’s disease and related memory disorders through caregiver relief, model day care programs and 13 state-funded memory disorder clinics. Research is also conducted through the brain bank located at Mount Sinai Medical Center’s Wein Center in Miami-Dade.
- **Assisted Living Facility Training** – Provides statutorily required training to administrators and staff of assisted living facilities and adult family care homes to promote quality care and compliance with state law and regulation.
- **Community Care for the Elderly (CCE)** – 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 and emergency alert response. Eligibility is based, in part, on a client’s inability to perform certain daily tasks such as meal preparation, bathing or grooming.
- **CARES (Comprehensive Assessment Review and Evaluation for Long-Term Care Services)** - Identifies individual long-term care needs, establishes level of care, and if appropriate, suggests less restrictive alternatives. CARES is Florida’s federally mandated nursing home pre-admission assessment program.

- **Emergency Home Energy Assistance for the Elderly Program (EHEAEP)** - Provides financial assistance for income-eligible people, 60 and older who are experiencing an energy-related crisis such as an impending cut-off of utility services, lack of fuel or wood, broken heating or cooling system, or an unusually high energy expense.
- **Home Care for the Elderly (HCE)** - Provides 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 assist with specialized health care needs.
- **Long-Term Care Initiatives** (Community Diversion Pilot Project, PACE, SHMO) – Provides voluntary managed long-term care programs, implemented in consultation with the Agency of Health Care Administration, to address the increase in state expenditures for long-term care services and to meet consumer needs. Programs target individuals eligible for Medicaid nursing home placement and provide a comprehensive array of home and community based services, offering long-term care and acute-care services.
- **Medicaid Aged and Disabled Adult Waiver (ADA)** – Assists Medicaid eligible frail elders and persons with disabilities, at risk of nursing home placement, maintain independence while living at home. Administered through an interagency agreement with the Agency for Health Care Administration, the program provides services such as chore, homemaker, personal care, respite, case management, adult day health care, counseling, case aide, physical therapy, caregiver training and support, emergency alert response, consumable medical supplies, home delivered meals, environmental modification, health risk management, speech therapy, and occupational therapy.
- **Medicaid Assisted Living for the Frail Elderly Waiver (ALE)** - Makes support and services available in Assisted Living Facilities with 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 include assisted living (i.e. companion, homemaker, personal care, etc); case management and incontinence supplies.
- **Older Americans Act Services (OAA)** - Provides a variety of in-home and community-based services such as adult day care, caregiver training and support, chore, congregate dining, home-delivered meals, homemaker services,

Elder Volunteers

In 2001 almost 53,000 volunteers provided more than 2.6 million hours of service valued at more than \$41.5 million.

information and referral, medical transportation, nutrition education, personal care and shopping.

- **Senior Community Service Employment Program (SCSEP)** - Offers low-income persons, age 55 and older, part-time paid community service assignments, on-the-job-training, and the opportunity to obtain unsubsidized employment.

Division of Volunteer and Community Services

The Division of Volunteer and Community Services is legislatively mandated to promote volunteerism to and by elders. The Division provides information, training and technical support in volunteer management, recruitment, screening, retention and recognition, client matching and project development to:

- Agencies interested in integrating volunteers into their programs.
- Individuals needing enhanced services through volunteers.
- Individuals desiring to enhance their communities through volunteerism.

Working in partnership with the Area Agencies on Aging and local service providers, the Division administers the following programs that provide education, intervention and prevention services and develop and enhance community supports for elders, their families and caregivers:

- **Caregiver Initiatives** – Provides volunteer-based caregiver support through programs such as RELIEF (Respite), AmeriCorps and the Senior Companion Program.
- **Consumer Directed Care Project (CDC)** – Provides in-home and community based services that provide consumers the flexibility to be in charge of directing their own care by allowing them to manage a budget and purchase services to meet their needs. Modeled after a pilot project begun in 2000, the statewide program became law in 2002.
- **Crimes Against Elders** – Provides education and outreach to identify and prevent abuse, neglect, fraud and exploitation.
- **Health and Wellness Initiatives** - Provides opportunities for health education, nutrition consultation and education, exercise promotion, medication management, osteoporosis and preventive health screenings. Initiatives include the Florida Injury Prevention Program for Seniors (FLIPS), which provides educational materials and training on falls prevention and home, fire, poison and medication safety.

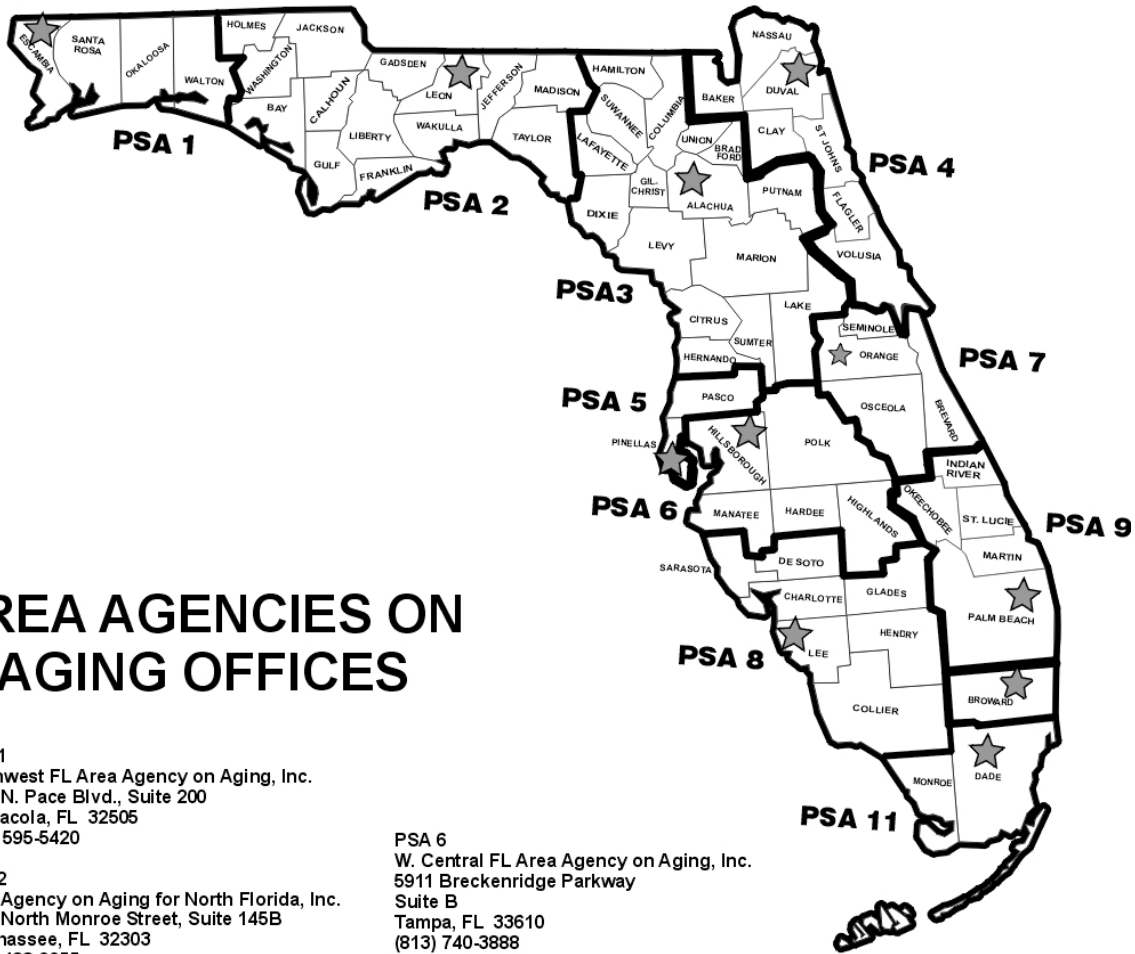
- **Information and Referral Assistance** – Provides information resources in every Florida county through a statewide toll-free telephone line. Manned by trained staff with access to information about aging resources, services, programs and volunteer opportunities, the Elder Helpline (1-800-96-ELDER/1-800-963-5337) has multi-language capability.
- **Intergenerational Connections** – Coordinates activities and education opportunities that are mutually beneficial to elders and youth.
- **Long-Term Care Ombudsman Program** (1-888-831-0404) – Advocates on behalf of long-term care facility residents through a statewide system of 17 district councils of volunteer ombudsmen who receive, investigate and resolve complaints made by or on behalf of residents of nursing homes, assisted living facilities and adult family care homes.
- **Medicare Health Insurance Education, Counseling and Assistance** – Provides assistance to elders and caregivers through a corps of highly trained SHINE (Serving Health Insurance Needs of Elders) volunteers.
- **Outreach Resource Center for Culturally Diverse Elders (ORCCDE)** – Provides professionals information on outreach strategies to culturally distinct and non-English speaking elders regarding Medicare and Medicaid fraud, error and abuse. Serves as a national technical assistance center.

STATEWIDE OFFICE OF PUBLIC GUARDIANSHIP

Established October 1, 1999 (Chapter 744.701 - 744.709 of the Florida Statutes), the Statewide Office of Public Guardianship is administratively housed within the Department of Elder Affairs as an independent office with a director appointed by the Governor. Currently nine appointed public guardians serve the state. Local offices provide guardianship services to persons who do not have adequate income or assets to afford a private guardian and there is no private guardian willing to serve. Located in Tampa, the director can be reached by calling (813) 974-1649.

Aging Services Network

Area Agencies on Aging



AREA AGENCIES ON AGING OFFICES

PSA 1
Northwest FL Area Agency on Aging, Inc.
3300 N. Pace Blvd., Suite 200
Pensacola, FL 32505
(850) 595-5420

PSA 2
Area Agency on Aging for North Florida, Inc.
2639 North Monroe Street, Suite 145B
Tallahassee, FL 32303
(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
Northeast FL Area Agency on Aging, Inc.
4401 Wesconnett Blvd., 2nd Floor
Jacksonville, FL 32210-7387
(904) 777-2106

PSA 5
Area Agency on Aging of Pasco-Pinellas, Inc.
9887 4th St. N., Suite 100
Petersburg, FL 33702
(727) 570-9696

PSA 6
W. Central FL Area Agency on Aging, Inc.
5911 Breckenridge Parkway
Suite B
Tampa, FL 33610
(813) 740-3888

PSA 7
Senior Resource Alliance
988 Woodcock Road, Suite 200
Orlando, FL 32803
(407) 228-1800

PSA 8
Senior Solutions of SW Florida, Inc.
2285 First Street
Fort Myers, FL 33901
(941) 332-4233

PSA 9
Area Agency on Aging of
Palm Beach/ Treasure Coast, Inc.
1764 N. Congress Ave. Suite 201
West Palm Beach, FL 33409
(561) 684-5885

PSA 10
Area Agency on Aging
of Broward County, Inc.
5345 NW 35th Avenue
Ft. Lauderdale, FL 33309
(954) 714-3456

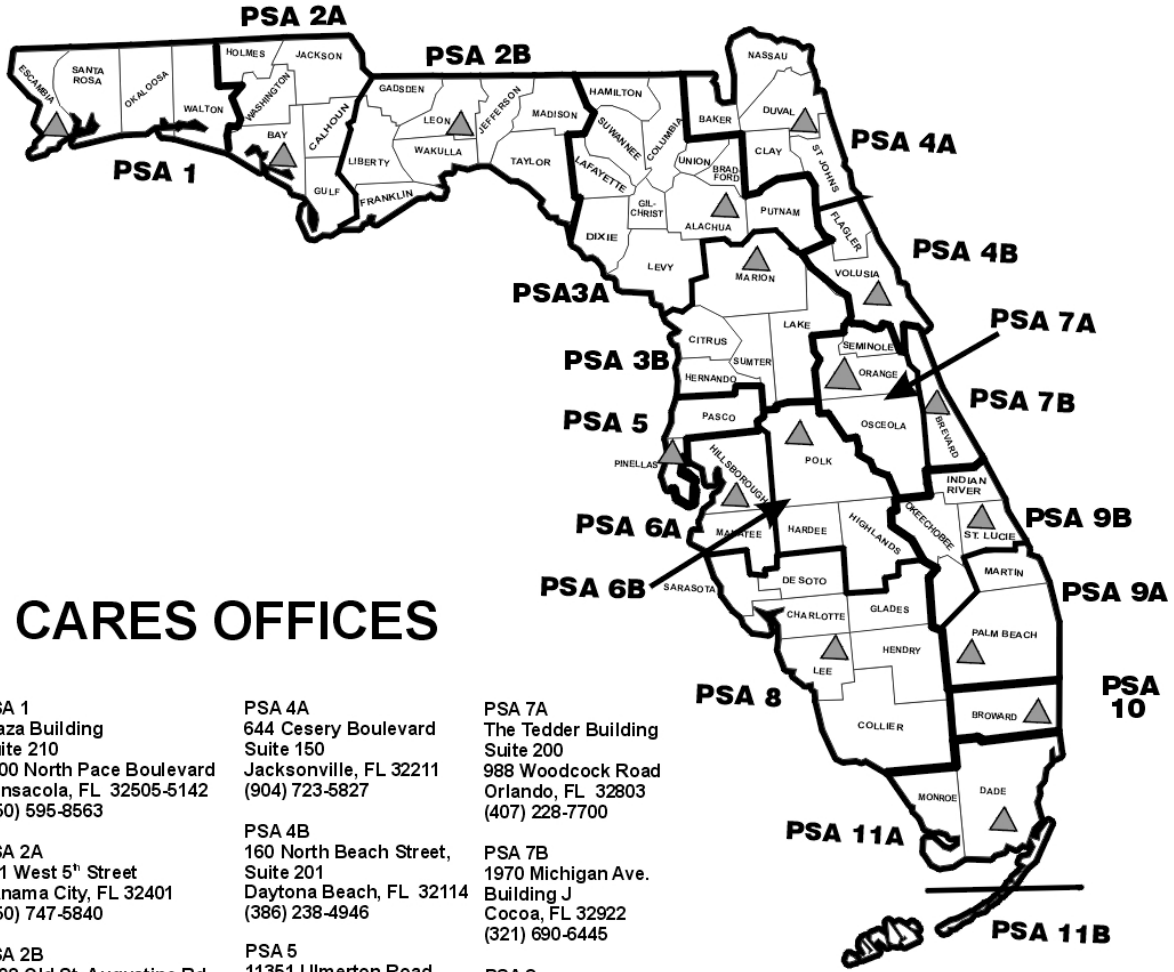
PSA 11
Alliance for Aging, Inc.
9500 South Dadeland Blvd.
Suite 400
Miami, FL 33156
(305) 670-6500

(PSA- Planning and Service Area)

Aging Services Network

CARES

Comprehensive Assessment and Review for Long-Term Care Services



CARES OFFICES

PSA 1
Plaza Building
Suite 210
3300 North Pace Boulevard
Pensacola, FL 32505-5142
(850) 595-8563

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
2210 SE 17th Street
Suite 301
Ocala, FL 34471
(352) 620-3457

PSA 4A
644 Cesery Boulevard
Suite 150
Jacksonville, FL 32211
(904) 723-5827

PSA 4B
160 North Beach Street,
Suite 201
Daytona Beach, FL 32114
(386) 238-4946

PSA 5
11351 Ulmerton Road
Suite 100
Largo, FL 33778
(727) 588-6882

PSA 6A
701 West 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.
Building J
Cocoa, FL 32922
(321) 690-6445

PSA 8
12381 South Cleveland Ave.
Suite 402
Fort Myers, FL 33907
(941) 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 West Oakland Park Blvd
Suite 123
Sunrise, FL 33351
(954) 746-1773

PSA 11 A & B
7300 North Kendall Drive,
Suite 780
Miami, FL 33156
(305) 671-7200

(PSA- Planning and Service Area)

**2003
SUMMARY OF
PROGRAMS & SERVICES**

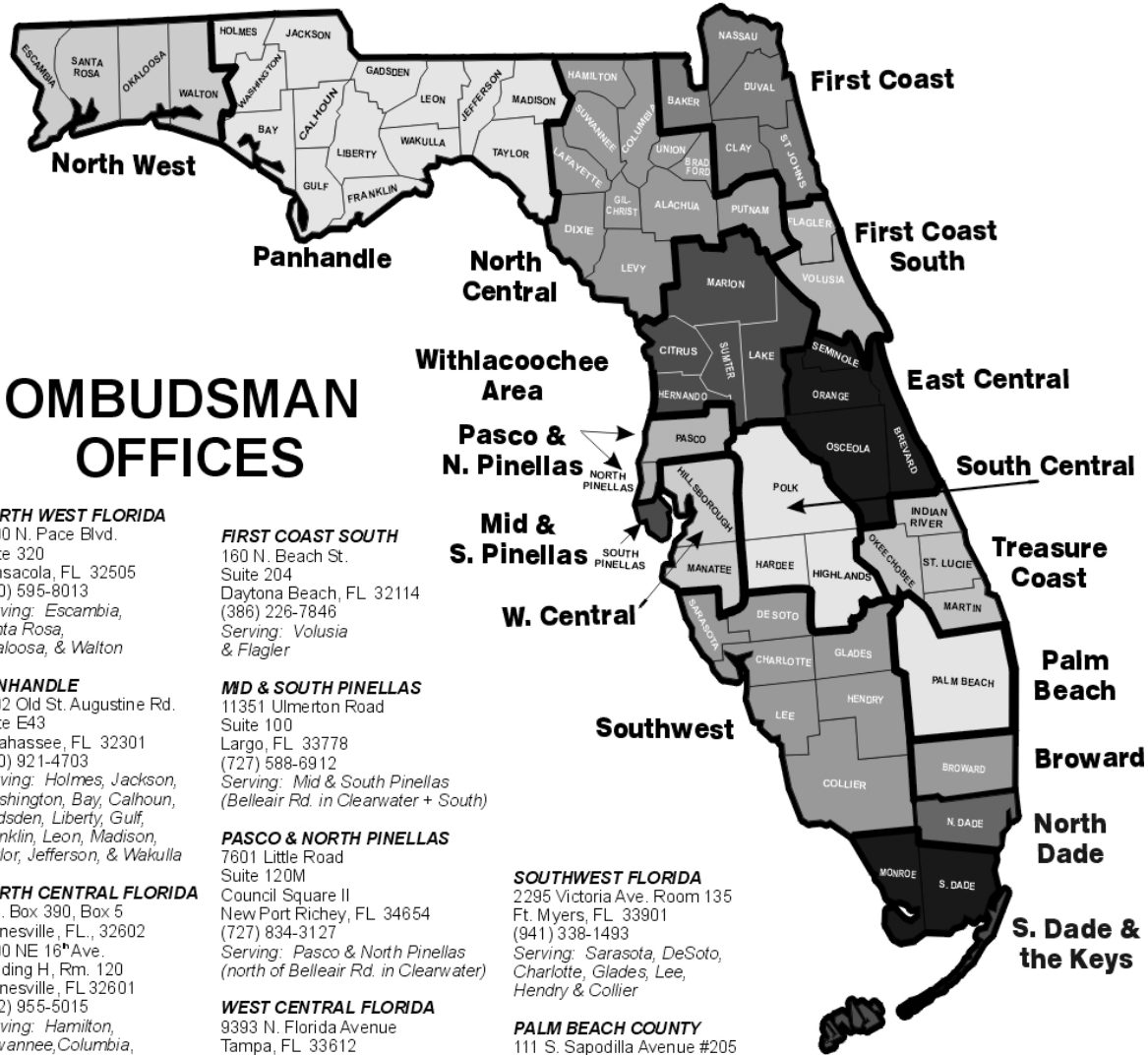
SECTION B



SERVICES

Aging Services Network

Long-Term Care Ombudsman Program



OMBUDSMAN OFFICES

NORTH WEST FLORIDA

3300 N. Pace Blvd.
Suite 320
Pensacola, FL 32505
(850) 595-8013
Serving: Escambia,
Santa Rosa,
Okaloosa, & Walton

PANHANDLE

2002 Old St. Augustine Rd.
Suite E43
Tallahassee, FL 32301
(850) 921-4703
Serving: Holmes, Jackson,
Washington, Bay, Calhoun,
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1000 NE 16th Ave.
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(352) 955-5015
Serving: Hamilton,
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(352) 620-3088
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Suite 100
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(727) 588-8912
Serving: Mid & South Pinellas
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7601 Little Road
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(727) 834-3127
Serving: Pasco & North Pinellas
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WEST CENTRAL FLORIDA

9393 N. Florida Avenue
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(813) 558-5592
Serving: Hillsborough &
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SOUTH CENTRAL FLORIDA

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(863) 413-2764
Serving: Polk, Highlands, &
Hardee

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(941) 338-1493
Serving: Sarasota, DeSoto,
Charlotte, Glades, Lee,
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111 S. Sapodilla Avenue #205
West Palm Beach, FL 33401
(561) 837-5038
Serving: Palm Beach

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337 N. 4th Street
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(772) 595-1385
Serving: Martin, St. Lucie,
Indian River, & Okeechobee

BROWARD COUNTY

7771 West Oakland Park Blvd.,
Suite 123
Sunrise, FL 33351
(954) 747-7919
Serving: Broward

SOUTH DADE & THE FL KEYS

C/O Dept. of Children & Families
6600 SW 57th Avenue
South Miami, FL 33143
(305) 663-2085
Serving: Monroe & S. Miami Dade
(South of Flagler St., all SE &
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NORTH DADE

20000 NW 47th Avenue, Rm. #38
Opa Locka, FL 33055
(305) 626-6144
Serving: N. Miami Dade
(North of Flagler Street, all NE
and NW addresses)

SERVICES

The Department administers programs that target different clientele. A description of each of the Department's programs including an explanation of and eligibility criteria for clients served by each program is found in Section C. Specific services may be offered by more than one program. This section provides a cross walk between the specific services to elders and the programs which provide them.

PROGRAM CODES USED IN THIS SECTION

AC	AmeriCorps	EHEAEP	Emergency Home Energy Assistance for the Elderly
ACFP	Adult Care Food Program	EOLC	End-of-Life Care
ADA	Medicaid Aged and Disabled Adult Waiver	FCP	Family Caregiver Program
ADI	Alzheimer's Disease Initiative	HCE	Home Care for the Elderly
ADTA	Alzheimer's Disease Training Approval	IC	Intergenerational Connections
AH	Affordable Housing	LSP	Local Services Programs
ALE	Medicaid Assisted Living for the Frail Elderly Waiver	LTCOP	Long Term Care Ombudsman Program
ALT	Assisted Living Training Program	OAA	Older Americans Act
CAE	Crimes Against Elders	OES	Osteoporosis Education and Screening
CARES	Comprehensive Assessment and Review for Long Term Care Services	ORCCDE	Outreach Resource Center for Culturally- Diverse Elders
CBDP	Long Term Care Community-Based Diversion Project	PACE	Program for All-Inclusive Care of the Elderly
CCE	Community Care for the Elderly	PGP	Public Guardianship Program
CCPE	Community Care Programs for the Elderly	RELIEF	Respite for Elders Living in Everyday Families
CDC	Consumer Directed Care	SC	Senior Companion
CS	Contracted Services	SCSEP (OAA)	Senior Community Service Employment Program
DCTS	Dementia Caregivers Telehealth Support Project	SHINE	Serving Health Insurance Needs of Elders
EFMN	Elder Farmers Market Nutrition Program	SHMO	Special Health Maintenance Organization Demonstration
		STARS	Services Through Alzheimer's Relief Systems

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Abuse Awareness and Prevention	Provides services designed to increase awareness of elder abuse and prevention, and to meet the needs of elders who may be vulnerable to abuse. Services include training, companionship, and caregiver assistance.	CAE, OAA	1,267 clients served
Adult Day Care	Therapeutic social and health activities and services provided to adults who have functional impairments, in a protective environment as noninstitutional as possible.	ACFP, CCE, CCPE, CS, HCE, LSP, OAA, STARS	1,179,220 hours 493 vendor hours
Adult Day Health Care	Services furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.	ADA, CCE, CCPE, CS, HCE, LSP, OAA	1,404 hours
Assisted Living Facility Staff Training	Provides training, education and technical assistance to assisted-living-facility staff to maintain quality of care and facility standards, and to meet licensure requirements.	ALT	8,591 facility staff trained
Attendant Care	Hands-on care, of both a supportive and health related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function.	ADA	743 hours
Basic Subsidy	A fixed sum cash payment made to an eligible caregiver each month to reimburse some of their 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.	HCE	61,889 months

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Caregiver Training/ Support	Training of caregivers, individually or in group settings, to: reduce stress, increase coping skills, provide strategies for effective management of caregiving tasks, and enable them to provide high quality care to recipients within the home. Caregiver training and support may be provided through forums which include community workshops, seminars, and other organized local, regional, or statewide events. Support may also be provided to caregivers through telecommunications media.	ADA, ADI, CCE, CCPE, CS, DCTS, FCP, HCE, LSP, OAA	267 Caregiver Forum Group Episodes 2,583 Group Train/Support hours 2,524 Indiv. Train/Support hours
Case Aide	Services that are adjunctive and supplemental to case management services and are provided by paraprofessionals under the direction of case managers or designated supervisory staff.	ADA, ADI, CCE, CCPE, CS, HCE, LSP, OAA	73,618 hours 1,401 vendor hours
Case Management	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 which 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.	ADA, ADI, CCE, CCPE, CS, HCE, LSP, OAA	437,807 hours 14,772 vendor hours
Child Day Care	Services provided to a minor child, not more than 18 years old, residing with an age 60+ grandparent or other age 60+ related caregiver.	OAA	8 hours
Chore	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 which do not require a permit or specialist; and household maintenance. Pest control may be included when not performed as a distinct activity.	AC, ADA, CCE, CCPE, CS, HCE, LSP, OAA	72,986 hours 172 vendor hours

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Chore (Enhanced)	Performance of any house or yard task beyond the scope of chore due to more demanding circumstances requiring more intensified thorough cleaning.	ADA	3,832 hours
Companionship	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 casual conversation, providing assistance with reading, writing letters, entertaining games, escorting a client to a doctor's appointment, and diversional activities such as going to the movies, the mall, the library, or grocery shopping.	ADA, CCE, CCPE, CS, LSP, OAA, SC, STARS	280,617 hours
Congregate Meals	The provision of a meal at a congregate meal site which complies with the Dietary Guidelines for Americans and provides 1/3 daily RDA for individuals 51 years or older as established by Food and Nutrition Board of National Academy of Sciences.	CCPE, CS, LSP, OAA	5,075,278 meals
Consumable Medical Supplies	Disposable supplies used by the recipient and/or caregiver which are essential to adequately care for the recipients needs. Such supplies enable the recipient to either perform activities of daily living or stabilize and monitor a health condition.	ADA	105,988 episodes
Counseling Gerontological	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 their family to resolve problems (concrete or emotional) or to relieve temporary stresses encountered by them. Through counseling, persons are helped to maximize the use of available resources to assure physical and emotional well-being. Counselors may also act as advocates. This may be done on a one-to-one or a group basis.	ADA, ADI, CCE, CCPE, CS, HCE, LSP, OAA	81,737 hours 21,464 episodes (ADA) 114 vendor hours
Counseling (Medicare and Health Insurance)	Provides Medicare and health insurance education, counseling and assistance to Medicare recipients, their families and caregivers.	SHINE	94,315 consumers counseled

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Counseling (Mental Health Counseling/ Screening)	Services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group, and family therapy provided to individuals using techniques appropriate to this population.	ADI, CCE, CCPE, CS, HCE, LSP, OAA	1,897 hours
Disease Information	Providing information to individuals, families, caregivers, and the general public about chronic conditions and diseases; prevention measures and services, treatment, rehabilitation, and coping strategies for those factors which cannot change. This can be done on a one-on-one or group basis.	OAA	11,845 episodes
Education/ Training	(1) Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities; (2) Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience or skills; to increase awareness in such areas as crime or accident prevention; promoting personal enrichment; and to increase or gain skills in a specific craft, trade, job or occupation. Training individuals or groups in guardianship proceedings of older individuals if other adequate representation is unavailable can also be done; and, (3) Training conducted by Alzheimer's Disease Initiative Memory Disorder Clinics is designed to increase understanding of the disease and facilitate management of persons with Alzheimer's disease by their caregivers and health professionals.	ADI, CCPE, CS, LSP, OAA	218,978 hours 1 vendor hour 22,844 episodes
Emergency Alert Response	A community based electronic surveillance service which monitors the frail homebound elder by means of an electronic communication link with a response center.	ADA, CCE, CCPE, CS, LSP, OAA	2,248,149 days

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Employment and Job Training	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.	SCSEP	1,441 enrollees served 341 enrollees placed in unsubsidized employment
End-of-Life Information	Provides information to assist the public in understanding issues involved in end-of-life care. Provides quality, culturally-sensitive end-of-life care education with respect to issues such as advance directives.	EOLC	1,000 initial copies of end-of-life guide distributed to providers and consumers
Environmental Modification	Physical adaptations to the home which are necessary to ensure the health, welfare and safety of the individual or which enable the individual to function with greater independence in the home and without which the individual would require institutionalization.	ADA	1,442 episodes
Escort	Personal accompaniment and assistance to a person who has difficulties (physical or cognitive) 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.	ADA, CCE, CCPE, CS, LSP, OAA, SC	21,314 one-way trips
Financial Risk Reduction (Assessment)	Provides assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities, and expenditures. The service may include the establishment of checking accounts and direct deposits which reduce the risk of financial exploitation of the recipient.	CCE, OAA	8 hours
Financial Risk Reduction (Maintenance)	Provides ongoing assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities, and expenditures.	CCE, OAA	534 hours

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Health Promotion	Offers individual and/or group sessions that assist participants to understand how lifestyle impacts physical and mental health and to 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 that 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, and the distribution of information concerning diagnosis, prevention, treatment, rehabilitation of aged related diseases and chronic disabling conditions such as osteoporosis and cardiovascular diseases.	CCPE, CS, LSP, OAA	7,043 hours
Health Risk Assessment	An assessment utilizing one or a combination of tools to test older persons for certain risk factors that are known to be associated with a disease or condition. Many factors are modifiable, 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 to determine the addictive nature of many factors in an individual's life. This can be done on a one-on-one or group basis.	CCPE, CS, LSP, OAA	3,110 hours

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Health Risk Screening	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 a request is made by the individual being served. Health Risk Screening procedures screen for disease and ailments such as hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, osteoporosis, and nutrition deficiencies.	CCPE, CS, LSP, OAA, OES	5,836 hours
Health Support	Assists persons to secure and utilize necessary medical treatment as well as preventive, emergency and health maintenance services.	ADA, CCE, CCPE, CS, LSP, OAA, STARS	307,045 episodes 1,129 hours
Home Delivered Meals	Provision of a home delivered meal which complies with the Dietary Guidelines for Americans and provide 1/3 daily RDA for individuals 51 years or older as established by Food and Nutrition Board of National Academy of Sciences.	ADA, CCE, CCPE, CS, HCE, LSP, OAA	8,704,494 meals 3,067 vendor meals
Home Health Aide Service	The provision of hands-on personal care services, the performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance with self-administered medication as defined by Chapter 400.488, Florida Statutes, and Chapter 59A-8.020, Florida Administrative Code. Services are performed by a trained home health aide or certified nursing assistant to an individual in the home as assigned by and under the supervision of a registered nurse or licensed therapist. Types of assistance provided with activities of daily living include: bathing, dressing, eating, personal hygiene, toileting, assistance with physical transfer, and other responsibilities as outlined in Chapter 59A-8, Florida Administrative Code.	CCE, CCPE, CS, HCE, LSP, OAA	2,158 hours

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Home Injury Control	Preventing or reducing 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.	OAA	3,424 hours
Homemaker	The accomplishment of 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 house-hold activities by a trained homemaker.	ADA, CCE, CCPE, CS, HCE, LSP, OAA	1,937,713 hours 2,065 vendor hours
Housing Information	Assistance to low-income elders in need of affordable housing.	AH	Services included in Referral/ Assistance heading
Housing Improvement and Energy Assistance	Providing home repairs, environmental modifications, adaptative alterations, installing security devices, or payments for households experiencing a home-energy emergency.	AC, CCE, CCPE, CS, EHEAEP, HCE, LSP, OAA	485 episodes 14 vendor episodes 49,795 hours
Inter-generational Initiatives	Services which bring people of different generations together to help frail elders remain independent, and which encourage mutually-rewarding interaction between youth and elders.	IC	111 DOEA employee volunteers recruited as mentors
Legal Assistance	Legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney), and includes 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.	CCE, CCPE, CS, LSP, OAA	45,814 hours

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Long Term Care Alternatives to Nursing Homes	Services providing home, community-based, or assisted-living long term care as alternatives to nursing-home placement, and integrating the delivery of acute and long term care.	CBDP, ADA, ALE, PACE, SHMO	19,672 clients served
Long Term Care Consumer Complaint Investigation	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.	LTCOP	7,664 complaints investigated 2,832 inspections conducted
Long Term Care Self-Management	Assists consumers or their representatives in managing their own long term care and arranging services to meet their needs and improve the quality of their lives. Consumers can select and purchase cost-effective care services from a variety of formal and informal care providers.	ADA, CDC	4,324 clients enrolled
Material Aid	Aid in the form of: (1) Goods or food such as the direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc.; (2) Food item(s) necessary for the health, safety, or welfare. This may include condiments or paper products necessary for food consumption and delivery charges. Alcohol, drug, and tobacco products are excluded; (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; (4) The purchase of materials necessary to perform Chore or Enhanced Chore (refer to Chore and Enhanced Chore services); and (5) The purchase of construction materials necessary to perform housing improvements, alterations, and repairs (refer to Housing Improvement service).	CCE, CCPE, CS, HCE, LSP, OAA	12,901 episodes

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Meals (Emergency)	Provides funding by the Department for local purchase of meals to be used during an emergency situation, such as a hurricane.	DOEA	8,800 episodes
Medicare Fraud Prevention, Awareness and Education	Provides technical assistance and educational services to culturally-diverse and non-English speaking elders regarding awareness, detection, and reporting of Medicare fraud, error, and abuse.	ORC	1,990 consumers served
Medication Management	Screening, education, identification and counseling regarding the medication regime that individuals are 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.	CCE, CCPE, CS, LSP, OAA	2,491 hours
Model Day Care	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 shall also provide training for health care and social service personnel in the care of persons having Alzheimer's Disease or related memory disorders.	ADI	75,043 hours
Nursing Home Applicant Assessment	Pre-admission screening and assessment of nursing-home applicants.	CARES	77,559 consumers served
Nursing Home/ Assisted Living Facility Training Approval	Approves Alzheimer's Disease training providers and training curricula for specified nursing-home and assisted living facility staff.	ADTA	1,160 training providers and 146 training curricula approved

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Nursing Services	Skilled services within the scope of Florida's Nurse Practice Act and are provided by a Registered Professional Nurse, Licensed Practical Nurse or Vocational nurse under the supervision of a Registered Nurse, licensed to practice in the state.	ADA	9,648 episodes
Nutrition Assistance	Provides low-income elders living in and around Alachua County with coupons that can be exchanged for locally grown, fresh produce at area farmers markets.	EFMN	1,440 consumers served
Nutrition Counseling	Provides individualized advice and guidance to persons, at nutritional risk because of their poor health, nutritional history, current dietary intake, medications use or chronic illnesses. Nutritional Counseling includes options and methods for improving an individuals' nutritional status. The service may be provided individually or in small groups.	CCE, CCPE, CS, LSP, OAA	4,893 hours
Nutrition Education	Promotes better health by providing accurate, scientifically sound, practical and culturally sensitive nutrition information and instruction to participants and caregivers in a group or individual setting consistent with their needs and food resources. Nutrition education is the process by which individuals gain the understanding, skills and motivation necessary to promote and protect their nutritional well-being through their food choices and food preparation methods.	ADA, CS, CCPE, LSP, OAA	17,640 episodes

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Occupational, Physical and Speech Therapy	<p>Occupational therapy is a service prescribed by a physician that is necessary to produce specific functional outcomes in self-help, adaptive, and sensory motor skill areas and assist the individual to control and maneuver within the environment.</p> <p>Physical therapy is a service prescribed by a physician that is necessary to produce specific functional outcomes in ambulation, muscle control and postural development, and prevent or reduce further physical disability.</p> <p>Speech therapy is a service prescribed by a physician that is necessary to produce specific functional outcomes in the communication skills of an individual with a speech, hearing or language disability.</p>	ADA, CCE, CCPE, CS, HCE, LSP, OAA	<p>346 hours</p> <p>23 vendor hours</p> <p>100 episodes (ADA)</p>
Other	A miscellaneous category for goods or services not defined elsewhere, necessary for the health, safety, or welfare of the person.	CCE, CCPE, CS, HCE, LSP	<p>8,678 episodes</p> <p>130 vendor episodes</p>
Outreach	An OAA-required access service making active efforts to reach target individuals face to face, either in a community setting or in their home, neighborhood with large numbers of low income minority elderly, making one-to-one contact, identifying their service need, and encouraging their use of available resources.	AC, CCPE, CS, LSP, OAA	58,593 episodes
Personal Care	Assistance with eating, dressing, personal hygiene, and other activities of daily living. This service may include assistance with meal preparation, housekeeping chores such as bed making, dusting, and vacuuming incidental to the care furnished or essential to the health and welfare of the individual.	ADA, CCE, CCPE, CS, HCE, LSP, OAA	<p>1,852,694 hours</p> <p>13,881 vendor hours</p>
Pest Control (Initiation)	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.	ADA, CCE	246 hours

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Pest Control (Maintenance)	Helps rid the environment of insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients.	ADA, CCE	1,840 hours
Pest Control (Rodent)	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).	CCE	9 hours
Physical Fitness	Activities for elders to improve their strength, flexibility, endurance, muscle tone, range of motion, reflexes, cardiovascular health, and/or other aspects of physical functioning.	OAA	18,899 hours
Public Guardianship	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 interest. Guardians protect the property and personal rights of incapacitated individuals.	PGP	1,405 clients assigned a guardian
Recreation	Participation in or attendance at planned leisure events such as, games, sports, arts and crafts, theater, trips, and other relaxing social activities.	CCPE, CS, LSP, OAA	2,234,708 hours
Referral/ Assistance	An activity provided via telephone or one on one in person. Information is obtained about a person's needs, needs are assessed, and persons are directed to the appropriate resources most capable of meeting 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 of the Referral/Assistance.	CCPE, CS, LSP, OAA	939,437 episodes 413 hours
Respite (Facility Based)	Relief or rest for a primary caregiver from the constant/continued supervision, companionship, therapeutic and/or personal care, of a functionally impaired older person for a specified period of time.	ADA, ADI, CCE, CCPE, CS, HCE, LSP, OAA, SC	719,256 hours 19,519 vendor hours 4,605 direct-pay hours

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Respite (In-Home)	Relief or rest for a primary caregiver from the constant/continued supervision, companionship, therapeutic and/or personal care, of a functionally impaired older person for a specified period of time.	AC, ADA, ADI, CCE, CCPE, CS, HCE, LSP, OAA, RELIEF, SC, STARS	1,358,646 hours
Risk Reduction	Assessment and guidance provided for the recipient and/or caregiver regarding specific exercises to promote physical strength, dexterity and endurance to perform activities of daily living , and regarding the planning and preparation of nutritionally appropriate meals to promote recipient health through better nutrition habits.	ADA	1,670 episodes
Screening/Assessment	Administering standard assessment instruments for the purpose of gathering information about and prioritizing clients at the time of active enrollment or to reassess currently active clients to determine need and eligibility for services.	CCPE, CS, LSP, OAA	45,794 hours
Shopping Assistance	Assisting a client in getting to and from stores or shopping on behalf of a client; and includes the proper selection of items to purchase. The service also includes storing purchased items upon return to the client's home. An individual Shopping Aide may assist more than one client during a shopping trip.	CCE, CCPE, CS, LSP, OAA	5,698 one-way trips
Sitter	Sitter services are provided to a minor child, not more than 18 years old, residing with an age 60+ grandparent or other age 60+ related caregiver. Sitter services may be carried out in the home or in a facility during the day, at night or on weekends and are arranged by the caregiver for a specified period of time.	OAA	294 direct-pay hours
Skilled Nursing Services	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse, or advanced registered nurse practitioner, in the client's place of residence, pursuant to a plan of care approved by a licensed physician.	CCE, CCPE, CS, HCE, LSP, OAA	654 hours

SERVICE	DEFINITION	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE 7/01-6/02
Specialized Medical Equipment, Services, and Supplies	Services include: (1) Adaptive devices, controls, appliances or services which 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; (2) Dentures, walkers, reachers, bedside commodes, telephone amplifiers, touch lamps, adaptive eating equipment, glasses, hearing aids, and other mechanical or nonmechanical, electronic, and non-electronic adaptive devices; (3) Supplies such as adult briefs, bed pads, oxygen or nutritional supplements; (4) Medical services paying for doctor or dental visits; and (5) Pharmaceutical services paying for needed prescriptions.	ADA, ADI, CCE, CCPE, CS, HCE, LSP, OAA	20,419 episodes 2,606 vendor episodes 101 direct-pay episodes
Telephone Reassurance	Communicating with designated clients by telephone on a mutually agreed schedule to determine their safety and to provide psychological reassurance, or to implement special or emergency assistance.	ADA, CCPE, CS, LSP, OAA	112,417 episodes
Transportation	Travel to or from community services and resources, health and medical care, shopping, social activities, or other life sustaining activities.	CCE, CCPE, CS, HCE, LSP, OAA	1,870,315 one-way trips
Volunteer Training	Provides training to individuals interested in assisting caregivers with respite services.	RELIEF	945 hours

Services Table Data Sources

Service, Definition, Programs Providing Service:

DOEA Home and Community Based Services Draft Handbook, January 2003
DOEA 2003 Summary of Programs and Services, January 2003
Florida Home and Community Based Waiver for Aged & Disabled Adults

Units of Service

DOEA CIRTS Report for services 7/1/2001 - 6/30/2002 generated 11/18/2002
DOEA CIRTS for Medicaid Waiver Services 7/1/2001 - 6/30/2002 generated 1/3/2003
DOEA 2003 Summary of Programs and Services
DOEA Division of Volunteer and Community Services report data
DOEA Division of Statewide Community Based Services report data

2003
SUMMARY OF
PROGRAMS & SERVICES

SECTION C

**P
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INTRODUCTION

Department of Elder Affairs programs are designed to meet the continuum of long term care needs, emphasizing the integration of community services, independent and objective assessments and consumer choices. The goal and values of the Communities for a Lifetime Initiative (see Overview) are reflected in all Department programs.

As Florida's elder population expands, the state must target its resources to serve the most frail and economically disadvantaged. The challenge is to partner and enrich public resources with private and not-for-profit resources to help meet the growing demand for programs and services. Florida must also continue to explore innovative ways for frail elders and caregivers to receive the support necessary to remain in their communities and maintain quality of life.

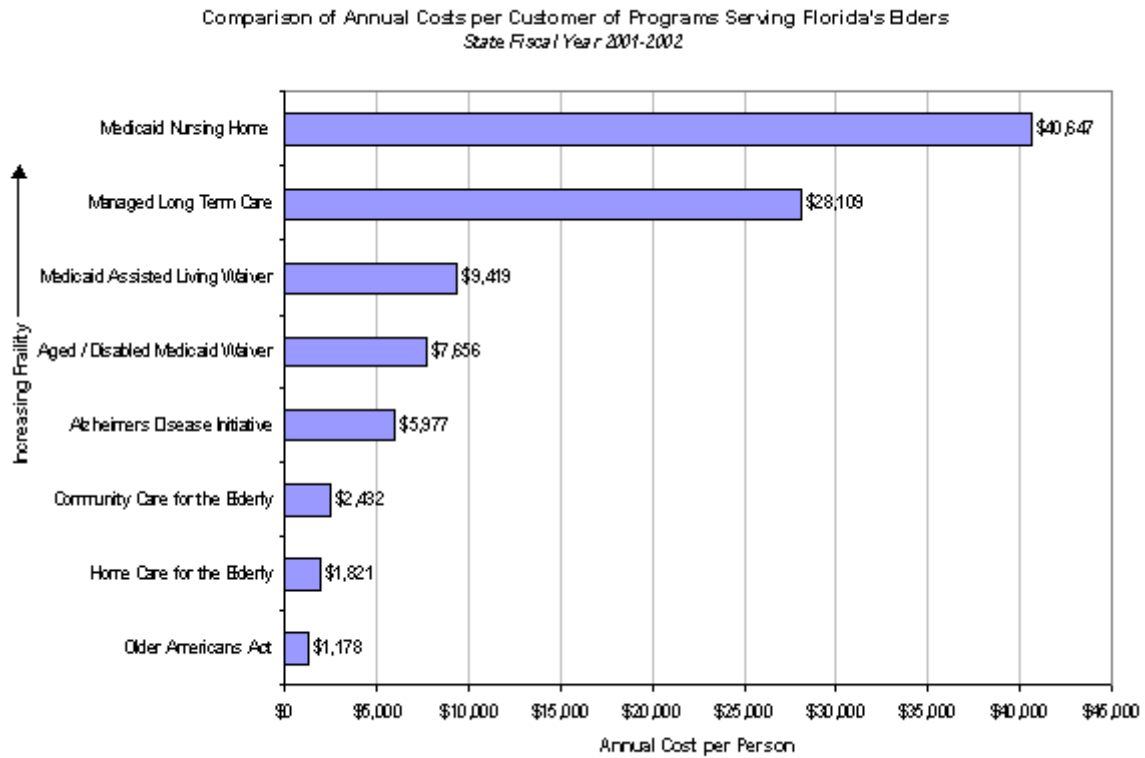
Part of this process of policy development and innovative planning is done in conjunction with the Department's development of its annual Long Range Program Plan, which examines the needs of agency customers and proposes programs and associated costs to address those needs based on state priorities as established by law, the agency mission and legislative authorization. Funds are appropriated to the Department through legislatively approved Budget Entities or Service Areas. Each Budget Entity is made up of Activities which are functions within the entity that have measurable inputs and outputs. **The Long Range Program Plan - Services to Elders Table**, in this section, shows how Department programs fit into each legislatively approved Activity and Budget Entity/Service Areas.

Programs target different consumers with different eligibility criteria. Specific services listed in Section B such as, adult day care, transportation and chore may be provided by more than one program. Consumers are served by programs that best meet their need and maximize utilization of federal funding. This section contains a description of each program. Eligibility criteria is described in each program description. A summary, **General Participant Eligibility Requirements for Major Programs and Services Table**, is included.

Programs in this section are listed alphabetically for reference purposes.

COST COMPARISONS

Department Programs, in addition to serving the needs of elders, save the state an average of \$2.42 in general revenue spent on nursing home care for every dollar of general revenue dollars spent on home and community based services. The state had an avoidance in fiscal year 2001-2002 of over \$425 million in general revenue expenditures in nursing home payments by spending \$176.7 million in home and community based services.



LONG RANGE PROGRAM PLAN - SERVICES TO ELDERERS

This table provides a cross walk of how programs described in this section of the Resource Manual 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	CARES (Comprehensive Assessment and Review for Long Term Care)	65
		Home and Community Services	Caregiver Support
		AmeriCorps	60
		Older Americans Act III E (Family Caregiver Program)	118
		RELIEF (Respite for Elders Living in Everyday Families)	128
		STARS (Services Through Alzheimer's Relief Systems)	135
	Early Intervention/Prevention	Crimes Against Elders	79
		Emergency Home Energy Assistance for the Elderly	85
		Health & Wellness Initiatives (OAA III D)	90
		Information and Referral/Assistance	94
		Medicare+Choice Health Insurance Education Counseling and Assistance (SHINE)	116
		Osteoporosis Education and Screening	121
		Outreach Resource Center for Culturally Diverse Elders	123
		Senior Community Service Employment Program (OAA Title V)	130
		Self Care	Intergenerational Connections
	Senior Companion Program		133

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE #
	Supportive Community Care	Community Care Programs for the Elderly (non meals)	71
		Contracted Services (non meals)	77
		Local Services Programs (non meals)	99
		Older Americans Act Programs IIIB	118
	Assisted Living Facilities and Adult Family Care Home Trainers	Assisted Living Training Program	63
	Housing, Hospice and End-of-Life	Affordable Housing	48
		Alzheimer's Disease Training Approval Program	56
		End of Life Care	88
	Residential Assisted Living Support and Elder Housing Issues	Medicaid Assisted Living for the Frail Elderly Waiver	113
	Nutritional Services for the Elderly	Adult Care Food Program	46
		Community Care Programs for the Elderly (meals only)	71
		Contracted Services (meals only)	77
		Elder Farmers Market Nutrition Program	83
		Local Services Programs (meals only)	99
		Older Americans Act Programs IIIC1, IIIC2	118
	Long Term Care Initiatives	Long Term Care Initiatives (Community Diversion Pilot Project, PACE, SHMO)	101

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE #
	Home and Community Services - Long Term Care Options	Community Care for the Elderly	68
		Consumer Directed Care	74
		Dementia Caregivers Telehealth Support Project	81
		Home Care for the Elderly	92
		Medicaid Aged and Disabled Adult Waiver	110
Consumer Advocate Services	Long Term Care Ombudsman Council	Long Term Care Ombudsman Program	107
	Public Guardianship Program	Public Guardianship Program	125

GENERAL PARTICIPANT ELIGIBILITY REQUIREMENTS FOR MAJOR PROGRAMS AND SERVICES

For requirements for other programs or for more details and specifications on eligibility requirements for programs listed below, see individual program descriptions on the following pages.

Note: Poverty Guidelines and Institutional Care Program standards are updated annually

Program	Age	Income	Other requirements/frailty levels
Adult Care Food Program	60 or older or 18 or older and chronically impaired	No income test	Must reside in the home or 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 or 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
Community Care for the Elderly	60 or older	A co-payment is assessed based on a 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 or older	Household income 150% of poverty guidelines or less. Certain exclusions apply.	Must have a heating or cooling emergency.
Home Care for the Elderly	60 or older	Less than the Institutional Care Program (ICP) standard for income and assets.	Must be at risk of nursing home placement and have an approved adult caregiver willing and able to provide or assist in arranging for care.
Long Term Care Initiatives (Community Diversion Pilot)	65 or older	Medicare eligible, Medicaid eligible up to ICP income and asset level.	Must reside in project service area. Must be at risk of nursing home placement. Some additional clinical criteria apply.

Program	Age	Income	Other requirements/frailty levels
Medicaid Aged and Disabled Adult Waiver	60 or older or 18-59 and disabled	Medicaid eligible up to ICP income and asset level	Must be at risk of nursing home placement. Must meet technical criteria of individuals seeking Medicaid assistance for nursing homes.
Medicaid Assisted Living for the Frail Elderly Waiver	60 or older	Medicaid eligible up to the ICP income and asset level	Must be at risk of nursing home placement. Must meet technical criteria of individuals seeking Medicaid assistance for nursing homes. Some additional clinical criteria apply.
Older Americans Act Programs	60 or 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	55 or older	Household income 125% of poverty guidelines or less. Certain exclusions apply.	Targets persons with poor employment prospects and greatest economic need

ADULT CARE FOOD PROGRAM

DESCRIPTION:

The program provides reimbursement to eligible Adult Care Centers assisting them in providing nutritious, wholesome meals to Adult Care Participants. Centers using this program help maintain participant's nutritional status while keeping food costs down.

SERVICES OR ACTIVITIES:

Reimbursement for meals is given to eligible Adult Care Centers. Centers may seek reimbursement for up to three meals/snacks per day. Reimbursement rates are determined on an individual participant basis. Medicaid, SSI, Food Stamp or Food Distribution on an Indian Reservation (FDPIR) beneficiaries, or participants documented to be at/below 130 percent of the poverty level, qualify for the maximum reimbursement. Participants who do not meet the above criteria are assessed on their self-declared income.

ADMINISTRATION:

The Department directly administers the Adult Care Food Program.

ELIGIBILITY:

Program Eligibility Criteria - Centers eligible to receive meal reimbursement include:

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

Participant Eligibility Criteria

- 60 years of age or older; or 18 years of age or over and chronically impaired
- must reside in the home or a "community-based" care facility
- must be enrolled in an Adult Care Center

STATUTORY AUTHORITY:

7 Code of Federal Regulations 226

APPROPRIATION HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	ADULT DAY CARE SITES	UNDUPLICATED PARTICIPANTS RECEIVING MAXIMUM MEAL ENTITLEMENT
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	2146
2002-2003*	\$2,434,300	125	2360

Program transferred to DOEA from Department of Education 10/1/97 *based on estimated 10% growth Source: Manual Count

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is funded through a grant from the United States 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 required.

PROGRAM HIGHLIGHTS:

- Adult Care Centers, making full use of the program, serve and seek reimbursement for breakfast, lunch and a snack. These centers are providing more meals than are required by the Florida Administrative Code.
- Some Adult Care Centers continue to use Title III C-1 funded lunches in their centers, even though the Adult Care Food Program is available. If these centers used the Adult Care Food Program instead, C-1 lunches could be utilized elsewhere.

Prior to joining the Adult Care Food Program, we did not offer breakfast and our snacks consisted of crackers and water. Now that we have the reimbursement funds from the ACFP our food service budget has increased 75% and we are able to provide a nutritious breakfast and snacks to our Adult Day Care Center participants. As a result, significant weight gain and improved health status is evident in many of our participants.

---- Christine Lecher, Neighborly Senior Services

AFFORDABLE HOUSING

DESCRIPTION:

The program is responsible for reviewing affordable housing programs and policies and making recommendations to improve access to affordable housing alternatives for elders.

SERVICES OR ACTIVITIES:

Technical assistance is provided to nonprofit and for profit organizations, developers, state and local governments on accessing federal, state and local affordable housing and assisted living resources and the needs of elders.

Program activities include; grant writing to support elder access to affordable housing in Florida; monitoring policy changes to evaluate their impact on elder Floridians' access to affordable housing; information and referral assistance to low-income elders in need of affordable housing in Florida; and participating in workgroups and committees that address housing and/or assisted living resources for low income disabled adults and frail elders.

The program administers the Robert Wood Johnson Foundation Coming Home Program grant which purpose is to promote and facilitate affordable assisted living facilities, especially in rural areas. Specific activities related to the grant include:

- Establishing a workgroup of stakeholders to address issues and barriers related to developing, operating and accessing affordable assisted living in order to make policy and regulation recommendations.
- Working with State agencies; long term care and aging network associations and service providers; affordable housing organizations; and other entities to develop and implement collaborative activities and demonstrations to overcome barriers and maximize resources on behalf of persons in need of affordable assisted living options near where they want to live.
- Developing a website which will provide information and tools important to promoting and facilitating affordable assisted living in Florida. The targeted users will be Assisted Living Facility developers, operators and staff; housing authorities; long term care and healthcare professionals and organizations; and consumers and their families.

ADMINISTRATION:

Services are administered through the Department of Elder Affairs.

ELIGIBILITY:

Not Applicable

STATUTORY AUTHORITY:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

Not Applicable

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Department received a \$300,000 three year planning grant from the Robert Wood Johnson Foundation Coming Home Program. Funds are used for grant related activities. Other activities are supported by Older Americans Act State Administrative Funds.

PROGRAM HIGHLIGHTS:

- The Department has been appointed as a member of the Community Assistance Advisory Council administered by the Department of Community Affairs Division of Housing and Community Development.

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 Alzheimer's disease and similar memory disorders, and their families. 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 Care Giver Relief: Alzheimer's Respite Care programs are established in all of Florida's 67 counties; many counties have multiple service sites. In 1991-1992, programs were established in 38 counties. In fiscal year 1996-1997, 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. Alzheimer's Disease Initiative respite includes in-home, facility-based (usually at Adult Day Care Centers), emergency and extended care respite (up to 30 days) for care givers of victims of memory disorders. On average, less 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 unmet needs identified during that assessment.

Memory Disorder Clinics (MDC): The Legislature has authorized 13 Memory Disorder Clinics to provide diagnostic and referral services for persons with Alzheimer's disease and related dementia, 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. Develop and disseminate

training models to 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 care givers of individuals with Alzheimer's disease or related dementia and provide specialized training for caregivers and caregiver groups/organizations in the designated service area.

Conduct applied research that is service related. 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. In addition to professional papers, key information should be prepared for lay distribution.

Individuals diagnosed or suspected of having a memory loss where mental changes appear and gradually interfere with activities of daily living are eligible for Memory Disorder Clinic services. Memory Disorder Clinic sites include: Mayo Clinic in Jacksonville; The University of Florida in Gainesville; East-Central Florida 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, and Sarasota Memorial Hospital in Sarasota.

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 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. The Department continues to receive inquiries from Adult Day Care centers around the state interested in becoming a model day care center.

Resource Database and Brain Bank: The Alzheimer's disease research database is a central database where memory disorder clinics enter consumer information. Researchers at the Memory Disorder Clinics use this tool to identify potential patients for specific studies, as well as for collaborative research projects.

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 postmortem patient brains 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 assist in recruiting participants and act as a liaison 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 variable 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 Alzheimer's Disease Initiative.

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:

- Individuals receiving ADI respite care are caregivers for adults 18 years or older and diagnosed as having probable Alzheimer's disease or other related memory disorders.
- Individuals diagnosed 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 the MDC, or have been diagnosed using standards adopted by the MDC's, 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 support services from the Alzheimer's Disease Initiative, as well as respite care. For Memory Disorder Clinics, individuals of any age suspected of having a memory disorder may request 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 Brain Bank. Medical records documenting a general physical examination, neurologic examination, hematological and biochemical studies and a scan of the brain must be available.

Consumers receiving services under the Alzheimer's Disease Initiative are given an opportunity to participate in the cost of their care through a co-payment based on the 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**

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
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	2,943*

*Projected Source: CIRTS Clients Served ADI services

MEMORY DISORDER CLINICS/MODEL DAY CARE

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	\$3,992,571	6,000*

*Projection Source for clients served: Manual reports from Memory Disorder Clinics.

BRAIN BANK

STATE FISCAL YEAR	STATE FUNDING	CLIENT INFORMATION	AUTOPSIES
1993-1994	\$138,859	82 persons registered	67
1994-1995	\$138,859	80 persons registered	84
1995-1996	\$138,201	82 persons registered	67
1996-1997	\$130,139	100 persons registered	87
1997-1998	\$130,139	44 persons registered	66
1998-1999	\$130,139	54 persons registered	67
1999-2000	\$137,139	82 persons registered	59
2000-2001	\$130,139	130 persons registered	90
2001-2002	\$130,139	56 persons registered	47
2002-2003	\$130,139	56 persons registered*	47*

*Projected Source for Client Information: Memory Disorder Clinic Reports

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. Additional Alzheimer's Disease services are administered by Department staff through contracts with designated Memory Disorder Clinics and the Florida Brain Bank.

Alzheimer's Respite funding is allocated to all counties based on age 75 and older population factors (50 percent weight) and probable number of Alzheimer's cases in each county (50 percent weight). Each of the Memory Disorder Clinics receives \$189,000. Each Model Day Care in Gainesville and Tampa receives \$125,510, the two model day cares in Miami split \$125,510; the Brain Bank receives \$130,139 (GR) and the Wien Center at Mt. Sinai receives \$79,350 (GR). Remaining funds are allocated to special projects per proviso language and legislative intent in the Appropriations Act.

PROGRAM HIGHLIGHTS:

Through concerted efforts of consumers, caregivers, and volunteers, the Department's Alzheimer's Disease Initiative program has made significant contributions in collaborative research, respite services, and education. It has:

- Played a key role in the National Institute of Aging's funding of the first preventive study of Alzheimer's disease using estrogen.

- Helped caregivers cope with the 24-hour demands of caring for an Alzheimer's victim. Caregivers not receiving respite are at high risk for clinical depression, premature death due to the stress on their physical well-being, and becoming abusive to the victim when stress overcomes their coping strategies.
- Enabled caregivers to keep their loved one in the home and out of more costly institutional settings.
- Participated as one of five states in an Alzheimer's Managed Care Demonstration Research Project funded by the Administration on Aging to determine the effects of using managed care systems as a means to link families caring for Alzheimer's patients with appropriate and timely support services. The demonstration portion of this research project ended June 30, 2002.

An adult daughter who cares for her 82 year old mother suffering from Alzheimer's Disease, said over and over again, "I do not know what I would have done without the day care respite and support groups. I love my mother, but I didn't know what was happening to her." She said it changed her life, when she called the Alzheimer's Community Care Crisis Line and got help. She had lost two jobs because of the responsibilities of caring for her mother. She asked, "Do you know that feeling when someone just wraps their arms around you and things just seem better?" She said that is how it felt when she met the wonderful people at Alzheimer's Community Care. She said she would often talk with the people at the day care center for an hour or so when she picked up her mom, and added that the girls who take care of her mother's personal care never get enough recognition for what they do, day in and day out. "I was not able to work, and now I work and support myself with peace of mind knowing my mother is in good care."

ALZHEIMER'S DISEASE TRAINING APPROVAL PROGRAM

DESCRIPTION:

The Alzheimer's Disease Training Approval Program approves training providers and training curricula for specified nursing home and assisted living facility employees.

SERVICES OR ACTIVITIES:

The Alzheimer's Disease Training Approval Program has two major components: (a) the approval process for Alzheimer's disease or related disorders training providers and training curricula for all licensed nursing homes in Florida; and (b) the approval process for Alzheimer's disease or related disorder training providers and curricula for assisted living facilities that advertise that they provide special care for persons with Alzheimer's disease or other related disorders. In addition, the program is required to maintain a list of all approved Alzheimer's disease training providers for the public.

Assisted Living Alzheimer's Disease Training Approval Process

In 1997 the Florida Legislature created the Alzheimer's Disease Training Approval Program for specified assisted living facilities pursuant to section 400.4178, Florida Statutes. The approval process is designed to ensure that assisted living facilities that advertise provision of special care for persons with Alzheimer's disease or other related disorders receive quality Alzheimer's disease training and continuing education approved by the Department.

The law requires that an assisted living facility employee, who has regular contact with residents with Alzheimer's disease or related disorders, complete 4 hours of initial Alzheimer's disease training approved by the Department within 3 months of employment. The law also requires that an assisted living facility employee, who provides direct care to residents with Alzheimer's disease or other related disorders, complete the initial 4 hours of training and 4 additional hours of training approved by the Department. The training for a direct caregiver employee is to be completed within 9 months after beginning employment. The assisted living facility employees that provide direct care are required to complete 4 hours of continuing education annually.

Individuals seeking to obtain the Department's approval as an assisted living Alzheimer's disease training provider and curriculum, must submit the required documents to the Department's contractor. Training provider and curriculum requirements are outlined in section 400.4178, Florida Statutes, and rules 58A-5.0191 (9)(10), Florida Administrative Code.

Nursing Home Alzheimer's Disease Training Approval Process

In 2001, the Florida Legislature created the Alzheimer's Disease Training Approval Program 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 nursing home employees who have direct contact with residents with Alzheimer's disease or a related disorder to complete 1 hour of approved Alzheimer's disease

training completed within the first 3 months after beginning employment. The law also requires that any individual who provides direct care to complete the required 1-hour approved training and an additional 3 hours of approved training within 9 months after beginning employment.

Individuals seeking to obtain the Department's approval as a nursing home Alzheimer's disease training provider and approval of its training curriculum, 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.

ADMINISTRATION:

The Department is responsible for planning, budgeting, monitoring, and coordinating the Alzheimer's Disease Training Approval Program. The Department contracts with University of South Florida's Training Academy on Aging in the Florida Policy Exchange Center on Aging to administer the program and to ensure 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.usf.edu/fpeca. The Department offers the required Alzheimer's disease training and continuing education to assisted living facilities as provided in section 400.4178, Florida Statutes.

ELIGIBILITY:

Assisted Living Alzheimer's Disease Training Provider

To obtain approval as an assisted living Alzheimer's disease training provider requires the submission and approval of an Alzheimer's disease training curriculum; documentation that the individual has a Bachelor's degree from an accredited college or university or is licensed as a registered nurse, and possesses:

- One year teaching experience as an educator of caregivers for persons with Alzheimer's disease or related disorders;
- Three years of practical experience in a program providing care to persons with Alzheimer's disease or related disorders; or
- Completion of 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 or related disorders.

A master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required college degree.

Assisted Living Alzheimer's Disease Training Curriculum

To obtain approval of the initial 4-hour training curriculum requires the submission of a training curriculum which 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.

To obtain approval of the additional 4-hour training curriculum requires the submission of a training curriculum which 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.

Nursing Home Alzheimer’s Disease Training Provider

To obtain approval as a nursing home Alzheimer’s disease training provider requires the submission of 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, and:

- Possesses teaching or training experience as an educator of caregivers for persons with Alzheimer’s disease or related disorders;
- Has one year of practical experience in a program providing care to persons with Alzheimer’s disease or related disorders; or
- Has completed a specialized training program in Alzheimer’s disease or 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 can 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 or related disorders may substitute on a year-by-year basis for the required Bachelor’s degree.

Nursing Home Alzheimer’s Disease Training Curriculum

To obtain approval of the initial 1-hour training curriculum requires the submission of an application (DOEA Form 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 residents with Alzheimer’s disease or related disorders. To obtain approval of the additional 3-hour training curriculum requires the submission of 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.

STATUTORY AUTHORITY:

Sections 400.1755 and 400.4178, Florida Statutes

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING (NH PROGRAM)	AL APPROVED TRAINING PROVIDERS	AL APPROVED TRAINING CURRICULUM	NH APPROVED TRAINING PROVIDERS	NH APPROVED TRAINING CURRICULUM
2001-2002	\$100,000	222	78	938*	68*

STATE FISCAL YEAR	STATE FUNDING (NH PROGRAM)	AL APPROVED TRAINING PROVIDERS	AL APPROVED TRAINING CURRICULUM	N H APPROVED TRAINING PROVIDERS	N H APPROVED TRAINING CURRICULUM
2002-2003	\$100,000	224**	78**	1249**	180**

*Nursing Home approval program began in February 2002, data February-June 2002 **Services as of November 2002 Source:USF Alzheimer's approval program data base.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Funding for Nursing Home Program from General Revenue. Other activities are supported by Department administrative funds.

PROGRAM HIGHLIGHTS:

- As of November, 2002, 94.2 percent of nursing home training provider applications met the requirements initially or upon resubmission of credentials. Application review averages 3-5 working days.
- As of November 12, 2002, 180 nursing home Alzheimer's disease curriculum applications were reviewed with an additional 53 application re-submittals. Ten were disapproved upon initial review, and the remaining applications were either withdrawn or are currently under review.
- The approval process has increased the quality of several of the nursing home curriculum by correcting serious erroneous information in the curriculum. Examples include outdated medications (e.g., cognex and thorazine) listed as approved for treatment; inaccurate definition of medical conditions; and incorrect statements about the disease.
- The University of South Florida has completed the translation of the one-hour nursing home curriculum into Spanish, and will have the three-hour curriculum available early in 2003. The University has identified several approved trainers to provide the training in Spanish.

Applicants have commented on the timeliness of the approval process and USF responsive to applicant questions. The website has become a useful tool for nursing homes and assisted living facilities when trying to locate approved training providers and curricula.

AMERICORPS

DESCRIPTION:

AmeriCorps is a network of national service programs that engages volunteers in intensive service to meet critical needs in education, public safety, health and the environment. Programs rely on a multi-generational corps of Members who receive a living allowance and commit to one year of service in exchange for an education award. Department program services include respite, home modification and repair, chore services, disaster preparedness and community outreach to elders, caregivers and families.

SERVICES OR ACTIVITIES:

Care & Repair: The Department in partnership with the Osceola County Council on Aging successfully administered this program for three years (2000-2003) and was approved for continuation of services for 2003-2005. The program involves a multi-generational, multi-cultural corps of 10 Members along with community volunteers to provide outreach, chore services, emergency home repair and home modification. The program allows elders to remain in their homes, accommodating any physical or medical changes that may impair their ability to maintain a safe and secure home.

Disaster Preparedness and Response Corps: In June 2002, the Department began a pilot program with the American Red Cross to educate elderly populations and families in disaster preparedness through community presentations and outreach. Services include targeting neighborhoods to participate in the *Disaster Ready Neighborhood Program*, structural mitigation to high risk elder homeowners and multi-generational families and training to school children on fire prevention and safety. A corps of 20 Members receive training on coordinating volunteer emergency response activities and staff three Volunteer Centers serving rural areas in North Florida. The program was approved for funding by the Corporation for National and Community Service for a three year Homeland Security Grant for 2003-2005.

ElderServe: The Department was approved for funding two Respite project sites for 2003-2005 by the Florida Commission on Community Service partnering with the Area Agency on Aging for North Florida and the Indian River County Council on Aging. Twenty Members in North Florida and 10 Members in Indian River County along with community volunteers will provide respite services to caregivers of frail elders at risk of institutionalization.

Legacy Corps for Health and Independent Living (Latino Elderly Respite): In 2001, the University of Maryland Center on Aging granted the Department a one year Respite program as part of its *National Experience Corps Independent Living* project. The program partners with Latino Elderly Inc. as the service provider in Miami. Respite services are provided to primarily Spanish-speaking caregivers of frail elders at risk of institutionalization through a corps of 34 Spanish speaking Members. The program was approved for continuation in 2003-2005.

ADMINISTRATION:

The Department provides oversight, contract management and technical assistance to local service providers ensuring all AmeriCorps Service provisions, contractual obligations and programmatic and financial reporting requirements are met. Local Program Directors in each project site manage member recruitment and development, client services and reporting requirements.

ELIGIBILITY:

- **Care & Repair** - Frail or disabled elder homeowners, who need assistance to improve or maintain a safe and accessible home. Priority is given to low-income elders whose home repair/modification needs are essential to maintain independent living.
- **Disaster Preparedness and Response** - Homeowners, communities or neighborhoods and community schools not yet designated as Disaster Ready or who have not received outreach and/or training.
- **Elder Serve** - Services available to all caregivers of frail, homebound elders, except paid respite workers, who can benefit from up to four hours of respite per week.

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	VOLUNTEERS	MEMBER HOURS OF SERVICE
1997*	\$530,866	\$30,000	530	40	33	56,847
1998	\$834,711	\$165,175	654	75	107	93,935
1999	\$826,447	\$103,275	611	83	287	93,830
2000	\$695,765	\$130,000	2653	55	150	82,276
2001	\$111,377	\$18,000	291	13	178	10,622
2002**	\$242,000	\$30,000	550	57	45	40,000
2003**	\$841,769	\$108,000	800	80	100	100,000

Required local and in-kind match contributions are not reflected in the above dollar amounts. *Report period February-December 1997
**Estimates Number of AmeriCorps programs differ from year to year therefore comparisons are not valid. SOURCE: Data from monthly progress reports and contracts. Clients served - Direct Services, does not include outreach and education.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Florida Commission on Community Service awards AmeriCorps grants to the Department

which contracts with community based service providers. Contracts are granted to agencies based on their ability to recruit, train and retain AmeriCorps Members and community volunteers as well as to meet local funding match requirements. Organizations must have the infrastructure to support, maintain and sustain the program beyond the funding cycle.

The Department receives funding for the **Latino Elderly Respite Program** from the University of Maryland Center on Aging through a grant from the Corporation for National and Community Service. The Department contracts with Latino Elderly, Inc., to provide services locally.

PROGRAM HIGHLIGHTS:

- AmeriCorps members and participating volunteers receive valuable training and practical experience in community education and outreach, volunteer management, community leadership and coalition building. Members who complete the program earn an education award up to \$4,725 that can be used to further their educational or vocational skills.
- AmeriCorps programs work to include persons with disabilities as members, volunteers and clients. The Osceola County Council on Aging works closely with Quest, Inc, and the Opportunity Center, organizations that work with persons with developmental disabilities, to provide learning and work opportunities to their clients who serve as Members or volunteers in the program.
- The **Latino Elderly Respite Program** serves those who might otherwise not receive services due to language and other cultural barriers. The program is among the first AmeriCorps programs nationwide to address the needs of underserved Latino elderly populations. Program materials and resources were developed in Spanish.
- **ElderServe** program to begin in January 2003 will provide respite services to underserved elderly populations in rural areas. The Indian River County project is the first in that county to receive funding from the State Commission on Community Service. The Area Agency on Aging for North Florida will serve elders in rural Gadsden, Jefferson and Wakulla Counties as well as in Tallahassee.
- As one of the first Homeland Security Programs approved by the Corporation on National and Community Service, the **Disaster Preparedness and Response Corps** will serve as a nationwide model.

The Osceola Care and Repair program assisted a 75 year old, living in a travel trailer with no electricity or running water, obtain affordable senior housing. Members arranged for donations of everything from a couch and bed to pots and pans. They moved the furniture and set up his new apartment. One of the AmeriCorps members who lives in the complex checks on him daily and taught him to use the remote control, microwave and other household appliances.

ASSISTED LIVING TRAINING PROGRAM

DESCRIPTION:

The Assisted Living Training program provides statutorily required assisted living facility (ALF) administrator and Adult Family Care Home (AFCH) provider training, education and technical assistance regarding assisted living law, regulation and related topics.

SERVICES OR ACTIVITIES:

Training, education and technical assistance is provided to better enable assisted living providers to respond appropriately to the needs of their residents, to maintain quality of care and facility standards, and to meet licensure requirements. The program also provides required and supplemental assisted living training and continuing education to other ALF staff. There is a Program Consultant (trainer) in each of the eleven planning and service areas who is responsible for planning, scheduling, coordinating and conducting the training, education and technical assistance activities in that area. While private training providers may conduct continuing education training, the department continues to be the primary source of required staff training for ALFs and AFCHs that serve low income and/or rural residents.

The Assisted Living Training Program, with a Program Consultant (trainer) has proven to be a valuable resource offering training, information and technical assistance regarding assisted living to long term care providers and consumers, other state agencies, local governments, community resources, and the general public in communities across Florida. Other activities, conducted by the Program staff, include management of the administration of the ALF Administrator Competency Examination; review and approval of Alzheimer's and CPR/Basic First Aid training providers for required ALF staff training; assisting in assisted living policy and regulatory activities, and ensuring that ALFs and AFCHs have access to required staff training activities.

ADMINISTRATION:

The Department has trainers located in each of its planning and service areas. ALF training costs are offset by fees assessed on a sliding scale (i.e., facilities with a greater percentage of residents receiving optional state supplementation pay lower to no training fees.). AFCH training costs are offset by licensing fees transferred from the Agency for Health Care Administration.

ELIGIBILITY:

Staff training and technical assistance is available to licensed ALF and AFCH providers, prospective administrators, providers and staff, related agency staff, community professionals and the general public.

STATUTORY AUTHORITY:

Chapter 400, Florida Statutes

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	TRAINING/ LICENSE FUNDING	STATE FUNDING	NUMBER OF FACILITY STAFF TRAINED
1995-1996	\$34,183	\$517,689	7,529
1996-1997	\$268,177	\$523,043	8,902
1997-1998	\$424,779	\$517,689	8,314
1998-1999	\$353,120	\$560,428	6,393
1999-2000	\$737,262	\$403,293	9,692
2000-2001	\$517,696	\$453,598	6,953
2001-2002	\$615,000	\$392,894	8,591
2002-2003	\$513,500*	\$365,604*	7,000*

*Projected Source for information on training fees and number trained: Trainer Registration Logs

PROGRAM HIGHLIGHTS:

- Performed 190 different training sessions throughout the state, ranging in subjects from Assisted Living Facility Core Training to Nutrition, Medication Management and Advance Directives.

CARES

(COMPREHENSIVE ASSESSMENT AND REVIEW FOR LONG TERM CARE SERVICES)

DESCRIPTION:

CARES (Comprehensive Assessment and Review for Long Term Care Services) is Florida's federally mandated pre-admission screening program for nursing home applicants. A registered nurse and/or social worker perform client assessments. A physician or registered nurse reviews each application to determine level of care needed. The purpose of the assessment is to: identify long term care needs; establish level of care (medical eligibility for nursing facility care); and recommend the least restrictive, most appropriate placement. Emphasis is on enabling people to remain in their homes through provision of home-based services or with alternative community placements such as assisted living facilities.

Federal law mandates the CARES Program perform an assessment or review of each individual requesting Medicaid reimbursement for nursing facility placement, and several waivers including the Project Aids Care (PAC), the Aged and Disabled Adult (ADA) and Assisted Living for the Frail Elderly (ALE). A CARES assessment is also mandatory if a private pay applicant is suspected of 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 if 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 providing 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. Seventeen field offices are located throughout the state. CARES personnel include Registered Nurses, social workers, staff assistants and clerical support. Physicians are used as consultants as part of the assessment and staffing process. Department CARES staff provide direct supervision of the field offices.

ELIGIBILITY:

The CARES program is the medical half of the Medicaid eligibility process for persons applying

for a nursing facility, and those applying for Medicaid funded community services. CARES personnel must ascertain medical criteria are met. The remaining half of the process involves Medicaid financial eligibility. Financial criteria is currently determined by the Department of Children and Families (DCF), Economic Self Sufficiency program (ESS). An applicant must be Supplemental Security Income (SSI) eligible (\$545/month) or meet the ICP eligibility (\$1635/month) which is three times the federal poverty level (\$545/month).

CARES and ESS staff work closely together. Over 90 percent of the ICP applications originate in either the CARES or ESS units. The balance are referred from hospitals or other health/elder care sources. In this process each department must notify the other of an application.

STATUTORY AUTHORITY:

42 Code of Federal Regulations 456; 42 Code of Federal Regulations 483; Title XIX of the Social Security Act of 1965; Chapter 59G Florida Administrative Code; Section 409.912(13)(a), Florida Statutes

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL \$=75% STATE \$=25%	CLIENTS SERVED	% DIVERTED
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*	15.3%
1999-2000	\$ 9,361,546	62,341	17.8%
2000-2001	\$10,971,736	69,482	22.7%
2001-2002	\$11,095,299	77,559	24.3%
2002-2003	\$11,297,587	71,555**	24.5**

*numbers smaller than previous year due to decrease in Continued Residency Reviews based on filled medicaid nursing facility beds

**projection based on legislatively approved output standard as indicated in Long Range Program Plan. Source: CARES Management System

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Department of Elder Affairs allocates CARES spending authority to each of the eleven Planning Service Areas based on the number of client applications and assessments and number

of CARES personnel in each service area. Federal financial participation is 75 percent and General Revenue is 25 percent.

PROGRAM HIGHLIGHTS:

- In 2000, the legislature amended Section 400.126, Florida Statutes, receivership proceedings, mandating CARES to review residents in nursing facilities entering court ordered receivership. Residents identified as appropriate for less restrictive care are prioritized for community based care.
- In July 2001, the Department initiated a program to provide nursing home intermediate care residents the option to transition or relocate to assisted living facilities, when appropriate. A simplified Medicaid payment process was implemented and assistance is provided to the elder and their family with the move and with attaining community services. In Fiscal Year 2001-2002, 391 consumers were transitioned from nursing facilities to assisted living facilities with Medicaid services. Should these 391 consumers remain out of a nursing facility for a year, the cost savings will be over \$5.3 million.
- CARES primary measure of success is the number of clients diverted from nursing home placements. In fiscal year 2001-2002, 12,471 (24.3%) applicants to the institutional care program were diverted. 6,454 individuals at high risk for nursing facility placement were assessed and received waiver services. Combined they account for 18,925 (27.3%) delayed from nursing facility placement. Calculating only ICP diversions, general revenue cost avoidance is over \$177 million should each person remain diverted for a year. The split in general revenue and federal match to fund Medicaid nursing homes is 43.5/56.5 percent. The state matches 25 percent of the cost of funding CARES. CARES' success in historically diverting approximately 20 percent of its clients from nursing facility placement yields a 64 to 1 return on the state's investment.

Mrs. C, 78 years old, was referred from the Emergency Department of a hospital after a fall at a nursing home. Her husband expressed a desire to bring his wife home. Mrs. C had completed rehabilitation at a nursing home for a urinary tract infection and dehydration. Her mental status had been temporarily altered due to the illness. The plan made by the nursing home was for permanent placement. The husband did not wish permanent placement, but did not know he had a choice. Following a comprehensive assessment, CARES recommended community placement with services. Mrs. C was alert and oriented and wanted to return home. A home assessment was conducted at which time Mr. C appeared capable and willing to care for his wife. Coordination among family, nursing home staff, the physician and the Lead Agency Case Manager allowed Mrs. C to regain control over her life. Mrs. C returned home. On a subsequent follow up visit, she and her husband were doing well.

COMMUNITY CARE FOR THE ELDERLY

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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 Health Aide, Homemaker, Information and Referral, Legal Assistance, Material Aid, Medical Therapeutic Services, Respite, Transportation, Home-delivered Meals, Personal Care, Shopping Assistance, Home Nursing, and other community based services are provided to eligible clients.

ADMINISTRATION:

The Department administers the program through contracts with Area Agencies on Aging who subcontract with Community Care for the Elderly Lead Agencies. Service delivery is provided by 54 lead agencies (44 non-profit or for-profit and 10 county/local government agencies) and their subcontractors.

ELIGIBILITY:

- Individuals must be 60 years of age or older and assessed as functionally impaired.
- As directed by 1998 revisions to Section 430.205 (5), Florida Statutes, primary consideration for services is given to elderly persons referred and determined by Adult Protective Services 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:

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
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

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
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	\$42,364,370	37,296
2002-2003	\$42,364,370	36,490***

In FY 1992-1993 CCE and Medicaid Waiver programs were combined. The programs (and reported data) were subsequently separated. Beginning in FY 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. *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 Services Provided Table

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.

1. Non-Weighted Factors:

A. Area Agency on Aging Administration - \$35,000 per AAA up to \$70,000 if negotiated with the Department to competitively procure CCE services through RFP.

B. County Base - \$45,000 per county.

C. In addition to 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

2. Weighted Factors:

A. Planning and Service Area (PSA) population 75 plus; divided by the statewide population 75 plus with a 50 percent weight in the total formula; and,

B. Planning and Service Area population 65 plus, living alone; divided by the statewide population 65 plus, living alone with a 50 percent weight.

PROGRAM HIGHLIGHTS:

- Co-pay collections generated over \$1.5 million in FY2001-2002. The co-pay system makes services more accessible for those who can afford to pay and produces additional revenue to extend services to those who are unable to pay.

A Broward County case manager's prompt response to Ms. P's need for assistance made it possible for her to remain in her own home. Ms. P, a 75 year old who resides alone, had recently undergone surgery to have her leg amputated. Her physical condition following surgery left her in desperate need of in-home services and a wheelchair in order to avoid institutional placement. The case manager expedited the provision of CCE services and canvassed the community to find additional resources to supplement the services provided through state funding. He was successful in getting the Kiwanis Club to donate the funds to purchase Ms. P an electric wheelchair. Ms. P is enjoying the independence these services afford her.

COMMUNITY CARE PROGRAMS FOR THE ELDERLY

DESCRIPTION:

The program provides additional funding to expand long term care alternatives enabling elders 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 Charlotte, Desoto, Hardee, Manatee Martin, Miami-Dade and Palm Beach Counties.

SERVICES OR ACTIVITIES:

Congregate and Home-Delivered Meals, Recreation, Physical, Social and Cultural Activities, Shopping, Transportation, Vehicle Purchases, In-Home Services and Adult Day Care.

ADMINISTRATION:

The Department administers the program through contract with Area Agencies on Aging who contract with agencies named in Specific Appropriations for service delivery.

ELIGIBILITY:

For non-Alzheimer's services, individuals must be at least 60 years of age and in need of services to enable them to age in place. For Alzheimer's services, individuals must be at least 18 years of age and in need of services to enable them to age in place. There are no match or co-pay requirements.

STATUTORY AUTHORITY:

General Appropriations Act, State of Florida.

APPROPRIATION HISTORY:

STATE FISCAL YEAR	FUNDING
1999-2000	\$1,016,700
2000-2001	\$200,000
2001-2002	\$4,522,440
2002-2003	\$5,990,641

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program receives appropriations from General Revenue and the Tobacco Settlement Trust Fund. Funds are allocated to projects named in Specific Appropriations.

Specific projects differ each year depending on appropriation. For information on prior years projects or funding contact the Department.

RECIPIENT AGENCY 2001-2002	ALLOCATION
Allapattah Community Action, Inc.	\$312,000
Alzheimer's Association of Charlotte/Desoto Counties	\$200,000
City of Hallandale Beach	\$100,000
City of Sweetwater	\$550,000
Federation Transportation Services, Inc.	\$175,000
First Quality Home Care, Inc.	\$250,000
Greater Miami Alzheimer's Association	\$200,000
Hispanic Coalition Corp	\$50,000
Little Havana Activities and Nutrition Center	\$260,000
Miami-Dade County Board of County Commissioners	\$1,340,440
Michael-Ann Russell Jewish Community Center	\$200,000
Mount Sinai Medical Center (Alzheimer's caregiver Services)	\$200,000
Mount Sinai Medical Center (In-home medical services)	\$200,000
Southwest Social Services, Inc.	\$485,000

RECIPIENT AGENCY 2002-2003	ALLOCATION
Allapattah Community Center	\$314,000
Alzheimer's Association of Charlotte/Desoto Counties	\$180,000
Alzheimer's Community Care Association	\$720,000
Alzheimer's Community Care Association (Dementia-Specific Day Care)	\$187,500
Association for the Useful Aged, Inc	\$112,500
City of Hallandale Beach	\$90,000
City of Hialeah - Goodlet Park (Transportation)	\$25,000
City of Hialeah Gardens (Transportation)	\$25,000
City of Sweetwater	\$314,000

RECIPIENT AGENCY 2002-2003	ALLOCATION
City of Sweetwater (Transportation)	\$25,000
City of West Miami (Transportation)	\$25,000
De Hostas Senior Center	\$75,000
Federation Transportation Services, Inc	\$157,500
First Quality Home Care	\$150,000
Greater Miami Alzheimer's Association	\$180,000
Hospice Clergy Project-S	\$262,500
Jewish Community Services	\$170,391
Meals on Wheels Plus of Manatee County (Regional Senior Resource Center of Manatee - Desoto, Hardee and Manatee Counties)	\$1,000,000
Miami-Dade County (Marta Flores High Risk Nutritional Program)	\$671,250
Michael-Ann Russell Jewish Center	\$180,000
Mount Sinai Medical Center (Alzheimer's Caregiver Program)	\$180,000
Mount Sinai Medical Center (In-Home Medical Services)	\$180,000
Southwest Social Services	\$605,500

PROGRAM HIGHLIGHTS:

- Services provided by Community Care Programs for the Elderly projects are beneficial and expand long term care alternatives but can contribute to inequities in access to services for elder Floridians who do not live in the funded service areas.

During Fiscal Year 2001-2001, Miami-Dade County providers served over 338,000 evening and weekend meals to 4,514 elders assessed as being at risk of malnutrition. Pre and post screening results revealed that 85% of the elders participating maintained or improved their nutritional score. 81% of 2,087 participants who responded to a survey at the end of the project indicated they felt better as a result of receiving additional meals.

CONSUMER DIRECTED CARE PROJECT

DESCRIPTION:

Consumer Directed Care (CDC) is a research, demonstration and evaluation project sponsored by the Robert Wood Johnson Foundation and the U.S. Department of Health and Human Services. Florida is demonstrating that some consumers or their representatives can manage their own care and arrange services to meet their needs and improve the quality of their lives. The objectives of the project 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 delivery of services and related purchases.
- Empower elders, people with disabilities, and their families to make choices about purchases from both formal and informal sources that best meet their needs.
- Provide consumers and their families the ability to make cost-effective purchases from both formal and informal sources that best meet their needs.
- Demonstrate the use of consultant services, which become less intensive over time, to assist consumers in making purchases related to their long term care needs.

The Consumer Directed Care Project is scheduled to end October 1, 2003. The Consumer Directed Care Program Act enacted a statewide program effective July 1, 2002. The statewide program, which will be similar to CDC, is now being developed and implemented. Enrollment in the new statewide program is expected to begin in 2003.

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. Consumers are also provided a bookkeeper to maintain an account, pay invoices and payroll and provide employer labor and tax related technical assistance and a Consultant to train, coach and provide technical assistance.

ADMINISTRATION:

The Consumer Directed Care Project is administered by the Department of Elder Affairs.

ELIGIBILITY:

There are four populations in the demonstration project: frail elders, adults with physical disabilities, adults with developmental disabilities and children with developmental disabilities.

Consumers in each population may have a representative decision maker (e.g. friend, caregiver, family member) if they need or want assistance managing their care.

- **Frail Elders:** Elder consumers come from the existing 1915(c) Medicaid Aged and Disabled Waiver, which is administered by the Department of Elder Affairs.
- **Adults with Physical Disabilities:** The largest number of consumers in this group come from the existing 1915(c) Medicaid Aged and Disabled Waiver Program administered by the Department of Children and Families, Office of Adult Services. A small number will be drawn from the Brain and Spinal Cord Injury Program administered by the Department of Health.
- **Adults with Developmental Disabilities:** Adult consumers for the project come from the existing 1915(c) Developmental Services Home and Community-Based Services Medicaid Waiver.
- **Children with Developmental Disabilities:** These consumers are currently served in the 1915(c) Developmental Services Home and Community-Based Services Medicaid Waiver. Consumers currently served in the general revenue funded Individual and Family Supports program are given the opportunity to transfer to the HCBS Medicaid waiver and then the Consumer Directed Care 1115 Medicaid waiver. Both the Individual and Family Supports and Consumer Directed Care 1115 Medicaid waiver programs are managed by the Department of Children and Families, Developmental Disabilities Program Office.

Enrolled consumers may remain in the Consumer Directed Care project for two years after their budgets are started.

STATUTORY AUTHORITY:

Section 1915(c) of the Social Security Act as amended; Section 409.912 Florida Statutes

APPROPRIATION HISTORY* AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	RWJF FUNDING	ENROLLEES
2000-2001	\$687,832	\$265,276	\$499,089	2005
2001-2002	\$200,000	\$100,000	\$100,000	3,321**
2002-2003	\$404,514	\$328,542	\$49,744	3,300***

*Administrative costs only, not participant costs. **Indicates number officially enrolled in project as of 6/30/02. (Assigned to either experimental group or control group by Mathematica Policy Research, Inc., the project evaluator). *** Projected total includes 1240 children, 1458 adults and 1061 elders.

PROGRAM HIGHLIGHTS:

- Florida counties selected for implementation included major metropolitan and rural areas: Brevard, Broward, Charlotte, Collier, Hillsborough, Lee, Manatee, Martin, Miami-Dade, Okeechobee, Orange, Osceola, Palm Beach, Pasco, Pinellas, Polk, Sarasota,

Seminole, and St. Lucie. Developmental Services consumers are allowed to participate statewide.

- Because the project has an evaluation element, participants are chosen at random and placed in the experimental or control group. The experimental consumer group participants are given a budget and the opportunity to hire their own providers for the services they require. Consumers assigned to the control group continue to receive services in the traditional manner and play a key role in the evaluation.
- During 2000-2001 the CDC Project began its implementation and enrollment phase. Project enrollment continued through June 30, 2002.

CONTRACTED SERVICES

DESCRIPTION:

The program provides additional funding to expand long term care alternatives enabling elders 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 10 (Broward County) and 11 (Miami-Dade County).

SERVICES OR ACTIVITIES:

Congregate and Home-Delivered Meals, Recreation, Transportation, Homemaker Services, Chore, and Adult Day Care.

ADMINISTRATION:

The Department administers the program through contract with Area Agencies on Aging who subcontract with agencies named in the General Appropriations Act for the provision of services.

ELIGIBILITY:

Residents in Broward and Dade Counties age 60 and over. 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	# CLIENTS	FUNDING	#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
CONTRACTED SERVICES				
STATE FISCAL YEAR	FUNDING	UNITS OF SERVICE	CLIENTS SERVED	
1998-1999	\$398,424	140,010	Not Available	
1999-2000	\$398,424	125,628		

CONTRACTED SERVICES			
STATE FISCAL YEAR	FUNDING	UNITS OF SERVICE	CLIENTS SERVED
2000-2001	\$398,424	56,028	837
2001-2002	\$648,424	69,645	937
2002-2003	\$648,424	69,645*	937*

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Continuation of funding received through proviso language in the General Appropriation Act. The program is 100 percent General Revenue funded. No match or co-pay is required.

PROGRAM HIGHLIGHTS:

- Services provided are beneficial and expand long term care alternatives but can contribute to inequities in access to services for Florida’s elders because funding is limited to providers in Broward and Dade Counties.

Ms. D, an 85 year old widow who is wheelchair bound, had no ramp to offer her access to the world outside her home. Family members who visit her were unable to physically lift her and the wheelchair, resulting in an isolated life for the once active senior. Contracted Service funds were used to install an expansive graded walkway that now allows Ms. D to enjoy life outside her home.

CRIMES AGAINST ELDERS

DESCRIPTION:

The program is designed to increase awareness and meet the needs of the elder population who may be vulnerable to abuse. The program includes training and dissemination of Elder Abuse Prevention and Elder Domestic Violence Prevention materials and funding of special projects to provide training and prevention activities.

SERVICES OR ACTIVITIES:

Special funded projects currently include the provision of companionship, transportation, shopping and other Senior Companion Program services to “elders in need of services” and a caregiver assistance program (see Senior Companion Program description).

A task force was created with representatives from the Department and the Florida Coalition Against Domestic Violence, the Institute for Family Violence, domestic violence victims, domestic violence shelters and the Big Bend Regional Workforce Board. The task force conducted a 10 hour Elder Domestic Violence Institute addressing needs and services for elder battered women entitled, “Developing Awareness and Meeting Needs of Older Survivors of Domestic Violence.” Products from the task force include brochures and posters which are disseminated through Area Agencies on Aging and local service providers. The program published, “Making Florida’s Domestic Violence Centers Elder Ready.” The document is a summary and plan for replication of an elder domestic violence collaborative project conducted by St. Johns County Council on Aging and the Betty Griffin House. The program also sponsored other publications including; “Model Policies for Making Florida’s Domestic Violence Centers Elder Ready,” a project of the Florida Coalition Against Domestic Violence and Institute for Family Violence Studies, and “training Materials for Case Managers on Elder Domestic Violence” by Linda Vinton, Institute for Family Violence Studies, Florida State University.

ADMINISTRATION:

The program is administered by the Department’s Division of Volunteer and Community Services through contracts with various vendors to develop reports, training materials, brochures and posters.

ELIGIBILITY:

- Persons at least 60 years of age and being cared for by another person(s).
- Paid or unpaid caregiver of a person(s) at least 60 years of age.
- Persons at least 60 years of age and in need of services

STATUTORY AUTHORITY:

Older Americans Act, 42 United States Code 3001 et. seq. as amended by Public Law 106-501; Section 430.07 Florida Statutes

APPROPRIATION HISTORY:

FEDERAL FISCAL YEAR	FEDERAL FUNDING
1999-2000	\$169, 537
2000-2001	\$172,259
2001-2002	\$344,252
2002-2003	\$383,366

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is 100% 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 and treatment of elder abuse, neglect and exploitation.

PROGRAM HIGHLIGHTS:

- Established five “Elders in Need of Services” programs in conjunction with the Senior Companion Program to provide services to elders who are determined “in need of services” by Adult Protective Services.
- Funded a caregiver assistance program in Broward County which provided in-home training for caregivers and community seminars on elder abuse prevention to 1,256 consumers.

Mrs. A is legally blind and receives homemaker assistance and meals on wheels. Before she was assigned a Senior Companion she was stooped over, drank soda and ate candy all day and spent most of her time sitting on her screened porch. After three months of Senior Companion visits, twice a week, Mrs. A stands straighter and her nutrition has improved with fruit and healthy drinks, prepared by her Companion. She is more active, does gardening and her vision has improved to the point that she can even see her cat in the far corner of the backyard.

DEMENTIA CAREGIVERS TELEHEALTH SUPPORT PROJECT

DESCRIPTION:

The project provides specific resources and tools to caregivers of elderly persons with dementia by capitalizing on developments in telecommunications technology. The project emphasizes the use of template tools web-based services, audiovisual communication, and toll-free telephone support to consumers 24 hours/7days a week. Its intent is to utilize technological advances to enhance prospects of meeting the emotional support and information needs of homebound caregivers.

SPECIFIC SERVICES OR ACTIVITIES PROVIDED:

The project serves persons with dementia, caregivers and health care professionals through a statewide, Internet-based, support and information network; disseminates state-of-the-art information about effective caregiving techniques and community support services; serves as a statewide resource and clearinghouse for information about the provision of telehealth services to individuals with dementia and their caregivers; and provides a toll free telephone line to ensure easy and rapid access to pertinent caregiving information and healthcare services.

ADMINISTRATION:

The Division of Volunteer and Community Services provides project oversight.

ELIGIBILITY:

No eligibility criteria exist for the Dementia Caregivers Telehealth Support Project.

STATUTORY AUTHORITY:

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

APPROPRIATION HISTORY:

STATE FISCAL YEAR	STATE FUNDING
2000-2001*	\$469,000
2001-2002	\$350,000
2002-2003	\$250,000

* August 2000 - June 2001

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is 100 percent General Revenue funded. No match or co-pay is required. The Department allocates General Revenue funding to the University of Florida for and on behalf of

the Florida Board of Regents for the College of Health Professions to carry out the requirements for the Dementia Caregivers Telehealth Support Project.

PROGRAM HIGHLIGHTS:

- The Dementia Caregiver Website is now providing 5 classes per week with 5-7 participants per class.
- A Spanish translation of the website is available.
- The website contains a library of educational video materials that can be accessed at any time.

“Hi, I just wanted to thank you for the classes again. They were very helpful to me. I wasn’t sure I would like on-line classes, but during the classes, I felt as if we were all in the same room.”

- - - Susan, Caregiver

ELDER FARMERS MARKET NUTRITION PROGRAM

DESCRIPTION:

The program supports good nutrition by providing coupons to low-income elders. Currently, coupons can be exchanged for locally grown, fresh produce at Farmer's Markets in Alachua, Okaloosa and Suwannee Counties

SERVICES OR ACTIVITIES:

Low-income elders living in and around Alachua, Suwannee or Okaloosa County apply for the program through the local Lead Agency. Eligible elders receive \$16/month worth of coupons (four coupons at \$4 each) that can be exchanged for fresh, locally grown produce.

ADMINISTRATION:

The Department utilized the existing WIC/Farmers Market Nutrition Program to keep costs at a minimum. To reduce administrative expenses, all applicable program rules, regulations and procedures were duplicated for the Elder Farmers Market Nutrition Program. The Department operates the program in cooperation with Elder Care Services of Alachua County, Suwannee River Economic Council and Elder Services of Okaloosa County.

ELIGIBILITY:

Persons must be 60 years of age or older, have an annual income of less than 185% of Federal Poverty Level and must redeem coupons at a local farmer's market.

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	PARTICIPATING FARMERS	FARMERS MARKETS	PARTICIPANTS RECEIVING COUPONS
2001	\$200,000*	59	5	1,440
2002	\$163,200	55**	8	2,550**

* Expended \$173,000 **Estimated unduplicated participants

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Coupon funding is 100 percent Federal Funds from a grant award from the U.S. Department of Agriculture Commodity Credit Corporation. The Department's administration costs are covered by other administrative funds and local agency administrative expenses are in-kind.

PROGRAM HIGHLIGHTS:

- The program expands low income elders' purchasing power.
- The program supports local farmers.
- The program can improve the nutritional status of enrolled elders through the purchase of nutritious, locally grown fresh fruits and vegetables.

Susie Graham, an 83 year old with emphysema, commented that the Elder Farmers Market Program helps her and her 90 year-old husband. "We only get a little dab of Social Security every month, and we sometimes can afford medicine...but we usually can't afford stuff like this," she said, pointing to bulging bags of strawberries, lettuce and onions. "It's a Godsend," Graham said. Pat Carlisle, a local farmer said, "Farmers earn a little extra money, older county residents receive healthy food, and taxpayers see their money at work in a positive way."

- - - Gainesville Sun, May 20, 2001

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY

DESCRIPTION:

The Emergency Home Energy Assistance for the Elderly Program (EHEAEP) assists low-income households, with at least one person age 60 or older, if the households are experiencing 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 \$300. Maximum benefit per household is \$600 per contract year. 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.

The purchase of blankets and portable heaters, fans, repairs of existing heating or cooling equipment, and payment of re-connection fees are allowed. Additional funds with increased benefits may be issued by the President 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 is performed by Department of Elder Affairs staff. Area Agencies on Aging monitor 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 aged 60 or older in the home, and
- A net household annual income equal to or less 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

APPROPRIATION HISTORY AND NUMBERS SERVED:

EHEAEP FISCAL YEAR (April 1 - March 30)	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	\$1,362,989	4944****	

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

** Includes \$139,215 Winter Emergency Contingency Fund. *** Includes \$251,479 Winter Emergency funds ****Estimate Households include duplication as they may receive service in each season Source: CIRTIS

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. The EHEAEP program is a component of the federally funded Low-Income Home Energy Assistance Program (LIHEAP) administered by the Department of Community Affairs. Money available varies each year. Presidential awards for crisis funding is made available to provide assistance during extreme weather conditions.

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

1. Planning and Service Area population age 60 plus who are at or below 150% of the poverty level, divided by statewide population age 60 plus who are at or below 150% of the poverty level.
2. Factored into this is a percentage to take heating and cooling costs into consideration. Costs are based on the division of the state into three climatic regions (North, Central and South) based on the average number of heating degree days and cooling degree days over the most recent ten year period.

PROGRAM HIGHLIGHTS:

- Emergency energy assistance is provided to thousands of households in Florida annually, helping to foster the concept of aging in place with security and independence.

Joe asked about help for his mom whom he recently moved from South Florida where she had no heat, no air conditioning and no kitchen appliances. Her living quarters consisted of a small (4'x8') rented room which took almost all of her social security check. Joe moved his mom with hopes of providing her more independence and better living conditions. Her application for subsidized housing was approved but, without further assistance she would not be able to move into the new residence. One last thing was needed - a deposit for her utilities. Without this, she would lose her opportunity for affordable, adequate housing. Screened and approved for crisis funding through EHEAEP, she was provided the means to move into her own home.

END-OF-LIFE CARE

DESCRIPTION:

The End-of-Life Care Program is designed to ensure that Floridians have the ability to access quality, culturally sensitive, end-of-life care education and information in their own community. Nationally, there has been an increase in education on end-of-life care issues with an emphasis on cultural sensitivity. Care for the dying is a unique challenge involving medical problems, personal experiences and spiritual practices. Most challenging for Florida is to ensure that the dissemination of end-of-life care information and model advance directive forms be culturally sensitive. Florida's health care advance directive laws and pain management programs were given report card ratings of "A" in a national comparison study released by Last Acts, a coalition of health and aging groups, on November of 2002.

SERVICES OR ACTIVITIES:

The End-of-Life Care Program is responsible for several activities including the collection of the hospice annual report; end-of-life care education; and revising model advance directive forms in Chapter 765, Florida Statutes. The Department is a partner in the Florida Partnership for End-of-life Care, a public/private organization designed to educate professionals and the public on end-of-life care issues. The Department is required to collect the hospice annual report and make a copy of the reports available to the public at all times. Hospices submit the report to the Department by February 28 of each year, which covers the period January 1 through December 31. The report is comprised of information collected on patient demographic data and other information on the provision of hospice care in this state:

The Department, the Agency for Health Care Administration, and the Department of Health are jointly responsible for conducting a campaign on end-of-life care for purposes of educating the public. The campaign includes culturally sensitive programs to improve understanding of end-of-life care issues in minority communities.

The Department intends to convene a workgroup composed of health care professionals, health facilities, attorneys, consumers, clergy, academic institutions, and other interested parties to develop model advance directive forms. The Department is required to make the advance directive forms available to the public. The Department may reconvene the workgroup as necessary to modify and update these forms.

ADMINISTRATION:

The Department plans, budgets and coordinate activities related to advance directives and end-of-life care.

ELIGIBILITY:

Information about end-of-life care is available to the public and professionals.

STATUTORY AUTHORITY:

Sections 400.605(1)(l) and 765.102(6), Florida Statutes; Chapter 99-331, Laws of Florida

APPROPRIATION HISTORY:

STATE FISCAL YEAR	STATE FUNDING (RECURRING)	STATE FUNDING (NON-RECURRING)	RWJ GRANT FUNDING
1999-2000	\$6,900	\$30,000	0
2000-2001	\$6,900	0	\$15,000
2001-2002	\$6,900	0	\$7,000
2002-2003	\$6,900	\$262,500*	0

*HB 27E, Specific appropriation 473 - Community Care Programs for the Elderly, for Hospice, Clergy Education

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Funding for statewide education programs from General Revenue and Robert Wood Johnson Foundation.

PROGRAM HIGHLIGHTS:

- Facilitated, drafted and published the Legislatively mandated End-of-Life Care Workgroup Legislative Report, which recommendations resulted in the passage of Senate Bill 2156, that began law June of 2001, promoting the use of advance directives, palliative care, and pain management at the end-of-life.
- Conducted an end-of-life care awareness survey of *Elder Update* newsletter readers and other Floridians through the RWJ Florida Partnership for End-of-life Care grant.
- Conducted focus groups, funded by RWJ Florida Partnership for End-of-life Care grant, to assist in the revision of advance directive model forms to ensure cultural sensitivity.
- Published and distributed “Making Choices - Beginning to Plan for End-of-life Care.” The booklet, available in English and Spanish, is an edited series of 13 educational articles, which first appeared in the *Elder Update*, from April 2001 to April 2002. The articles were developed in collaboration with the Florida Partnership for End-of-life Care.
- Established a contract with Hospice Foundation of America to provide statewide education about end-of-life care in FY 2002-2003 for clergy and faith communities.

One recipient of the “Making Choices-Beginning to Plan for End-of-life Care” booklet wrote, “It was the best, most easy to understand booklet I have ever read on this topic. Made me stop to think if I covered all the necessary bases.”

HEALTH AND WELLNESS PROMOTION INITIATIVES

DESCRIPTION:

Health and Wellness initiatives include workshops, seminars, health fairs and health screening opportunities. Initiatives are developed and conducted to educate and increase awareness about issues related to the health of elder Floridians.

SERVICES OR ACTIVITIES:

Community Outreach and Wellness Coordinators in all Planning and Service Areas assist elders by providing programs which include diabetes education and screening, arthritis education, cancer education and screening, medication management counseling and education, Osteoporosis education and screening, nutrition consultation and education, physical fitness programs and mental health education and screening opportunities.

ADMINISTRATION:

Planning and technical assistance is provided by Department staff. Contracts are established with Area Agencies on Aging and local service providers to support volunteers and to provide community-based wellness and health promotion activities.

ELIGIBILITY:

- Persons 60 years of age or older
- Services target under served elders with insufficient resources to pay for services, and who have not traditionally sought assistance in the past.

STATUTORY AUTHORITY:

Older Americans Act, 42 United States Code 3001 et. seq. as amended by Public Law 106-501; Section 430.07(8) Florida Statutes.

APPROPRIATION HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
1998-1999	\$427,422	Information not available
1999-2000	\$511,234	23,808
2000-2001	\$1,458,580	472,764*
2001-2002	\$1,522,680	97,461
2002-2003	\$1,470,363	98,721**

*includes direct and indirect contacts **Estimate Source: Contractor Quarterly Reports

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is funded through the Older Americans Act, Title III-D. Allocation of funds is based on specifications in the Act, which require money to be dispersed to Area Agencies on Aging as part of a formula based distribution process, giving preference to medically underserved and low income populations. Building on the success of Volunteer Coordinator projects, beginning in Fiscal Year 2000-2001, funding was authorized for Community Outreach and Wellness Coordinators in all Planning and Service Areas.

PROGRAM HIGHLIGHTS:

- The Florida Injury Prevention for Seniors (FLIPS) program has contracted with the University of Florida to develop a comprehensive training curriculum on falls and injury prevention strategies for elders and professional caregivers.
- In 2001-2002, the Health and Wellness program provided direct services to 97,461 elder Floridians and approximately 500,000 additional elders through the dissemination of information via radio, television and print media.
- In 2001-2002, Community Outreach and Wellness Coordinators recruited over 800 new volunteers.
- In 2001-2002, new medication management programs were developed statewide utilizing volunteer pharmacists, health care professionals, pharmacy students, and various public/private partnerships.

The Area Agency on Aging of Pasco-Pinellas formed a community partnership with the Eckerd Patient CARE Network to provide medication management education and counseling to underserved elders throughout the Planning and Service Area. Licensed and certified geriatric pharmacists deliver educational presentations and set up individual “brown bag” evaluation and counseling sessions. During the first year, 250 seniors received no cost medication management services. Pharmacists found 761 medication problems including elders taking the wrong doses, not taking medicine often enough, misunderstanding directions, or not taking medications because of inability to afford them. Pharmacists worked closely with patients and their doctors to resolve 529 of the problems by the end of the contract year.

HOME CARE FOR THE ELDERLY

DESCRIPTION:

The Home Care for the Elderly (HCE) program encourages the provision of care for elders age 60 and older in family type living arrangements in 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/supplies.

SERVICES OR ACTIVITIES:

A Basic Subsidy averaging \$106 per month is provided for all consumers. Special subsidies are authorized for some consumers and can be used for: incontinence items, 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. The most frail HCE recipients may also participate in the Medicaid Aged and Disabled Adult Home and Community Based Services Waiver Program and will receive case management through the waiver. Consultant services are provided through the Consumer Directed Care (CDC) program for consumers dually enrolled in both CDC and HCE.

ADMINISTRATION:

Planning, monitoring, training and technical assistance is performed by Department of Elder Affairs staff. Unit rate contracts are established at Area Agencies on Aging for local administration of the program in each Planning and Service Area. Services include the annual issuance of more than 100,000 subsidy checks per year.

ELIGIBILITY:

The individual must be 60 or older, have income less than the Institutional Care Program (ICP) standard (2002 - \$1,635 per month for an individual), meet the ICP asset limitation (2002 - \$2,000 for an individual), be at risk of nursing home placement and have an approved adult caregiver living with them who is willing and able to provide or assist in arranging 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

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
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	7,278**

* 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 the 1995-96 fiscal year was the first funding appropriated under the Department of Elder Affairs. ** Estimate Source: CIRT3 Clients Served.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Current funding allocations are based on Department of Children and Family Services district allocations in use when the program was transferred to the Department in January, 1996.

PROGRAM HIGHLIGHTS:

- The program assists frail elders at risk of institutionalization remain in their home with a live-in caregiver through a cash basic subsidy payment helpful in offsetting household expenses.
- Consumers in all areas of the state have received special subsidy purchases based on greatest need. As consumers become more frail and their needs increased, more funding has been spent on consumable supplies, prescriptions, medical services and other needs.

Mr. P has cared for his 87 year old mother since she suffered a debilitating stroke over eight years ago. At 51 years of age, Mr. P provides 24 hour-a-day care for his mother who is confined to her bed and fed through a feeding tube. The monthly stipend through the Home Care for the Elderly program has been very helpful, because Mr. P is unable to leave his mother in order to work. Prescription co-pays and over-the-counter supplies have also been reimbursed through the program, relieving a tremendous burden on household finances. Mr. P stated he would not have been able to continue caring for his mother without the program. With program support, he feels he has been able to provide his mother a higher quality of life as opposed to placing her in a nursing home.

INFORMATION AND REFERRAL/ASSISTANCE

DESCRIPTION:

Information and Referral/Assistance (I&R/A) is a supportive service for older adults and their caregivers seeking accurate, unbiased information about social and health services within their community or the state. Services are provided through the statewide I&R network of designated Elder Helplines. Elders, their families and/or caregivers can access the Helpline toll free by calling 1-800-96 ELDER (1-800-963-5337). The primary purpose of the system is to support older adults and their caregivers by assessing needs, identifying the most appropriate service to meet needs, and linking older persons and caregivers to the agencies providing needed services.

SERVICES OR ACTIVITIES:

Older persons and caregivers are often faced with many challenges relating to aging. As the aging population grows so does the demand for information. The I&R/A functions provide for the establishment and maintenance of 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.

I&R/A services are provided, by qualified Information Specialists, in response to an expressed need by or on behalf of an older person. National Information and Referral Standards are implemented to ensure essential elements of I&R/A are being provided. The Information and Referral network is comprised of State Units on Aging, Area Agencies on Aging, and local Older Americans Act funded providers. 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, housing, senior centers, energy assistance, home delivered meals, home health care and long term care. For any referral made on behalf of an elder, follow-up is completed by the Elder Helpline to ensure individuals receive services needed.

State office functions include developing I&R policy and procedures; providing training, technical assistance, and resource information to the Elder Helplines; and serving as state I&R liaison to the Administration on Aging and other national I&R committees. The Department serves as an information clearinghouse at the state level, and assists Elder Helpline Information and Referral Services resources as a repository and means for dissemination of information regarding all federal, state, and local resources for assistance to the elderly in areas including health, social welfare, long term care, protective services, consumer protection, education and training, housing, employment, recreation, transportation, insurance, and retirement. Other functions include responding to consumer generated inquiries to the Department via mail, email and telephone; and researching interdisciplinary, internal and external aging topics.

ADMINISTRATION:

Information and Referral is a core service of the Older Americans Act, Title III-B, and is administered through contracts with the 11 Area Agencies on Aging. Department staff provide training and technical assistance to the designated Elder Helplines statewide.

ELIGIBILITY:

Information and Referral is provided to anyone requesting this service.

STATUTORY AUTHORITY:

Sections 430.02(6) and 430.03(9) Florida Statutes

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	TOTAL	NUMBER OF CLIENTS SERVED
1993-1994	\$57,053	\$19,018	\$76,071	938
1994-1995	\$60,056	\$20,019	\$80,075	998
1995-1996	\$63,218	\$21,072	\$84,290	1,489
1996-1997	\$96,694	\$32,232	\$128,926	1,694
1997-1998	\$119,025	\$39,675	\$158,700	2,131
1998-1999	\$119,025	\$39,675	\$158,700	2,026
1999-2000	\$119,025	\$39,675	\$158,700	2,026
2000-2001	\$231,780	0	\$231,780	28,428*
2001-2002	\$239,463	0	\$239,463	36,943*
2002-2003	\$1,592,482	\$123,306	\$1,715,788	40,637**

State Fiscal Year 2002-2003 funding reflects statewide appropriations and includes headquarters administrative cost (staff salaries, benefits, expenses, etc.) *Increase due to improved tracking methodology. Data collection includes information calls, correspondence and referrals.

**Projection of clients served statewide by Elder Helpline Information and Referral Service.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Funding comes from Community Care Programs for the Elderly, Local Service Programs and Older Americans Act Program allocations.

PROGRAM HIGHLIGHTS:

- Implemented National AIRS (Alliance for Information and Referral Systems) Standards.
- Developed a statewide on-line Elder Services Directory.
- Developed new I&R/A training curriculum.

INTERGENERATIONAL CONNECTIONS

DESCRIPTION:

Intergenerational programs bring people of different generations together to help frail elders remain independent. The Department's role is to develop and serve as a resource center, information warehouse and technical assistant for Intergenerational programs within the state. Innovative pilot projects that engage youth in serving elders in new dynamic ways are encouraged.

SERVICES OR ACTIVITIES:

Based on available resources, the Department funds new innovative demonstration projects which encourage interaction between youth and elders. The expectation is that after a year of state support, successful projects will be able to continue with the support of local community funding. Elders serve as mentors to youth by sharing life experiences. Some of the services provided by young volunteers include home repair, respite for caregivers, yard maintenance, shopping assistance, companionship, meal delivery for homebound elders, and chore services. Additionally, the Department provides publicity and promotional support to local intergenerational projects. Department staff actively participate in the Governor's Mentoring Initiative through one-on-one mentoring, special projects at partner schools and activities that promote community volunteerism.

March 2002 marked the kickoff of "Intergenerational Connections - Cornerstones of Our Communities." Under the new initiative the Department will coordinate activities and events that mutually benefit elders and youth and will provide forums to generate new program opportunities based on best practices statewide.

Three Intergenerational Initiatives for statewide implementation were announced in July 2002:

- *Power-Up Partners* - Computer Mentoring Program - Designed to bridge the "digital divide" – the gap between those who have access to computers and Internet technology and those who do not. This initiative will focus on access and training for underserved elders and children.
- *FETCH - Friends of the Elderly Training Companions for Home* - Juvenile offenders are taught animal-training skills to recondition dogs that have been rescued from animal shelters and racetracks, and prepare them to be companions for the elderly. The experience provides the juveniles with skills they can later use to find employment and elders with a loving pet. The statewide implementation of this program will include training the dogs to be pets for elders, providing trained dogs to be comfort dogs for home bound or facility based elders, and increasing program awareness to veterans with disabilities.
- *GRANDparents - Celebrating Generations* - A Legacy Project - Through this program, GRANDparents are introduced to new parenting techniques, learn about community

agencies and how to access them, achieve computer literacy and learn mutual support techniques. Grandchildren participate in monthly activities and complete “Something to Remember Me By” project during the year.

ADMINISTRATION:

Demonstration projects are subcontracted to community based service provider agencies.

ELIGIBILITY:

Eligibility is determined by the specific nature of the demonstration project.

STATUTORY AUTHORITY:

Sections 430.03(16) and 430.07(7), Florida Statutes

APPROPRIATION HISTORY AND NUMBERS SERVED:*

STATE FISCAL YEAR	STATE FUNDING	NUMBER OF FAMILIES SERVED	NUMBER OF VOLUNTEERS	UNITS (HOURS) OF SERVICE
1995-1996	\$20,000	101	80	NA
1996-1997	\$30,000	124	140	2,643
1997-1998	\$27,990	37	142	6,474
1998-1999**	\$48,265	26	80	2,400
1999-2000***	\$35,350	90	54	4,704.5
2000-2001	No funding available for projects			
2001-2002	No funding available for projects			
2002-2003	No funding available for projects			

*These are individual one-year demonstration projects. Projects operate on an individualized calendar based on when funds are received. Outcomes should not be compared year to year. **Reporting period January 1999-October 1999 ***Reporting period February 2000-October 2000. Required local match and in-kind contributions are not reflected in the above dollar amounts. Source: Progress reports and contracts.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Community Service System (CSS) funding is requested annually to demonstrate, research, and evaluate new concepts of intergenerational organization and administration to enhance the delivery of services to elders and youth by both groups.

PROGRAM HIGHLIGHTS:

- A 1999 Department sponsored project was the Oak Leaf Landing Kid Companion project. Twice a week, residents of Oak Leaf Landing, a HUD housing complex for low-income special needs elders, were joined by two groups of young people for a share and care session. Most of the children were assessed as at-risk and in need of the one-on-one attention elders can provide. Kid Companions were divided into teams to perform light maintenance chores around the complex. The weekly visits were a mix of social, educational and sensitivity activities, with both generations participating. In February 2000, the Oak Leaf Landing Kid Companion project received \$35,000 for a second year and for evaluation of this demonstration project. By the end of the year the Kid Companion Project had recruited over 90 local youth and 45 seniors to participate. This program continues to operated independently.
- In October 2000, the Department promoted the Teen Connect Telephone Reassurance project. High school teens receive community service credit while reaching out to isolated elders through weekly phone calls. This program continues and in April 2002, the Department presented its first intergenerational volunteer award to Alfred C. Ciffo of Teen Connect.
- In September 1999, the Department implemented the Governor's Mentoring Initiative, allowing Tallahassee employees to serve as mentors at elementary, secondary and high schools in Leon County. In August 2001, the Department was recognized as one of three state agencies to increase its employees participation in the Governor's Mentoring Initiative by 50% over the first year of service.
- The Department has expanded its mentoring initiative efforts statewide to include CARES and Ombudsman office staff.

LOCAL SERVICES PROGRAMS

DESCRIPTION:

This program provides additional funding to expand long term care alternatives enabling elders to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement. The program is funded in Planning and Service Areas (PSAs) 5, 6, 10, and 11.

SERVICES OR ACTIVITIES:

SERVICE	PSA 5	PSA 6	PSA 10	PSA 11
Adult Day Care	X		X	
Chore	X		X	
Counseling	X		X	
Emergency Alert Response	X			
Health Support			X	
Homemaker	X	X	X	
Housing Improvement	X		X	
Information	X		X	
Legal Assistance	X		X	
Nutrition	X		X	X
Public Education			X	
Recreation			X	X
Respite			X	
Referral	X		X	
Transportation	X		X	X
Senior Center Administration	X			

ADMINISTRATION:

The Department administers the program through contracts with Area Agencies on Aging who subcontract with local providers for service delivery.

ELIGIBILITY:

Individuals aged 60 or older. There is 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	
2001-2002	\$3,206,255	6,460
2002-2003	\$2,906,434	3,814*

* Estimate Source: Cirts Services Provided Table

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is 100 percent General Revenue funded and allocated as designated in General Appropriations Act proviso language. No match or co-pay is required.

PROGRAM HIGHLIGHTS:

- Services provided are beneficial and expand long term care alternatives but can contribute to inequities in access to services for Florida’s elders because funding is limited to certain areas of the state.

Seniors gather at the Northeast Focal Point Senior Center in Deerfield Beach, to interact with friends, participate in activities and enjoy a hot lunch. One a week, volunteers from the Palm Beach Pet Therapy Foundation entertain seniors with special shows starring captivating canines. Interacting with these animals has proven to be relaxing to both the animals and seniors. Seniors particularly enjoyed the “doggie wedding,” a show featuring pups “tying the knot.”

LONG TERM CARE INITIATIVES

The Long Term Care Initiatives Section is working on three managed long term care projects. All three are intended to provide home and community based long term care as an alternative to nursing home placement and to integrate the delivery of acute and long term care. The programs are: the Community-Based Diversion Project; the Program for All-Inclusive Care of the Elderly (PACE); and the Social Health Maintenance Organization (SHMO) Demonstration.

LONG TERM CARE COMMUNITY-BASED DIVERSION PROJECT

DESCRIPTION:

The Community Based Diversion Project is designed to target individuals who would otherwise qualify for Medicaid nursing home placement and to provide 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 cost less than Medicaid nursing home care.

SERVICES OR ACTIVITIES:

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 Therapy, Nursing Facility Services, Hearing, Prescribed Drugs, Visual, and optional Transportation and Dental.

ADMINISTRATION:

The Long Term Care Community Based Diversion Project is administered by the Department of Elder Affairs in consultation with the Agency for Health Care Administration through a cooperative agreement.

ELIGIBILITY:

Diversion Project enrollees must: be 65 years of age or older; Medicare eligible; Medicaid eligible up to the Institutional Care Program income and asset levels (ICP); reside in the project service area; be determined by CARES to be a person who, on the effective date of enrollment, can be safely 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 requiring 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 some help with three or more ADLs; (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 Florida Statutes; Section 409.912 Florida Statutes

APPROPRIATION HISTORY* AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	PRIVATE GRANT FUNDING	CLIENTS SERVED**
1995-1996	\$112,692	N/A	\$171,588	N/A
1996-1997	\$6,245,646	\$4,871,808	\$171,588	N/A
1997-1998	\$12,642,849	\$10,127,060	\$164,049	N/A
1998-1999	\$12,784,903	\$10,123,004	\$140,808	118
1999-2000	\$12,933,804	\$9,974,103	0	814
2000-2001	\$12,968,166	\$9,939,741	0	1,074
2001-2002***	\$14,836,203	\$11,282,940	0	1,165
2002-2003	\$19,176,849	\$11,739,164	0	1,200****

* Funding is contained in the Agency for Health Care Administration's appropriation ** Project implementation began 12/98. *** In 2001-2002, in addition to the \$22.9 million recurring appropriation, the Department allocated an additional \$3,211,318 to the long term care Community Diversion pilot project from a lump sum appropriation to expand the current managed long term care programs by 94 slots and to bring up potential new providers. ****Estimate

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Funds are from Federal Medicaid Trust Fund and State General Revenue.

PROGRAM HIGHLIGHTS:

- Project operations began in the Orlando area in December 1998 when United Health Care initiated its program, Health and Home Connection, for enrollees in Orange, Seminole and Osceola counties. On September 1, 1999, project operations commenced in Palm Beach County when Beacon Health Plans, Inc. initiated its Beacon Independence Plan. On October 1, 1999, Physicians Healthcare Plans, Inc. began program operations with their Summit Care Plan.
- Effective July 2002, American Eldercare, Inc. Joined the Diversion Project and initiated its American Eldercare Plan in Palm Beach County.

PROGRAM OF ALL INCLUSIVE CARE FOR THE ELDERLY (PACE)

DESCRIPTION:

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 (BBA). As a result, states now can 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 Projects. The PACE model is similar to the Community Based Diversion Projects in that it 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. 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 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.

SERVICES OR ACTIVITIES:

In addition to services covered under the Community Based Diversion Project, the PACE project will include all Medicare covered services.

ADMINISTRATION:

The PACE Project is administered by the Department of Elder Affairs in consultation with the Agency for Health Care Administration.

ELIGIBILITY:

It is expected that the final PACE eligibility criteria will be the same as those of the Community Based Diversion Project.

STATUTORY AUTHORITY:

42 Code of Federal Regulations 460; Balanced Budget Act of 1997; Sections 430.701 - 430.709 Florida Statutes; Section 409.912 Florida Statutes

APPROPRIATION HISTORY AND NUMBERS SERVED:

PACE funding and clients are included in Community-Based Diversion Project Table.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Funds are from Federal Medicaid Trust Fund and State General Revenue.

PROGRAM HIGHLIGHTS:

- In July, 1998, the Miami Jewish Home and Hospital applied for a non-HMO PACE exemption created by the Legislature. The exemption was created because Florida law currently limits any Medicaid capitated prepaid plan to a licensed HMO and, because of the not-for-profit requirement, organizations interested in developing PACE programs have not been HMOs. While the department and the Miami Jewish Home have begun implementation planning, this planning was limited by a delay in the promulgation of federal PACE regulations.
- While implementation of the community-based diversion projects has begun, PACE planning and implementation was limited by delays in the publication of the federal PACE regulations. The Department has now obtained the release of the federal regulations necessary to implement PACE and is taking the needed steps to implement the project.
- It is anticipated that PACE will be implemented in January 2003, pending final review and approval by the Centers for Medicare and Medicaid Services (CMS).

THE SOCIAL HEALTH MAINTENANCE ORGANIZATION (SHMO)

DESCRIPTION:

In 1998, the Department was awarded a planning grant by the Health Care Finance Administration (now the Centers for Medicare & Medicaid Services) to develop several Social Health Maintenance Organization (SHMO) demonstrations designed especially to deal with the acute and long term care needs of persons with dual eligibility. The service delivery and financing model developed under the grant will build on the foundation of Florida's current Community Diversion Pilot Project. The new model will incorporate additional reforms and waivers developed as part of the Medicare Social HMO II demonstration to enable beneficiaries to realize the benefits of a higher level of integrated health care delivery.

The Social HMO initiative will focus on all Medicare beneficiaries who choose to enroll in a participating Medicare+Choice. The model will integrate acute and long term care services through managed care for all Medicare eligibles, including the dually eligible. The Florida Social HMO will build on the Medicare Social HMO model by integrating Medicare and Medicaid to address the needs of the dually eligible population, including those who are very frail and/or chronically ill. Thus, dually eligible beneficiaries electing to participate in the Social HMO will receive the full continuum of medical and long term care services, including home and community-based and institutional services, through one managed care organization.

SERVICES OR ACTIVITIES:

In addition to providing the standard Medicare services, the Social HMO is expected to provide a limited Medicare funded long term care benefit to all enrollees requiring these services. The Florida Social HMO will provide preventive long term care services to individuals in early

stages of decline or at risk of decline. The Social HMO model also incorporates special screening, assessment, tracking and care management processes designed for geriatric and disabled populations. Specific extended Medicare benefits will be developed during the program design phase of the planning process. In addition, dually eligible Social HMO members will be provided Medicaid services.

ADMINISTRATION:

It is expected that the Social HMO project will be administered by the Department of Elder Affairs in consultation with the Agency for Health Care Administration.

ELIGIBILITY:

The Florida Social HMO will integrate Medicare and Medicaid to address the needs of beneficiaries eligible for both Medicare and Medicaid. All dually eligible beneficiaries who join a Social HMO demonstration are eligible for Medicaid services, including long term care, in addition to enhanced Medicare benefits. Thus, dually eligible beneficiaries electing to participate in the Florida Social HMO will receive the full continuum of medical and long term care services through one managed care organization. Medicare beneficiaries not eligible for Medicaid are also eligible to enroll in the Florida Social HMO demonstration. End-stage renal disease patients are not eligible for the Social HMO.

STATUTORY AUTHORITY:

Section 1915(c) Social Security Act; Balanced Budget Act of 1997; Sections 430.701-430.709 Florida Statutes; Section 409.912 Florida Statutes

APPROPRIATION HISTORY:

STATE FISCAL YEAR*	GRANT	FEDERAL MEDICAID MATCH
1999-2003	\$150,000	\$150,000

*One time grant

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Not applicable.

PROGRAM HIGHLIGHTS:

- Through the SHMO project, it is the Department’s intent to develop, with CMS’ approval, a Medicare reimbursement rate that is adjusted to reflect the level of a person’s risk of needing expensive acute and long term care. The Department has conducted meetings with federal representatives and is in the process of developing various payment methodologies to determine capitation payment methods which would be acceptable to both the Health Care Financing Administration and the HMOs interested in

participating in Florida's Social HMO initiative. Implementation of the SHMO project will likely require federal waivers for both Medicare and Medicaid.

LONG TERM CARE OMBUDSMAN PROGRAM

DESCRIPTION:

The program is a statewide, volunteer-based system of district councils which advocate on behalf of long term care facility residents by receiving, investigating and resolving complaints made by, or on behalf of, residents.

SERVICES OR ACTIVITIES:

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

- Monitors development and implementation of federal, state and local laws, regulations, and policies applicable to long term care facilities and recommends policy changes;
- Provides information and referral regarding long term care facilities;
- Conducts inspections focusing on quality of life issues in each long term facility at least annually.

ADMINISTRATION:

The Long Term Care Ombudsman Program is administered by the Department of Elder Affairs. There are 17 district councils. Paid staff at the state and local levels coordinate and support the work of trained volunteers.

ELIGIBILITY:

Anyone including friends, family members 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.

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, INSPECTIONS AND INVESTIGATIONS:

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*

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	TOTAL
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

*In addition to OAA funding, the LTCOC received \$427,000 from the U.S. Department of Justice, Victims of Crime Act, through Florida's Attorney General's Office. This grant was for SFY 1996-97 and created carry forward for subsequent years from the FFY OAA grant award.

FEDERAL REPORTING YEAR	FACILITIES	INSPECTIONS	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*	3,567	2,832	7,664
2002-2003*	3,567	2,832	7,664

*Estimates. Final numbers not available until close of federal year. Source: Data collected and reported from district ombudsman offices.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

State and federal funds are disbursed according to recommendations of the state ombudsman council, and approved by the Department of Elder Affairs.

PROGRAM HIGHLIGHTS:

- One hundred and twenty-five volunteer ombudsmen attended Florida's first statewide Training Conference in April 2002. Another statewide training conference is scheduled for Spring 2003.

- In August 2002, the program completed the third segment of its new video library series, “Conducting an Investigation.” This adds to the previously distributed training videos, “Residents’ Rights” and “Conducting a Facility Inspection.”
- Florida’s ombudsman program was selected as one of six pilot programs nationwide to participate in the deployment of new quality indicators promoted by the Center for Medicaid and Medicare Services.
- The 2002 Legislature passed legislation increasing the number of volunteers per local council. A statewide public awareness and volunteer recruitment campaign, which included the development of radio and television commercials, creation of comprehensive recruitment packets and establishment of media outreach, was kicked off with a Proclamation from the Governor’s Office declaring June 19-23, 2002 State Long Term Care Ombudsman Week.

Often, program volunteers resolve hazardous situations with simple solutions, and advocacy efforts lead to swift remedies. One of the local offices received a call from a resident's son, voicing concerns about his 72-year-old mother's care in the nursing home where she was living. He stated that the resident's bank card had been stolen from her purse and multiple charges had been made on the account. He also expressed concern about an incident involving his mother falling in her bathroom with the door locked. Staff members were unable to respond in a timely fashion due to their inability to locate a bathroom key.

An ombudsman investigation uncovered a startling discovery: the facility had numerous previous reports of theft and unauthorized charges made in the amount of \$1,500 on the woman’s account. Adult Protective Services was contacted, and an ensuing investigation led to the arrest and professional license suspension of a staff member. The ombudsman was stunned to learn that a master key was not available to staff in case of emergencies. Upon ombudsman intervention, extra bathroom keys were placed on each wing of the facility so that staff could intervene in the event of a crisis, and the facility revised its admissions process to include the inventory of personal possessions. In the end, safety hazards were corrected and incidence of theft was reduced. The Ombudsman Program's efforts succeeded in improving the quality of life for not only the complainant's mother but all residents in the facility.

MEDICAID AGED AND DISABLED ADULT WAIVER

DESCRIPTION:

Medicaid Waiver Home and Community Based Services are provided to older persons and disabled individuals assessed as frail, functionally impaired, and at risk of nursing home placement. Services designated to assist recipients to remain at home are arranged by a case manager based upon a comprehensive assessment of needs.

SERVICES OR ACTIVITIES:

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, Health Support, Home Delivered Meals, Homemaker, Personal Care, Pest Control, Respite, Risk Reduction, Skilled Nursing, Specialized Medical Equipment and Supplies and Therapies.

ADMINISTRATION:

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

At least one Medicaid Waiver Specialist is employed by each Area Agency on Aging to enroll and monitor provider operations and service quality. As of June 2002 there were 485 providers who bill the state's Medicaid fiscal agent under the Department's Home and Community Based Medicaid Waiver Program. This includes Consumer Directed Care Providers.

ELIGIBILITY:

Individuals must be 60 years old or older or a disabled adult aged 18 - 59, and meet the same technical and financial criteria applied to individuals seeking Medicaid assistance for nursing home status. Technical eligibility determination is completed by CARES teams located within each of Florida's 11 Planning and Service Areas. Currently an individual's monthly income may be up to \$1,635/month with a maximum of \$2000 in assets. These figures are modified annually based upon the federal COLA (cost of living adjustment) granted to Social Security beneficiaries. Financial eligibility for all Medicaid programs is determined by the Department of Children and Families.

STATUTORY AUTHORITY:

Section 1915(c) 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	15,667****

* Approximate % 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: Reports compiled from paid claims data submitted by fiscal agent for all services for persons 60+.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Base funding was established by the Legislative Appropriation Committees in FY 1992-1993 using expenditure information from the Medicaid fiscal agent for the 1992-1993 Program Year. The base amount increased to \$25,262,384 due to a permanent transfer from other programs and utilization adjustment.

Funding above the base amount is allocated based on the number of Medicaid eligibles, age 60 plus by PSA; divided by the total number of Medicaid eligibles age 60 plus statewide.

The federally assigned maximum enrollment cap in this program for FY 2002 is 35,652. Due to limitations in state appropriated general revenue match, the projected number of individuals to be served for FY 2002-2003 is projected to be smaller.

PROGRAM HIGHLIGHTS:

- Older persons at risk of nursing home placement are diverted to cost-effective, community settings resulting in significant savings in state general revenue.

- All Community Care for the Elderly (CCE) clients are screened annually for Medicaid Waiver eligibility. Clients eligible for Medicaid who meet level of care conditions are transferred to the Waiver program allowing the Department to maximize federal funding.

MEDICAID ASSISTED LIVING FOR THE FRAIL ELDERLY WAIVER

DESCRIPTIONS:

Assisted Living Medicaid Waiver services are for clients age 60 or older who are at risk of nursing home placement and meet additional specific functional criteria. Recipients are in need of additional support and services which are made available in Assisted Living Facilities (ALFs) with Extended Congregate Care or Limited Nursing Services licenses to provide, the right person, the right services, in the right place.

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

Through an interagency agreement with the Agency for Health Care Administration, the Department of Elder Affairs is responsible for the administration of this program. The Department contracts with each Area Agency on Aging for the employment of Medicaid Waiver Specialists to enroll, train, and monitor providers .

ELIGIBILITY:

Must be age 60 plus and 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 for administration of medication.
- Requires total help with one or more ADLs.
- Has a diagnosis of Alzheimer's disease or other dementia and requires assistance with two or more ADL's.
- Has a diagnosis of a degenerative or chronic medical condition requiring nursing services that cannot be provided in a standard ALF, but are available in an ALF 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 of a need for supervision, personal care, 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.

Financial eligibility for Medicaid programs is determined by the Department of Children and Families. Participants may have some payment responsibility depending on income. Currently an individual's monthly income may be up to \$1,635/month with a maximum of \$2000 in assets. Assisted Living Waiver does not reimburse facilities for room and board. Figures are modified annually based upon the federal cost of living adjustment granted to Social Security beneficiaries. The amount allowed for room and board is established by the Department of Children and Families for consumers who are served by Florida's Optional State Supplementation program. Consumers in ALFs may also be eligible to receive services through Medicaid Assistive Care Services. The maximum amount allocated for waiver services per individual for a 30 day month is \$840. Incontinence supplies are a separate billable service with an upper limit of \$125/month. For each participant, case managers receive a capitated rate of \$100 per month.

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

ALLOCATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING = 55%* STATE FUNDING = 45%*	CLIENTS SERVED
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	3,421**

* Approximate - Federal Financial Participation (FFP) is determined each Federal Fiscal Year. ** Projection. Source: CIRTS Clients Served

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Department of Elder Affairs allocates Assisted Living Waiver spending authority to each of Florida's 11 Area Agencies on Aging. A formula utilizing three factors equally was implemented: the number of ALF beds, the population of Medicaid eligibles 60+, and the number of case months captured during a particular time frame.

Allocations are done on a quarterly basis affording the Department the opportunity to review expenditures closely and re-allocate based upon utilization and spending patterns.

PROGRAM HIGHLIGHTS:

- In 1996 there were 62 Assisted Living Facilities. As of June 2002 there were 451 ALF providers throughout Florida. The number of ALF providers continues to grow.
- The Assisted Living Medicaid Waiver provides a cost-effective alternative to nursing home care by providing services to elder ALF residents which helps them remain in the less restrictive assisted living environment. The waiver provides significantly less costly care with an average annualized cost per recipient of \$9,419 compared to the average statewide Medicaid nursing home cost of \$40,647.

MEDICARE AND HEALTH INSURANCE EDUCATION, COUNSELING AND ASSISTANCE

DESCRIPTION:

SHINE (Serving Health Insurance Needs of Elders) is a statewide volunteer-based program offering free Medicare and health insurance education, counseling and assistance to people with Medicare, their families and caregivers. SHINE is part of the National State Health Insurance Assistance Program (SHIP).

SERVICES OR ACTIVITIES:

Approximately 425 trained volunteers provide information, counseling and assistance in areas related to Medicare, Medicaid, long term care insurance, Medicare Plan Choices, Supplemental Insurance, preventive benefits, fraud prevention, and beneficiary rights. Counseling and 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 disseminates information at numerous health and senior fairs throughout the state. Education and outreach focuses on health promotion, consumer protection and beneficiary rights.

ADMINISTRATION:

Department of Elder Affairs staff provide planning, training and technical assistance to volunteers. Contracts are established with Area Agencies on Aging to provide local support to volunteers.

ELIGIBILITY:

All Medicare beneficiaries, family members and caregivers.

STATUTORY AUTHORITY:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	NUMBER OF VOLUNTEERS	NUMBER OF CLIENTS SERVED
1993-1994	\$774,814	430	8,270
1994-1995	\$556,386	496	12,404
1995-1996	\$684,386	575	19,226

FEDERAL FISCAL YEAR	FEDERAL FUNDING	NUMBER OF VOLUNTEERS	NUMBER OF CLIENTS SERVED
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***	96,000***

* Funded for 18 month period ending 3/15/01. Includes funding in support of the National SHIP Resource Center. **Beginning this year, funding cycle changes to April - March. ***Estimate Source: SHINE Semi-Annual Report

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

SHINE, funded through a federal grant from the Centers for Medicare & Medicaid Services (CMS) began providing services in 1993. Funding allocations are usually based on volunteer hours and clients served in the preceding year.

PROGRAM HIGHLIGHTS:

- In late 2001, Medicare HMO non-renewals in Florida left more than 61,000 beneficiaries in Florida with reduced HMO options as of January 1, 2002. Of those affected, almost 14,500 were left without options. SHINE mobilized its volunteers and partners (including the Elder Helpline I&R/As) to spread the word to beneficiaries concerning their rights and options.

A SHINE volunteer counselor received a call from a woman billed by a hospital for a mammogram and did not understand why Medicare was not paying. The counselor contacted the hospital and was told the doctor's office did not provide a billing code for the patient. On contacting the doctor's billing office, the person did not want to speak with the counselor, was not willing to call the hospital to give them a billing code and hung up. The counselor called back and informed the billing department if they did not want to cooperate the matter would be taken further. Within five minutes the counselor received a return call from the doctor's office stating the hospital had been contacted and given a code. The bill was paid by Medicare and the client's supplemental insurance.

OLDER AMERICANS ACT PROGRAMS

DESCRIPTION:

These programs provide services for individuals age 60 and over and their caregivers. Area Agencies on Aging enter into contracts with service providers to deliver services.

SERVICES OR ACTIVITIES:

Title III B: Supportive Services: Transportation, Outreach, Information/Referral, Case Management, Homemaker, Home Health Aide, Visiting/Telephone Reassurance, Chore/Maintenance, Legal, Escort, Residential Repair/Renovation, and Health Support.

Title III C1: Congregate Meals and Nutrition Education

Title III C2: Meals delivered to frail, home-bound individuals and Nutrition Education.

Title III D: Periodic Preventive Health services at senior centers or alternative sites.

Title III E: Caregiver Support Services: 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 relative caregivers.

Title VII: Public Education, training and information regarding Elder Abuse Prevention.

ADMINISTRATION:

The Department administers programs through contract with Area Agencies on Aging and service providers. Program services are provided by more than 250 contractors and subcontractors statewide.

ELIGIBILITY:

Age 60 or older (spouses and disabled adults under age 60 may be served meals under some circumstances). There is no income test, however, preference is given to older persons with the greatest economic or social needs, with particular attention to low-income minority and rural individuals.

Adult family members providing in-home and community care for a person age 60 or older and grandparents and relative caregivers, age 60 or older, of children not more than 18 years of age may be served in Title III E.

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

GRANT AWARD HISTORY AND NUMBERS SERVED:

CALENDAR YEAR*	FEDERAL FUNDING Allocation to PSAs	CLIENTS SERVED**
1991	\$44,068,537	341,687
1992	\$47,768,315	328,235
1993	\$45,691,633	367,099
1994	\$47,673,802	359,481
1995	\$47,636,129	74,144
1996	\$45,419,240	81,695
1997	\$45,522,319	107,074
1998	\$47,148,432	94,929
1999	\$47,240,735	91,173
2000	\$49,299,486	89,058
2001	\$61,339,936	112,613
2002	\$71,078,668	132,504***

* Federal Fiscal Year October-September Contract for Service Period is January - December ** Prior to 1995, includes non-registered services. Beginning with 1995, figures include registered services only . Beginning in 1998 reporting of unduplicated OAA services improved. IIIIE Services included beginning in 2001. ***Estimate Source: CIRTS

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

100% Federally funded. By federal court order, the statewide funding distribution formula for Older Americans Act funding is based on four factors:

1. 35% Weight - Planning and Service Area population age 60 and over; divided by the statewide population 60 and over.
2. 35% Weight - Planning and Service Area population age 60 and over, with incomes below poverty level; divided by the statewide population age 60 and over with incomes below poverty level.
3. 15% Weight - Planning and Service Area minority population age 60 and over, with income below 125 percent of the poverty level.

4. 15% Weight - Planning and Service Area population age 60 and over with both a mobility and self-care limitation, as self-reported in the 1990 Census of population and housing.

Area Agency on Aging administrative funding allocation for Older Americans Act is based on:

1. Base Allocation: 7 percent of 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% Weight - Planning and Service Area 60+ population
 - B. 25% Weight - Number of counties in Planning and Service Area
 - C. 25% 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.

PROGRAM HIGHLIGHTS:

- The Older Americans Act as amended in 2000 (PL 106-501), authorized the National Family Caregiver Support Program under title III, Part E. This program allows the state to develop multifaceted systems of support to address the needs of caregivers, relieving emotional, physical and financial hardships of individuals providing care.
- Florida's nutrition programs provide over 12 million meals per year. Approximately 70,000 individuals per year benefit from nutrition education. These programs help older persons avoid malnutrition and provide a critical link between elders and their communities. The Older Americans Act is also a major source of funding for transportation to meal sites, doctors, grocery stores and other necessary places.

Senior Solutions of Southwest Florida in partnership with the Family Counseling Center used Title III E funds to build support groups for grand families. The evening program begins with grandparents and grandchildren having supper together. They then break out into separate education, support and activity groups and reconvene as one group at the end of the session. One participant wrote, "What I value most about the program is the network of friends and support. Having a network of friends who can empathize is invaluable."

OSTEOPOROSIS EDUCATION AND SCREENING

DESCRIPTION:

The primary purpose of this program is to raise awareness of the condition of osteoporosis and osteoporosis prevention among elder adults. This program is designed to assist elders make more informed decisions in maintaining a healthy lifestyle. The secondary purpose is to educate elders about the role screening has in the treatment/mitigation 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:

Planning and technical assistance is provided by Department staff from the Education, Wellness and Volunteer Initiatives Section. Services are provided through a contract with a qualified/licensed osteoporosis education and screening organization.

ELIGIBILITY:

Persons aged 60 or older with services targeting underserved groups (low-income, rural, low-literacy and minorities).

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	7,207**

*Remaining funds for the Osteoporosis program following a program year certified forward funding issue. ** Projected Source: Center for Osteoporosis reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is funded through general revenue from recurring Tobacco Settlement Trust Funds. Allocation of resources are based on Department evaluation of program proposals.

PROGRAM HIGHLIGHTS:

- Since April 2000, the program detected that 41 percent of those tested Osteopenia and 15 percent had Osteoporosis. In the 70 and older age group, 47 percent had Osteopenia and 24 percent Osteoporosis.

“I have just participated in the bone scan in Roseland, Florida. I wish to thank you for a wonderful presentation and scan.”

Sincerely, A.H.

OUTREACH RESOURCE CENTER FOR CULTURALLY DIVERSE ELDER

DESCRIPTION:

The Outreach Resource Center for Culturally Diverse Elders (ORCCDE) is a national technical assistance center that provides information on education and outreach strategies to culturally diverse and non-English speaking elders regarding Medicare fraud, error and abuse.

SERVICES OR ACTIVITIES:

Customer Service - The primary function of the project is to provide technical assistance through a call center, accessed via a toll-free phone line, providing personalized customer service. Customers may call to request specific information or resources. Customers are provided with specialized project consultation.

Information and Resources - The Center has developed a clearinghouse of information addressing Medicare and Medicaid fraud, error and abuse; cultural competence; diversity; and best practices of programs that effectively utilize culturally competent strategies for outreach. The Center offers limited translations in Spanish and Mandarin. For other languages, staff can refer customers to certified translators.

Training - Staff are available on a limited basis to offer training for recruiting and communicating with culturally diverse groups. The workshops focus on cross cultural communication, tips for interpreting and translating, multicultural marketing and recruitment, and other areas related to service and product delivery to unserved and underserved elder populations.

ADMINISTRATION:

Department of Elder Affairs staff, with guidance from the Administration on Aging, is responsible for project administration and evaluation, including technical assistance, new educational product development and supervision.

ELIGIBILITY:

Senior Medicare Patrol Projects are the project's main client base; however, State Units on Aging, Area Agencies on Aging, health care providers, organizations with a focus on minority aging, and private and public organizations in the aging network may use products and services offered by the Center.

STATUTORY AUTHORITY:

Omnibus Consolidated Appropriation Act of 1997; Section 430.07(8) Florida Statutes

APPROPRIATION HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	CUSTOMERS SERVED	TRAINING HOURS
2000-2001	\$135,000	\$45,000	2,000	0
2001-2002	\$135,000	\$45,000	1,990	78
2002-2003	\$135,000	\$45,000	2,300*	85*

Source of customers served and training hours: Customer data base and conference registrations.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is funded by a grant from the Administration on Aging. Funding allocation is based on completion of activities outlined in the grant workplan and through performance measures specified by the Administration on Aging.

PROGRAM HIGHLIGHTS:

- Published two editions of *Insights*, a newsletter highlighting unique approaches for outreach.
- Established an Outreach Resource Center for Culturally Diverse Elders’ Technical Advisory Group. This national assemblage of experts in the field of cultural diversity assists the Center in assessing the cultural sensitivity, appropriateness and relevance of materials.
- Participated in training events, conferences and media events providing statewide and national exposure and promotion of the program, products and services including a June 2001 nationally broadcast video teleconference, “Reaching Underserved and Unserved Populations: Innovative Strategies and Resources.”

“...I refer to your website often, and want you to know how much we appreciate what you have created.”

- - Letter from Aging and Adult Services Office,
State of Mississippi Department of Human Services

PUBLIC GUARDIANSHIP PROGRAM

DESCRIPTION:

The Statewide Public Guardianship Office created by the Florida Legislature and staffed in June 2000 assists in the provision of 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 interest. Guardians protect the property and personal rights of incapacitated individuals.

SERVICES OR ACTIVITIES:

The Statewide Public Guardianship Office provides direction, coordination and oversight of public guardianship services in the state. The office develops and disseminates curriculum and trains public guardians, registers professional guardians, develops performance measures, collects data on individuals served and works to find ways to enhance funding to increase the provision of public guardianship service capacity.

ADMINISTRATION:

The Statewide Public Guardianship Office is administratively housed within the Department of Elder Affairs. It is an independent office with a director appointed by the Governor and fulfills statutorily mandated programs independent of any agency controls.

ELIGIBILITY:

There are currently nine appointed public guardians serving the state. These offices are mandated by statute to provide guardianship services to indigent persons where no family or friend can be identified to do so.

To meet the criteria for appointment as a public guardian pursuant to Chapter 744, Florida Statutes, a potential public guardian must submit evidence that he/she:

- Is a resident of the State of Florida, at least 18 years of age and Sui Juris (having full legal rights and capacity).
- Has knowledge of the legal process and social services available to meet the needs of incapacitated persons (including resume for all staff members).
- Completed the 40-hour guardianship course.
- Does not hold any position that would create a conflict of interest.
- Maintains a current blanket bond.
- Maintains an updated list of all information on all of the wards currently in their care and all current documents on their wards that are filed with the courts.
- Submitted credit and criminal history information and fingerprint cards to the clerk of the court.
- Submitted a letter of intent to be appointed a public guardian to the Statewide Public Guardianship Office.

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

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

STATUTORY AUTHORITY:

Sections 744.701 - 744.709, Florida Statutes

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	APPROPRIATION	ASSIGNED A GUARDIAN
2000-2001	\$1,252,858	1,098*
2001-2002	\$1,302,858	1,405
2002-2003	\$1,067,921	1,541**

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Six of the nine appointed public guardians receive some form of funding from the state. Funds for the six offices receiving state funding are distributed based upon contracts with local private entities to meet local needs. Contracts are negotiated annually. The one state entity (the only one of the three initial pilot programs initiated 16 years ago utilizing state employees) receiving the largest amount of funding will be privatized. As of July 1, 2003 all services provided will be by private entities, relying of funding provided in part by local, state and federal dollars.

PROGRAM HIGHLIGHTS:

- Developed the statute-mandated 40 hour curriculum for training of guardians. The foundation created to support the Statewide Public Guardianship office will distribute the curriculum throughout the state and the nation.
- Bringing all public guardianship offices into compliance with Florida statutes.
- Working with the assistance of the Agency for Health Care Administration to receive authorization to draw federal funding through an administrative claiming process and creating the legislatively authorized Designated Support Organization (DSO) to enhance private funding acquisition.
- Created a ward management database that will allow for accurate information and data collection of individuals served through the public guardianship offices, standardize

reporting, accurately account for individuals and services rendered, enhance coordination of service provision, provide greater accountability and productivity, and allow for accurate time management data for the administrative claiming necessary to draw federal funding.

- Initiated the implementation of the registry of professional guardians as mandated by the 2002 Florida Legislature.
- Appointed additional public guardians in areas where no services were previously available.
- Bringing together the judiciary, clerks, elder law attorneys and the guardianship community to work together to provide opportunities for all groups involved with the provision of guardianship services for education and “best practices” exchanges.
- Involved in a pilot project with the VA, the Schools of Social Work at the University of South Florida and Florida State University, and the Hillsborough Public Guardian to provide services for the 100 plus veterans currently on the waiting list for guardianship services.
- Produces an annual report examining public guardianship in Florida. The report can be found through the www.myflorida.com web page or at <http://flguardian.fmhi.usf.edu> .

RELIEF
(RESPITE FOR ELDERS LIVING IN EVERYDAY FAMILIES)

DESCRIPTION:

The RELIEF program offers respite services to caregivers of frail elders and those with Alzheimer’s disease and related dementia. The intent is to provide respite to family caregivers to increase their ability to continue caring for a homebound elder without becoming ill themselves. Individuals not currently receiving other DOEA services are the first priority.

A multigenerational corps of volunteers receive pre-service training and are individually matched with clients to ensure personalities, skills, interests and abilities are a good fit with the elders and caregivers they will be serving. Some volunteers, including Senior Companions and AmeriCorp members receive stipends.

SERVICES OR ACTIVITIES:

RELIEF respite is provided predominantly during evenings and weekends, times usually not covered by other respite programs. Volunteers may spend up to four hours per visit, providing companionship to a frail, homebound elder, allowing the caregiver the opportunity to take a much-needed break. Activities may include conversation, reading together, playing board games or preparing a light snack. The program is operational in 12 counties.

ADMINISTRATION:

Services are administered through Area Agencies on Aging with contract management at the Department of Elder Affairs. Agencies recruit, select and train volunteers according to Department Volunteer Management Guidelines. The agencies are responsible for identifying and matching clients with volunteers. Contracts require regular reporting of activities and expenses.

ELIGIBILITY:

Frail, homebound elders, 60 years of age and older, who live with a full-time caregiver who can benefit from up to four hours of respite per week, especially evening and weekend respite.

STATUTORY AUTHORITY:

Section 430.071, Florida Statutes

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	NUMBER OF CLIENTS SERVED	NUMBER OF VOLUNTEERS	UNITS (HOURS)
1997-1998*	\$727,772	334	202	89,551.75

STATE FISCAL YEAR	STATE FUNDING	NUMBER OF CLIENTS SERVED	NUMBER OF VOLUNTEERS	UNITS (HOURS)
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	\$1,330,044	500***	400***	200,000***

* Report period is from September 1997-September 1998 ** Report period is from October 1998-June 1999

***Projected SOURCE: Monthly progress reports and contracts.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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. Under the current contract, eight Area Agencies on Aging provider provide RELIEF respite.

PROGRAM HIGHLIGHTS:

- Provides assistance to caregivers during times when assistance is traditionally not available while providing meaningful volunteer opportunities.

A blind Spanish-speaking client in Broward County said, "I thank God for sending me this angel."

A volunteer from Lee County who worked as a psychiatric aide with geriatric patients in the 1950s decided in her late 60's to serve seniors again, "I really like helping people, and I thank God that I am able to serve and am healthy, to be able to help someone else in need."

A volunteer from Broward County challenges his client who suffers from Alzheimer's Disease. During his visits, when they are not playing cards, they can be found sitting by the pool, talking baseball, reminiscing about old times in New Jersey or bragging about their great-grand children. The client's daughter commented numerous times on how much the weekly visits have helped her father maintain his quality of life, and what a treasure this volunteer is to their family.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

DESCRIPTION:

The Senior Community Service Employment Program (SCSEP) serves low income persons aged 55 or older who have poor employment prospects. The program has two purposes: to provide useful community services and to foster individual economic self-sufficiency through training and placement in unsubsidized jobs.

SERVICES OR ACTIVITIES:

Services provided include: Outreach and recruitment; eligibility determination; employability assessment; preparation of individual development plan; program orientation; supportive services; annual free physical examination; training; personal and employment-related counseling; part time paid work experience in community service assignments; job development; referral; placement in unsubsidized employment; and follow-up activities.

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

ADMINISTRATION:

Prior to 1995, the state's share of SCSEP funds was returned each year to the U.S. Department of Labor for reallocation to national sponsors operating programs in Florida. From July 1995 through June 2001, the U.S. Department of Labor annually granted a small portion of the administrative funds from the state's allocation to the Department of Elder Affairs to provide oversight, older worker advocacy, technical assistance, and to promote coordination between the programs and other entities serving older persons. Beginning July 1, 2001, the Department retained state share funds to administer the SCSEP. Programs are operated by local vendors (see Funding Source and Allocation Methodologies.)

ELIGIBILITY:

Eligibility is limited to persons aged 55 years or older whose income does not exceed 125 percent of the Federal Poverty Income Guidelines published by the Department of Health and Human Services and updated annually. Services are targeted to persons aged 60 or older with the greatest economic need. Program enrollees must also be residents of the State of Florida.

STATUTORY AUTHORITY:

Title V of the Older Americans Act, 42 United States Code 3001 et.seq. as amended by Public Law 106-501

APPROPRIATION HISTORY AND NUMBER SERVED:

STATE FISCAL YEAR	FEDERAL ALLOCATION*	STATE SHARE SLOTS**	NATIONAL SPONSOR SLOTS
1995-1996	\$77,458	State share slots prior to 2001-2002 are included in National Sponsor Slot Allocation	3,783
1996-1997	\$78,649		3,510
1997-1998	\$79,789		3,528
1998-1999	\$83,300		3,512
1999-2000	\$100,649		3,547
2000-2001	\$107,899		3,547
2001-2002	\$5,171,619	723	2,824
2002-2003	\$5,988,918	837	2,827

*Reflects funds to the Department . See note under ADMINISTRATION . A 10% state match is required. ** See note under ADMINISTRATION and FUNDING SOURCE AND ALLOCATION METHODOLOGIES. Source for slot allocation: USDOL/ETA

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 directly between the U. S. Department of Labor, which administers the program, and independent national sponsors. The sponsors operate programs or subcontract them to public or non-profit agencies. The remaining 22 percent of funds are allocated to the states which directly operate, subcontract, or allocate the funds and slots back to the national sponsors.

Beginning July 1, 2001, the Department, as Florida’s designated State Unit on Aging, became the grant recipient of state-share SCSEP funds. Fiscal year 2001-2002 programs were operated through an interagency agreement with the Agency for Workforce Innovation, in 22 of Florida’s 24 Workforce Regions. Effective October 1, 2002, the Department contracted, through a competitive process, with local vendors in each of the eleven Planning and Service Areas.

The Department hosts an annual meeting with national SCSEP sponsors to review existing slot placements by count 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 develop, on a cooperative basis, the annual Equitable Distribution Report.

PROGRAM HIGHLIGHTS:

- The Department transitioned to a state-administered SCSEP on July 1, 2001. In addition to traditional SCSEP work experience with public and private non-profit agencies, the state SCSEP will emphasize strategies promoting unsubsidized full and part-time placement of participants with private corporations, which must increasingly look to older workers to meet their workforce needs.

- The Department achieved a 47 percent unsubsidized placement rate, which is 27 percent higher than the federal standard of 20 percent. Participants were placed in community service assignments in education, health and hospitals, housing, employment assistance and parks and recreation. The highest percentage of community service assignments were in social service occupations.

Ms. S was unemployed for about one year. The program gave her the opportunity to work in a community service assignment with an organization which ultimately hired her at a good wage. During her participation, she received counseling, employability skills training and job referrals. She was also offered computer and communication skills training. Ms. S is working full time as an Employee Resources Specialist and is able to meet her financial obligations and maintain her self-sufficiency. She feels the program exposed her to new training opportunities that made it easier for her to find permanent employment. She is extremely happy with her new job and loves being able to assist customers.

SENIOR COMPANION PROGRAM

DESCRIPTION:

Senior Companion is a national service peer volunteer program. Senior Companion volunteers provide services to elders at risk of institutionalization due to chronic illnesses, disabilities or isolation. Low-income elder volunteers receive a stipend to help defray expenses, a local transportation reimbursement, 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. Program goals include establishing new social service roles for lower-income elder volunteers through which they maintain a sense of self-worth, improved health and mental alertness.

ADMINISTRATION:

The Department contracts with Area Agencies on Aging to administer the program. Area Agencies on Aging subcontract with local providers to recruit, train and assign Senior Companions to fill the specified number of Volunteer Service Years included in the contract. The Department provides ongoing program supervision and technical support to participating Area Agencies on Aging and local providers.

ELIGIBILITY:

- Volunteers are low-income elders, 60 years of age or older, who receive a \$2.65/hour stipend to defray expenses of volunteering at least 15 hours a week. The stipend does not affect the volunteer's eligibility for any other federal program.
- Recipients of Senior Companion volunteer services are elders, 60 years of age or 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	VOLUNTEERS	HOURS OF SERVICE
1994-1995	\$174,359	\$83,155	475	75	78,300
1995-1996	\$174,359	\$85,438	525	95	99,180

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	CLIENTS SERVED	VOLUNTEERS	HOURS OF SERVICE
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	720*	170*	115,000*

NOTE: Required local match and in-kind contributions are not reflected in the above dollar amounts. * Projected Source of Client and Companion data: Manual reports submitted by program sites.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Corporation for National and Community Service awards the Senior Companion Grant to the Department and specifies the number of Volunteer Service Years to be funded. Matching funds are from General Revenue. Area Agencies on Aging and lead agencies are selected for program contracts. Contracts specify numbers of Volunteer Service Years to be subcontracted to local providers based on their ability to recruit and retain the necessary number of volunteers, as well as provide required local match funding. Under the current contract, four Area Agencies on Aging and four lead agencies provide Senior Companion services in 12 counties.

PROGRAM HIGHLIGHTS:

- Each Senior Companion serves between two to seven frail older persons.
- In July 2000, the Department received a Program of National Significance grant award which funds 16 Senior Companion slots, eight in Marion and eight in Citrus County.
- In July 2001, the Department received another Program of Nation Significance grant award which funds 10 Senior Companion slots in Alachua County.
- The Department continues to have additional Senior Companion positions which provide after hours respite to frail, chronically-ill older persons and their families during evenings and weekends through the RELIEF program.
- The Department's Senior Companion Program and Elder Abuses Prevention Program teamed up to use Older Americans Act Title III money to help fund additional Senior Companion Volunteers serving elders in danger of becoming classified as "In need of services" by Adult Protective Services.

SERVICES THROUGH ALZHEIMER’S RELIEF SYSTEMS (STARS)

DESCRIPTION:

The Services Through Alzheimer’s Relief Systems or STARS program is a three-year Administration on Aging Alzheimer’s Disease Demonstration Grant to the States. This project is designed to improve coordination of services and resources among service providers and to increase access to services in rural and minority communities for caregivers and persons with Alzheimer’s disease and related disorders. The target service areas are Leon, Madison, Gadsden, and Jefferson counties.

SERVICES OR ACTIVITIES:

Services provided include: In Home Respite Care, Adult Day Care, Home Health Care, Personal Care, Companionship and short-term care in Health Facilities.

A 24 hour -7day a week toll free help-line provides information and referral assistance, counseling and crisis assistance for Alzheimer’s Caregivers in the STARS Project targeted areas.

STARS Faith-based Initiative involves outreach and respite care and provides Alzheimer’s education, awareness and training through trained community church volunteers.

ADMINISTRATION:

The program is administered by the Department with services provided by lead agencies in the targeted service area. The Alzheimer’s Association provides 24 hours -7days a week help line assistance.

ELIGIBILITY:

Services are provided to under served individuals and families of minority and culturally distinct groups, low-income, and rural populations suffering from Alzheimer’s or other related dementia who are residents of Leon, Madison, Gadsden, and Jefferson counties.

STATUTORY AUTHORITY:

Section 398 of the Public Health Services Act (42 United States Code 398 et seq.), as amended by Public Law 101-157 and 105-379, the Health Professional Education Partnership Act of 1998.

APPROPRIATION HISTORY:

FEDERAL FISCAL YEAR	FUNDING
2001-2002	\$350,000
2002-2003	\$350,000

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program receives funding from the U.S. Department of Health and Human Services, Administration on Aging. Funds are allocated to the Demonstration project areas according to a formula based on 50 percent share of rural elders aged 60 and older and 50 percent share of rural minority elders ages 60 and older in the targeted services areas.

PROGRAM HIGHLIGHTS:

- The demonstration program provides additional funding and approaches to expand community-based care alternatives.

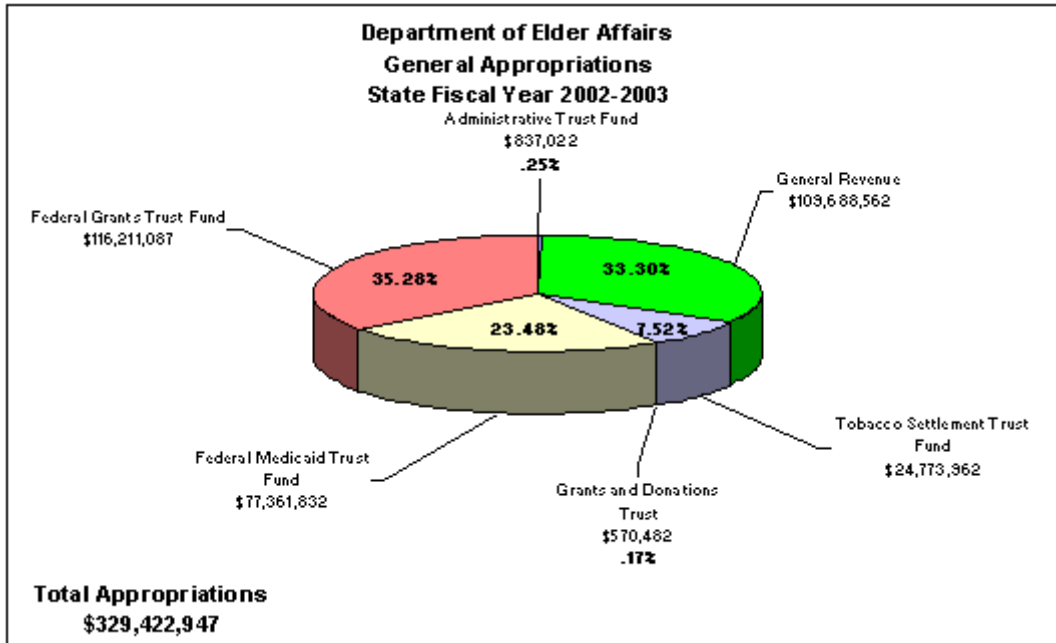
2003
SUMMARY OF
PROGRAMS & SERVICES

SECTION D



A P P E N D I X

Source of Revenue State Fiscal Year 2002-2003



General Revenue - Legislative Appropriation **\$109,668,562**

Tobacco Settlement Trust Fund - Legislative Appropriation **\$ 24,773,962**

Grants and Donations Trust Fund **\$ 570,482**

- Robert Wood Johnson Grants
- Honoria and Donations

Federal Medicaid Trust Fund **\$ 77,361,832**

- Aged and Disabled Adult Medicaid Waiver
- Assisted Living for the Elderly Medicaid Waiver
- Medicaid Administration

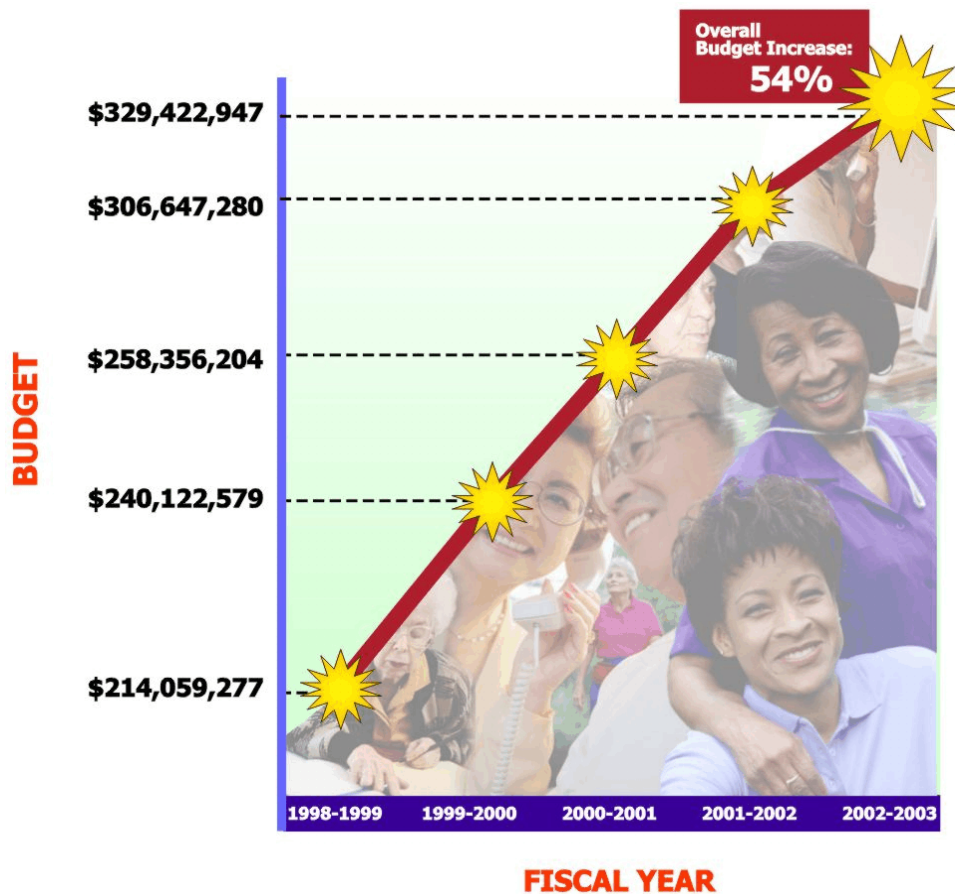
Federal Grants Trust Fund **\$116,211,087**

- Title III and VII Older Americans Act
- Title V Senior Community Services Employment Program
- USDA Elderly Nutrition Program
- USDA Adult Day Care Food Program
- Emergency Home Energy Assistance Program
- SHINE (Serving Health Insurance Needs of Elders)

Administrative Trust Fund **\$ 837,022**

- Assisted Living Facility Training Fees
- Assisted Living Facility Licensure Fees
- Criminal History Background Check

Budget Overview

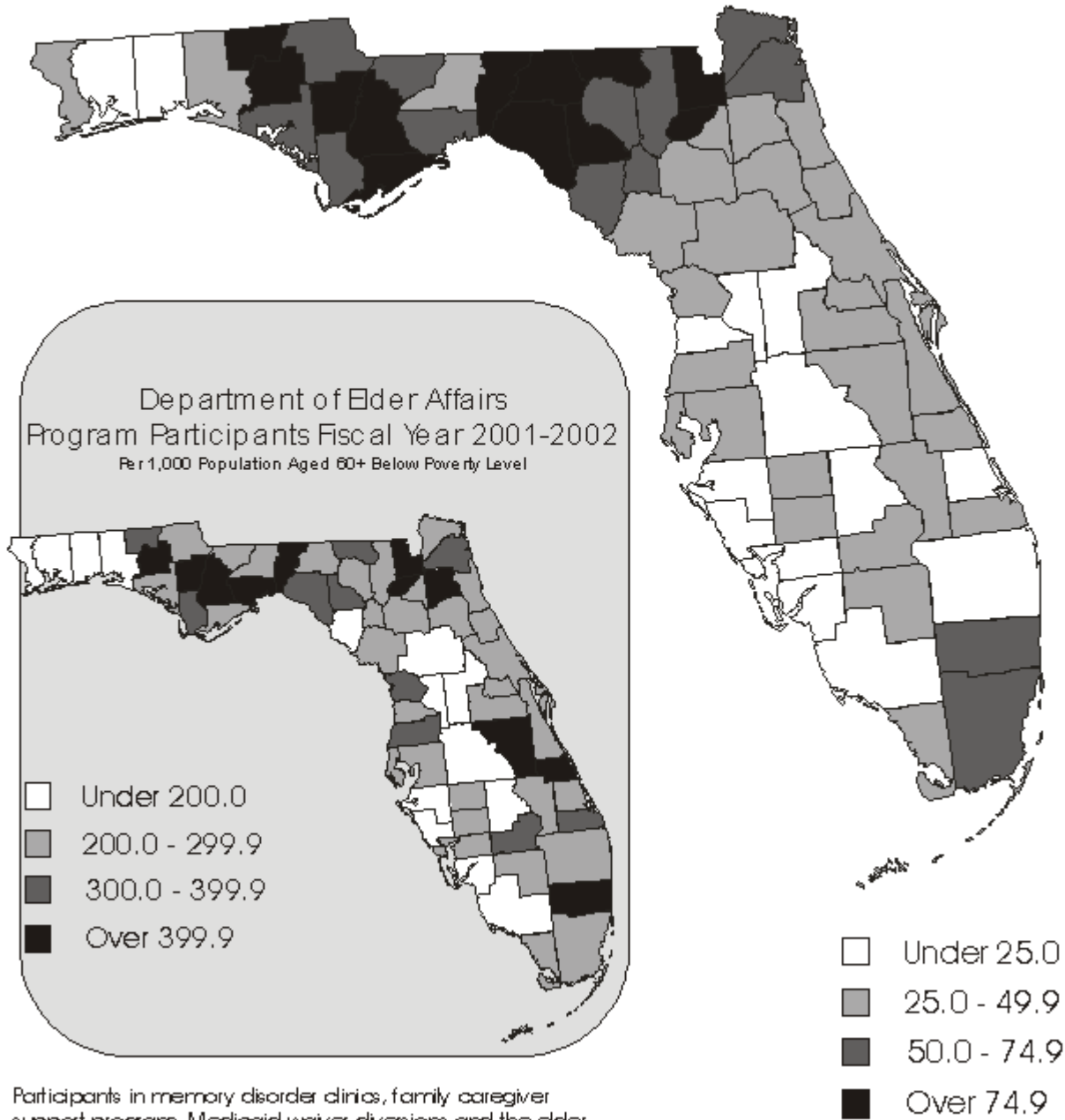


Department of Elder Affairs Budget

- \$329,422,497 for State Fiscal Year 2002-2003
- Represents a 54% increase over the past four years
- 94% privatized through contracts with Area Agencies on Aging and other providers

Department of Elder Affairs Program Participants Fiscal Year 2001-2002

Per 1,000 Population Aged 60+



Participants in memory disorder clinics, family caregiver support program, Medicaid waiver divisions and the elder farmer's market are excluded since these services are provided regionally.

County	Percent of County Population		Program Enrollment							
	60+	85+	ADI	CCE	HCE	OAA	LSP	Other	ADA	ALE
Alachua	12.8%	1.2%	77	494	81	450	8	1	176	2
Baker	13.8%	0.9%	13	88	18	401	0	42	25	0
Bay	18.5%	1.2%	50	573	71	820	1	0	267	42
Bradford	18.0%	1.6%	10	98	9	151	0	5	37	18
Brevard	25.1%	2.0%	76	475	119	2,737	1	1	356	97
Broward	19.9%	2.6%	427	4,141	440	16,987	4,517	184	820	300
Calhoun	19.1%	2.0%	7	79	27	232	4	5	69	1
Charlotte	41.7%	3.6%	23	361	71	773	1	12	131	15
Citrus	40.6%	3.4%	27	491	50	1,330	2	73	145	48
Clay	14.8%	1.1%	19	281	55	692	1	25	128	33
Collier	31.6%	2.3%	37	448	76	317	0	4	84	43
Columbia	19.2%	1.4%	12	361	139	343	0	9	133	26
DeSoto	24.3%	1.8%	11	159	12	163	0	0	34	2
Dixie	24.7%	1.3%	7	63	20	151	0	1	40	0
Duval	14.2%	1.2%	61	1,790	214	6,880	1	24	677	62
Escambia	17.6%	1.5%	60	322	102	1,211	0	27	207	39
Flagler	37.7%	2.3%	19	93	11	663	0	0	16	2
Franklin	26.4%	2.2%	2	67	18	74	0	0	73	9
Gadsden	16.6%	1.6%	16	176	55	187	0	0	189	13
Gilchrist	18.7%	1.4%	12	56	10	95	0	0	30	0
Glades	25.8%	1.5%	3	56	12	95	0	0	15	0
Gulf	19.9%	1.4%	4	48	14	156	0	0	46	3
Hamilton	15.3%	1.3%	7	83	74	131	0	0	51	0
Hardee	18.4%	1.3%	4	85	25	117	0	0	89	0
Hendry	13.8%	1.0%	6	84	25	139	0	0	27	1
Hernando	37.3%	2.9%	22	577	101	611	0	4	75	118
Highlands	40.3%	3.5%	20	273	53	568	1	146	117	40
Hillsborough	16.1%	1.4%	146	3,939	362	3,759	195	49	772	259
Holmes	20.7%	2.0%	7	78	73	200	2	0	141	0
Indian River	34.8%	3.3%	20	201	60	1,410	2	9	180	126
Jackson	18.9%	2.0%	40	288	114	292	0	0	204	21
Jefferson	18.8%	1.7%	10	76	20	111	0	0	177	0
Lafayette	16.8%	1.3%	14	78	5	99	0	2	17	10
Lake	33.7%	2.7%	15	338	102	727	1	3	55	71
Lee	31.5%	2.5%	73	855	128	1,056	0	22	313	22
Leon	11.3%	1.0%	37	493	55	460	0	1	200	63

White Non-Hispanic			Minority			All Races		
All Ages	60+	85+	All Ages	60+	85+	All Ages	60+	85+
159,292	23,588	2,146	69,220	5,730	588	228,512	29,318	2,734
19,011	2,923	177	4,100	273	29	23,111	3,196	206
127,166	25,634	1,685	26,492	2,749	209	153,658	28,383	1,894
19,935	4,113	354	6,623	670	62	26,558	4,783	416
416,713	114,459	9,196	81,493	10,722	681	498,206	125,181	9,877
986,193	275,763	40,280	715,330	62,654	3,514	1,701,523	338,417	43,794
10,231	2,151	231	3,070	391	39	13,301	2,542	270
135,112	59,059	5,185	14,360	3,243	186	149,472	62,302	5,371
115,554	48,482	4,045	8,843	1,961	192	124,397	50,443	4,237
125,082	20,015	1,454	22,562	1,804	213	147,644	21,819	1,667
208,141	84,210	6,117	74,583	5,238	309	282,724	89,448	6,426
45,593	9,710	672	12,867	1,527	137	58,460	11,237	809
20,798	7,378	559	13,246	892	61	34,044	8,270	620
12,925	3,449	181	1,710	169	14	14,635	3,618	195
517,064	87,013	7,778	296,514	28,132	2,244	813,578	115,145	10,022
212,728	43,098	3,611	87,871	9,869	957	300,599	52,967	4,568
47,909	18,507	1,195	9,446	3,126	149	57,355	21,633	1,344
8,033	2,391	181	2,041	264	37	10,074	2,655	218
16,377	3,952	324	29,265	3,619	396	45,642	7,571	720
13,663	2,765	209	1,713	110	0	15,376	2,875	209
7,479	2,559	160	3,433	260	2	10,912	2,819	162
12,162	2,663	166	3,289	411	51	15,451	3,074	217
7,723	1,562	113	6,342	593	65	14,065	2,155	178
15,138	4,353	334	12,339	699	30	27,477	5,052	364
16,633	3,764	288	20,908	1,418	81	37,541	5,182	369
122,006	48,180	3,879	14,917	2,830	137	136,923	51,010	4,016
69,275	33,921	2,935	21,261	2,577	194	90,536	36,498	3,129
671,649	130,123	12,275	389,459	40,946	2,914	1,061,108	171,069	15,189
17,015	3,767	362	1,996	159	16	19,011	3,926	378
100,015	39,547	3,807	19,754	2,111	162	119,769	41,658	3,969
33,331	7,020	626	15,189	2,131	327	48,520	9,151	953
7,716	1,652	108	5,591	850	115	13,307	2,502	223
5,484	1,157	88	1,789	65	5	7,273	1,222	93
195,780	73,914	5,999	36,735	4,349	381	232,515	78,263	6,380
388,817	141,802	11,666	85,703	7,784	414	474,520	149,586	12,080
161,137	22,086	1,913	90,036	6,279	530	251,173	28,365	2,443

County	Percent of County Population		Program Enrollment							
	60+	85+	ADI	CCE	HCE	OAA	LSP	Other	ADA	ALE
Levy	26.0%	1.7%	8	205	20	249	0	3	104	16
Liberty	14.3%	0.8%	3	57	14	87	0	0	25	14
Madison	19.1%	2.0%	10	86	21	263	0	0	99	2
Manatee	30.5%	3.1%	39	673	84	614	0	158	152	109
Marion	31.2%	2.3%	48	693	52	1,527	0	32	173	5
Martin	34.0%	3.3%	39	385	42	1,000	0	3	125	5
Miami-Dade	17.7%	1.7%	228	2,107	1,782	17,419	1,567	4,316	2,626	628
Monroe	20.4%	1.2%	26	330	34	441	3	10	37	0
Nassau	18.2%	1.1%	16	254	40	391	0	10	82	31
Okaloosa	16.5%	1.0%	46	377	43	108	0	2	86	44
Okeechobee	22.3%	1.5%	18	114	27	222	0	1	60	16
Orange	13.5%	1.1%	188	1,163	225	2,041	3	58	804	100
Osceola	16.0%	1.3%	11	208	102	815	1	533	284	21
Palm Beach	27.5%	3.1%	377	2,527	247	5,888	46	84	977	106
Pasco	33.0%	3.3%	83	1,399	148	2,753	1	17	292	163
Pinellas	27.5%	3.4%	178	2,899	160	4,505	95	28	812	393
Polk	24.1%	2.1%	55	905	250	2,022	0	14	388	94
Putnam	24.6%	1.7%	37	420	49	471	0	8	111	32
St. Johns	21.5%	1.7%	31	172	57	671	2	7	93	23
St. Lucie	28.0%	2.1%	37	444	92	933	1	53	187	78
Santa Rosa	16.6%	0.9%	10	77	32	261	0	1	94	42
Sarasota	38.3%	4.2%	40	785	102	1,251	4	14	209	88
Seminole	14.6%	1.2%	76	405	79	1,225	1	28	225	68
Sumter	37.2%	2.0%	8	220	58	336	0	1	26	13
Suwannee	23.5%	2.1%	22	243	59	162	0	0	113	12
Taylor	19.0%	1.4%	5	113	12	228	0	66	87	3
Union	11.2%	0.7%	6	89	7	137	0	1	18	0
Volusia	27.4%	2.7%	30	1,374	163	2,301	0	14	366	168
Wakulla	15.5%	0.9%	9	92	27	153	0	1	83	0
Walton	23.5%	1.5%	15	161	42	52	0	0	75	27
Washington	21.4%	2.1%	9	140	43	285	0	0	164	0
Florida	22.4%	2.1%	3,103	37,289	6,934	93,428	6,462	6,113	15,206	4,041

Demographic data from 2002 Population Estimating Conference for January 1, 2003
Program Data from CIRTS run January 2003 for fiscal year 2001-2002 (July 1, 2001 - June 30, 2002)

White Non-Hispanic			Minority			All Races		
All Ages	60+	85+	All Ages	60+	85+	All Ages	60+	85+
30,237	8,554	582	6,123	903	53	36,360	9,457	635
5,455	882	42	1,877	165	19	7,332	1,047	61
10,644	2,532	257	8,453	1,119	130	19,097	3,651	387
225,638	81,312	8,375	54,711	4,182	332	280,349	85,494	8,707
220,345	77,155	5,795	53,707	8,338	629	274,052	85,493	6,424
113,976	43,643	4,275	19,030	1,629	85	133,006	45,272	4,360
483,552	105,110	15,118	1,855,216	308,458	24,550	2,338,768	413,568	39,668
62,877	13,930	834	18,458	2,661	148	81,335	16,591	982
55,125	10,190	517	6,866	1,107	140	61,991	11,297	657
144,176	27,137	1,735	33,822	2,272	83	177,998	29,409	1,818
26,319	7,619	520	10,537	605	36	36,856	8,224	556
561,312	95,403	8,575	413,698	35,829	1,970	975,010	131,232	10,545
113,839	22,980	2,006	76,461	7,504	400	190,300	30,484	2,406
844,173	296,623	35,125	351,334	31,755	2,012	1,195,507	328,378	37,137
326,803	115,231	11,757	36,873	4,733	217	363,676	119,964	11,974
778,775	240,770	30,581	161,977	17,707	1,135	940,752	258,477	31,716
381,732	110,492	9,839	129,872	12,599	852	511,604	123,091	10,691
53,973	15,254	966	17,606	2,388	218	71,579	17,642	1,184
121,213	27,208	2,114	15,036	2,090	188	136,249	29,298	2,302
152,838	51,142	4,024	53,188	6,452	405	206,026	57,594	4,429
113,405	19,899	1,093	13,744	1,148	71	127,149	21,047	1,164
308,263	127,449	14,128	35,703	4,447	237	343,966	131,896	14,365
296,366	47,603	3,831	97,491	9,873	711	393,857	57,476	4,542
48,010	21,253	1,097	13,307	1,532	118	61,317	22,785	1,215
29,939	7,739	717	7,049	967	66	36,988	8,706	783
15,598	3,374	226	4,564	464	49	20,162	3,838	275
9,980	1,297	57	3,942	261	34	13,922	1,558	91
380,869	116,304	11,523	83,916	11,091	825	464,785	127,395	12,348
21,429	3,518	220	3,812	399	12	25,241	3,917	232
39,034	9,803	596	5,998	773	86	45,032	10,576	682
17,685	4,173	429	4,335	546	42	22,020	4,719	471
11,042,461	3,072,309	307,253	5,808,795	700,602	51,294	16,851,256	3,772,911	358,547

AGE DISTRIBUTION

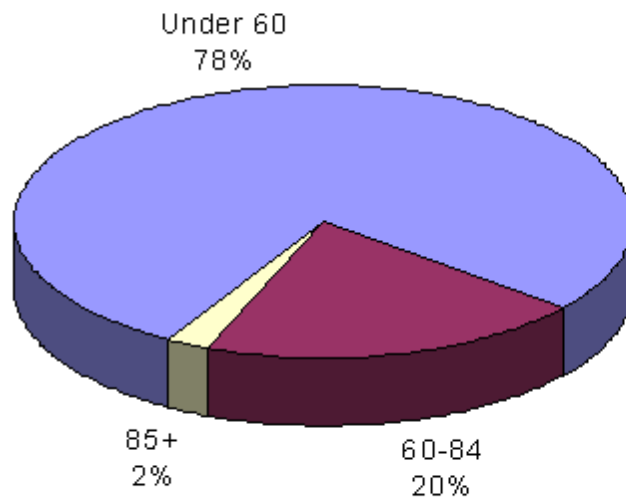
Over a quarter (26 percent) of Florida's population is 60-years-old or older. Most of these residents are between 60 and 84. Florida's oldest citizens (85-years-old and older) represent two percent of the state's population.

Most of Florida's senior population are in the more urban counties. Floridians aged 60 and older are concentrated in Palm Beach/Miami, Tampa/St. Petersburg, and Orlando/Daytona Beach areas. Jacksonville, Sarasota, and Ft. Myers areas also have large populations of Floridians aged 60 and over.

Florida's 85 and older population is concentrated in the southern coastal areas, Tampa Bay, and north central regions of the state, as well as Jacksonville.

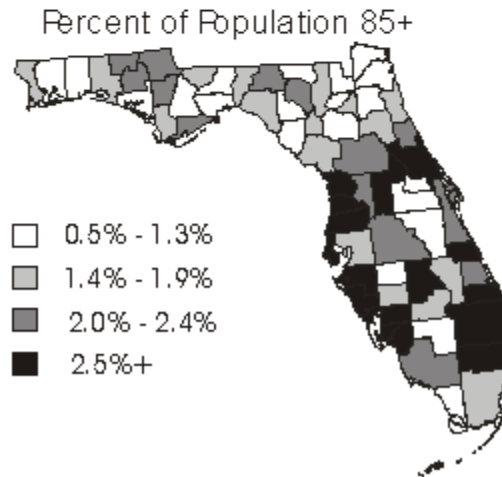
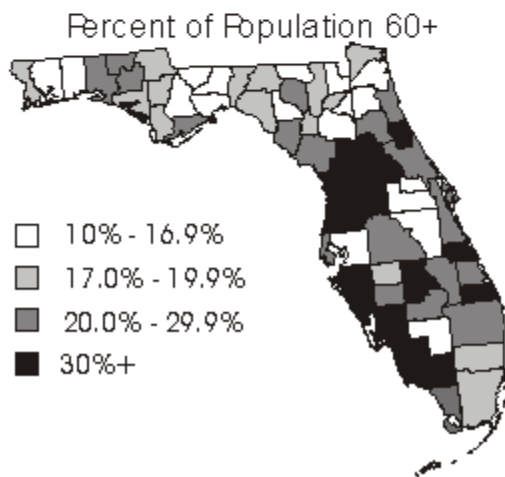
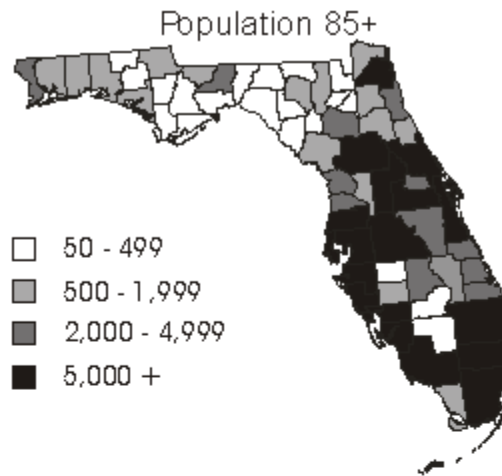
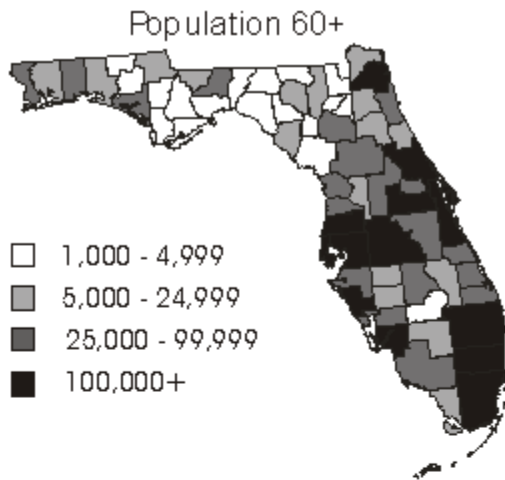
Although most seniors live in the urban counties, the urban counties tend to have the lowest percentage of seniors in the State. Counties where Floridians aged 60 and older represent the highest proportion of population include the area north of Tampa and northwest of Orlando, the southwest coast, and four isolated counties.

Florida's Age Distribution January 1, 2003



Florida's Elderly Population by County

Residents Aged 60 and Over and 85 and Older As Numbers and Percentage of Population



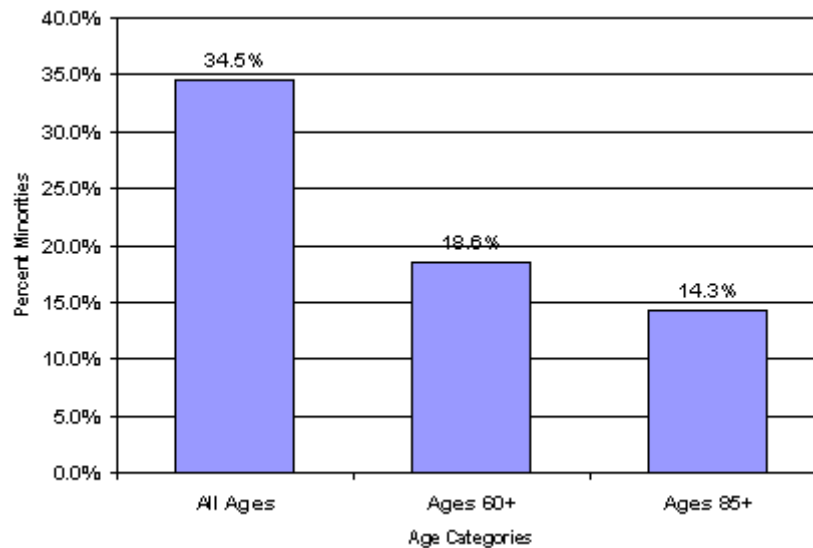
MINORITY DISTRIBUTION

Over a third (34.5 percent) of Florida's population is classified as a minority. In this report, a minority is defined as anyone other than a white non-Hispanic. Minority rates are lower for older populations in Florida. Less than a fifth (18.6 percent) of Floridians aged 60 and over are minorities. Among Floridians aged 85 and older, the minority rate is 14.3 percent.

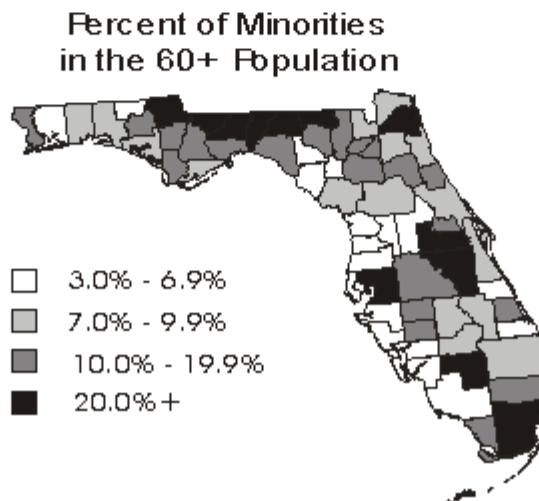
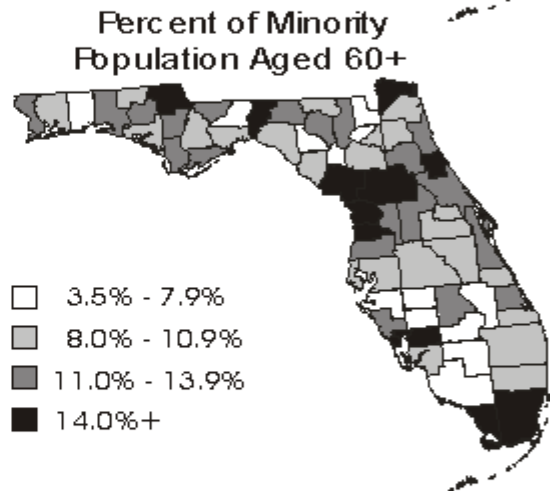
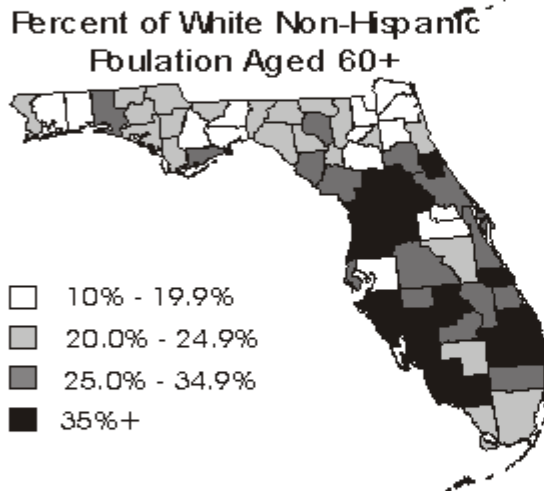
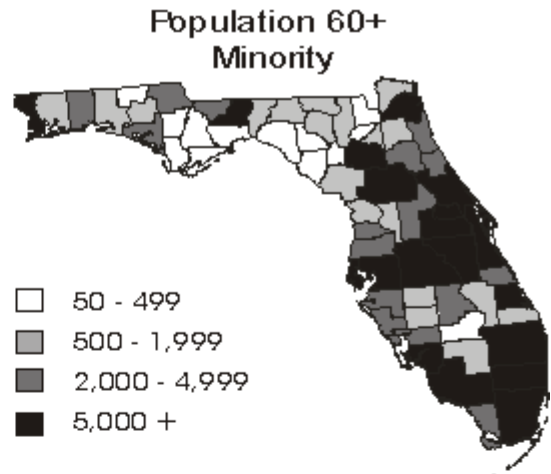
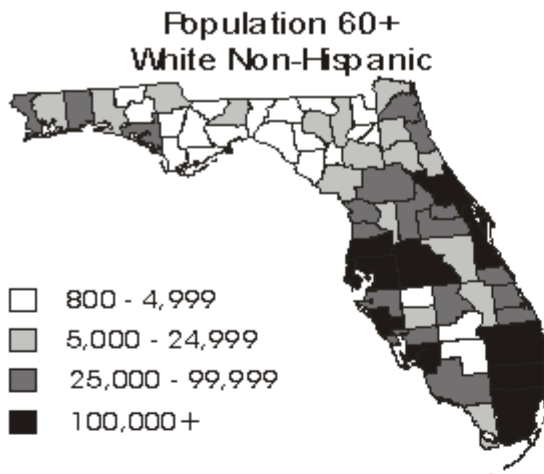
The counties with the highest percentage of elderly among the white non-Hispanic population are centered in the west coast of Florida both north and south of Tampa. The counties with the highest percentage of elderly among the minority population are scattered throughout Florida with a concentration in the northwest-central part of the state.

Counties with the highest percentage of minorities in the senior population tend to border Georgia or have large urban centers (Miami, Jacksonville, Orlando, and Tampa). Counties in southwest and south-central Florida have the lowest percentage of minorities in the elder populations.

Percent of Minorities in Population By Age Category



Florida's Elderly Population by County For Minorities and White Non-Hispanics As Numbers and Percentage of Population



Customer Profiles by Assessment Level

The Department assesses applicants into one of five priority levels based on their need for home and community-based services. Levels are related to the relative risk of nursing home placement: levels 1 and 2 - well below average; level 3 - above average; level 4 - above average; and level 5 - two times above average. In addition, customers may be placed in two special high risk categories: Adult Protective Services (APS) referrals and elders identified by CARES as being at imminent risk (IM) of nursing home placement. The Department's prioritization policy requires service agencies to assign enrollment slots in the following order of priority: APS, Nursing Home Transition (current nursing home residents who want to move back to the community), IM, priority level 5, priority level 4, priority level 3, priority level 2 and priority level 1.

<u>Level 1 Customer Profile:</u>	<u>Level 2 Customer Profile:</u>	<u>Level 3 Customer Profile:</u>	<u>Level 4 Customer Profile:</u>	<u>Level 5 Customer Profile:</u>
Disabilities: Number of ADL that require total help = 0 Number of ADL that require some help = 0 Number of IADL that require total help = 2-3 Number of IADL that require some help = 2	Disabilities: Number of ADL that require total help = 0 Number of ADL that require some help = 0 Number of IADL that require total help = 3-4 Number of IADL that require some help = 2	Disabilities: Number of ADL that require total help = 0 Number of ADL that require some help = 1 Number of IADL that require total help = 4-5 Number of IADL that require some help = 1	Disabilities: Number of ADL that require total help = 0 Number of ADL that require some help = 1 Number of IADL that require total help = 5-6 Number of IADL that require some help = 1	Disabilities: Number of ADL that require total help = 3 Number of ADL that require some help = 1 Number of IADL that require total help = 6-7 Number of IADL that require some help = 0
Self Assessed Health: Not Poor, same as year ago.	Self Assessed Health: Not Poor, same as year ago.	Self Assessed Health: Fair to Poor. Worse than year ago.	Self Assessed Health: Poor. Worse than year ago.	Self Assessed Health: Poor. Worse than year ago.
Caregiver Situation: There is a primary caregiver (58%) in good or excellent health median age is 61, not in crisis.	Caregiver Situation: No primary caregiver. If caregiver is present (24%), median age is 64, health is good or excellent, not in crisis.	Caregiver Situation: No primary caregiver. If caregiver is present (32%), median age is 66, health is good or excellent, not in crisis.	Caregiver Situation: No primary caregiver. If caregiver is present (48%), median age is 68, health is poor to fair, almost 50% in crisis.	Caregiver Situation: There is a primary caregiver present (66%), median age is 67, health is poor, 73% in crisis.
Average Risk Score of nursing home placement=14	Average Risk Score of nursing home placement=16	Average Risk Score of nursing home placement=30.	Average Risk Score of nursing home placement=37.	Average Risk Score of nursing home placement=47.

Agencies with Long Term Care Functions

Agency	Major Long Term Care Related Function
Department of Elder Affairs	<ol style="list-style-type: none"> 1. Nursing Home Pre-Admission Screening (CARES program - Comprehensive Assessment and Review for Long Term Care Services) (Certify medical eligibility for Medicaid nursing home and community-based waiver services with goal of recommending least restrictive placement) 2. Going into nursing homes (placed in receivership) to assess individuals for potential community placement 3. Contract and monitor home and community-based services for elders 4. Training of Assisted Living Facility and Adult Family Care Home administrators and staff 5. Special services for persons with Alzheimer's disease 6. Rule writing for Hospice, Alzheimer's disease training for nursing homes, assisted living facilities, adult day care and adult family care homes 7. Ombudsman for nursing homes, assisted living facilities and adult family care homes 8. Public Guardianship program (administratively housed in DOEA) 9. Office of Long Term Care Policy
Department of Children and Families	<ol style="list-style-type: none"> 1. Conduct financial eligibility for Medicaid services - all ages 2. Contract and monitor for mental health and substance abuse services - all ages 3. Administration and operation of state mental hospitals 4. Developmental Disabilities (DD) services - Intermediate Care Facilities. Contract and monitor for Medicaid waiver services to DD population 5. Protective Services (all ages) 6. Contract and monitor home and community-based services for disabled adults 7. Optional State Supplementation
Agency for Health Care Administration	<ol style="list-style-type: none"> 1. Designated single state Medicaid agency 2. Long term care facility licensure, regulation, inspections 3. Payment of Medicaid claims 4. Medicaid policy development and rule writing 5. Medicaid fraud and recoupment 6. Hospitals and medical clinics licensure and regulation 7. Home health agencies licensure and regulation 8. Certificate of Need (CON) for nursing homes 9. Operate two managed long term care programs - Frail Elder Option, Channeling 10. Toll-free hotline for health care quality of care, billing or HMO concerns
Department of Health	<ol style="list-style-type: none"> 1. Traumatic Brain and Spinal Cord Injury Program 2. AIDS Waiver - contract and monitor home and community-based services for people with HIV or AIDS (all ages) 3. Medical equipment regulation 4. Home and community-based services for children who have chronic and life threatening diseases or who are fragile and have medical complications (Children's Medical Services) 5. Medical professional licensure
Florida Department of Veterans' Affairs	<ol style="list-style-type: none"> 1. Nursing home and domiciliary care for veterans
Commission for the Transportation Disadvantaged	<ol style="list-style-type: none"> 1. Transportation to health care services, employment/training opportunities and other essential functions of daily living that Floridians cannot achieve on their own

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 quasi-governmental entity mandated by the Older Americans Act. 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. The Area Agencies on Aging are used as the state network at the district level.

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

Caregiver (or care giver) - 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 Registration Tracking System (CIRTS) - The Department of Elder Affairs' centralized customer registry and database with information about customers that 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 consumers, or their caregivers on their behalf, being 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 a family member, neighbor, or a formal service provider perform include activities such as bathing, transporting, feeding and other tasks needed for the individual to remain safely in their home. One of the advantages in this program is that the consumer has the choice of who provides the care, when the care is provided and how it should be done.

Diversión - 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 also is a term used to describe the frailty level of a consumer seeking DOEA services and is determined from the frailty level prioritization assessment tool. The Customer Profiles by Assessment Level chart (following the definitions) shows the prioritization levels, and describes the average consumers' health, disability level, caregiver situation and nursing home risk score for each level.

Long Range Program Plan - A plan developed on an annual basis by each state 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, the agency mission and legislative authorization. The plan provides the framework and context for preparing the legislative budget request and includes performance indicators for evaluating the impact of programs and agency performance.

Medicaid - A state-administered medical assistance program that serves low income families, those 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 Family Services' 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 two parts, Part A (Hospital insurance) and Part B (Medical insurance). Qualified individuals are automatically enrolled in Medicare Part A, but must apply to become eligible for Part B 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 aged 60 and older. Through contracts with Area Agencies on Aging, local service providers deliver services.

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

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

ACRONYMS

AAA - Area Agency on Aging

ACFP - Adult Care Food Program

ADA - Aged and Disabled Adult Medicaid Waiver

ADI - Alzheimer's Disease Initiative

ADL - Activities of Daily Living

AFCH - Adult Family Care Home

AHCA - Agency for Health Care Administration

ALE - Assisted Living for the Frail Elderly Medicaid Waiver

ALF - Assisted Living Facility

APS - Adult Protective Services

CARES - Comprehensive Assessment and Review for Long Term Care Services

CCE - Community Care for the Elderly

CDC - Consumer Directed Care

CIRTS - Client Information and Registration Tracking System

CMS - Centers for Medicare & Medicaid Services (formerly Health Care Financing Administration)

DOEA - Department of Elder Affairs

ECO - Emergency Coordinating Officer

EHEAEP - Emergency Home Energy Assistance for the Elderly Program

ESF - Emergency Support Functions

HCBS - Home and Community Based Services

HCE - Home Care for the Elderly

HMO - Health Maintenance Organization

HUD - Department of Housing and Urban Development

IADL - Instrumental Activities of Daily Living

LSP - Local Services Programs

LTCOP - Long Term Care Ombudsman Program

MIS - Management Information System

NASUA - National Association of State Units on Aging

OAA - Older Americans Act

ORCCDE - Outreach Resource Center for Culturally Diverse Elders

PACE - Program of All Inclusive Care for the Elderly

PSA - Planning and Service Area

RELIEF - Respite for Elders Living in Everyday Families

SCSEP - Senior Community Service Employment Program

SHINE - Serving Health Insurance Needs of Elders

SHMO - Social Health Maintenance Organization

STARS - Services Through Alzheimer's Relief Systems

INDEX

Abuse, 6, 13, 14, 22, 30, 68, 79, 80, 94, 118, 123, 151, 152
ADI, 11, 21-25, 31, 34, 35, 50, 52, 53, 155
Adult Care Food Program, 11, 21, 42, 44, 46, 47, 155
Adult Day Care, 11, 5, 9, 12, 22, 39, 46, 47, 50, 51, 68, 71, 77, 99, 103, 135, 139, 151
Adult Day Health Care, 11, 12, 22, 68, 110
Alzheimer's, 9, 11, 21, 25, 31, 41, 42, 44, 50-52, 54-59, 63, 72, 73, 101, 128, 129, 135, 151, 155, 156
Alzheimer's Disease Training, 21, 31, 42, 56-58, 151
AmeriCorps, 13, 21, 41, 60-62
Assessment, 8, 10, 11, 21, 23, 26, 27, 31, 34, 41, 50, 65, 67, 101, 105, 110, 130, 150, 151, 153, 155
Assisted Living, 11, 9, 11, 12, 14, 21, 22, 31, 42, 45, 48, 56, 57, 59, 63-65, 67, 101, 107, 113-115, 139, 151-153, 155
Assisted Living Training, 21, 42, 63

Caregiver, 5, 11-13, 21-23, 34, 35, 41, 44, 50, 51, 56, 58, 72, 73, 75, 79, 80, 82, 92-94, 118, 120, 128, 150, 152, 153
Caregiver Support, 5, 13, 41, 94, 118, 120
CARES, 11, 16, 21, 31, 41, 54, 55, 65-67, 98, 101, 110, 150, 151, 155
Case Aide, 12, 23, 68, 110
Case Management, 11, 12, 23, 68, 69, 92, 101, 103, 110, 113, 118
CCE, 11, 21-35, 68-70, 111, 112, 155
CDC, 13, 21, 29, 74, 76, 92, 155
Child Day Care, 23
Chore, 5, 12, 23, 30, 39, 60, 68, 77, 96, 99, 101, 110, 113, 118
Communities for a Lifetime, 5, 7, 8, 39
Companionship, 22, 23, 34, 68, 79, 96, 110, 128, 133, 135
Complaint Investigation, 29
Congregate Meals, 24, 118
Consumer Directed Care, 7, 13, 21, 43, 74, 75, 92, 110, 152, 155
Counseling, 11, 12, 14, 24, 26, 29, 31, 32, 41, 50, 68, 90, 91, 94, 99, 110, 116, 118, 120, 130, 132, 135
Crimes Against Elders, 13, 21, 41, 79

Dementia, 21, 43, 50, 51, 72, 81, 82, 101, 113, 128, 135
Disaster Preparedness, 10, 60-62
Disease Information, 24

Elder Helpline, 14, 94, 95, 117
Emergency Alert Response, 11, 12, 25, 68, 99, 110
Employment, 13, 21, 25, 41, 45, 56, 57, 94, 96, 113, 130, 132, 139, 151, 156
End-of-Life, 9, 21, 25, 42, 88, 89
Energy Assistance, 11, 12, 21, 28, 41, 44, 85-87, 94, 139, 155
Escort, 26, 68, 101, 110, 118

Farmers Market, 21, 42, 83, 84
Fraud, 13, 14, 30, 116, 123, 151

Guardianship, 14, 21, 25, 33, 43, 125-127, 151

HCE, 12, 21-24, 27, 28, 30, 32-35, 92, 155
Health and Wellness, 13, 90, 91
Health Insurance, 14, 21, 24, 41, 94, 116, 139, 153, 156
Health Promotion, 26, 90, 116
Helpline, 14, 94, 95, 117
Home Delivered Meals, 12, 27, 94, 110
Home Health Aide, 11, 28, 68, 92, 118
Home Repair, 11, 60, 61, 68, 96
Homemaker, 12, 28, 68, 77, 80, 99, 101, 110, 113, 118
Housing, 8, 12, 21, 28, 30, 42, 48, 49, 62, 87, 94, 98, 99, 118, 120, 132, 152, 156

Information and Referral, 13, 14, 41, 48, 68, 94, 95, 107, 135
Insurance Counseling, 94
Intake, 32
Intergenerational, 5, 14, 21, 41, 96-98

Job Training, 25

Legal Assistance, 29, 68, 99, 118

Material Aid, 30, 68
Meals, 11, 12, 24, 27, 30, 42, 45-47, 68, 71, 73, 77, 78, 80, 94, 101, 110, 118, 120, 152, 153
Medicaid Waiver, 11, 69, 75, 110, 112, 113, 115, 139, 151, 153, 155
Medical Equipment, 35, 110, 113, 151
Medical Supplies, 12, 50, 68, 92, 101, 110, 118
Medicare, 14, 22, 24, 30, 41, 44, 101, 103-106, 109, 116, 117, 123, 153, 155
Medication Management, 13, 26, 31, 64, 90, 91, 113
Model Day Care, 11, 31, 50-54

Nutrition Counseling, 32
Nutrition Education, 13, 32, 118, 120

Occupational Therapy, 12, 32, 113
Older Americans Act, 7, 10-12, 21, 41, 42, 45, 49, 80, 90, 91, 94, 95, 107, 118-120, 130, 131, 134, 139, 152, 153, 156
Ombudsman, 14, 17, 21, 43, 98, 107-109, 151, 156
Osteoporosis, 13, 21, 26, 27, 41, 90, 121, 122
Outreach, 13, 14, 21, 33, 41, 60-62, 90, 91, 109, 116, 118, 123, 124, 130, 135, 156
PACE, 12, 21, 29, 42, 101, 103, 104, 156
Personal Care, 11-13, 28, 33, 34, 55, 68, 101, 110, 113, 135
Pest Control, 23, 33, 110

Physical Fitness, 33, 90
Physical Therapy, 12, 32, 113
Public Guardianship, 14, 21, 33, 43, 125-127, 151
Recreation, 34, 71, 77, 94, 99, 132
RELIEF, 11, 13, 21, 34, 35, 41, 50, 128, 129, 134, 135, 156
Respite, 12, 13, 21, 34, 35, 41, 46, 50-55, 60-62, 68, 96, 99, 101, 110, 118, 128, 129, 133-135,
154, 156
Robert Wood Johnson, 48, 49, 74, 89, 139

SCSEP, 13, 21, 25, 130, 131, 156
Senior Companion, 13, 21, 41, 79, 80, 133, 134
SHINE, 14, 21, 24, 41, 116, 117, 139, 156
SHMO, 12, 21, 29, 42, 101, 104-106, 156
Shopping Assistance, 28, 34, 68, 96, 133
Sitter, 35
Skilled Nursing, 7, 35, 110
Speech Therapy, 12, 32, 101, 113
STARS, 21-23, 27, 34, 41, 135, 156

Telehealth, 21, 43, 81, 82
Telephone Reassurance, 35, 98, 118
Title V, 41, 130, 131, 139
Transportation, 5, 8, 13, 26, 28, 35, 39, 68, 71-73, 77, 79, 94, 99, 101, 118, 120, 133, 151

Volunteers, 13, 14, 29, 54, 60-62, 90, 91, 96, 97, 100, 107, 109, 116, 117, 128, 129, 133-135