

FLORIDA  
DEPARTMENT OF  
ELDER AFFAIRS

2004

# Summary of Programs & Services

Jeb Bush  
Governor

Terry F. White  
Secretary





# Department of Elder Affairs

**JEB BUSH**

*GOVERNOR*

**TERRY F. WHITE**

*SECRETARY*

# Summary of Programs and Services

**JANUARY 2004**

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This document is produced by the Florida Department of Elder Affairs and updated periodically to provide the public and the Legislature information about programs and services for Florida's elders. Services and programs for elders vary in relation to consumer needs, demographics, funding availabilities and legislative directives. This Summary of Programs and Services, unless otherwise notated, contains information and data compiled as of November 2003.

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>

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2004  
SUMMARY OF  
PROGRAMS & SERVICES

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**SECTION A**

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**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 11 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, 22 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 Elder Services Network**

- 11 Area Agencies on Aging
- 56 Community Care Lead Agencies
- 2,241 Assisted Living Facilities
- 658 Nursing Homes
- 474 Municipalities and local governments
- 51,869 Volunteers

**THE BLUEPRINT: FLORIDA’S GOLDEN CHOICES**

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

- ***Aging in Place*** – enhancing opportunities for people to continue living in their communities for a lifetime.
- ***Aging with Security*** - protection from abuse, neglect and other crimes at home, in the community, and in institutional care.
- ***Aging with Dignity*** - respectful care for elders and for their loved ones.
- ***Aging with Purpose*** - recognition of elders’ contributions of talent and experience to the labor force, volunteerism and younger generations.
- ***Aging 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 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 2002-2003 of more than \$588 million in general revenue expenditures in nursing home payments by spending \$243.3 million in Home and Community-based Services.

## **Office of the Secretary**

### **Cities and Counties Committed to Becoming *Communities for a Lifetime***

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

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 \$1,628 and \$9,180, compared to an average annual cost of \$39,780 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 11 AAAs and 56 Community Care for the Elderly lead agencies.

## **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, caregivers, mass media, professionals in the aging network and other state agencies. Mechanisms for communicating information include the Department's *Elder Update* publication, the Web site and mass media.

### ***Communities for a Lifetime***

The Communications Department oversees Governor Jeb Bush's *Communities for a Lifetime* initiative. Introduced early in Governor Bush's administration, the initiatives address the future challenges of a rapidly growing and aging population. By November 2003, more than 60 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 enhancing opportunities available for people of all ages to continue living in their own communities for a lifetime and encourages partnerships and collaborations to meet identified needs. The goal and values

Town of Jay  
City of Keystone Heights  
City of Lake Alfred  
Lake County  
City of Lake Worth  
City of Lakeland  
Lee County  
Leon County  
City of Maitland  
Manatee County  
City of Miami  
City of Marco Island  
Marion County  
Martin County  
Miami-Dade County  
City of Milton  
City of Naples  
City of New Port Richey  
Village of North Palm Beach  
City of Oakland  
City of Ocoee  
Orange County  
City of Orlando  
City of Ormond Beach  
Osceola County  
Village of Palm Springs  
City of Port St. Lucie  
City of Safety Harbor  
City of St. Augustine  
City of St. Cloud  
St. Johns County  
St. Lucie County  
City of St. Petersburg  
Sarasota County  
City of Sebring  
Seminole County  
City of South Pasadena  
City of Stuart  
City of Sunrise  
City of Tallahassee  
City of Tamarac  
City of Tampa  
City of Tarpon Springs  
City of West Palm Beach

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 the Department's Web site. To receive *Elder Update*, send name, address, city, state, and zip code to *Elder Update*, 4040 Esplanade Way, Tallahassee, FL 32399-7000.

#### **Destination Florida**

The Office of *Destination Florida* was established in August 2003 as a direct result of the findings and recommendations of the *Destination Florida* Commission created by Governor Jeb Bush in July 2002. The Office of *Destination Florida* will help Florida take steps towards developing competitive marketing strategies to ensure its place as a premier retirement destination. The retirement industry is one of the largest economic sectors for Florida.

The Office of Destination Florida will develop marketing strategies that emphasize the importance of Florida's mature residents as well as showcase the diverse world-class amenities that Florida offers retirees. The Office will address commonly held misperceptions and stereotypes about mature Floridians through a public awareness campaign and coordinate efforts with state government agencies and Florida's private sector in attracting mature citizens to Florida. Destination Florida will also work with the Communities for a Lifetime initiative on improving the state's infrastructure to make Florida communities more attractive to prospective retirees.

#### **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 ( <http://www.myflorida.com> ) or the Department's Internet address <http://elderaffairs.state.fl.us>

#### **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 care issues, with an emphasis on diversions to non-institutional settings. The Director and an Advisory Council appointed by Governor Bush provide direction.

#### **Office of the Deputy Secretary**

#### **Office of the Deputy Secretary**

##### **Division of Administrative Services**

The Division coordinates planning, organization, direction and support for all functions related to Accounting and Finance, Planning and Budgeting, Contract Administration, Contracts, Procurement, Revenue Management, Property and Records Management and Personnel

## 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*

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 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 bio-terrorism.

## Division of Management Information Systems

The Division of Management Information Systems (MIS) provides technical support to the Department of Elder Affairs (DOEA) state employees and private non-profit partners statewide. The MIS staff also provides valuable technical support to the Area Agencies on Aging Information Technology units, as well Help Desk support for all computer software and hardware problems. Committed to maintaining the appropriate level of information security, MIS works in partnership with the State Technology Office (STO) to assure compliance with current security industry standards and to provide the appropriate level of information security in accordance with The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA) regulations. MIS is divided into four functional groups:

- **System Support** - This group is responsible for all system software and technical infrastructure, including servers, networks, operating system software, databases, and database administration. If any problem occurs in any of these areas, this group will be responsible for correcting the problem.
- **Desk Top Support** – This group is responsible for the front-line support of any computer problem that a customer might experience. If the Desk Top Support group is unable to resolve a customer’s problem, that problem is escalated to either the System Support or Application Support units.
- **Application Support** – This group is responsible for all DOEA developed applications and most commercial off the shelf

applications. The two major DOEA applications include the Client Information & Referral Tracking System (CIRTS) and the CARES Management System (CMS). In addition to providing technical assistance for supported applications, this group also actively engages in the development of web-based applications – most recently a web-based application and Web site for the Long-term Care Ombudsman Program. This group also receives escalated help desk requests.

- **Business Analysis & Project Planning Group** - This group is responsible for the activities related to system design and documentation, business rule development, and project management. This group works very closely with the Divisions of Volunteer and Community Services and Statewide Community-Based Services to assure program information technology requirements are met.

**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

**Services to Elders in Fiscal Year 2002 -2003 included:**

- 8.1 million “Meals on Wheels” delivered to shut-in elders.
- 5.5 million meals served at nutrition sites, preventing isolation and loneliness.

**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 the federal Older Americans Act and the Florida Legislature.

**Division of Statewide Community-Based Services**

The Division of Statewide Community-Based Services provides 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, Emergency Home Energy Assistance for the Elderly, and Food and Nutrition Services programs, as well as state-funded Community Care for the Elderly, Alzheimer's Disease Initiative and Home Care for the Elderly programs. The Assisted Living for the Frail Elderly and Aged and Disabled Adult Medicaid Waiver programs are provided by joint

- 1.8 million hours of caregiver respite.
- 1.7 million hours of homemaker and personal care.
- 1.9 million trips to or from doctor's appointments, senior centers and shopping.

state and federal funds.

Services provided directly by the Department and administered by the Division, or contracted to entities other than Area Agencies on Aging, include the Adult Care Food Program, Elder Farmers' Market Nutrition Program, Memory Disorder Clinics, Brain Bank, Senior Community Service Employment Program and Comprehensive Assessment and Review for Long-Term Care Services (CARES).

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.
- **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 and Review 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.
- **Elder Farmers' Market Nutrition Program** – Improves the nutritional health of low-income elders through the provision of coupons that can be redeemed for locally grown fresh fruits and vegetables at approved farmers' markets.
- **Emergency Home Energy Assistance for the Elderly Program (EHEAEP)** - Provides financial assistance for income-eligible people ages 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.

- **Local Services Programs** – Provides a variety of community-based services to assist elders in maintaining an acceptable quality of life in their homes and community.
- **Long-Term Care Initiatives (Long-Term Care Community-Based Diversion Project, Program of All-Inclusive Care [PACE])** – 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)** - The 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, information and referral, medical transportation, nutrition education, personal care and shopping. The OAA also funds programs providing specialized services. For example, Title III C of the OAA funds the Nutrition Services Incentive Program (NSIP), which provides reimbursement for the purchase of United States-produced agricultural and other food commodities for use in nutrition projects operating under approved OAA contracts. Title V of the



OAA funds the Senior Community Service Employment Program (SCSEP), which 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:

- **Ambassadors for Aging** (new program) – Recruits citizens into service as Ambassadors for Aging to help educate community leaders and citizens on important issues affecting elders.
- **Caregiver Initiatives** – Provides volunteer-based caregiver support through programs such as Respite for Elders Living in Everyday Families (RELIEF), AmeriCorps, Senior Companion, Support Through Alzheimer’s Relief Systems (STARS), and Dementia Caregivers Telehealth Support programs. OAA Title III-E programs will be available in January 2004.
- **Coming Home Program** – Promotes and facilitates the development and operations of affordable assisted living for low-income elders in rural and underserved communities, through a Robert Wood Johnson Foundation planning and research grant.
- **Consumer Directed Care Project (CDC)** – Provides 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 Program** – Provides education and outreach to identify and prevent elder abuse, neglect, fraud and exploitation.
- **Health and Wellness Initiatives** – Provide opportunities for

## Elder Volunteers

In 2002, 51,869 volunteers provided more than 1.8 million hours of service valued at more than \$28.3 million.

- health education, nutrition consultation and education, exercise promotion, medication management, osteoporosis and preventive health screenings. The Florida Injury Prevention Program for Seniors (FLIPS) provides safety information on fire prevention tips for seniors, as well as other home-safety tips to prevent accidental falls and poisoning.
- **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.
  - **Life-Course Planning Initiative** (new program) – Assists elders with strategic lifestyle issues such as housing and transportation options for advanced-age years, long-term care insurance, time management, community involvement, estate planning, and long-term care.
  - **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.
  - **Public Safety Initiatives** – Provide information and education regarding public-safety issues affecting Florida's elders and their caregivers. For example, the older-driver initiative provides information and education to assist people in making the difficult decision as to when it is time to relinquish the car keys. In the area of crime prevention, the Department coordinates a statewide Triad initiative with other state agencies and associations that works to build and strengthen local triads and Seniors and Law Enforcement Together (SALT) councils promoting community crime-prevention programs. The Alzheimer's Disease Advisory Committee assists the Department in providing program services fostering an environment where persons with Alzheimer's disease can safely congregate during the day, socialize, or receive therapeutic treatment.

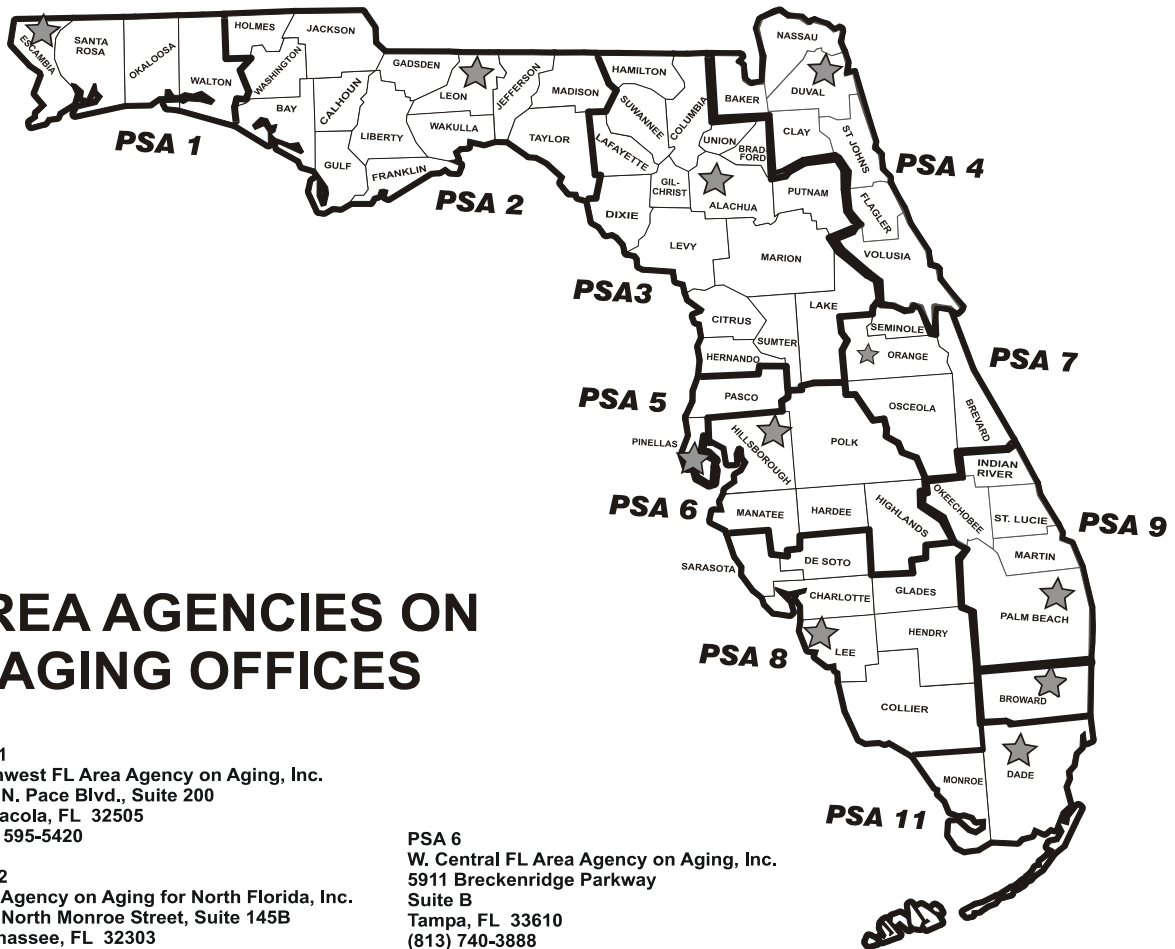
- **Sunshine for Seniors Prescription Assistance Program** (new program) – Assists low-income elders in obtaining free and low-cost prescription drugs from manufacturers' pharmaceutical-assistance programs.

### **Statewide Public Guardianship Office (SPGO)**

Established October 1, 1999 (Chapter 744.701 - 744.709 of the Florida Statutes), the Statewide Public Guardianship Office (SPGO), within the Department of Elder Affairs, currently has 16 local offices of public guardian in the state. Local offices provide guardianship services primarily to persons who are indigent and have no willing or able family or friend to act as their guardian. SPGO is also responsible for the registration and education of professional guardians. SPGO can be reached by calling (850) 414-2381.

# 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 34<sup>th</sup> 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 35<sup>th</sup> Avenue  
Ft. Lauderdale, FL 33309  
(954) 714-3456

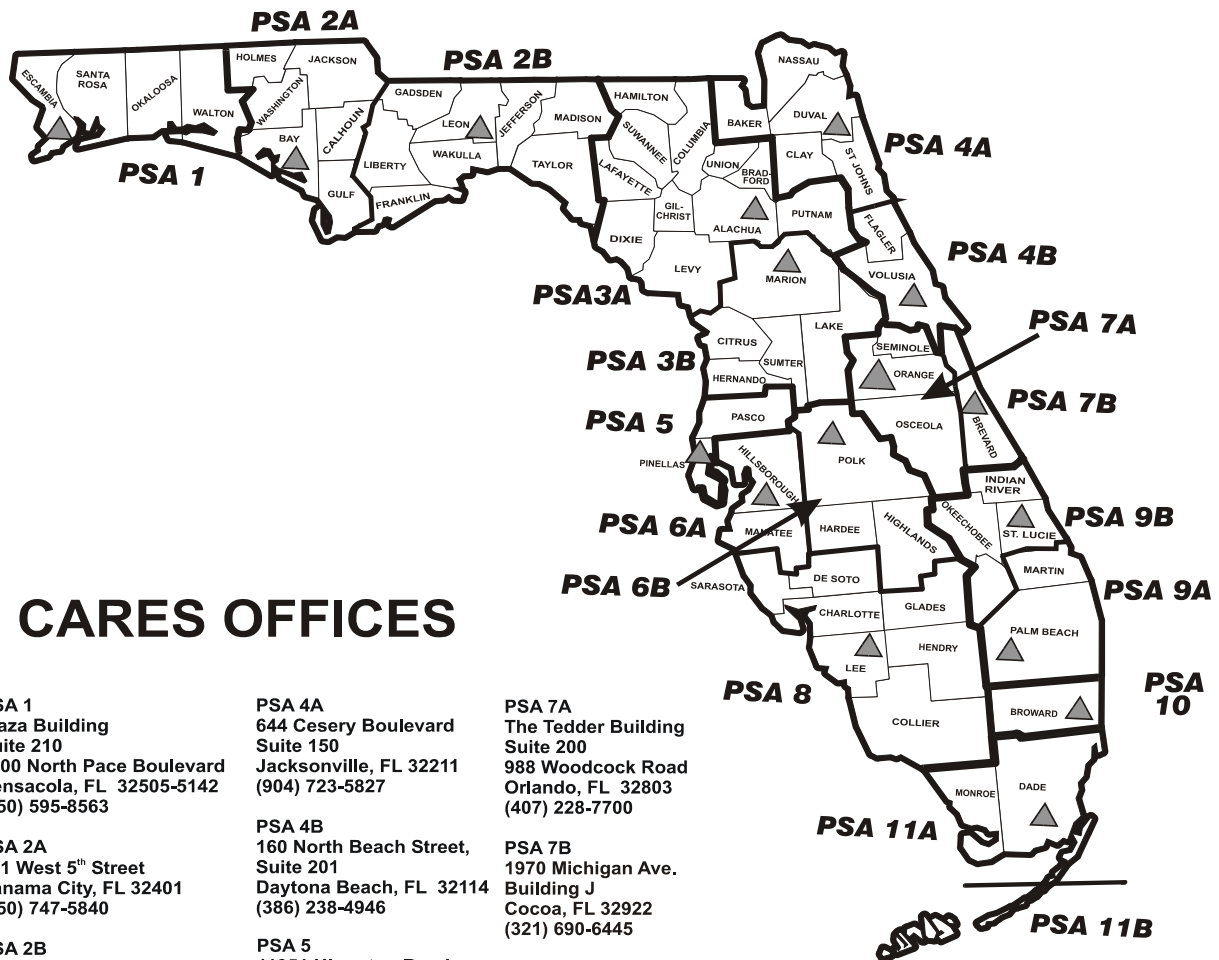
**PSA 11**  
Alliance for Aging, Inc.  
9500 South Dadeland Blvd.  
Suite 400  
Miami, FL 33156  
(305) 670-6500

(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 5<sup>th</sup> 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

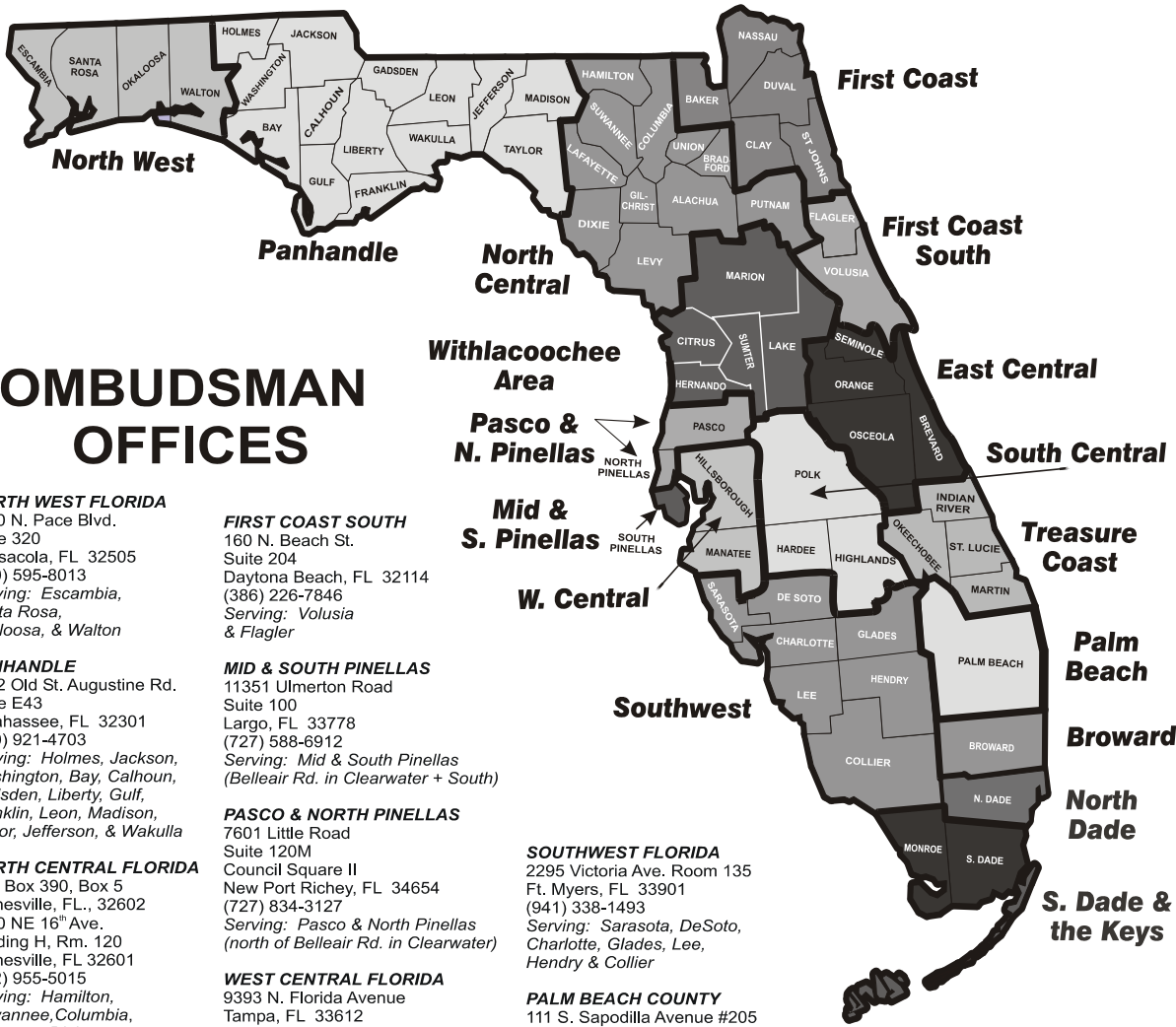
**PSA 10**  
7771 West Oakland Park Blvd  
Suite 123  
Sunrise, FL 33351  
(954) 746-1773

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

(PSA- Planning and Service Area)

# 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,  
Gadsden, Liberty, Gulf,  
Franklin, Leon, Madison,  
Taylor, Jefferson, & Wakulla

#### **NORTH CENTRAL FLORIDA**

P.O. Box 390, Box 5  
Gainesville, FL., 32602  
1000 NE 16<sup>th</sup> Ave.  
Building H, Rm. 120  
Gainesville, FL 32601  
(352) 955-5015  
Serving: Hamilton,  
Suwannee, Columbia,  
Lafayette, Dixie,  
Levy, Union, Putnam,  
Alachua, Bradford,  
& Gilchrist

#### **WITHLACOOCHEE AREA**

1 NE 1st Avenue #205  
Number 1 Prof. Building  
Ocala, FL 34470  
(352) 620-3088  
Serving: Marion, Citrus,  
Hernando, Sumter, & Lake

#### **FIRST COAST**

5920 Arlington Expressway  
Jacksonville, FL 32231  
(904) 723-2058  
Serving: Nassau, Baker,  
Duval, Clay, & St. Johns

#### **FIRST COAST SOUTH**

160 N. Beach St.  
Suite 204  
Daytona Beach, FL 32114  
(386) 226-7846  
Serving: Volusia  
& Flagler

#### **MID & SOUTH PINELLAS**

11351 Ulmerton Road  
Suite 100  
Largo, FL 33778  
(727) 588-6912  
Serving: Mid & South Pinellas  
(Belleair Rd. in Clearwater + South)

#### **PASCO & NORTH PINELLAS**

7601 Little Road  
Suite 120M  
Council Square II  
New Port Richey, FL 34654  
(727) 834-3127  
Serving: Pasco & North Pinellas  
(north of Belleair Rd. in Clearwater)

#### **WEST CENTRAL FLORIDA**

9393 N. Florida Avenue  
Tampa, FL 33612  
(813) 558-5592  
Serving: Hillsborough &  
Manatee

#### **SOUTH CENTRAL FLORIDA**

200 N. Kentucky Avenue  
Suite 302  
Lakeland, FL 33801  
(863) 413-2764  
Serving: Polk, Highlands, &  
Hardee

#### **EAST CENTRAL FLORIDA**

400 W. Robinson Street  
Suite S-1014A  
Orlando, FL 32801  
(407) 245-0640  
Serving: Orange, Seminole,  
Brevard, & Osceola

#### **SOUTHWEST FLORIDA**

2295 Victoria Ave. Room 135  
Ft. Myers, FL 33901  
(941) 338-1493  
Serving: Sarasota, DeSoto,  
Charlotte, Glades, Lee,  
Hendry & Collier

#### **PALM BEACH COUNTY**

111 S. Sapodilla Avenue #205  
West Palm Beach, FL 33401  
(561) 837-5038  
Serving: Palm Beach

#### **TREASURE COAST**

2415 S. 29th St.  
Ft. Pierce, FL 34950  
(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

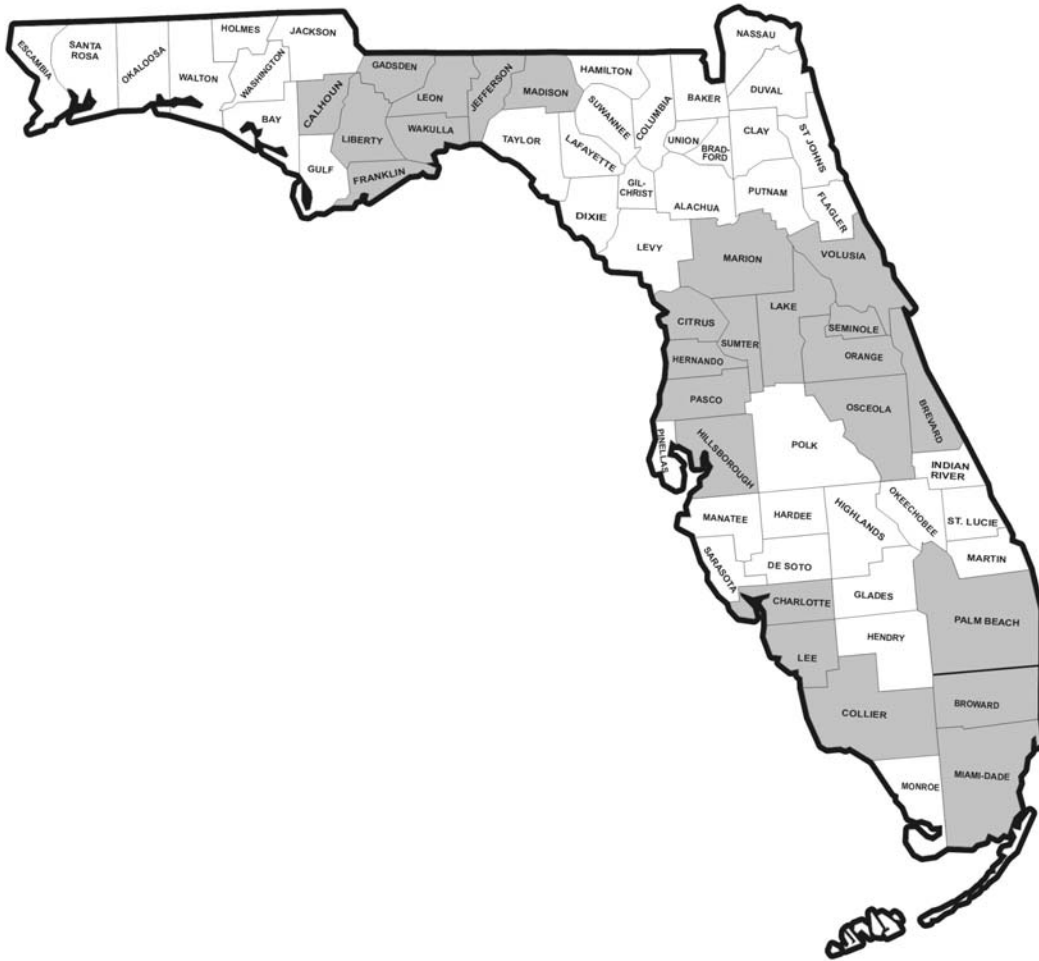
#### **SOUTH DADE & THE FL KEYS**

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

#### **NORTH DADE**

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

## Florida Counties Having Local Offices of the Public Guardian\*



\*Local Offices of the Public Guardian in Grey

2004  
SUMMARY OF  
PROGRAMS & SERVICES

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**SECTION B**

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SERVICES





## INTRODUCTION TO SERVICES

This section of the Summary of Programs and Services includes:

- **A list of codes** identifying the Department programs that provide specific services for elders; and
- **A table with an alphabetical listing of specific services provided by Department programs**, with units of service for the period July 1, 2002, through June 30, 2003.

A review of the services table will reveal that, in many instances, more than one Department program may provide a specific service. This is due to the fact that different programs often target different clientele, and eligibility criteria for program participation may vary. Please refer to Section C of the Summary of Programs and Services for detailed descriptions of all Department programs and eligibility criteria.

## PROGRAM CODES USED IN THIS SECTION

(Program acronyms based on Department CIRTTS report of units of service)

AC	AmeriCorps	EOLC	End-of-Life Care
ACFP	Adult Care Food Program	HCE	Home Care for the Elderly
ADI	Alzheimer's Disease Initiative	IC	Intergenerational Connections
ADTA	Alzheimer's Disease Training Approval	LSP	Local Services Programs
ALW	Medicaid Assisted Living for the Frail Elderly Waiver	LTCOP	Long-Term Care Ombudsman Program
ALT	Assisted Living Training Program	MW	Medicaid Aged and Disabled Adult Waiver
CAE	Crimes Against Elders	OAA	Older Americans Act
CARES	Comprehensive Assessment and Review for Long-Term Care Services	OES	Osteoporosis Education and Screening
CBDP	Long-Term Care Community-Based Diversion Project	ORC	Outreach Resource Center for Culturally-Diverse Elders
CCDA	Community Care for Disabled Adults*	PACE	Program for All-Inclusive Care of the Elderly
CCE	Community Care for the Elderly	RELIEF	Respite for Elders Living in Everyday Families
CCPE	Community Care Programs for the Elderly	SC	Senior Companions
CDC	Consumer Directed Care	SCSEP	Senior Community Service Employment Program (OAA Title V)
CH	Coming Home Program	SHINE	Serving Health Insurance Needs of Elders
CS	Contracted Services	SHMO	Social Health Maintenance Organization
EFMN	Elder Farmers' Market Nutrition Program	SPGO	Statewide Public Guardianship Office
EHEAEP	Emergency Home Energy Assistance for the Elderly	STARS	Services Through Alzheimer's Relief Systems

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

<b>SERVICE</b>	<b>DEFINITION</b>	<b>UNIT TYPE</b>	<b>PROGRAMS PROVIDING SERVICE</b>	<b>UNITS OF SERVICE</b>
<b>Abuse Awareness and Prevention</b>	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.	Clients served	CAE	39
<b>Adult Day Care</b>	Therapeutic social and health activities and services provided to adults who have functional impairments, in a protective environment as non-institutional as possible.	Hours	CCE, LSP, OAA	1,224,893
<b>Adult Day Care</b>	Provides nutritious, wholesome meals to Adult Day Care clients.	Clients served	ACFP	2,360
<b>Adult Day Health Care</b>	Services furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.	Hours	CCE, OAA	18,462
<b>Assisted Living Comprehensive Services</b>	A group of services provided to an Assisted Living for the Elderly Waiver client to delay or prevent admission to a nursing home.	Days	ALW	77
<b>Assisted Living Facility Staff Training</b>	Provides training, education and technical assistance to assisted living-facility staff to maintain quality of care and facility standards, and to meet licensure requirements.	Facility staff trained	ALT	1,611

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Basic Subsidy</b>	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.	Months of service	HCE	51,253
<b>Caregiver Forum (Group)</b>	(See "Caregiver Training/Support" below.)	Episodes	OAA	15
<b>Caregiver Forum (Individual)</b>	(See "Caregiver Training/Support" below.)	Episodes	OAA	19
<b>Caregiver Training/Support</b>	Training of caregivers, individually or in group settings, to: reduce stress, increase coping skills, provide strategies for effective management of caregiving tasks, and enable them to provide high quality care to recipients within the home. Caregiver training and support may be provided through forums which include community workshops, seminars, and other organized local, regional, or statewide events. Support may also be provided to caregivers through telecommunications media.	Hours	ADI, OAA	17,630
<b>Case Aide</b>	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.	Hours	ADI, CCE, MW, OAA	32,124
<b>Case Aide - Vendor Payment</b>	(See above definition.)	Hours	HCE	638

<b>SERVICE</b>	<b>DEFINITION</b>	<b>UNIT TYPE</b>	<b>PROGRAMS PROVIDING SERVICE</b>	<b>UNITS OF SERVICE</b>
<b>Case Management</b>	A client centered service that assists individuals in identifying physical and emotional needs and problems through an interview and assessment process; discussing and developing a plan for services 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.	Hours	ADI, ALW, CCDA, CCE, CCPE, HCE, MW, OAA	230,495
<b>Case Management – Short Term</b>	(See above definition.)	Hours	CCE	2,493
<b>Case Management - Vendor Payment</b>	(See above definition.)	Hours	HCE	12,043
<b>Child Day Care</b>	Services provided to a minor child, not more than 18 years old, residing with an age 60+ grandparent or other age 60+ related caregiver.	Hours	OAA	11,903
<b>Chore</b>	The performance of routine house or yard tasks including such jobs as seasonal cleaning; yard work; lifting and moving furniture, appliances, or heavy objects; household repairs which do not require a permit or specialist; and household maintenance. Pest control may be included when not performed as a distinct activity.	Hours	CCE, HCE, LSP, MW, OAA	55,400
<b>Chore – Vendor Payment</b>	(See above definition.)	Hours	HCE	20
<b>Chore (Enhanced)</b>	Performance of any house or yard task beyond the scope of chore due to more demanding circumstances requiring more intensified thorough cleaning.	Hours	CCE	1,788

<b>SERVICE</b>	<b>DEFINITION</b>	<b>UNIT TYPE</b>	<b>PROGRAMS PROVIDING SERVICE</b>	<b>UNITS OF SERVICE</b>
<b>Chore (Enhanced) – Vendor Payment</b>	(See above definition.)	Hours	HCE	1
<b>Companionship</b>	Visiting a client who is socially and/or geographically isolated, for the purpose of relieving loneliness and providing continuing social contact with the community by 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.	Hours	CCE, MW, OAA,	82,262
<b>Congregate Meals</b>	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.	Meals	CCPE, CS, LSP, NDP, OAA	5,543,562
<b>Congregate Meals (Screening)</b>	Conducts assessments for congregate-meal applicants or recipients, with referral and follow-up as needed.	Hours	OAA	627
<b>Counseling</b>	Uses the casework mode of relating to a client (via interview, discussion or lending a sympathetic ear) to advise and enable the older person and/or 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.	Hours	ADI, CCE, LSP, OAA	73,349
<b>Counseling – Social Services</b>	(See above definition.)	Hours	OAA	227
<b>Counseling – Vendor Payment</b>	(See above definition.)	Hours	HCE	48

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Counseling (Gerontological) - Group</b>	Uses the casework mode of relating to a client (via interview, discussion or lending a sympathetic ear) to advise and enable the older person and/or 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.	Hours	OAA	6,685
<b>Counseling - Support Group</b>	(See above definition.)	Hours	OAA	2,593
<b>Counseling (Gerontological) - Individual</b>	(See above definition.)	Hours	ADI, CCE, LSP, OAA	7,538
<b>Counseling - Advocacy</b>	(See above definition.)	Hours	OAA	170
<b>Counseling (Medicare and Health Insurance)</b>	Provides Medicare and health insurance education, counseling and assistance to Medicare recipients, their families and caregivers.	Consumers	SHINE	89,887
<b>Counseling (Mental Health Counseling/ Screening)</b>	Services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group, and family therapy provided to individuals using techniques appropriate to this population.	Hours	ADI, CCE, CCPE, CS, HCE, LSP, OAA	23
<b>Disease Information</b>	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.	Episodes	OAA	9,988



SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Education/ Training</b>	(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.	Hours	OAA	239,254
<b>Education - Public</b>	(See above definition.)	Episodes	CCPE, LSP, OAA	25,528
<b>Education/ Training - Group</b>	(See above description.)	Episodes	OAA	4,725
<b>Education/ Training - Individual</b>	(See above description.)	Episodes	OAA	1,784
<b>Emergency Alert Response</b>	A community-based electronic surveillance service which monitors the frail homebound elder by means of an electronic communication link with a response center.	Days	CCE, LSP, MW, OAA	1,214,815
<b>Emergency Home Repair</b>	Provides critically-needed home repairs, modifications, and alterations.	Episodes	CCE	82

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Employment and Job Training</b>	Provides low-income persons age 55 and older who have poor employment prospects with paid work experience in community-service agencies followed by placement in unsubsidized jobs.	Clients served	SCSEP	1,738
<b>End-of-Life Care Information</b>	Provides information in booklet form 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.	Copies of Guide distributed	EOLC	7,000
<b>Escort</b>	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.	One-way trips	CCE, OAA	3,844
<b>Financial Risk Reduction (Maintenance)</b>	Provides ongoing assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities, and expenditures.	Hours	CCE	60

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Health Promotion</b>	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.	Hours	OAA	17,598
<b>Health Promotion - Group</b>	(See above definition.)	Episodes	OAA	5
<b>Health Promotion - Individual</b>	(See above definition.)	Episodes	OAA	2,366

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Health Risk Assessment</b>	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.	Hours	OAA	4,697
<b>Health Risk Screening</b>	Utilizes diagnostic tools to screen large groups of people or individuals for the presence of a particular disease or condition. This service is designed for early intervention and detection. Referral is required when screening results indicate professional services are needed or 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.	Hours	OAA,	6,474
<b>Health Risk Screening and Education - Osteoporosis</b>	Utilizes diagnostic tools to screen large groups of people or individuals for the presence of osteoporosis. This service is designed for early intervention and detection. Educates elders about osteoporosis and osteoporosis prevention.	Clients served	OES	7,273
<b>Health Support</b>	Assists persons to secure and utilize necessary medical treatment as well as preventive, emergency and health maintenance services.	Episodes	LSP, OAA	299,893
<b>Health Support - Group</b>	(See above definition.)	Hours	OAA	13,962

<b>SERVICE</b>	<b>DEFINITION</b>	<b>UNIT TYPE</b>	<b>PROGRAMS PROVIDING SERVICE</b>	<b>UNITS OF SERVICE</b>
<b>Health Support - Individual</b>	(See above definition.)	Episodes	OAA	1,069
<b>Health Support - Individual</b>	(See above definition.)	Hours	OAA	8,684
<b>Home Delivered Meals</b>	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.	Meals	CCDA, CCE, CCPE, CS, LSP, MW, OAA	8,074,833
<b>Home Delivered Meals – Vendor Payment</b>	(See above definition.)	Meals	HCE	1,259
<b>Home Health Aide Service</b>	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.	Hours	CCE, OAA	1,403
<b>Home Injury Control</b>	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.	Hours	OAA	3,647

<b>SERVICE</b>	<b>DEFINITION</b>	<b>UNIT TYPE</b>	<b>PROGRAMS PROVIDING SERVICE</b>	<b>UNITS OF SERVICE</b>
<b>Homemaker</b>	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 household activities by a trained homemaker.	Hours	CCDA, CCE, LSP, MW, OAA	1,005,427
<b>Homemaker – Vendor Payment</b>	(See above definition.)	Hours	HCE	1,483
<b>Housing Improvement</b>	Provides home repairs, environmental modifications, adaptative alterations, installing security devices, or payments for households experiencing a home-energy emergency.	Hours	LSP, OAA	49,272
<b>Housing Improvement</b>	(See above definition.)	Episodes	HCE	2
<b>Housing Improvement – Vendor Payment</b>	(See above definition.)	Episodes	HCE	54
<b>Housing Improvement – Energy Assistance</b>	Assists low-income households experiencing a home energy emergency.	Households served	EHEAEP	7,277

<b>SERVICE</b>	<b>DEFINITION</b>	<b>UNIT TYPE</b>	<b>PROGRAMS PROVIDING SERVICE</b>	<b>UNITS OF SERVICE</b>
<b>Information</b>	Responds to an inquiry from a person, or on behalf of a person, regarding public and private resources and available services.	Episodes	CCE, LSP, OAA	893,325
<b>Information – Medicare/ Medicaid</b>	Provides information addressing Medicare/Medicaid fraud, error and abuse to culturally diverse and non-English speaking elders.	Clients served	ORC	6,653
<b>Intake</b>	Administers standard intake and screening instruments for the purpose of gathering information about an applicant for services.	Hours	CCE, OAA	660
<b>Interpreting/ Translating</b>	Provides an interpreter or translation services for non-English speaking elders seeing information about, or applying for, program services.	Hours	OAA	22
<b>Legal Services</b>	Legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney), 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.	Hours	LSP, OAA	49,450
<b>Long-Term Care Alternatives to Nursing Homes</b>	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.	Clients served	CBDP	1,200
<b>Long-Term Care Consumer Complaint Investigation</b>	Investigates and resolves complaints by, or on behalf of, residents of long-term care facilities. Maintains statewide reporting system and provides information regarding long-term care facilities.	Inspections/ Investigations	LTCOP	2,422  7,932

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Material Aid</b>	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).	Episodes	CCE, OAA	13,088
<b>Material Aid – Vendor Payment</b>	(See above definition.)	Episodes	HCE	4
<b>Meals (Emergency)</b>	The Department makes local purchases of meals for use during an emergency situation, such as a hurricane.	Episodes	DOEA	5,828
<b>Medical Transportation</b>	Transports clients to and from medical care.	One-way trips	CCE, HCE	52



SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Medication Management</b>	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.	Hours	OAA	3,875
<b>Medicare Fraud Prevention, Awareness and Education</b>	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.	Consumers served	ORC	
<b>Mental Health Counseling/ Screening</b>	Includes information gathering and assessment, diagnosis, and development of a treatment plan in coordination with the client's care plan.	Hours	OAA	2,169
<b>Model Day Care</b>	Therapeutic, social and health activities specific to clients with memory disorders. Services and activities include but are not limited to, active and quiet games, reminiscence, validation therapy, pet therapy, water therapy and other failure free activities appropriate to the client's level of functioning. Model Day Care Centers shall also provide training for health care and social service personnel in the care of persons having Alzheimer's Disease or related memory disorders.	Hours	ADI	65,417
<b>Nursing Home Applicant Assessment</b>	Pre-admission screening and assessment of nursing home applicants.	Clients served	CARES	71,555

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Nursing Home/ Assisted Living Facility Training Approval</b>	Approves Alzheimer's Disease training providers and training curricula for specified nursing home and assisted living facility staff.	Training providers approved Training curricula approved	ADTA	1,531  185
<b>Nutrition Assistance</b>	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.	Clients served	EFMN	1,850
<b>Nutrition Counseling</b>	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.	Hours	CCE, OAA	5,087
<b>Nutrition Counseling - Individual</b>	(See above definition.)	Hours	OAA	149
<b>Nutrition Counseling - Group</b>	(See above definition.)	Hours	OAA	535
<b>Nutrition Education</b>	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.	Episodes	OAA	7,799

<b>SERVICE</b>	<b>DEFINITION</b>	<b>UNIT TYPE</b>	<b>PROGRAMS PROVIDING SERVICE</b>	<b>UNITS OF SERVICE</b>
<b>Other Services</b>	A miscellaneous category for goods or services not defined elsewhere, necessary for the health, safety, or welfare of the person.	Episodes	CCE, HCE,	10,250
<b>Other Services – Vendor Payment</b>	(See above definition.)	Episodes	HCE	104
<b>Outreach</b>	An OAA-required access service making active efforts to reach target individuals face to face, either in a community setting or in 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.	Episodes	OAA	78,118
<b>Personal Care</b>	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.	Hours	ALW, CCDA, CCE, HCE, MW, OAA	697,939
<b>Personal Care – Vendor Payment</b>	(See above definition.)	Hours	HCE	7,643
<b>Pest Control Initiation</b>	Helps rid the environment of insects, and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients. Initiation covers start up costs.	Hours	CCE	90
<b>Pest Control – Enhanced Initiation</b>	(See above definition.)	Episodes	CCE	1
<b>Pest Control Maintenance</b>	Helps rid the environment of insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients.	Hours	CCE	573

<b>SERVICE</b>	<b>DEFINITION</b>	<b>UNIT TYPE</b>	<b>PROGRAMS PROVIDING SERVICE</b>	<b>UNITS OF SERVICE</b>
<b>Pest Control (Rodent)</b>	Helps rid the environment of rodents, and other potential carriers of disease and enhances the safety, sanitation, and cleanliness for recipients. Rodent service consists of trapping, baiting, or other treatments or applications that result in the elimination of rodent(s).	Hours	CCE	3
<b>Pest Control (Rodent) Maintenance</b>	(See above definition.)	Hours	CCE	5
<b>Physical Therapy</b>	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.	Hours	CCE	19
<b>Public Guardianship</b>	Provides services to meet the needs of the most vulnerable persons who lack the capacity to make decisions on their own behalf and in their own best interest. Guardians protect the property and personal rights of incapacitated individuals.	Wards provided services	SPGO	1,654
<b>Recreation</b>	Participation in or attendance at planned leisure events such as, games, sports, arts and crafts, theater, trips, and other relaxing social activities.	Hours	CS, LSP, OAA	2,298,100
<b>Referral</b>	(See definition below.)	Episodes	LSP, OAA	58,713
<b>Referral/ Assistance</b>	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.	Hours	OAA	2,559

<b>SERVICE</b>	<b>DEFINITION</b>	<b>UNIT TYPE</b>	<b>PROGRAMS PROVIDING SERVICE</b>	<b>UNITS OF SERVICE</b>
<b>Respite In-Facility</b>	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.	Hours	ADI, CCE, CCPE, LSP, OAA	764,063
<b>Respite In-Home</b>	(See above definition.)	Hours	ADI, CCE, HCE, MW, OAA, RELIEF	1,006,787
<b>Respite - Institutional</b>	(See above definition.)	Hours	OAA	17,844
<b>Respite (Direct Pay)</b>	(See above definition.)	Hours	OAA	33,243
<b>Respite – Vendor Payment</b>	(See above definition.)	Hours	HCE	9,556
<b>Risk Reduction - Nutritional</b>	Assessment and guidance provided for the recipient and/or caregiver regarding the planning and preparation of nutritionally appropriate meals to promote recipient health through better nutrition habits.	Hours	CCE, MW	470
<b>Risk Reduction - Physical</b>	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.	Hours	CCE	77
<b>Screening and Assessment</b>	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.	Hours	LSP, OAA	56,660
<b>Senior Companion – Adult Day Care</b>	Provides day care for frail elders through elder companions, to allow clients to live independently in their own homes.	Hours	CCE	21

<b>SERVICE</b>	<b>DEFINITION</b>	<b>UNIT TYPE</b>	<b>PROGRAMS PROVIDING SERVICE</b>	<b>UNITS OF SERVICE</b>
<b>Senior Companion - Companionship</b>	Provides companionship services for frail elders through elder companions, to allow clients to live independently in their own homes.	Hours	CCE	20,266
<b>Senior Companion - Respite</b>	Provides respite services for caregivers of frail elders through elder companions.	Hours	CCE	824
<b>Shopping Assistance</b>	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.	One-way trips	OAA	11,344
<b>Sitter (Direct Pay)</b>	Provides respite sitter services to minor children residing with an elder grandparent or elder caregiver.	Hours	OAA	452
<b>Skilled Nursing Services</b>	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse, or advanced registered nurse practitioner, in the client's place of residence, pursuant to a plan of care approved by a licensed physician.	Hours	CCE	994

<b>SERVICE</b>	<b>DEFINITION</b>	<b>UNIT TYPE</b>	<b>PROGRAMS PROVIDING SERVICE</b>	<b>UNITS OF SERVICE</b>
<b>Specialized Medical Equipment, Services, and Supplies</b>	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 non-mechanical, 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.	Episodes	ADI, CCE, HCE, OAA	26,639
		Hours	CCE	94
<b>Telephone Reassurance</b>	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.	Episodes	OAA	126,226
<b>Transportation</b>	Travel to or from community services and resources, health and medical care, shopping, social activities, or other life sustaining activities.	One-way trips	CCE, CCPE, CS, HCE, LSP, OAA	1,852,880
<b>Transportation (Direct Pay)</b>	(See above definition.)	One-way trips	OAA	46
<b>Transportation - Vendor Payment</b>	(See above definition.)	One-way trips	HCE	2

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
<b>Volunteer Recruitment, Training, and Placement</b>	Engages volunteers in intensive service to meet critical needs in education, public safety, health and the environment, including respite, home modification and repair, chore services, disaster preparedness and community outreach to elders, caregivers and families.	Number of volunteers	AC	102
<b>Volunteer Recruitment, Training, and Placement – Senior Companion</b>	Engages elder volunteers to provide services to elders at risk of institutionalization, such as transportation to medical appointments, shopping assistance, meal preparation, companionship, and advocacy.	Clients served Number of volunteers	SC	521 146
<b>Volunteer Training</b>	Provides training to individuals interested in assisting caregivers with respite services.	Hours	RELIEF	344

**Services Table Data Sources**

Service, Definition, Programs Providing Service:

- DOEA Home and Community-based Services Draft Handbook, January 2003.
- DOEA 2004 Summary of Programs and Services, January 2004.
- Florida Home and Community-based Waiver for Aged & Disabled Adults.

Units of Service

- DOEA CIRTS Report for services 7/1/2002 - 6/30/2003 generated 11/6/2003.
- DOEA CIRTS for Medicaid Waiver Services 7/1/2002 - 6/30/2003 generated 11/6/2003.
- DOEA 2004 Summary of Programs and Services.
- DOEA Division of Volunteer and Community Services report data.
- DOEA Division of Statewide Community-based Services report data





2004  
SUMMARY OF  
PROGRAMS & SERVICES

**SECTION C**

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## INTRODUCTION TO PROGRAMS

Section C of the Summary of Programs and Services provides detailed information about all Department of Elder Affairs programs.

Department of Elder Affairs programs are designed to meet the varied needs of Florida's elders, including the continuum of long-term care needs, emphasizing key elements such as 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. This section includes a comparison of annual costs per customer of programs serving Florida's elders, demonstrating the marked increase in costs from community-care options to nursing home care serving the most frail elders (see **Cost Comparisons** chart on the following page).

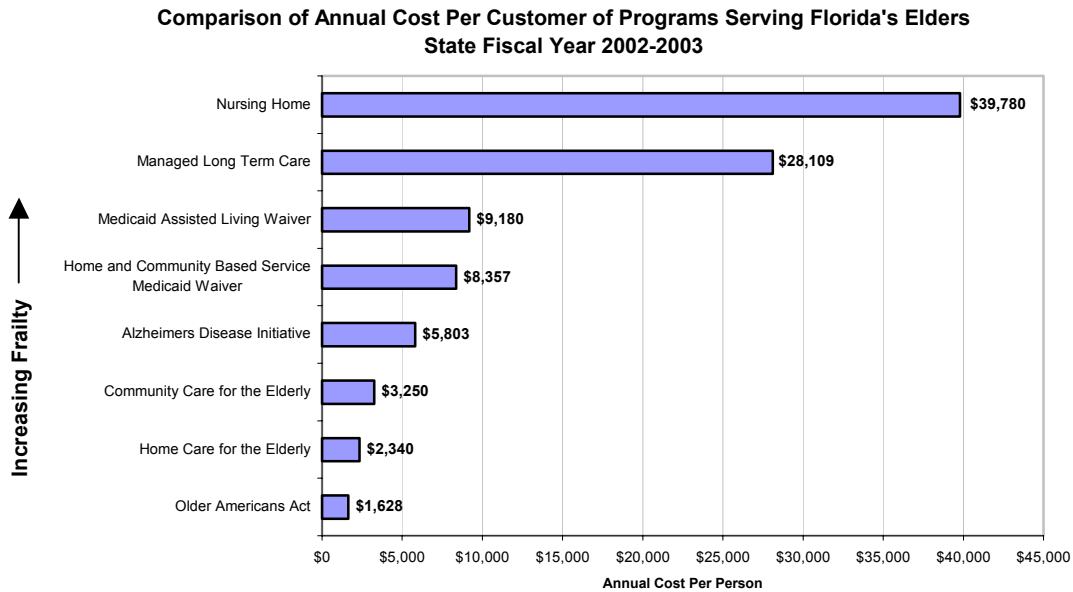
The Department conducts policy development and innovative planning with respect to the above issues in conjunction with the formulation of its annual Long-Range Program Plan, which examines the needs of agency customers and proposes programs and associated costs to address those needs. The Long-Range Program Plan is developed on the basis of assessed needs and 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 or functions within the entity that have measurable inputs and outputs. The **Long-Range Program Plan - Services to Elders** table shows how Department programs fit into each legislatively approved Activity and Budget Entity/Service Area.

The **General Participant Eligibility Requirements for Major Programs and Services** table summarizes eligibility information found under each program description in this section. Specific services listed in the preceding Section B such as, adult day care, transportation, and chore may be provided by more than one program, each with its own eligibility criteria. Specific eligibility criteria help to ensure that programs target consumers most in need of program services. These criteria also ensure the best utilization of federal and state funding.

Following the chart and tables are detailed descriptions of the Department's 39 programs listed alphabetically, beginning with **Adult Care Food Program** and ending with **Support Through Alzheimer's Relief Systems (STARS)**.

## 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 2002-2003 of over \$588 million in general revenue expenditures in nursing home payments by spending \$243.3 million in home and community-based services.



## LONG RANGE PROGRAM PLAN - SERVICES TO ELDERS

This table provides a cross walk of how programs described in this section of the Summary of Programs and Services fits into activities and budget entities in the Department's Long-Range Program Plan.

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
<b>Comprehensive Eligibility Services</b>	Universal Frailty Assessment	Comprehensive Assessment and Review for Long-term Care (CARES)	85
<b>Home and Community Services</b>	Caregiver Support	Alzheimer's Disease Initiative	58
		AmeriCorps	71
		Older Americans Act III E (Family Caregiver Program)	134
		Respite for Elders Living in Everyday Families (RELIEF)	143
		Support Through Alzheimer's Relief Systems (STARS)	157
	Early Intervention/Prevention	Ambassadors for Aging	69
		Crimes Against Elders	93
		Emergency Home Energy Assistance for the Elderly	99
		Health & Wellness Promotion Initiatives	105
		Information and Referral/Assistance	109
		Life-Course Planning	115
		Medicare and Health Insurance Education Counseling and Assistance	131
		Osteoporosis Education and Screening	137
		Outreach Resource Center for Culturally Diverse Elders	139
	Senior Community Service Employment Program (OAA Title V)	145	
Self Care	Sunshine for Seniors Prescription Assistance Program	155	

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
	Self Care	Intergenerational Connections	111
		Senior Companion Program	148
	Supportive Community Care	Community Care Programs for the Elderly (except meals)	82
		Contracted Services (except meals)	91
		Local Services Programs (except meals)	117
		Older Americans Act Programs (OAA IIIB)	134
	Assisted Living Facilities and Adult Family Care Home Trainers	Assisted Living Training Program	75
	Housing, Hospice and End of Life	Coming Home Program	77
		Alzheimer's Disease Training Approval Program	64
		End-of-Life Care	102
	Residential Assisted Living Support and Elder Housing Issues	Medicaid Assisted Living for the Frail Elderly Waiver	128
	Nutritional Services for the Elderly	Adult Care Food Program	56
		Community Care Programs for the Elderly (meals only)	82
		Contracted Services (meals only)	91
		Elder Farmers' Market Nutrition Program	97
		Local Services Programs (meals only)	117
		Older Americans Act Programs (OAA IIIC1, IIIC2)	134
	Long-Term Care Initiatives	Long-Term Care Community-Based Diversion Project	119
		Program of All-Inclusive Care (PACE)	141

<b>SERVICE/BUDGET ENTITY</b>	<b>ACTIVITY</b>	<b>PROGRAM</b>	<b>PAGE</b>
	Home and Community Services – Long-Term Care Options	Social Health Maintenance Organization (SHMO)	150
		Community Care for the Elderly	79
		Consumer Directed Care Project	88
		Dementia Caregivers Telehealth Support Project	95
		Home Care for the Elderly	107
		Medicaid Aged and Disabled Adult Waiver	125
<b>Consumer Advocate Services</b>	Long-Term Care Ombudsman Council	Long-Term Care Ombudsman Program	121
	Public Guardianship Program	Statewide Public Guardianship Program	152



## GENERAL PARTICIPANT ELIGIBILITY REQUIREMENTS FOR MAJOR PROGRAMS AND SERVICES

For other program requirements, or for more details on eligibility requirements for programs listed below, please refer to the individual program descriptions on the following pages.

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

<b>Program</b>	<b>Age</b>	<b>Income</b>	<b>Other requirements/frailty levels</b>
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 Community-Based Diversion Project	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.
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 (except Title V)	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 (OAA Title V)	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:**

<b>FEDERAL FISCAL YEAR</b>	<b>FEDERAL FUNDING</b>	<b>ADULT DAY CARE SITES</b>	<b>UNDUPLICATED PARTICIPANTS RECEIVING MAXIMUM MEAL ENTITLEMENT</b>
1997-1998	\$ 1,522,310	43	1,426
1998-1999	\$1,620,215	74	1,537
1999-2000	\$1,758,186	83	1,800
2000-2001	\$2,107,620	104	2,110
2001-2002	\$2,213,000	114	2,146
2002-2003	\$2,436,975	125	7,177*
2003-2004	\$2,721,000	113	7,894**

Program transferred to DOEA from Department of Education 10/1/97.

\* Increase reflects improved data capture from sites by DOEA.

\*\* Projection.

Source: DOEA program records

**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

## ALZHEIMER'S DISEASE INITIATIVE

### DESCRIPTION:

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

### SERVICES OR ACTIVITIES:

**Respite Services For Caregiver Relief:** Alzheimer's Respite Care programs are established in all of Florida's 67 counties; 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 caregivers 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 Hillsborough County Adult Day Care Services in Tampa. The Model Day Care Program provides a safe environment where Alzheimer's patients congregate for the day and socialize with each other, as well as receive therapeutic interventions designed to maintain or improve their cognitive functioning. 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	2,647
2003-2004	\$7,401,454	2,647*

\*Projected.

Source: CIRT's 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	\$2,912,881	6,134



STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
2003-2004	\$2,912,881	6,134*

\*Projection

Source for clients served: manual reports from Memory Disorder Clinics.

### Brain Bank

STATE FISCAL YEAR	STATE FUNDING	PERSONS REGISTERED	AUTOPSIES
1993-1994	\$138,859	82	67
1994-1995	\$138,859	80	84
1995-1996	\$138,201	82	67
1996-1997	\$130,139	100	87
1997-1998	\$130,139	44	66
1998-1999	\$130,139	54	67
1999-2000	\$137,139	82	59
2000-2001	\$130,139	130	90
2001-2002	\$130,139	56	47
2002-2003	\$130,139	56	47
2003-2004	\$130,139	77*	76*

\*Projected.

Source for Client Information: Brain Bank 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.

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, hospices, adult day-care centers, and home health-care agencies 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.

### **Hospice Alzheimer's Disease Training Approval Process**

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

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

Section 400.6045(1)(g), Florida Statutes, requires the Department to adopt rules to establish standards for the hospice employees who are subject to this training, for the trainers, and for the required training. In 2003, the Department completed the rule-promulgation process to establish standards for the training, trainers and curricula by holding rule development workshops to obtain comments from the public. The Hospice Alzheimer's Disease Training Approval Program was implemented after completion of the rule promulgation and adoption process.

### **Adult Day Care Centers Alzheimer's Disease Training Approval Process**

In 2003, the Florida Legislature created the Adult Day Care Center Alzheimer's Disease Training Approval Program for specified employees of all licensed adult day care centers, pursuant to section 400.5571(1), Florida Statutes. The approval process is designed to ensure that specified adult day-care center employees receive quality Alzheimer's disease training approved by the Department.

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

Section 400.5571(1)(g), Florida Statutes, requires the Department to adopt rules to establish standards for the adult day-care center employees who are subject to this training, for the trainers, and for the required training. In 2003, the Department completed the rule-promulgation process to establish standards for the training, trainers, and curricula by holding rule-development workshops to obtain comments from the public. The Adult Day Care Center Alzheimer's Disease Training Approval Program was implemented after completion of the rule promulgation and adoption process.

### **Home Health-Care Agency Alzheimer's Disease Training-Approval Process**

In 2003, the Florida Legislature created the Home Health-Care Agency Alzheimer's Disease Training Program for specified personnel of all licensed home health-care agencies, pursuant to section 400.4785(1), Florida Statutes. The approval process is designed to ensure that specified home health-care agency personnel receive quality Alzheimer's disease training approved by the Department.

The law requires home health-care agency personnel providing direct care to patients must complete two hours of Alzheimer's disease approved training within nine months after beginning employment with the agency. Section 400.4785(1)(f), Florida Statutes, requires the Department to adopt rules to establish standards for the home health-care agency personnel who are subject to this training, for the trainers, and for the required training. In 2003, the Department conducted the rule-promulgation process to establish standards for the training, trainers, and curricula by holding rule-development workshops to obtain comments from the public. Once the required rules are adopted, the Home Health-Care Agency Alzheimer's Disease Training Approval Program will be implemented.

### **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](http://www.usf.edu/fpeca). The Department certifies/approves Alzheimer's disease trainers and training curricula for assisted living facility employees 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.

**Hospice, Adult Day Care Center, and Home Health Care Agency Alzheimer's Disease Training Provider and Curriculum**

The Department, in consultation with the Agency for Health Care Administration, is working with the public to adopt rules to establish: (1) The training provider and curriculum-approval process; (2) Training-provider qualifications; and (3) Training-curriculum standards for hospices, adult day-care standards, and home health-care agencies.

**STATUTORY AUTHORITY:**

Sections 400.1755, 400.4178, 400.6045, 400.5571, and 400.4785, Florida Statutes

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

STATE FISCAL YEAR	STATE FUNDING	ALF APPROVED TRAINING PROVIDERS	ALF APPROVED TRAINING CURRICULUM	NH APPROVED TRAINING PROVIDERS	NH APPROVED TRAINING CURRICULUM
2001-2002	\$100,000	222	78	938	74
2002-2003	\$100,000	285	86	1,246	99
2003-2004	\$100,000	296*	94*	1,272*	99*

\*Projection.

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

Note: Programs with respect to Hospice, Adult Day-Care Center, and Home Health-Care Agency training-provider and training-curriculum approval are to be implemented in SFY 2003-2004. Therefore, 2003-2004 data for these programs will be published in the 2005 Summary of Programs and Services.

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

Program funding is from General Revenue.

**PROGRAM HIGHLIGHTS:**

- The approval process has improved the quality of several program curricula by correcting erroneous information of a serious nature, for example, references to outdated medications (e.g., cognex and thorazine) listed as approved for treatment, inaccurate definitions of medical conditions, and incorrect statements about Alzheimer's disease.
- The University of South Florida has completed the translation of one-hour and three-hour nursing home training curricula into Spanish. The University has given approval to training providers to conduct training in Spanish.

## AMBASSADORS FOR AGING

### DESCRIPTION:

Ambassadors for Aging (AFA) is a new program initiative where ordinary citizens will be called into service to help educate community leaders and citizens on important issues affecting elders. Although elders constitute a critically important segment of Florida's population in terms of asset holdings, community support, and civic involvement, as well as the sizeable economic impact they make on the state's economy, the contributions of this group are vastly under-appreciated and unrecognized. As elder advocates and resource persons, AFA recruits will help disseminate information on a variety of issues of interest to elders. This statewide network of advocates will also highlight the many important contributions elder Floridians make in improving the quality of life of citizens in their own communities and throughout the state.

### SERVICES OR ACTIVITIES:

To become effective advocates, AFA enrollees will be trained and provided with issue briefings, aging related educational materials, and resource information on how to navigate the state's aging services network. The Department's Advisory Council will take a lead role in spearheading this new program initiative. Any person desiring to become an Ambassador for Aging may sign up and request an AFA service-activation kit. Over a relatively short period of time, it is expected that the statewide cadre of Ambassadors will develop into a strong grassroots advocacy group for elders.

### ADMINISTRATION:

Department of Elder Affairs staff coordinates planning, program development, training, technical assistance, reporting, data collection and quality assurance functions for this program.

### ELIGIBILITY:

All Florida residents, regardless of age, will be eligible to become Ambassadors for Aging.

### 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 AMBASSADORS	UNITS (HOURS OF SERVICE)
2003-2004	N/A	New program initiative. SFY 2003-2004 program data will be listed in the 2005 Summary of Programs and Services.		



**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

The Department receives no funding for administration of the Ambassadors for Aging program.

**PROGRAM HIGHLIGHTS:**

This is a new program initiative. SFY 2003-2004 program highlights will be referenced in the 2005 Summary of Programs and Services.

## 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 partners with the Osceola County Council on Aging to support a multi-generational, multi-cultural corps of ten Members and community volunteers to provide outreach, chore services, emergency home repair and home modification to low-income elder homeowners. 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 partnership with the Capital Area Chapter of the American Red Cross, 20 Members and community volunteers educate elderly populations and families in disaster preparedness through community presentations and outreach. Services include targeting neighborhoods to participate in the Disaster Readiness Neighborhood Program, structural mitigation to high-risk elder homeowners and multi-generational families, and training schoolchildren on fire prevention and safety. In addition, Members receive training on coordinating volunteer emergency-response activities and staff three Volunteer Centers serving rural areas in North Florida.

**ElderServe:** The Department partners with the Area Agency on Aging for North Florida and the Indian River County Council on Aging in support of 30 Members and community volunteers, who provide respite services to caregivers of frail elders at risk of institutionalization. In addition, training, education and support services are provided to caregivers to help relieve the stress of caring for an elderly loved one.

**Legacy Corps for Health and Independent Living (Latino Elderly Respite):** The Department operates a Legacy Corps project in Miami-Dade County, one of eight national projects administered by the University of Maryland Center on Aging. The Department partners with Latino Elderly, Inc., and 34 Members and community volunteers to provide respite services to primarily Spanish-speaking caregivers of frail elders at risk of institutionalization. In addition, caregivers receive information regarding available community services and support to help relieve the stress of caring for an elderly loved one.

### ADMINISTRATION:

The Department provides oversight, contract management and technical assistance to local service providers 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:**

The following describes eligible clients for the Department’s four AmeriCorps programs:

- **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, neighborhoods, and schools (1) not yet designated as Disaster Ready or (2) not yet having received disaster-preparedness outreach and/or training services.
- **ElderServe** - All caregivers of frail, homebound elders, except those already receiving paid respite services, who can benefit from up to four hours of respite per week.
- **Legacy Corps for Health and Independent Living** - All caregivers of frail, homebound elders, except those already receiving paid respite services, who reside in Miami-Dade County and can benefit from program services.

**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
2004	\$600,000	\$100,000	800*	75*	150*	70,000*

\*Projection.

Notes: Number of AmeriCorps programs differ from year to year.

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

Report period for calendar year 1997 was February-December 1997.

Source: Data from monthly progress reports and contracts. “Clients served” reflects clients receiving direct services and does not include outreach and education.

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

*Volunteer Florida! State Commission on Community Service* awards AmeriCorps **Care & Repair, Disaster Preparedness and Response**, and **ElderServe** 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. As a result of these partnerships, one Member who is developmentally disabled completed two years of service and was hired by the Osceola County Council on Aging to work part-time in the agency's Chore Services Department. This individual continues to work side-by-side with new AmeriCorps Members, including two additional persons with disabilities.
- The **Latino Elderly Respite Program** serves those who might otherwise not receive services due to language and other cultural barriers. The program focuses on addressing the needs of underserved Latino elderly populations. Members who serve in this program and successfully complete training requirements may receive a Home Health Aide Certificate that will enable them to seek employment as respite workers and continue providing a vital service to elders and caregivers.
- The **ElderServe** program provides 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 areas of Indian River, Leon, Gadsden, Jefferson and Wakulla Counties enabling elders and caregivers to remain in their communities..

- 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 & 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 senior-housing complex checks on him daily and has taught him how to use the microwave oven and other household appliances.

A former literacy volunteer now serving in the ElderServe program is using her skills while providing respite services to an elderly client who cannot read or write. During recent visits, the volunteer worked with the client on writing skills, including learning to sign her own name, and together they are setting new learning goals with respect to literacy skills..

A terminally-ill retired teacher who receives respite services from an AmeriCorps Member demonstrates that Latino Elderly program benefits can be mutually rewarding for Member and client. While the Member provides her with respite care, the client has made it her mission to teach English and American History to the Member, to assist the latter in becoming an American citizen.

## **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. **During the 2002-2003 legislative session, this program was privatized. The transition period for privatization of the Assisted living Training Program was July 1 to December 31, 2003.**

### **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 Department oversees the development and administration of the ALF Administrator Competency Examination and ensures that ALFs and AFCHs have access to required staff training activities. To this end, the Department developed a Web site in conjunction with the Coming Home Program, providing access to training opportunities. The Web site address is <http://www.floridaaffordableassistedliving.org>

### **ADMINISTRATION:**

The Department no longer administers the Assisted Living Training Program. Department program activity ended June 30, 2003. The transition period for privatization of the Assisted living Training Program ended December 31, 2003.

### **ELIGIBILITY:**

Staff training and technical assistance are 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	1,611**
2003-2004	N/A. Department program activity ended 6/30/2003.		

\*Last year of program operation by the Department.

\*\*Decrease in performance due to loss of 7 of 11 program trainers in SFY 2002-2003, in anticipation of program privatization. The 7 trainer vacancies were not filled.

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

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

Funding for program activities comes from General Revenue, with costs offset by licensing fees transferred from the Agency for Health Care Administration.

## **COMING HOME PROGRAM**

### **DESCRIPTION:**

The Coming Home Program is a Robert Wood Johnson Foundation planning and research grant program dedicated to promoting and facilitating the development and operations of affordable assisted living for low-income elderly, in rural and underserved communities. The program does not provide grants or other funds to develop assisted living or related long-term care facilities.

### **SERVICES OR ACTIVITIES:**

The Program's focus is to:

- Identify and address challenges to developing and operating affordable assisted living through policy review, research, demonstration, and stakeholder participation. It established the Committee for Affordable Assisted Living Facilities to advise and assist in these activities.
- Develop and enhance assisted living policy, regulatory, funding, housing and service provision stakeholder collaboration and partnerships at the national, state and local levels.
- Provide affordable assisted living related education, training and information dissemination to assisted living regulators, developers, operators, consumers, as well as other interested parties such as local governments and communities, affordable housing organizations and prospective funding resources.
- Promote and assist in the development and implementation of projects that study and/or demonstrate innovative ways to maximize existing and potential development and operations resources to house and provide ALF services to low income elderly Floridians.

### **ADMINISTRATION:**

The Department of Elder Affairs' staff conducts planning and research activities in support of Robert Wood Johnson's grant goals.

### **ELIGIBILITY:**

Persons and organizations interested in obtaining information and/or technical assistance, as appropriate, regarding assisted living and related resources.

### **STATUTORY AUTHORITY:**

Sections 430.02 and 430.07, Florida Statutes.



## **APPROPRIATION HISTORY AND NUMBERS SERVED:**

As of August 2003, the Program has assisted in the development and/or implementation of 10 innovative affordable assisted living demonstrations throughout the State involving public housing, rural communities, and/or other non-traditional assisted living development partners.

The Florida Affordable Assisted Living Web site was launched in July 2003 and receives, on the average, 200 visitors daily.

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

In 2001, the Department received a \$300,000 three-year grant from the Robert Wood Johnson Foundation Coming Home Program. The Program is also supported by Title XIX Medicaid and OAA funds, as well as in kind match from the Florida Housing Finance Corporation. The total budget for the FY 2002-2003 Coming Home Program was \$310,590. The total FY 2003-2004 program budget is \$249,014.

## **PROGRAM HIGHLIGHTS:**

- As of August 2003, three of the Program's affordable assisted living demonstration ALFs (more than 200 single occupancy units) have opened for operations and are serving low-income frail elderly residents.
- Provided technical assistance and support which helped non-profit affordable assisted living sponsors or developers acquire more than \$13 million in pre-development and development grants and low-interest loans.
- Developed and implemented the [www.floridaaffordableassistedliving.org](http://www.floridaaffordableassistedliving.org) Web site which is a comprehensive electronic information clearinghouse serving assisted living consumers, providers, developers and the general public.

## COMMUNITY CARE FOR THE ELDERLY (CCE)

### DESCRIPTION:

The Community Care for the Elderly (CCE) Program provides community-based services organized in a continuum of care to 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 Delivered Meals, Home Health Aide, Homemaker, Home Nursing, Information and Referral, Legal Assistance, Material Aid, Medical Therapeutic Services, Personal Care, Respite, Shopping Assistance, Transportation and other community-based services 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 56 lead 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	34,476
2003-2004	\$42,364,370	34,476***

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

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

\*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: CIRT data

## FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

### 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 a request for proposals (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:**

- The CCE 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 provided 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 provided meals and community-based services for elders in Charlotte, Desoto, Hardee, Manatee Martin, Miami-Dade and Palm Beach Counties. SFY 2002-2003 was the last year of funding under this budget heading. **Although the Community Care Programs for the Elderly budget category was not funded for SFY 2003-2004, some programs continue to be funded through the Alzheimer's Disease Initiative, Contracted Services, and Local Services programs (please refer to these program headings for further information).**

### 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
2003-2004	Program not funded for 2003-2004

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

The program received appropriations from General Revenue and the Tobacco Settlement Trust Fund. Funds were allocated to projects named in Specific Appropriations. Specific projects differed each year depending on appropriation. For information on projects or funding for years prior to fiscal year 2001-2002, please contact the Department.

<b>RECIPIENT AGENCY 2001-2002</b>	<b>ALLOCATION</b>
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

<b>RECIPIENT AGENCY 2002-2003</b>	<b>ALLOCATION</b>
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

<b>RECIPIENT AGENCY 2002-2003</b>	<b>ALLOCATION</b>
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 were beneficial in expanding long-term care alternatives for elder Floridians living in CCPE service areas.

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

### **DESCRIPTION:**

Comprehensive Assessment and Review for Long-term Care Services (CARES) is Florida's federally mandated pre-admission screening program for nursing home applicants. A registered nurse and/or 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 meet Supplemental Security Income (SSI) or ICP income eligibility criteria.

CARES and ESS staff work closely together. Over 90 percent of the ICP applications originate in either the CARES or ESS units. The balance is referred from hospitals or other health/elder care sources. In this process each department must notify the other 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 FUNDS = 75% STATE FUNDS = 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	78,267	26.4%
2003-2004	\$10,967,368	82,180**	27.7%**

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

\*\*Projections based on legislatively approved output standard as indicated in Department's 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.

## 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 2002-2003, 259 consumers were transitioned from nursing facilities to the community with services provided by the Medicaid Waivers.
- CARES primary measure of success is the number of clients diverted from nursing home placements. In fiscal year 2002-2003, 13,413 (26.4%) applicants to the institutional care program were diverted. 5,448 individuals at high risk for nursing facility placement were assessed, and received waiver services. Combined, they account for 18,861 (27.3%) clients 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.

## **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.

A new statewide program, CDC+, which will be similar to the current CDC project, is now being developed and implemented. Enrollment in the new statewide program is expected to begin in calendar year 2004.

### **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 in partnership with the Agency for Health Care Administration, Department of Children and Families and the Department of Health.

### **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 Adult 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 Adult 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	2,005
2001-2002	\$200,000	\$100,000	\$100,000	1,316
2002-2003	\$404,514	\$328,542	\$49,744	N/A <sup>#</sup>
2003-2004	\$300,000	\$300,000	N/A	1,895 <sup>##</sup>

\*Administrative costs only, not participant costs. \*\*Enrollees assigned to either experimental group or control group by Mathematica Policy Research, Inc., the project evaluator.

<sup>#</sup>No new clients enrolled in SFY 2002-2003 due to anticipated transition to new program and anticipated reduction in future funding.

<sup>##</sup>Estimate of enrollees in new CDC+ program for the period Jan. 1 – June 30, 2004.

Source: Department data and reports.

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

The Consumer Directed Care project receives Medicaid Waiver administration funds and General Revenue funds. Robert Wood Johnson Foundation funding for this project ended in SFY 2002-2003.

## **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.

“Jessie” is an elder Floridian who had worked in home health care for 30 years. After her retirement, she had two knee replacements, which limited her ability to lift and carry items and perform routine cleaning. She tried to get homemaking help from several agencies but had difficulty locating the kinds of workers she needed and there were scheduling conflicts. Most agencies also restricted their workers to specific tasks, so Jessie could not get everything she wanted done.

She finally decided to try the Consumer Directed Care Project (CDC). “The first month I couldn’t find anyone,” Jessie explained. “I had some work that needed doing like my floors. They needed to be stripped.” Jessie had to wait to start as a CDC consumer because she could not find a worker to help her with homemaking. Working with her CDC consultant, Jessie found Anna, who worked for another CDC consumer. The two consumers discussed their needs and worked out an arrangement to “share” Anna.

“Anna came over last month and did my floors for me. She even came over last week and picked up a couple of chairs for me for nothing. There were some wing chairs that a lady here was letting go pretty cheap and I couldn’t let them go, so now they’re over here.” “There aren’t too many girls around like this Anna, I’ll tell you,” Jessie says. “She is a terrific girl, she’s a terrific worker.”

CDC’s flexibility and a little consumer creativity resolved a longstanding problem keeping an elder’s home clean.

## **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 9 (Palm Beach County), 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 Palm Beach, Broward, and Miami-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	
2000-2001	\$398,424	56,028	837
2001-2002	\$648,424	69,645	937
2002-2003	\$648,424	69,645	937
2003-2004	\$1,075,924*	115,561**	1,555**

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.

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

\*\*Estimates.

Source: Department program report data. Beginning 7/1/2003, program data for Contracted Services is now being compiled in the CIRTS system..

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

Continued funding is 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 in expanding long-term care alternatives for Florida’s elders, but access to services is currently limited to clients in Palm Beach, Broward, and Miami-Dade Counties.

Ms. D., an 85 year old widow who is unable to leave her home without a wheelchair, 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:**

“Elders in Need of Services” projects specially funded by the Crimes Against Elders program currently include companionship, transportation, shopping and other services to eligible elders defined as “in need of services” by Adult Protective Services. The program administers caregiver-assistance and other services in partnership with the Department’s Senior Companion Program (see separate program listing).

The Department has developed five Crimes Against Elders training modules on Elder Abuse, Neglect, and Exploitation. There is a specific module for each of the following five groups: professionals, the general public (especially elders), law enforcement officers, financial-institution employees, and case managers. The latter module focuses on elder domestic violence issues. DOEA staff provide training on these five modules as well as disseminate module training materials to other professionals for use in their communities.

### **ADMINISTRATION:**

The Crimes Against Elders 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
2003-2004	\$380,874

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

The program is 100 percent federally funded by Title VII of the Older Americans Act. Special projects are developed and funded based on Older Americans Act guidelines for activities to develop, strengthen and carry out programs for the prevention 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. Thirty-one senior companions and 39 clients have been served during the period January – June, 2003.
- Funded a caregiver assistance program in Broward County which provided in-home training for caregivers and community seminars on elder abuse prevention to 48 consumers through 305 hours of service.
- Developed new Elder Abuse, Neglect, and Exploitation training programs for professionals and the general public in collaboration with the Department of Children and Families.
- Developed new Financial Exploitation training for financial-institution employees.

A Senior Companion was assigned to an Adult Protective Services (APS) client with a mental-health disability. The Senior Companion became a valuable source of information to the APS case manager and support to the client, assuring the client’s ability to maintain her independence in the community. This gave the case manager the opportunity to advocate on the client’s behalf when any problems threatened to jeopardize her desire to remain in the community and out of institutional care. The client was able to feel more confident and self-assured with Senior Companion support on an on-going basis.

## **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. 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 health-care 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
2003-2004	\$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 Web site is now providing live and recorded caregiver-training classes. The project averages about six caregivers in the English forum, and two Spanish-speaking caregivers in the Spanish version.
- A Spanish translation of the Web site is available.
- For 2003-2004, the Web site is incorporating an on-line customer satisfaction and impact survey to measure the consumer satisfaction and program effectiveness.

“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 Elder Farmers' Market Nutrition Program supports good nutrition by providing produce coupons to low-income elders. Currently, coupons can be exchanged for locally grown, fresh produce at Farmers' Markets in Alachua and Suwannee Counties.

### **SERVICES OR ACTIVITIES:**

Low-income elders living in and around Alachua or Suwannee County apply for the program through the local Lead Agency. Eligible elders receive \$16 per-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 and Suwannee River Economic Council in Suwannee County.

### **ELIGIBILITY:**

Persons must be 60 years of age or older and have an annual income of less than 185 percent of the federal poverty level. Participants must redeem coupons at a local farmers' market.

### **STATUTORY AUTHORITY:**

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

### **APPROPRIATION HISTORY AND NUMBERS SERVED:**

<b>CALENDAR YEAR</b>	<b>FEDERAL FUNDING</b>	<b>PARTICIPATING FARMERS</b>	<b>FARMERS' MARKETS</b>	<b>PARTICIPANTS RECEIVING COUPONS</b>
2001	\$200,000	59	5	1,440
2002	\$163,136	60	10	1,850
2003	\$ 96,604	48	6	1,749

Source: Department program reports.

### **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 has been successful in expanding low-income elders' food purchasing power, supporting local farmers, and improving the nutritional well being of enrolled elders through the purchase of nutritious, locally grown fresh fruits and vegetables.

## **EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM (EHEAEP)**

### **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 31)	FEDERAL FUNDING	HOUSEHOLDS SERVED	
		Heating Season	Cooling Season
1994-1995	\$ 1,150,406	6,006	6,275
1995-1996	\$ 1,049,631	5,839	6,665
1996-1997	\$ 995,347	5,971	2,959
1997-1998	\$794,506	4,555	3,898
1998-1999	\$2,823,751*	3,278	6,157
1999-2000	\$873,649	2,793	3,434
2000-2001	\$1,013,152**	3,965	2,894
2001-2002	\$1,369,942***	3,547	3,636
2002-2003	\$1,479,529 #	3,844	3,433
2003-2004	\$1,226,851	3,727 ##	

\* 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.

# Includes \$116,540 of 2003-2004 winter contingency funds.

## Estimate: Households include duplication as they may receive service in each season.

Source: CIRTS data.

**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. EHEAEP 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 are 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.

Ms. S., 76 years old, has been experiencing higher-than-usual electric bills during the summer. She states that, on her \$572 a month income, she is finding it difficult to pay her monthly bills, maintain her home, and buy enough food to eat. In addition to these issues, she recently developed medical conditions that require prescription medications. Ms. S. is very grateful for the assistance she receives through EHEAEP. She says this assistance frees up enough income to purchase all the medications she needs for the month.

Ms. D., 78 years old, was living alone on a low fixed income, but her disabled daughter recently had to move in with her while awaiting a determination of eligibility for disability benefits. As a result, Ms. D.'s utility bills have increased, and her rent has increased as well. Ms. D. is very appreciative of the help she has received from EHEAEP, which has enabled her to meet her expenses while caring for her daughter.



## **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.

### **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.

### **ADMINISTRATION:**

The Department plans, budgets and coordinates 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*	N/A
2003-2004	N/A	\$50,000**	\$12,000

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

\*\*SB 2A, Line 440 Special Categories, Community Care Programs for the Elderly, from General Revenue funds.

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

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

**PROGRAM HIGHLIGHTS:**

- Contracted with Hospice Foundation of America to provide a web-based end-of-life care training program in FY 2003-2004 for clergy and faith communities.
- Re-printed and distributed statewide an additional 7,000 copies of the Making Choices - Beginning to Plan for End-of-life Care booklet in response to numerous requests from the public. 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.
- Member of the Florida Partnership for End-of-Life Care. Florida Partnership for End-of-Life Care is composed of key private and public stakeholders in area of end-of-life care. The Partnership developed 21 community coalitions to educate local communities about end-of-life care issues across the state of Florida.
- Member of the National Advisory Committee for the Caregiving at Life's End Grant, funded by the Administration on Aging to assess family caregiver needs, design, implement, and evaluate the Caregiving at Life's End: The National Train-the-Trainer Program. The train-the-trainer program is designed to provide in-depth training on caregiving issues at the end of life to hospice and palliative care professionals and family caregivers nationwide.

- 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.

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. (It) made me stop and think if I (had) covered all the necessary bases."

## HEALTH AND WELLNESS PROMOTION INITIATIVES

### DESCRIPTION:

Health and Wellness Promotion 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, cardiovascular health education, injury prevention, 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 are 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 are eligible for services.
- Services target underserved 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 (FFY)/ CALENDAR YEAR (CY)	FEDERAL FUNDING	CLIENTS SERVED
FFY 1998-1999	\$427,422	Information not available
FFY 1999-2000	\$511,234	23,808
FFY 2000-2001	\$1,458,580	472,764*
FFY 2001-2002	\$1,522,680	97,461
FFY 2002-2003**	\$1,481,105	39,925**

<b>FEDERAL FISCAL YEAR (FFY)/ CALENDAR YEAR (CY)</b>	<b>FEDERAL FUNDING</b>	<b>CLIENTS SERVED</b>
CY 2003	\$1,525,745	98,000***

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

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

\*\*\*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 Program for Seniors (FLIPS) has developed a three-year strategic plan and a marketing component to increase program outreach and productivity. A FLIPS committee consisting of agency professionals and private citizens provided input for development, evaluation, and optimum use of the strategic plan.
- FLIPS provides free injury-prevention materials to elders. The program has developed five brochures on the following topics: poison and medication safety, fire-safety tips, nutrition, falls prevention, and a description of current FLIPS projects.
- The FLIPS program has developed a descriptive folder for agencies interested in injury-prevention projects for elders. The folder includes the five FLIPS brochures and educational materials from agencies such as the Centers for Disease Control.
- During FFY 2002-2003, Health and Wellness program information was disseminated to approximately 641,500 elders through print and other media. This was in addition to clients receiving direct services under this program. In addition, Community Outreach and Wellness Coordinators recruited 645 new volunteers.

## **HOME CARE FOR THE ELDERLY (HCE)**

### **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 (2003 - \$1,656 per month for an individual), meet the ICP asset limitation (2003 - \$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
1997-1998	\$13,458,403	9,114
1998-1999	\$13,458,403	9,381
1999-2000	\$13,458,403	9,020
2000-2001	\$13,458,403	8,813
2001-2002	\$9,529,461	6,934
2002-2003	\$9,529,461	5,599
2003-2004	\$9,529,461	5,599**

\* 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.

\*\* Estimate.

Source: CIRTS data.

**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.

## **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 provides 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	75,715
2003-2004	\$2,450,080	\$130,058	\$2,580,138	80,588**

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/Assistance service.

Source: Department reports of compiled data.

**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.
- In the process of developing new database of active-independent retirement communities in Florida for I&R/A purposes. These data are not maintained by any other agency.

## 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:

The Department supports new innovative demonstration projects which encourage interaction between youth and elders. 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 initiative, the Department coordinates activities and events that mutually benefit elders and youth and provides forums to generate new program opportunities based on best practices statewide.

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

- *Digital Divide* is a 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 focuses on access and training for underserved elders and children. The Department has distributed a total of ten refurbished computers to local community programs that serve elders and youth. Programs receiving these computers include Great Recoveries, African-American Caribbean Dance Center, and Bethel Family Life Center in Tallahassee.
- *Friends of the Elderly Training Companions for Home (FETCH)* teaches juvenile offenders 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. In March of 2003, the Department expanded its outreach activities with the FETCH program by developing and distributing 1,000 information brochures encouraging elders and families with young children to adopt FETCH trained dogs.

- *GRANDparents Celebrating Generations* is a legacy project that seeks to increase interaction and understanding between isolated elders and youth. GRANDparent participants learn about new parenting techniques, community agencies and how to access them, computer literacy, and mutual-support strategies. Grandchildren participate in activities such as “Something to Remember Me By,” a legacy project in which elders and youth compile information for biographical histories to be shared and passed on to the next generation. During 2003, the Department distributed 25 legacy-project packets to grandparent support groups throughout the state. The packets contain information describing various suggested activities to facilitate grandparent interaction with their grandchildren, bridging the communication gap between them.
- *Adopt a Senior Residence Community (ASRC) Project* enhances the quality of life for Florida elders residing in nursing homes and other senior resident communities, by promoting greater community involvement and civic engagement. This project coordinates and encourages businesses, classrooms, social/civic clubs and other community groups to volunteer in their local Senior Communities. ASRC is a collaborative project coordinated by Volunteer Florida! (VF), Florida Association of Homes for the Aging (FAHA), and the Florida Department of Elder Affairs (DOEA). The three entities formed a partnership to develop and implement the program beginning with four pilot sites in August 2002. The four pilot sites are Azalea Trace in Pensacola, Bon Secours Maria Manor in St. Petersburg, Miami Jewish Home and Taylor Manor in Jacksonville. The project will be expanded to ten additional sites through out the state during the 2003-2004 state fiscal year.

#### **ADMINISTRATION:**

The Department provides technical assistance and outreach activities to promote intergenerational programs.

#### **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	Beginning in SFY 2000-2001, no funding has been available for administration of contracts and projects by the Department, and project data are therefore no longer tracked. However, despite the absence of funding, the Department continues to support intergenerational initiatives through technical assistance and outreach efforts.			
2001-2002				
2002-2003				
2003-2004				

\*1995-2000 data reflect individual one-year demonstration projects. Projects operated on an individualized calendar based on when funds were received. Outcomes should not be compared year to year. Required local match and in-kind contributions are not reflected in dollar amounts.

\*\*Reporting period was January 1999-October 1999.

\*\*\*Reporting period February 2000-October 2000.

Source: Department reports and contracts.

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

Community Service System (CSS) funding was used 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. The Department contracted out CSS funds to community-based service providers to operate intergenerational demonstration projects. However, SFY 1999-2000 was the last year of CSS funding. The Department currently receives no funding but conducts technical assistance and outreach activities in support of intergenerational initiatives.

**PROGRAM HIGHLIGHTS:**

- 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 employee participation in the Governor’s Mentoring Initiative by 50 percent over the first year of service.

- The Department expanded its mentoring initiative efforts statewide to include CARES and Ombudsman office staff. In 2003, the Department received a Davis Productivity Award for Exemplary Achievement of a State Agency. The Department achieved the highest overall average of employees (35 percent) mentoring and providing community services in state fiscal year 2002-2003.

## **LIFE-COURSE PLANNING**

### **DESCRIPTION:**

Life-Course Planning is a new program initiative designed to help aging baby-boomers and post-boomers do a better job of planning for retirement and post-retirement years. Within the next ten years, the first wave of baby-boomers will exit the workforce. As new retirees, these individuals will confront many lifestyle choices and changes with regard to income, leisure time, and other issues. The decisions they make today will greatly affect the quality of life they enjoy as new retirees, as well as later in life when the aging process may impose more lifestyle limitations such as decreased mobility and increased dependency.

### **SERVICES OR ACTIVITIES:**

With a trend toward healthier and more active lifestyles, elder Floridians are living, on the average, 19 years past the age of retirement. Because health and long-term care requirements are likely to markedly increase over time in the years past the typical age of retirement, successful aging requires careful preparation by elder Floridians preparing for retirement. The Life-Course Planning program assists elders in this process, developing and disseminating educational awareness and planning literature to help pre-retirees better prepare for the future. This statewide initiative addresses strategic lifestyle issues such as housing options and transportation alternatives, time management, community involvement, estate planning, volunteerism, lifelong learning, senior employment, long-term care insurance, long-term care considerations and end-of-life preparations.

### **ADMINISTRATION:**

Department of Elder Affairs staff coordinates planning, program development, training, technical assistance, reporting, data collection and quality assurance functions.

### **ELIGIBILITY:**

Florida residents approaching retirement age are eligible for Life-Course Planning program services.

### **STATUTORY AUTHORITY:**

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

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

<b>STATE FISCAL YEAR</b>	<b>STATE FUNDING</b>	<b>NUMBER OF FAMILIES SERVED</b>	<b>NUMBER OF VOLUNTEERS</b>	<b>UNITS (HOURS) OF SERVICE</b>
2003-2004	N/A	New program initiative. It is anticipated that program activities will commence in March of 2004. SFY 2003-2004 program data for this initial four-month program period will be listed in the 2005 Summary of Programs and Services.		

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

The Department receives no funding for administration of the Life-Course Planning program.

**PROGRAM HIGHLIGHTS:**

This is a new program initiative. SFY 2003-2004 program highlights will be referenced in the 2005 Summary of Programs and Services.

## LOCAL SERVICES PROGRAMS

### DESCRIPTION:

These programs provide 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 all eleven Planning and Service Areas (PSAs).

### SERVICES OR ACTIVITIES:

SERVICE	PLANNING AND SERVICE AREA(S) OFFERING SERVICE
Adult Day Care	2, 3, 5, 8, 10
Chore	8, 10
Counseling	8, 10
Emergency Alert Response	8
Health Support	10
Homemaker	8, 9, 10
Housing Improvement	8, 10
Information	8, 10
Legal Assistance	8, 10
Nutrition	8, 10, 11
Public Education	10
Recreation	10, 11
Respite	All
Referral	8, 10
Transportation	8, 10, 11
Senior Center Administration	8

### 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 are no income criteria; however, emphasis is placed on targeting those with greatest need.

**STATUTORY AUTHORITY:**

General Appropriations Act, State of Florida.

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED	
1992-1993	\$3,145,479	Information not available	
1993-1994	\$3,395,479		
1994-1995	\$3,012,479		
1995-1996	\$3,198,210		
1996-1997	\$3,648,210		
1997-1998	\$3,333,433		
1998-1999	\$3,464,443		
1999-2000	\$3,351,313		
2000-2001	\$3,828,443		5,570
2001-2002	\$3,206,255		6,460
2002-2003	\$2,906,434	5,551	
2003-2004	\$6,231,434*	11,901**	

\*Funding increase due in part to transfer of funding from CCPE.

\*\*Estimate.

Source: CIRTS data.

**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 in supporting long-term care alternatives avoiding or delaying nursing home placement.

## **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, providing long-term care services, including home and community-based services, Medicaid covered medical services for persons who are dually eligible (e.g., prescription drugs, Medicare coinsurance and deductibles), and nursing home care. Through contracts with the state, managed care organizations receive a per member per month capitation payment to provide, manage and coordinate the enrollee's full continuum of long-term care. The objective is to provide frail elders with community-based alternatives in lieu of nursing home placement at a 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 Department administers the Long-Term Care Community-based Diversion Project 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	1,216***
2003-2004	\$40,113,979	\$27,968,131	0	3,000***

\* Funding is contained in the Agency for Health Care Administration's appropriation. \*\* Project implementation began 12/98.

\*\*\* Does not include 12 clients served in 2002-2003 and projected 50 clients to be served in 2003-2004 under Program of All Inclusive Care for the Elderly (PACE).

Source: Department program data and reports.

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

Funds are from Federal Medicaid Trust Fund and State General Revenue. Beginning in March 2003, the Program of All-Inclusive Care for the Elderly (PACE) was implemented (see separate program listing). PACE funding is included in Diversion Project funding as of this date.

**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.
- The 2003 Legislature increased the Long-Term Care Community Diversion Project budget by approximately \$40 million. Proviso language accompanying this increase stated the goal of adding at least 1,800 new slots by fiscal-year end. Moreover, as a means of measuring progress toward meeting this goal, expectations of appropriations staff and legislators are that the Department achieve at least 1,400 new enrolments by December 31, 2003. As a result of the increase in funding, the Department is expanding the project beyond its current service areas of the Orlando metro area and Palm Beach County.

## **LONG-TERM CARE OMBUDSMAN PROGRAM**

### **DESCRIPTION:**

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

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

### **ADMINISTRATION:**

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

### **ELIGIBILITY:**

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

### **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:**

<b>STATE FISCAL YEAR</b>	<b>FEDERAL FUNDING</b>	<b>STATE FUNDING</b>	<b>TOTAL</b>
1994-1995	\$722,597	\$112,387	\$834,984
1995-1996	\$720,872	\$143,001	\$863,873
1996-1997	\$723,359	\$138,530	\$861,889
1997-1998	\$724,095	\$147,749	\$871,844
1998-1999	\$945,993	\$159,634	\$1,105,627
1999-2000	\$1,011,559	\$259,634	\$1,271,193
2000-2001	\$1,011,559	\$339,634	\$1,351,193
2001-2002	\$1,082,358	\$1,205,102	\$2,287,460
2002-2003	\$1,316,838	\$1,285,102	\$2,601,940
2003-2004*	\$1,439,440	\$1,363,027	\$2,802,467

\*Estimates.

<b>FEDERAL REPORTING YEAR</b>	<b>FACILITIES</b>	<b>INSPECTIONS</b>	<b>COMPLAINTS INVESTIGATED</b>
1993-1994	1,677	1,953	5,206
1994-1995	3,016	2,235	6,295
1995-1996	2,925	2,082	5,455
1996-1997	3,053	2,097	6,635
1997-1998	3,237	2,474	10,071
1998-1999	3,378	2,761	7,969
1999-2000	3,661	2,886	8,040
2000-2001	3,567	2,832	7,664
2001-2002	3,470	2,240	7,643
2002-2003	3,222	2,422	7,932
2003-2004*	3,222	2,422	7,932

\*Estimates.

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 State Ombudsman and the Department of Elder Affairs.

## **PROGRAM HIGHLIGHTS:**

- Two hundred and five volunteers attended Florida's second-annual statewide Training Conference in April 2003. Another statewide training conference is scheduled for Spring 2004.
- In January 2003, fourteen volunteers from the Long-Term Care Ombudsman Program traveled to Miami and inspected over 260 long-term care facilities in one week, in addition to their usual duties as elder advocates. The area was in specific need of assistance completing annual inspections of nursing homes, assisted living facilities and adult family care homes. The specially trained group of individuals from all across the state gathered to lend a hand to their South Florida counterparts. Their involvement helped to raise the level of accountability for facilities housing thousands of frail elders in the Miami area. These volunteers each received Golden Choices awards in April 2003 as a result of their hard work and dedication.
- Planned strategies to roll out a redesigned program Web site on October 1, 2003. The new Web site that will feature cutting-edge resources for residents, families, ombudsmen, and long-term care facility staff to improve life and care within facilities.
- Developed a statewide public awareness initiative in cooperation with the nationally acclaimed Burson Marsteller communications firm that provides outreach tools to assist local ombudsmen in promoting the LTCOP's services.
- Developed community partnerships with citizen advocacy groups; Area Agencies on Aging; and other civic organizations, agencies, and foundations to promote the LTCOP and enhance recruitment opportunities to train new ombudsmen.
- Promoted residents' rights in October to coincide with the nationally recognized Residents' Rights Week.
- Partnered with national consultants to provide technical assistance on strengthening the LTCOP's structure and capability to wholly advocate for residents and families.
- Supported an educational event sponsored by the Senior Resource Alliance and the Florida Pioneer Network, a broadly acclaimed grass roots movement seeking to transform the long-term care industry and change the culture of aging in Florida. The event offered training and ideas for individuals and organizations interested in improving the quality of life and care of residents in nursing homes, assisted living facilities and adult family care homes.

An ombudsman responded to a complaint with multiple allegations of improper care and procedures at a 120-bed assisted living facility (ALF). The ombudsman learned that the facility owner and administrator had scheduled a special meeting on the following day for residents, their relatives, and staff members. Given the seriousness and unusually large number of complaints, it was decided that a team of four ombudsmen would attend the meeting and conduct a comprehensive investigation and inspection of the facility. At the meeting, the ombudsman team noted much frustration on the part of residents and relatives over the failure of management to resolve issues of concern. During its investigation, the ombudsman team discovered numerous instances of poor staff training, unsanitary conditions, lack of care, and intimidation of residents by staff. The ombudsman team subsequently reviewed investigation findings with the facility owner and administrator. As a result, positive steps were taken by the owner to correct problems and increase positive collaboration among staff, residents, and relatives in improving quality of life in the facility. A resident council was reactivated to monitor care issues, and the ombudsman team was invited to attend the first council meeting to ascertain first-hand progress in implementing corrective actions.

## **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. Providers 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. Financial criteria are based on an individual's monthly income and assets. Financial criteria are modified annually based upon the federal cost of living adjustment (COLA) 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	14,197
2003-2004	\$87,587,017	14,194****

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

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

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

\*\*\*\* Projected.

Source for Clients Served: CIRTS, Reports compiled from paid claims data submitted by fiscal agent for all services for persons 60+.

**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 that year.

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.

Due to limitations in state appropriated general revenue match, the projected number of individuals to be served for FY 2003-2004 is projected to be slightly lower than the previous year.

**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 monthly income and assets. Assisted Living Waiver does not reimburse facilities for room and board. Figures are modified annually based upon the federal cost of living adjustment (COLA) 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.

**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	4,473
2003-2004	\$30,601,014	4,472**

\* 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 (ALFs). As of January 2004 there were 2,241 ALFs 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 \$9,180 compared to the average statewide Medicaid nursing home cost of \$39,780.

## **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 disseminate information at numerous health and senior fairs throughout the state. Education and outreach focus 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:**

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

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	89,887
2003-2004	\$1,050,689	475	100,000***

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

\*\*Beginning this year, funding cycle changed from July - June 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 2002, the Department initiated a project to develop and enhance existing working relationships with local public library systems. This project was funded through optional mini-grants to the Area Agencies on Aging (AAAs). Eight of Florida's 11 AAAs accepted these mini grants, which were designed to: a) train library staff and consumers to use computers to assess Medicare Web sites and enhance their familiarity with other Medicare information resources; b) conduct educational seminars for staff on important issues affecting people with Medicare, including health plan options, Medigap and Medicare Savings Programs; and c) establish procedures for referring consumers to SHIP volunteers for in-depth counseling and assistance.

Results of this project were very encouraging. In rural Madison County, 51 library patrons were provided with counseling about Medicare options and benefits. The projects in Pensacola, Tampa, and Ft. Lauderdale trained a total of 110 library staff. The project in St. Petersburg area provided Medicare and health insurance resource manuals to 39 libraries in two counties. The partnerships that were developed through this effort continue to benefit people with Medicare in the eight project areas.

A client called in October concerning a nursing home that refused to refund a balance due after her husband had passed away. The SHINE volunteer talked to her about it and was told that the nursing home was trying to bill Medicaid. The volunteer could not figure out why, since the spouse had paid cash for that last month. The SHINE volunteer reviewed the statement from the nursing home, and determined that a refund was due and had been due since June. The volunteer wrote a letter asking the nursing home to refund the money that was due to the spouse. About a week later, the spouse received a refund from the nursing home in the amount of \$1,191.30.



## **OLDER AMERICANS ACT (OAA) 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 individuals residing in rural areas.

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:**

<b>FFY*</b>	<b>FEDERAL FUNDING Allocation to PSAs</b>	<b>CLIENTS SERVED **</b>
1991-1992	\$44,068,537	341,687
1992-1993	\$47,768,315	328,235
1993-1994	\$45,691,633	367,099
1994-1995	\$47,673,802	359,481
1995-1996	\$47,636,129	74,144
1996-1997	\$45,419,240	81,695
1997-1998	\$45,522,319	107,074
1998-1999	\$47,148,432	94,929
1999-2000	\$47,240,735	91,173
2000-2001	\$49,299,486	89,058
2001-2002	\$61,339,936	112,613
2002-2003	\$72,368,906	96,901
2003-2004	\$71,197,508	95,302***

\* Federal Fiscal Year is October - September, but Contract for Service Period is January – December.

\*\* Prior to 1995, includes non-registered services. Beginning with 1995, figures include registered services only. IIIE 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 SCREENING AND EDUCATION

### DESCRIPTION:

The primary purpose of this program is to raise awareness of the condition of osteoporosis and osteoporosis prevention among elder adults. 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 are 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	7,273
2003-2004	\$200,000	7,207**

\*Osteoporosis program funding for this SFY consisted of previous SFY certified carry-forward funding only.

\*\* 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 is based on Department evaluation of program proposals.

## **PROGRAM HIGHLIGHTS:**

- During FY 2002-2003, the program detected Osteopenia in 41 percent of those tested and Osteoporosis in 15 percent. In the 70-and-older age group, program services determined that 47 percent had Osteopenia and 24 percent Osteoporosis.

“I just wanted to take a moment and again let you know what an awesome job Margie Tinney and her crew from the Center for Osteoporosis do. They work hard, screen everyone, educate, etc., and do it all with a smile! I believe they are making a difference in the lives and health of our elders.”

Patti Cantillo-Kodzis  
Community Outreach and Wellness Coordinator  
Senior Resource Alliance

“I would like to express my gratitude to the Department of Elder Affairs for providing the services of the Center for Osteoporosis for our September 4, 2002 Osteoporosis Screening... Seniors with less-than-favorable results are so appreciative of ‘the wake-up call.’ Many have already made appointments with their doctors, have inquired about exercise programs, and are carrying their calcium chews with them, so they can take calcium in small doses throughout the day... I am hopeful that this alliance can continue toward our ultimate goal of maintaining a healthy and productive quality of life for Florida’s aging population.”

Betty Sample, Activities Director  
Bay County Council on Aging

## **OUTREACH RESOURCE CENTER FOR CULTURALLY DIVERSE ELDERS**

### **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. **Grant funding for this program ended June 30, 2003.**

### **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	6,653	37
2003-2004	Program not refunded for FFY 2003-2004.			

\*Program ended June 30,2003.

Source: Outreach Resource Center database.

**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 five 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

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

### **DESCRIPTION:**

The PACE model is a project within the Long-Term Care Community-Based Diversion Project (see separate program listing) targeting individuals who would otherwise qualify for Medicaid nursing home placement and providing them with a comprehensive array of home and community-based services at a cost less than nursing home care.

### **SERVICES OR ACTIVITIES:**

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

### **ADMINISTRATION:**

The PACE project is administered by the Department of Elder Affairs in consultation with the Agency for Health Care Administration. The PACE program, which previously operated as a federal demonstration project, was given regular Medicaid and Medicare service status in the federal Balanced Budget Act of 1997 (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.

### **ELIGIBILITY:**

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

### **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 is included in the Long-Term Care Community-Based Diversion Project table (see program listing).



**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.
- The Department implemented the PACE project in February 2003 after the release of federal regulations necessary to implement the program.

## **RESPIRE FOR ELDER'S LIVING IN EVERYDAY FAMILIES (RELIEF)**

### **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 receives 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 may 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:**

<b>STATE FISCAL YEAR</b>	<b>STATE FUNDING</b>	<b>NUMBER OF CLIENTS SERVED</b>	<b>NUMBER OF VOLUNTEERS</b>	<b>UNITS (HOURS)</b>
1997-1998*	\$727,772	334	202	89,551.75
1998-1999**	\$930,044	371	235	141,366
1999-2000	\$1,330,044	609	467	121,162

STATE FISCAL YEAR	STATE FUNDING	NUMBER OF CLIENTS SERVED	NUMBER OF VOLUNTEERS	UNITS (HOURS)
2000-2001	\$1,330,044	449	396	193,597
2001-2002	\$1,330,044	484	323	144,229
2002-2003	\$1,294,530	369	242	151,715
2003-2004	\$994,530	300***	200***	128,000***

\* 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 provide RELIEF respite.

### PROGRAM HIGHLIGHTS:

- The RELIEF program provides assistance to caregivers during times when assistance is traditionally not available, while providing meaningful volunteer opportunities.

When a RELIEF volunteer was asked what she liked most about volunteering with her clients, she replied, “making them smile and laugh.” But this volunteer gives them more than just a reason to smile; she provides caregivers with peace of mind so that they may run errands, make appointments, or just take some time to care for themselves.

“God has blessed me, and I want to give back... I just love my job!” is how one volunteer describes her experience with the RELIEF program. Logging over 10,400 hours of volunteer services in her community since 1991, this 85 year-old volunteer is truly dedicated to helping elders in her community.

## **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, assessments, preparation of an individual employment plan, program orientation, supportive services, annual free physical examination, job training, personal and employment-related counseling, part-time paid work experience in community-service assignments, job development, job referrals, placement in unsubsidized employment and follow-up activities.

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

### **ADMINISTRATION:**

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

### **ELIGIBILITY:**

Eligibility is limited to Florida residents who are 55 and older, and have income that does not exceed 125 percent of the Federal Poverty Income Guidelines published annually by the U.S. Department of Health and Human Services. Statutory selection priorities focus on eligible persons who are 60 and older, and eligible Veterans and qualified spouses (in accordance with the Veterans Employment Act). Other preferences for enrollment are incomes below poverty level, greatest social or economic need, minorities, and limited English-speaking skills.

### **STATUTORY AUTHORITY:**

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

**APPROPRIATION HISTORY AND NUMBERS SERVED:**

STATE FISCAL YEAR	FEDERAL STATE SHARE ALLOCATION	STATE-SHARE PROGRAM SLOTS	NATIONAL-SPONSOR PROGRAM SLOTS
1995-1996	\$77,458	State share slots prior to 2001-2002 are included in National Sponsor	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
2003-2004	\$5,869,211	821	2,287

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

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

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

The Department, as Florida’s designated State Unit on Aging, is the grant recipient of state-share SCSEP funds. Funds are awarded through a competitive process to providers in each of Florida’s 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 to ensure that program funding is expended equitably, consistent with the distribution of eligible elders throughout the state.

## PROGRAM HIGHLIGHTS:

- The SCSEP served 1,738 participants during program year 2002, of which 267 successfully transitioned to permanent employment, resulting in a 32 percent unsubsidized-employment rate. This achieved rate is 12 percent higher than the federal standard of 20 percent. The program contributed to the individual economic self-sufficiency of many low-income seniors by helping them gain updated skills and new job opportunities in fields such as education, health care, housing, employment assistance, parks and recreation, public works, project administration, nutrition, and social services.

Ms. P. enrolled in the SCSEP after searching for part-time employment for almost two years. She was in need of funds to help meet her financial obligations after being her mother's caregiver. As a result of the training she received in her community-service assignments, she was able to update her resume with new work experience and updated skills training. The SCSEP made a profound difference in Ms. P.'s life, because it gave her hope after facing the loss of her mother. And the program gave her the means to overcome obstacles by helping her acquire a permanent job with a company that manages low-income public-housing units. She successfully transitioned from a program wage of \$5.15 per hour to an annual salary of \$29,500.

## **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 20 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:**

<b>STATE FISCAL YEAR</b>	<b>FEDERAL FUNDING</b>	<b>STATE FUNDING</b>	<b>CLIENTS SERVED</b>	<b>VOLUNTEERS</b>	<b>HOURS OF SERVICE</b>
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	521	146	109,515
2003-2004	\$345,454	\$90,530	500*	114*	119,016*

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

\* Projected.

Source (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.
- The Department continues to administer 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 Abuse Prevention Program teamed up to use Older Americans Act Title VII money to help fund additional Senior Companion Volunteers serving elders in danger of becoming classified as "In need of services" by Adult Protective Services.
- Upon completing twelve successful years of partnering with the Corporation for National and Community Service, the Department has been awarded a three-year renewable grant to continue serving Florida's elders and their families through the Senior Companion Program.



## **SOCIAL HEALTH MAINTENANCE ORGANIZATION (SHMO)**

### **DESCRIPTION:**

SHMO is a planning grant to devise a program model integrating acute and long-term care services through managed care for all Medicare eligibles, including the dually eligible. 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 Florida model incorporates 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 planning initiative was funded by a one-time grant. The grant period ended 6/30/2003.**

### **SERVICES OR ACTIVITIES:**

In addition to providing the standard Medicare services, the SHMO program model is designed to provide a limited Medicare-funded long-term care benefit to all enrollees requiring these services. This planning model also includes preventive long-term care services to individuals in early stages of decline or at risk of decline, and incorporates special screening, assessment, tracking and care management processes designed for geriatric and disabled populations. The SHMO model focuses on all Medicare beneficiaries who choose to enroll in a participating Medicare+Choice, and builds 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. A goal of the SHMO planning model is to allow dually eligible beneficiaries electing to participate in a future SHMO initiative to receive the full continuum of medical and long-term care services, including home and community-based and institutional services, through one managed care organization.

### **ADMINISTRATION:**

The SHMO planning grant was administered by the Department in consultation with the Agency for Health Care Administration.

### **ELIGIBILITY:**

Not applicable. SHMO is a planning grant; no services to individuals were provided.

### **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:**

<b>STATE FISCAL YEAR *</b>	<b>GRANT</b>	<b>FEDERAL MEDICAID MATCH</b>
1999-2003	\$150,000	\$150,000
The SHMO grant period ended 6/30/2003		

\*One time grant

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

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.

**PROGRAM HIGHLIGHTS:**

- SHMO planning grant funding has been an important factor in encouraging Florida's efforts to develop innovative and more comprehensive integrated long-term care planning options for Florida citizens.

## STATEWIDE PUBLIC GUARDIANSHIP OFFICE

### 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, are indigent, and have no willing family member or friend to serve as their guardian. 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 is responsible for the curriculum and training of public and professional guardians, registers professional guardians as mandated by Florida Statute, 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 Secretary of the Department appoints the Executive Director, who serves at the former's pleasure.

### ELIGIBILITY:

There are currently 16 appointed public guardians serving the state, of which three are pending reappointments. Local public-guardian offices are mandated by statute to provide guardianship services to indigent persons in instances where no family or friend can be identified to provide these services.

To meet the criteria for appointment 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	WARDS PROVIDED SERVICES
2000-2001	\$1,252,858	1,098*
2001-2002	\$1,302,858	1,405
2002-2003	\$1,067,921	1,654
2003-2004	\$1,188,344	1,350**

\*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:**

Some public guardians receive funding from the state. Funds for the offices receiving state funding are distributed based upon contracts with local entities to meet local needs. Contracts are negotiated annually.

**PROGRAM HIGHLIGHTS:**

- Developed a 40 hour curriculum for training of professional guardians.
- Ensured that all public guardianship offices are in compliance with Florida Statutes.
- Worked with the assistance of the Agency for Health Care Administration to receive authorization to draw federal funding through an administrative claiming process.
- 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.

- Appointed additional public guardians in areas where no services were previously available.
- Provides administrative support to the Guardianship Task Force created by the 2003 Legislature. The Task Force brings together the judiciary, clerks, elder law attorneys and the guardianship community to work together to address provision of guardianship services for education and “best practices” for guardianship and incapacity issues.
- Produces an annual report examining public guardianship in Florida. The report can be found through the [www.myflorida.com](http://www.myflorida.com) Web site or at <http://elderaffairs.state.fl.us>

## **SUNSHINE FOR SENIORS PRESCRIPTION ASSISTANCE PROGRAM**

### **DESCRIPTION:**

Created during the 2003 session of the Florida Legislature, the Sunshine for Seniors program will help low-income seniors obtain free and low cost prescription drugs from manufacturers' pharmaceutical assistance programs. The Department will administer the program through the Area Agencies on Aging and the existing SHINE (Serving Health Insurance Needs of Elders) volunteer network, in collaboration with a variety of community partners. Services will begin after January 1, 2004.

### **SERVICES OR ACTIVITIES:**

Trained volunteers will work with consumers one-on-one to assess needs, identify prescription program(s) that can reduce prescription costs, and complete required applications.

The statewide elder helpline will be the point of entry for general information and referrals to Sunshine for Seniors counseling sites. Department and area agency staff and volunteers will make presentations at senior centers, public libraries and other venues to raise awareness about existing free prescription programs, and to link consumers with Sunshine for Seniors counseling services.

### **ADMINISTRATION:**

Department of Elder Affairs staff coordinates planning, program development, training, technical assistance, reporting, data collection and quality assurance functions. Contracts will be established with Area Agencies on Aging to provide local support to volunteers and to help establish Sunshine for Seniors counseling sites.

### **ELIGIBILITY:**

All Florida residents age 60 and older who meet income requirements and need assistance with prescription costs will be eligible for the program. Volunteers will make referrals to other prescription assistance programs and local community resources when consumers do not meet Sunshine for Seniors eligibility requirements.

### **STATUTORY AUTHORITY**

Section 430.83, Florida Statutes.

**APPROPRIATIONS HISTORY AND NUMBERS SERVED:**

<b>STATE FISCAL YEAR</b>	<b>STATE FUNDING</b>	<b>NUMBER OF VOLUNTEERS</b>	<b>NUMBER OF CLIENTS SERVED</b>
2003-2004	\$226,600	200	2,000 *

\*Estimate – based on 1/1/04 implementation date.

**FUNDING SOURCE AND ALLOCATION METHODOLOGIES:**

The Sunshine for Seniors program is 100 percent General Revenue funded.

**PROGRAM HIGHLIGHTS:**

This is a new program initiative. SFY 2003-2004 program highlights will be referenced in the 2005 Summary of Programs and Services.

## **SUPPORT THROUGH ALZHEIMER'S RELIEF SYSTEMS (STARS)**

### **DESCRIPTION:**

The Support Through Alzheimer's Relief Systems (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.

### **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 underserved 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:**

<b>FEDERAL FISCAL YEAR</b>	<b>FUNDING</b>
2001-2002	\$350,000
2002-2003	\$350,000
2003-2004	\$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 need and the level of services provided in the targeted service areas the previous year. The state match requirement for this project is 25 percent the first year, 35 percent the second year, and 45 percent the final year of the project.

## **PROGRAM HIGHLIGHTS:**

- STARS created a caregiver self-help video titled “Alzheimer’s Caregivers: The Second Victim.” The video highlights personal testimonies from Alzheimer’s caregivers and explores ways that caregivers and family members can cope with the tasks of caring for their loved one.
- The STARS Hispanic Outreach Component targets the Migrant Mexican populations in Gadsden and Jefferson counties. STARS provides educational seminars about Alzheimer’s disease to faith-based institutions that minister to this culturally distinct population.
- The STARS Faith-Based Initiative Outreach Volunteerism Component provided education and awareness to 2,475 “untouched” elders in Leon, Gadsden and Madison counties. The STARS program targeted these 2,475 elders because they were identified by the Evaluation Unit as currently not receiving any DOEA services. STARS’ volunteers distributed STARS literature and information regarding other DOEA programs and services to these elders.
- STARS received national recognition from the Administration on Aging at the 2002-2003 STARS Faith-Based Initiative Volunteer Awards Luncheon. The luncheon recognized the hard work and dedication of the 81 STARS volunteers that provide outreach to the underserved populations of the targeted service area.

2004  
SUMMARY OF  
PROGRAMS & SERVICES

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**SECTION D**

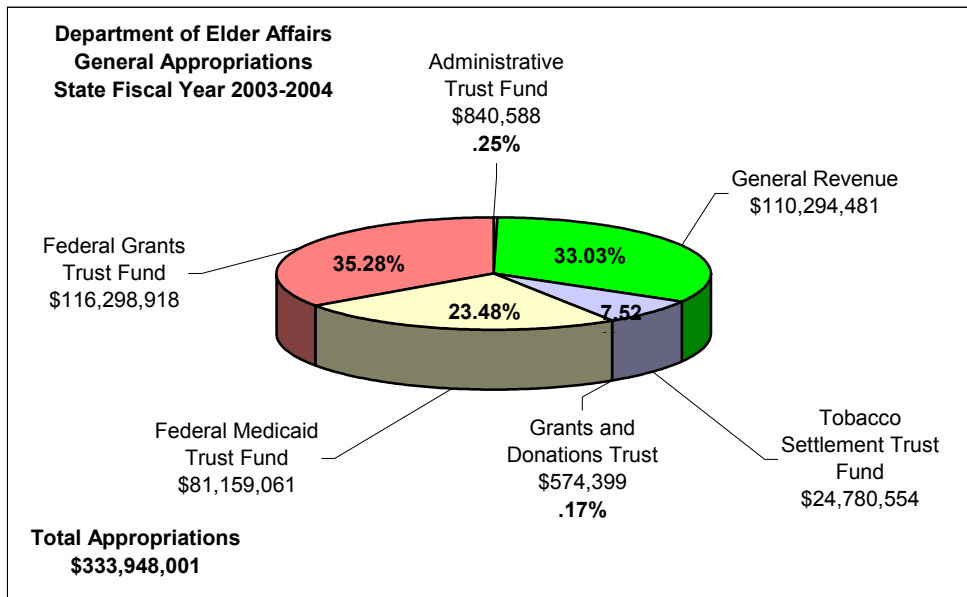
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**APPENDIX**



## Source of Revenue State Fiscal Year 2003-2004

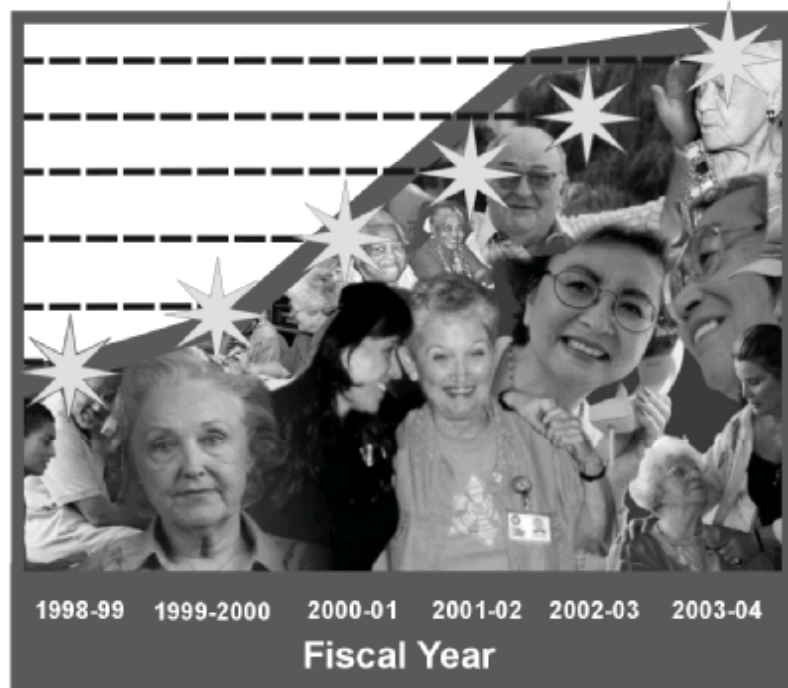


<b>General Revenue - Legislative Appropriation</b>	<b>\$ 110,294,481</b>
<b>Tobacco Settlement Trust Fund - Legislative Appropriation</b>	<b>\$ 24,780,554</b>
<b>Grants and Donations Trust Fund</b>	<b>\$ 574,399</b>
<ul style="list-style-type: none"> <li>• Robert Wood Johnson Grants</li> <li>• Honoria and Donations</li> </ul>	
<b>Federal Medicaid Trust Fund</b>	<b>\$ 81,159,061</b>
<ul style="list-style-type: none"> <li>• Aged and Disabled Adult Medicaid Waiver</li> <li>• Assisted Living for the Frail Elderly Medicaid Waiver</li> <li>• Medicaid Administration</li> </ul>	
<b>Federal Grants Trust Fund</b>	<b>\$ 116,298,918</b>
<ul style="list-style-type: none"> <li>• Title III and VII Older Americans Act</li> <li>• Title V Senior Community Services Employment Program</li> <li>• USDA Elderly Nutrition Program</li> <li>• USDA Adult Day Care Food Program</li> <li>• Emergency Home Energy Assistance Program</li> <li>• SHINE (Serving Health Insurance Needs of Elders)</li> </ul>	
<b>Administrative Trust Fund</b>	<b>\$ 840,588</b>
<ul style="list-style-type: none"> <li>• Assisted Living Facility Training Fees</li> <li>• Assisted Living Facility Licensure Fees</li> <li>• Criminal History Background Check</li> </ul>	
<b>Total</b>	<b>\$ 333,948,001</b>

# Budget Overview

Budget

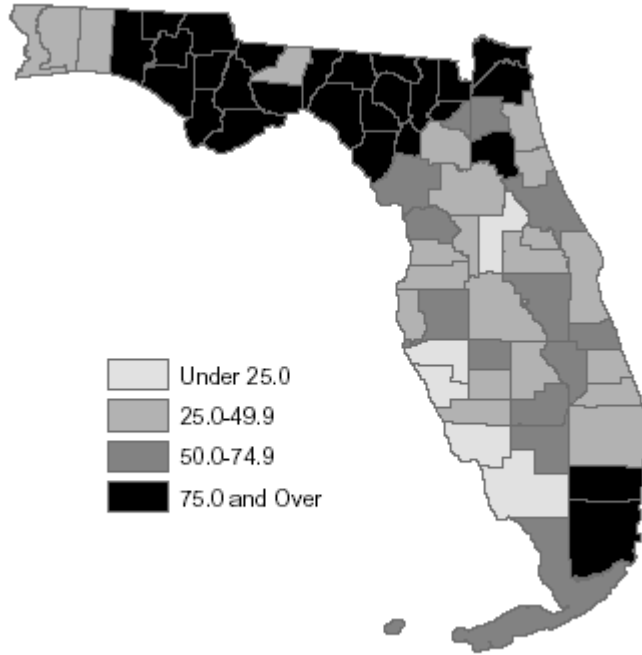
\$333,948,001  
\$329,422,947  
\$306,647,280  
\$258,356,204  
\$240,122,579  
\$214,059,277



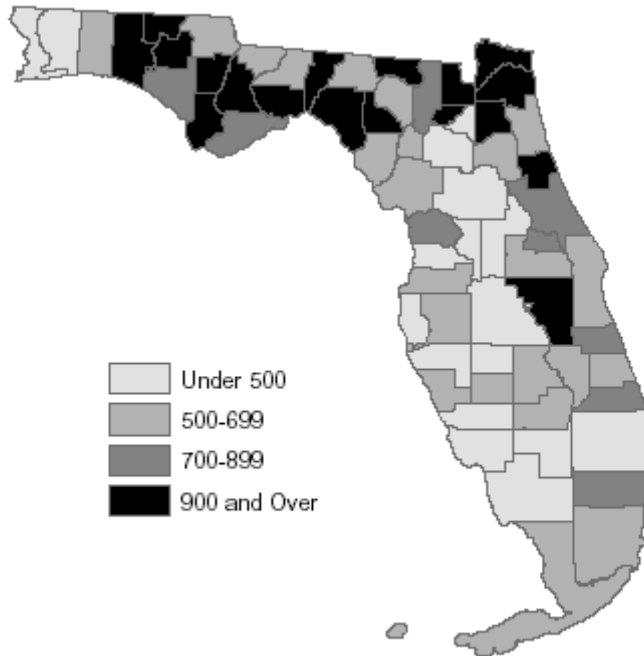
## Department of Elder Affairs Budget

- \$333,948,001 for State Fiscal Year 2003-2004
- 
- Represents a 56% increase over the past five years
- 
- 94% privatized through contracts with Area Agencies on Aging and other providers

**Department of Elder Affairs  
 Program Participants Fiscal Year 2002-2003  
 Per 1,000 Population Aged 60+**



**Department of Elder Affairs  
 Program Participants Fiscal Year 2002-2003  
 Per 1,000 Population Aged 60+**



**Percent of County  
Population**

**Program Enrollment**

<b>County</b>	<b>60+</b>	<b>85+</b>	<b>ADI</b>	<b>CCE</b>	<b>HCE</b>	<b>OAA</b>	<b>LSP</b>	<b>Other</b>	<b>ADA</b>	<b>ALE</b>
<b>Alachua</b>	12.8%	1.2%	68	300	68	522	14	5	130	0
<b>Baker</b>	13.7%	0.9%	8	55	13	570	0	53	25	0
<b>Bay</b>	18.4%	1.2%	50	453	93	1,591	0	3	244	46
<b>Bradford</b>	18.0%	1.6%	9	68	6	163	0	2	35	15
<b>Brevard</b>	25.3%	2.0%	51	869	66	2,996	0	3	303	115
<b>Broward</b>	20.1%	2.6%	425	4,038	443	20,200	4,104	142	797	365
<b>Calhoun</b>	19.1%	2.1%	6	87	22	416	2	6	71	0
<b>Charlotte</b>	42.0%	3.6%	20	328	65	1,107	0	28	126	10
<b>Citrus</b>	40.5%	3.4%	27	534	34	2,331	0	17	134	67
<b>Clay</b>	14.7%	1.1%	26	241	42	1,013	0	4	123	33
<b>Collier</b>	31.6%	2.3%	27	475	80	639	0	15	80	45
<b>Columbia</b>	18.9%	1.4%	13	346	131	485	0	1	102	30
<b>DeSoto</b>	24.6%	1.8%	8	140	14	210	0	0	34	2
<b>Dixie</b>	24.4%	1.3%	5	88	14	192	0	2	42	0
<b>Duval</b>	14.2%	1.2%	47	1,714	163	9,540	0	35	689	70
<b>Escambia</b>	17.7%	1.5%	56	253	73	1,477	0	0	187	64
<b>Flagler</b>	37.6%	2.3%	16	72	12	867	0	1	30	0
<b>Franklin</b>	26.0%	2.2%	4	55	16	108	0	1	66	23
<b>Gadsden</b>	16.6%	1.6%	17	116	58	342	0	2	756	22
<b>Gilchrist</b>	18.8%	1.4%	9	52	11	128	0	0	28	0
<b>Glades</b>	26.0%	1.5%	2	59	14	112	0	0	12	0
<b>Gulf</b>	20.4%	1.5%	3	53	11	259	0	0	47	8
<b>Hamilton</b>	15.4%	1.3%	6	80	76	230	0	0	46	1
<b>Hardee</b>	18.3%	1.3%	4	67	26	175	0	2	75	0
<b>Hendry</b>	14.0%	1.0%	8	86	23	213	0	0	29	1
<b>Hernando</b>	37.5%	2.9%	15	477	90	604	0	1	85	143
<b>Highlands</b>	40.3%	3.5%	14	307	49	1,055	0	42	104	40
<b>Hillsborough</b>	16.2%	1.4%	142	4,067	269	3,739	118	75	783	339
<b>Holmes</b>	20.6%	2.0%	6	60	70	366	0	0	132	0
<b>Indian River</b>	34.9%	3.3%	14	169	65	1,564	0	29	182	120
<b>Jackson</b>	19.0%	2.0%	26	269	111	514	0	0	195	12
<b>Jefferson</b>	19.2%	1.8%	10	75	19	156	0	0	162	2
<b>Lafayette</b>	17.0%	1.3%	8	64	6	134	0	0	23	23
<b>Lake</b>	33.6%	2.8%	16	365	101	757	0	4	77	88
<b>Lee</b>	31.8%	2.6%	43	922	157	620	0	137	364	238
<b>Leon</b>	11.4%	1.0%	40	512	71	503	0	5	163	71

White Non-Hispanic			Minority			All Races		
All Ages	60+	85+	All Ages	60+	85+	All Ages	60+	85+
163,126	24,141	2,203	70,886	5,857	604	234,011	29,998	2,807
19,360	2,905	177	4,175	311	28	23,536	3,215	206
128,925	26,037	1,712	26,859	2,639	213	155,784	28,675	1,924
20,375	4,225	358	6,769	637	63	27,144	4,862	421
423,051	117,700	9,353	82,732	10,134	693	505,783	127,834	10,046
990,302	278,815	41,547	718,310	63,970	3,625	1,708,612	342,785	45,171
10,418	2,255	239	3,126	326	40	13,544	2,581	278
137,426	60,803	5,335	14,606	2,993	192	152,032	63,795	5,527
116,965	49,249	4,073	8,951	1,783	194	125,916	51,032	4,267
129,997	20,786	1,488	23,448	1,693	218	153,445	22,479	1,705
209,092	84,965	6,167	74,924	4,788	311	284,016	89,753	6,479
46,601	9,853	671	13,151	1,461	137	59,752	11,314	808
20,510	7,413	551	13,063	829	60	33,573	8,241	611
13,071	3,452	180	1,730	161	14	14,801	3,612	194
526,565	88,238	7,925	301,963	29,035	2,286	828,528	117,272	10,211
216,950	44,357	3,665	89,615	9,927	971	306,565	54,285	4,636
48,554	18,977	1,190	9,573	2,880	149	58,127	21,857	1,339
8,294	2,506	188	2,107	200	38	10,401	2,707	226
16,863	4,210	329	30,133	3,568	402	46,996	7,778	731
13,665	2,797	212	1,713	100	0	15,378	2,897	212
7,482	2,629	159	3,434	207	2	10,916	2,837	161
12,249	2,776	173	3,313	390	53	15,561	3,166	225
7,827	1,617	117	6,427	580	67	14,254	2,197	183
15,473	4,417	341	12,612	714	31	28,086	5,132	372
16,397	3,750	285	20,612	1,423	80	37,009	5,173	364
124,490	49,536	3,902	15,221	2,793	138	139,710	52,329	4,040
69,739	34,260	2,947	21,404	2,463	195	91,143	36,723	3,143
683,969	134,228	12,499	396,602	40,469	2,968	1,080,572	174,696	15,466
17,140	3,802	371	2,011	150	17	19,150	3,951	388
100,994	40,365	3,833	19,948	1,892	163	120,942	42,257	3,996
33,548	7,161	628	15,287	2,094	328	48,835	9,256	956
7,871	1,798	115	5,704	808	122	13,574	2,606	237
5,561	1,209	92	1,814	46	6	7,375	1,255	97
199,165	75,374	6,188	37,370	4,084	393	236,535	79,458	6,581
398,472	146,777	12,088	87,832	7,787	429	486,304	154,563	12,517
162,889	22,328	1,979	91,014	6,483	548	253,903	28,810	2,526



**Percent of  
County  
Population**

**Program Enrollment**

County	60+	85+	ADI	CCE	HCE	OAA	LSP	Other	ADA	ALE
<b>Levy</b>	25.5%	1.7%	20	152	19	264	0	0	114	17
<b>Liberty</b>	14.3%	0.8%	2	48	16	133	0	0	25	14
<b>Madison</b>	19.2%	2.0%	7	79	28	389	0	0	82	0
<b>Manatee</b>	30.7%	3.1%	20	763	73	785	0	19	142	122
<b>Marion</b>	31.2%	2.3%	33	745	48	2,066	0	22	163	0
<b>Martin</b>	34.2%	3.3%	20	231	39	1,334	0	22	116	2
<b>Miami-Dade</b>	17.8%	1.7%	222	1,776	941	27,729	1,296	2,401	2,427	738
<b>Monroe</b>	20.4%	1.2%	24	312	38	654	1	4	37	0
<b>Nassau</b>	18.2%	1.0%	10	210	32	615	0	14	72	26
<b>Okaloosa</b>	16.7%	1.0%	20	268	42	539	0	0	74	49
<b>Okeechobee</b>	22.5%	1.5%	6	110	33	292	0	1	53	10
<b>Orange</b>	13.6%	1.1%	190	721	173	3,883	0	74	749	121
<b>Osceola</b>	16.0%	1.3%	8	173	84	1,018	0	662	268	16
<b>Palm Beach</b>	27.7%	3.2%	213	1,839	228	6,580	18	186	911	98
<b>Pasco</b>	33.0%	3.3%	100	1,491	125	3,056	0	14	282	176
<b>Pinellas</b>	27.6%	3.4%	127	2,593	130	5,083	0	82	773	376
<b>Polk</b>	24.0%	2.1%	52	625	222	2,385	0	67	390	86
<b>Putnam</b>	24.7%	1.6%	18	423	46	856	0	14	127	34
<b>St. Johns</b>	21.4%	1.7%	18	123	41	681	0	9	85	27
<b>St. Lucie</b>	28.2%	2.2%	43	473	99	1,606	0	40	158	89
<b>Santa Rosa</b>	16.4%	0.9%	8	51	20	312	0	2	81	55
<b>Sarasota</b>	38.4%	4.2%	44	803	95	1,875	0	16	208	76
<b>Seminole</b>	14.6%	1.2%	83	269	58	1,880	0	30	198	107
<b>Sumter</b>	37.2%	2.0%	9	197	36	294	0	0	35	17
<b>Suwannee</b>	23.4%	2.1%	26	216	55	244	0	2	123	16
<b>Taylor</b>	19.2%	1.4%	11	81	17	457	0	1	74	0
<b>Union</b>	11.2%	0.7%	4	62	9	144	0	0	18	0
<b>Volusia</b>	27.6%	2.7%	38	1,454	168	4,969	0	61	373	193
<b>Wakulla</b>	15.4%	0.9%	6	80	28	366	0	1	77	0
<b>Walton</b>	23.3%	1.5%	10	145	49	847	0	0	78	31
<b>Washington</b>	21.4%	2.1%	11	141	37	457	0	1	145	0
<b>Florida</b>	<b>22.5%</b>	<b>2.2%</b>	<b>2,652</b>	<b>34,570</b>	<b>5,611</b>	<b>128,691</b>	<b>5,553</b>	<b>4,360</b>	<b>14,339</b>	<b>4,489</b>

Program participation data from CIRTIS for fiscal year 2002-2003 (July 1, 2002–June 30, 2003).  
Demographic data from 2003 Population Estimating Conference, October 2003.

White Non-Hispanic			Minority			All Races		
All Ages	60+	85+	All Ages	60+	85+	All Ages	60+	85+
30,657	8,588	578	6,208	814	53	36,864	9,402	631
5,451	925	41	1,875	124	19	7,326	1,049	60
10,801	2,614	263	8,578	1,105	133	19,380	3,719	395
228,511	82,926	8,498	55,408	4,099	337	283,919	87,025	8,835
223,121	78,780	5,792	54,384	7,703	629	277,505	86,483	6,420
114,956	44,373	4,310	19,193	1,513	86	134,149	45,887	4,396
489,419	114,343	15,605	1,877,726	307,102	25,340	2,367,145	421,445	40,945
64,209	14,503	868	18,849	2,456	154	83,058	16,960	1,022
56,611	10,403	512	6,927	947	139	62,538	11,350	651
146,733	28,031	1,758	34,422	2,145	84	181,155	30,176	1,842
26,718	7,868	528	10,697	529	36	37,415	8,398	564
563,299	96,774	8,787	415,163	36,139	2,019	978,462	132,912	10,806
113,401	24,440	2,085	79,525	7,254	416	197,926	31,694	2,501
855,231	302,988	36,124	355,937	32,793	2,069	1,211,168	335,782	38,193
332,497	117,907	12,002	37,516	4,184	221	370,013	122,091	12,223
791,459	245,871	31,500	164,615	18,205	1,169	956,074	264,076	32,668
383,715	111,282	9,768	130,546	12,052	845	514,261	123,333	10,613
55,056	15,756	969	17,960	2,273	219	73,015	18,029	1,188
121,987	27,419	2,122	15,132	1,897	189	137,120	29,316	2,310
154,427	52,328	4,088	53,740	6,338	411	208,167	58,666	4,499
114,084	19,872	1,097	13,826	1,090	72	127,910	20,962	1,169
311,622	128,925	14,369	36,092	4,586	241	347,714	133,511	14,610
298,572	48,428	3,873	98,217	9,645	718	396,789	58,073	4,591
49,170	22,214	1,101	13,629	1,118	118	62,798	23,332	1,219
29,602	7,667	710	6,969	899	66	36,572	8,566	776
15,680	3,426	239	4,588	464	52	20,268	3,890	291
10,122	1,314	58	3,998	263	35	14,120	1,577	93
385,638	119,332	11,728	84,967	10,447	840	470,605	129,778	12,568
21,046	3,435	220	3,744	384	12	24,789	3,819	231
40,390	10,199	620	6,207	636	89	46,597	10,835	709
17,798	4,237	430	4,363	498	42	22,161	4,734	473
<b>11,189,359</b>	<b>3,142,876</b>	<b>313,918</b>	<b>5,879,436</b>	<b>695,377</b>	<b>52,627</b>	<b>17,068,795</b>	<b>3,838,253</b>	<b>366,545</b>

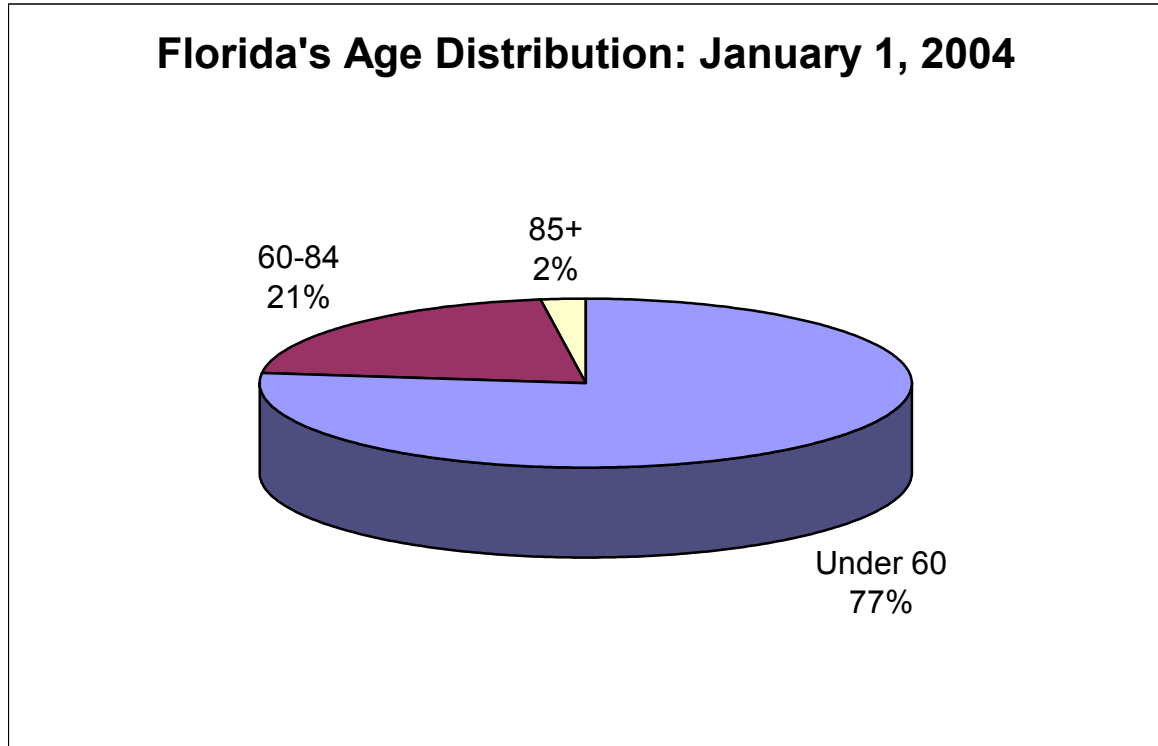
## AGE DISTRIBUTION

Florida's total estimated 2003 population is 17,068,796. Of this total, 3,838,253 are ages 60 and above, and 366,545 are ages 85 and older.

Most Florida elders age 60 and over reside in urban areas, and are concentrated in Miami-Dade, Broward, Palm Beach, Pinellas and Hillsborough Counties. These five counties account for 40 percent of the total state population age 60 and over, and 47 percent of the population 85 and older.

Of Florida's total population 60 and older, 605,551, or 15.8 percent, reside in rural areas.

In terms of density, Florida's population 60 and older comprises 30 percent or more of total residents in 15 counties. Interestingly, none of the five counties with the largest 60+ populations are among them. The five counties most densely populated by elders age 60 and over are Charlotte (42 percent), Citrus (41), Highlands (40), Sarasota (38) and Flagler (38). Population densities for elders 85 and older are highest in Sarasota (4.2 percent), Charlotte (3.6), Highlands (3.5), Pinellas(3.4) and Citrus Counties (3.4). This suggests that, although more urban counties are home to most Florida elders 60 and older, these counties do not have the highest percentages of elders. There appears to be one exception with respect to the population age 85 and older; Pinellas is among the counties with both the largest populations and the highest densities of elders in this age group.



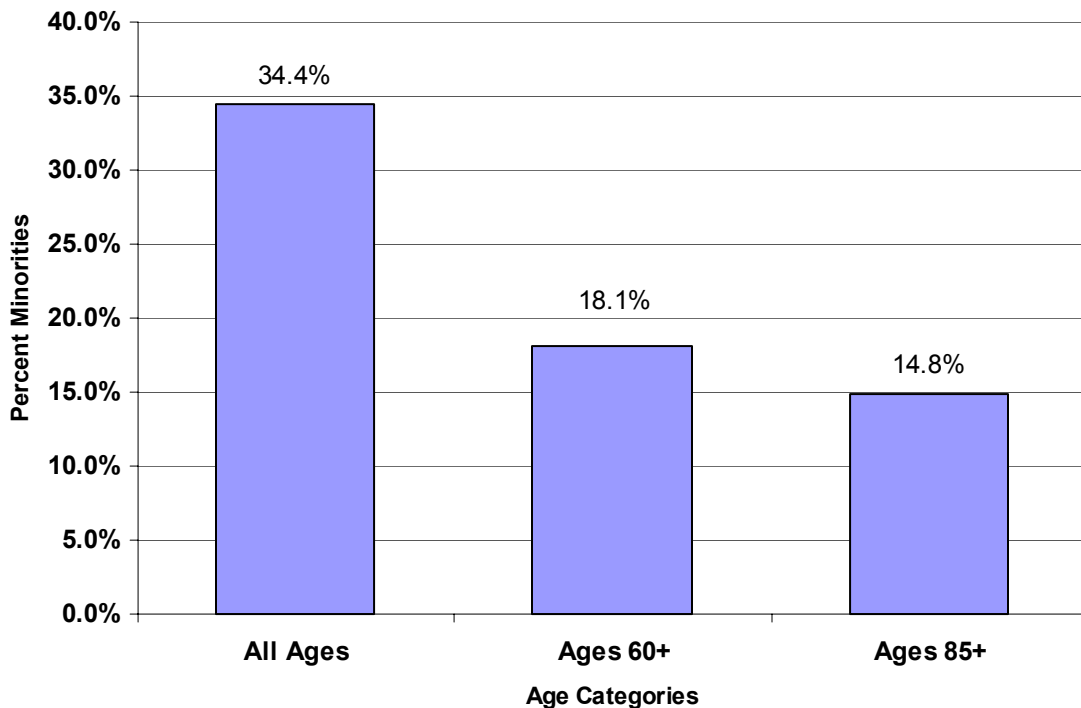
## MINORITY DISTRIBUTION

Over a third (34.4 percent) of Florida’s population is classified as a minority, defined as anyone other than a white non-Hispanic. Minority rates are lower for older populations in Florida. Less than a fifth (18.1 percent) of Floridians age 60 and over are minorities. Among Floridians age 85 and older, the minority rate is 14.0 percent.

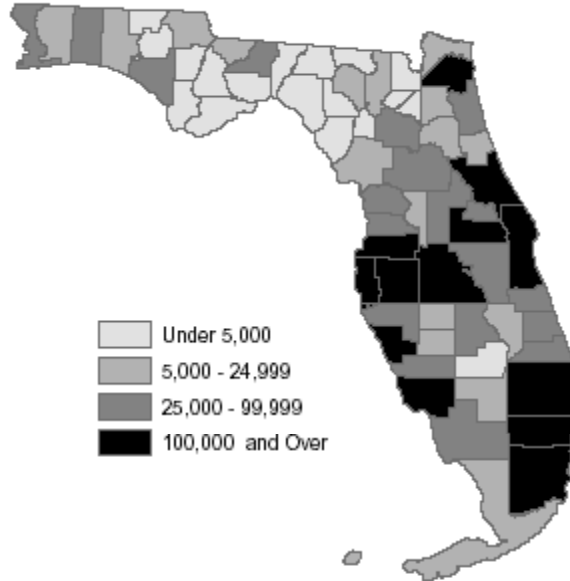
The four counties with the highest percentage of elders among the white non-Hispanic population are Highlands (49 percent), Sumter (45), Charlotte (44) and Sarasota (41). Percentages are also high in Palm Beach, Martin and Flagler Counties, and in Hillsborough and surrounding counties. The five counties with the highest percentage of elders among the minority population are Flagler (30 percent), Charlotte (20), Citrus (20), Hernando (18) and Jefferson (16).

Counties with the highest percentage of minorities in the elder population 60 and above tend to border Georgia. However, Miami–Dade County, at 73 percent, has the highest percentage, followed by Gadsden (46 percent), Jefferson (31), Madison (30) and Hendry (28). Counties with the lowest percentage of minority population among elders are Citrus (3.5 percent), Pasco (3.4), Sarasota (3.4), Gilchrist (3.4) and Martin (3).

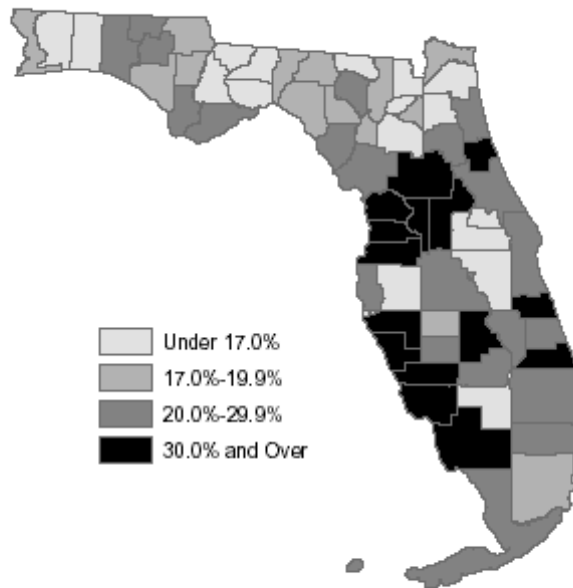
### Percent of Minorities in Population By Age Category



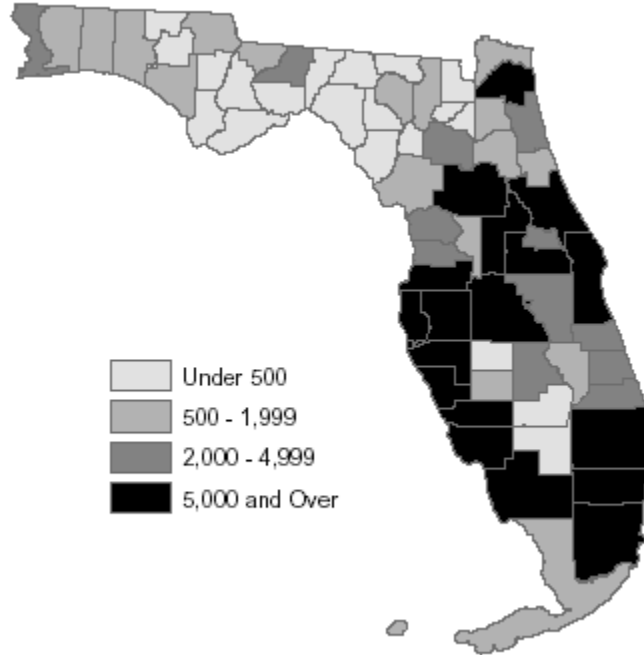
**Florida's Elder Population by County  
Residents Aged 60 and Older  
Population**



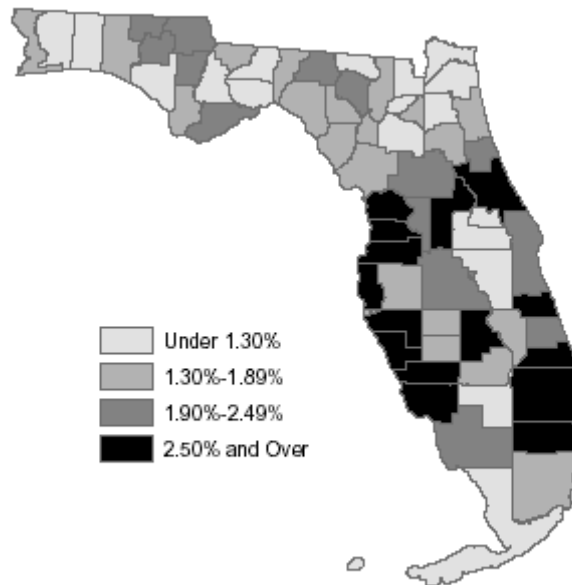
**Florida's Elder Population by County  
Residents Aged 60 and Older  
As a Percentage of the Overall Population**



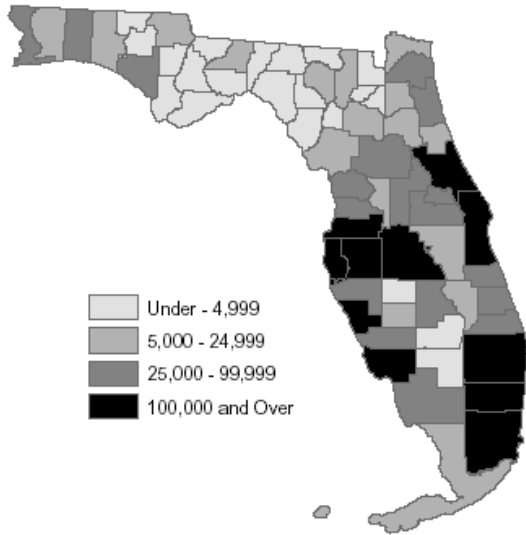
**Residents Aged 85 and Older  
Population**



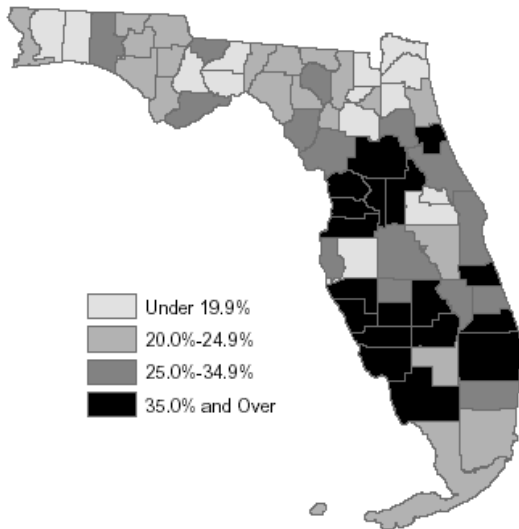
**Florida's Elder Population by County  
Residents Aged 85 and Older  
As a Percentage of the Overall Population**



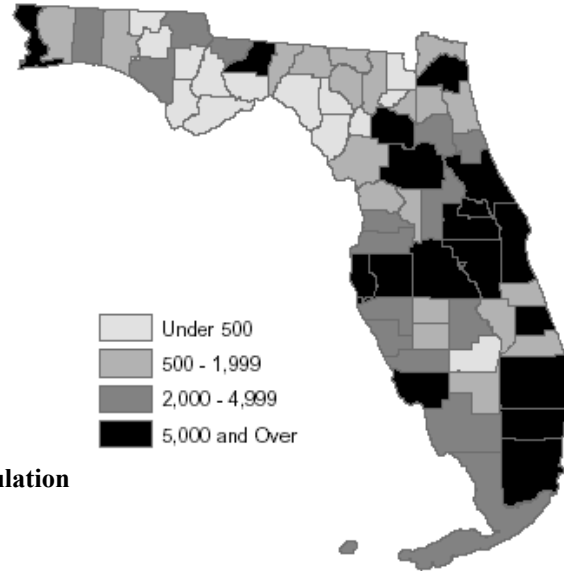
**White Non-Hispanics Aged 60 and Older  
Population**



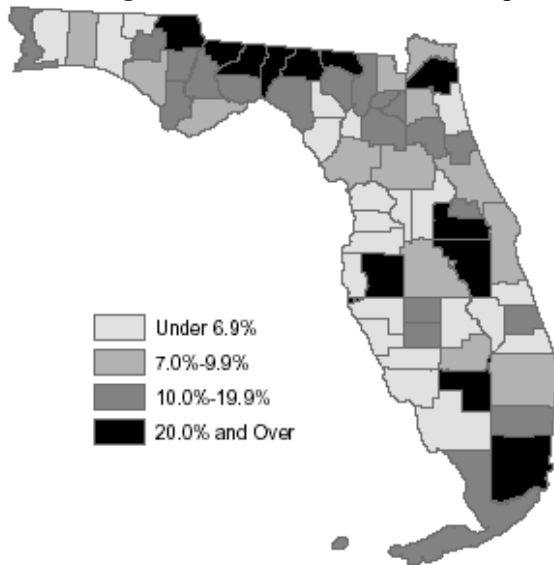
**White Non-Hispanics Aged 60 and Older  
As a Percentage of the Overall White Non-Hispanic Population**



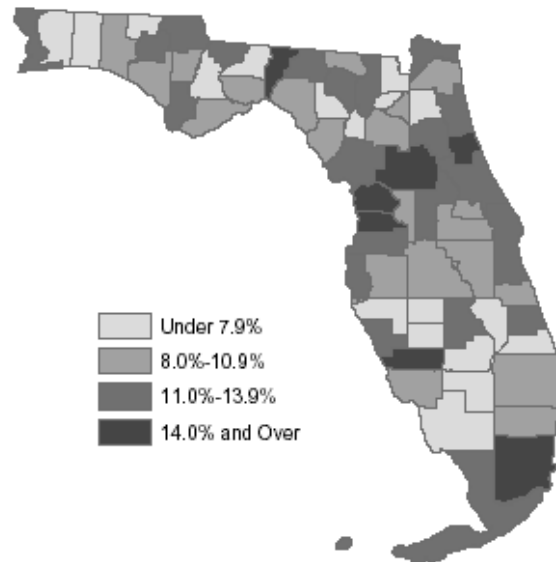
**Minorities Aged 60 and Older  
Population**



**Minorities Aged 60 and Older  
As a Percentage of the Overall 60 and Older Population**



**Minorities Aged 60 and Older  
As a Percentage of the Overall Minority Population**





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**FLORIDA COUNTY PROFILE\***  
**(January 2004)**  
**Florida**

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**Total Population:** 17,425,775

**Living Alone 65+:** 788,565

**Elder Population by Age Group:**

60+: 3,918,527

65+: 3,066,749

70+: 2,267,716

75+: 1,507,085

80+: 841,624

85+: 374,211

**Race 60+:**

**White:** 3,592,388

**Non-White:** 326,139

**Black/African American:** 281,184

**Other:** 44,780

**Ethnicity:**

**White Non-Hispanic:** 3,208,607

**Minorities:** 709,920

(**White Hispanic:** 383,781)

**Income Status 60+:**

**Low Income (Poverty Level):** 350,675

**Minority Low Income (Poverty Level):** 142,666

**Near Low Income (125% of Poverty Level):** 512,079

**Minority Near Low Income(125% of Poverty Level):** 193,262

**Gender 60+:**

**Female:** 2,193,286

**Male:** 1,725,240

**Health Status 65+:**

**With 2 or more disabilities:** 590,814

**With 2 or more disabilities & Self Care:** 241,098

**Estimated Cases of Alzheimer's disease:** 435,265

**Rural Population 60+:** 405,353

\*Note: The Florida County Profile provides the above information on elders for each of Florida's 67 counties and 11 Planning and Service Areas (PSAs). Because the size of the Florida County Profile does not permit its inclusion in the Summary of Programs and Services, only this statewide summary page is referenced. The entire Florida County Profile document may be accessed on the Department of Elder Affairs Web site at <http://elderaffairs.state.fl.us> On the Web site cover page, click on "Statistics, Research & Reports" under the "How Can We Help You?" menu. On the Statistics and Research page, click on "Florida County Profile 2004 Projection" to access the entire document in PDF format.

# **GEOGRAPHIC INFORMATION SYSTEM (GIS)**

## ***Introduction***

The DOEA Planning and Evaluation Unit uses GIS as a tool to more effectively analyze demographic information that can be used by Department management to:

- Make sounder and more relevant policies and decisions; and
- Conduct more appropriate planning and evaluation of programs and services.

The end result of this new dimension of data management is a better targeting of customers for services administered by the Department and local partner agencies.

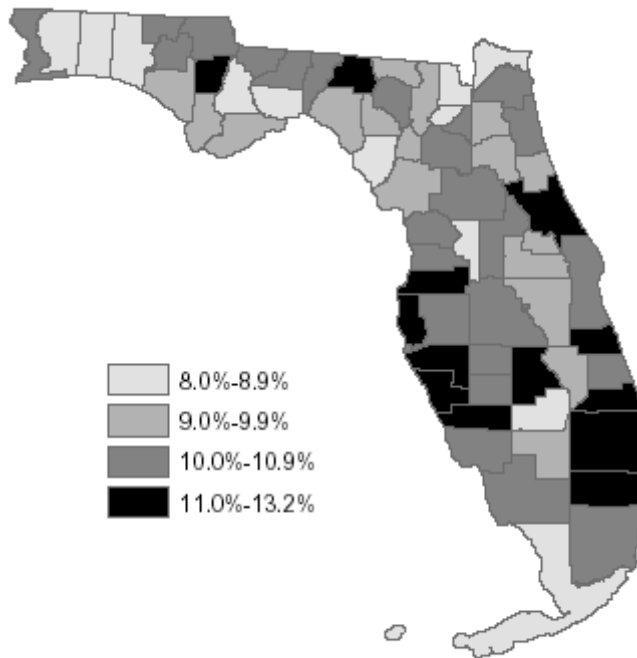
GIS deals with three kinds of map features: points, lines and polygons. Examples of points are DOEA customers, nursing homes, and households with specified characteristics such as elders age 60 and older. Examples of lines are roads, rivers and geographic boundaries. Examples of polygons are state geographic subdivisions such as counties, census tracts and blocks.

The following four sets of maps illustrate GIS capabilities. Unlike other analysis methodologies based on planning and service area (PSA) and county-level demographics, GIS at the census-tract level takes into account the true variations for key aging indicators among Florida's elder population.

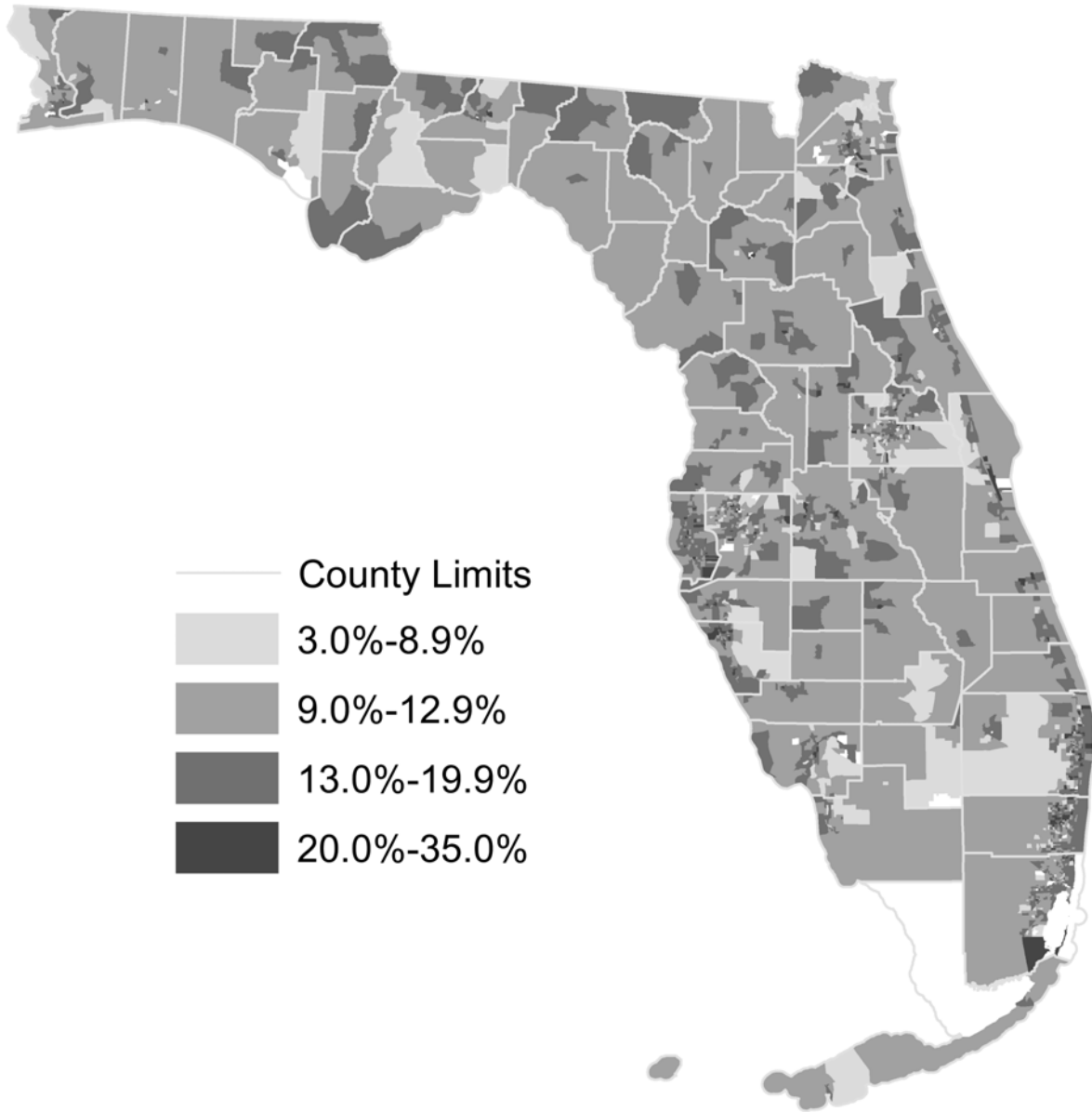
**Map Set 1: Elder Population With Alzheimer’s Disease By County and Census Tract**

The first set of two maps shows the percentage difference between the elder population with Alzheimer’s Disease at the county and census tract (CT) levels. Taking counties as unit of analysis the maximum percent population 65+ with Alzheimer’s disease is 13.2% but when the unit of analysis is a census tract, the maximum level is 35.1%. The five counties with the highest percentages of elders 65 and older with Alzheimer’s disease are Broward (13.2 percent), Pinellas (12.8), Palm Beach (12.7), Sarasota (12.3) and Pasco (12.3). Using CTs as units of analysis, however, percentages are much higher. The five CTs with the highest percentages of the 65+ population with Alzheimer’s disease are C.T. 2 in Lee County (35.1 percent), C.T. 259.01 in Pinellas County (34.0), C.T. 58.08 in Palm Beach County (30.5) and C.T. 15.03 in Alachua County (30.4). This suggests that “young” counties (with a lower overall incidence of elders) may have CTs with as high a prevalence of Alzheimer’s disease as their counterparts in “old” counties.

**Estimated Percent of Population Aged 65 and Older with Alzheimer’s’ Disease  
By County  
2003**



**Estimated Percent of Population Aged 65 and Older with Alzheimer's' Disease  
By Census Tract  
2000**

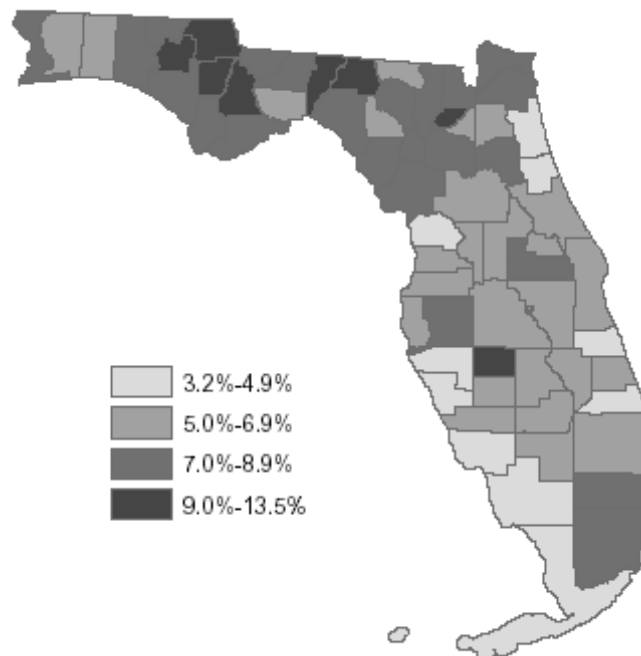


**Map Set 2: Elder Population With Multiple Disabilities By County and Census Tract**

The second set of two maps shows the difference between the percent of the elder population 65+ with multiple disabilities at the county and CT level. The county map indicates the highest percent as being 13.5 percent, but the CT map identifies the highest percentage as 71.7 percent. The five counties with the highest percentages are Jefferson (13.5 percent), Calhoun (12.1), Liberty (12.0), Union (11.1) and Jackson (10.6). The five CTs with the highest percentages are CT 26 in Palm Beach County (71.7 percent), CT 114.01 in Miami-Dade County (44.4), CT 15.03 in Alachua County (44.3), CT 10.06 in Miami-Dade County (42.6) and CT 10.02 in Leon County (37.7). The preeminence of CT 26 in Palm Beach should be viewed with the knowledge that this is a relatively small CT, with a total population of 419 and a 60+ population 60+ of 132. Using the county unit of analysis, the five counties with the highest percentage of the elder population with multiple disabilities are all rural North Florida counties. Once again, using the CT unit of analysis, “young” counties in the north may have CTs with as high a prevalence of elders with multiple disabilities as their counterparts in “old” counties in South Florida..

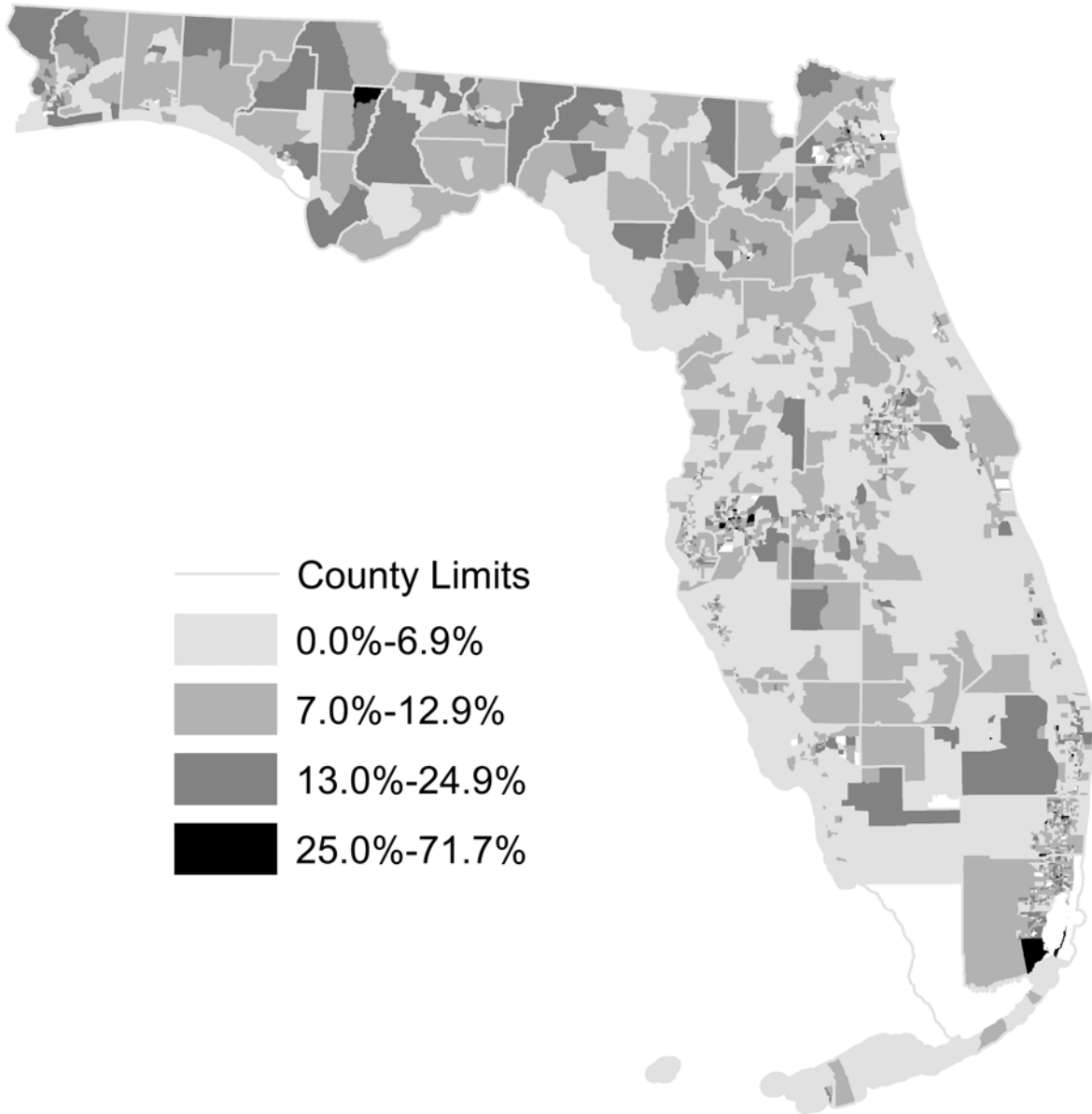
**Percent Elder Population Aged 65 and Older with Multiple Disabilities  
By County 2003**

**Having Two or More Disabilities including Self-Care Limitations**



**Percent Elder Population Aged 65 and Older with Multiple Disabilities  
By Census Tract 2000**

**Having Two or More Disabilities including Self-Care Limitations**



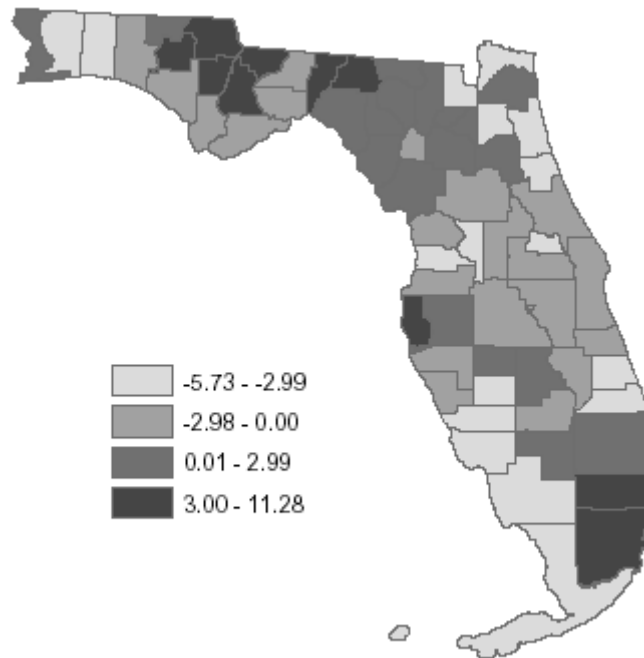
### ***Map Set 3: Elder Needs Index By County and Census Tract***

The third set of maps shows the difference between a constructed needs index at county and CT levels. The needs index is a composite measurement that sums up the following DOEA critical variables:

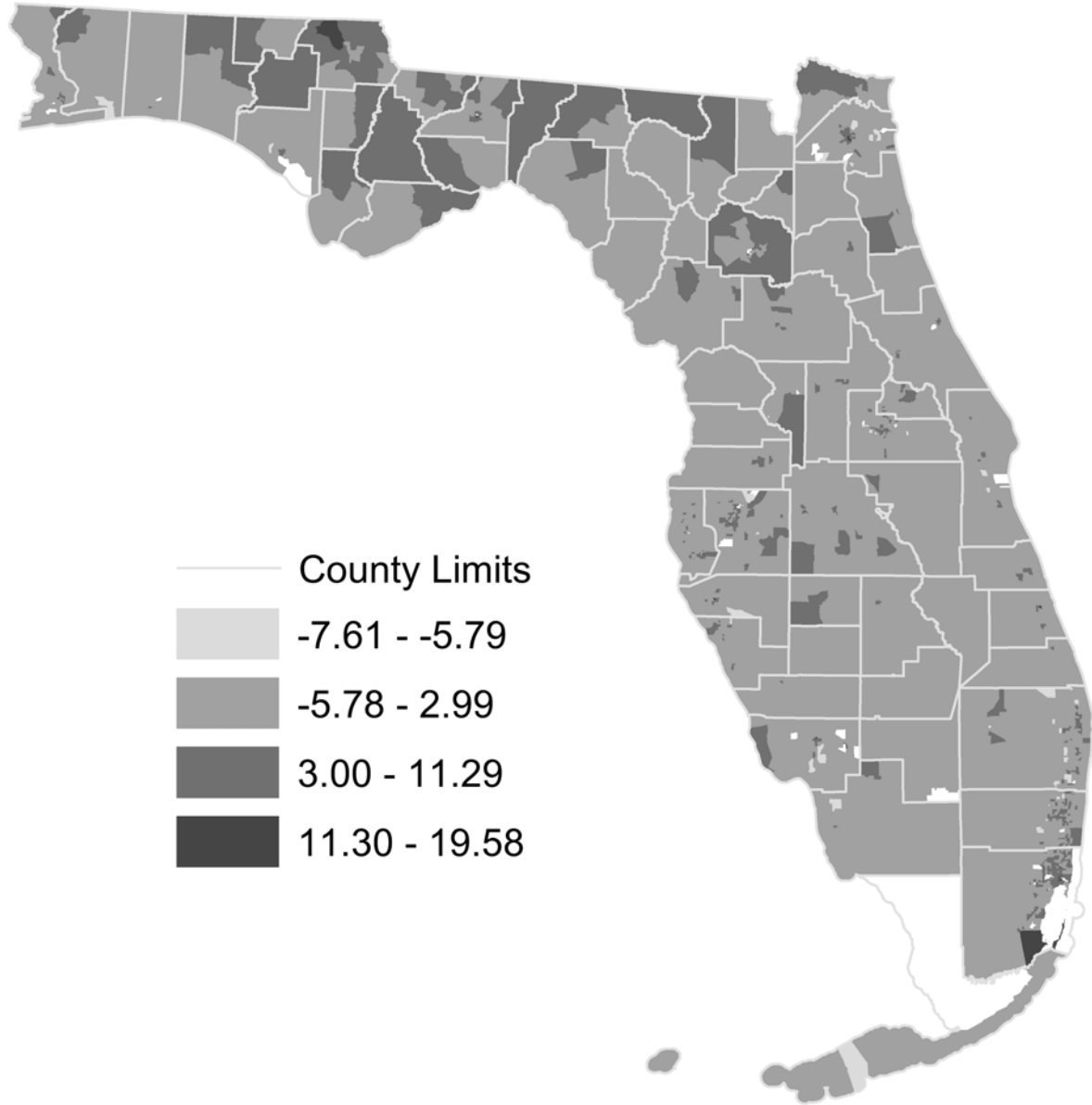
- Percent population age 60+ and 85+;
- Percent population 65+: Alzheimer's disease, multiple disabilities (including self-care limitations);
- Percent population 60+: Black, of Hispanic origin; and
- Percent rural population, and percent population 60+ living alone.

The highest county and CT needs indices are 11.28 and 19.58, respectively. The five counties with the highest needs indices are Miami-Dade (11.28), Madison (8.88), Jackson (8.01), Broward (7.35) and Calhoun (7.24). The five CTs with the highest needs indices are CT 259.01 in Pinellas County (19.58), CT 30.01 in Miami-Dade County (16.59), CT 9802 in Jackson County (16.06), CT 17 in Duval county (15.80), and CT 10 in Duval County (15.72).

#### **Elder's Need Index By County 2003**



**Elder's Need Index  
By Census Tract  
2000**



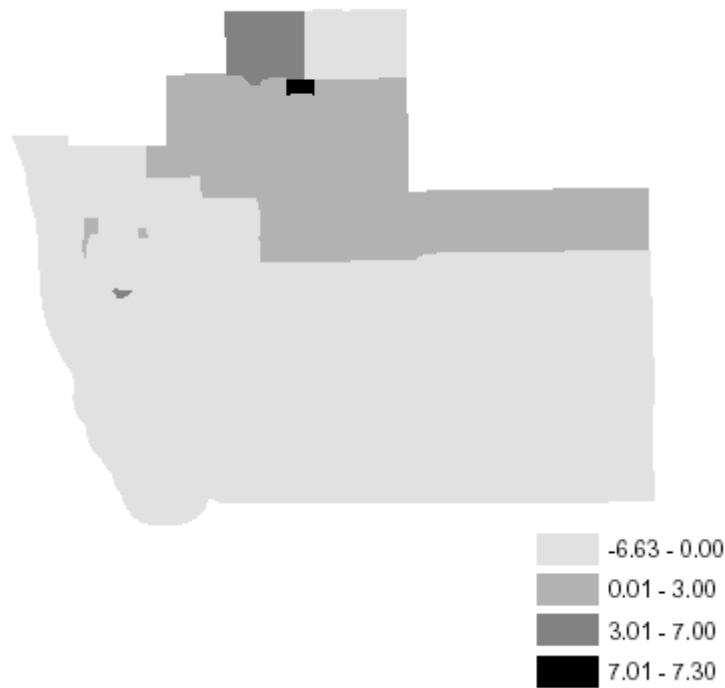


**Map Set 4: Elder Needs Index, Miami-Dade and Collier Counties**

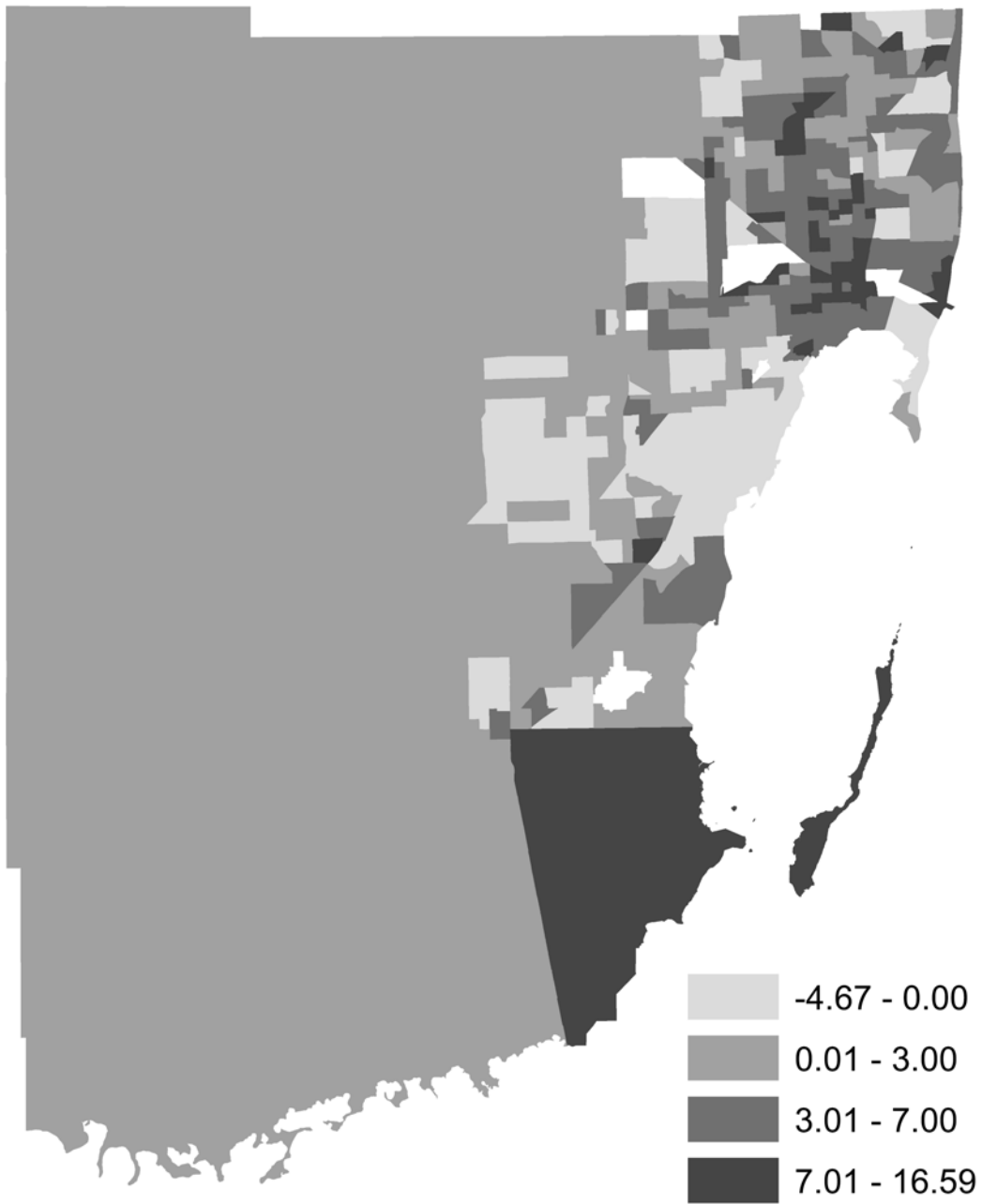
The fourth set of maps compares Miami-Dade County, with the highest elder needs index, (Miami-Dade) to Collier County, with the lowest index. However, an inspection of both maps will reveal that, in the highest map category of needs indices, identifying those areas with the highest level of need, Collier County has CTs that overlap high-need CTs in Miami-Dade.

As a general conclusion, elder needs indices tend to be higher in the most and least urbanized areas of the state. Variables most linked to the level of needs indices are presence of minorities, poverty level, and to some extent living arrangement (e.g., living alone). The needs index is highest, and the elder’s situation is most critical when all three variables exhibit a high value at the same time. Communities in which most elders have annual incomes below poverty level are characterized by a large minority elder population and a high incidence of elders who live alone. In most CTs in the northern part of the state, a high incidence of elders with disability is a fourth critical variable.

**Elder’s Need Index  
By Census Tract  
Collier County 2000**



**Elder's Need Index  
By Census Tract  
Miami-Dade County 2000**



## 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 Functions
Department of Elder Affairs	<ol style="list-style-type: none"> <li>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 appropriate to their needs)</li> <li>2. Going into nursing homes (placed in receivership) to assess individuals for potential community placement</li> <li>3. Contract and monitor home and community-based services for elders</li> <li>4. Special services for persons with Alzheimer's disease</li> <li>5. Policy development and rule promulgation for Chapter 400 Florida Statutes, long-term care programs and facilities except for nursing homes</li> <li>6. Approves or certifies Alzheimer's disease training providers and curriculum</li> <li>7. Ombudsman for nursing homes, assisted living facilities and adult family care homes</li> <li>8. Statewide Public Guardianship Office</li> <li>9. Office of Long-Term Care Policy</li> </ol>
Department of Children and Families	<ol style="list-style-type: none"> <li>1. Conduct financial eligibility for Medicaid services - all ages</li> <li>2. Contract and monitor for mental health and substance abuse services - all ages</li> <li>3. Administration and operation of state mental hospitals</li> <li>4. Developmental Disabilities (DD) services - contract and monitor Medicaid waiver services to DD population</li> <li>5. Protective Services (all ages)</li> <li>6. Contract and monitor home and community-based services for disabled adults</li> <li>7. Assistive Care Services</li> </ol>
Agency for Health Care Administration	<ol style="list-style-type: none"> <li>1. Designated single state Medicaid agency</li> <li>2. Long-term care facility licensure, regulation, inspections</li> <li>3. Payment of Medicaid claims</li> <li>4. Medicaid policy development, rule writing, fraud, and recoupment</li> <li>5. Policy development and rule promulgation for nursing homes, hospitals, nurse registries, etc.</li> <li>6. Hospitals, medical clinics, and home health agencies licensure and regulation</li> <li>7. Physical plant plan review for health care facilities</li> <li>8. Certificate of need (CON) for nursing homes</li> <li>9. Operate two managed long-term care programs - Frail Elder Option, Channeling</li> <li>10. Toll-free hotline for health care quality of care, billing or HMO concerns</li> </ol>
Department of Health	<ol style="list-style-type: none"> <li>1. Traumatic Brain and Spinal Cord Injury Program</li> <li>2. AIDS Programs - patient care programs for people who do not have insurance</li> <li>3. 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)</li> <li>4. Medical professional licensure</li> </ol>
Department of Veterans' Affairs	<ol style="list-style-type: none"> <li>1. Nursing home and domiciliary care for veterans</li> </ol>
Commission for the Transportation Disadvantaged	<ol style="list-style-type: none"> <li>1. Transportation to health care services, employment/training opportunities and other essential functions of daily living that Floridians cannot achieve on their own</li> </ol>

## 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's 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.

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

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

**Level of Care** - A term used to define medical eligibility for nursing home care under Medicaid and Medicaid Waiver community-based non-medical services. (To qualify for Medicaid Waiver or Assisted Living Medicaid Waiver services, the applicant must meet the nursing home level of care.) Level of care 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

AFA – Ambassadors for Aging

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) or CARES Management System

COLA – Cost of Living Adjustment

DOEA - Department of Elder Affairs

ECO - Emergency Coordinating Officer

EHEAEP - Emergency Home Energy Assistance for the Elderly Program

ESF - Emergency Support Functions

GIS – Geographic Information System



HCBS - Home and Community-based Services

HCE - Home Care for the Elderly

HIPAA – Health Insurance Portability and Accessibility Act

HMO - Health Maintenance Organization

HUD - Department of Housing and Urban Development

IADL - Instrumental Activities of Daily Living

ICP – Institutional Care Program

LSP - Local Services Programs

LTCOP - Long-term Care Ombudsman Program

MIS - Management Information System

NASUA - National Association of State Units on Aging

NSIP – Nutrition Services Incentive Program

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

SALT – Seniors and Law Enforcement Together

SCSEP - Senior Community Service Employment Program

SHINE - Serving Health Insurance Needs of Elders

SHMO - Social Health Maintenance Organization

SPGO – State Public Guardianship Office

STARS - Services Through Alzheimer’s Relief Systems

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