

FLORIDA
DEPARTMENT OF
ELDER AFFAIRS

2005

Summary of Programs & Services

Jeb Bush
Governor

Susan M. Tucker
Interim Secretary





Department of Elder Affairs

JEB BUSH

GOVERNOR

SUSAN M. TUCKER

*INTERIM
SECRETARY*

Summary of Programs and Services

JANUARY 2005

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This document is produced by the Florida Department of Elder Affairs and updated periodically to provide the public and the Legislature information about programs and services for Florida's elders. Services and programs for elders vary in relation to consumer needs, demographics, funding availability and legislative directives. This Summary of Programs and Services, unless otherwise notated, contains information and data compiled as of November 2004.

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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**2005
SUMMARY OF
PROGRAMS & SERVICES**

SECTION A



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Florida Department of Elder Affairs

Overview

JEB BUSH, GOVERNOR

SUSAN M. TUCKER, INTERIM 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. By working together with many community-based organizations, the Department is able to provide elders and their caregivers information on how to live healthy lives. Many services, such as adult day care, transportation and chore, are offered to people based on various criteria such as age, income level and health status.

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

Demographically, 23 percent of the population of Florida is age 60 and older. Floridians age 75 and older make up 8.6 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 population age 55 and older.

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. 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 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

**71 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
City of Coral Springs
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
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 Ocala
City of Ocoee
Orange County
City of Orlando
City of Ormond Beach
Osceola County
City of Oviedo
(continued on next page)

recommendations to the Governor and the Legislature.

The Department of Elder Affairs, in partnership with the Advisory Council, gives attention to activities that 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.

PRINCIPLES GOVERNING THE DEPARTMENT'S SERVICES

I. The Blueprint: Florida's Golden Choices

Golden Choices is the vision and guiding principles for Governor Jeb Bush, Lieutenant Governor Toni Jennings and Interim Secretary Susan M. Tucker concerning elder independence and security. Florida's Golden Choices are as follows:

- ***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.

II. Communities for a Lifetime

Governor Jeb Bush's *Communities for a Lifetime* initiative, introduced early in his administration, addresses the future challenges of a rapidly growing and aging population. By November 2004, more than 70 communities have become 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.

During 2004, *Communities for a Lifetime* was recognized by the National Governors Association as one of twenty actions governors can take to prepare for the upcoming retirement and aging of the baby

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
 City of Seminole
 City of South Pasadena
 City of Stuart
 City of Sunrise
 City of Tallahassee
 City of Tamarac
 City of Tarpon Springs
 City of Venice
 Volusia County
 City of West Palm Beach
 City of Windermere
 City of Winter Garden
 City of Winter Park

The Elder Services Network

- 11 Area Agencies on Aging
- 58 Community Care Lead Agencies
- 2,265 Assisted Living Facilities
- 665 Nursing Homes
- 475 Municipalities and local governments
- 56,380 Volunteers

boomer population. 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 of the *Communities for a Lifetime* initiative are reflected in all Department programs.

III. Aging Resource Centers

Launched in 2004 by landmark state legislation (Chapter 430.2053, Florida Statutes), three of Florida’s 11 Area Agencies on Aging will transition into Aging Resource Centers (ARCs) and begin operating by July 1, 2005. The concept of Florida’s ARCs began in July 2003 when the Department, acting on a recommendation from the Office of Long-Term Care Policy and its Advisory Council, applied for a federal grant from the Administration on Aging and the Centers for Medicare and Medicaid Services to establish at least two pilot projects to work as Aging and Disability Resource Centers (ADRCs). In April 2004, DOEA received the federal grant.

Later, upon the passage of state legislation creating ARCs in June 2004, the Department amended the federal grant proposal to complement the new state requirements. The most striking difference between the two projects is that in addition to serving elders, ADRCs also provide a one-stop link to long-term care for disability populations. Through this grant, Florida’s ADRCs will target adults (age 18 and older) with severe mental health problems as well as elders.

Why ARCs Are Needed

The current long-term care network in Florida consists of multiple federal and state initiatives to provide assistance and care to elderly persons in need. These programs include the federal Older Americans Act (OAA), state initiatives such as Community Care for the Elderly (CCE) and the Alzheimer’s Disease Initiative and the jointly funded Medicaid program.

The elder services network that provides publicly funded long-term care includes the Department of Elder Affairs (the state unit on aging), 11 Area Agencies on Aging (AAAs), more than 50 CCE lead agencies and several hundred local service providers. While the system generally provides high quality services to its clients, the aging network can be a complicated maze for elderly persons and their families.

The development of ARCs will make the system easier to navigate and

Other State Agencies

- Agency for Health Care Administration (AHCA) – oversees the Medicaid program
- Department of Children and Families (DCF) – determines technical and financial eligibility for Medicaid services

About Aging Resource Centers

Primary functions:

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

Computer-based protocol:

- Screen applicants before entering the system and provide information about services;
- Determine eligibility in accordance with clear and consistent client prioritization; and
- Allocate funding using criteria that accurately reflect public policy established by the Department.

make long-term care responsibilities more efficient. ARCs will build on the strengths of the current long-term care network and enhance the opportunities for Florida’s citizens to receive services in a seamless and highly responsive manner.

What ARCs Will Do

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

ARCs will also be co-located, either physically or virtually, with the organizations that provide eligibility determination for services – namely, DOEAs’ Comprehensive Assessment and Review for Long-Term Care Services (CARES) program and Department of Children & Families’ Economic Self Sufficiency unit. Eligibility determination will continue to be performed by the state programs that currently perform the screenings, yet as a client advocate, the ARC will ensure that the function occurs as efficiently and expeditiously as possible.

For complete information about the transitioning of Area Agencies on Aging into Aging Resource Centers, please consult the *Aging Resource Centers Implementation Plan 2004-2007*.

DIVISION AND UNIT RESPONSIBILITIES
WITHIN THE DEPARTMENT

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.

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 Florida's Area Agencies on Aging (AAAs), which are mandated by the federal government under the Older Americans Act.

Office of the Secretary

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.

***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.

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 the General Counsel and Legislative Affairs

The Office of the General Counsel 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.

Elder Rights

The newly formed Elder Rights unit shifts to the Office of the General Counsel and Legislative Affairs DOEA programs that assist elders to age with security. These programs help ensure protection from abuse, neglect and other crimes at home, in the community and in institutional care:

- **Crimes Against Elders** – Provides education and outreach to identify and prevent elder abuse, neglect, fraud and exploitation and develops public safety initiatives that 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.
- **Legal Services Development** – As required by the federal Older Americans Act, develops and coordinates the state's legal services and elder-rights programs.
- **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.
- **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.

Legislative Affairs

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.

Statewide Public Guardianship Office

Established October 1, 1999 (Chapter 744.701 - 744.709, Florida Statutes), the Statewide Public Guardianship Office (SPGO) currently has 16 local Offices of Public Guardian in the state. Local offices provide guardianship services primarily to indigent persons who lack the capacity to make their own decisions and have no willing or able family or friend to act as their guardian. When this situation occurs, a court may appoint a guardian. SPGO is also responsible for the registration and education of professional guardians. SPGO can be reached by calling (850) 414-2381.

Office of Inspector General

The Office of Inspector General provides independent, objective assurance and consulting activities designed to add value and improve the agency's operations. The 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 the Deputy Secretary

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

Office of the Deputy Secretary

Division of Administrative Services

The Division coordinates organization, direction and support for all functions related to accounting and finance, budgeting, contract administration, contracts, procurement, revenue management, property and records management and personnel services/human services. In addition, Contract Administration writes all department contracts and solicitations, with input from other divisions as appropriate, as well as maintains all official contract and solicitation files. 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.

Disaster Preparedness

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 Disaster and 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, floods and bio-terrorism.

Monitoring/Quality Assurance

The newly formed Monitoring/Quality Assurance Unit assembles within the Division of Administrative Services the roles necessary for evaluating the programs and services administered by the 11 Area Agencies on Aging and other organizations contracting with the Department. This unit will assure that the conditions of the contracts are addressed. Contracted programs include the federally funded Older Americans Act, Emergency Home Energy Assistance for the Elderly and Food and Nutrition Services programs, as well as the state-funded Community Care for the Elderly, Alzheimer’s Disease Initiative and Home Care for the Elderly programs.

Cost Savings

The state had a cost avoidance in fiscal year 2003-2004 of more than \$699 million in general revenue expenditures in nursing home payments by spending \$288.8 million in Home and Community-based Services.

Division of Management Information Systems

The Division of Management Information Systems (MIS) provides valuable technical support to both the Department's employees and private non-profit partners statewide, specifically the Area Agencies on Aging Information Technology units. 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 (HIPAA) of 1996, Public Law 104-191. MIS is divided into three functional groups as follows:

Applications Support

This group is responsible for maintenance of all applications developed for the Department and for most commercial off-the-shelf applications. The two major Department 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 that are application specific.

Enterprise Support

This group is responsible for providing technology support to all Department employees, as well as Area Agencies on Aging, located throughout the state. The group maintains, supports, troubleshoots and implements various software and hardware technologies for the Department, including, but not limited to computers, software and other wireless technologies. The group uses the Enterprise Technologies Service Desk, whose professionals serve as a frontline staff to assist in providing customer service and case management solutions for tracking of support requests.

Technical Support

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

Unit 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 2003 -2004 included:

- 4.8 million “Meals on Wheels” delivered to shut-in elders;
- 4.2 million meals served at nutrition sites, preventing isolation and loneliness;
- 1.1 million hours of caregiver respite;
- 1.2 million hours of homemaker and personal care; and
- 1.5 million trips to or from doctor’s appointments, senior centers and shopping.

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.

Aging Resource Center Development

After the passage of state legislation creating Aging Resource Centers (ARC) in June 2004, the ARC Development Unit was created. A part of the Planning and Evaluation unit, this newly formed unit works with Area Agencies on Aging, other state agencies and aging network stakeholders to develop and plan for transitioning Area Agencies on Aging into ARCs.

Division of Statewide Community-Based Services

The Division of Statewide Community-Based Services provides nursing-home and pre-admission pre-screening and support and oversight for the Department’s Medicaid Waiver programs that are operated in partnership with the Agency for Health Care Administration, Florida’s designated Medicaid agency. Like other Medicaid programs, Medicaid Waiver programs are provided by joint state and federal funds; however, Medicaid Waiver programs authorize the state to provide care in a home, or in a community setting such as an assisted living facility or adult day care center rather than in an institutional setting such as a skilled nursing facility. These Medicaid Waiver programs provide consumers independence and a choice of care settings with the goal of also reducing care costs.

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

CARES staff members identify the long-term care needs of individuals, establish level-of-care determination and if appropriate, suggest less restrictive alternatives through choice

counseling of care settings. CARES is Florida's federally mandated nursing-home pre-admission assessment program.

Long-Term Care and Support

The Long-Term Care and Support Unit administers the contracts with Area Agencies on Aging and local service providers to provide the Department's Medicaid Waiver programs to individuals who qualify for nursing-home level of care. These programs include the following:

- **Consumer Directed Care Plus Program (CDC+)** – This program provides consumers the flexibility to be in charge of directing their own care by allowing them to manage a budget and purchase home and community-based services that meet their needs. Modeled after a pilot project begun in 2000, the CDC+ program was implemented in January 2004. The Agency for Health Care Administration coordinates the program's day-to-day operation and administration through interagency agreements with participating departments.
- **Long-Term Care Community-Based Diversion Project** – Designed to target the frailest individuals who would otherwise qualify for Medicaid nursing home placement, 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 through the use of managed care principles. This program, implemented in consultation with the Agency of Health Care Administration, has been expanded from four service providers in four counties and 950 enrollments in October 2003 to 13 providers in 24 counties and 5,750 enrollments in November 2004.
- **Medicaid Adult Day Health Care Waiver** – Provides adults age 75 and older day services with the added benefit of therapies, creating a one-stop center for all community-based services and health care needs. Implemented in two counties in consultation with the Agency of Health Care Administration.
- **Medicaid Aged and Disabled Adult Waiver (ADA)** – Assists Medicaid eligible frail elders and persons with disabilities, who are 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 Alzheimer's Disease Waiver** – Provides home and community-based services to people age 60 and older with Alzheimer's disease who are living with a caregiver. Implemented in consultation with the Agency of Health Care Administration, the program is approved for three years in four counties.
- **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.
- **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.

Quality Improvement Unit

Through the utilization of data and other indicators of quality, this newly created unit will initiate actions that lead to continuous improvements in the Medicaid Waiver programs administered by the Department. By initially focusing on participant's rights, responsibilities and satisfaction, this unit will identify and implement strategies to improve the provision of home and community-based services for older adults.

Division of Volunteer and Community Services

The Division of Volunteer and Community Services provides support and oversight for the Department's non-Medicaid 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 the federally funded Older Americans Act (OAA), Emergency Home Energy Assistance for the Elderly and Food and Nutrition Services programs, as

well as the state-funded Community Care for the Elderly, Alzheimer's Disease Initiative and Home Care for the Elderly programs.

The Division also supports services provided directly by the Department or contracted to entities other than Area Agencies on Aging. These services include the Adult Care Food Program, Elder Farmers' Market Nutrition Program, Memory Disorder Clinics, Brain Bank and the Senior Community Service Employment Program. The Division also approves Alzheimer's disease training providers and training curricula for specified nursing home and assisted living facility staff.

Elder Volunteers

In 2003, 56,380 volunteers provided more than 2.1 million hours of service valued at more than \$36.8 million.

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; and
- Individuals desiring to enhance their communities through volunteerism.

Community Support and Services

The Community Support and Services Unit shifts to the Division of Volunteer and Community Services most of the non-Medicaid, community-based programs that assist elders to remain in their own homes and avoid institutional care. Organized in this unit are the following teams:

- **Aging Resource Center Implementation/Rapid Response Team** – The newly formed Aging Resource Center Implementation/Rapid Response Team assists Area Agencies on Aging and other contracting organizations in implementing programs and services at the regional and local levels. In addition to having primary responsibility for implementation of the Aging Resource Centers, this team provides contract management and technical support to organizations in implementing Department's community-based services provided through the following funding streams:
 - **Older Americans Act Services (OAA)** – Through federal funds from the Administration on Aging, 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.

- **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.
- **Alzheimer's Disease Initiative (ADI)** – Utilizes state funds to provide caregiver training and support including counseling, consumable medical supplies and respite for caregiver relief; Memory Disorder Clinics to provide diagnosis, research, treatment and referral; model day care programs to test new care alternatives; and a research database and Brain Bank to support research.

ADI services are provided in conjunction with the Alzheimer's Disease Advisory Committee which 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.

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

- **Emergency Home Energy Assistance for the Elderly** – Utilizing federal funds, assists low-income households with at least one person age 60 or older during a home energy emergency.
- **Caregiver Support** – Provides caregiver support through programs such as the OAA National Family Caregiver Support Program, Respite for Elders Living in Everyday Families (RELIEF), AmeriCorps, Senior Companion, Support Through Alzheimer’s Relief Systems (STARS) and Dementia Caregivers Telehealth Support Program (AlzOnLine).
- **Nutrition** – Assists providers of OAA nutrition programs in providing quality services, as well as the following programs:
 - **Adult Care Food Program** – Assists eligible Adult Care Centers and Mental Health Day Centers in providing meals to elders.
 - **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.

Wellness, Employment and Volunteer Services

The Wellness, Employment and Volunteer Services Unit administers programs that assist communities in creating environments that acknowledge and involve the life experience and valuable contributions of older adults. These programs help ensure the continued healthy aging of older adults:

- **Ambassadors for Aging** – Recruits citizens into service as Ambassadors for Aging to help educate community leaders and citizens on important issues affecting elders.
- **Communities for a Lifetime** – This Governor’s initiative involves communities in 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.
- **Employment** – In addition to administering the OAA Senior Community Service Employment Program (SCSEP), the Department works to increase awareness among the workforce and employers of the benefits of older workers.
- **Health and Wellness** – Provide opportunities for 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.

- **Intergenerational Connections** – Coordinates activities and education opportunities that are mutually beneficial to elders and youth.
- **Volunteer and Community Services** – Assists community-based services with coordinating volunteers in a variety of settings, including schools and other not-for-profit organizations.

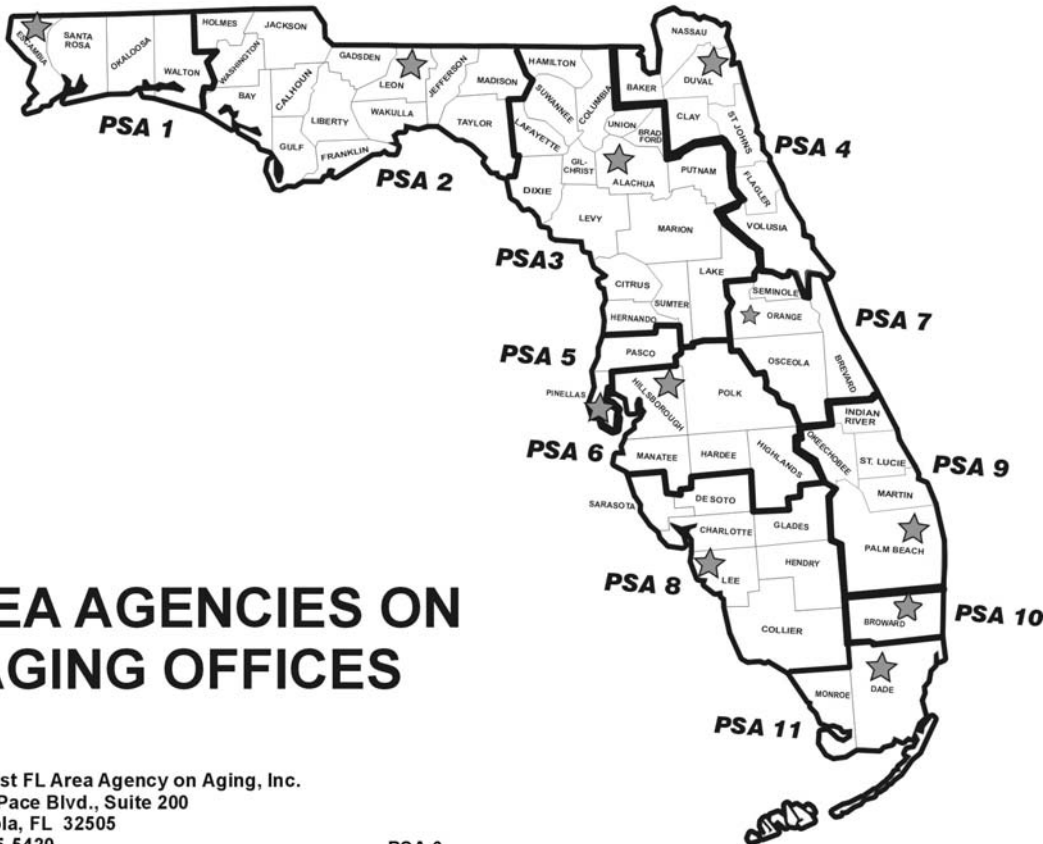
**Office of
Long-Term Care Policy**

Office Of Long-Term Care Policy

The Office of Long-Term Care Policy is the primary office in charge of coordinating all state agencies' policies on long-term care issues, with an emphasis on diversion to non-institutional settings. The 2004 Legislature amended the structure of the Office of Long-Term Care Policy that was originally created during the 2002 regular legislative session. Instead of being housed within the Department of Elder Affairs, the Office now directly reports to Governor Bush and is administratively housed within the Department. Governor Bush appoints the Director.

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.
2414 Mahan Drive
Tallahassee, FL 32308
(850) 488-0055

PSA 3
Mid Florida Area Agency on Aging, Inc.
5700 SW 34th Street, Suite 222
Gainesville, FL 32608
(352) 378-6649

PSA 4
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 200
Petersburg, FL 33702
(727) 570-9696

PSA 6
W. Central FL Area Agency on Aging, Inc.
5905 Breckenridge Parkway
Suite F
Tampa, FL 33610
(813) 740-3888

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

PSA 8
Senior Solutions of SW Florida, Inc.
2285 First Street
Fort Myers, FL 33901
(239) 332-4233

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

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

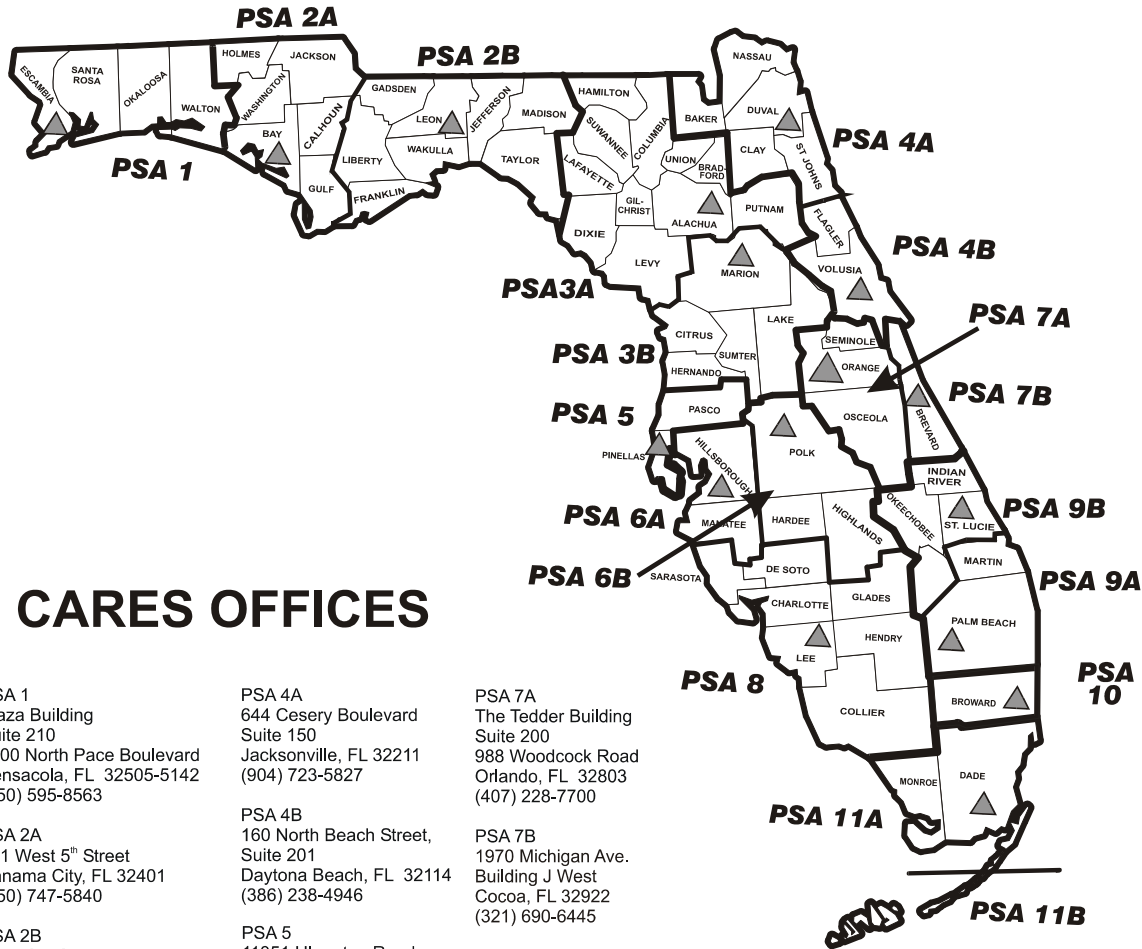
PSA 11
Alliance for Aging, Inc.
9500 South Dadeland Blvd.
Suite 400
Miami, FL 33156
(305) 670-6500

(PSA- Planning and Service Area)

Aging Services Network

CARES

Comprehensive Assessment and Review for Long-Term Care Services



CARES OFFICES

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

PSA 2A
101 West 5th Street
Panama City, FL 32401
(850) 747-5840

PSA 2B
2002 Old St. Augustine Rd.
Suite E-40
Tallahassee, FL 32301
(850) 414-9803

PSA 3A
3801 NW 40th Terrace
Suite A
Gainesville, FL 32606-6183
(352) 955-6560

PSA 3B
2210 SE 17th Street
Suite 301
Ocala, FL 34471
(352) 620-3457

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

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

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

PSA 6A
701 West Fletcher Ave.,
Suite D
Tampa, FL 33612
(813) 631-5300

PSA 6B
200 North Kentucky Ave.
Suite 302
Lakeland, FL 33801
(863) 680-5584

PSA 7A
The Tedder Building
Suite 200
988 Woodcock Road
Orlando, FL 32803
(407) 228-7700

PSA 7B
1970 Michigan Ave.
Building J West
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

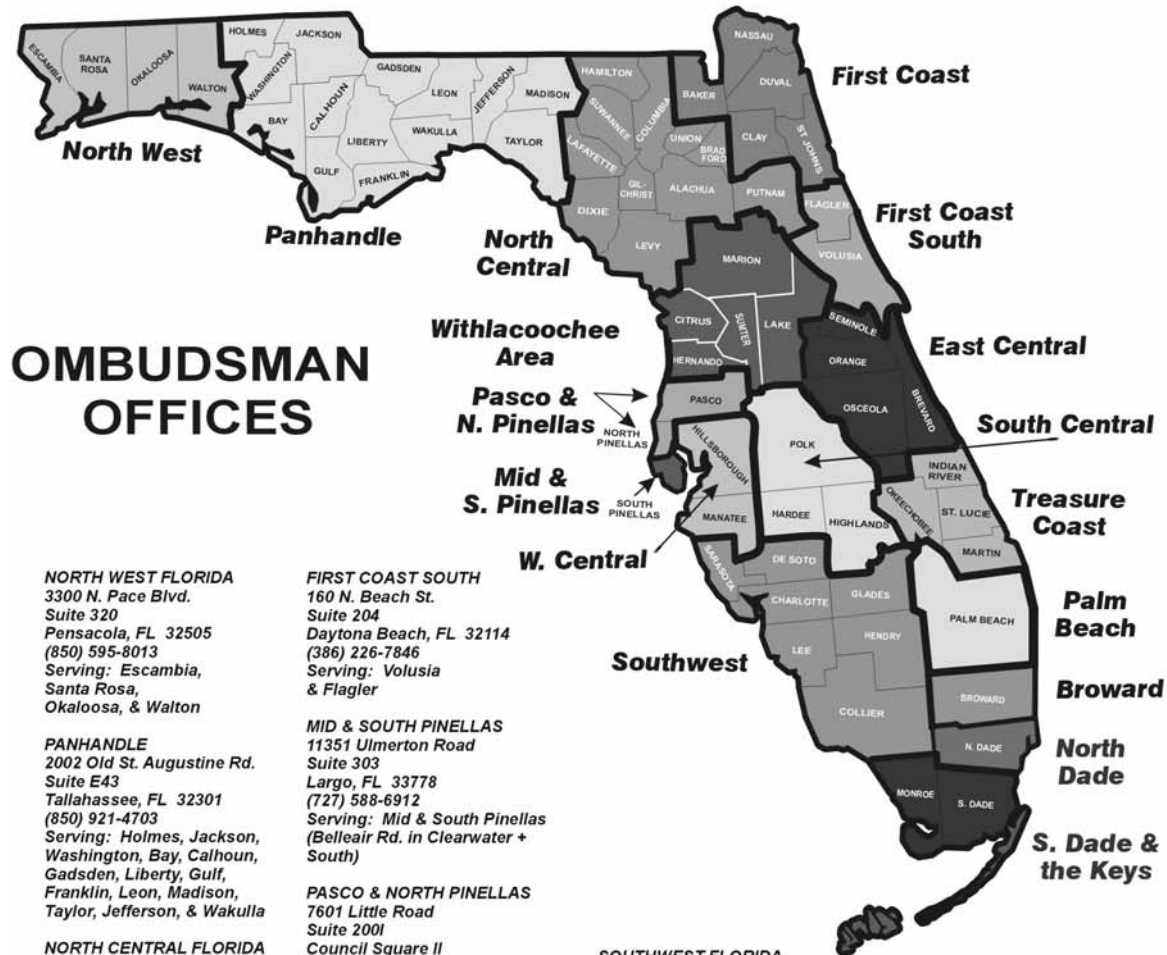
PSA 10
7771 West Oakland Park Blvd
Suite 123
Sunrise, FL 33351
(954) 746-1773

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 16th 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 303
Largo, FL 33778
(727) 588-6912
Serving: Mid & South Pinellas
(Belleair Rd. in Clearwater +
South)

PASCO & NORTH PINELLAS
7601 Little Road
Suite 200
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) 558-5591
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
988 Woodcock Road
Suite 200
Orlando, FL 32801
(407) 228-7752
Serving: Orange, Seminole,
Brevard, & Osceola

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

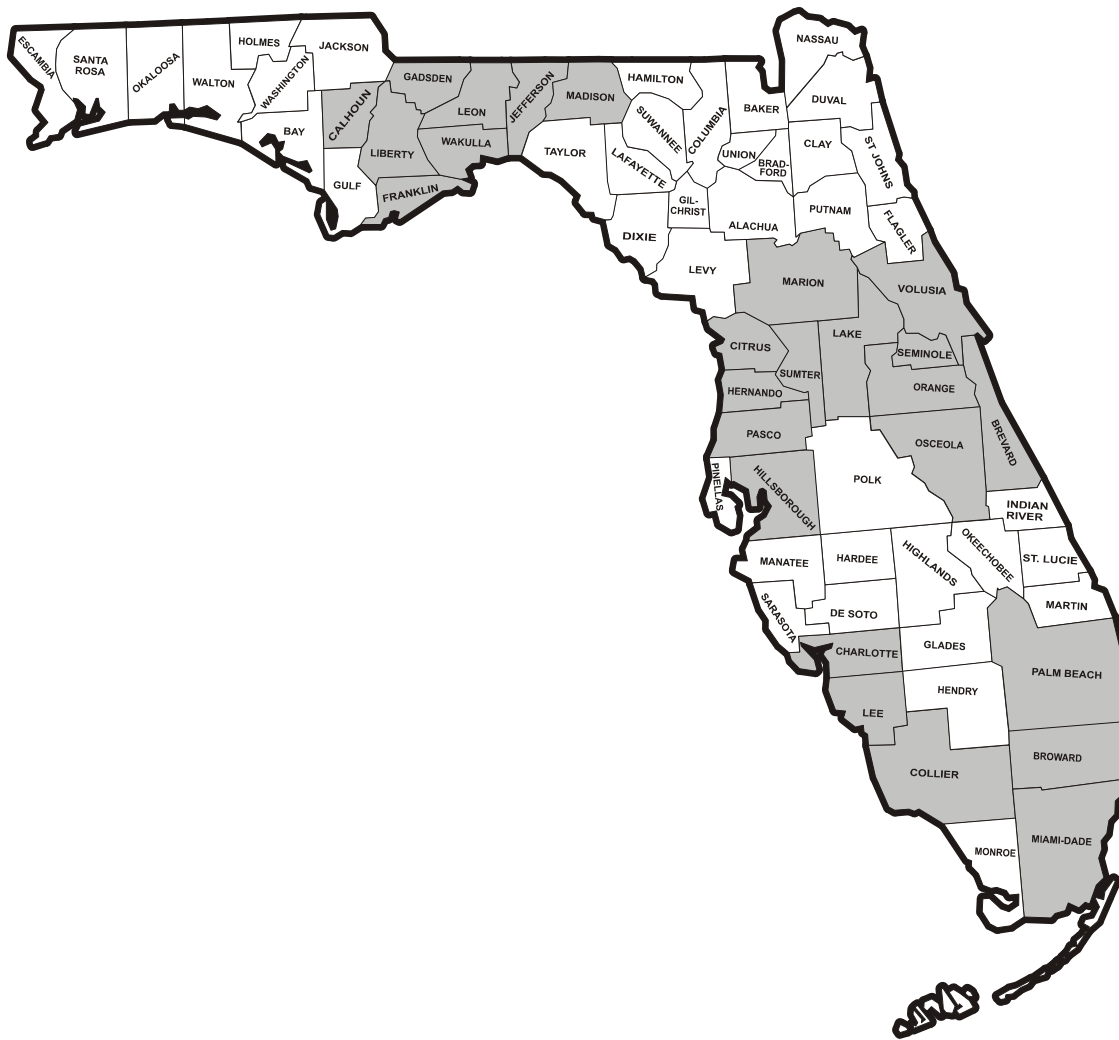
PALM BEACH COUNTY
111 S. Sapodilla Avenue
#125 A-B-C
West Palm Beach, FL 33401
(561) 837-5038
Serving: Palm Beach
TREASURE COAST
337 N 4th St.
Room 107D
Ft. Pierce, FL 34950
(772) 595-1385
Serving: Martin, St. Lucie,
Indian River, & Okeechobee

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 47th 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

**2005
SUMMARY OF
PROGRAMS & SERVICES**

SECTION B



**S
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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 state fiscal year 2003-2004 (July 1, 2003, through June 30, 2004), federal fiscal year 2003-2004 (October 1, 2003 through September 30, 2004) or, in the case of programs operating on a calendar year, January 1 through December 31, 2003, as the case may be. Programs that ceased operations at the conclusion of their respective program years are so noted in Section C of the Summary of Programs and Services.

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

AC	AmeriCorps	HRNPE	High-Risk Nutrition Program for the Elderly**
ACFP	Adult Care Food Program	IC	Intergenerational Connections
ADI	Alzheimer's Disease Initiative	LSP	Local Services Programs
ADTA	Alzheimer's Disease Training Approval	LTCOP	Long-Term Care Ombudsman Program
ALW	Medicaid Assisted Living for the Frail Elderly Waiver	MW	Medicaid Aged and Disabled Adult Waiver
CAE	Crimes Against Elders	NDP	Not a Department program
CARES	Comprehensive Assessment and Review for Long-Term Care Services	OAA	Older Americans Act
CBDP	Long-Term Care Community-Based Diversion Project	OES	Osteoporosis Education and Screening
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
CDC	Consumer Directed Care	SC	Senior Companions
CH	Coming Home Program	SCSEP	Senior Community Service Employment Program (OAA Title V)
CS	Contracted Services	SHINE	Serving Health Insurance Needs of Elders
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
HCE	Home Care for the Elderly		

*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.

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

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Adult Day Care	Therapeutic social and health activities and services provided to adults who have functional impairments, in a protective environment as non-institutional as possible.	Hours	CCE, LSP, OAA	734,970
Adult Day Care	Provides nutritious, wholesome meals to Adult Day Care clients.	Clients served	ACFP	7,327
Adult Day Health Care	Services furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.	Hours	CCE, OAA	22,594
Assisted Living Comprehensive Services	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	262
Basic Subsidy	A fixed sum cash payment made to an eligible caregiver each month to reimburse some of their expenses of caring for the client. A basic subsidy is provided for support and maintenance of the care recipient, including medical costs not covered by Medicaid, Medicare, or any other insurance.	Months of service	HCE	37,055
Caregiver Forum (Group)	(See "Caregiver Training/Support" below.)	Episodes	OAA	2
Caregiver Forum (Individual)	(See "Caregiver Training/Support" below.)	Episodes	OAA	24

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Caregiver Training/ Support	Training of caregivers, individually or in group settings, to: reduce stress, increase coping skills, provide strategies for effective management of caregiving tasks, and enable them to provide high quality care to recipients within the home. Caregiver training and support may be provided through forums which include community workshops, seminars, and other organized local, regional or statewide events. Support may also be provided to caregivers through telecommunications media.	Hours	ADI, CCE, OAA	11,770
Case Aide	Services that are adjunctive and supplemental to case management services and are provided by paraprofessionals under the direction of case managers or designated supervisory staff.	Hours	ADI, CCE, LSP, MW, OAA	25,508
Case Aide - Vendor Payment	(See above definition.)	Hours	HCE	885
Case Management	A client centered service that assists individuals in identifying physical and emotional needs and problems through an interview and assessment process; discussing and developing a plan for services which addresses these needs; arranging and coordinating agreed-upon services; and monitoring the quality and effectiveness of the services. Case Management is a service for actively enrolled clients that provides continuing support and addresses the changing needs of clients.	Hours	ADI, ALW, CCDA, CCE, LSP, MW, OAA	155,138
Case Management	(See above definition.)	Hours	CCE	69
Case Management - Vendor Payment	(See above definition.)	Hours	CCE, HCE	12,857

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Child Day Care	Services provided to a minor child, not more than 18 years old, residing with a grandparent or other related caregiver age 60 and older.	Hours	OAA	214
Chore	The performance of routine house or yard tasks including such jobs as seasonal cleaning; yard work; lifting and moving furniture, appliances, or heavy objects; household repairs which do not require a permit or specialist; and household maintenance. Pest control may be included when not performed as a distinct activity.	Hours	CCE, LSP, OAA	17,271
Chore – Vendor Payment	(See above definition.)	Hours	HCE	62
Chore (Enhanced)	Performance of any house or yard task beyond the scope of chore due to more demanding circumstances requiring more intensified thorough cleaning.	Hours	CCE, OAA	1,015
Companionship	Visiting a client who is socially and/or geographically isolated, for the purpose of relieving loneliness and providing continuing social contact with the community by casual conversation, providing assistance with reading, writing letters, entertaining games, escorting a client to a doctor's appointment and diversional activities such as going to the movies, the mall, the library or grocery shopping.	Hours	CCE, MW, OAA,	95,275
Congregate Meals	The provision of a meal at a congregate meal site which complies with the Dietary Guidelines for Americans and provides 1/3 daily RDA for individuals 51 years or older as established by Food and Nutrition Board of National Academy of Sciences.	Meals	CS, HRNPE, LSP, NDP, OAA	5,435,535
Congregate Meals (Screening)	Conducts assessments for congregate-meal applicants or recipients, with referral and follow-up as needed.	Hours	OAA	3,133

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Counseling	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, OAA	29,283
Counseling – Vendor Payment	(See above definition.)	Hours	HCE	11
Counseling (Gerontological) - Group	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	LSP, OAA	1,899
Counseling - Support Group	(See above definition.)	Hours	OAA	516
Counseling (Gerontological) - Individual	(See above definition.)	Hours	ADI, CCE, LSP, OAA	26,230
Counseling (Medicare and Health Insurance)	Provides Medicare and health insurance education, counseling and assistance to Medicare recipients, their families and caregivers.	Consumers served	SHINE	96,149

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Counseling (Mental Health Counseling/ Screening)	Services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group and family therapy provided to individuals using techniques appropriate to this population.	Hours	CCE, CS, LSP, OAA	813
Disease Information	Providing information to individuals, families, caregivers, and the general public about chronic conditions and diseases; prevention measures and services, treatment, rehabilitation and coping strategies for those factors which cannot change. This can be done on a one-on-one or group basis.	Episodes	OAA	1,045
Education/ Training	(1) Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities; (2) Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience or skills; to increase awareness in such areas as crime or accident prevention; promoting personal enrichment; and to increase or gain skills in a specific craft, trade, job or occupation. Training individuals or groups in guardianship proceedings of older individuals if other adequate representation is unavailable can also be done; and (3) Training conducted by Alzheimer's Disease Initiative Memory Disorder Clinics is designed to increase understanding of the disease and facilitate management of persons with Alzheimer's disease by their caregivers and health professionals.	Hours	OAA	100,076

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Education/ Training - Group	(See "Education/Training" definition on page 33.)	Episodes	ADI, OAA	11,906
Education/ Training - Individual	(See "Education/Training" definition on page 33.)	Episodes	ADI, OAA	855
Education - Public	(See "Education/Training" definition on page 33.)	Episodes	OAA	5,754
Emergency Alert Response	A community-based electronic surveillance service which monitors the frail homebound elder by means of an electronic communication link with a response center.	Days	CCE, LSP, MW, OAA	843,772
Emergency Home Repair	Provides critically-needed home repairs, modifications and alterations.	Episodes	CCE	13
Employment and Job Training	Provides low-income persons age 55 and older who have poor employment prospects with paid work experience in community-service agencies followed by placement in unsubsidized jobs.	Clients served	SCSEP	1,730
Escort	Personal accompaniment and assistance to a person who has difficulties (physical or cognitive) using regular vehicular transportation. The accompaniment and assistance is provided to individuals to or from service providers, medical appointments, or other destinations needed by the client. Escort is essential during travel to provide safety, security and support.	One-way trips	CCE, OAA	7,042
Financial Risk Reduction (Assessment)	Provides ongoing assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities and expenditures.	Hours	CCE	51
Financial Risk Reduction (Maintenance)	(See above description.)	Hours	CCE	357

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Health Promotion	Offers individual and/or group sessions that assist participants to understand how lifestyle impacts physical and mental health and to develop personal practices that enhance total well-being. Services are provided at multipurpose senior centers, congregate meal sites and other appropriate places that target elders that are low income, minorities, or medically under served. Services related to health promotion include, health risk assessments, routine health screenings, home injury control services, mental health screenings for prevention and diagnosis, medication management screening and education, gerontological counseling, and the distribution of information concerning diagnosis, prevention, treatment, rehabilitation of aged related diseases and chronic disabling conditions such as osteoporosis and cardiovascular diseases.	Hours	LSP, OAA	10,994
Health Promotion - Group	(See above definition.)	Episodes	LSP, OAA	51
Health Risk Assessment	An assessment utilizing one or a combination of tools to test older persons for certain risk factors that are known to be associated with a disease or condition. Many factors are modifiable, including diet, risk-taking behaviors, coping styles and lifestyle choices (such as smoking and overeating), and can be measured or identified through risk appraisal questionnaires. The Health Risk Assessment helps the individual to determine the addictive nature of many factors in an individual's life. This can be done on a one-on-one or group basis.	Hours	LSP, OAA	5,085

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Health Risk Screening	Utilizes diagnostic tools to screen large groups of people or individuals for the presence of a particular disease or condition. This service is designed for early intervention and detection. Referral is required when screening results indicate professional services are needed or a request is made by the individual being served. Health Risk Screening procedures screen for disease and ailments such as hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, osteoporosis and nutrition deficiencies.	Hours	OAA	8,668
Health Risk Screening and Education - Osteoporosis	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	7,736
Health Support	Assists persons to secure and utilize necessary medical treatment as well as preventive, emergency and health maintenance services.	Episodes	OAA	107,755
Health Support - Group	(See above definition.)	Hours	LSP, OAA	23,987
Health Support - Individual	(See above definition.)	Hours	OAA	4,692
Home Delivered Meals	Provision of a home delivered meal which complies with the Dietary Guidelines for Americans and provide 1/3 daily RDA for individuals 51 years or older as established by Food and Nutrition Board of National Academy of Sciences.	Meals	CCDA, CCE, LSP, MW, OAA	4,806,901
Home Delivered Meals – Vendor Payment	(See above definition.)	Meals	HCE	2,319

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Home Health Aide Service	The provision of hands-on personal care services, the performance of simple procedures as an extension of therapy or nursing services, assistance in ambulation or exercises, and assistance with self-administered medication as defined by Chapter 400.488, Florida Statutes, and Chapter 59A-8.020, Florida Administrative Code. Services are performed by a trained home-health aide or certified nursing assistant to an individual in the home as assigned by, and under the supervision of, a registered nurse or licensed therapist. Types of assistance provided with activities of daily living include: bathing, dressing, eating, personal hygiene, toileting, assistance with physical transfer and other responsibilities as outlined in Chapter 59A-8, Florida Administrative Code.	Hours	CCE, OAA	1,039
Home Injury Control	Preventing or reducing physical harm due to falls or other preventable injuries of elders in their homes. This can be done on a one-on-one or group basis.	Hours	OAA	3,236
Homemaker	The accomplishment of specific home management duties including housekeeping, laundry, cleaning refrigerators, clothing repair, minor home repairs, assistance with budgeting and paying bills, client transportation, meal planning and preparation, shopping assistance and routine household activities by a trained homemaker.	Hours	CCDA, CCE, LSP, MW, OAA	731,615
Homemaker – Vendor Payment	(See above definition.)	Hours	HCE	627
Housing Improvement	Provides home repairs, environmental modifications, adaptative alterations, installing security devices or payments for households experiencing a home-energy emergency.	Hours	HCE, OAA	47,792

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Housing Improvement – Vendor Payment	(See “Housing Improvement” definition on page 37.)	Episodes	HCE	51
Housing Improvement – Energy Assistance	Assists low-income households experiencing a home energy emergency.	Households served	EHEAEP	7,285
Information	Responds to an inquiry from a person, or on behalf of a person, regarding public and private resources and available services.	Episodes	OAA	500,682
Intake	Administers standard intake and screening instruments for the purpose of gathering information about an applicant for services.	Hours	ADI, CCE, OAA	8,230
Intake – Vendor Payment	(See above definition.)	Hours	HCE	1
Interpreting/ Translating	Provides an interpreter or translation services for non-English speaking elders seeing information about, or applying for, program services.	Hours	OAA	18
Legal Services	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	37,342
Long-Term Care Alternatives to Nursing Homes	Services providing home, community-based, or assisted living long-term care as alternatives to nursing home placement, and integrating the delivery of acute and long-term care.	Clients served	CBDP	4,247

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Long-Term Care Consumer Complaint Investigation	Investigates and resolves complaints by, or on behalf of, residents of long-term care facilities. Maintains statewide reporting system and provides information regarding long-term care facilities.	Inspections/ Investigations	LTCOP	3,894 9,035
Material Aid	Aid in the form of: (1) Goods or food such as the direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc.; (2) Food item(s) necessary for the health, safety or welfare. This may include condiments or paper products necessary for food consumption and delivery charges. Alcohol, drug and tobacco products are excluded; (3) The repair, purchase, delivery, and installation of any household appliance necessary to maintain a home or assist with household tasks necessary for the health, safety or welfare of the person; (4) The purchase of materials necessary to perform Chore or Enhanced Chore (refer to Chore and Enhanced Chore services); and (5) The purchase of construction materials necessary to perform housing improvements, alterations and repairs (refer to "Housing Improvement" service listing).	Episodes	CCE, OAA	15,429
Material Aid – Vendor Payment	(See above definition.)	Episodes	HCE	7
Meals (Emergency)	The Department makes local purchases of meals for use during an emergency situation, such as a hurricane.	Episodes	DOEA	250

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Medication Management	Screening, education, identification and counseling regarding the medication regime that individuals are using, including prescription and over the counter medications, vitamins and home remedies. These services also help to identify any dietary factors that may interact with the medication regime. The combination of alcohol or tobacco with various medications and diets, along with the effects on specific conditions would ideally be included in this service. This can be done on a one-on-one or group basis.	Hours	OAA	3,416
Medication Management - Group	(See above definition.)	Hours	OAA	24
Mental Health Screening	Includes information gathering and assessment, diagnosis, and development of a treatment plan in coordination with the client's care plan.	Hours	OAA	1,295
Model Day Care	Therapeutic, social and health activities specific to clients with memory disorders. Services and activities include but are not limited to, active and quiet games, reminiscence, validation therapy, pet therapy, water therapy and other failure free activities appropriate to the client's level of functioning. Model Day Care Centers shall also provide training for health care and social service personnel in the care of persons having Alzheimer's Disease or related memory disorders.	Hours	ADI	42,729
Nursing Home Applicant Assessment	Pre-admission screening and assessment of nursing home applicants.	Clients served	CARES	74,229

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Nursing Home/ Assisted Living Facility Training Approval	Approves Alzheimer's Disease training providers and training curricula for specified nursing home and assisted living facility staff.	Training providers approved	ADTA	1,896
		Training curricula approved		208
Nutrition Assistance	Provides low-income elders living in targeted service counties with coupons that can be exchanged for locally grown, fresh produce at area farmers' markets.	Clients served	EFMN	
Nutrition Counseling	Provides individualized advice and guidance to persons, at nutritional risk because of their poor health, nutritional history, current dietary intake, medications use or chronic illnesses. Nutritional Counseling includes options and methods for improving an individuals' nutritional status. The service may be provided individually or in small groups.	Hours	OAA	2,182
Nutrition Counseling - Individual	(See above definition.)	Hours	OAA	139
Nutrition Counseling - Group	(See above definition.)	Hours	OAA	450
Nutrition Education	Promotes better health by providing accurate, scientifically sound, practical and culturally sensitive nutrition information and instruction to participants and caregivers in a group or individual setting consistent with their needs and food resources. Nutrition education is the process by which individuals gain the understanding, skills and motivation necessary to promote and protect their nutritional well-being through their food choices and food preparation methods.	Episodes	OAA	6,634

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Other Services	A miscellaneous category for goods or services not defined elsewhere, necessary for the health, safety or welfare of the person.	Episodes	CCE, HCE, LSP	54,825
Other Services – Vendor Payment	(See above definition.)	Episodes	HCE	129
Outreach	An OAA-required access service making active efforts to reach target individuals face to face, either in a community setting or in their home, neighborhood with large numbers of low income minority elderly, making one-to-one contact, identifying their service need, and encouraging their use of available resources.	Episodes	OAA	26,735
Personal Care	Assistance with eating, dressing, personal hygiene, and other activities of daily living. This service may include assistance with meal preparation, housekeeping chores such as bed making, dusting, and vacuuming incidental to the care furnished or essential to the health and welfare of the individual.	Hours	CCDA, CCE, HCE, MW, OAA	473,863
Personal Care – Vendor Payment	(See above definition.)	Hours	HCE	1,764
Pest Control Initiation	Helps rid the environment of insects, and other potential carriers of disease and enhances safety, sanitation and cleanliness for recipients. Initiation covers start up costs.	Hours	CCE	81
Pest Control – Enhanced Initiation	(See above definition.)	Episodes	CCE	28
Pest Control Maintenance	Helps rid the environment of insects and other potential carriers of disease and enhances safety, sanitation and cleanliness for recipients.	Hours	CCE	1,211

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Pest Control - Rodent	Helps rid the environment of rodents, and other potential carriers of disease and enhances the safety, sanitation, and cleanliness for recipients. Rodent service consists of trapping, baiting or other treatments or applications that result in the elimination of rodent(s).	Hours	CCE	6
Physical Therapy	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	74
Physical Therapy – Vendor Payment	(See above definition.)	Hours	HCE	6
Public Guardianship	Provides services to meet the needs of the most vulnerable persons who lack the capacity to make decisions on their own behalf and in their own best interest. Guardians protect the property and personal rights of incapacitated individuals.	Wards provided services	SPGO	1,714
Recreation	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	955,499
Referral	(See definition below.)	Episodes	OAA	30,927
Referral/ Assistance	An activity provided via telephone or one on one in person. Information is obtained about a person's needs, needs are assessed, and persons are directed to the appropriate resources most capable of meeting the need. Contact with the resource is made for the person as needed. Follow-up is a mandatory part of Referral/Assistance and is conducted with the referred person and/or the resource to determine the outcome of the Referral/Assistance.	Hours	OAA	2,353

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Respite In-Facility	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, LSP, OAA	473,237
Respite In-Home	(See above definition.)	Hours	ADI, CCE, HCE, LSP, MW, OAA, RELIEF	599,375
Respite - Institutional	(See above definition.)	Hours	OAA	7,984
Respite - Direct Pay	(See above definition.)	Hours	OAA	14,201
Respite – Vendor Payment	(See above definition.)	Hours	HCE	9,555
Risk Reduction - Nutritional	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	210
Screening and Assessment	Administering standard assessment instruments for the purpose of gathering information about and prioritizing clients at the time of active enrollment or to reassess currently active clients to determine need and eligibility for services.	Hours	LSP, OAA	47,097
Senior Companion - Companionship	Provides companionship services for frail elders through elder companions, to allow clients to live independently in their own homes.	Hours	CCE	22,677
Senior Companion - Respite	Provides respite services for caregivers of frail elders through elder companions.	Hours	CCE	845

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Shopping Assistance	Assisting a client in getting to and from stores or shopping on behalf of a client; and includes the proper selection of items to purchase. The service also includes storing purchased items upon return to the client's home. An individual Shopping Aide may assist more than one client during a shopping trip.	One-way trips	CCE, OAA	9,718
Sitter - Direct Pay	Provides respite sitter services to minor children residing with an elder grandparent or elder caregiver.	Hours	OAA	1,311
Skilled Nursing Services	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse or advanced registered nurse practitioner, in the client's place of residence, pursuant to a plan of care approved by a licensed physician.	Hours	CCE, LSP	4,914
Specialized Medical Equipment, Services, and Supplies	Services include: (1) Adaptive devices, controls, appliances or services which enable individuals to increase their ability to perform activities of daily living. This service also includes repair of such items as well as replacement parts; (2) Dentures, walkers, reachers, bedside commodes, telephone amplifiers, touch lamps, adaptive eating equipment, glasses, hearing aids, and other mechanical or 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, MW, OAA	20,467

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Speech Therapy	Treatment for the correction of a speech impairment which resulted from disease, injury or prior medical treatment.	Hours	CCE	13
Telephone Reassurance	Communicating with designated clients by telephone on a mutually agreed schedule to determine their safety and to provide psychological reassurance, or to implement special or emergency assistance.	Episodes	OAA	52,630
Transportation	Travel to or from community services and resources, health and medical care, shopping, social activities or other life sustaining activities.	One-way trips	CCE, CS, HCE, LSP, OAA	1,467,264
Transportation – Direct Pay		One-way trips	OAA	80
Volunteer Recruitment, Training, and Placement	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.	Volunteers	AC	100
Volunteer Recruitment, Training, and Placement – Senior Companion	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 Volunteers	SC	678 180
Volunteer Training	Provides training to individuals interested in assisting caregivers with respite services.	Hours	RELIEF	44

Services Table Data Sources

Service Definitions and Programs Providing Services:

- DOEA Home and Community-Based Services Draft Handbook, January 2003.
- DOEA 2005 Summary of Programs and Services, January 2005.
- Florida Home and Community-Based Waiver for Aged & Disabled Adults.

Units of Service:

- DOEA CIRTS Report for services 7/1/2003 - 6/30/2004 generated 10/6/2004 (Congregate Meals service total reflects corrected data generated 1/4/2005).
- DOEA CIRTS for Medicaid Waiver Services 7/1/2003 - 6/30/2004 generated 10/6/2004.
- 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.

2005
SUMMARY OF
PROGRAMS & SERVICES

SECTION C

PROGRAMS



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).

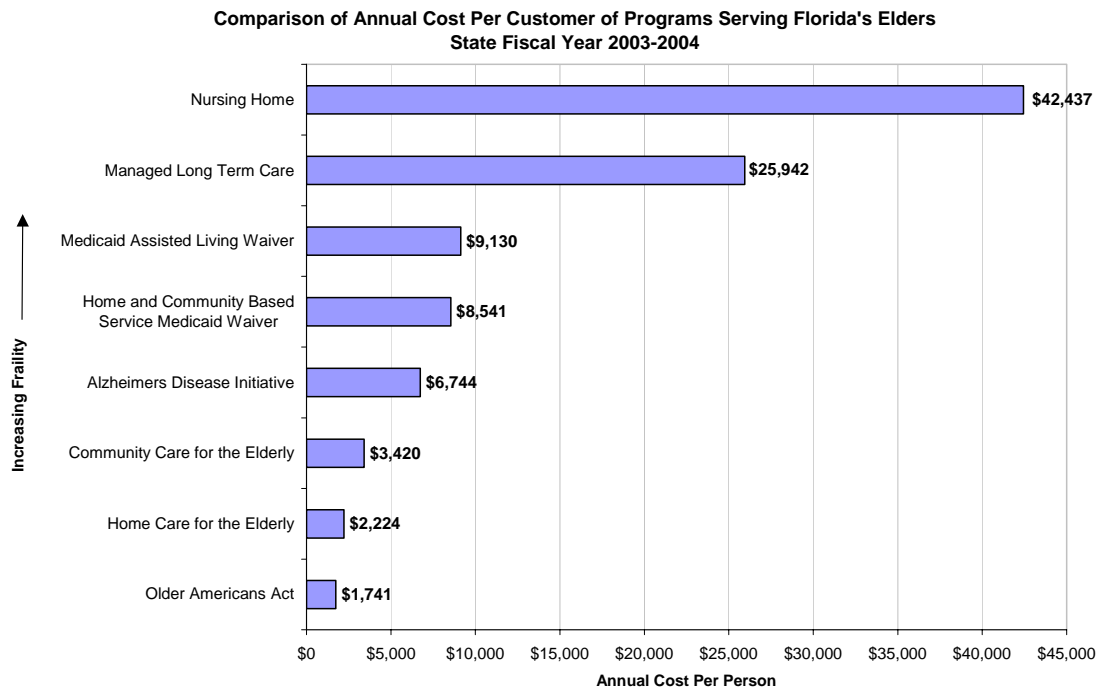
The Department conducts policy development and innovative planning with respect to the above issues in conjunction with the formulation of its annual Long-Range Program Plan, which examines the needs of agency customers and proposes programs and associated costs to address those needs. The Long-Range 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 38 programs listed alphabetically, beginning with **Adult Care Food Program** and ending with **Support Through Alzheimer's Relief Systems and Beyond (STARS and Beyond)**.

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 2003-2004 of over \$699 million in general revenue expenditures in nursing home payments by spending \$288.8 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 fit into activities and budget entities in the Department's Long-Range Program Plan.

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
Comprehensive Eligibility Services	Universal Frailty Assessment	Comprehensive Assessment and Review for Long-Term Care (CARES)	86
Home and Community Services	Caregiver Support	Alzheimer's Dementia Specific Medicaid Waiver	61
		Alzheimer's Disease Initiative	63
		AmeriCorps	78
		Dementia Caregivers Telehealth Support Project	101
		Home Care for the Elderly (HCE)	113
		Older Americans Act III E (Family Caregiver Program)	140
		Respite for Elders Living in Everyday Families (RELIEF)	148
		Support Through Alzheimer's Relief Systems and Beyond (STARS and Beyond)	164
	Early Intervention/Prevention	Ambassadors for Aging	76
		Crimes Against Elders (OAA Title VII)	98
		Emergency Home Energy Assistance for the Elderly	105
		Health Promotion & Wellness Initiatives	111
		Information and Referral/Assistance	115
		Osteoporosis Screening and Education	144
		Senior Community Service Employment Program (OAA Title V)	150
		Serving Health Insurance Needs of Elders (SHINE)	156

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
	Early Intervention/Prevention	Sunshine for Seniors Prescription Assistance	162
	Self Care	Intergenerational Connections	118
		Senior Companion Program	153
	Supportive Community Care	Contracted Services (except meals)	96
		Local Services Programs (except meals)	122
		Older Americans Act Programs (OAA IIIB)	140
	Housing, Hospice and End of Life	Coming Home Program	81
		Alzheimer's Disease Training Approval Program	70
		End-of-Life Care	108
	Residential Assisted Living Support and Elder Housing Issues	Medicaid Assisted Living for the Frail Elderly Waiver	135
	Nutritional Services for the Elderly	Adult Care Food Program	58
		Contracted Services (meals only)	96
		Elder Farmers' Market Nutrition Program	103
		Local Services Programs (meals only)	122
		Nutrition Services Incentive Program (NSIP)	138
		Older Americans Act Programs (OAA IIIC1, IIIC2)	140
	Long-Term Care Initiatives	Long-Term Care Community-Based Diversion Project	124
		Program of All-Inclusive Care (PACE)	146
	Home and Community Services Diversions	Community Care for the Elderly (CCE)	83

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
	Home and Community Services Diversions	Consumer Directed Care Project	90
		Consumer Directed Care Plus (CDC+) Program	93
		Medicaid Adult Day Health Care Waiver	131
		Medicaid Aged and Disabled Adult Waiver	133
Consumer Advocate Services	Long-Term Care Ombudsman Council	Long-Term Care Ombudsman Program	127
	Public Guardianship Program	Statewide Public Guardianship Office	159

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.

Program	Age	Income	Other requirements/frailty levels
Adult Care Food Program	60 or older or 18 or older and chronically impaired.	No income test.	Must reside in the home or a “community-based” care facility Must be enrolled in an Adult Care Center. Center’s reimbursement based on participant’s assessed level of need.
Alzheimer’s Disease Initiative	Caregivers for adults 18 or older. No requirement for Memory Disorder Clinics.	No income test. Consumers are given opportunity to co-pay based on a sliding scale.	Diagnosed as having probable Alzheimer’s disease or other memory disorder.
Community Care for the Elderly	60 or older.	A co-payment is assessed based on a sliding schedule.	Must be assessed as functionally impaired. Primary consideration to persons referred by Adult Protective Services.
Emergency Home Energy Assistance for the Elderly	At least one household member age 60 or older.	Household income 150% of poverty guidelines or less. Certain exclusions apply.	Must have a heating or cooling emergency.
Home Care for the Elderly	60 or older.	Less than the Institutional Care Program (ICP) standard for income and assets.	Must be at risk of nursing home placement and have an approved adult caregiver willing and able to provide or assist in arranging for care.
Long-term Care 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 functionally impaired.

Must reside in the home or a "community-based" care facility.

Must be enrolled in an Adult Day Care Center.

STATUTORY AUTHORITY:

7 Code of Federal Regulations 226.

APPROPRIATION HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	ADULT DAY CARE SITES	PARTICIPANTS
1997-1998	\$ 1,522,310	43	1,426
1998-1999	\$1,620,215	74	1,537
1999-2000	\$1,758,186	83	1,800
2000-2001	\$2,107,620	104	2,110
2001-2002	\$2,213,000	114	2,146
2002-2003	\$2,436,975	125	7,177*
2003-2004	\$2,721,000	113	7,327
2004-2005	\$3,147,000	120**	10,997**

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.

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 DEMENTIA-SPECIFIC MEDICAID WAIVER

DESCRIPTION:

This is a new Medicaid Home and Community Based Services Waiver providing specialized services designed to maintain individuals with Alzheimer's disease in the community. The program will be available in Broward, Miami-Dade, Palm Beach, and Pinellas Counties.

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

SERVICES OR ACTIVITIES:

Case Management; Adult Day Health Care, Respite Care; Wandering Alarm System, Wanderer Identification and Location Program, Caregiver Training, Behavioral Assessment and Intervention, Incontinence Supplies, Personal Care, Environmental Modification and Pharmacy Review.

ADMINISTRATION:

The Department in conjunction with the Agency for Health Care Administration (Florida's Medicaid agency) will manage the waiver program.

ELIGIBILITY:

Beneficiary must be age 60 plus and meet the technical and financial criteria applied to individuals seeking Medicaid assistance for nursing-home status and the following additional criteria:

- Have a diagnosis of Alzheimer's disease made or confirmed by a Memory Disorder Clinic.
- Live with a capable caregiver in a private home or apartment.

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

STATUTORY AUTHORITY:

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

ALLOCATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FUNDING	CLIENTS SERVED
2004-2005	\$5,038,809	350*

*Projected.

Source: Department data and reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The FY 2003-04 General Appropriations Act (GAA) provided authorization and funding for a Alzheimer's Home and Community-Based Service Waiver financed by Medicaid.

PROGRAM HIGHLIGHTS:

This waiver is unique when compared to other home and community based services waivers for adults over 60 years old. The program and evaluation is expected to demonstrate whether innovative therapies delay or prevent placement into a more restrictive environment. Caregiver education and support are an fundamental component of this program.

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, respite services 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 (MDCs): The Legislature has authorized 14 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, Sarasota Memorial Hospital in Sarasota, and Morton Plant Hospital in Clearwater.

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

Research: The Johnny B. Byrd, Sr. Alzheimer's Center and Research Institute coordinates with memory disorder clinics, teaching hospitals and medical schools receiving ADI funding for purposes of facilitating Alzheimer's disease research. The Institute will develop, create and coordinate a centralized database to organize statewide research data pertinent to Alzheimer's disease and related memory disorders.

The State of Florida Alzheimer's Disease Brain Bank is a service and research oriented network of statewide regional sites. The intent of the Brain Bank program is to collect 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, neurological 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	2,749
2004-2005	\$10,302,855	3,826*

*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

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
2001-2002	\$4,223,824	6,314
2002-2003	\$2,912,881	6,134
2003-2004	\$2,912,881	7,328
2004-2005	\$3,793,016	8,060*

*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	83	74
2004-2005	\$130,139	90*	70*

*Projected.

Source for client information: Brain Bank Reports

Johnny B. Byrd, Sr. Alzheimer's Center and Research Institute

STATE FISCAL YEAR	STATE FUNDING
2004-2005	\$15,000,000

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 \$246,692. 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.

Researchers at the University of Helsinki and the Johnny B. Byrd, Sr. Alzheimer's Center and Research Institute have identified a tri-peptide that stymies the inevitable destruction of tissue within the brain's memory center by providing protective properties to neurons. This research provides hope that a novel therapy may soon be applied to cure human spinal-cord injuries and to protect the brain against neuronal and Alzheimer's death.

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, assisted-living facility, hospice and adult day-care employees. Specified employees in home health-care agencies will also be included following rule promulgation.

SERVICES OR ACTIVITIES:

The Alzheimer's Disease Training-Approval Program has two major components with respect to the approval process for:

- (a) 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 related disorders; and
- (b) Alzheimer's disease or related disorder training providers and training curricula for all licensed nursing homes, hospices, adult day-care centers, and home health-care agencies in Florida.

In addition, the program is required to maintain a Web site informing the public 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 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 that 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 began conducting the rule-promulgation process to establish standards for the training, trainers, and curricula by holding rule-development workshops to obtain comments from the public. This process was still ongoing in November 2004. 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. 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.

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 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	2001-2002	2002-2003	2003-2004	2004-2005
STATE FUNDING	\$100,000	\$100,000	\$72,398	\$72,398
ALF APPROVED TRAINERS	222	285	318	331*
ALF APPROVED CURRICULUM	78	86	95	103*
NH APPROVED TRAINERS	938	1,246	1,475	1,604*
NH APPROVED CURRICULUM	74	99	104	110*
HOSPICE APPROVED TRAINERS	**	**	89	100*
HOSPICE APPROVED CURRICULUM	**	**	8	20*
ADULT DAY CARE APPROVED TRAINERS	**	**	14	25*

STATE FISCAL YEAR	2001-2002	2002-2003	2003-2004	2004-2005
ADULT DAY CARE APPROVED CURRICULUM	**	**	1	10*

*Projection.

**Data not available for 2001-2002 and 2002-2003 fiscal years. Trainer/training approval for Hospice and Adult Day Care programs was implemented during SFY 2003-2004, following rule promulgation.

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

Note: Rule promulgation for implementation of Alzheimer's disease (and related disorders) training for home health-care agencies has not been completed, but rules should be implemented during SFY 2004-2005. It is anticipated that data for this program will be published in the 2006 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 become an advocate. 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 and technical assistance 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 AMBASSADORS
2003-2004	N/A	160
2004-2005	N/A	200*

* Estimate.

Source: Department data and reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHTS:

During SFY 2003-2004, the Ambassadors for Aging program recruited 160 volunteers, and it is anticipated that this number will increase to more than 200 in SFY 2004-2005. The Department provided AFA volunteers with issue briefings on a variety of topics affecting elders. Topics included the Department's legislative budget request, state prescription-drug programs such as Silver Saver and Sunshine for Seniors, provisions of Senate Bill 52 with respect to mandatory vision testing for elder drivers, and information concerning the importance of influenza vaccinations for elders and other high-risk groups. Issue briefings assisted AFA in their role as elder advocates disseminating information on these issues to civic leaders and groups in their respective communities.

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, emergency response 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 seven Disaster Services Offices 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 21 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 (Easter Seals Society 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 34 AmeriCorps 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*
2005	\$695,287	\$130,928	2,500*	82*	300*	100,000*

*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 **Legacy Corps for Health and Independent Living Program** from the University of Maryland Center on Aging through a grant from the Corporation for National and Community Service. The Department contracts with the Easter Seals Society of Miami-Dade 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 AmeriCorps graduate who is developmentally disabled continues to work part-time in the agency's Chore Services and works side-by-side with new AmeriCorps Members.

The **Legacy Corps for Health and Independent Living Program** serves those who might otherwise not receive services due to language and other cultural barriers. The program focuses on addressing the needs of caregivers of people with Alzheimer's disease, particularly caregivers from underserved elder Hispanic populations.

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 Governor's Commission on Volunteer and Community Service. The Area Agency on Aging for North Florida serves elders in rural areas of 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 serves as a nationwide model for emergency preparedness and response.

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, technical assistance 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 October 2004, the Program has facilitated and assisted in the pre-development, development and/or implementation of more than 13 innovative affordable assisted-living projects 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. The Spanish version was launched in April 2004. The website averages 225 visitors per day and receives more than 65,000 hits per month.

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 FY 2002-2003 was \$310,590, and, for FY 2003-2004, \$249,014. The FY 2004-2005 budget is \$173,275. The Robert Wood Johnson Foundation granted a no-cost extension to continue grant activities for 12-18 months longer than the original grant term.

PROGRAM HIGHLIGHTS:

As of November 2004, four of the Program's affordable assisted living projects (more than 300 single-occupancy units) have opened for operations and are serving low-income frail elderly residents. Two other projects are scheduled to begin operations in 2005, adding another 170 affordable assisted-living facility units for a total of nearly 400 statewide.

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 Web site which is a comprehensive electronic information clearinghouse serving assisted-living consumers, providers, developers and the general public.

In a 2004 report to the U.S. Senate, the U.S. Government Accounting Office recognized the Coming Home Program as a national model for its innovative and effective approaches in providing comprehensive and useful assisted-living information to the public.

Coming Home Program staff received a 2004 Davis Productivity team award for their efficient and cost-effective approach to providing information to assisted-living consumers and service providers.

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
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	34,986
2004-2005	\$42,446,823	35,879***

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: CIRTS data

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

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 CCE client was displaced from her home due to initial damage from Hurricane Frances and total destruction from Hurricane Jeanne as the storms passed through Indian River County. The case manager from the Indian River County Council on Aging assisted in placing the client in temporary housing and has worked with the manager of the property where she resided to arrange for the placement of a FEMA trailer on the site of her destroyed home. The case manager has also arranged for clothing to be delivered to the client's emergency temporary-housing location and will be reinstating CCE homemaker services for the client when she moves into the FEMA trailer. The recent storms that passed through the consumer's area during September have had an adverse affect on her health and well-being. The client will also receive much-needed personal care services to further allow her to maintain an independent and safe lifestyle in her community, and to avoid institutional placement.

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	80,157**	24.3%
2002-2003	\$11,297,587	78,267*	26.4%
2003-2004	\$10,967,368	74,229*	26.1%
2004-2005	\$11,918,712	96,000***	30.3%***

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

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

***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, 391 consumers were transitioned from nursing facilities to the community with services provided by the Medicaid Waivers. This resulted in a cost avoidance of approximately 12 million dollars.

In 2003-2004, the Long-Term Care Diversion Program was expanded from a four-county area and four providers to a 24-county area and 12 providers. This expansion required extensive training of CARES and new provider staff as well as DCF/ESS eligibility staff. CARES staff exceeded 2003 legislative proviso language requiring enrollment of 1,800 by actually enrolling approximately 3,000 clients during SFY 2003-2004.

The CARES program's primary measure of success is the number of clients diverted from nursing home placements. In fiscal year 2003-2004, 12,821 applicants (26.1 percent) to the institutional care program (ICP) were diverted. 3,166 individuals at high risk for nursing facility placement received assessment and waiver services. Combined, they account for 15,987 clients (23.7 percent) delayed from nursing-facility placement. Calculating only ICP diversions, general revenue cost avoidance is over \$29 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.

The 2004 Hurricane Season was unprecedented in Florida, with four hurricanes making landfall. During August and September, over 100 CARES staff expended over 3,300 hours serving the elderly population statewide by staffing special-needs shelters, disaster-recovery centers and emergency management centers. Additionally, CARES staff delivered food, water, ice and medicine in coordination with the Department of Health, Agency for Health Care Administration and Federal Emergency Management Agency (FEMA) while conducting regular workday activities.

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 CDC Project ended June 30, 2004. The Consumer-Directed Care Plus (CDC+) Program (see following separate program listing) is the successor program to the CDC Project.**

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 began 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 [#]
2003-2004	\$300,000	\$300,000	N/A	2,147
2004-2005	N/A. CDC PROJECT ACTIVITY ENDED 6/30/2004.			

*Administrative costs only, not participant costs.

**Enrollees assigned to either experimental group or control group by Mathematica Policy Research, Inc., the project evaluator.

[#]No new clients enrolled in SFY 2002-2003 due to anticipated transition to new program and anticipated reduction in future funding.

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.

“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.

CONSUMER-DIRECTED CARE PLUS (CDC+) PROGRAM

DESCRIPTION:

The Consumer-Directed Care Plus (CDC+) Program is the successor program to the Consumer-Directed Care Project. Goals and most other aspects of the project are retained in the CDC+ Program. Florida is implementing the CDC+ Program under the authority of an Independence Plus 1115 waiver amendment approved by the Centers for Medicare and Medicaid Services in May 2003. The Department administers and coordinates program administration and day-to-day operations through an interagency agreement with the Agency for Health Care Administration.

The objectives of the CDC+ Program are to:

Demonstrate that some consumers of long-term care services can make more appropriate use of Medicaid resources when they have greater control over choice and 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.

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.

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 participating in the Program: frail elders, adults with physical disabilities, adults with brain and/or spinal cord injury, and adults 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. Medicaid enrolled individuals receiving services from one of the Medicaid 1915 (c) waiver programs listed below are eligible for CDC+. No others are eligible.

- Developmental Services Medicaid waiver: for developmentally disabled children (3 to 17 years old) and developmentally disabled adults (18 years old or older).
- Aged and Disabled Adults Medicaid waiver: for physically disabled adults ages 18 to 60.
- Traumatic Brain/Spinal Cord Injury Medicaid waiver: for adults (age 18 years or older) with traumatic brain and/or spinal cord injury.
- Aged and Disabled Adults Medicaid waiver: for frail elders (age 60 years or older).

CDC + will be offered first to former CDC Project consumers in the experimental group, then to former CDC Project consumers in the control group, and then to new consumers. There were 850 experimental group Consumers transferred from the CDC Project to the CDC+ Program on January 1, 2004.

CDC+ is not expected to open for new consumers before July 2005. When open for new consumers, local area CDC+ workers will explain the program to prospective participants and process applications for those who choose CDC+. Individuals may not apply directly to CDC+.

The waiver amendment permits Florida to enroll 3,350 participants in the CDC+ Program: 1,265 in the former CDC Project experimental group, 1,728 in the former control group and 357 new consumers.

STATUTORY AUTHORITY:

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

APPROPRIATION* HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	PARTICIPANTS
2003-2004	\$300,000	\$300,000	819
2004-2005	\$306,238	\$306,238	1,060**

*Administrative costs only, not participant costs.

**Projection.

Source: Department data and reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The CDC+ Program receives General Revenue funds, which are matched by Medicaid funds to fund program administration. Existing 1915 (c) Medicaid Waiver appropriations to the

Departments of Elder Affairs, Health, and Children and Families fund CDC+ consumer expenditures.

PROGRAM HIGHLIGHTS:

- Consultant services for individuals with developmental disabilities will be provided by support coordinators trained to assume the consultant's role and responsibilities. A limited number of support coordinators will receive intensive training to provide consultant services for the program.
- Lead agency (case management) providers will provide consultant services for elders and adults with physical disabilities. Community Support Coordinators will provide consultant services for Department of Health consumers with traumatic brain or spinal cord injuries.
- Consumers may obtain 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 also receive bookkeeper services. The assigned bookkeeper assists the consumer by maintaining accounts of payroll and invoice payments, as well as providing employment and tax related technical assistance.

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 which 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	NO. CLIENTS	FUNDING	NO. MEALS
1994-1995	\$94,555	227	\$212,996	52,461
1995-1996	\$94,114	259	\$211,998	59,834
1996-1997	\$91,750	255	\$206,674	59,711
1997-1998	\$91,750	295	\$306,674	160,386
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	

STATE FISCAL YEAR	FUNDING	UNITS OF SERVICE	CLIENTS SERVED
2001-2002	\$648,424	69,645	937
2002-2003	\$648,424	69,645	937
2003-2004	\$1,075,924*	44,682	5,186
2004-2005	\$1,075,924	44,682**	5,186**

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.

**Projection.

Source: CIRTS data and contractor reports.

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.

The Department has been working with other statewide agencies and local communities to promote the development of Triads to aid in crime prevention efforts for elders. To date, the program has developed and distributed a “How to Start a Triad” kit and Triad fact sheet.

ADMINISTRATION:

The Crimes Against Elders program is administered by the Department’s Office of Legal Affairs through contracts with various vendors, including each Area Agency on Aging, to develop reports, training materials, brochures and posters, and to conduct training

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
2004-2005	\$378,726

Source: Department data and reports.

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.

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.

Developed a “How to Start a Triad” kit and Triad fact sheet.

A Senior Companion is serving an elder referred to the Crimes Against Elders program by Adult Protective Services (APS). The elder is a widow with no children, and has very little outside support. The Senior Companion buys her groceries and puts them away, runs errands, helps prepare meals, and provides companionship. Other services for the client have been as varied as spraying the home for roaches and helping her buy new shoes. The Senior Companion has reported the client’s increasing memory problems and difficulty paying bills, resulting in referrals to counseling and mental-health assessment services. Thus, the Senior Companion and the Crimes Against Elders program are assisting the client in maintaining an independent lifestyle in her own home.

DEMENTIA CAREGIVERS TELEHEALTH SUPPORT PROJECT – “AlzOnLine”

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
2004-2005	\$250,000

* August 2000 - June 2001

Source: Department data and reports.

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.

A Spanish translation of the Web site is available.

For 2003-2004, the Web site averaged 8,915 hits per month. An on-line customer satisfaction and impact survey to measure consumer satisfaction and program effectiveness found that 95 percent of surveyed consumers responded favorably to the Web site.

A satisfied Web site customer and caregiver commented that “reading about others, their problems and solutions they arrived at helped solve some of my problems. Took the caregiving classes, and they helped as well. It is always good to know there is somewhere one can get answers when needed.”

A consumer commenting about project services remarked, “I am new to this city and very impressed with what I have read and listened to. I have found encouragement, understanding and support throughout this caregiver support site. Thank you!”

ELDER FARMERS' MARKET NUTRITION PROGRAM

DESCRIPTION:

The Elder Farmers' Market Nutrition Program provides produce coupons to low-income elders, promoting good nutrition through the increased intake of fresh fruits and vegetables. The program also supports local farmers through increased revenue from coupon redemption. Coupons can be exchanged for locally grown, fresh fruits and vegetables at Farmers' Markets in Alachua, Suwannee, Union, Sumter, Bay, Jackson and Leon Counties. The program begins April 1 and ends July 31 of each year.

SERVICES OR ACTIVITIES:

Low-income elders living in participating counties apply for the program through the local Lead Agency. Eligible elders receive up to four coupon booklets per season. Each booklet contains four \$4.00 coupons. The maximum benefit level is \$64 per client. These coupons can be used to purchase fresh fruits and vegetables from participating Farmers' Markets. Elders also receive nutrition education relating to fresh fruits and vegetables.

ADMINISTRATION:

The Department coordinates with the Department of Agriculture and Consumer Services (DACS), which operates the Women, Infants and Children (WIC) Farmers' Market Nutrition Program, to simplify administration of the Elder Farmers' Market Nutrition Program as well as to reduce administrative expenses. A memorandum of agreement with DACS was developed giving DACS responsibility for recruiting, authorizing, training and monitoring participating farmers. DACS is also responsible for providing participating farmers with vendor stamps, program manuals and program-participation signs they are to display at Farmers' Markets. The Department operates the program in cooperation with Elder Care of Alachua County, Suwannee River Economic Council, Mid-Florida Community Services, Bay County Council on Aging, Jackson County Senior Citizens Organization, Elder Care Services and Tallahassee Senior Citizens Association. Family and Consumer Science Agents of the University of Florida Institute of Food and Agricultural Science (IFAS) Extension Service in each participating county provide nutrition education for program participants.

ELIGIBILITY:

Persons must be 60 years of age or older and have an annual income of less than 185 percent of federal poverty income levels. Participants must redeem coupons at a participating 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:

CALENDAR YEAR	FEDERAL FUNDING	STATE FUNDING	PARTICIPATING FARMERS	FARMERS' MARKETS	PARTICIPANTS RECEIVING COUPONS
2001	\$200,000		59	5	1,440
2002	\$163,136		60	10	1,850
2003	\$96,604		48	6	1,749
2004	\$96,576	\$99,712*	153	15	3,092**

*State Vitamin Settlement Grant.

**Estimate.

Source: Department program data and reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Coupon funding consists of federal funds from a grant award from the U.S. Department of Agriculture Commodity Credit Corporation and a State Vitamin Settlement grant from the Attorney General's Office. 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	\$1,343,391	3,710	3,575
2004-2005	\$1,468,578	4,415##	

* 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 percent of the poverty level, divided by statewide population age 60 and over who are at or below 150 percent 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 Department’s goal of assisting elders to age in place with dignity, purpose, security and independence.

The Department of Senior Services, Palm Beach County (DoSS), an EHEAEP service provider, assisted a 69 year-old grandparent caring for five grandchildren despite her medical problems and expenses. When power to the home was disconnected due to an unpaid energy bill of over \$1,100, DoSS used EHEAEP funds to pay part of the bill and have power restored. DoSS paid the balance of the energy bill from a special donation fund for special-needs clients and referred the elder client to a Grandparent Program funded by Title III E of the Older Americans Act. It is anticipated that Title III E services will defray the client’s medical expenses and thus enable her to budget sufficient dollars to pay her future home energy bills.

The Area Agency on Aging for North Florida and the Gulf County EHEAEP service provider coordinated efforts to assist a financially struggling 91 year-old elder who was taking care of her eight and nine year-old great grandchildren while their mother was incarcerated. Power was due to be shut off shortly due to nonpayment of home energy bills. EHEAEP assistance not only maintained home energy for this household but also enabled the client to keep her great grandchildren in her home and out of foster care.

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.

End-of-Life Program state and contract funding ended June 30, 2004.

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)(1) 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
End-of-Life Care Program funding ended 6/30/2004.			

*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.

Source: Department data and reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Funding for statewide education programs comes from General Revenue and the 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 PROMOTION AND WELLNESS INITIATIVES

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

Services 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**
CY 2003	\$1,525,745	91,247

FEDERAL FISCAL YEAR (FFY)/ CALENDAR YEAR (CY)	FEDERAL FUNDING	CLIENTS SERVED
CY 2004	\$1,517,263	100,000***

*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. A ten percent cash or in-kind match is required.

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 2003-2004, the eleven Area Agencies on Aging utilized the efforts of 2,244 volunteers to deliver health and wellness program services.

Health Promotion and Wellness Initiative staff serve as key members on several state taskforces and workgroups, including groups studying the management and prevention of arthritis, osteoporosis, diabetes and oral-health diseases. Staff also serve on other important groups that address mental health, suicide prevention and substance-abuse issues.

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.

ELIGIBILITY:

The individual must be 60 or older, have income less than the Institutional Care Program (ICP) standard, meet the ICP asset limitation, be at risk of nursing home placement and have an approved adult caregiver living with them who is willing and able to provide or 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	5,269
2004-2005	\$9,529,461	5,269**

* From its creation in 1977 through December 1995, the Home Care for the Elderly program was under the management of the Department of Health and Rehabilitative Services. The second half of SFY 1995-96 was the first period for funding appropriated 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 information about elder services within their communities. I&R/A services are provided through a statewide network of 12 Elder Helplines. Each of Florida's Planning and Service Areas (PSAs) has at least one Elder Helpline staffed by an Information & Referral Specialist. Individuals and community agencies seeking accurate, unbiased information about state or local social and health services can access Florida's Elder Helpline Information and Referral service by calling toll free 1-800-96 ELDER (1-800-963-5337).

SERVICES OR ACTIVITIES:

Older persons and 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 prevention, 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/A policy and procedures; providing training, technical assistance, and resource information to the Elder Helplines; and serving as state I&R/A liaison to the Administration on Aging and other national I&R/A 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. To expand information and referral services and better serve consumers, the Department established a statewide Elder Resource Directory database in 2003. The database references approximately 4,500 resources and is maintained by Department staff on a statewide basis. Local information is maintained and updated by Area Agencies on Aging in their respective PSAs.

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

ADMINISTRATION:

Information and Referral/Assistance is a core service of the Older Americans Act, Title III-B, and is administered through contracts with the 11 Area Agencies on Aging.

ELIGIBILITY:

Information and Referral/Assistance services are provided to any consumer requesting them.

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	173,161*
2004-2005	\$2,628,461	\$30,467	\$2,658,928	178,451**

State Fiscal Year 2002-2003 funding reflects statewide appropriations.

*Increase due to improved tracking methodology; data collection includes information calls, correspondence and referrals.

**Projection.

Source: Department data and reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Local Services Programs and Older Americans Act program allocations.

PROGRAM HIGHLIGHTS:

In 2004, after a two-year hiatus, the Department reinstated the Statewide Aging Information and Referral Steering Body to review I&R/A issues and make recommendations. A focus group of six Steering Body members evaluated and updated the current information and referral training curriculum, to provide Planning and Service Areas (PSAs) with standardized training for Elder Helpline Information & Referral Specialists.

During Florida's unprecedented 2004 hurricane season, Elder Helpline staff in PSAs unaffected by a particular hurricane provided assistance to callers in PSAs where local Elder Helpline services had been disrupted by the storm. Elder Helpline calls in storm-ravaged areas were automatically routed to Helpline facilities still in operation in neighboring communities, allowing staff to direct callers to disaster-relief and related services.

In November 2004, the Department implemented the Information and Referral Medicare Prescription Outreach Campaign, an initiative of the U.S. Health and Human Services, Administration on Aging. The purpose of the two-month initiative was to inform elder consumers through Florida's information and referral system about prescription assistance available through the Medicare program.

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.

In SFY 2003-2004, the Department worked with local providers to coordinate information on available funding for intergenerational programs, partnership development, coordination of resources for grandparents raising grandchildren, and coordination of health and education events to engage the skills and talents of elders and young people.

The Department partnered with Evelyn Ploumis-Devick, Ph.D., to develop "Pathways to Grant Writing," a seminar and guide to funding sources and methodologies for developing intergenerational grants. This seminar, presented during the Department's Intergenerational Symposium, has become an important element in the Department's Intergenerational clearinghouse.

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. At the conclusion of SFY 2003-2004, the Department had distributed a total of 14 refurbished computers to local community programs that serve elders and youth, such as Great Recoveries Center. Great Recoveries Center provides assistance in learning computer skills and homework tutors to children ages 6-14 while their caregivers receive counseling.

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. During the spring of 2004, FETCH was featured as a “Best Practice” model at the first Youth and Pet Conference in Tallahassee. The Conference provided an opportunity for parents, educators, animal-care professionals, psychologists, therapists and other attendees to learn about the benefits of this initiative.

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 throughout the state during the 2003-2004 state fiscal year. In August 2004, the Department and Volunteer Florida coordinated ASRC training for ten additional sites at the Florida Association of Homes for the Aging annual conference.

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	4,705
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				
2004-2005				

*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:

- 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 SFY 2002-2003.
- In March 2004, the Department partnered with children served by the Florida Kinship Center, University of South Florida School of Social Work; Kid Companion of Osceola County; and Leonard Wesson and Roberts Elementary Schools in Tallahassee to create artwork that reflects the importance of “GRAND Mentors” in their lives. The artwork was displayed on the second and third floors of the Capitol during Ambassadors for

Aging Day and now serves as a traveling exhibit attracting viewers, particularly grandparents raising grandchildren, around the state.

- The Department coordinated with the Florida Kinship Center, University of South Florida School of Social Work, to bring 200 grandparents and other relatives raising children to Tallahassee for Ambassadors for Aging Day. Each attendee visited a designated state legislator, presenting the lawmaker with a doll keepsake. A note included with the doll provided information on the number of Florida grandparents raising grandchildren, and the importance of the role of kinship caregivers.
- The Department celebrated Florida's first Intergenerational Week with an Intergenerational Symposium in Tampa in December 2003. The Symposium brought together aging and youth program directors to identify partnerships, funding sources and potential programs and services. Additionally, the Symposium served as a forum to showcase best practices from around the state.
- In January 2004 the Department received a National Mature Media Award of Merit "honoring the best in advertising, marketing and educational materials for older adults" for its brochure *Volunteers and Intergenerational Connections: Cornerstones of Our Communities*.

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	
2001-2002	\$3,206,255	6,460
2002-2003	\$2,906,434	5,551
2003-2004	\$6,231,434*	6,413*
2004-2005	\$6,331,434**	6,413***

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

**\$3,325,000 of funding is nonrecurring general revenue.

***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 Long-Term Care Community-Based Diversion Project is designed to target the frailest individuals who would otherwise qualify for Medicaid nursing-home placement, through the provision of 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 Therapies, Nursing Facility Services, Prescribed Drugs, Visual/Hearing, 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 Parts A & B 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	4,247***
2004-2005	\$75,661,174	\$52,795,828	0	5,312#

* Funding is contained in the Agency for Health Care Administration's appropriation.

** Project implementation began 12/98.

*** Includes Program of All Inclusive Care for the Elderly (PACE) clients.

Clients served as of November 1, 2004. Includes PACE clients.

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.

The 2004 Legislature increased the Long-Term Care Community-Based Diversion Project budget by approximately \$60 million. Proviso language accompanying this increase stated the goal of adding at least 3,000 new project slots by fiscal-year end.

As a result of the increase in funding, the Department expanded the Long-Term Care Community-Based Diversion Project beyond its current service areas of Orlando and Palm Beach. At the end of SFY 2003-2004, the project expanded from four to 24 counties, and from four to 12 providers.

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:

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	TOTAL
1994-1995	\$722,597	\$112,387	\$834,984
1995-1996	\$720,872	\$143,001	\$863,873
1996-1997	\$723,359	\$138,530	\$861,889
1997-1998	\$724,095	\$147,749	\$871,844
1998-1999	\$945,993	\$159,634	\$1,105,627
1999-2000	\$1,011,559	\$259,634	\$1,271,193
2000-2001	\$1,011,559	\$339,634	\$1,351,193
2001-2002	\$1,082,358	\$1,205,102	\$2,287,460
2002-2003	\$1,316,838	\$1,285,102	\$2,601,940
2003-2004	\$1,394,945	\$1,361,593	\$2,756,538
2004-2005*	\$1,450,999	\$1,351,432	\$2,802,431

*Estimates.

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

*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:

- At the April 2004 State Council Quarterly meeting, a unanimous vote by council members jumpstarted a strategic planning process for the Long-Term Care Ombudsman Program (LTCOP).
- Volunteers and staff provided relief efforts to residents in long-term care facilities statewide. Individual and group merits included: contacting nursing homes, assisted living facilities and adult family care homes before each hurricane by phone to review disaster preparedness with long-term care staff; contacting facilities by phone and through on-site visits (in cooperation with the Agency for Health Care Administration) to ascertain structural damage and the need for essential services for residents, i.e., food, ice, water, oxygen, and medications following each hurricane; volunteering numerous times at Disaster Recovery Centers statewide to provide information and assistance to elders who were impacted by the hurricanes; volunteering at the Florida Volunteer and Donation Hotline to answer citizens' questions regarding relief efforts; and organizing joint operations with sister agencies so that necessary services were provided expeditiously. Program representatives immediately visited more than 2,500 transferred long-term care facility residents in the weeks following the hurricanes to assure that their federal and state rights and their health and safety were protected.
- In June 2004, volunteers from the Long-Term Care Ombudsman Program traveled to Tampa and inspected more than 100 long-term care facilities in one week, in addition to their duties as elder advocates. The area was in need of assistance to complete annual inspections of nursing homes, assisted living facilities and adult family care homes. This specially trained group of individuals from all across the state gathered to lend a hand to their West Florida counterparts. Their involvement helped to raise the level of accountability for facilities housing thousands of frail elders in the Tampa area.
- The LTCOP completed the 2004 Annual Ombudsman Training Conference in May 2004. More than 250 attendees had the opportunity to partake in roundtable discussions with agency personnel, learn about advocacy for residents with mental diagnoses, and discuss problems affecting residents in long-term care facilities.
- The LTCOP certification manual was translated into Spanish to advance recruitment of Spanish-speaking volunteers.
- The LTCOP migrated all 17 district offices onto a new web-based documentation system.
- The LTCOP redesigned and launched the Long-Term Care Ombudsman Program website in October 2004. The new website features cutting edge resources for residents, families,

ombudsmen, and long-term care facility staff to improve life and care within facilities. The website address is <http://ombudsman.myflorida.com>.

- The LTCOP promoted Residents' Rights Month in October to coincide with the nationally recognized rights week. Several district councils convened family council seminars to empower families so they may have a voice in the care of their loved one.

The daughter of a 98 year-old, blind nursing-home resident receiving hospice care contacted the Southwest Ombudsman Council office for assistance. She was concerned that the facility had not protected her mother from a male resident. Two months earlier, facility staff discovered the male resident in her room. He was standing over the complainant's mother who was bruised and lying completely unclothed on the floor. The male resident's underwear, shirt and shoes had been discarded, his trousers were around his ankles, and he was sweating profusely. Both residents were taken to the hospital emergency room, and a police report was filed. Both were subsequently returned to the nursing home.

The ombudsman verified the complaint by examining the medical records of both residents, interviewing staff and obtaining a copy of the police report. She discovered that, after the incident, the alleged perpetrator was moved to another wing of the facility. However, he had been seen in the corridor outside the victim's room and in a nearby recreation room, and he had attempted to enter her room again.

As she conducted her investigation, the ombudsman realized that the facility seemed more concerned about protecting the alleged perpetrator's rights than those of the victim. The Agency for Health Care Administration had also investigated the complaint and cited the facility for not having developed a care plan for the female resident, including interventions to prevent the recurrence of such an incident.

The administrator had promised that the male resident would be moved to a room near the nurses' station, where he could be more readily observed; however, this was not done. One-on-one monitoring was suggested by Adult Protective Services; and monitoring was implemented by the facility but discontinued after a month at the family's request. Use of a wander guard was discontinued when the male resident's daughter said she did not want him to feel like a prisoner. The male resident's care plan stated that staff was committed to preserving his dignity. Although alternative facilities recommended by staff were contacted, the male resident's family did not want him moved to another facility, because they perceived these facilities to be either unable to meet his needs or inconvenient for family visits.

Concerned not only for the welfare of the victim but also for her daughter's peace of mind, the ombudsman immediately contacted the local Veterans Health Administration coordinator. Another nursing home willing to accept the male resident was located, and the resident was transferred the following day. In a letter to the ombudsman, the complainant wrote, "I want to heartily thank all of you folks for your concerned intervention resulting in Mr. ----- being removed to another facility. Through it all the Lord has again proven that he hears and answers prayers."

MEDICAID ADULT DAY HEALTH CARE WAIVER

DESCRIPTION:

The Florida Medicaid Adult Day Health Care (ADHC) waiver provides a combination of integrated health and social services with the goal of delaying or preventing placement into a long-term care facility. The services are targeted to preserving the individual's physical and mental health and improving quality of life while providing a relief for the family/caregiver from 24-hour responsibilities. This new program will be available in Lee and Palm Beach Counties.

SERVICES OR ACTIVITIES:

Services will include case management, nursing, social services, personal care assistance, rehabilitative therapies, meals, counseling, transportation and caregiver assessments. Service packages are based on the results of an assessment of functional and/or cognitive impairment. An individualized plan of care will be developed to meet the client's health and supportive needs. The Adult Day Health Care provider will deliver all services at the facility.

ADMINISTRATION:

The Department in conjunction with the Agency for Health Care Administration (Florida's Medicaid agency) will manage the waiver program. Providers bill the Agency for Health Care Administration by invoice.

ELIGIBILITY:

Be age 75 or older and live with a caretaker
Be certified eligible for nursing home level of care
Not reside in a nursing facility or other institutional setting
Not be a member of a hospice
Not be enrolled in another Medicaid home and community based service waiver
Be a resident of Lee or Palm Beach counties

STATUTORY AUTHORITY:

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

ALLOCATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	Clients Served
2004-2005	\$1,404,000*	100*

*Estimate.

Source: Department data and reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The FY 2002-2003 General Appropriations Act provided authorization and funding for an adult day health-care waiver program. Total waiver costs are expected to be \$ 2,808,000 during the 2-year waiver period. The state has estimated costs without the waiver by projecting current costs forward from the adjusted for lagged claims and the medical care cost index as described earlier. Caseload or member beneficiary months are expected to increase by 20 percent per year.

PROGRAM HIGHLIGHTS:

The program may be the best model for single service home and community based programs. The program is best suited for clients residing with a caregiver who works outside the home on a regular basis during the week but may provide the client's needs during the weekend.

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. A case manager determines services based upon a comprehensive assessment of needs. The services are designed to assist the recipient to remain in the community for as long as possible.

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING = 55%* STATE FUNDING = 45%*	CLIENTS SERVED
1992-1993	\$14,298,627	6,848
1993-1994	\$16,455,529	6,952
1994-1995	\$20,971,119	8,047
1995-1996	\$23,927,145	8,667
1996-1997	\$36,112,463	10,605
1997-1998	\$42,524,317	11,636
1998-1999	\$51,197,577**	12,197
1999-2000	\$53,037,571***	12,483
2000-2001	\$61,976,956	12,068
2001-2002	\$82,188,322	15,079
2002-2003	\$87,604,575	14,197
2003-2004	\$87,587,017	11,745
2004-2005	\$79,025,827	10,596****

* 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.

MEDICAID ASSISTED LIVING FOR THE FRAIL ELDERLY WAIVER

DESCRIPTION:

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.

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	4,200
2004-2005	\$30,589,283	4,198**

* Approximate - Federal Financial Participation (FFP) is determined each Federal Fiscal Year.

** Projection.

Source: CIRT's 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 age 60 or older, 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 \$9,419 compared to the average statewide Medicaid nursing home cost of \$40,647.

NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

The NSIP reimburses Area Agencies on Aging and service providers for the costs of congregate and home-delivered meals, through a supplement of approximately \$0.57 per meal (reimbursement rate varies annually).

ADMINISTRATION:

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

ELIGIBILITY:

Individuals receiving congregate and home-delivered meals must be age 60 or older (spouses, disabled adults and volunteers under age 60 may be served meals under some circumstances) and qualified to receive services under the OAA.

STATUTORY AUTHORITY:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

FFY	FUNDING ALLOCATED TO PSAs	NUMBER OF MEALS SERVED
1993-1994	\$6,878,452	Information not available.
1994-1995	\$6,634,928	
1995-1996	\$6,197,272	
1996-1997	\$6,584,425	
1997-1998	\$6,219,477	11,092,344
1998-1999	\$6,181,148	11,159,321
1999-2000	\$6,095,408	11,279,706

2000-2001	\$6,768,177	11,168,424
2001-2002	\$6,659,871	12,372,254
2002-2003	\$7,441,372	12,828,297
2003-2004	\$7,456,357	13,083,624
2004-2005	\$6,943,655	12,183,989*

*Projected.

Source: Department program reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The NSIP is 100 percent federally funded. NSIP allotments by AoA to State Units on Aging represent proportional shares of the annual program appropriation based on the number of meals served in the prior year. The Department allocates NSIP funding to Planning and Service Areas (PSAs) based on the projected number of meals to be served.

PROGRAM HIGHLIGHTS:

Since FFY 2003-2004, NSIP reimbursements to service providers have provided incentives for the effective delivery of over 12 million nutritious meals annually to qualified Florida elders.

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, Family Caregiver Program, 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 V: Senior Community Service Employment Program (SCSEP). See separate program listing in this Section.
- Title VII: Public education, training and information regarding Elder Abuse Prevention.

ADMINISTRATION:

The Department administers programs through contracts 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 certain 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:

FFY*	FEDERAL FUNDING Allocation to PSAs	CLIENTS SERVED**
1991-1992	\$44,068,537	341,687
1992-1993	\$47,768,315	328,235
1993-1994	\$45,691,633	367,099
1994-1995	\$47,673,802	359,481
1995-1996	\$47,636,129	74,144
1996-1997	\$45,419,240	81,695
1997-1998	\$45,522,319	107,074
1998-1999	\$47,148,432	94,929
1999-2000	\$47,240,735	91,173
2000-2001	\$49,299,486	89,058
2001-2002	\$61,339,936	112,613
2002-2003	\$72,368,906	96,901
2003-2004	\$71,197,508	90,895
2004-2005	\$73,160,794	93,401***

* 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:

Older Americans Act programs are 100 percent federally funded. By federal court order, the statewide funding distribution formula for Older Americans Act funding is based on four factors:

1. 35 percent Weight - Planning and Service Area population age 60 and over; divided by the statewide population 60 and over.
2. 35 percent 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 percent Weight - Planning and Service Area minority population age 60 and over, with income below 125 percent of the poverty level.
4. 15 percent 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 Wellness 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 those who are medically underserved and economically disadvantaged.

STATUTORY AUTHORITY:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1999-2000	\$200,000	4,465
2000-2001	\$45,485*	1,400
2001-2002	\$200,000	7,301
2002-2003	\$200,000	7,273
2003-2004	\$200,000	7,736
2004-2005	\$200,000	6,974**

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

** Projected. Decline in clients served is anticipated due to increasing contract costs per client.

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 2003-2004, the program detected osteopenia in 40 percent of those tested and osteoporosis in 15 percent. In the 70-and-older age group, program services determined that 45 percent had osteopenia and 24 percent had osteoporosis.

Mike, a Vietnam veteran, thought osteoporosis was an “old woman’s disease.”

Mike’s sisters heard that the Department of Elder Affairs had scheduled an Osteoporosis Screening and Education program in their community and talked him into attending with them. Much to his surprise, he learned that osteoporosis affects men as well as women. Mike was even more surprised when he participated in an osteoporosis screening that resulted in the recommendation that he see his doctor about his low bone mass as revealed by the procedure. Mike could not believe the screening was correct but nevertheless gave the results to his physician, who scheduled him for a full Dexa test. The test confirmed the screening results to be correct. Mike did indeed have osteoporosis. He is now following the health regimen prescribed by his physician and included in the information received at the Osteoporosis Screening and Education program.

Mike is confident that, as he continues to follow his regimen, he will stabilize or increase his bone density, lessening the probability of fractures in the future and increasing the probability of maintaining a healthy and independent lifestyle in his own home. He expressed his gratitude to the Department of Elder Affairs, because “without this screening, I would never have known I had low bone mass or taken steps to improve it. Thanks!”

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. PACE is currently operational in Miami-Dade County only.

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; Laws of Florida 2004-270.

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 2004, the Agency for Health Care Administration was authorized to contract with one private, not-for-profit hospice organization located in Lee County and another in Martin County to provide PACE services. Applications from potential PACE providers are pending.

RESPIRE FOR ELDERLY 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. Volunteers 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 11 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 policies and procedures for volunteer service. 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, especially evening and weekend respite.

STATUTORY AUTHORITY:

Section 430.071, Florida Statutes.

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	NUMBER OF CLIENTS SERVED	NUMBER OF VOLUNTEERS	UNITS (HOURS)
1997-1998*	\$727,772	334	202	89,551.75
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	382	274	116,938
2004-2005	\$1,044,530	400***	300***	150,000***

* 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:

The RELIEF program is 100 percent General Revenue funded. 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 unemployed 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 on 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 unemployed 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 Slot Allocations.	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
2004-2005	\$5,178,281	724	2,824

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 1,730 participants during SFY 2003-2004, of which 350 successfully transitioned to permanent employment, resulting in a 43 percent unsubsidized-employment rate. This achieved rate is 23 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.

A destitute elder heard about the Senior Community Service Employment Program (SCSEP) and requested an appointment with a local provider, because she had no money to pay her rent.

She had lost hope after concluding that no one would hire her because of her age. Everywhere she went, the unemployed elder completed job applications but received no responses from prospective employers. Finally, she heard about SCSEP and made an appointment for an initial assessment. The SCSEP provider determined her eligible for the program and assisted her with job development, counseling and other services to increase her employability. The provider referred the elder for a job at a property management company, and the employer hired her that very same day.

Her new job as an Administrative Assistant pays her \$10.00 per hour. She is very pleased that, because of community networking and program resources, SCSEP was able to help her find a job so quickly. Her successful transition back to employment has enabled her to remain in her home, live an independent lifestyle and manage her daily expenses.

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

ELIGIBILITY:

Volunteers are low-income elders, 60 years of age or older, who receive a \$2.65/hour stipend to defray expenses of volunteering at least 15 hours a week. The stipend does not affect the volunteer's eligibility for any other federal program.

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

STATUTORY AUTHORITY:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	CLIENTS SERVED	VOLUNTEER COMPANIONS	HOURS OF SERVICE
1994-1995	\$174,359	\$83,155	475	75	78,300
1995-1996	\$174,359	\$85,438	525	95	99,180
1996-1997	\$174,359	\$84,264	614	141	80,716
1997-1998	\$188,100	\$85,878	801	140	125,919
1998-1999	\$227,964	\$95,882	600	153	121,456
1999-2000	\$232,457	\$73,645	738	125	99,790
2000-2001	\$301,106	\$80,076	725	214	93,355
2001-2002	\$351,328	\$93,908	701	201	109,043
2002-2003	\$366,967	\$89,607	521	146	109,515
2003-2004	\$353,363	\$90,530	678	180	121,760
2004-2005	\$336,015	\$90,656	600*	175*	119,016*

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

* Projected. Reductions reflect anticipated increase in contractual costs.

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Corporation for National and Community Service awards the Senior Companion Grant to the Department 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, three Area Agencies on Aging and three lead agencies provide Senior Companion services in ten counties.

PROGRAM HIGHLIGHTS

Each Senior Companion serves between two to seven frail older persons.

The Department continues to administer additional Senior Companion positions that 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 13 successful years of partnering with the Corporation for National and Community Service, the Department is entering the second year of a three-year renewable grant to continue serving Florida’s elders and their families through the Senior Companion Program.

SERVING HEALTH INSURANCE NEEDS OF ELDERS (SHINE)

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

Over 400 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 other services are provided at counseling sites via telephone and over the Internet.

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

FEDERAL FISCAL YEAR	FEDERAL FUNDING	NUMBER OF VOLUNTEERS	NUMBER OF CLIENTS SERVED
1993-1994	\$774,814	430	8,270
1994-1995	\$556,386	496	12,404
1995-1996	\$684,386	575	19,226
1996-1997	\$598,543	600	29,000

FEDERAL FISCAL YEAR	FEDERAL FUNDING	NUMBER OF VOLUNTEERS	NUMBER OF CLIENTS SERVED
1997-1998	\$591,637	600	30,000
1998-1999	\$1,036,679	600	80,457
1999-2001 *	\$4,186,952	500	142,647
2001-2002 **	\$989,837	425	94,315
2002-2003	\$734,740	480	89,887
2003-2004	\$1,050,689	450	96,149
2004-2005	\$1,316,875	425**	100,000**

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

**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:

- During 2003-2004, SHINE included an increased emphasis on prescription assistance through a program named Sunshine for Seniors (see separate program listing). Using existing SHINE volunteers, elders and their caregivers are provided with information on free and low cost medicine programs which are supported by pharmaceutical manufacturers. Reports of elders saving in excess of \$500 per month due to enrollment in these programs were received by the Department.
- Also during 2004, the Centers for Medicare & Medicaid Services (CMS) began a program of education and outreach to inform eligible beneficiaries of changes to Medicare as a result of the passage of the Medicare Modernization Act of 2003. SHINE is the Florida CMS partner. Over 200 information and education programs were offered to residents of Florida's 67 counties through the efforts of eleven Area Agencies on Aging throughout the state. A trained group of over 400 SHINE volunteers provided ongoing counseling and assistance in such important areas as Medicare Prescription Discount Card, Transitional Assistance for lower income seniors, and new benefits scheduled for implementation in 2005 and beyond.

Some SHINE clients speak very little or no English, and that is when the services of a bilingual counselor can make a difference. Spanish-speaking SHINE volunteer Josephine Diaz received a phone call from a woman who spoke almost no English. The woman, released from the hospital after an extended illness, was deluged with medical bills and insurance notices she did not understand. Josephine met with the client and explained the complexities of deductibles and co-insurance payments. The woman left five hours later, armed with a newly acquired understanding of what she owed and what she didn't owe.

A week later, the woman made a return visit, new invoices in hand, to ask Josephine if she was handling her bills correctly. Josephine was delighted to hear the woman correctly explain the details of every bill. The woman was greatly reassured that she could now make informed decisions about medical bills and insurance payments. Josephine then knew that her counseling efforts had been an overwhelming success.

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	1,714
2004-2005	\$2,355,579	1,500**

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

Source: State Public Guardianship Office reports and data.

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. Additional funding sources include counties, the United Way and grants. 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.

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 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 assists Florida seniors age 60 and older in obtaining free and low-cost prescription drugs from manufacturer pharmaceutical-assistance programs. The Department administers the program through the Area Agencies on Aging and the existing Serving Health Insurance Needs of Elders (SHINE) volunteer network, in collaboration with a variety of community partners.

SERVICES OR ACTIVITIES:

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

The statewide Elder Helpline is the point of entry for general information and referrals to Sunshine for Seniors counseling sites. Department and area-agency staff and volunteers 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. The Department contracts 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 need assistance with prescription costs are eligible for the program. Volunteers make referrals to other prescription assistance programs and local community resources when needed.

STATUTORY AUTHORITY

Section 430.83, Florida Statutes.

APPROPRIATIONS HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	NUMBER OF VOLUNTEER COUNSELORS TRAINED	NUMBER OF CLIENTS SERVED
2003-2004	\$226,600	249	2,099
2004-2005	\$185,000	150	2,500*

*Estimate.

Source: Department data and reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHTS:

- The Sunshine for Seniors program has formed active partnerships with the American Association of Retired Persons (AARP), Pfizer Pharmaceutical, University of Florida College of Pharmacy, and Florida Agricultural and Mechanical University (FAMU) College of Pharmacy.
- As the program has added more prescription-discount counseling sites, referrals to the SHINE program and community-service partners have correspondingly increased.
- Program services for elders requesting assistance in choosing a Medicare drug discount card have often resulted in lower prescription costs for these individuals.
- The program has assisted with training of Access to Benefits Coalition (ABC) staff in four of Florida's eleven Planning and Service Areas. ABC also provides prescription-assistance services to Florida elders.

SUPPORT THROUGH ALZHEIMER'S RELIEF SYSTEMS AND BEYOND (STARS AND BEYOND)

DESCRIPTION:

The Support Through Alzheimer's Relief Systems and Beyond (STARS and Beyond) program is funded through an Administration on Aging Alzheimer's Disease Demonstration Grant to the States. This project is designed to improve coordination of services and resources among service providers and to increase access to services in rural and minority communities for caregivers and persons with Alzheimer's disease and related disorders. The initial three-year period of grant funding ended June 30, 2004. The program was awarded a new three-year grant commencing July 1, 2004. At this time, the program name, formerly called "STARS," was changed to "STARS and Beyond."

SERVICES OR ACTIVITIES:

Services provided include: In Home Respite Care, Adult Day Care, Home Health Care, Personal Care, and Companionship.

A 24-hour, 7-day a week toll-free helpline provides information and referral assistance, counseling and crisis assistance for Alzheimer's Caregivers in the STARS program service areas.

The STARS and Beyond 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, Jefferson and Wakulla Counties.

STATUTORY AUTHORITY:

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

APPROPRIATION HISTORY:

FEDERAL FISCAL YEAR	FUNDING
2001-2002	\$350,000
2002-2003	\$350,000
2003-2004	\$350,000
2004-2005	\$311,150

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.

Department STARS staff received a 2004 Davis Productivity Award in recognition of program efforts to form partnerships with faith-based organizations in service counties. These partnerships resulted in identification of more than 30,000 low-income elders who were not receiving any Department services due to rural isolation and related factors. In FFY 2003-2004, approximately 2,500 of these elders received program services through door-to-door outreach efforts.

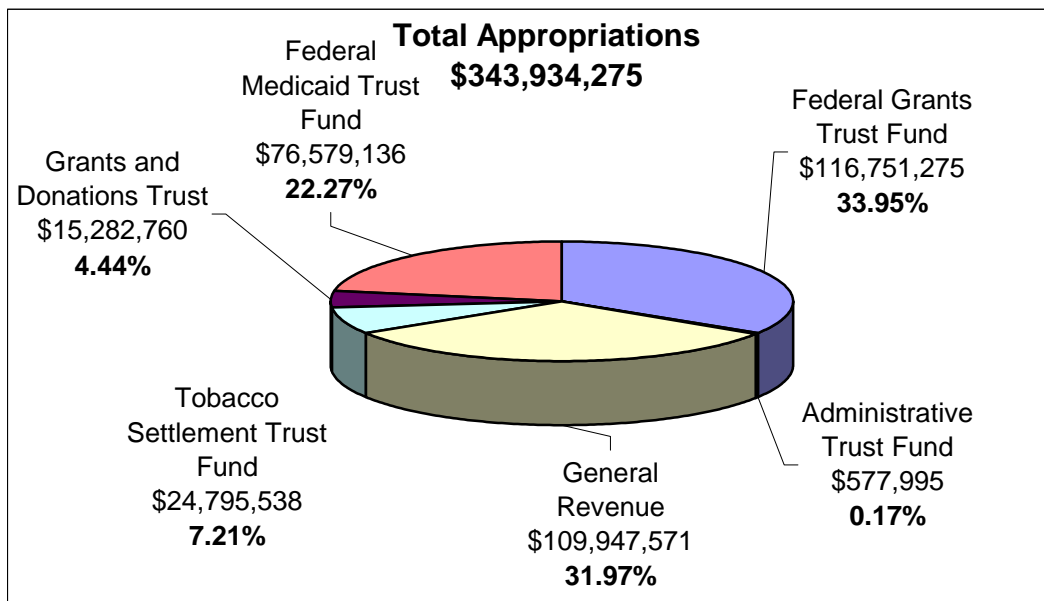
**2005
SUMMARY OF
PROGRAMS & SERVICES**

SECTION D



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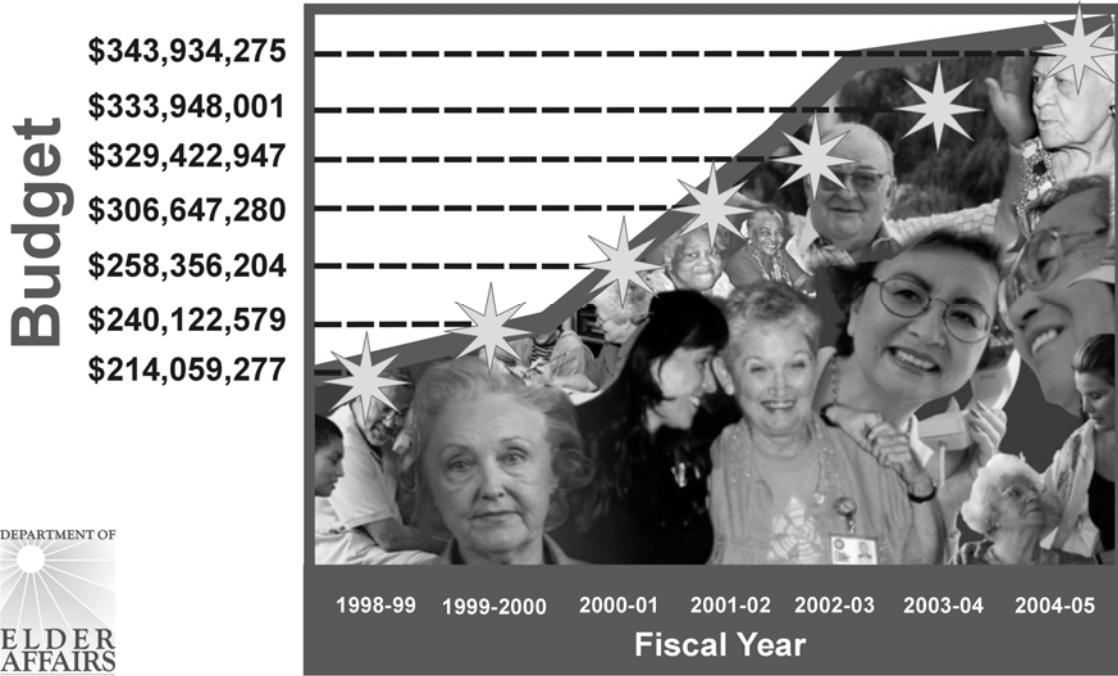
Source of Revenue State Fiscal Year 2004-2005*



General Revenue - Legislative Appropriation	\$ 109,947,571
Tobacco Settlement Trust Fund - Legislative Appropriation	\$ 24,795,538
Grants and Donations Trust Fund	\$ 15,282,760
State-Funded Grants	
Robert Wood Johnson Grants	
Honoraria and Donations	
Federal Medicaid Trust Fund	\$ 76,579,136
Aged and Disabled Adult Medicaid Waiver	
Assisted Living for the Frail Elderly Medicaid Waiver	
Medicaid Administration	
Federal Grants Trust Fund	\$ 116,751,275
Title III and VII Older Americans Act	
Title V Senior Community Services Employment Program	
USHHS Nutrition Services Incentive Program	
USDA Adult Day Care Food Program	
Emergency Home Energy Assistance Program	
Serving Health Insurance Needs of Elders (SHINE)	
Administrative Trust Fund	\$ 577,995
Public Guardianship Services	
Assisted Living Facility Licensure Fees	
Criminal History Background Check	
Total	\$ 343,934,275

*Source: Department of Elder Affairs Approved Operating Budget 2004-2005.

Budget Overview



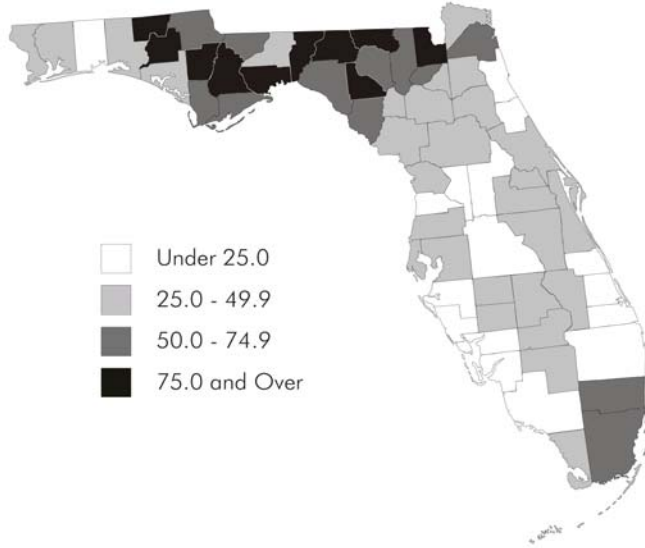
Department of Elder Affairs Budget

\$343,934,275 for State Fiscal Year 2004-2005

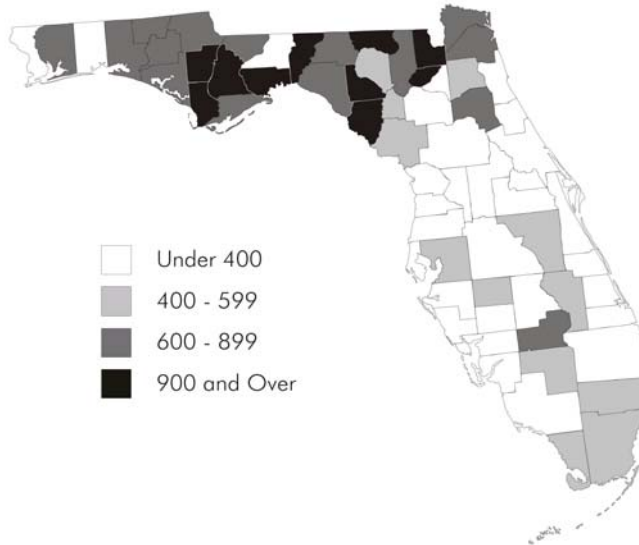
Represents a 61 percent increase over the past six years

94% privatized through contracts with Area Agencies on Aging and other providers

**Department of Elder Affairs
 Program Participants Fiscal Year 2003-2004
 Per 1,000 Population Age 60+**



**Department of Elder Affairs
 Program Participants Fiscal Year 2003-2004
 Per 1,000 Population Age 85+**



Source: Department of Elder Affairs calculations based on The Office of Economic and Demographic Research Population Estimates for April 1, 2003; Bureau of Economic and Business Research (BEBR) Estimates for 4/1/2004; and U.S. Census Data 2000, Revised. Number of Clients in Programs is from Department of Elder Affairs' Client Information and Registration Tracking System (CIRTS).

Program Enrollment

County	60+	85+	ADA	ADI	ALE	CCE	HCE	LSP	OAA	Other
Alachua	13.0%	1.3%	95	184	0	486	65	16	485	4
Baker	13.9%	0.9%	20	11	0	72	17	0	357	89
Bay	18.5%	1.4%	233	37	51	360	89	0	861	8
Bradford	17.8%	1.7%	23	4	14	53	4	0	80	5
Brevard	25.8%	2.4%	257	1266	152	1,105	69	29	2,905	5
Broward	19.5%	3.0%	646	866	299	5,400	375	4,546	15,910	213
Calhoun	19.1%	2.1%	64	6	0	77	22	1	192	1
Charlotte	41.8%	4.2%	91	17	54	376	67	0	790	31
Citrus	39.5%	3.8%	116	18	59	475	33	20	1,291	9
Clay	14.8%	1.1%	92	27	25	244	61	0	717	0
Collier	31.3%	2.5%	56	23	19	362	72	0	602	6
Columbia	18.9%	1.5%	81	18	20	266	131	1	339	91
De Soto	24.3%	1.9%	26	8	3	123	11	2	165	2
Dixie	23.7%	1.4%	31	3	0	61	16	0	119	3
Duval	14.1%	1.4%	538	204	51	1,831	186	1	6,832	22
Escambia	18.0%	1.7%	216	275	37	210	55	3	1,168	15
Flagler	35.7%	2.7%	17	8	0	47	13	0	447	5
Franklin	25.9%	2.3%	68	1	17	32	17	0	41	0
Gadsden	16.3%	1.5%	125	19	27	100	51	0	195	3
Gilchrist	18.6%	1.6%	20	6	0	48	9	0	80	0
Glades	25.6%	1.5%	9	2	0	45	12	0	71	0
Gulf	20.4%	1.5%	39	8	9	37	10	0	159	0
Hamilton	15.5%	1.4%	34	10	0	74	64	0	125	0
Hardee	18.1%	1.5%	56	4	0	65	28	0	110	0
Hendry	13.8%	1.0%	18	6	1	80	22	0	117	0
Hernando	36.0%	3.4%	54	13	111	322	86	21	517	0
Highlands	38.5%	3.9%	59	27	35	303	58	1	636	131
Hillsborough	15.8%	1.5%	584	598	302	4,043	203	72	4,228	1,217
Holmes	20.4%	2.2%	113	7	0	58	77	0	178	1
Indian River	34.5%	3.8%	117	11	119	177	51	5	684	15
Jackson	19.1%	2.0%	185	37	13	293	117	0	289	1
Jefferson	19.3%	1.9%	136	16	0	65	23	2	86	0
Lafayette	17.3%	1.5%	16	2	21	58	8	0	83	0
Lake	31.9%	3.0%	56	10	77	328	103	9	786	8
Lee	31.6%	2.9%	265	1329	228	903	137	7	944	40
Leon	11.7%	1.2%	142	245	24	591	69	44	553	5

White Non-Hispanic			Minority			All Races		
All Ages	60+	85+	All Ages	60+	85+	All Ages	60+	85+
165,729	24,648	2,518	70,445	6,111	536	236,174	30,759	3,054
19,855	2,997	174	4,108	330	35	23,963	3,327	209
132,750	26,659	2,009	25,687	2,697	194	158,437	29,357	2,203
20,937	4,300	395	6,803	625	73	27,740	4,925	468
439,335	122,922	11,485	82,087	11,580	765	521,422	134,502	12,250
975,533	268,839	47,284	747,598	67,112	3,893	1,723,131	335,951	51,177
10,695	2,264	247	2,914	338	43	13,610	2,603	290
142,220	62,161	6,322	14,765	3,427	263	156,985	65,588	6,585
120,740	49,264	4,692	8,370	1,725	147	129,110	50,990	4,839
139,378	22,265	1,666	24,083	1,874	134	163,461	24,138	1,800
224,273	90,442	7,227	81,914	5,473	270	306,186	95,915	7,497
47,201	9,926	735	13,252	1,519	152	60,453	11,444	887
20,499	7,543	609	13,606	732	46	34,105	8,275	656
13,158	3,373	190	1,770	164	18	14,928	3,538	208
530,836	89,894	8,772	309,638	28,895	2,544	840,474	118,789	11,316
219,540	45,265	4,284	87,686	10,114	859	307,226	55,379	5,143
58,612	21,117	1,595	11,071	3,765	262	69,683	24,882	1,858
9,296	2,521	209	1,353	235	36	10,649	2,757	245
16,799	4,108	362	30,058	3,549	358	46,857	7,657	720
14,353	2,845	241	1,547	113	6	15,900	2,957	247
7,397	2,520	150	3,337	227	13	10,733	2,747	163
12,300	2,914	202	3,872	392	40	16,171	3,306	242
7,873	1,612	130	6,430	607	66	14,303	2,219	196
15,063	4,301	357	12,725	730	46	27,787	5,031	404
16,111	3,616	284	21,282	1,559	104	37,394	5,175	388
129,950	49,330	4,767	15,257	2,901	177	145,207	52,232	4,943
70,379	32,998	3,401	21,677	2,422	178	92,057	35,420	3,580
692,857	133,011	13,480	415,578	41,992	3,190	1,108,435	175,003	16,670
17,115	3,733	402	1,897	151	15	19,012	3,885	417
106,115	41,669	4,665	20,713	2,105	176	126,829	43,774	4,841
33,586	7,250	725	15,284	2,084	255	48,870	9,334	981
8,498	1,867	159	5,566	849	113	14,064	2,716	272
5,655	1,230	110	1,880	71	5	7,535	1,300	115
212,959	76,020	7,065	38,918	4,394	395	251,878	80,414	7,461
425,976	156,108	14,356	95,277	8,555	490	521,253	164,664	14,845
169,190	24,006	2,420	94,706	6,757	632	263,896	30,763	3,052

**Percent of County
Population**

Program Enrollment

County	60+	85+	ADA	ADI	ALE	CCE	HCE	LSP	OAA	Other
Levy	24.1%	1.8%	87	8	18	181	14	0	89	2
Liberty	14.4%	1.0%	23	4	17	53	11	0	86	1
Madison	19.8%	2.2%	85	6	8	72	33	0	237	0
Manatee	29.5%	3.1%	89	16	88	713	64	0	1,232	94
Marion	30.6%	2.6%	116	34	0	837	41	25	1,455	63
Martin	34.0%	3.7%	84	37	0	218	42	19	965	9
Miami-Dade	17.7%	1.9%	2,189	2623	610	1,266	771	1,292	16,608	2,688
Monroe	20.7%	1.6%	36	42	0	257	38	0	445	3
Nassau	19.0%	1.1%	56	21	13	171	32	0	350	17
Okaloosa	17.2%	1.2%	72	32	40	250	52	0	308	2
Okeechobee	21.7%	1.7%	40	3	12	90	29	1	282	0
Orange	13.3%	1.2%	604	529	151	948	161	2	2,783	80
Osceola	14.9%	1.2%	202	12	18	119	69	2	589	490
Palm Beach	27.3%	3.5%	702	633	167	1,541	282	55	4,942	50
Pasco	30.5%	3.5%	283	72	172	1,407	118	93	2,603	27
Pinellas	27.3%	4.0%	752	109	456	2,706	178	44	4,227	128
Polk	23.3%	2.2%	287	23	70	908	182	1	1,993	61
Putnam	24.1%	1.8%	89	10	24	425	42	9	376	11
St. Johns	20.6%	1.8%	61	19	33	116	39	1	414	9
St. Lucie	27.9%	2.5%	117	32	110	284	92	10	992	44
Santa Rosa	16.3%	1.0%	64	9	42	57	29	1	677	5
Sarasota	37.6%	4.5%	152	314	61	683	84	8	1,192	25
Seminole	14.8%	1.3%	151	63	136	385	51	0	1,220	61
Sumter	38.1%	1.9%	24	6	13	145	36	0	278	0
Suwannee	22.9%	2.1%	98	5	10	235	64	0	116	1
Taylor	19.0%	1.7%	61	9	0	66	19	0	197	2
Union	10.5%	0.6%	13	3	0	49	7	0	81	1
Volusia	27.1%	2.9%	313	41	142	1,310	153	0	2,687	51
Wakulla	14.9%	1.0%	68	15	0	87	26	0	197	0
Walton	21.5%	1.5%	69	13	29	106	46	0	284	0
Washington	20.7%	2.2%	136	8	0	125	33	1	233	3
Florida	22.2%	2.4%	11,870	2,749	4,224	34,983	5,269	6,344	91,292	5,859

Source: Department of Elder Affairs calculations based on The Office of Economic and Demographic Research Population Estimates for April 1, 2003; Bureau of Economic and Business Research (BEBR) Estimates for 4/1/2004; and U.S. Census Data 2000, Revised. Number of Clients in Programs is from Department of Elder Affairs' Client Information and Registration Tracking System (CIRTS).

White Non-Hispanic			Minority			All Races		
All Ages	60+	85+	All Ages	60+	85+	All Ages	60+	85+
31,564	8,255	592	5,922	793	80	37,486	9,047	672
5,485	929	60	1,869	127	12	7,354	1,056	72
10,902	2,739	278	8,596	1,121	158	19,498	3,860	436
236,667	82,885	9,014	58,575	4,201	268	295,242	87,086	9,282
237,159	81,551	6,841	56,158	8,264	661	293,317	89,816	7,502
118,231	45,073	4,936	19,406	1,673	163	137,637	46,746	5,100
453,098	97,850	15,841	1,926,720	323,411	28,070	2,379,818	421,261	43,910
63,173	14,234	1,093	18,064	2,560	205	81,236	16,795	1,299
58,700	11,343	608	6,316	954	79	65,016	12,297	688
152,405	29,553	2,072	33,373	2,350	101	185,778	31,903	2,173
27,091	7,593	598	10,912	639	28	38,004	8,232	627
566,867	94,713	9,609	447,070	39,954	2,507	1,013,937	134,668	12,116
129,188	24,304	2,182	96,628	9,382	506	225,816	33,686	2,688
864,078	304,714	40,872	378,192	34,402	2,115	1,242,270	339,117	42,987
351,378	114,542	13,346	38,398	4,326	288	389,776	118,867	13,635
782,799	239,903	36,353	160,841	17,552	1,369	943,640	257,454	37,722
392,965	110,414	10,459	135,424	12,577	880	528,389	122,990	11,339
55,466	15,350	1,092	17,761	2,286	188	73,226	17,635	1,280
134,589	28,781	2,456	14,747	1,934	208	149,336	30,715	2,664
167,986	56,081	5,302	58,230	6,967	433	226,216	63,047	5,734
120,824	20,636	1,223	12,897	1,105	70	133,721	21,741	1,293
322,167	130,014	15,853	36,140	4,586	343	358,307	134,600	16,197
302,732	49,335	4,343	100,628	10,532	694	403,361	59,867	5,038
52,543	23,886	1,129	13,873	1,406	107	66,416	25,292	1,236
30,903	7,757	707	6,810	865	91	37,713	8,623	798
16,198	3,488	297	4,743	497	52	20,941	3,985	349
10,595	1,277	75	4,025	263	19	14,620	1,540	94
397,515	120,171	13,133	86,745	10,984	813	484,261	131,155	13,946
21,827	3,426	210	3,678	374	33	25,505	3,799	242
45,107	10,210	684	5,436	642	79	50,543	10,853	764
18,331	4,121	413	4,104	531	71	22,434	4,652	483
11,431,296	3,150,666	355,360	6,085,435	733,432	57,220	17,516,732	3,884,101	412,588

Source: Department of Elder Affairs calculations based on The Office of Economic and Demographic Research Population Estimates for April 1, 2003; Bureau of Economic and Business Research (BEBR) Estimates for 4/1/2004; and U.S. Census Data 2000, Revised. Number of Clients in Programs is from Department of Elder Affairs' Client Information and Registration Tracking System (CIRTS).

AGE DISTRIBUTION

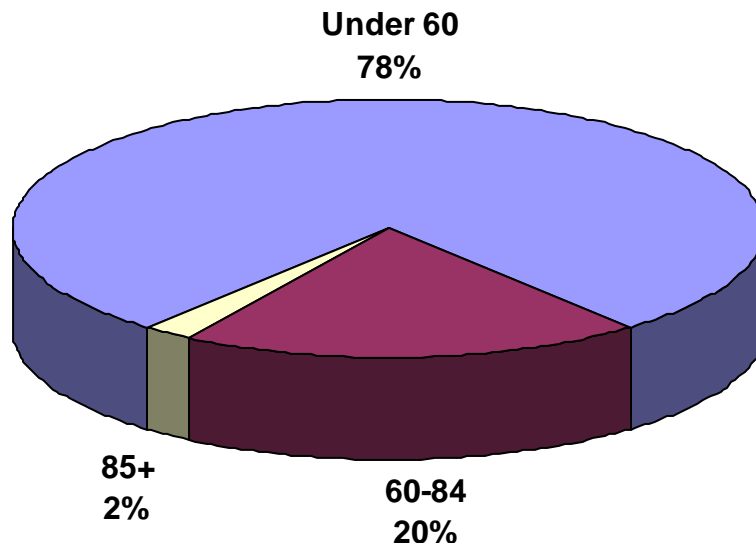
Florida's total estimated 2004 population is 17,516,732. Of this total, 3,884,101 are ages 60 and above, and 412,588 are ages 85 and older.

Most Florida elders age 60 and over reside in urban areas, and are concentrated in Miami-Dade, Palm Beach, Broward, Pinellas and Hillsborough Counties. These five counties account for 39 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 (40), Highlands (39), Sumter (38) and Sarasota (38). Population densities for elders 85 and older are highest in Sarasota (4.5 percent), Charlotte (4.2), Pinellas (4.0), Highlands (3.9) and Indian River (3.8). 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.

Florida's Age Distribution: January 1, 2004



Source: Department of Elder Affairs calculations based on The Office of Economic and Demographic Research Population Estimates for April 1, 2003; BEBR Estimates for 4/1/2004; and U.S. Census Data 2000, Revised. Number of Clients in Programs is from Department of Elder Affairs' Client Information and Registration Tracking System (CIRTS).

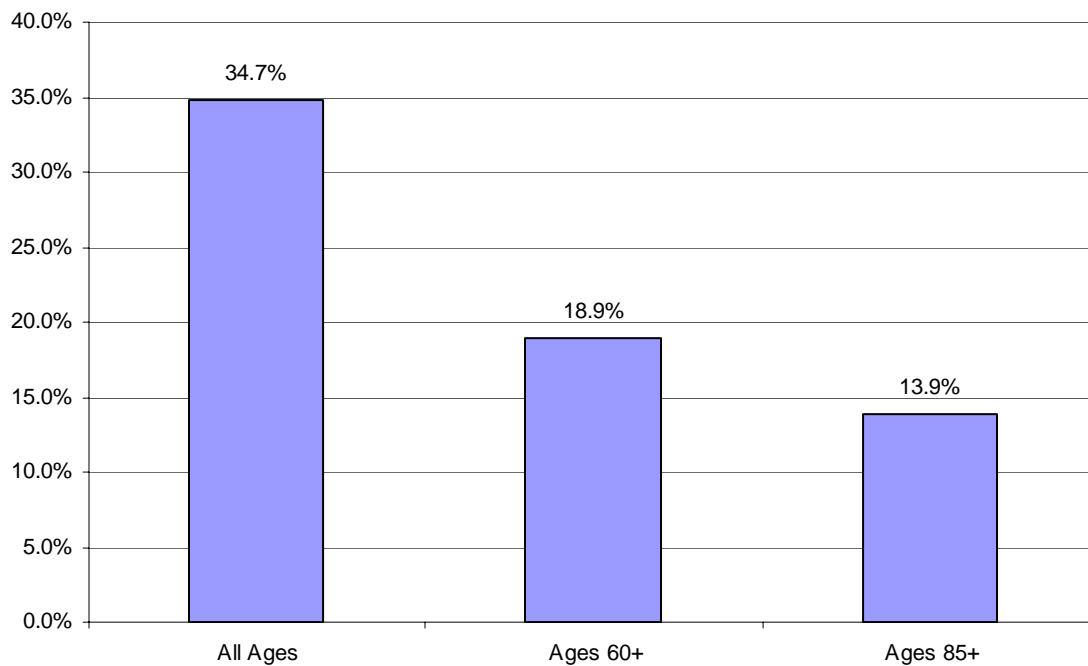
MINORITY DISTRIBUTION

Over a third (34.7 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 (18.9 percent) of Floridians age 60 and over are minorities. Among Floridians age 85 and older, the minority rate is 13.9 percent.

The four counties with the highest percentage of elders among the white non-Hispanic population are Highlands (47 percent), Sumter (45), Charlotte (44) and Citrus (41). Percentages are also high in Sarasota, Collier and Indian River counties. The five counties with the highest percentage of elders among the minority population are Flagler (34 percent), Charlotte (23), Citrus (21), Hernando (19) and Franklin (17).

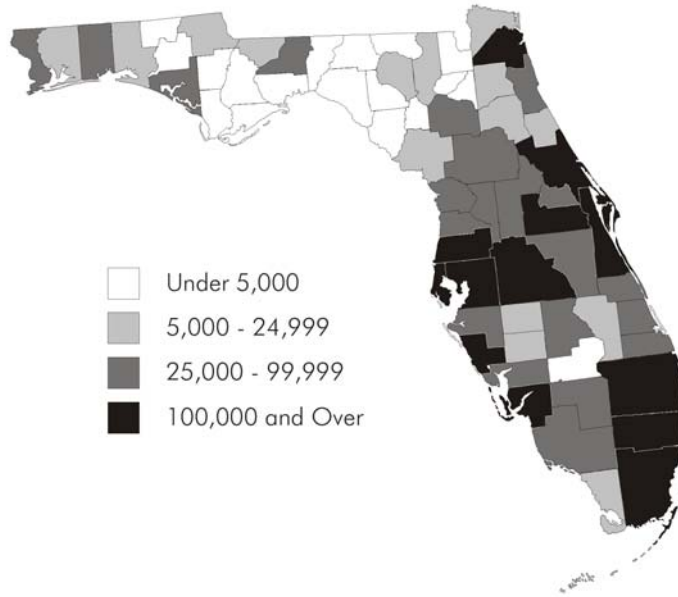
Counties with the highest percentage of minorities in the elder population 60 and above tend to border Georgia. However, Miami-Dade County, at 77 percent, has the highest percentage, followed by Gadsden (46 percent), Jefferson (31), Hendry (30) and Orange (30). Counties with the lowest percentage of minority population among elders are Citrus (3.4 percent), Sarasota (3.4), Martin (3.6), Pasco (3.6) and Gilchrist (3.8).

Percent of Minorities in Population By Age Category

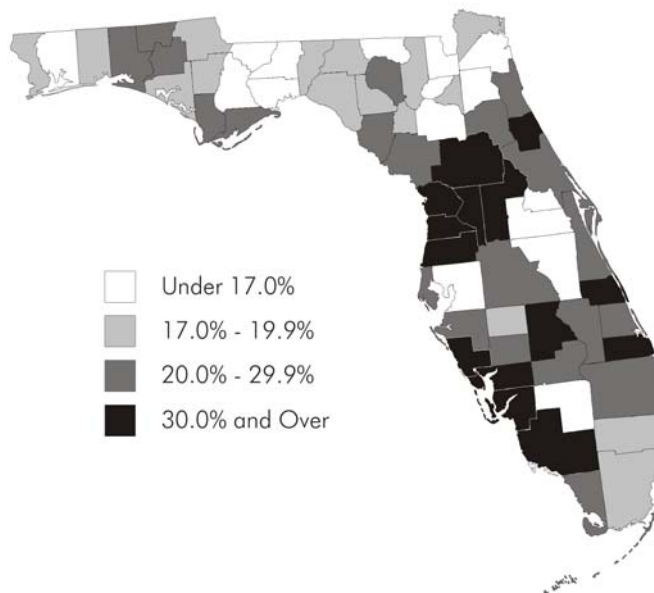


Source: Department of Elder Affairs calculations based on The Office of Economic and Demographic Research Population Estimates for April 1, 2003; BEBR Estimates for 4/1/2004; and U.S. Census Data 2000, Revised. Number of Clients in Programs is from Department of Elder Affairs' Client Information and Registration Tracking System (CIRTS).

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

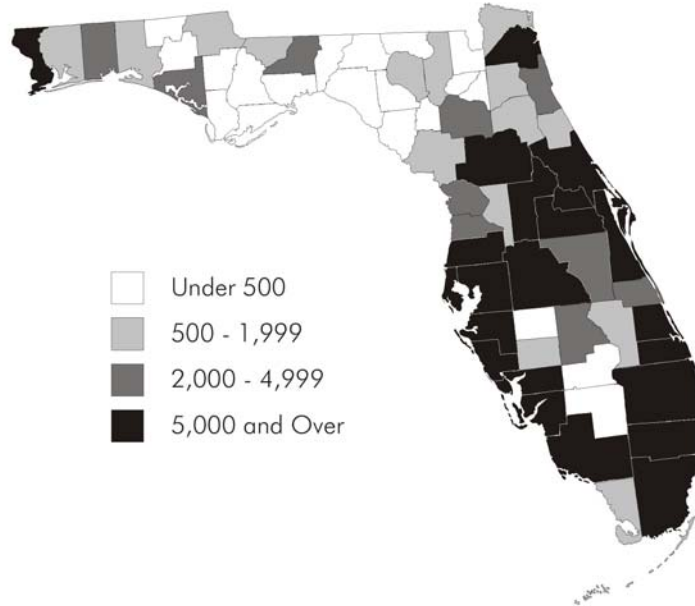


**Florida's Elder Population by County
Residents Age 60 and Older
As a Percentage of the Overall Population**

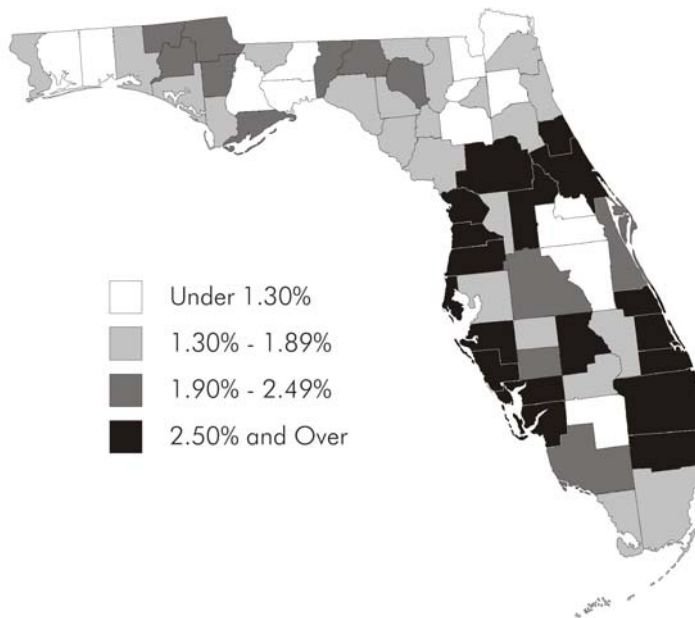


Source: Department of Elder Affairs calculations based on The Office of Economic and Demographic Research Population Estimates for April 1, 2003; BEBR Estimates for 4/1/2004; and U.S. Census Data 2000, Revised. Number of Clients in Programs is from Department of Elder Affairs' Client Information and Registration Tracking System (CIRTS).

**Florida's Elder Population by County
Residents Age 85 and Older
Population**

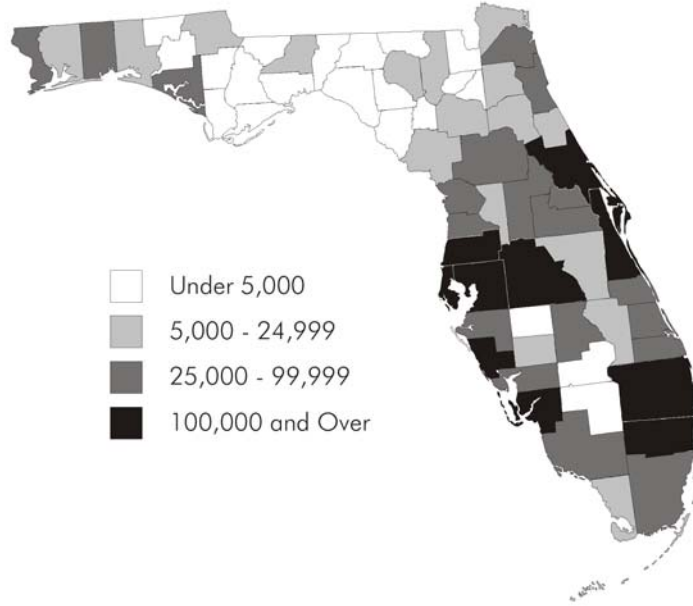


**Florida's Elder Population by County
Residents Age 85 and Older
As a percentage of the overall population**

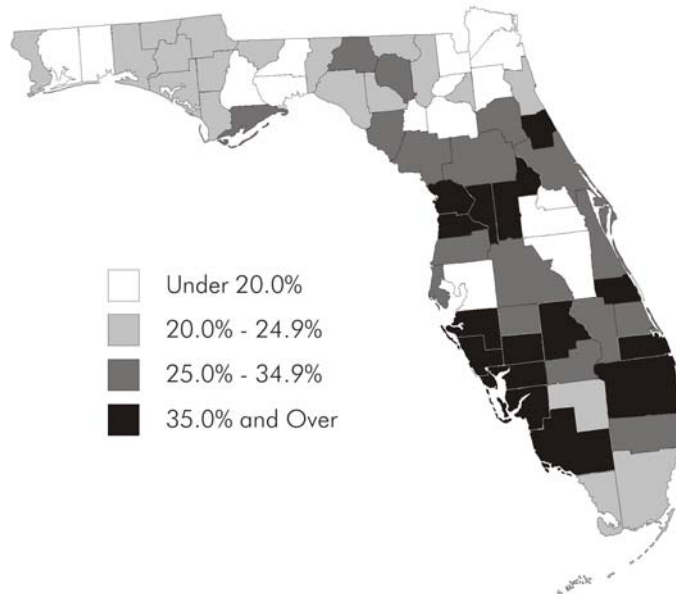


Source: Department of Elder Affairs calculations based on The Office of Economic and Demographic Research Population Estimates for April 1, 2003; BEBR Estimates for 4/1/2004; and U.S. Census Data 2000, Revised. Number of Clients in Programs is from Department of Elder Affairs' Client Information and Registration Tracking System (CIRTS).

**Florida's Elder Population by County
White Non-Hispanics Age 60 and Older
Population**

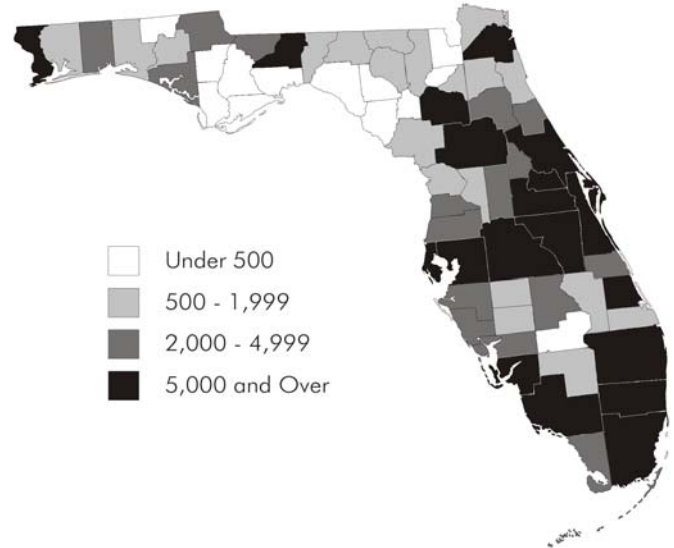


**White Non-Hispanics Age 60 and Older
As a Percentage of the Overall White Non-Hispanic Population**

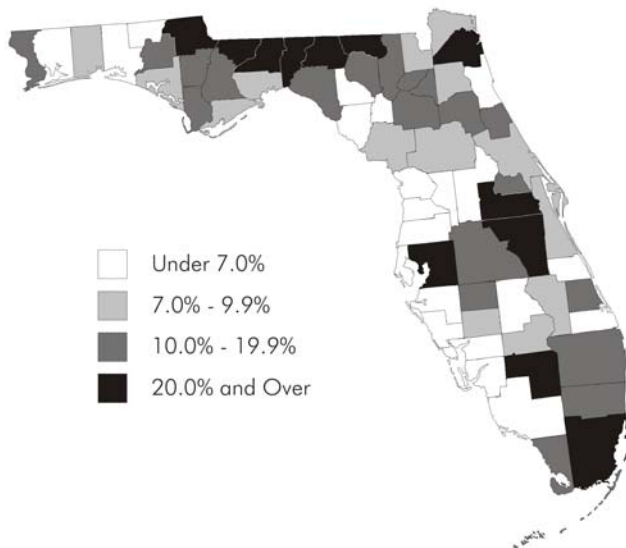


Source: Department of Elder Affairs calculations based on The Office of Economic and Demographic Research Population Estimates for April 1, 2003; BEBR Estimates for 4/1/2004; and U.S. Census Data 2000, Revised. Number of Clients in Programs is from Department of Elder Affairs' Client Information and Registration Tracking System (CIRTS).

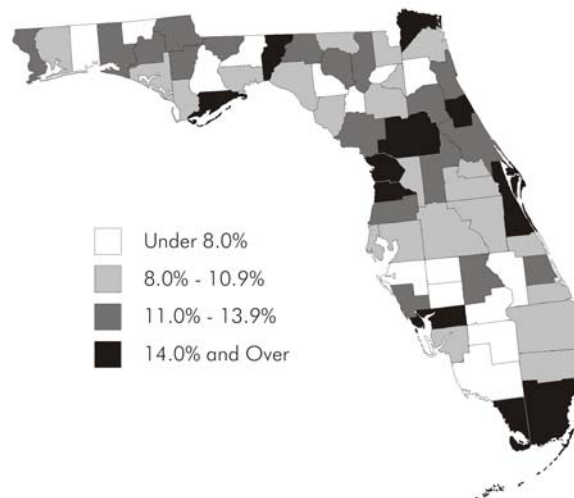
**Minorities Age 60 and Older
Population**



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



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



Source: Department of Elder Affairs calculations based on The Office of Economic and Demographic Research Population Estimates for April 1, 2003; BEBR Estimates for 4/1/2004; and U.S. Census Data 2000, Revised. Number of Clients in Programs is from Department of Elder Affairs' Client Information and Registration Tracking System (CIRTS)

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:

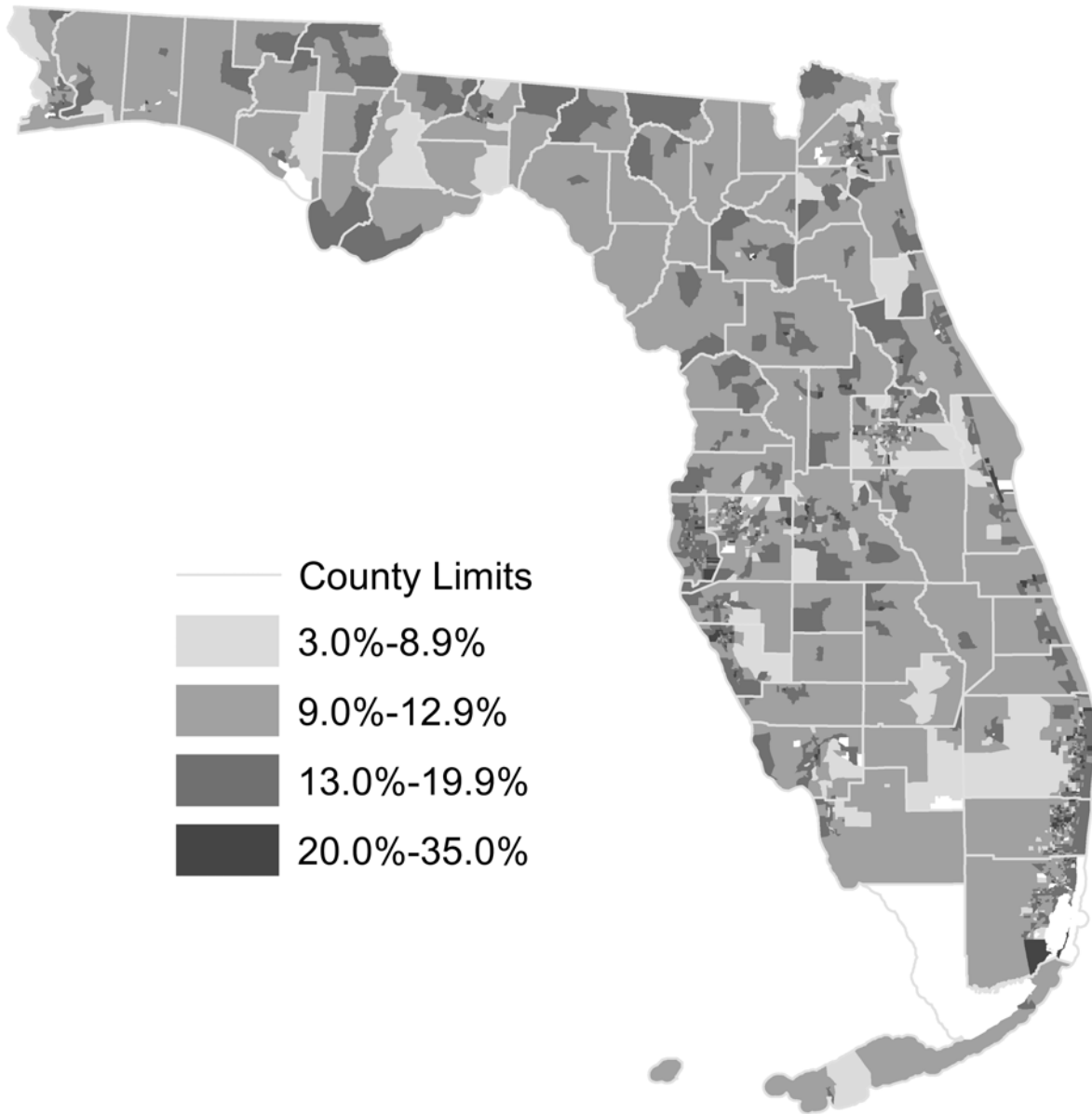
Make sounder and more relevant policies and decisions; and
Conduct more appropriate planning and evaluation of programs and services.

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 two 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.

**Estimated Percent of Population Age 60 and Older with Alzheimer's Disease
By Census Tract
2000**



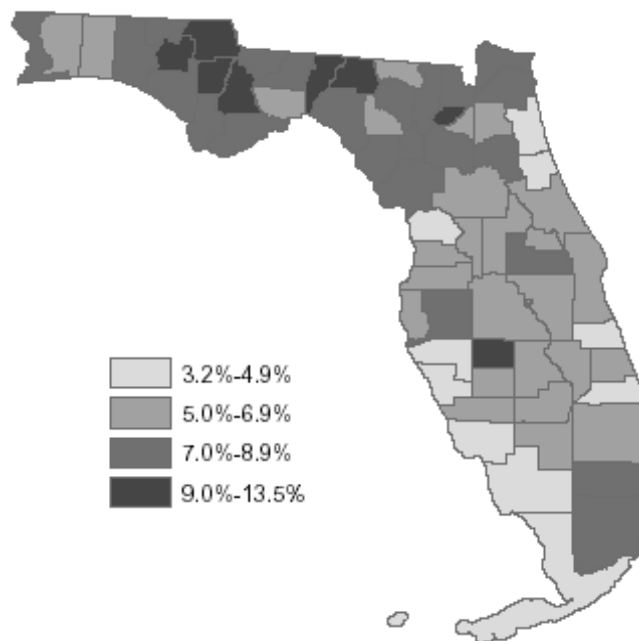
Source: DOEA Estimates based on Census 2000 and Evans et al. "Prevalence of Alzheimer's Disease in a Community Population of Older Persons" (JAMA November 10, 1989).

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 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.

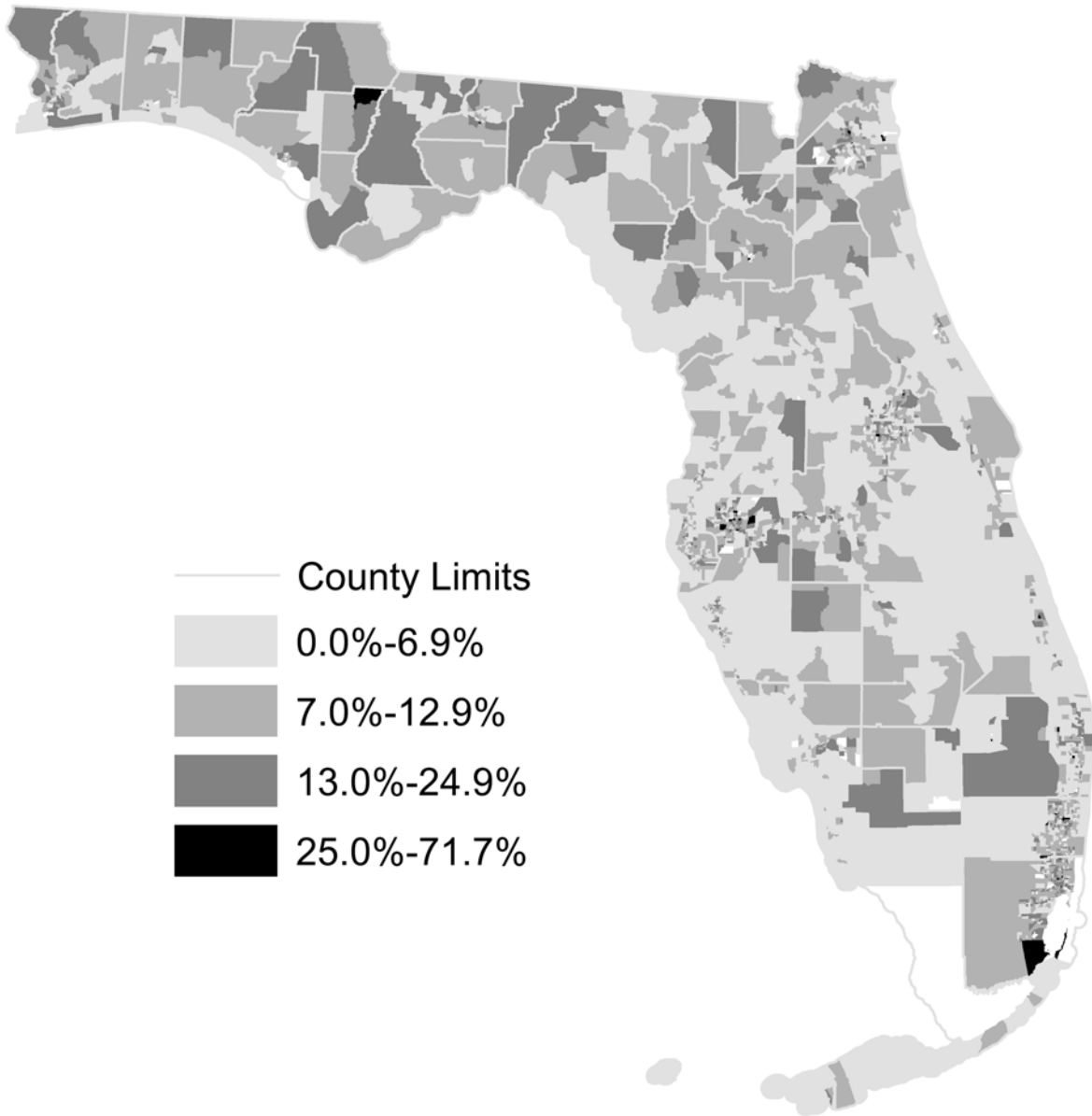
**Percent Elder Population Age 65 and Older with Multiple Disabilities
By County 2003**

Having Two or More Disabilities including Self-Care Limitations



Source: DOEA Projections based on US Census 2000 and Florida Legislative Estimating Conference 2004.

**Percent Elder Population Age 65 and Older with Multiple Disabilities
By Census Tract 2000
Having Two or More Disabilities including Self-Care Limitations**



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

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.

Diversification - 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

AHCA - Agency for Health Care Administration

ALE - Assisted Living for the Frail Elderly Medicaid Waiver

ALF - Assisted Living Facility

AoA – Administration on Aging (U.S. Department of Health & Human Services)

APS - Adult Protective Services

ARC – Aging Resource Center

BEBR – Bureau of Economic and Business Research

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

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

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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