



Department of Elder Affairs

JEB BUSH

GOVERNOR

Summary of Programs and Services

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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 2005.

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

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SECTION A

OVERVIEW

**Summary of
Programs & Services**

2006

Florida Department of Elder Affairs

Overview

JEB BUSH, GOVERNOR

CAROLE GREEN, 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. The council advises the Secretary and makes recommendations to the Governor and the Legislature.

**76 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
- City of Casselberry
- Charlotte County
- Citrus County
- City of Clearwater
- Collier County
- City of Coral Springs
- 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
- Lake County
- City of Lake Alfred
- City of Lake Mary
- City of Lake Worth
- City of Lakeland
- Lee County
- Leon County
- City of Maitland
- Manatee County
- City of Marco Island
- Marion County
- Martin County
- City of Mascotte
- City of Miami
- Town of Miami Lakes
- 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
- (continued on next page)

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

The Blueprint: Florida's Golden Choices

Golden Choices is the vision and guiding principles for Governor Jeb Bush, Lieutenant Governor Toni Jennings and Secretary Carole Green 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.

SPECIAL INITIATIVES

I. 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. As of December 2005, 76 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 boomer population.

City of Ocoee
 Orange County
 City of Orlando
 City of Ormond Beach
 Osceola County
 City of Oviedo
 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
 City of Winter Springs

The Elder Services Network

- 11 Area Agencies on Aging
- 58 Community Care Lead Agencies
- 2,333 Assisted Living Facilities
- 654 Nursing Homes
- 477 Municipalities and local governments
- 47,083 Volunteers

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. In 2006, the *Communities for a Lifetime* program will be expanded in order to serve more of the state’s seniors. The department is statutorily charged with serving all citizens in the state age 60 and older¹ – approximately one-fourth of the state’s population. However, a majority of department staff time and resources go toward assisting a very small percentage of seniors through Medicaid and other home and community-based services assistance programs and on conducting pre-admission screenings for applicants for the Medicaid nursing home program.

The *Communities for a Lifetime* program provides the department with a mechanism to reach more elders who do not require state human services assistance, as well as to help communities plan for future needs of all its citizens, both younger and older. The department is focusing efforts on three extremely vital issues facing the state’s seniors and retirees who have no need or desire to join the Medicaid program: 1) transportation, 2) housing, and 3) employment. The many requests for assistance regarding these issues, coupled with Florida’s exploding senior population rates which will further increase the need, has led the department to prioritize these three issues so that Florida’s seniors can remain independent for as long as is safely possible and off of other more costly government assistance programs. Therefore, the goal and values of the *Communities for a Lifetime* initiative are reflected in all department programs.

II. Aging and Disability Resource Centers

Three aging and disability resource centers began providing services to caregivers, elders and those adults with severe and persistent mental illnesses (SPMI) in the Orlando, St. Petersburg and Ft. Lauderdale areas, beginning June 30, August 1 and September 15, 2005, respectively. The ADRC is not meant to compete with existing mental health referral, but to enhance the existing mental health referral network. Information and referral specialists are trained to refer callers to mental health providers if they indicate that they have a SPMI or if the specialist discerns that the inquiry may be related to SPMI.

Background on Aging and Disability Resource Centers

In April 2004, the department received a federal grant from the Administration on Aging and the Centers for Medicare and Medicaid Services to establish at least two pilot projects to work as aging and

¹ *With the exception of the State Public Guardianship Office, which provides guardianship services for incapacitated persons, 18 years and older, when no private guardian is available.*

Other State Agencies Involved in Providing Services to Seniors

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

About Aging and Disability 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.

HelpWorks™ – the Information and Referral Database:

- 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.

disability resource centers (ADRCs). Through this grant, Florida’s ADRCs provide information and referral not only to elders, but to adults age 18 and older who have SPMI such as bipolar disorder, schizophrenia or clinical depression.

The development of ADRCs will make the system easier to navigate and make long-term care responsibilities more efficient. ADRCs 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.

To improve entry into the system, the ADRC 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 ADRC 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. In 2005, commercial off-the-shelf software HelpWorks™ was customized to Florida’s needs by combining information and referral with screening for programs and services. The Web-based database will lead consumers through a guided interview that will recommend services based on the consumer’s answers to questions. This access will provide a quick link to services and allow consumers to identify providers of the services.

Because of a statewide memorandum of agreement between the department and the Department of Children & Families developed in 2005, ADRCs will also be co-located, either physically or virtually, with the organizations that provide eligibility determination for services – namely, DOE’s Comprehensive Assessment and Review for Long-Term Care Services (CARES) program and the 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 ADRC will ensure that the function occurs as efficiently and expeditiously as possible.

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 of the Governor's agencies. The department implements a variety of innovative programs such as Consumer Directed Care Plus, Medicaid Home and Community-Based Waivers, and Community Care for the Elderly. These programs result in significant cost savings for Florida. Home and community-based services are provided at an average annual cost per client between \$2,030 and \$8,901, compared to an average annual cost of \$45,864 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 Office of Communications 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

The Office of the General Counsel provides legal advice for the department. The office renders legal opinions, reviews all contracts, grants and inter-agency agreements and assists in agency policy formulation. The office also is responsible for all 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 homes and assisted living facilities. In conjunction with the Agency for Health Care Administration and the Department of Health, the department is responsible for end-of-life care education. The office provides 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.

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 the Deputy Secretary

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

Legislative Affairs

The Office of Legislative Affairs serves as the department's liaison to the legislative branch of Florida government and 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. In addition, the office assists legislators and their constituents with any problems related to elder issues.

Elder Rights

The Elder Rights Unit assists 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:

- **Elder Abuse Prevention Program** – 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.
- **Senior Legal Helpline (1-888-895-7873)** – The department is partnering with the Bay Area Legal Services, Inc., of Tampa to

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

develop a new toll-free helpline that will increase access to legal advice and referrals for underserved Florida seniors. The helpline is available from 9:00 a.m. to 2:00 p.m., weekdays.

- **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** – Assists low-income elders in obtaining free and low-cost prescription drugs from manufacturers’ pharmaceutical-assistance programs.

Division of Administrative Services

The division coordinates organization, direction and support for all functions related to the administration of the department’s programs, including all financial and contract management, planning and evaluation of programs and technical support. 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.

Contract Administration and Purchasing

The Contract Administration and Purchasing Unit writes all department contracts and solicitations, with input from other divisions as appropriate, as well as maintains all official contract and solicitation files. It is also responsible for procurement and contract administration systems.

General Services and Human Resources

The General Services and Human Resources Unit handles property and records management, personnel services/human services, and disaster preparedness and operations through an Emergency Coordinating Officer (ECO) who coordinates with the Florida Division of Emergency Management on emergency preparedness issues and post-disaster response. The ECO ensures that the department, area agencies on aging and local service providers have an approved all-hazards Disaster and Continuity of Operations Plan

Cost Savings

The state had a cost avoidance in fiscal year 2004-2005 of more than \$928 million in general revenue expenditures in nursing home payments by spending \$383.8 million in home and community-based services.

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 and Quality Assurance

The Monitoring and Quality Assurance (MQA) unit acts on behalf of the department in its oversight role in ensuring the integrity of programs and services funded through and by the department. Contracted programs include the federally funded Older Americans Act, Emergency Home Energy Assistance for the Elderly, and Food and Nutrition Services programs; the state-funded Community Care for the Elderly, Alzheimer's Disease Initiative, Home Care for the Elderly programs and the jointly funded Medicaid Waiver programs.

The MQA unit performs periodic monitoring reviews of programs and services administered by area agencies and/or funded entities for:

- 1) Adherence to contract provisions, and state and federal laws;
- 2) Compliance with industry standards and best practices;
- 3) Achievement of legislatively-mandated performance measures; and
- 4) Alignment with the department's statutory mission and focus.

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

Budget and Financial Administration

The Budget and Financial Administration Unit manages all accounting and finance, budgeting, revenue management, and cash administration systems.

**Decision Support Services Bureau
(Technology and Planning and Evaluation)**

This newly formed unit adds to the Division of Administrative Services the technical support functions of the department, allowing all administrative roles to be located in one division. The two units within the bureau are the Information Systems and Planning and Evaluation units.

- **Information Systems** – The Information Systems Unit provides valuable technical support to both the department’s employees and private non-profit partners statewide, specifically the area agencies on aging information technology units. Committed to maintaining the appropriate level of information security, the unit works in partnership with the Florida Department of Management Services to assure compliance with current security industry standards and to provide the appropriate level of information security in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191. The unit is divided into three functional groups as follows:
 - **Applications Support Group** – This group is responsible for 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

Planning and Evaluation Unit Publications

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

servers, networks, operating system software, electronic mail, 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.

- **Planning and Evaluation Unit** – The Planning and Evaluation Unit provides the Department of Elder Affairs and its stakeholders with the following services: strategic planning and needs assessment, performance-based program budgeting, program analysis and evaluation, demographic analysis and forecasting, program data gathering and dissemination, and grant writing. The primary responsibilities of this unit are to measure and evaluate the efficiency and cost-effectiveness of the department’s programs and support the department’s commitment to providing the highest quality of services by continued surveying and monitoring of consumer satisfaction. This unit also acts as a clearinghouse for demographic, economic and social information about older Floridians.

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

Division of Statewide Community-Based Services

The Division of Statewide Community-Based Services provides 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 the individual’s home, or in a community setting such as an assisted living facility or adult day care center rather than in an institutional setting such as a 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

**Services to Elders in
Fiscal Year 2004 -2005
included:**

- More than 5.9 million “Meals on Wheels” delivered to shut-in elders;
- 4.8 million meals served at nutrition sites, preventing isolation and loneliness;
- 1.7 million hours of caregiver respite;
- 1.6 million hours of homemaker and personal care; and
- 1.7 million trips to or from doctor’s appointments, senior centers and shopping.

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 Diversion Pilot 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 for Health Care Administration, has been expanded from four service providers in four counties and 950 enrollments in October 2003, to 11 providers in 25 counties and 7,480 enrollments in November 2005.
- **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 for 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.

- **Alzheimer's Disease Medicaid 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 for 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 for 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.

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.

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.

Elder Volunteers

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

Community Support and Services

The Community Support and Services Unit includes 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 and Disability Resource Center Implementation, Contract Management and Technical Assistance Team** – The Aging and Disability Resource Center Implementation 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 and disability 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 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.

Communities for a Lifetime Bureau

With the *Communities for a Lifetime* initiative as its primary focus, the newly formed *Communities for a Lifetime* bureau 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 all citizens:

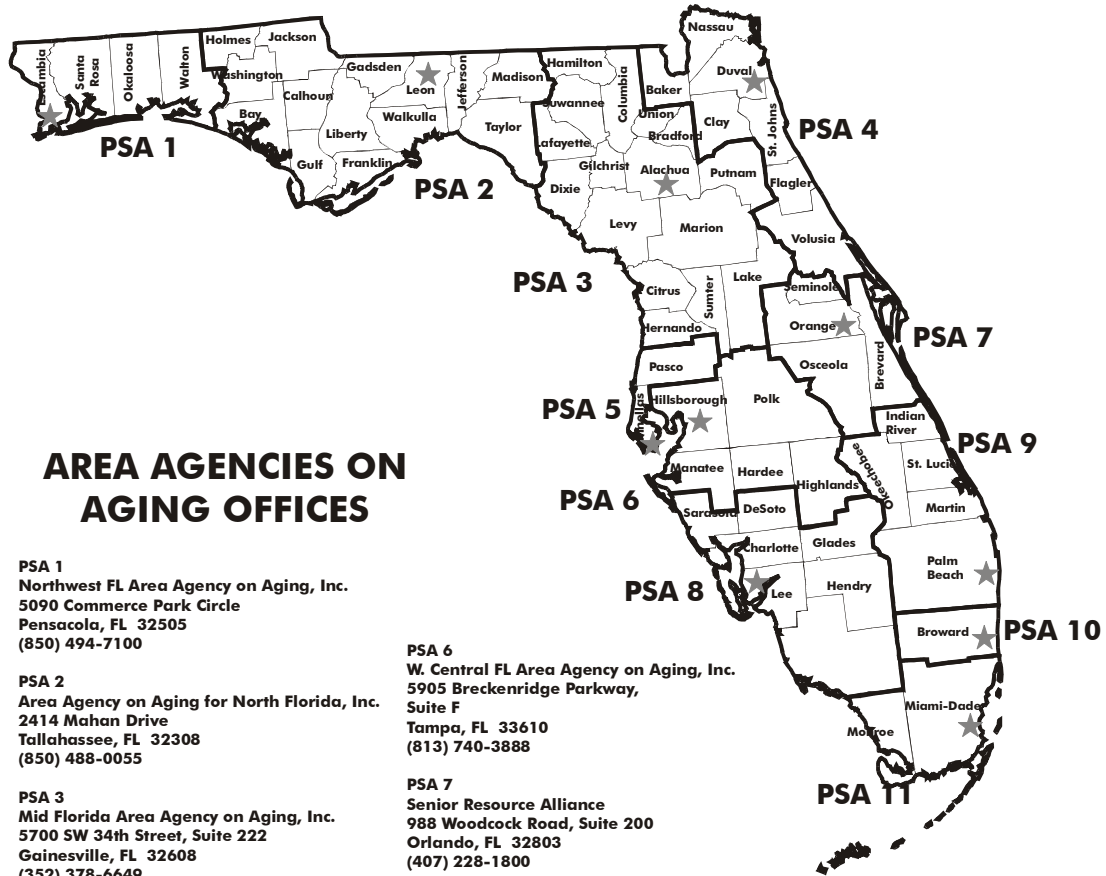
- **Community Relations** – This Governor’s *Communities for a Lifetime* initiative encourages communities to enhance opportunities available for people of all ages to continue living in their own communities for a lifetime and facilitates partnerships and collaborations to meet identified needs.
- **Employment** – 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.
- **Housing** – The newly established elderly housing unit focuses on independent housing and assisted living planning and policy development. The unit provides technical assistance and disseminates senior housing and supportive services information to local governments, community organizations, providers, state agencies and the general public, working to address senior housing and supportive services needs. One goal of the unit is to ensure that elder interests are represented on relevant committees and workgroups that address housing and assisted living issues.
- **Wellness and Public Safety** – Provides 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. In addition, the department collaborates with the Alzheimer's Disease Advisory Committee to educate Floridians about driver safety issues.

- **Intergenerational Connections** – Coordinates activities and education opportunities that are mutually beneficial to elders and youth.
- **Volunteer and Community Services** – Assists area agencies on aging in building an elder and volunteer-friendly environment in every community throughout Florida. These services also help connect elders with meaningful volunteer opportunities.

Aging Services Network

Area Agencies on Aging



AREA AGENCIES ON AGING OFFICES

PSA 1
 Northwest FL Area Agency on Aging, Inc.
 5090 Commerce Park Circle
 Pensacola, FL 32505
 (850) 494-7100

PSA 2
 Area Agency on Aging for North Florida, Inc.
 2414 Mahan Drive
 Tallahassee, FL 32308
 (850) 488-0055

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

PSA 4
 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 Fourth Street
 Suite 100
 St. 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 No. Congress Ave., Suite 201
 West Palm Beach, FL 33409
 (561) 684-5885

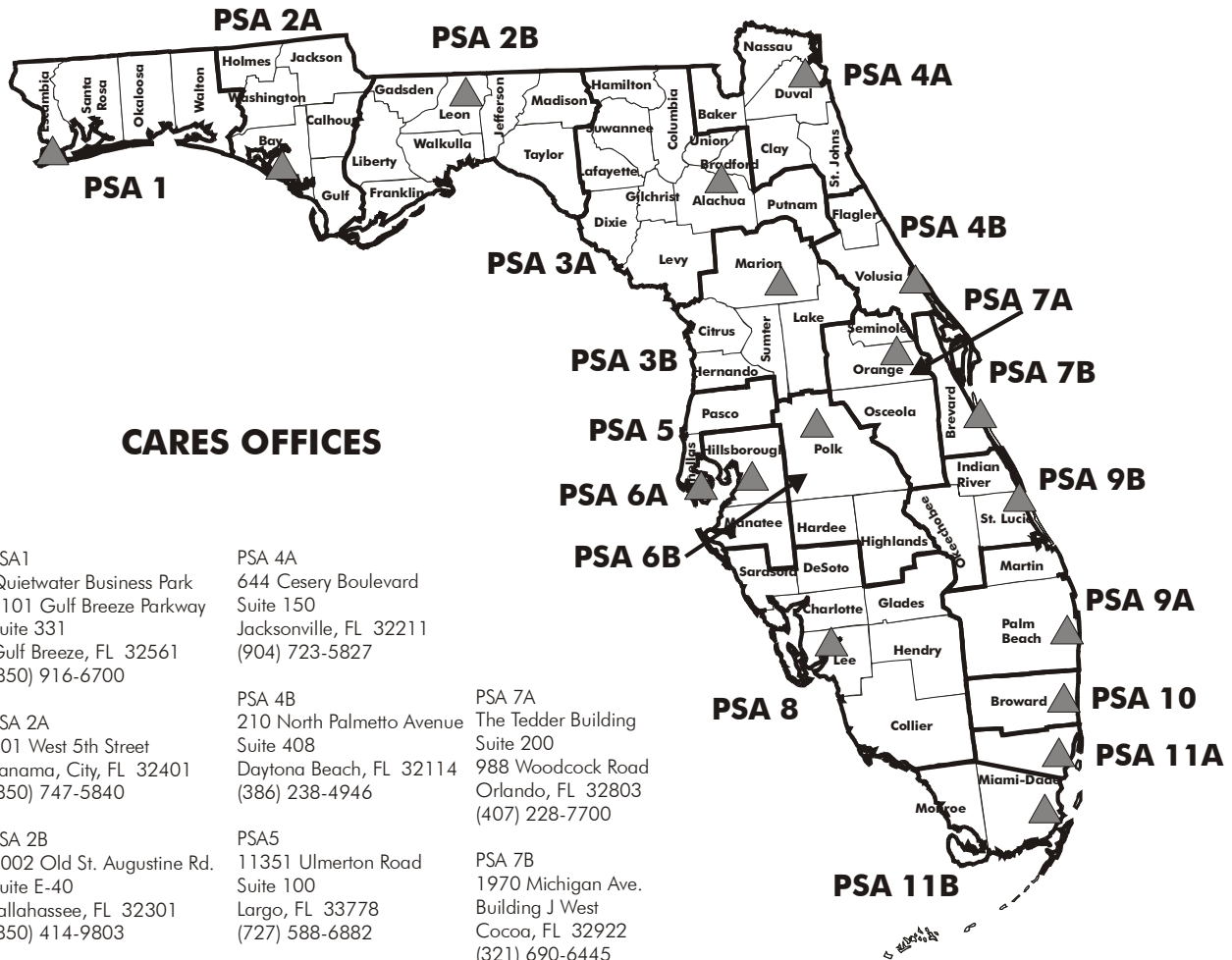
PSA 10
 Area Agency on Aging
 of Broward County, Inc.
 5345 NW 35th Avenue
 Ft. Lauderdale, FL 33309
 (954) 714-3456

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

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

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

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

PSA 3B
1515 E. Silver Springs Blvd.
Suite 203
Ocala, FL 34470
(352) 620-3457

(PSA - Planning and Service Area)

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

PSA 4B
210 North Palmetto Avenue
Suite 408
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
231 South Florida Ave.
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 S. Cleveland Ave.
Suite 402
Fort Myers, FL 33907
(239) 278-7210

PSA 9A
2290 10th Ave. N.
Suite 401
Lake Worth, FL 33461
(561) 540-1181

PSA 9B
1404-B South 28th Street
Ft. Pierce, FL 34947
(772) 460-3692

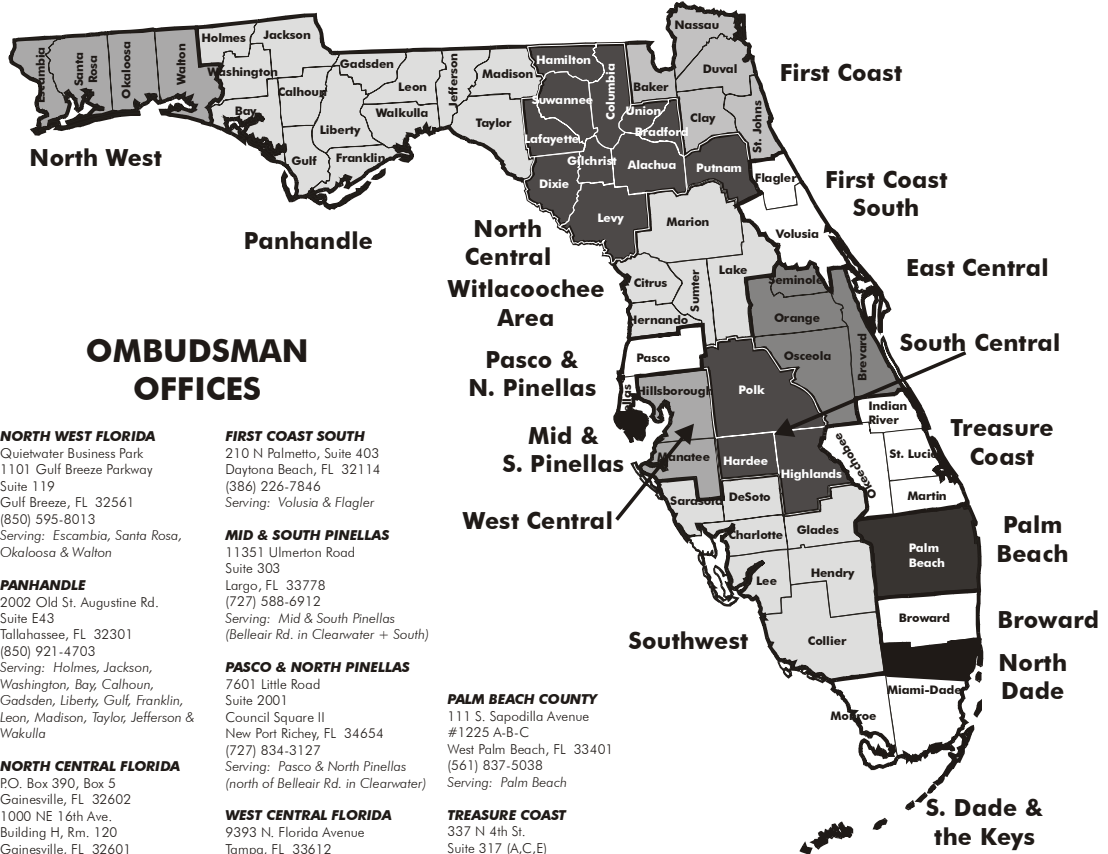
PSA 10
7771 West Oakland Park Blvd.
Suite 123
Sunrise, FL 33351
(954) 746-1773

PSA 11A
7270 NW 12th Street
Suite 130
Airport Executive Tower 2
Miami, FL 33126
(786) 336-1400

PSA 11B
7300 N. Kendall Drive
Suite 780
Miami, FL 33156
(305) 671-7200

Aging Services Network

Long-Term Care Ombudsman Program



OMBUDSMAN OFFICES

NORTH WEST FLORIDA

Quietwater Business Park
1101 Gulf Breeze Parkway
Suite 119
Gulf Breeze, FL 32561
(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
(353) 955-5015
Serving: Hamilton, Suwannee, Columbia, Lafayette, Dixie, Levy, Union, Putnam, Alachua, Bradford & Gilchrist

WITHLACOCHEE AREA

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

FIRST COAST

644 Cessery Blvd.
Suite 240
Jacksonville, FL 32211
(904) 723-2058
Serving: Nassau, Baker, Duval, Clay, & St. Johns

FIRST COAST SOUTH

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

MID & SOUTH PINELLAS

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

PASCO & NORTH PINELLAS

7601 Little Road
Suite 2001
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

231 S. Florida Avenue
Lakeland, FL 33801
(863) 413-2764
Serving: Polk, Highlands, & Hardee

EAST CENTRAL FLORIDA

988 Woodcock Road
Suite 200
Orlando, FL 32803
(407) 228-7752
Serving: Orange, Seminole, Brevard, & Osceola

SOUTHWEST FLORIDA

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

PALM BEACH COUNTY

111 S. Sapodilla Avenue
#1225 A-B-C
West Palm Beach, FL 33401
(561) 837-5038
Serving: Palm Beach

TREASURE COAST

337 N 4th St.
Suite 317 (A,C,E)
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

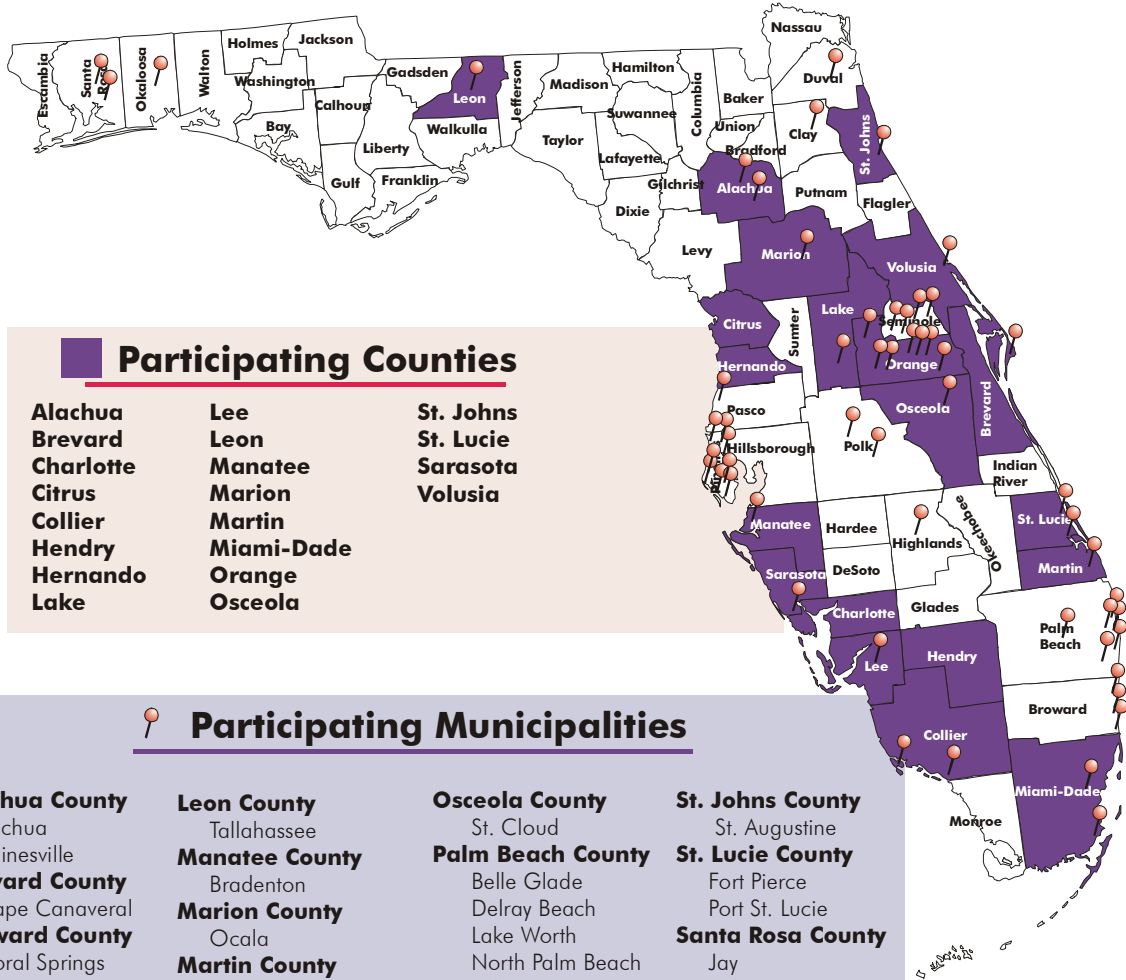
SOUTH DADE & THE FL KEYS

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

7270 NW 12th Street
Suite 130
Miami, FL 33126
(786) 336-1418
Serving: N. Miami Dade
(North of Flagler Street, all NE and NW addresses)

Communities for a Lifetime





SECTION B

SERVICES

Summary of Programs & Services

2006

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 2004-2005 (July 1, 2004, through June 30, 2005), federal fiscal year 2004-2005 (October 1, 2004, through September 30, 2005) or, in the case of programs operating on a calendar year, January 1 through December 31, 2004, 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/abbreviations for programs with data captured by CIRTS are based on department CIRTS report of units of service)

AC	AmeriCorps	HCE	Home Care for the Elderly
ACFP	Adult Care Food Program	HRNPE	High-Risk Nutrition Program for the Elderly**
ADI	Alzheimer's Disease Initiative	LSP	Local Services Programs
ADRD	Alzheimer's Disease and Related Disorders Training Provider and Curriculum 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	OAA	Older Americans Act
CARES	Comprehensive Assessment and Review for Long-Term Care Services	OES	Osteoporosis Education and Screening
CCDA	Community Care for Disabled Adults*	RELIEF	Respite for Elders Living in Everyday Families
CCE	Community Care for the Elderly	SC	Senior Companions
CS	Contracted Services	SCSEP	Senior Community Service Employment Program (OAA Title V)
EFMN	Elder Farmers' Market Nutrition Program	SHINE	Serving Health Insurance Needs of Elders
EHEAEP	Emergency Home Energy Assistance for the Elderly	SPGO	Statewide Public Guardianship Office

*Community Care for Disabled Adults is administered by the Department of Children and Families, which contracts with selected community-care lead agencies in the elder-services network 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	1,109,150
Adult Day Care-Vendor Payment	(See above definition.)	Hours	HCE	3,507
Adult Day Care	Provides nutritious, wholesome meals to adult day care clients.	Clients served	ACFP	7,664
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
Adult Day Health Care - Vendor Payment	(See above definition.)	Hours	HCE	40
Alzheimer's Disease Training Provider and Curriculum Approval	Approves Alzheimer's disease training providers and training curricula for specified nursing home, assisted living facility, hospice, adult day care and home health agency staff.	Training providers approved Training curricula approved	ADRD	377 58
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	46,015
Caregiver Forum (Group)	(See "Caregiver Training/Support" below.)	Episodes	OAA	2
Caregiver Forum (Individual)	(See "Caregiver Training/Support" below.)	Episodes	OAA	37

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	14,105
Caregiver Training/ Support – Vendor Payment	(See above definition.)	Hours	HCE	1
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, HCE, LSP, MW, OAA	31,379
Case Aide - Vendor Payment	(See above definition.)	Hours	HCE	1,853
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, HCE, LSP, MW, OAA	216,907
Case Management - Vendor Payment	(See above definition.)	Hours	HCE	18,552

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	9,232
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, HCE, LSP, OAA	35,733
Chore – Vendor Payment	(See above definition.)	Hours	HCE	37
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	1,779
Chore (Enhanced) – Vendor Payment	(See above definition.)	Hours	HCE	1
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,	76,162
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, OAA	4,808,035

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Congregate Meals (Screening)	Conducts assessments for congregational meal applicants or recipients, with referral and follow-up as needed.	Hours	OAA	2,973
Consumable Medical Supplies	Includes such things as adult briefs, bed pans, oxygen or nutritional supplements.	Episodes	MW	1
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	CCE, OAA	22,707
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	2,375
Counseling - Support Group - Group	(See above definition.)	Hours	OAA	1,055
Counseling - Support Group - Individual	(See above definition.)	Hours	OAA	914
Counseling (Gerontological) - Individual	(See above definition.)	Hours	ADI, CCE, LSP, OAA	31,788

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Counseling (Medicare and Health Insurance)	Provides Medicare and health insurance education, counseling and assistance to Medicare recipients, their families and caregivers.	Consumers served	SHINE	100,829
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, LSP, OAA	2,446
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	1,121
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	Hours	ADI, OAA	3,330

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Education/ Training (Continued)	Alzheimer's disease by their caregivers and health professionals.	Hours	ADI, OAA	3,330
Education/ Training - Group	(See above definition.)	Episodes	ADI, OAA	8,786
Education/ Training - Individual	(See above definition.)	Episodes	ADI, OAA	4,164
Education - Public	(See above definition.)	Episodes	OAA	2,408
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	1,185,770
Emergency Alert Response – Installation	(See above definition.)	Episodes	CCE	28
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	1,136
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	5,863

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Financial Risk Reduction (Assessment)	Provides ongoing assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities and expenditures.	Hours	CCE	35
Financial Risk Reduction (Maintenance)	(See above description.)	Hours	CCE	457
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	OAA	3,381
Health Promotion - Group	(See above definition.)	Episodes	LSP, OAA	359
Health Promotion - Individual	(See above definition.)	Episodes	OAA	8,143

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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	4,703
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	6,634
Health Risk Screening - Group	(See above definition.)	Episodes	OAA	3
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	6,974

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Health Support	Assists persons to secure and utilize necessary medical treatment as well as preventive, emergency and health maintenance services.	Episodes	CCE, OAA	5,834
Health Support - Group	(See above definition.)	Hours	LSP, OAA	9,881
Health Support - Individual	(See above definition.)	Hours	OAA	22,813
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, HRNPE, LSP, MW, OAA	5,945,908
Home Delivered Meals – Vendor Payment	(See above definition.)	Meals	HCE	1,423
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	717

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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	1,572
Home Injury Control - Group	(See above definition.)	Episodes	OAA	4
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	913,133
Homemaker – Vendor Payment	(See above definition.)	Hours	HCE	918
Housing Improvement	Provides home repairs, environmental modifications, adaptive alterations, security device installation or payments for households experiencing a home-energy emergency.	Hours	CCE, HCE, OAA	33,284
Housing Improvement – Vendor Payment	(See above definition.)	Episodes	HCE	31
Housing Improvement – Energy Assistance	Assists low-income households experiencing a home energy emergency.	Households served	EHEAEP	6,780
Information	Responds to an inquiry from a person, or on behalf of a person, regarding public and private resources and available services.	Episodes	OAA	710,416
Intake	Administers standard intake and screening instruments for the purpose of gathering information about an applicant for services.	Hours	ADI, CCE, OAA	11,235

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Interpreting/ Translating	Provides an interpreter or translation services for non-English speaking elders seeing information about, or applying for, program services.	Hours	OAA	10
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). Legal services include counseling or representation by a non-lawyer when permitted by law, to older individuals with economic or social needs. Legal assistance protects against the loss of basic civil rights and ensures the autonomy and independence of older persons.	Hours	LSP, OAA	42,207
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
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

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Material Aid	<p>Aid in the form of:</p> <p>(1) Goods or food such as the direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc.</p> <p>(2) Food item(s) necessary for 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.</p> <p>(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.</p> <p>(4) The purchase of materials necessary to perform chore or enhanced chore (see Chore and Enhanced Chore service definitions above).</p> <p>(5) The purchase of construction materials necessary to perform housing improvements, alterations and repairs (see Housing Improvement service definition above).</p>	Episodes	CCE, LSP, OAA	17,942
Material Aid – Vendor Payment	(See above definition.)	Episodes	HCE	11
Medication Management	<p>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.</p>	Hours	CCE, OAA	2,534

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Medication Management - Group	(See above definition.)	Hours	OAA	4
Medication Management - Individual	(See above definition.)	Episodes	CCE, LSP	691
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	392
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 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	60,941
Nursing Home Applicant Assessment	Pre-admission screening and assessment of nursing home applicants.	Clients served	CARES	87,987
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	3,092
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 individual's nutritional status. The service may be provided individually or in small groups.	Hours	OAA	1,942

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Nutrition Counseling - Individual	(See above definition.)	Hours	OAA	816
Nutrition Counseling - Group	(See above definition.)	Hours	OAA	11
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 wellbeing through their food choices and food preparation methods.	Episodes	OAA	6,918
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	1,802
Other Services – Vendor Payment	(See above definition.)	Episodes	HCE	254

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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	47,230
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	645,810
Personal Care – Vendor Payment	(See above definition.)	Hours	HCE	5,186
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	61
Pest Control – Enhanced Initiation	(See above definition.)	Episodes	CCE	16
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	752
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	8

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Pest Control – Rodent - Maintenance	(See above definition.)	Hours	CCE	20
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	1
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	2,214
Recreation	Participation in or attendance at planned leisure events such as, games, sports, arts and crafts, theater, trips and other relaxing social activities.	Hours	LSP, OAA	786,077
Referral	(See definition below.)	Episodes	OAA	46,781
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.	Hours	OAA	1,473
Respite	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, HCE, LSP, MW, OAA, RELIEF	904,857

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Respite In-Facility	(See above definition.)	Hours	ADI, CCE, LSP, OAA	733,771
Respite - Institutional	(See above definition.)	Hours	OAA	8,379
Respite - Direct Pay	(See above definition.)	Hours	OAA	17,328
Respite – Vendor Payment	(See above definition.)	Hours	HCE	10,765
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	118
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	62,672
Senior Companion - Companionship	Provides companionship services for frail elders through elder companions, to allow clients to live independently in their own homes.	Hours	CCE	20,788
Senior Companion - Respite	Provides respite services for caregivers of frail elders through elder companions.	Hours	CCE	979
Shopping Assistance	Assisting a client in getting to and from stores or shopping on behalf of a client. Includes proper selection of items to purchase and storing purchased items upon return to the client's home. A shopping aide may assist more than one client during a shopping trip.	One-way trips	CCE, OAA	13,679

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Sitter - Direct Pay	Provides respite sitter services to minor children residing with an elder grandparent or elder caregiver.	Hours	OAA	1,949
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	4,902
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, OAA	24,522
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	116,590

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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, HCE, LSP, OAA	1,682,063
Transportation – Direct Pay	(See above definition.)	One-way trips	OAA	28
Volunteer Recruitment, Training, and Placement	Engages members (volunteers) in intensive service to meet critical needs in education, public safety, health and the environment, including respite, home modification and repair, chore services, disaster preparedness and community outreach to elders, caregivers and families.	Members Clients served	AC	75 1,200
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.	Volunteers Clients served	SC	181 759
Volunteer Training	Provides training to individuals interested in assisting caregivers with respite services.	Hours	RELIEF	1,022

Services Table Data Sources

Service Definitions and Programs Providing Services:

DOEA Home and Community-Based Services Draft Handbook, January 2003.

DOEA 2006 Summary of Programs and Services, January 2006.

Florida Home and Community-Based Waiver for Aged & Disabled Adults.

Units of Service:

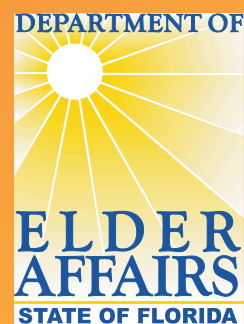
DOEA CIRTS Report for Services 7/1/2004 - 6/30/2005 generated 10/11/2005.

DOEA CIRTS for Medicaid Waiver Services 7/1/2004 - 6/30/2005 generated 10/11/2005.

DOEA 2005 Summary of Programs and Services.

DOEA Division of Volunteer and Community Services report data.

DOEA Division of Statewide Community-Based Services report data.



SECTION C

PROGRAMS

**Summary of
Programs & Services**

2006

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, 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.

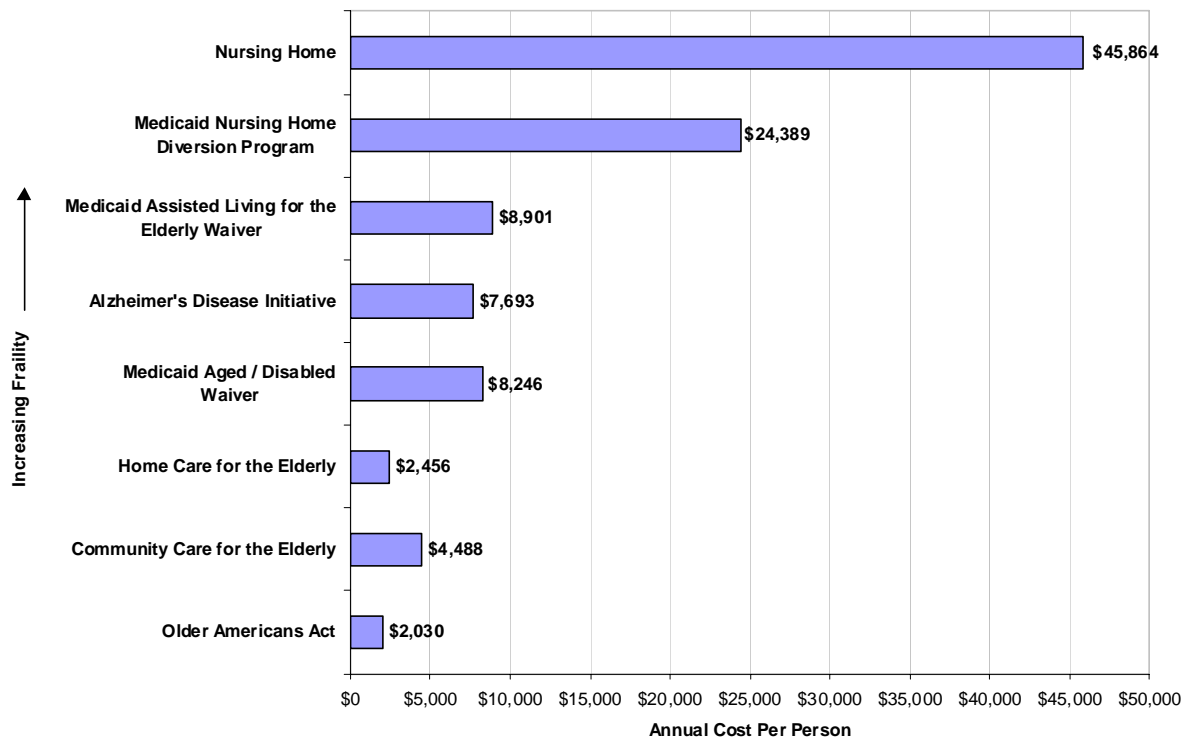
The **General Participant Eligibility Requirements for Major Programs and Services** table summarizes eligibility information found under each program description in this section. Specific services listed in the preceding Section B such as adult day care, transportation and chore may be provided by more 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 35 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 2004-2005 of over \$928.7 million in general revenue expenditures in nursing home payments by spending \$383.8 million in home and community-based services.

**Comparison of Annual Cost Per Customer of Programs Serving Florida's Elders
State Fiscal Year 2004-2005**



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)	84
		Home and Community Services	Caregiver Support
		Alzheimer's Disease Initiative	68
		AmeriCorps	76
		Dementia Caregivers Telehealth Support Project "AlzOnLine"	92
		Home Care for the Elderly (HCE)	103
		Older Americans Act III E (National Family Caregiver Support Program)	130
		Respite for Elders Living in Everyday Families (RELIEF)	136
		Senior Companion Program	141
		Support Through Alzheimer's Relief Systems and Beyond (STARS and Beyond)	151
	Early Intervention/Prevention	Elder Abuse Prevention Program (OAA Title VII)	94
		Emergency Home Energy Assistance for the Elderly	98
		Health Promotion & Wellness Initiatives	101
		Information and Referral/Assistance	105
		Intergenerational Connections	108
		Osteoporosis Screening and Education	133

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
Home and Community Services (continued)	Early Intervention/Prevention (continued)	Senior Community Service Employment Program (OAA Title V)	138
		Serving Health Insurance Needs of Elders (SHINE)	143
		Sunshine for Seniors Prescription Assistance Program	149
	Supportive Community Care	Contracted Services (except meals)	90
		Local Services Programs (except meals)	112
		Older Americans Act Programs (OAA III B)	130
	Housing, Hospice and End of Life	Coming Home Program	79
		Alzheimer's Disease and Related Disorders Training Provider and Curriculum Approval	62
	Residential Assisted Living Support and Elder Housing Issues	Medicaid Assisted Living for the Frail Elderly Waiver	125
	Nutritional Services for the Elderly	Adult Care Food Program	60
		Contracted Services (meals only)	90
		Elder Farmers' Market Nutrition Program	96
		Local Services Programs (meals only)	112
		Nutrition Services Incentive Program (NSIP)	128
		Older Americans Act Programs (OAA III C1, III C2)	130
	Long-Term Care Initiatives	Long-Term Care Community Diversion Pilot Project	115
		Program of All-Inclusive Care (PACE)	135

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
Home and Community Services (continued)	Home and Community Services Diversions	Community Care for the Elderly (CCE)	81
		Consumer Directed Care Plus (CDC+) Program	87
		Medicaid Adult Day Health Care Waiver	121
		Medicaid Aged and Disabled Adult Waiver	123
Consumer Advocate Services	Long-Term Care Ombudsman Council	Long-Term Care Ombudsman Program	117
	Public Guardianship Program	Statewide Public Guardianship Office	146

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 (ICP) Program standards are updated annually.

Program	Age	Income	Other requirements/frailty levels
Adult Care Food Program	60 and older or 18 and 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 and older. No requirement for Memory Disorder Clinics.	No income test. Consumers are given opportunity to co-pay based on a sliding scale.	Diagnosed as having probable Alzheimer’s disease or other memory disorder.
Community Care for the Elderly	60 and 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 and 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 and 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 and 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 and 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 and 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 and older. Spouse under 60 and disabled adults may be served meals under some circumstances.	No income test.	Preference to persons with greatest economic or social needs, with particular attention to low-income minority and rural individuals.
Senior Community Service Employment Program (OAA Title V)	55 and older.	Household income 125% of poverty guidelines or less. Certain exclusions apply.	Targets persons with poor employment prospects and greatest economic need.

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 participants' 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 and older, and 18 years of age and 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 CFR § 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	\$4,183,982	107	7,664
2005-2006	\$4,550,000	110**	7,800**

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 is required.

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

DESCRIPTION:

Alzheimer's Disease and Related Disorders Training Provider and Curriculum Approval (ADRD) approves training providers and training curricula for specified nursing home, assisted living facility, hospice, home health agency and adult day care employees.

SERVICES OR ACTIVITIES:

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

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

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

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

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

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

Individuals seeking to obtain the department's approval as an assisted living Alzheimer's disease training provider and approval of its training 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 and Related Disorders Training Approval Process

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

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

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

The law requires that hospice employees who have direct contact with residents with Alzheimer's disease must complete one hour of approved training within the first three months 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. ADRD with respect to hospice employees was implemented after completion of the rule promulgation and adoption process.

Adult Day Care Centers Alzheimer's Disease and Related Disorders Training Approval Process

In 2003, the Florida Legislature created the Adult Day Care Centers ADRD for specified employees of all licensed adult day care centers, pursuant to section 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 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 Centers ADRD was implemented after completion of the rule promulgation and adoption process.

Home Health Agency Alzheimer's Disease and Related Disorders Training-Approval Process

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

The law requires that home health agency personnel providing direct care to patients must complete two hours of Alzheimer's disease approved training within nine months 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 agency personnel who are subject to this training, for the trainers, and for the required training. In October 2005, the department completed the rule promulgation process to establish standards for the training, trainers and curricula by holding rule development workshops to obtain comments from the public. The Home Health Agency ADRD is in the process of being implemented. Training provider and curriculum requirements are outlined in Section 400.4785(1), Florida Statutes, and Rules 58A-8.001 and .002, Florida Administrative Code.

ADMINISTRATION:

The department is responsible for planning, budgeting, monitoring, and coordinating the ADRD. The department contracts with the University of South Florida's Training Academy on Aging in the Florida Policy Exchange Center on Aging to administer the program and to ensure 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.trainingonaging.usf.edu/. 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 and related disorders;
- Three years of practical experience in a program providing care to persons with Alzheimer's disease and 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 and 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

Approval of the initial four-hour training curriculum requires the submission of a 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.

Approval of the additional four-hour training curriculum requires the submission of a 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

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

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

A Master's degree from an accredited college or university in a subject related to health care, human service, or gerontology 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 and related disorders may substitute on a year-by-year basis for the required Bachelor's degree.

Nursing Home Alzheimer's Disease Training Curriculum

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

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

Home Health Agency Alzheimer's Disease Training Provider

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

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

A Master's degree from an accredited college or university in a subject related to health care, human service, or gerontology 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 and related disorders may substitute on a year-by-year basis for the required Bachelor's degree.

Home Health Agency Alzheimer's Disease Training Curriculum

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

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	2005-2006
STATE FUNDING	\$100,000	\$100,000	\$72,398	\$72,398	\$72,398
ALF APPROVED TRAINERS	222	285	318	173	150*
ALF APPROVED CURRICULUM	78	86	95	26	30*
NH APPROVED TRAINERS	938	1,246	1,475	174	150*
NH APPROVED CURRICULUM	74	99	104	16	25*
HOSPICE APPROVED TRAINERS	**	**	89	23	25*
HOSPICE APPROVED CURRICULUM	**	**	8	9	25*
ADULT DAY CARE APPROVED TRAINERS	**	**	14	7	10*
ADULT DAY CARE APPROVED CURRICULUM	**	**	1	7	10*
HOME HEALTH AGENCY APPROVED TRAINERS	***	***	***	***	500*
HOME HEALTH AGENCY APPROVED CURRICULUM	***	***	***	***	500*

* Projection.

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

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

*** The rule promulgation process for implementation of home health agency Alzheimer's disease training approval was completed in October 2005 (SFY 2005-2006). It is anticipated that data for home health agency approved trainers and curricula will be published in the 2007 Summary of Programs and Services.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Program funding is from General Revenue.

ALZHEIMER'S DISEASE INITIATIVE

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

Respite Services For Caregiver Relief: Alzheimer's Respite Care programs are established in all of Florida's 67 counties; 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. ADI respite includes in-home, facility-based (usually at adult day care centers), emergency and extended care respite (up to 30 days) for caregivers 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 15 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 service providers and the Department of Elder Affairs. A staff member of

the memory disorder clinic is to be designated to act as a liaison for training and service providers.

Develop training materials and educational opportunities for lay and professional caregivers of individuals with Alzheimer's disease or related dementia. 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, Morton Plant Hospital in Clearwater, and Florida Atlantic University in Boca Raton.

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

Research: The Johnny B. Byrd, Sr. Alzheimer's Center and Research Institute coordinates with memory disorder clinics, teaching hospitals and medical schools 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 various research activities both inside and outside of Florida.

ADMINISTRATION:

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

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

ELIGIBILITY:

Persons receiving ADI respite care are:

- Caregivers for adults 18 years and older 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 a memory disorder clinic, or have been diagnosed using standards adopted by memory disorder clinics, as having a memory loss where mental changes appear and gradually interfere with activities of daily living.

Caregivers of eligible consumers can receive training and other ADI support services in addition to respite care. Individuals of any age suspected of having a memory disorder may request that memory disorder clinics conduct diagnostic evaluations to determine probable Alzheimer's disease or other related memory disorders.

Individuals of any age with a diagnosis of Alzheimer's disease or other related memory disorder are eligible to sign up with the brain bank. Medical records documenting a general physical examination, neurological examination, hematological and biochemical studies, and a scan of the brain must be available.

Consumers receiving ADI services are given an opportunity to participate in the cost of their care through a co-payment 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 / Special Projects**

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	2,730
2005-2006	\$9,971,754	2,642*

*Projected.

Source: CIRTS Clients served, ADI services.

Memory-Disorder Clinics/Model Day Care

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$1,864,765	2,561
1993-1994	\$2,169,676	2,534
1994-1995	\$2,978,373	3,140
1995-1996	\$2,964,266	3,579
1996-1997	\$3,078,824	4,203
1997-1998	\$3,078,824	3,794

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1998-1999	\$3,645,824	4,920
1999-2000	\$3,834,824	4,832
2000-2001	\$4,223,824	4,900
2001-2002	\$4,223,824	6,314
2002-2003	\$2,912,881	6,134
2003-2004	\$2,912,881	7,328
2004-2005	\$3,793,016	6,884
2005-2006	\$4,039,411	7,000*

*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	61	40
2005-2006	\$155,139	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
2005-2006	\$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. The allocation for ADI respite funding is based on population age 75 and older (50 percent weight) and probable number of Alzheimer's cases in each county (50 percent weight). Additional Alzheimer's disease services are administered by department staff through contracts with designated memory disorder clinics and the Florida Brain Bank. Remaining funds are allocated to special projects per proviso language and legislative intent in the Appropriations Act.

ALZHEIMER'S DISEASE MEDICAID WAIVER

DESCRIPTION:

This Medicaid Home and Community-Based Services Waiver provides specialized services designed to maintain individuals with Alzheimer's disease in the community. Program services have begun in Broward and Miami-Dade, and will be available in Palm Beach, and Pinellas Counties in the latter half of state fiscal year 2005-2006.

Each beneficiary's service package is 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 has an interagency agreement with the Agency for Health Care Administration (Florida's Medicaid agency) for administration of the waiver program.

ELIGIBILITY:

Beneficiaries must be age 60 or older, 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, a neurologist or a physician with experience in neurology.
- Live with a capable caregiver in a private home or apartment.

Technical eligibility determination is completed by CARES teams in targeted planning and service areas. Financial criteria are based on an individual's monthly income and assets. 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	N/A*
2005-2006	\$5,038,809	350*

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

**Projected.

Source: Department data and reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

AMERICORPS

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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.

Funding for the Care & Repair program ended December 2005.

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 multigenerational 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. **Funding for the Disaster Preparedness and Response Corps will end April 2006.**

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 multicultural caregivers of frail elders at risk of institutionalization. In addition, caregivers receive information regarding available community services and support to help relieve the stress of caring for an elderly loved one.

ADMINISTRATION:

The department provides oversight, contract management and technical assistance to local service providers ensuring all AmeriCorps service provisions, contractual obligations and programmatic and financial reporting requirements are met. Local program directors 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 - 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	MEMBER HOURS OF SERVICE
1997*	\$530,866	\$30,000	530	40	56,847
1998	\$834,711	\$165,175	654	75	93,935
1999	\$826,447	\$103,275	611	83	93,830
2000	\$695,765	\$130,000	2653	55	82,276
2001	\$111,377	\$18,000	291	13	10,622
2002	\$242,000	\$30,000	550	57	40,000
2003	\$841,769	\$108,000	800	80	100,000
2004	\$626,404	\$118,163	1,200	75	46,009**
2005	\$695,287	\$130,928	2,500#	82#	100,000#

Notes: Number of AmeriCorps programs differs from year to year. Required local and in-kind match contributions are not reflected in the above dollar amounts.

"Clients served" reflects clients receiving direct services, and outreach and education.

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

** Reduction in 2004 hours due to predominance of part-time Members and Member attrition during the 2004 hurricane season.

Projections.

Source: Data from monthly progress reports and contracts.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Volunteer Florida! – the Governor’s Commission on Volunteerism and 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 from the University of Maryland Center on Aging through an AmeriCorps 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:

The AmeriCorps Legacy Program received a national honorary award in July 2005 from the Archstone Foundation. The award was established by the Gerontological Health Section of the American Public Health Association to recognize programs that innovatively link academic theory with applied practice in the field of public health and aging. The department’s Legacy Corps grant program in Miami-Dade County is one of several sites nationwide recognized by the Archstone Foundation as a best practice model to enhance services to the aging population throughout the United States.

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.

Coming Home Program funding ended October 31, 2005.

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 assisted living services to low income elderly Floridians.

ADMINISTRATION:

Department staff conducts planning, technical assistance and research activities in support of the Robert Wood Johnson Foundation'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:

FEDERAL FISCAL YEAR	TOTAL FUNDING
2002-2003	\$310,590
2003-2004	\$249,014
2004-2005	\$173,275
2005-2006	\$65,000*

* Robert Wood Johnson Foundation funding. Program funding ended October 31, 2005.

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 Web site 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:

The Coming Home Program has facilitated the development and operations of four affordable assisted living facilities (ALFs) accounting for more than 250 single-occupancy units for frail, low-income older adults. Two more Coming Home Program affordable assisted living demonstrations are scheduled to begin operations in SFY 2005-06, adding at least another 80 affordable assisted-living units statewide.

The Coming Home Program was one of three state programs highlighted in a May 27, 2004, Government Accountability Office (GAO) report recognizing states utilizing innovative methods in providing information to the public regarding assisted living. GAO collected information and wrote the report at the behest of the U.S. Senate Special Committee on Aging. The GAO report highlighted the Coming Home Program's Florida Affordable Assisted Living Web site.

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 to 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 which subcontract with Community Care for the Elderly lead agencies. Service delivery is provided by 58 lead agencies and their subcontractors.

ELIGIBILITY:

- Individuals must be 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 to Adult Protective Services (APS) and determined by APS to be victims of abuse, neglect or exploitation who are in need of immediate services to prevent further harm.

STATUTORY AUTHORITY:

Sections 430.201-430.207, Florida Statutes.

APPROPRIATION HISTORY AND NUMBERS SERVED:

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	\$43,446,823	33,909
2005-2006	\$42,694,370	33,321***

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 (AAA) administration - \$35,000 per AAA up to \$70,000 if negotiated with the department to competitively procure CCE services through a request for proposals (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 and older (50 percent weight in the total formula); and
- B. Planning and service area population 65 and older, living alone, divided by the statewide population 65 and older, living alone (50 percent weight).

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

DESCRIPTION:

Comprehensive Assessment and Review for Long-term Care Services (CARES) is Florida's federally mandated pre-admission screening program for nursing home applicants. A registered nurse and/or assessor 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 and assessors, staff assistants, and clerical support. Physicians are used as consultants as part of the assessment and staffing process. CARES management structure includes three regional program supervisors for the North, Central and Southern regions of the state. The regional program supervisors administratively report to CARES headquarters.

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), 430.205(5)J, 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	87,987	30%
2005-2006	\$13,694,333	87,987***	30%***

*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 the 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 11 planning and service areas based on the number of client applications and assessments and number of CARES personnel in each service area.

PROGRAM HIGHLIGHTS:

Through services and caregiver support, CARES staff were able to help the state avoid more than \$27 million in nursing home costs in SFY 2004-2005 by diverting clients to less costly services when possible.

During the 2004 hurricane season, more than a third of CARES staff provided almost 4,000 hours of service in the aftermath of the four hurricanes that made landfall in Florida.

In 2005, 30 CARES staff provided one to two weeks of assistance in the aftermath of Hurricane Katrina, supporting the aging network in Mississippi by providing the affected elder population with professional client assessments and assistance for housing, medical and other needs.

A daughter of a client wrote to CARES stating that “Ms. C. (of your staff) was assigned to evaluate my mother’s case. (Ms. C.) spent a good deal of time here and made a very stressful process much more bearable. I was fearful of my mother’s reaction to a stranger, and Ms. C. managed to convey caring to her in a manner that made her comfortable as well...Ms. C. followed through and informed us of the steps to take after my mother’s case had been accepted...I knew I could call on her if I needed more information. This has not been easy for me or for my husband, but we are both impressed with the speed and efficiency that (my mother’s case) has been handled.”

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, the Department of Children and Families, the Department of Health and the Agency for Persons with Disabilities.

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

CDC + was first offered 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 at this time. 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	1,094
2005-2006	\$306,238	\$306,238	1,102**

*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.

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 contracts 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	144,919	5,030
2005-2006	\$1,075,924	146,843**	7,336**

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: 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:

Mr. and Mrs. L. enrolled in the City of West Miami congregate meals program in 2004, receiving daily meals funded through the Contracted Services program. Program participation also provided them with the opportunity of attending a variety of social functions for elders at the City of West Miami community center.

In January 2005, Mr. L. was diagnosed with liver cancer and placed on a liver-transplant waiting list at a local hospital. In February, Mr. L.'s physician informed him that a donor liver was available. However, the physician advised Mr. L. to have as little contact as possible with other people to lessen the chance of illness prior to surgery. In response to his request, the City of West Miami meals program arranged to provide homebound meals to Mr. and Mrs. L. Mr. L. subsequently underwent successful liver-transplant surgery.

Mr. and Mrs. L. are grateful for the opportunity to participate in the homebound meal program, which contributed toward maintaining Mr. L.'s good health prior to surgery. Mr. and Mrs. L. look forward to returning to the City of West Miami community center in the near future.

DEMENTIA CAREGIVERS TELEHEALTH SUPPORT PROJECT “AlzOnLine”

DESCRIPTION:

AlzOnLine provides education, information and support to caregivers of elders with dementia by capitalizing on developments in telecommunications technology. The project emphasizes the use of Web-based services, audiovisual communication and toll-free telephone support to consumers. The project goal is to use technology to meet the emotional support and informational needs of homebound caregivers.

SERVICES OR ACTIVITIES:

The project serves persons with dementia, caregivers and health care professionals statewide by:

- 1) Disseminating state-of-the-art information about effective caregiving techniques and community support services;
- 2) Serving as a statewide resource for information on Internet-based education and support for caregivers of individuals with progressive dementia; and
- 3) Providing a toll-free telephone number to ensure easy and rapid access to information and support concerning dementia caregiving issues.

Project services are available in both English and Spanish. The project Web site library offers a variety of health care information arranged by topic to assist caregivers. Some Web site files are available in audio as well as reading format. The Web site includes a message board allowing caregivers to interact with each other.

In addition to the Web site, the project offers classes designed to address specific caregiver challenges such as managing client medications, coping with stress and assisting clients with activities of daily living.

ADMINISTRATION:

Department staff provide 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
2005-2006	\$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.

ELDER ABUSE PREVENTION PROGRAM

DESCRIPTION:

The Elder Abuse Prevention 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:

The program provides for public education and outreach to identify and prevent elder abuse, neglect and exploitation. The department has developed five Elder Abuse Prevention training modules. 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.

“Elders in Need of Services” projects specially funded by the Elder Abuse Prevention 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, in conjunction with other statewide agencies and local communities, administers the Triad Program, a comprehensive crime-prevention program represented by a three-way commitment among law enforcement, seniors and community organizations. The mission of the statewide triad is to strengthen community partnerships in order to reduce crime and the fear of crime among older Floridians. The department has been working with other statewide agencies and local communities to promote the development of triads throughout the state. To date, the program has developed and distributed a triad fact sheet, “How to Start a Triad” kit, and the “Preventing Home Repair Fraud” tip sheet and brochure.

ADMINISTRATION:

The Elder Abuse Prevention Program is administered by the department’s Elder Rights Unit through contracts with area agencies on aging, and works to develop, strengthen and carry out programs for the prevention of elder abuse, neglect and exploitation, including financial exploitation.

ELIGIBILITY:

All persons in need of information on the signs and symptoms of elder abuse, neglect and exploitation, including information on how to report suspected abuse.

STATUTORY AUTHORITY:

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

APPROPRIATION HISTORY:

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
2005-2006	\$375,779

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 of elder abuse, neglect and exploitation.

PROGRAM HIGHLIGHTS:

Training sessions were conducted throughout the state on elder abuse, neglect and exploitation prevention and mandatory reporting. Attendees at these trainings included seniors, medical professionals, law-enforcement personnel, social-service personnel, paraprofessionals and others who interact with seniors on a regular basis. There were 45 sessions held, and 1,310 participants received the training.

Statewide Triad participants produced three documents to directly benefit the public and protect elders from being victimized:

- A “Triad Fact Sheet,” which explains what a triad organization is, both nationally and in Florida, and what it offers seniors;
- A “How to Start a Triad” kit to provide law-enforcement and seniors with the information needed to develop a triad organization in their local community; and
- A brochure and tip sheet entitled “Protect Yourself from Home Repair Fraud” that explains what citizens should know before having home-repair work done.

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 three coupon booklets per season. Each booklet contains five \$4.00 coupons. The maximum benefit level is \$60 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
2005	\$87,964	\$107,036*	205	18	3,300**

*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.

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 and 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 staff. Area agencies on aging monitor local service providers. Contracts are established at each area agency on aging for local administration of the program.

ELIGIBILITY:

To be eligible for assistance, households must have:

- A heating or cooling emergency,
- At least one individual 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	3,489	3,291
2005-2006	\$1,751,721	5,173##	

* 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: CIRT 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 and older 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 10 year period.

PROGRAM HIGHLIGHTS:

EHEAEP assistance was instrumental in purchasing a new window air conditioner for a low-income Brevard County elder who was receiving homemaker assistance through the Seniors Assistance Program of the Community Services Council. The homemaker reported to program staff that the elder's old air conditioner was broken, and the thermostat registered 101 degrees F. in his mobile home. The homemaker was concerned that the heat posed a serious threat to the elder, who was in very poor health. The very next day, the Council's Home Improvement Program purchased and installed the new window air conditioner with EHEAEP assistance. The elder client was very appreciative of the help and fast response. "I don't think I could have lived through too many more days of that high temperature."

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
CY 2004	\$1,517,263	78,902
CY 2005	\$1,527,820	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 10 percent cash or in-kind match is required.

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:

The department is responsible for planning, monitoring, training and technical assistance. 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:

Individuals 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	5,414
2005-2006	\$9,529,461	5,414**

* 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.

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 & referral 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 local Elder Helpline to ensure individuals receive needed services.

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 service resources as a repository and means for dissemination of information regarding all federal, state, and local resources for assistance to the elderly. Informational areas include 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 and staff at the area agencies on aging. Local information is maintained and updated by area agencies on aging in their respective planning and service areas. The department has begun a transition to a new Web-based information referral and program-screening tool, HelpWorks™. The three ADRC

pilot sites began using HelpWorks™ on January 3, 2006. The remaining area agencies on aging will transition to the new system during 2006.

Other department functions include responding to consumer-generated inquiries 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*
2005-2006	\$2,794,518	\$30,467	\$2,824,985	197,904**

State fiscal year 2003-2004 funding reflects statewide appropriations.

*Data collection includes information and referral inquiries and calls, as well as correspondence.

**Projection.

Source: Department data and reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Local services programs and Older Americans Act program allocations.

PROGRAM HIGHLIGHTS:

The following are examples of testimonials provided by consumers calling the PSA 3 Elder Helpline for assistance during state fiscal year 2004-2005:

“This is the third time I have called you guys, and you seem to know what is going on.”
Mr. J. G., New York State (calling on behalf of his parents who live in Florida)

“The (I & R specialist) was pleasant, friendly, and gave me a wealth of information I badly needed.”
Mrs. F. E.; Ft. White, Florida

“Thank you so much for your help. I am having surgery in a few weeks and need to know that (my mother) will be O.K. before I do that.”
Ms. B. U.; Leesburg, Florida

“Thank you so much! You are doing a good service.”
Mrs. J. K.; Alachua, Florida (calling about a medical billing overcharge)

“You’re the first place I’ve called in the past few weeks where I’ve gotten a human response on the first ring. Thank you!”
Mr. V. N.; Brooksville, Florida (calling on behalf of a friend who had storm damage to her roof after Hurricane Jeanne)

“Thank you so much! You’ve given me some great direction. I just didn’t know where to start.”
Mrs. M. S.; Orlando, Florida (calling on behalf of her father, who is living alone in another area of Florida and displaying signs of dementia)

“...you’ve been most helpful. You’ve gone above and beyond.”
Ms. C. T. (an out-of-state health care professional calling on behalf of a client living in Florida and needing a companion service while the caregiver is at work)

“You’ve given me great hope.”
Mrs. B. H. (calling because she could no longer afford her Medicare supplemental insurance and prescription medications)

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 and 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.

The department works with local providers to coordinate information on available funding for intergenerational programs, partnership development, coordination of resources for grandparents raising grandchildren, and coordination of health and education events to engage the skills and talents of elders and young people.

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 through local community programs 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 provides 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 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 elders residing in nursing homes and other senior residence 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!, Florida Association of Homes for the Aging, and the department. 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. In August 2004, the department and Volunteer Florida! coordinated ASRC training for 10 additional sites at the Florida Association of Homes for the Aging annual aging-network 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				
2005-2006				

*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:

During the 2004 Golden Choices awards program, the department recognized Jack Brady (Fort Lauderdale), Edna Butler (Port St. Joe), Martha Michael (Pensacola) and Taylor Manor Residences (Jacksonville) for their contributions to intergenerational programming.

During the 2004 Intergenerational Symposium held in Tampa, Florida, the department awarded its youngest intergenerational volunteer Osabi Craig (Tallahassee) the volunteer of the year award for his heartfelt concern for the needs of people in his Tallahassee and neighboring Gadsden County communities. He has volunteered many long hours and focuses on finding practical solutions to difficult community problems that affect the quality of life of seniors, youth

and families. He spends countless hours inspiring life skills in youth with the Florida Arts Cultural Enrichment (FACE) program in the Frenchtown community; works with Tallahassee community leaders to address the need of affordable housing and community and human services for seniors and families on the south side of Leon county; and serves as the volunteer Administrative Director for the Shepherd's Hand Resource Center in Havana to help implement community health-care screening, food distribution and community educational outreach programs.

Based on the belief that seniors are valuable but underutilized resources in our communities, in 2004 the department worked to educate businesses and other organizations on the benefits of engaging senior volunteers to meet their community needs. The culmination of these activities resulted in the department's recognizing programs and individuals who exemplify the foundational principles of the unique partnerships of elders and young people.

In April of 2004, Taylor Manor, one of the first Adopt a Senior Residence Community projects, was awarded the outstanding intergenerational program of the year at the department's Golden Choices awards program.

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.

SERVICES OR ACTIVITIES: (Planning and Service Areas 2, 3, 5, 6, 9, 10, 11)

SERVICE	PLANNING AND SERVICE AREA(S) OFFERING SERVICE
Adult Day Care	2, 3, 5, 10
Chore	5
Counseling	5
Emergency Alert Response	5
Health Support	5, 11
Homemaker	5, 6
Information	5
Legal Assistance	5
Material Aid	10
Nursing	11
Nutrition	5, 10, 11
Public Education	11
Recreation	5, 11
Respite	All
Screening and Assessment	11
Transportation	10, 11

ADMINISTRATION:

The department administers the program through contracts with area agencies on aging which subcontract with local providers for service delivery.

ELIGIBILITY:

Individuals age 60 and 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**	6,478
2005-2006	\$6,710,183	6,866***

*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: Contractor reports.

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:

Ms. G., a 90-year-old Miami resident and client of United Home Care Services, Inc., is one of many Florida elders who have benefited from medication-management services funded by local services programs. Her daughter, as her mother's caregiver, reported to the United Home Care Services nurse practitioner that Ms. G. was experiencing frequent stomach aches due to anti-inflammatory prescription medication that greatly increased the risk of gastrointestinal bleeding. The nurse practitioner and Ms. G.'s pharmacist contacted her physician and recommended changing medications to reduce this risk. The physician agreed to prescribe a new anti-inflammatory medication with lowered risk factors and less chance of adverse side effects. Ms. G.'s daughter reports that her mother is feeling much better, and her health is greatly improved since changing medications.

Ms. X is an 80-year-old cancer patient residing in Miami. The recent death of her husband and repeated stays in a rehabilitation hospital had left her very depressed. All Mrs. X wanted to do was to stay in bed. Ms. X's daughter, hoping to arrest the decline in her mother's health and spirits, enrolled her in a facility-based respite program funded with local services program dollars at St. Anne's Senior Day Services Center in Miami. Her daughter now reports, "After only a few weeks of daily visits to the center and having physical therapy three times a week, my mother no longer needs a wheelchair. She participates in arts and crafts, "sittercise," bingo and bowling. My mother is so eager to go to day care each day that she is up in the morning getting dressed before I even get out of bed. I am so grateful to St. Anne's for making such a difference in my mother's life!"

LONG-TERM CARE COMMUNITY DIVERSION PILOT PROJECT

DESCRIPTION:

The Long-Term Care Community Diversion Pilot Project is designed to target the frailest individuals who would otherwise qualify for Medicaid nursing home placement, 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.

The project is operated in 25 counties with 11 providers.

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 Diversion Pilot Project in consultation with the Agency for Health Care Administration through a cooperative agreement.

ELIGIBILITY:

Project enrollees must be 65 years of age and older; Medicare Parts A & B eligible; Medicaid eligible up to the Institutional Care Program (ICP) income and asset levels; reside in the project service area; be determined by CARES to be a person who, on the effective date of enrollment, can 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 require supervision or administration of medication;
- (3) Require total help with two or more ADLs;
- (4) Have a diagnosis of Alzheimer's disease or another type of dementia and require 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	7,480***
2005-2006	\$123,659,353	\$86,324,264	0	12,128#

* 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.

Projection (includes PACE clients).

Source: Department program data and CIRTS 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:

The successful operation of the Long-Term Care Community Diversion Pilot Project has resulted in an increase of over \$80 million in funding for SFY 2005-2006, allowing additional field and program staff to oversee project services.

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 concerns 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
2005-2006	\$1,205,727	\$1,267,764	\$2,473,491

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	3,500	2,944	7,963
2005-2006*	3,500	2,944	7,963

*Estimates.

Source: Data collected and reported from district ombudsman offices.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

State and federal funds are disbursed according to recommendations by the State Ombudsman through the Department of Elder Affairs.

PROGRAM HIGHLIGHTS:

- Volunteers and staff provided hurricane relief efforts to residents in long-term care facilities in Florida. 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 information about structural damage and the need for essential services for residents, e.g., 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.
- Additionally, several program representatives were deployed to Mississippi to provide relief to Hurricane Katrina victims for more than three weeks.
- The LTCOP completed the 2005 Annual Ombudsman Training Conference in May 2005. More than 250 attendees had the opportunity to discover alternative advocacy approaches to strengthen the quality of care and life for residents. Program highlights included: ombudsmen involvement in the development of family councils, a focus on improved ombudsmen documentation, and how to advocate for complaint resolution regarding medication administration in long-term care facilities.
- The LTCOP designed a new recruitment poster and brochure to bolster volunteer involvement within the program.
- On October 1, 2005, the State Long-Term Care Ombudsman Program implemented new complaint classification codes. These streamlined codes and definitions are harmonious with guidelines established by the Administration on Aging in cooperation with the Workgroup to Improve National Ombudsman Reporting System (NORS) Consistency and the National Association of State Ombudsman Programs. These coding revisions encourage ombudsmen to concentrate more of their effort and time as advocates.
- The LTCOP continued to enhance the program's Web site by adding cutting-edge resources for residents, families, ombudsmen, and long-term care facility staff to improve life and care within facilities. The Web site 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 ones.

Success Story

How important is privacy? To residents of nursing homes, it is usually a hard-won right. The complexities of living in a congregate living environment while maintaining one's right to privacy are often difficult at best. The Mid & South Pinellas Council investigated a complaint this year against a nursing home that insisted residents were to have no privacy when using the telephone. Many residents could not afford private telephones in their individual rooms and had to use whatever phone the facility made available.

When the ombudsman began his investigation, the only phone the facility made available for residents to use was a landline located at the nurses' station, where staff and others could overhear conversations. The phone was enabled with caller ID as well as *69 and redial features, which meant facility staff had the means to check the telephone numbers and/or names of persons with which the residents had spoken. This was especially a problem for residents who may have needed to exercise their right to anonymously call and report abuse, neglect, exploitation or other violations of their rights to the Department of Children and Families' abuse hotline or their local ombudsman council. Long-term care residents are sometimes intimidated, threatened, or actually retaliated against by staff for reporting problems to authorities. The ombudsman advised the facility administrator that the location and features of the phone were both violations of privacy rights. The administrator agreed and promptly began to resolve the problem.

When the ombudsman made a follow-up visit to the facility the following week, a communications subcontractor was observed installing two new and separate phone lines to be used by residents in a location more conducive to privacy. A second follow-up visit confirmed that the *69 caller ID feature had been disabled by the local telecommunications carrier, as well as the redial feature. The nursing home's residents were able to enjoy the freedom of having phone conversations without fear of others listening in. The ombudsman program remains committed to upholding the rights of long-term care residents, including privacy, dignity and autonomy.

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 program is available in Lee and Palm Beach Counties.

SERVICES OR ACTIVITIES:

Services 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 is developed to meet the client's health and supportive needs. The ADHC provider will deliver all services at the facility.

ADMINISTRATION:

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

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	65
2005-2006	\$1,404,000	425*

*Estimate.

Source: Department data and reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The FY 2002-2003 General Appropriations Act provided authorization and funding for the ADHC 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 FY 2001-2002 and adjusting for lagged claims and the medical care cost index. Caseload or member beneficiary months are expected to increase by 20 percent per year.

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.

ELIGIBILITY:

Individuals must be 60 years old or older or a disabled adult age 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	\$87,587,017	10,981
2005-2006	\$87,278,997	13,830****

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

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

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

**** Projected.

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Base funding was established by the 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 and older by PSA, divided by the total number of Medicaid eligibles age 60 and older statewide.

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

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, respiratory therapy, speech therapy and therapeutic social and recreational services.

ADMINISTRATION:

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

ELIGIBILITY:

Must be age 60 and older, 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 ADLs.
- 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. The Assisted Living waiver does not reimburse facilities for room and board. Reimbursement amounts 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	4,290
2005-2006	\$30,509,746	5,111**

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

** Projection.

Source: CIRTS Clients Served.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The department allocates Assisted Living waiver spending authority to each of Florida's 11 area agencies on aging. A formula utilizing three factors equally was implemented: the number of ALF beds, the population of Medicaid eligibles age 60 and 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.

NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)

DESCRIPTION:

The Nutrition Services Incentive Program (NSIP) supplements funding for food used in meals served under the Older Americans Act (OAA). The NSIP has been authorized under OAA since 1978. Until 2004, the program was administered by the U.S. Department of Agriculture (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 \$0.67 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 and older, and qualified to receive services under the OAA. Spouses, disabled adults and volunteers under age 60 may be served meals under some circumstances.

STATUTORY AUTHORITY:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

FFY	FUNDING ALLOCATED TO PSAs	NUMBER OF MEALS SERVED
1993-1994	\$6,878,452	Information not available.
1994-1995	\$6,634,928	
1995-1996	\$6,197,272	
1996-1997	\$6,584,425	
1997-1998	\$6,219,477	11,092,344
1998-1999	\$6,181,148	11,159,321
1999-2000	\$6,095,408	11,279,706
2000-2001	\$6,768,177	11,168,424
2001-2002	\$6,659,871	12,372,254
2002-2003	\$7,441,372	12,828,297
2003-2004	\$8,007,700	13,083,624
2004-2005	\$10,002,339	12,966,176
2005-2006	\$8,583,402*	12,811,048**

*Projected funding based on 85 percent of 2004-2005 allotment.

**Projected number of meals.

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.

OLDER AMERICANS ACT (OAA) TITLE III/VII PROGRAM SERVICES

DESCRIPTION:

Older Americans Act (OAA) Title III/VII funds are allocated to area agencies on aging, which enter into contracts with service providers to deliver services outlined below to eligible individuals age 60 and over and their caregivers.

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, homebound individuals and nutrition education.

Title III D: Periodic preventive health services at senior centers or alternative sites.

Title III E: National Family Caregiver Support Program: Services include information, assistance in gaining access to services, individual counseling, organization of support groups and caregiver training, respite care, supplemental services including housing improvement, chore, provision of medical supplies and services, and legal assistance for caregivers and grandparents or older individuals who are caregivers for relatives.

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:

Elders age 60 and older are eligible for OAA Title III and Title VII services (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 minorities 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 under Title III E, the National Family Caregiver Support Program.

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** OAA Title III/VII 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	87,848
2005-2006	\$72,481,663	87,032****

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

** Does not include Nutrition Services Incentive Program(NSIP) Title III C1 funding. Please refer to the NSIP program listing in this Section.

*** 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. The Older Americans Act statewide funding distribution formula 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 Older Americans Act administrative funding allocation is based on:

1. Base allocation: seven 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 percent weight - Planning and service area 60+ population.
 - B. 25 percent weight - Number of counties in planning and service area.
 - C. 25 percent weight - Allocation of Community Care for the Elderly core services.

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

PROGRAM HIGHLIGHTS:

Citrus County Community Support Services has been delivering meals to the homebound under the Older Americans Act since 1979. In June 2003, Citrus County Community Support Services, in partnership with the Humanitarians of Florida, Inc., began the PetMeals program in an effort to help local seniors living on very limited incomes. Agency staff has observed that some elders receiving home-delivered meals will feed their pets before feeding themselves.

The PetMeals program began with a caseload of 13 pets. Today, the program serves 178 dog and cat companions of elders receiving home-delivered meals. The 92 dogs enrolled in the program receive 1,023 pounds of dry dog food, 52 cans of dog food and 10 pounds of dry puppy food each month. There are 86 cats enrolled in PetMeals receiving 285 pounds of dry cat food, 17 cans of cat food, 2.5 pounds of dry kitten food and 95 pounds of cat litter per month.

Food and supplies for the PetMeals program comes from a variety of volunteer sources. Through contributions from area businesses and concerned citizens, food is donated and repackaged for delivery to homebound seniors in the Home Delivered Meals program. Agency volunteers pick up food contributions and repackage it for distribution.

The PetMeals program has helped homebound seniors in Citrus County provide nutritious meals for their beloved pets. Both the two-legged and four-legged clients appreciate this program!

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**
2005-2006	\$200,000	6,897***

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

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

*** Projected.

Source: Center for Osteoporosis reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is funded through General Revenue from recurring Tobacco Settlement Trust Funds. Allocation of resources is based on department evaluation of program proposals.

PROGRAM OF ALL INCLUSIVE CARE FOR THE ELDERLY (PACE)

DESCRIPTION:

The PACE model is a project within the Long-Term Care Community Diversion Pilot Project (see separate program listing) 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 Project.

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.

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

DESCRIPTION:

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

A multigenerational corps of volunteers receives pre-service training. 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 eleven counties.

ADMINISTRATION:

Services are administered through area agencies on aging with contract management by the department. 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
2000-2001	\$1,330,044	449	396	193,597
2001-2002	\$1,330,044	484	323	144,229
2002-2003	\$1,294,530	369	242	151,715
2003-2004	\$994,530	382	274	116,938
2004-2005	\$1,044,530	586	393	132,134
2005-2006	\$1,044,530	600***	400***	134,500***

* 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 2004 and 2005 hurricane seasons resulted in significant damage to RELIEF volunteer station facilities and adult day care centers, interruptions to program services, and displacement of many volunteers and clients from their homes due to storm damage. Despite these circumstances, volunteer station personnel and many volunteers continued to provide program assistance to frail elders and to their communities at large in the wake of the hurricanes.

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, SCSEP is a mandated partner in regional one-stop centers operated under the auspices of Florida's 24 regional workforce development boards.

ADMINISTRATION:

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

ELIGIBILITY:

Eligibility is limited to unemployed Florida residents who are 55 and older, and have income 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
2005-2006	\$5,146,318	718	2,813

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

The department, as Florida’s designated state unit on aging, is the grant recipient of state-share SCSEP funds. Funds are awarded through a competitive process to providers in most of Florida’s 11 planning and service areas. The program requires a 10 percent match.

The department hosts an annual meeting with national SCSEP sponsors to review existing slot placements by 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:

Elaine, a 59-year-old grandmother of two, who never had the opportunity to complete high school, unexpectedly took on a major financial burden when she had to assume custody of her

daughter's two children. Living on a poverty-level income, it was clear to Elaine and her husband that new income opportunities had to be seized in order to support the newly created family of four. It was also clear to the grandmother that not having a high school diploma would make finding those new income opportunities very difficult.

In July of 2004, Elaine discovered the Senior Community Service Employment Program (SCSEP). After enrolling in the program, she was given the opportunity to develop new job skills as file clerk at a local library. Sometime later, she was given the opportunity for further job development at the local economic council where she became a van driver and dispatcher helping to coordinate senior travel needs in the local area. Her last formal SCSEP assignment was at the county correctional institution where she was trained as a receptionist and phone operator. It was during this work-experience assignment that the grandmother enrolled in a high-school graduate equivalency degree (GED) program with the assistance of the local SCSEP operations coordinator.

On March 9, 2005, Elaine's dream became reality when she completed the program and received her GED. Several months later, the grandmother's hard work and persistence truly paid dividends when the county correctional institution, where she had been assigned as a SCSEP participant, hired her full-time at \$7.90 per hour with benefits. Most importantly, the grandmother's successful participation in SCSEP, enhancing her job skills and education, has given her the means to financially support her family and provide a secure home for her grandchildren.

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 service 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 service 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	\$352,363	\$90,530	759	181	119,548
2005-2006	\$352,363	\$90,656	775*	185*	120,000*

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

* Projected.

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Corporation for National and Community Service awards the Senior Companion grant to the department 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 service 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 10 counties.

PROGRAM HIGHLIGHTS

Senior Companion program personnel and many volunteer companions continued to assist frail elders in areas impacted by storms during the 2004 and 2005 hurricane seasons, despite damage to program facilities and, in many cases, displacement from their own homes.

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

In addition to counseling, SHINE has a strong community education and outreach component. Volunteers make educational presentations on Medicare and health-insurance issues to a variety of community groups, and disseminate information at numerous health and senior fairs throughout the state. Education and outreach 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
1997-1998	\$591,637	600	30,000
1998-1999	\$1,036,679	600	80,457
1999-2001*	\$4,186,952	500	142,647
2001-2002**	\$989,837	425	94,315
2002-2003	\$734,740	480	89,887
2003-2004	\$1,050,689	450	96,149
2004-2005	\$1,316,875	440	100,829
2005-2006	\$1,946,387	430	105,000**

* 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, as well as the number of beneficiaries in the state.

PROGRAM HIGHLIGHTS:

In February of 2005, the Florida Department of Elder Affairs SHINE program was awarded a Competitive Leadership Grant (CLG) by CMS to develop and produce a turnkey State Health Insurance Assistance Program (SHIP) evaluation template and toolkit. The CLG project has four objectives:

1. Develop an evaluation model assessing beneficiary satisfaction, value of SHIP services, and SHIP efforts in targeting geographically or socially isolated beneficiaries;
2. Develop an evaluation model assessing the quality of the support that SHIPs provide to their volunteer corps and validate tests that certify counselor competency;
3. Develop templates for a variety of feedback mechanisms; and

4. Publish a SHIP Evaluation template and toolkit providing detailed information on evaluation methodologies, measures, and data collection tools, allowing other states to inexpensively replicate Florida's template.

This project is ongoing through March 2006.

Success Story

Being a SHINE counselor requires an individual to be able to identify a client's options and then relay those options, as clearly as possible, back to the client. To prepare counselors for this task, each must attend a detailed and comprehensive training program. This training prepares counselors to help beneficiaries find more affordable means to pay for their prescription medicines, untangle medical bill issues and answer questions about long-term care.

Unfortunately, not all elder Floridians are aware of the assistance that SHINE counselors can provide, but the SHINE program works diligently to get the word out that counselors such as Mr. X are there to guide them. Mr. X has many clients, each of whom receive a great amount of time, attention and effort when he is working with them to solve a problem. Earlier this year Mr. X counseled a woman who informed him that she lived alone, was of extremely low income and was dealing with prescription expenses that were causing her serious financial difficulties. After receiving further information from his client, Mr. X was able to research programs that she might be eligible for. He found three options that could help his client reduce her prescription drug costs.

At their second counseling session, Mr. X outlined in detail those options to his client. Consequently, she was able to make an informed decision about which option would benefit her most. Once her decision was made, Mr. X helped her connect with the program she had selected. Two weeks after the second counseling session, Mr. X received a phone call from his client thanking him for the help he had provided. She explained to Mr. X that, because of his research and advice, she was able to find a discount of 20 percent on her most expensive prescription. She also informed him that she planned to obtain discounts for her other prescriptions as well. "She wanted us to know how much she appreciated our help, and it brings a smile to my face to know that I was able to help her," Mr. X said. SHINE counselors across the state are making great sacrifices of their time and energy on a daily basis, and the satisfaction gained by knowing that another elder was able to secure his/her medications at a reduced price is more than enough to make it all worthwhile.

STATEWIDE PUBLIC GUARDIANSHIP OFFICE

DESCRIPTION:

The Statewide Public Guardianship Office (SPGO) 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. Guardians protect the property and personal rights of incapacitated individuals. SPGO is also responsible for the licensing and education of Florida's professional guardians.

SERVICES OR ACTIVITIES:

The Statewide Public Guardianship Office provides direction, coordination and oversight of public guardianship services in the state. 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 14 appointed public guardians serving the state, one of whom is pending reappointment. 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.

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

- Registration form.
- Criminal history report from the Federal Bureau of Investigation (FBI) and Florida Department of Law Enforcement (FDLE).
- Credit history.
- Proof of professional-guardian bond.
- Proof of professional guardian training.

STATUTORY AUTHORITY:

Chapter 744, 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	2,214
2005-2006	\$2,380,003	2,000**

*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:

Florida became the first state in the nation to implement a mandatory professional-guardian competency examination, effective July 2005. The Statewide Public Guardianship Office contracted with the National Guardianship Foundation in the implementation of the examination. The first examination was administered in February 2005 in anticipation of the July 2005 effective date. As of September 2005, approximately 300 individuals have taken the examination, with a passing rate of 81 percent.

SUNSHINE FOR SENIORS PRESCRIPTION ASSISTANCE PROGRAM

DESCRIPTION:

The 2003 Florida Legislature created Sunshine for Seniors, a new one-stop prescription assistance program designed to help eligible seniors age 60 and older in obtaining free and low-cost prescription drugs from manufacturer pharmaceutical-assistance programs.

The Sunshine for Seniors Prescription Assistance Program is administered through the department's SHINE program and is sponsored locally by area agencies on aging. This program provides free and unbiased prescription-assistance counseling services through a network of volunteer counselors who uphold consumer confidentiality.

Sunshine for Seniors counselors inform elder consumers of program eligibility criteria established by pharmaceutical companies and the drugs covered by those programs. Sunshine for Seniors services enable Florida's senior citizens to make more informed choices about free or discount programs that best suit their prescription needs. In addition, Sunshine for Seniors counselors also assist with program enrollment and application forms.

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 toll-free Elder Helpline (1-800-963-5337) is the point of entry for general information and referrals to Sunshine for Seniors counseling sites. Department staff, area agency staff and volunteers conduct community presentations at senior centers, public libraries and other venues to raise awareness about existing free prescription programs to link consumers with Sunshine for Seniors counseling services.

Through a network of volunteer counselors, SHINE and the Sunshine for Seniors Prescription Assistance Program provide free health insurance counseling and information regarding Medicare, Medicaid, prescription assistance and other health related issues. Program staff also make presentations explaining consumer choices with the Medicare Part D prescription drug benefit. Presentations cover topics such as eligibility, enrollment, plan choices and information about additional assistance with prescription drug plan costs available through the Social Security Administration available to elders with limited incomes.

ADMINISTRATION:

Department staff coordinates Sunshine for Seniors 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. Trained volunteer counselors 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:

CALENDAR YEAR	STATE FUNDING	NUMBER OF VOLUNTEER COUNSELORS TRAINED	NUMBER OF CLIENTS SERVED
2003	\$226,600	249	2,099
2004	\$185,000	150	2,500
2005	\$185,000	300*	9,464*

* Estimate

Source: Department data and reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHTS:

Since January 2005, the department's SHINE volunteer counselors have received training to provide Sunshine for Seniors Prescription Assistance Program counseling services to assist Florida seniors and Medicare beneficiaries in understanding the many changes brought about by the Medicare Modernization and Improvement Act of 2003. Sunshine for Seniors counseling has occurred face to face, over the telephone, through interactive hands-on training and presentations, and at health fairs.

As a result of a State Attorney General settlement with Medco Health Solutions, Inc., more than 6,600 Florida seniors have been enrolled by the department through November 2005 in a prescription-assistance program providing free generic medication benefits worth up to \$300, representing a total value of \$1,898,700 to elder consumers.

In 2005, the Sunshine for Seniors Prescription Assistance Program began a pilot project with the University of Florida School of Pharmacy to partner students with SHINE volunteer counselors in Planning and Service Areas 3 (Alachua and surrounding rural counties) and 10 (Orlando metro area), and with retail pharmacies. Fifteen pharmacy students each contributed an average of 20 days to the project as part of their course curriculum, learning prescription-assistance counseling skills in area agency on aging and retail-pharmacy settings. The success of the pilot project has encouraged the Sunshine for Seniors Prescription Assistance Program to expand this initiative in 2006.

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:

STARS and Beyond direct services include in-home respite care, adult day care, home health care, personal care and companionship in Leon, Madison, Gadsden, Jefferson and Wakulla counties.

In addition to direct services, the STARS and Beyond faith-based initiative provides outreach and Alzheimer's education, awareness and training for community church volunteers in the above counties as well as Baker, Clay, Duval and Nassau counties.

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

ADMINISTRATION:

The program is administered by the department with services provided by lead agencies in the targeted service area.

ELIGIBILITY:

Direct services are provided to underserved individuals and families from minority and culturally distinct, low income, and rural populations suffering from Alzheimer's or other related dementia who are residents of Leon, Madison, Gadsden, Jefferson and Wakulla counties. Other services are provided to targeted individuals and families in the extended nine-county service area including Baker, Clay, Duval and Nassau 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
2005-2006	\$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.

Fifty percent of all funding is allocated for direct services which include in-home respite, case management, personal care, companionship and adult day care.

PROGRAM HIGHLIGHTS:

STARS and Beyond recruited and trained 91 volunteers from partnering faith-based organizations to conduct outreach and education activities in targeted communities in support of project goals. Volunteers conducted door-to-door outreach and posted information about Alzheimer's disease in the Sunday bulletins of participating faith-based organizations. Faith-based volunteers provided outreach and education services to 1,425 families in targeted counties.

STARS and Beyond program staff hosted a Faith-Based Volunteer Awards Ceremony/Alzheimer's Awareness event to recognize the efforts of the project's faith-based volunteers. The event included a performance by the world-renowned Boys' Choir of Tallahassee. During the event, program staff officially announced a new partnership with the boys' choir. The Choir will conduct concerts and create public service announcements in conjunction with project outreach and education efforts, to inform targeted communities about Alzheimer's disease.

STARS and Beyond direct services, originally offered in Leon, Gadsden, Jefferson and Madison counties, have been expanded to include Wakulla County.

The STARS and Beyond faith-based initiative successfully expanded operations to include Duval County.



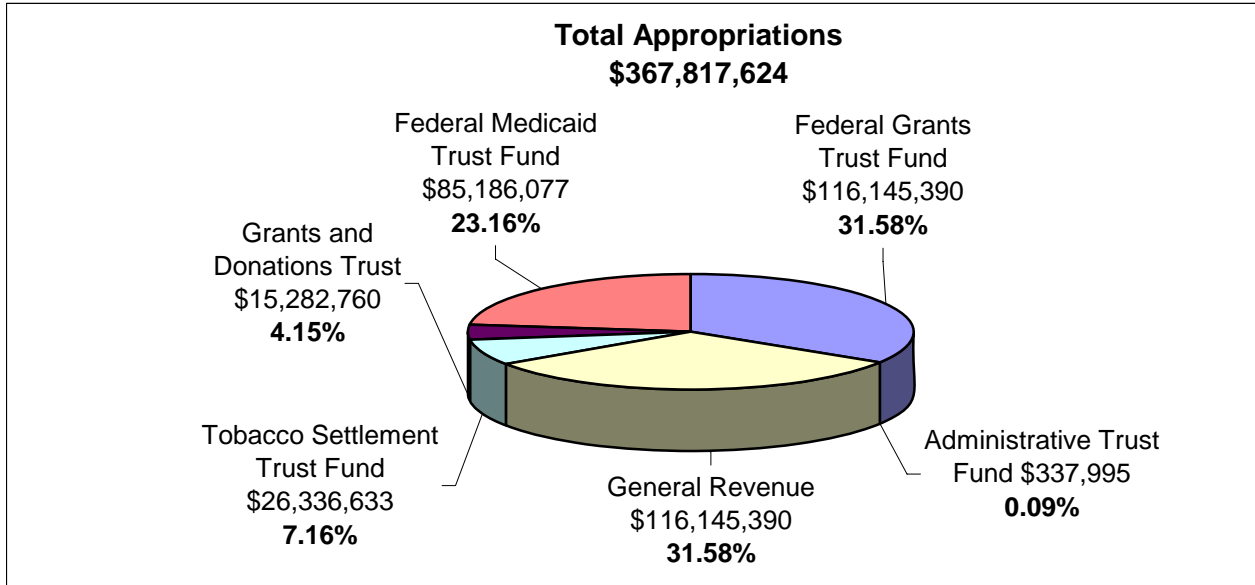
SECTION D

**Summary of
Programs & Services**

APPENDIX

2006

Source of Revenue State Fiscal Year 2005-2006*



General Revenue - Legislative Appropriation **\$ 116,145,390**

Tobacco Settlement Trust Fund - Legislative Appropriation **\$ 26,336,633**

Grants and Donations Trust Fund **\$ 15,282,760**

- State-Funded Grants
- Robert Wood Johnson Grants

Honoraria and Donations

•

Federal Medicaid Trust Fund **\$ 85,186,077**

Aged and Disabled Adult Medicaid Waiver
Assisted Living for the Frail Elderly Medicaid Waiver

- Medicaid Administration

Federal Grants Trust Fund **\$ 124,528,769**

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 **\$ 337,995**

Public Guardianship Services
Assisted Living Facility Licensure Fees
Criminal History Background Check

Total **\$ 367,817,624**

*Source: Department of Elder Affairs Approved Operating Budget 2005-2006.

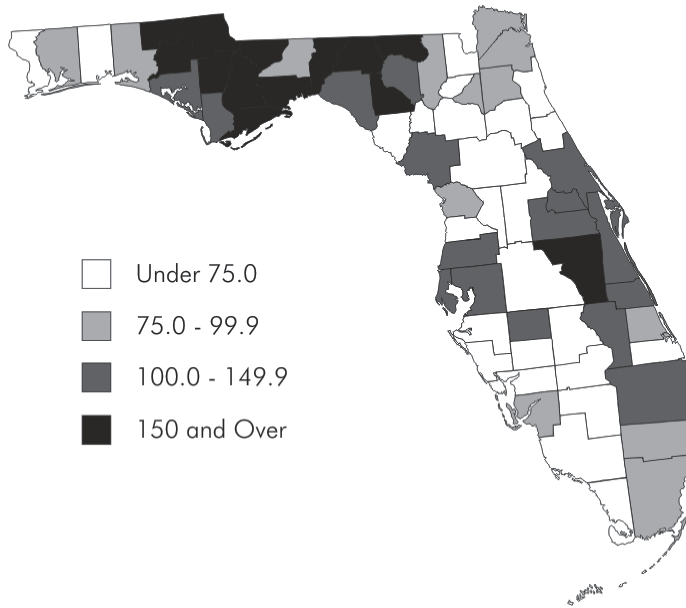
Budget Overview

1998-99	\$214,059,277
1999-2000	\$240,122,579
2000-01	\$258,356,204
2001-02	\$306,647,280
2002-03	\$329,422,947
2003-04	\$333,948,001
2004-05	\$343,934,275
2005-06	\$367,817,624

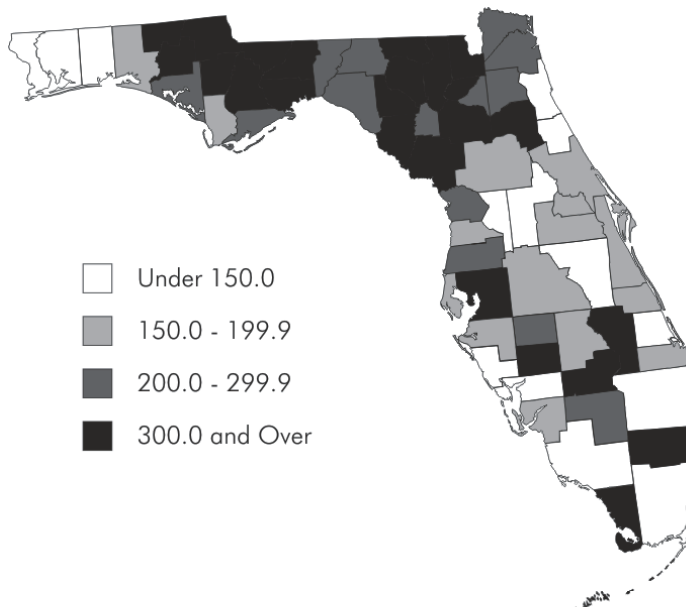
Department of Elder Affairs Budget

- \$367,817,624 for State Fiscal Year 2005-2006.
- Represents a 72 percent increase over the past seven years.
- 94 percent privatized through contracts with area agencies on aging and other providers.

**Program Participants Fiscal Year 2004-2005
Nursing Home Diversion, ADA, and ALE
with a self care limitation
Per 1,000 Population Age 65 and older**



**Program Participants Fiscal Year 2004-2005
ADI, HCE, CCE, and LSP
with a self care limitation
Per 1,000 Population Age 85 and older**



Source: Department of Elder Affairs calculations based on Office of Economic and Demographic Research population estimates for April 1, 2004; Bureau of Economic and Business Research (BEBR) projections for 4/1/2005; and revised U.S. Census 2000 data. Number of clients in programs is from Department of Elder Affairs' Client Information and Registration Tracking System (CIRTS).

Total Population

Percent of Elders

Minority

County	All Ages	60+	65+	85+	60+	65+	85+	60+
Alachua	240,605	32,090	23,603	3,250	13.3%	9.8%	1.4%	20%
Baker	24,343	3,588	2,492	237	14.7%	10.2%	1.0%	9%
Bay	160,643	31,810	23,400	2,373	19.8%	14.6%	1.5%	9%
Bradford	28,068	5,053	3,715	469	18.0%	13.2%	1.7%	12%
Brevard	530,678	139,143	108,864	12,423	26.2%	20.5%	2.3%	9%
Broward	1,755,930	339,936	263,918	48,432	19.4%	15.0%	2.8%	23%
Calhoun	13,706	2,708	2,042	299	19.8%	14.9%	2.2%	13%
Charlotte	160,454	66,907	54,855	7,170	41.7%	34.2%	4.5%	6%
Citrus	131,728	52,892	42,326	5,242	40.2%	32.1%	4.0%	4%
Clay	168,319	25,793	18,007	2,041	15.3%	10.7%	1.2%	8%
Collier	318,560	97,012	76,666	7,859	30.5%	24.1%	2.5%	7%
Columbia	61,835	12,638	9,381	1,036	20.4%	15.2%	1.7%	13%
DeSoto	34,720	8,472	6,611	679	24.4%	19.0%	2.0%	10%
Dixie	15,475	3,907	2,948	264	25.2%	19.1%	1.7%	5%
Duval	853,353	126,402	91,962	11,613	14.8%	10.8%	1.4%	25%
Escambia	310,277	58,003	43,869	5,699	18.7%	14.1%	1.8%	19%
Flagler	73,451	26,128	20,758	1,784	35.6%	28.3%	2.4%	15%
Franklin	10,779	2,993	2,198	258	27.8%	20.4%	2.4%	7%
Gadsden	47,280	8,250	6,076	779	17.4%	12.9%	1.6%	47%
Gilchrist	16,414	3,416	2,530	256	20.8%	15.4%	1.6%	5%
Glades	10,932	2,801	2,076	178	25.6%	19.0%	1.6%	9%
Gulf	16,348	3,530	2,655	292	21.6%	16.2%	1.8%	12%
Hamilton	14,410	2,342	1,721	230	16.3%	11.9%	1.6%	26%
Hardee	28,164	5,159	4,017	425	18.3%	14.3%	1.5%	17%
Hendry	39,189	5,614	4,192	434	14.3%	10.7%	1.1%	31%
Hernando	148,425	54,000	43,836	4,942	36.4%	29.5%	3.3%	6%
Highlands	93,625	36,573	30,569	3,844	39.1%	32.7%	4.1%	8%
Hillsborough	1,131,582	183,539	136,388	17,797	16.2%	12.1%	1.6%	26%
Holmes	19,127	4,120	3,096	424	21.5%	16.2%	2.2%	5%
Indian River	129,859	44,358	36,356	5,146	34.2%	28.0%	4.0%	6%
Jackson	49,220	10,123	7,611	1,089	20.6%	15.5%	2.2%	21%
Jefferson	14,100	2,777	2,035	275	19.7%	14.4%	2.0%	30%
Lafayette	7,615	1,347	1,018	115	17.7%	13.4%	1.5%	6%
Lake	260,440	84,459	66,784	7,439	32.4%	25.6%	2.9%	6%
Lee	537,180	167,154	132,969	15,728	31.1%	24.8%	2.9%	6%
Leon	267,852	31,852	22,566	3,203	11.9%	8.4%	1.2%	23%

Percent of Elders

Program Enrollment

Percent of Elders				Program Enrollment								
BPL 60+	AD 65+	Living alone 65+	65+ with self-care disabilities	ADA	ADI	ALE	CCE	HCE	LSP	NH Diversion	OAA	
10%	15%	27%	10%	95	47	0	612	70	11	0	467	
10%	12%	21%	11%	19	14	0	95	18	0	0	327	
11%	13%	27%	10%	218	33	43	444	92	0	0	911	
17%	14%	26%	9%	17	3	13	73	5	0	0	94	
7%	14%	25%	7%	258	82	137	1,085	58	4	465	2,745	
10%	17%	32%	9%	733	400	309	4,306	497	3,052	863	15,256	
19%	15%	31%	16%	56	10	1	76	21	1	0	207	
5%	15%	23%	7%	77	16	7	416	52	1	11	738	
7%	14%	23%	6%	148	30	48	468	38	3	0	1,367	
7%	13%	22%	9%	106	26	27	247	57	0	0	715	
5%	14%	21%	4%	50	31	26	350	66	0	4	492	
14%	13%	28%	11%	76	17	20	291	126	1	0	323	
8%	14%	18%	7%	27	7	6	116	13	1	0	137	
18%	12%	30%	11%	21	6	0	80	20	0	0	118	
11%	14%	30%	11%	578	58	55	1,916	169	5	271	5,799	
9%	14%	27%	11%	230	38	41	222	57	0	0	399	
5%	13%	20%	6%	21	28	0	101	14	1	0	589	
15%	13%	26%	11%	59	3	18	39	18	1	0	40	
16%	14%	29%	11%	108	16	27	187	50	0	0	185	
14%	13%	23%	10%	18	5	0	47	8	0	0	101	
12%	12%	24%	9%	8	2	0	51	15	0	0	86	
13%	13%	28%	11%	31	5	9	33	7	1	0	158	
17%	14%	26%	9%	47	11	0	72	63	0	0	106	
17%	14%	23%	12%	65	6	0	80	26	1	0	122	
15%	13%	26%	9%	11	3	0	90	13	0	0	125	
7%	15%	21%	7%	50	18	97	345	93	17	40	487	
8%	15%	23%	7%	66	16	47	299	45	1	0	655	
10%	15%	28%	9%	523	161	341	3,617	198	60	719	3,664	
17%	14%	30%	11%	109	9	18	68	94	0	0	172	
6%	16%	26%	5%	95	13	120	246	44	0	11	941	
19%	15%	33%	14%	190	29	22	237	106	0	0	279	
17%	15%	24%	19%	123	21	1	61	19	1	0	82	
15%	13%	32%	8%	11	2	22	69	5	0	0	106	
7%	14%	23%	7%	42	10	72	263	98	2	78	780	
6%	14%	23%	6%	191	49	268	1,036	127	1	135	987	
8%	15%	28%	10%	159	23	37	587	78	27	0	593	

County	Total Population				Percent of Elders			Minority
	All Ages	60+	65+	85+	60+	65+	85+	60+
Levy	38,306	9,698	7,237	753	25.3%	18.9%	2.0%	9%
Liberty	7,412	1,109	813	75	15.0%	11.0%	1.0%	13%
Madison	19,682	3,927	3,011	432	20.0%	15.3%	2.2%	28%
Manatee	302,002	87,437	70,200	10,113	29.0%	23.2%	3.3%	6%
Marion	301,125	92,163	73,823	8,323	30.6%	24.5%	2.8%	9%
Martin	140,292	48,449	39,183	5,456	34.5%	27.9%	3.9%	4%
Miami-Dade	2,412,682	436,327	329,626	43,624	18.1%	13.7%	1.8%	79%
Monroe	81,433	18,672	13,338	1,362	22.9%	16.4%	1.7%	15%
Nassau	66,796	13,624	9,465	776	20.4%	14.2%	1.2%	7%
Okaloosa	189,200	34,152	25,158	2,376	18.1%	13.3%	1.3%	8%
Okeechobee	38,491	8,358	6,544	672	21.7%	17.0%	1.7%	9%
Orange	1,042,035	136,122	99,444	11,576	13.1%	9.5%	1.1%	34%
Osceola	236,011	34,864	25,162	2,803	14.8%	10.7%	1.2%	33%
Palm Beach	1,270,641	344,250	280,264	45,621	27.1%	22.1%	3.6%	12%
Pasco	398,964	120,572	97,674	13,987	30.2%	24.5%	3.5%	5%
Pinellas	949,760	259,268	206,362	35,228	27.3%	21.7%	3.7%	7%
Polk	538,220	126,929	98,954	11,771	23.6%	18.4%	2.2%	11%
Putnam	73,829	18,341	13,967	1,318	24.8%	18.9%	1.8%	13%
Saint Johns	155,031	32,304	23,975	2,738	20.8%	15.5%	1.8%	7%
Saint Lucie	232,497	65,069	51,988	5,754	28.0%	22.4%	2.5%	12%
Santa Rosa	137,531	22,967	16,234	1,500	16.7%	11.8%	1.1%	6%
Sarasota	364,954	138,605	113,086	17,549	38.0%	31.0%	4.8%	4%
Seminole	412,180	61,977	43,943	4,926	15.0%	10.7%	1.2%	20%
Sumter	69,304	25,441	20,807	1,738	36.7%	30.0%	2.5%	6%
Suwannee	38,503	9,321	7,196	939	24.2%	18.7%	2.4%	10%
Taylor	21,145	4,187	3,030	324	19.8%	14.3%	1.5%	12%
Union	14,871	1,745	1,183	113	11.7%	8.0%	0.8%	15%
Volusia	493,144	134,475	106,818	14,882	27.3%	21.7%	3.0%	9%
Wakulla	26,411	4,493	3,066	297	17.0%	11.6%	1.1%	9%
Walton	52,392	12,178	9,137	917	23.2%	17.4%	1.8%	7%
Washington	22,765	4,937	3,640	499	21.7%	16.0%	2.2%	11%
Florida	17,872,295	3,998,850	3,108,438	422,166	22.4%	17.4%	2.4%	20%

Source: Department of Elder Affairs calculations based on Office of Economic and Demographic Research population estimates for April 1, 2004; Bureau of Economic and Business Research (BEBR) projections for 4/1/2005; and revised U.S. Census 2000 data. Number of clients in programs is from Department of Elder Affairs' Client Information and Registration Tracking System (CIRTS), ADA and ALE paid claims, and FREEDOM enrollment spans.

Percent of Elders

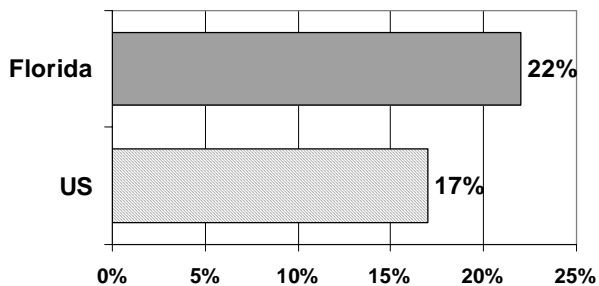
Program Enrollment

BPL 60+	AD 65+	Percent of Elders		Program Enrollment							
		Living alone 65+	65+ with self-care disabilities	ADA	ADI	ALE	CCE	HCE	LSP	NH Diversion	OAA
13%	13%	29%	9%	67	14	10	214	16	0	0	180
22%	13%	34%	16%	21	3	18	46	11	0	0	80
22%	15%	29%	13%	75	6	12	61	31	0	0	229
7%	16%	28%	6%	89	28	92	644	65	0	91	1,323
8%	14%	24%	7%	133	46	0	786	49	15	0	1,260
5%	15%	25%	5%	69	54	1	239	50	0	52	919
18%	14%	23%	11%	1,854	341	665	1,444	1,094	2,194	1,094	17,564
10%	13%	24%	5%	26	26	0	273	32	2	0	406
9%	12%	25%	10%	64	23	11	163	44	1	0	432
7%	12%	25%	8%	74	22	30	199	65	1	0	780
12%	13%	24%	7%	56	9	8	123	32	0	0	337
9%	14%	24%	10%	530	181	148	1,429	142	0	692	1,797
9%	13%	23%	7%	214	12	14	126	59	1	143	697
7%	17%	27%	7%	703	325	75	2,069	276	13	1,309	6,071
8%	16%	26%	6%	250	72	213	1,134	124	61	191	2,615
8%	17%	32%	7%	663	104	470	2,489	151	5	734	3,647
9%	14%	25%	8%	265	45	64	1,225	194	1	68	2,166
14%	13%	28%	11%	65	14	33	448	51	6	0	392
6%	14%	25%	6%	66	27	33	148	40	1	0	524
8%	14%	23%	6%	120	35	125	194	93	7	21	932
8%	12%	23%	9%	58	10	55	62	25	1	0	600
5%	16%	25%	6%	126	39	74	698	86	2	102	1,120
7%	14%	25%	9%	118	64	133	494	46	1	189	1,091
8%	12%	22%	7%	23	8	13	148	34	1	0	266
12%	14%	27%	9%	69	9	12	226	59	0	0	149
16%	13%	30%	12%	43	8	0	53	16	1	0	216
17%	12%	22%	16%	9	6	0	84	8	0	0	96
8%	15%	27%	7%	346	40	169	1,302	152	1	285	2,867
13%	12%	23%	9%	64	24	0	97	22	0	0	186
11%	13%	27%	11%	54	14	26	124	47	0	0	524
18%	14%	29%	14%	112	5	0	116	33	0	0	212
9%	15%	26%	8%	11,062	2,862	4,336	35,183	5,627	5,507	7,568	90,031

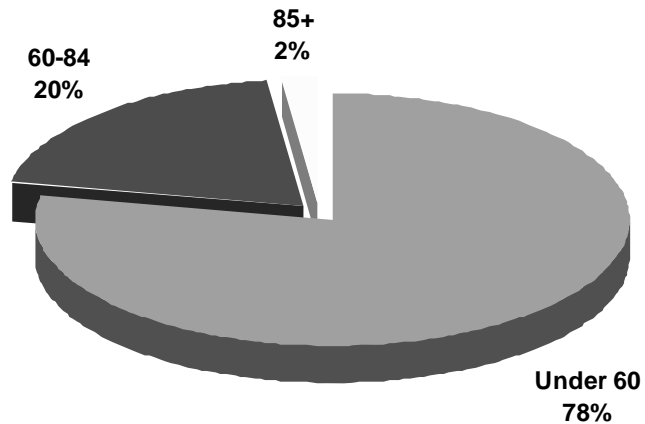
AGE DISTRIBUTION

Florida is the fourth most populous state with 17,872,295 citizens. Among the 50 states, Florida has the highest percentage of elders age 60 and older (22 percent) compared with a national percentage of 17 percent. Of Florida's 3,998,850 elders age 60 and older, 422,166 are age 85 and older.

**60+ Percentage:
Florida v. United States**



Florida's Age Distribution

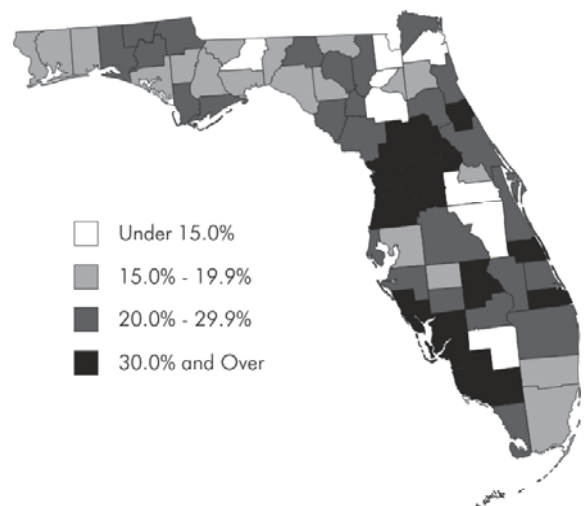


Most Florida elders age 60 and older reside in urban areas, and are concentrated in Miami-Dade, Palm Beach, Broward, Pinellas and Hillsborough counties. These five counties account for 39 percent of the total state population age 60 and older, and 45 percent of the population 85 and older.

In terms of density, Florida's population 60 and older comprises 30 percent or more of total residents in 14 counties. Interestingly, none of the five counties with the largest populations 60 and older are among them.

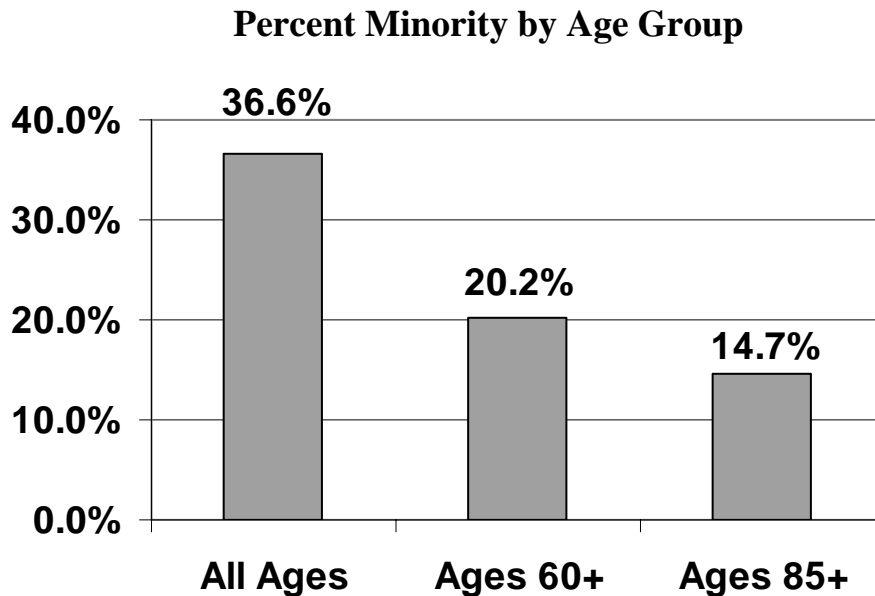
**Florida's Elder Population Age 60
and Older by County
As a percentage of the overall
population**

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



MINORITY DISTRIBUTION

As Floridians age, their racial and ethnic diversity decreases. This decrease in diversity can be attributed to the migration of elders into Florida and life span of minorities within the state. While one in three (36.6 percent) Floridians are minorities, this percentage declines to 20.2 percent of all elders age 60 and older, and 14.7 percent of all elders age 85 and older.

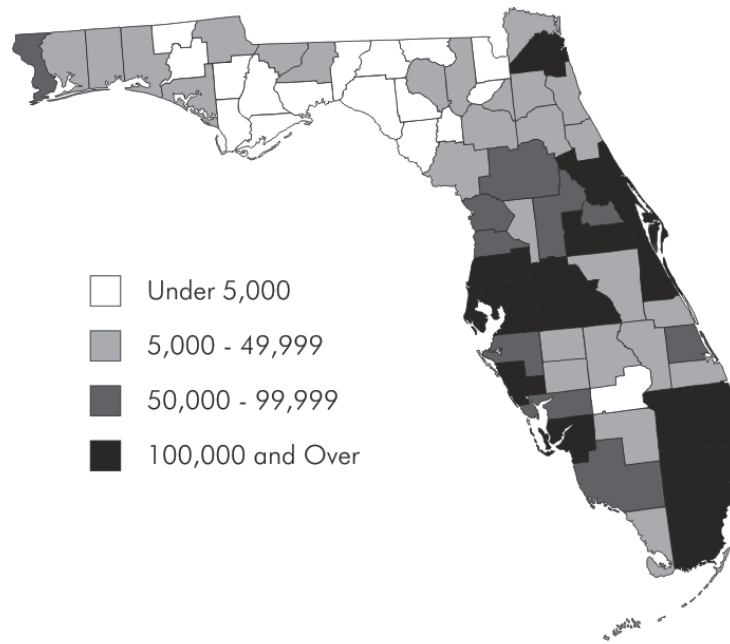


In Florida, 28.2 percent of the white non-Hispanic population in Florida is age 60 and older. In comparison, minorities generally constitute a smaller percentage of elders among their respective populations. Statewide, 13.9 percent of Hispanics and 10.8 percent of the African American population are age 60 and older.

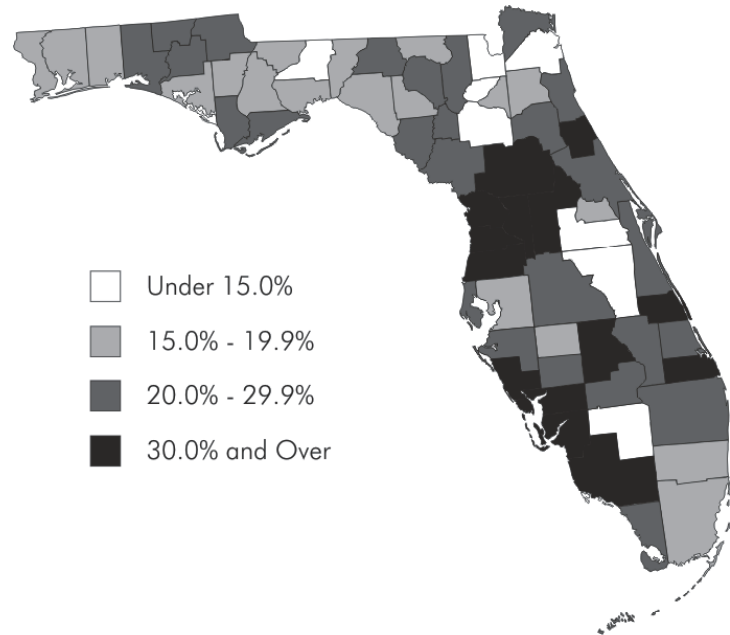
Counties with the highest percentages of elders age 60 and older also vary between white non-Hispanics and minorities. The six counties with non-minority elders representing 40 percent or more of their populations are Highlands (48.4 percent), Charlotte (43.9 percent), Sumter (43.7), Citrus (41.5), Sarasota (41.1), and Collier (40.4). Two of these counties are in West Central Florida, and four are in Southwest Florida.

The six counties with minority elders representing 15 percent or more of their populations are Flagler (30.7 percent), Charlotte (22.4), Citrus (21.5), Hernando (19.2), Miami-Dade (17.3) and Franklin (16.1). These counties do not appear to exhibit any geographical grouping patterns.

**2005 Florida's Elder Population by County
Residents Age 60 and Older
Population**

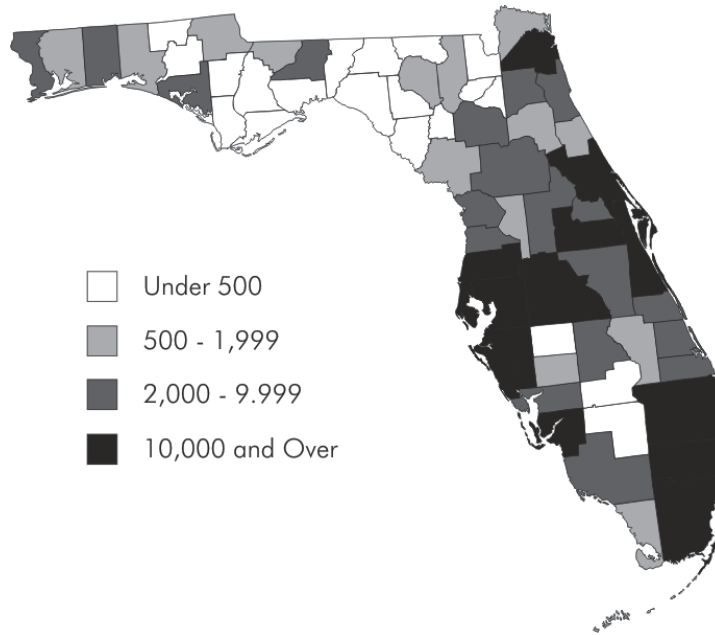


**Florida's Elder Population by County
Residents Age 60 and Older
As a Percentage of the Overall Population**

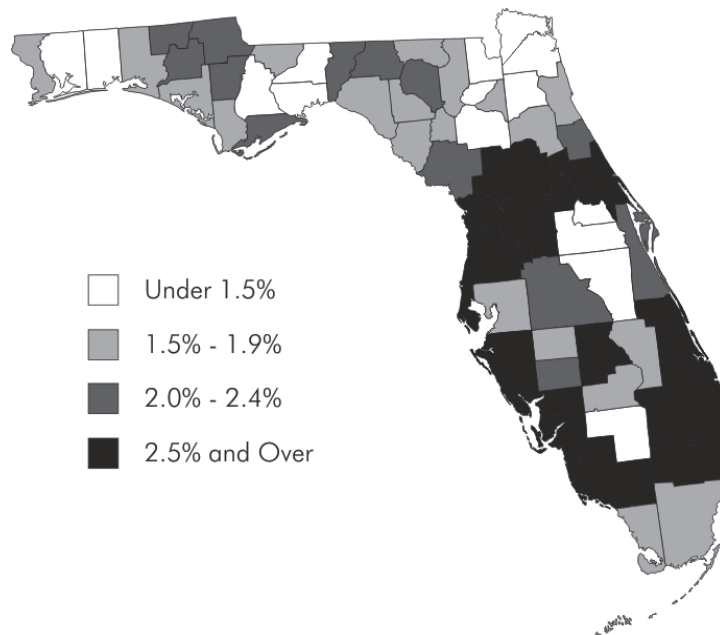


Source: Department of Elder Affairs calculations based on Office of Economic and Demographic Research population estimates for April 1, 2004; Bureau of Economic and Business Research (BEBR) projections for 4/1/2005; and revised U.S. Census 2000 data. Number of clients in programs is from Department of Elder Affairs' Client Information and Registration Tracking System (CIRTS).

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

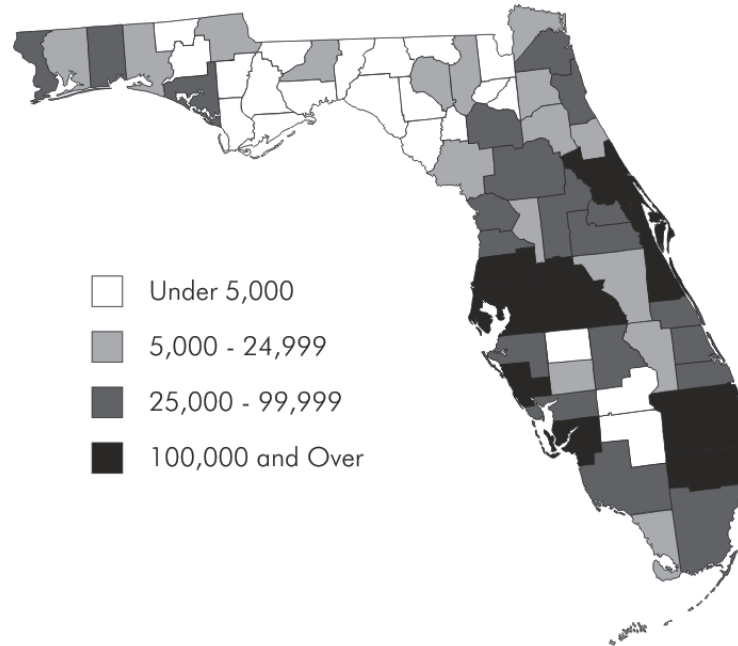


**Florida's Elder Population by County
Residents Age 85 and Older
As a percentage of the overall population**

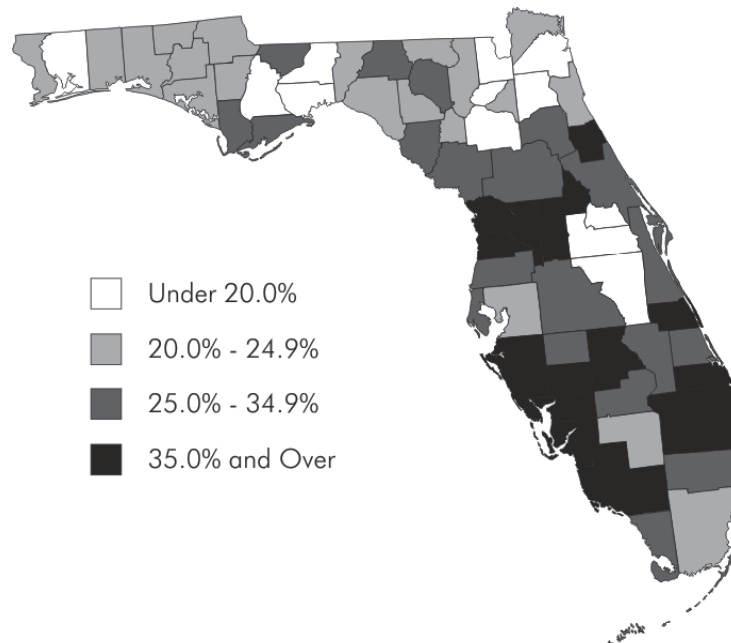


Source: Department of Elder Affairs calculations based on Office of Economic and Demographic Research population estimates for April 1, 2004; Bureau of Economic and Business Research (BEBR) projections for 4/1/2005; and revised U.S. Census 2000 data. Number of clients in programs is from Department of Elder Affairs' Client Information and Registration Tracking System (CIRTS).

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

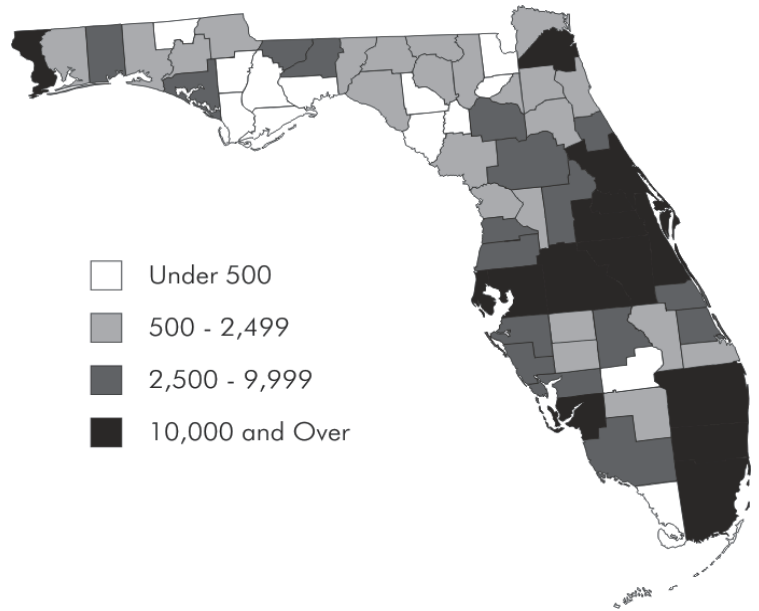


**White Non-Hispanics Age 60 and Older
As a Percentage of the Overall White Non-Hispanic Population**

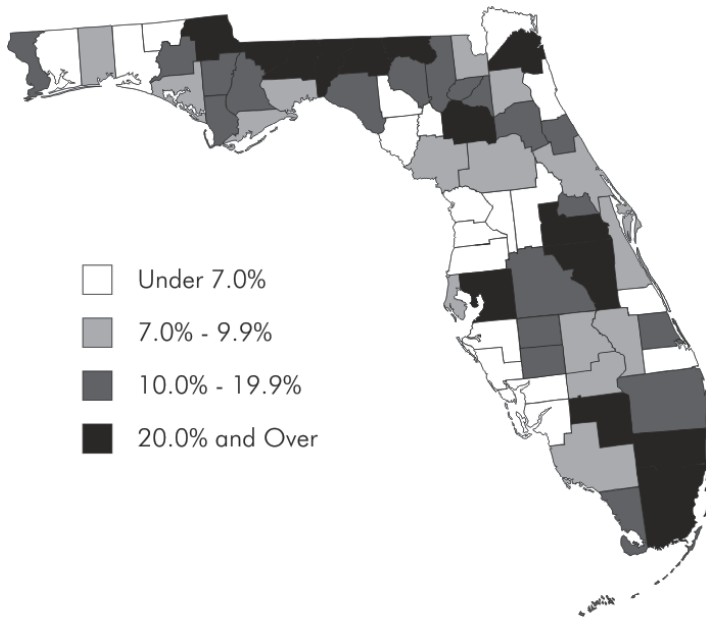


Source: Department of Elder Affairs calculations based on Office of Economic and Demographic Research population estimates for April 1, 2004; Bureau of Economic and Business Research (BEBR) projections for 4/1/2005; and revised U.S. Census 2000 data. Number of clients in programs is from Department of Elder Affairs' Client Information and Registration Tracking System (CIRTS).

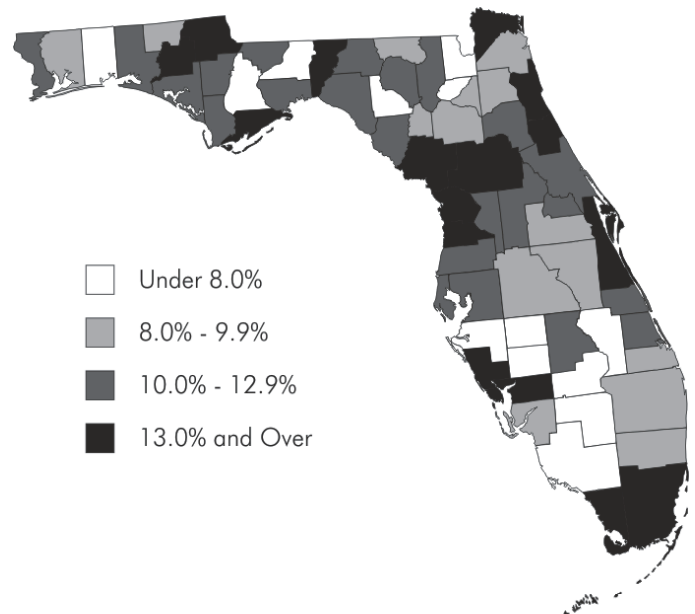
Minorities Age 60 and Older Population



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 Office of Economic and Demographic Research population estimates for April 1, 2004; Bureau of Economic and Business Research (BEBR) projections for 4/1/2005; and revised U.S. Census 2000 data. 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:

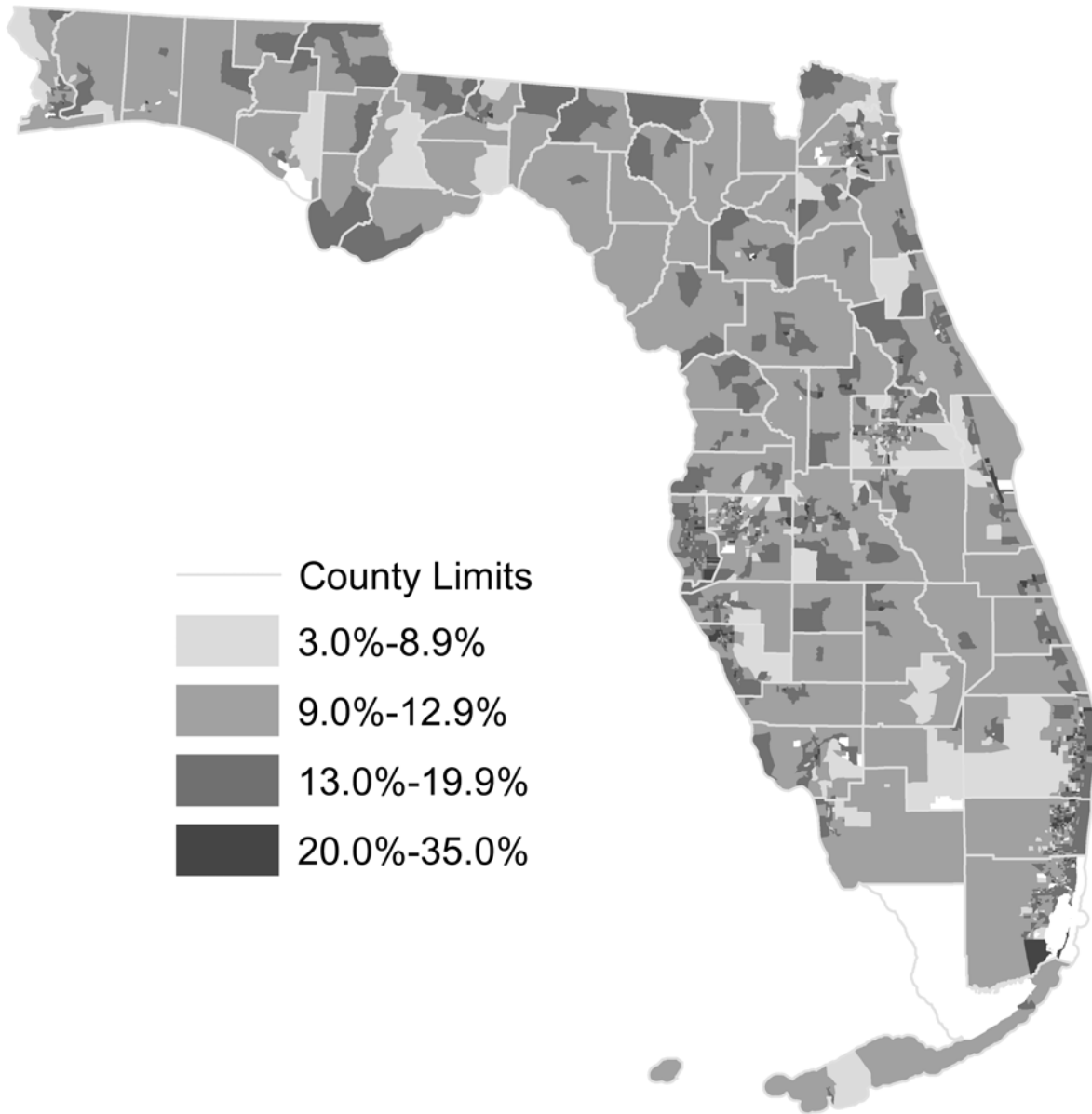
- Make sounder and more relevant policies and decisions; and
- Conduct more appropriate planning and evaluation of programs and services.

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**



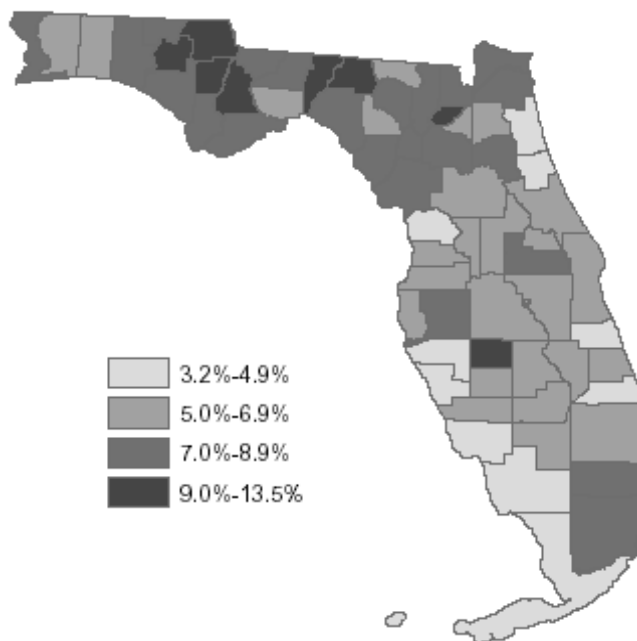
Source: DOEA estimates based on Census 2000, and Evans et al., "Prevalence of Alzheimer's Disease in a Community Population of Older Persons" (JAMA November 10, 1989).

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 6 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**

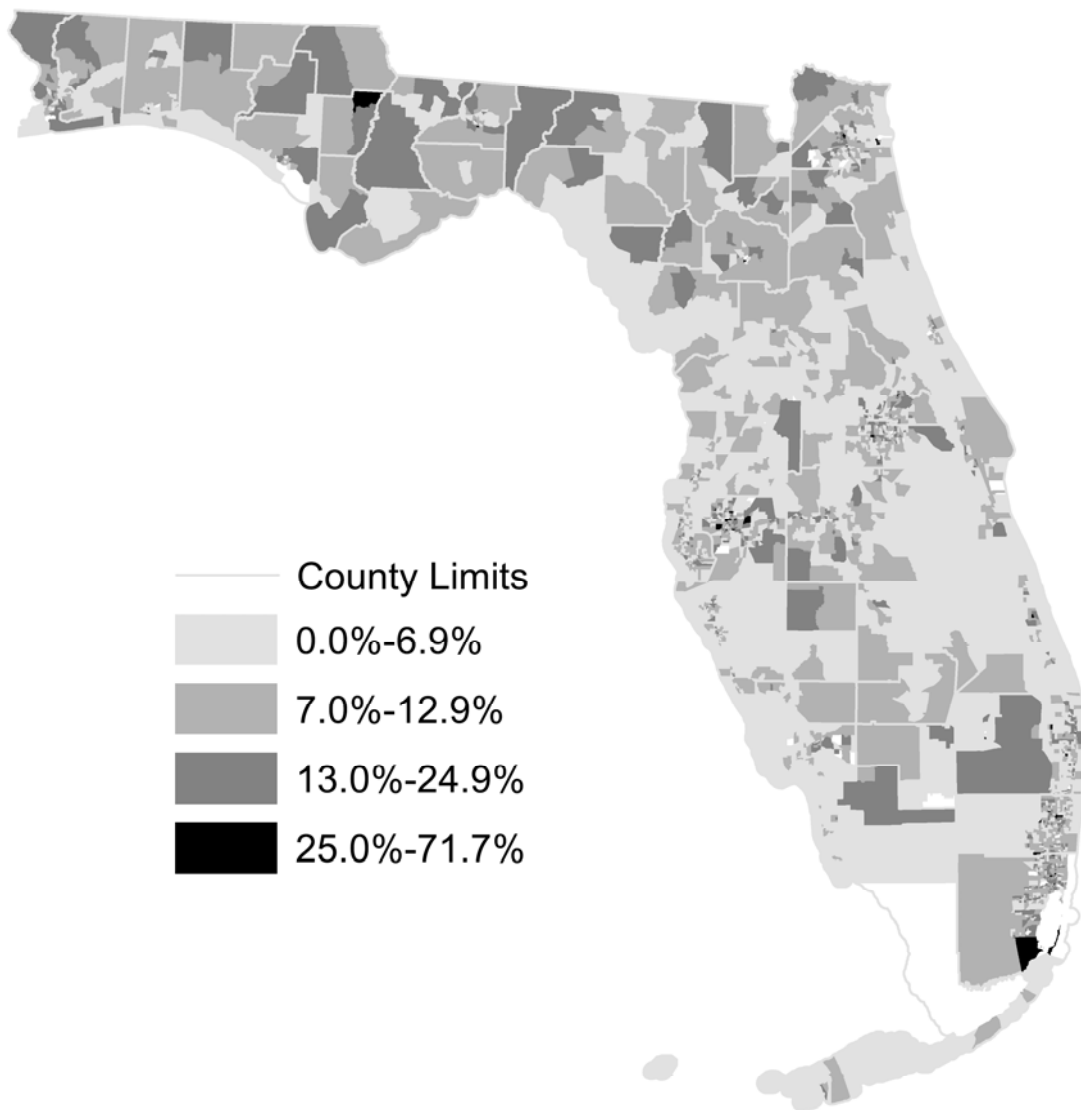
Having Two or More Disabilities including Self-Care Limitations



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 his/her home. One of the advantages in this program is that

the consumer has the choice of who provides the care, when the care is provided and how it should be done.

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

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

Level of Care - A term used to define medical eligibility for nursing home care under Medicaid and Medicaid waiver community-based non-medical services. (To qualify for Medicaid waiver or Assisted Living Medicaid waiver services, the applicant must meet the nursing home level of care.) Level of care also is a term used to describe the frailty level of a consumer seeking DOEA services and is determined from the frailty level prioritization assessment tool. The Customer Profiles by Assessment Level chart (following the definitions) shows the prioritization levels, and describes the average consumers' health, disability level, caregiver situation and nursing home risk score for each level.

Long-Range Program Plan - A plan developed on an annual basis by each state agency. Each plan is developed by examining the needs of agency customers and clients and proposing programs and associated costs to address those needs based on state priorities as established by law, the agency mission and legislative authorization. The plan provides the framework and context for preparing the legislative budget request and includes performance indicators for evaluating the impact of programs and agency performance.

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

Medicaid Waivers - Programs for which the federal Omnibus Budget Reconciliation Act of 1981 authorized the Secretary of the U.S. Department of Health and Human Services to waive federal requirements to allow states to provide home and community-based services to individuals who would require institutionalization without these services. Florida Medicaid currently has 12 waivers, four of which are coordinated by the Department of Elder Affairs.

Medicare - A federal health-insurance program that serves people 65 and older and those with certain disabilities, regardless of income. Medicare has three parts, Part A (hospital

insurance), Part B (medical insurance) and Part D (prescription assistance). Qualified individuals are automatically enrolled in Medicare Part A, but must apply to become eligible for Part B and Part D coverage.

Older Americans Act Programs - Programs funded by the Older Americans Act that provide a variety of in-home and community-based services to persons 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

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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