



DEPARTMENT OF ELDER AFFAIRS

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SUMMARY OF PROGRAMS AND SERVICES

MARCH 2007

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This document is produced by the Florida Department of Elder Affairs and updated periodically to provide the public and the Legislature information about programs and services for Florida's elders. Services and programs for elders vary in relation to consumer needs, demographics, funding availability and legislative directives. This Summary of Programs and Services, unless otherwise noted, contains information and data compiled as of November 2006.

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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PREFACE

The 2007 Summary of Programs and Services contains comprehensive information about the activities of the Florida Department of Elder Affairs and the persons it serves. It is organized as follows:

Section A – General Overview describes the department’s organizational structure including the responsibilities of each division and bureau. It also has maps and contact information for the department’s services network including area agency on aging, Comprehensive Assessment and Review for Long-Term Care Services (CARES) and Long-Term Care Ombudsman Program offices. Offices of the Public Guardian and Communities for a Lifetime counties and municipalities are also included.

Section B – Services and Utilization provides a crosswalk between services and programs. This crosswalk defines each service, the program(s) providing the service, and the number of units of service provided for the last complete program year.

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

Section D – State General Revenue Programs is an alphabetical listing of state-funded programs with information described in Section D.

Section E – Medicaid Programs provides detailed information about Medicaid-funded programs, including CARES.

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

Section G – Appendix provides a variety of technical information with respect to department programs, including annualized program cost comparisons per customer served, classification of programs by activity and budget entity as per the department’s Long Range Program Plan (LRRP), budget by revenue source, 9-year budget history with customer counts, elder population statistics and program enrollment by county, customer profiles by assessment priority level, list of agencies with long-term care functions, and list of acronyms.

Elder Services Network Components and Their Roles

1. U.S. Department of Health & Human Services, Administration on Aging, led by the Assistant Secretary for Aging, funds home and community-based services for millions of older persons through Older Americans Act (OAA) allotments to the states and competitive grants.

2. Florida Department of Elder Affairs is the designated state unit on aging in accordance with the Older Americans Act and Chapter 430, Florida Statutes. The department's role is to administer Florida's OAA allotment and grants, and to advocate, coordinate and plan all services to elders provided by the state of Florida. The Older Americans Act requires the department to fund a service delivery system through designated area agencies on aging in each of the state's 11 planning and service areas. In addition, Ch. 430, F.S., requires that the Department fund service-delivery lead agencies that coordinate and deliver care at the consumer level in the counties comprising each planning and service area.

3. Area Agencies on Aging (AAAs) are the designated private not-for-profit entities that advocate, plan, coordinate and fund a system of elder support services in their respective planning and service areas. local level. The designation of AAA is in keeping with the Older Americans Act. Area agencies on aging operate Aging and Disability Resource Centers (ADRCs).

4. Lead Agencies provide and coordinate services for elders in designated Community Service System (CSS) areas. There are 57 lead agencies serving all of Florida's 67 counties. Some lead agencies provide services in more than one county due to the scarcity of providers in some rural counties. Lead agency providers are either non-profit corporations or county government agencies. Among the non-profit corporations are senior centers and councils on aging. Lead agencies are the only entities that can provide fee-for-service case management on an ongoing basis.

5. Local service providers include non-profit and for-profit corporations. Among non-profits are senior centers, county organizations, community action agencies, faith based organizations and Alzheimer's clinics. Among for-profit entities are assisted living facilities, in-home service agencies and managed care organizations.

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Florida Department of Elder Affairs

GENERAL OVERVIEW

Charlie Crist, Governor

E. Douglas Beach, Ph.D., Secretary

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 9 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 individuals 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

Mission Statement

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

Values

- Compassion
- Accountability
- Caregiver Support
- Quality
- Intergenerational Partnerships
- Diversity

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
- 41,526 Volunteers

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

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.

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

Florida for a Lifetime: Empowering and Protecting Seniors

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

This commitment focuses on the following guiding principles:

- **Affordability** – Ensure affordable housing options that provide Florida's seniors the freedom and flexibility to live in homes that accommodate their lifestyles and unique needs.
- **Accessibility** – Increase access to affordable long-term care for Florida's most vulnerable citizens while ensuring the quality of care and cost effectiveness. Enhance opportunities for home and community-based care, because not all seniors require institutional care and may be better served at home or in their communities.
- **Empowerment** – Increase awareness among Floridians as health care consumers by improving access to meaningful information helpful for comparing quality and cost of

health-care options.

- Intergenerational Partnerships – Increase lifelong learning opportunities and assistance to caregivers by developing partnerships with schools and workforce programs. Enhance opportunities for seniors in the workforce – or who want to be – so that, as baby boomers retire, their expertise is available to strengthen the workforce.
- Protection and Safety – Emphasize the importance of preparing for storms through assistance with putting up shutters, securing yard furniture, purchasing supplies or understanding evacuation shelters for individuals with special needs. Empower seniors in combating fraud, scams and identity theft.

Communities for a Lifetime Initiative

Governor Crist remains committed to the *Communities for a Lifetime* initiative begun in 2000 that addresses the future challenges of a rapidly growing and aging population. As of December 2006, 154 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.

154 Florida Cities
and Counties are
*Communities for a
Lifetime Partners*

The initiative focuses on enhancing opportunities available for people of all ages to continue living in their own communities for a lifetime and encourages partnerships and collaborations to meet identified needs. The department is statutorily charged with serving all citizens in the state age 60 and 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 home and community-based services, and conducting pre-admission screenings for Medicaid applicants for skilled nursing care.

The *Communities for a Lifetime* initiative provides the department with a mechanism to assist more elders in living independently, as well as to help communities plan for the future needs of all their citizens, both young and old. The department is focusing efforts on four extremely vital issues facing the state’s seniors and retirees who have no need or

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.

**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.

Services to Elders in Fiscal
Year 2005 -2006 included:

- More than 4.3 million "Meals on Wheels" delivered to shut-in elders;
- 3.6 million meals served at nutrition sites, preventing isolation and loneliness;
- 1.5 million hours of caregiver respite;
- 1.4 million hours of homemaker and personal care; and
- 1.3 million trips to or from doctor's appointments, senior centers and shopping.

desire to participate in Medicaid programs: 1) transportation, 2) housing, 3) employment and 4) volunteerism. This increased focus has resulted in part from many requests for assistance from elders who wish to maintain an independent lifestyle for as long as possible. Florida's growing elder population will further increase the need for programs and services addressing these key issues.

In many instances, these efforts also provide opportunities for elders who require long-term care to find appropriate home and community-based care options that are less restrictive and less costly than skilled nursing care. Therefore, the goal and values of the *Communities for a Lifetime* initiative are reflected in all department programs.

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 centers are 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 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 is making the system easier to navigate and make long-term care responsibilities more efficient. ADRCs 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.

Because of a statewide memorandum of agreement between the department and the Department of Children & Families

developed in 2005, ADRCs are co-located, either physically or virtually, with the organizations that provide eligibility determination for services – namely, DOEA’s Comprehensive Assessment and Review for Long-Term Care Services (CARES) program and the Department of Children & Families’ Economic Self Sufficiency (ESS) 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.

One measure of the effectiveness of the center are evident in the St. Petersburg ADRC. The Area Agency on Aging of Pasco-Pinellas has reduced the time needed to collect the necessary paperwork to enroll a client in a Medicaid Waiver program.

By co-locating staff members from the aging and disability resource center, DOEA’s Comprehensive Assessment and Review for Long-Term Care Services (CARES) program and the Department of Children & Families’ Economic Self-Sufficiency unit, the staffs from the three different organizations have been able to process applications more efficiently.

To improve entry into the system, the ADRC is accessible through a number of local providers, including senior centers, lead agencies, health care providers and other community agencies. Additionally, citizens can 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 community, faith-based, charitable, for-profit and public non-long-term care programs.

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 \$1,891 and \$8,740, compared to an average annual cost of \$44,836 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.

Elder Volunteers

In SFY 2005-2006, 41,526 volunteers provided more than 2.8 million hours of service valued at more than \$51.3 million.

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

Office of the Secretary

Communications
General Counsel
Inspector General

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 public guardian. SPGO is also responsible for the registration and education of professional guardians. SPGO can be reached by calling (850) 414-2381.

Office of Inspector General

The Office of Inspector General provides independent, objective assurance and consulting activities designed to add value and improve the agency's operations. The purpose of the office is to provide a central point for coordination of activities

that promote accountability, integrity and efficiency in government. The office helps the department accomplish its objectives by providing a systematic, disciplined approach in evaluating risk management, internal controls and agency performance.

Office of the Deputy Secretary

Legislative Affairs

Office of the Deputy Secretary

- Legislative Affairs
- Elder Rights
- Division of Administrative Services
- Division of Statewide Community-Based Services
- Division of Volunteer and Community Services

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. 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 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

Division of Administrative Services

- Contract Administration and Purchasing
- General Services and Human Resources
- Monitoring and Quality Assurance
- Budget and Financial Administration
- Decision Support Services

and local service providers have an approved all-hazards Disaster and Continuity of Operations Plan to be implemented during a threat of imminent disaster. Disasters include any weather-related or manmade disasters, including hurricanes, tornadoes, civil disturbances, contractual disputes, epidemics, massive migrations, fires, nuclear power plant accidents, train derailments, terrorism, floods and bio-terrorism.

Monitoring 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 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; provides planning and other analytical support for the department’s partners in Florida’s elder service delivery network; and 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.

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

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

Division of Statewide Community-Based Services (Medicaid Programs)

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

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 12 providers in 25 counties and 8,367 enrollments in November 2006.
- **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

Division of Volunteer and Community Services (Non-Medicaid Programs)

- Community Support and Services
- Communities for a Lifetime

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.

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 the 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 *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:

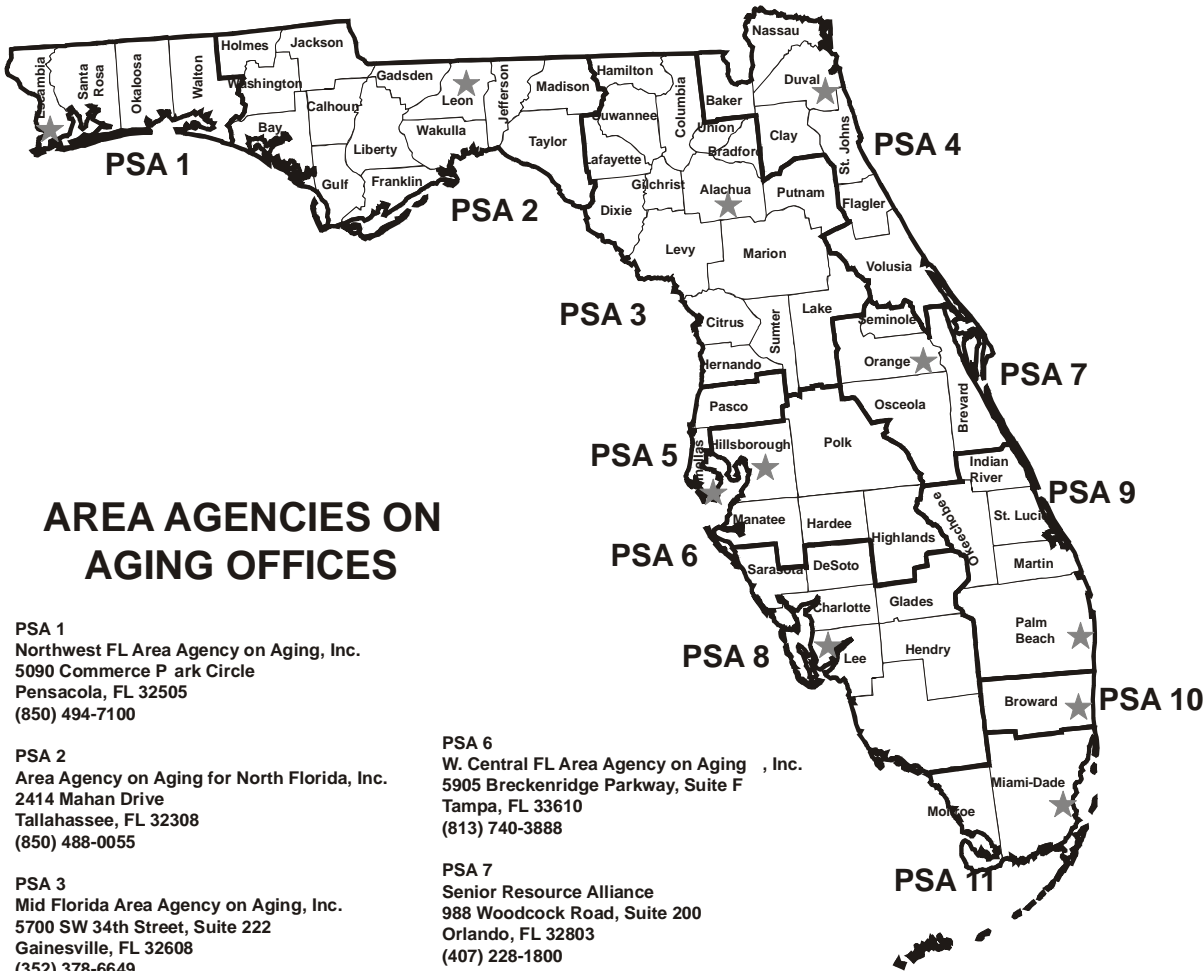
- **Community Relations** – The *Communities for a Lifetime* initiative encourages communities to enhance opportunities available for people of all ages to continue living in their own communities for a lifetime and facilitates partnerships and collaborations to meet identified needs.
- **Employment** – In addition to administering the OAA Senior Community Service Employment Program (SCSEP), the department works to increase awareness among employers of the benefits of hiring older workers.
- **Housing** – The elder housing unit focuses on independent housing and assisted living planning and policy development. The unit provides technical assistance and disseminates senior housing and supportive services information to local governments, community organizations, providers, state agencies and the general public, working to address senior housing and supportive services needs. One goal of the unit is to ensure that elder interests are represented on relevant committees and workgroups that address housing and assisted living issues.
- **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
ElderSource, The Area Agency on Aging of
Northeast Florida
4160 Woodcock Drive, 2nd Floor
Jacksonville, FL 32207
(904) 391-6600

PSA 5
Area Agency on Aging of Pasco-Pinellas, Inc.
9887 Fourth Street North, 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
Area Agency on Aging of SW Florida
2285 First Street
Fort Myers, FL 33901
(239) 332-4233

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

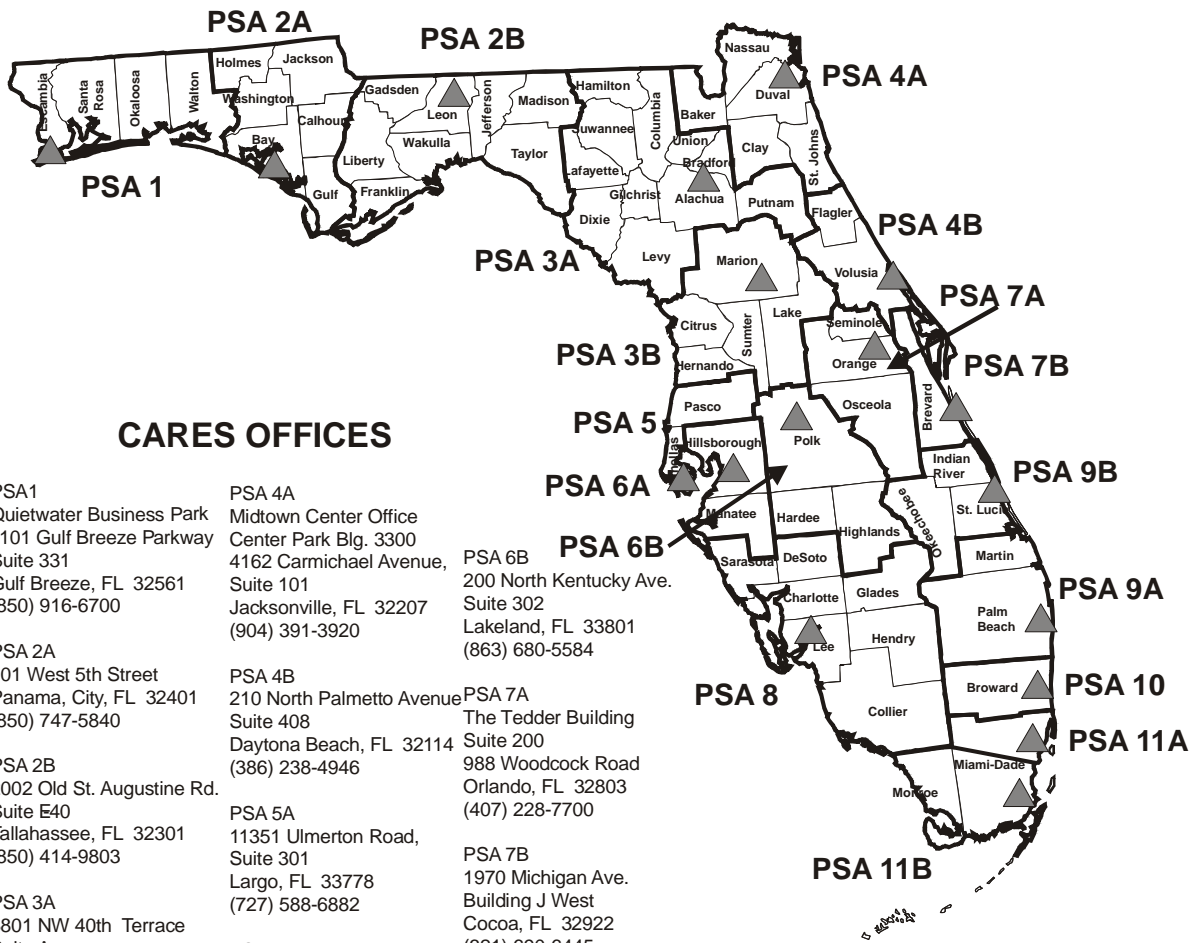
PSA 10
Aging and Disability Resource Center
of Broward County, Inc.
5345 NW 35th Avenue
Ft. Lauderdale, FL 33309
(954) 714-3456

PSA 11
Alliance for Aging, Inc.
9500 South Dadeland 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



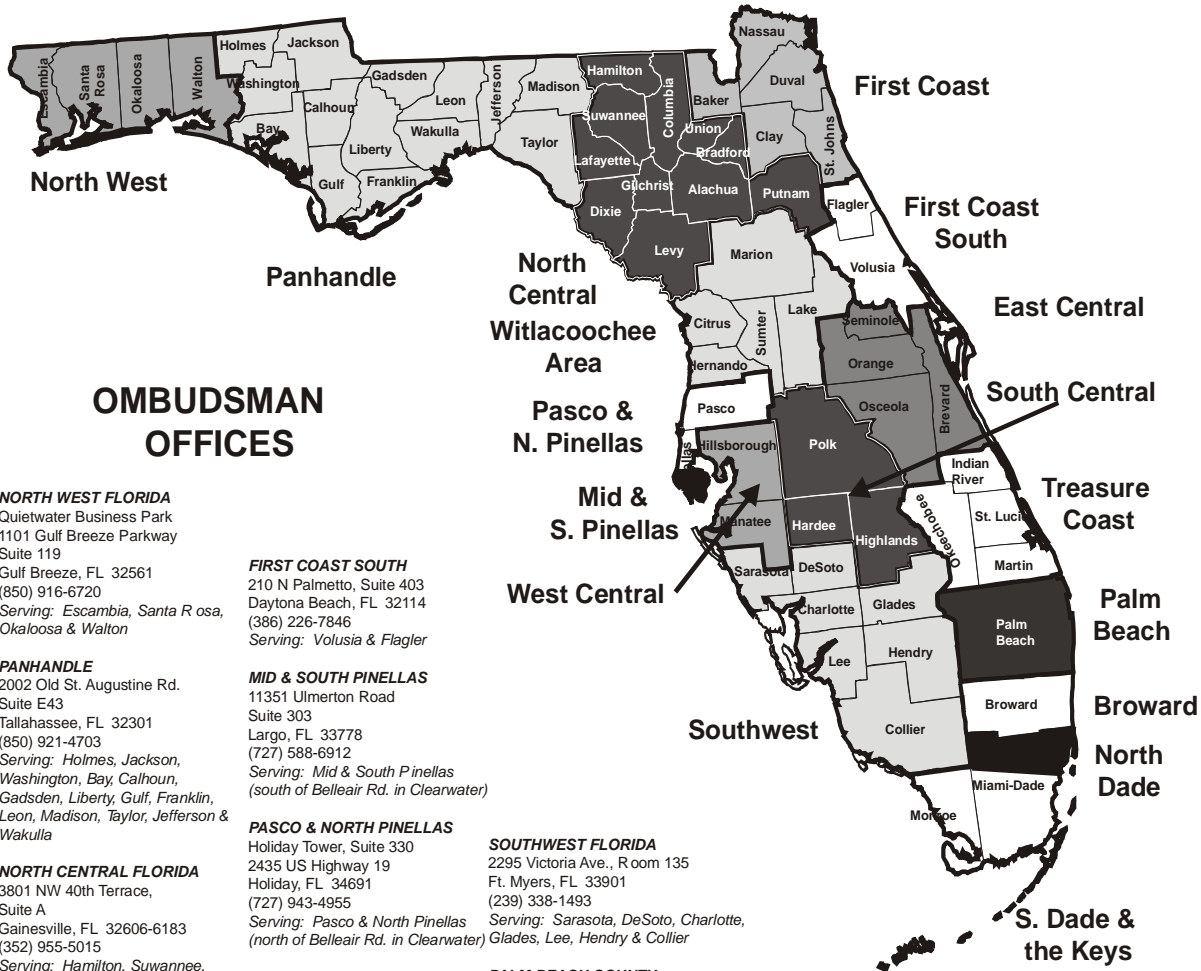
CARES OFFICES

- | | | | |
|--|---|--|--|
| <p>PSA 1
Quietwater Business Park
1101 Gulf Breeze Parkway
Suite 331
Gulf Breeze, FL 32561
(850) 916-6700</p> | <p>PSA 4A
Midtown Center Office
Center Park Bldg. 3300
4162 Carmichael Avenue,
Suite 101
Jacksonville, FL 32207
(904) 391-3920</p> | <p>PSA 6B
200 North Kentucky Ave.
Suite 302
Lakeland, FL 33801
(863) 680-5584</p> | <p>PSA 9A
The Tedder Building
Suite 200
988 Woodcock Road
Orlando, FL 32803
(407) 228-7700</p> |
| <p>PSA 2A
101 West 5th Street
Panama, City, FL 32401
(850) 747-5840</p> | <p>PSA 4B
210 North Palmetto Avenue
Suite 408
Daytona Beach, FL 32114
(386) 238-4946</p> | <p>PSA 7A
1970 Michigan Ave.
Building J West
Cocoa, FL 32922
(321) 690-6445</p> | <p>PSA 10
7771 West Oakland Park Blvd.
Suite 123
Sunrise, FL 33351
(954) 746-1773</p> |
| <p>PSA 2B
2002 Old St. Augustine Rd.
Suite E40
Tallahassee, FL 32301
(850) 414-9803</p> | <p>PSA 5A
11351 Ulmerton Road,
Suite 301
Largo, FL 33778
(727) 588-6882</p> | <p>PSA 7B
12381 S. Cleveland Ave.
Suite 402
Fort Myers, FL 33907
(239) 278-7210</p> | <p>PSA 11A
7270 NW 12th Street
Suite 130
Airport Executive Tower 2
Miami, FL 33126
(786) 336-1400</p> |
| <p>PSA 3A
3801 NW 40th Terrace
Suite A
Gainesville, FL 32606-6183
(352) 955-6560</p> | <p>PSA 5B
2435 US Highway 19,
Suite 340
Holiday, FL 34691
(727) 943-4958</p> | <p>PSA 8
2290 10th Ave. N.
Suite 401
Lake Worth, FL 33461
(561) 540-1181</p> | <p>PSA 11B
7300 N. Kendall Drive
Suite 780
Miami, FL 33156
(305) 671-7200</p> |
| <p>PSA 3B
1515 E. Silver Springs Blvd.
Suite 203
Ocala, FL 34470
(352) 620-3457</p> | <p>PSA 6A
701 West Fletcher Ave.,
Suite D
Tampa, FL 33612
(813) 631-5300</p> | <p>PSA 9A
12381 S. Cleveland Ave.
Suite 402
Fort Myers, FL 33907
(239) 278-7210</p> | <p>PSA 9B
1404-B South 28th Street
Ft. Pierce, FL 34947
(772) 460-3692</p> |

(PSA - Planning and Service Area)

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) 916-6720
Serving: Escambia, Santa Rosa, Okaloosa & Walton

FIRST COAST SOUTH

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

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

MID & SOUTH PINELLAS

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

NORTH CENTRAL FLORIDA

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

PASCO & NORTH PINELLAS

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

SOUTHWEST FLORIDA

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

WEST CENTRAL FLORIDA

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

PALM BEACH COUNTY

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

WITLACOOCHEE AREA

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

SOUTH CENTRAL FLORIDA

200 North Kentucky Avenue
Suite 224
Lakeland, FL 33801
(863) 413-2764
Serving: Polk, Highlands, & Hardee

TREASURE COAST

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

FIRST COAST

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

EAST CENTRAL FLORIDA

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

BROWARD COUNTY

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

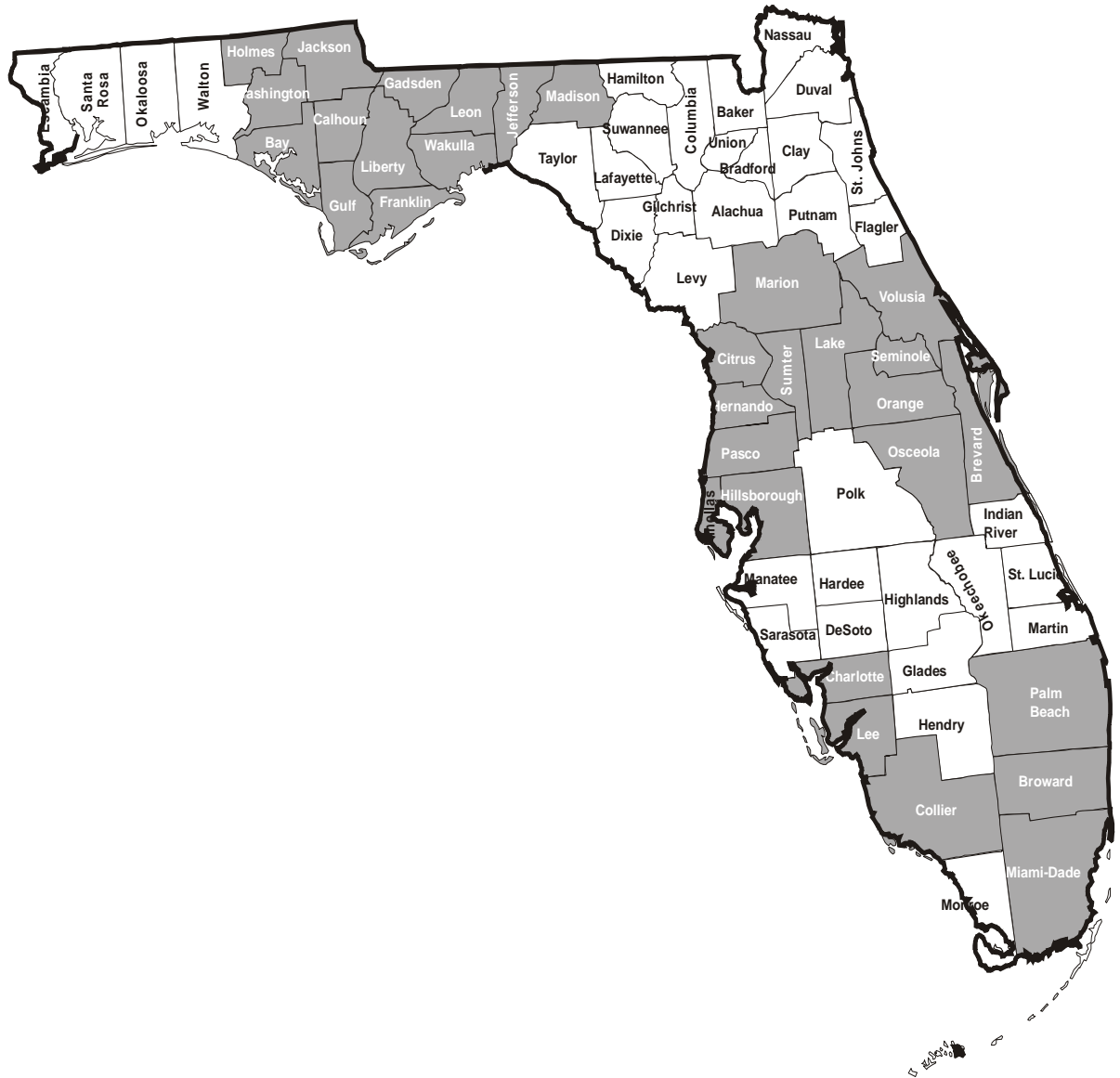
SOUTH DADE & THE FL KEYS

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

NORTH DADE

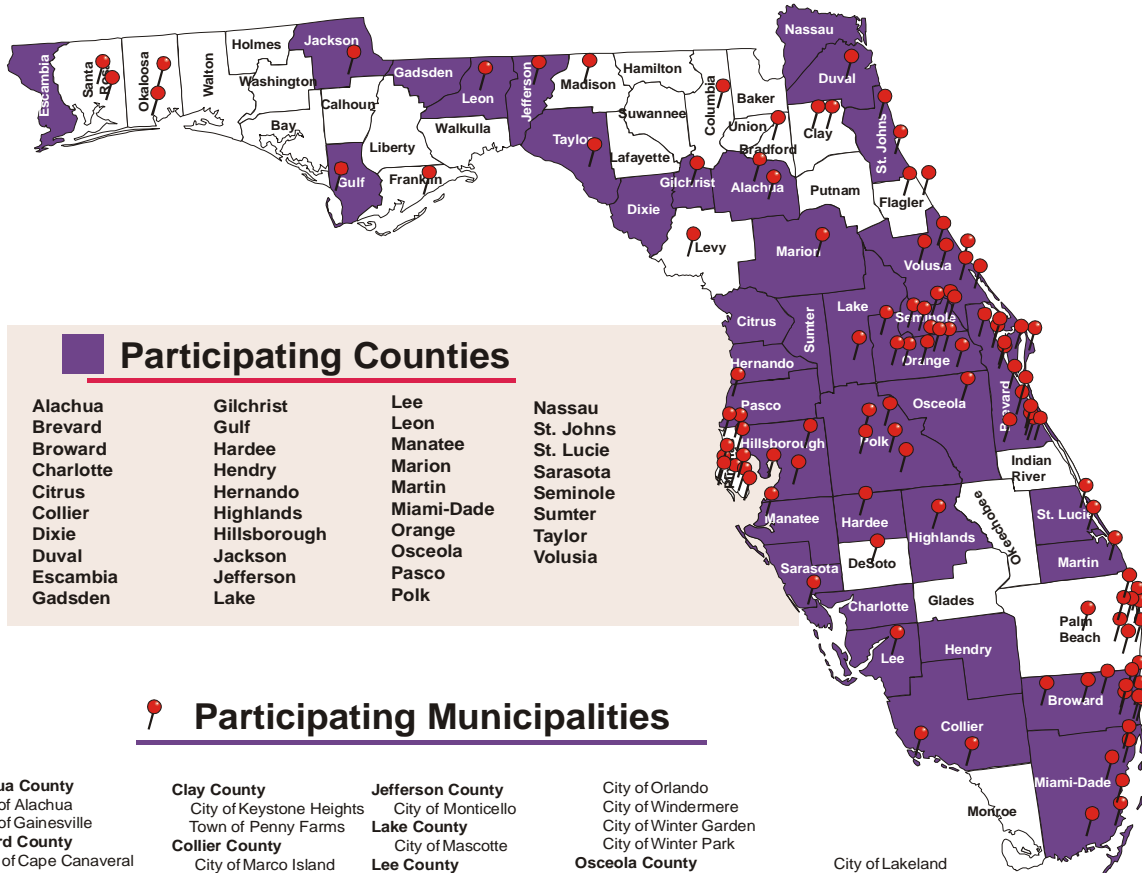
7270 NW 12th Street
Suite 550
Miami, FL 33126
(786) 336-1418
Serving: N. Miami Dade (north of Flagler Street, all NE and NW addresses)

Florida Counties Having Local Offices of the Public Guardian*



* Local Offices of the Public Guardian in Gray

Communities for a Lifetime



Participating Counties

- | | | | |
|------------------|---------------------|-------------------|------------------|
| Alachua | Gilchrist | Lee | Nassau |
| Brevard | Gulf | Leon | St. Johns |
| Broward | Hardee | Manatee | St. Lucie |
| Charlotte | Hendry | Marion | Sarasota |
| Citrus | Hernando | Martin | Seminole |
| Collier | Highlands | Miami-Dade | Sumter |
| Dixie | Hillsborough | Orange | Taylor |
| Duval | Jackson | Osceola | Volusia |
| Escambia | Jefferson | Pasco | |
| Gadsden | Lake | Polk | |

Participating Municipalities

- | | | | |
|--|---|---|---|
| Alachua County
City of Alachua
City of Gainesville | Clay County
City of Keystone Heights
Town of Penny Farms | Jefferson County
City of Monticello | City of Orlando
City of Windermere
City of Winter Garden
City of Winter Park |
| Brevard County
City of Cape Canaveral
City of Cocoa
City of Cocoa Beach
Town of Indialantic
City of Indian Harbor Beach
Town of Malabar
City of Melbourne
Town of Melbourne Beach
Town of Melbourne Village
City of Palm Bay
Town of Palm Shores
City of Rockledge
City of Satellite Beach
City of Titusville
City of West Melbourne | Collier County
City of Marco Island
City of Naples | Lake County
City of Mascotte | Osceola County
City of St. Cloud |
| Broward County
City of Coconut Creek
City of Cooper City
City of Coral Springs
City of Deerfield Beach
City of Hollywood
City of Lauderdale Lakes
City of Parkland
City of Sunrise
City of Tamarac
City of Wilton Manors | Columbia County
City of Lake City | Lee County
City of Cape Coral | Palm Beach County
City of Belle Glade
City of Delray Beach
Town of Hypoluxo
Town of Jupiter
City of Lake Worth
Village of North Palm Beach
Village of Palm Springs
Village of Royal Palm Beach
City of West Palm Beach |
| DeSoto County
City of Arcadia | Duval County
City of Jacksonville | Levy County
Town of Bronson | Pinellas County
City of Clearwater
City of Dunedin
City of Gulfport
City of Oldsmar
Town of Redington Shores
City of Safety Harbor
City of St. Petersburg
City of Seminole
City of South Pasadena
City of Tarpon Springs |
| Flagler County
City of Bunnell
City of Palm Coast | Franklin County
City of Carabelle | Manatee County
City of Bradenton | Santa Rosa County
Town of Jay
City of Milton |
| Franklin County
City of Carabelle | Gilchrist County
City of Trenton | Marion County
City of Ocala | Sarasota County
City of Venice |
| Gulf County
City of Port St. Joe | Hardee County
City of Wauchula | Martin County
City of Stuart | Seminole County
City of Casselberry
City of Lake Mary
City of Oviedo
City of Sanford
City of Winter Springs |
| Hillsborough County
City of Plant City
City of Tampa
City of Temple Terrace | Highlands County
City of Sebring | Miami-Dade County
City of Aventura
City of Hialeah
City of Miami
Town of Miami Lakes
City of North Miami
City of North Miami Beach | Taylor County
City of Perry |
| Jackson County
Town of Malone | Okaloosa County
City of Crestview
City of Destin
City of Temple Terrace | Orange County
Town of Eatonville
City of Maitland
City of Oakland
City of Ocoee | Volusia County
City of Daytona Beach Shores
City of Deland
City of Deltona
City of Edgewater
City of Orange City
City of Ormond Beach |

Section B

INTRODUCTION TO SERVICES AND UTILIZATION.....	35
PROGRAM CODES USED IN THIS SECTION.....	36

Section B

Services and Utilization

INTRODUCTION TO SERVICES AND UTILIZATION

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 crosswalk between department programs and services with an alphabetical listing of specific services provided by those programs, with units of service for:

- State fiscal year 2005-2006 (July 1, 2005, through June 30, 2006);
- Federal fiscal year 2005-2006 (October 1, 2005, through September 30, 2006); or
- In the case of programs operating on a calendar year, January 1 through December 31, 2006, as the case may be.

Programs that ceased operations at the conclusion of their respective program years are so noted under their respective listings in 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 because different programs often target different clientele, and eligibility criteria for program participation may vary. Please refer to Sections C through F of the Summary of Programs and Services for detailed descriptions of all department programs, and please refer to the Appendix for a listing of program eligibility criteria.

PROGRAM CODES USED IN THIS SECTION

(Acronyms/abbreviations for programs with data captured by Client Information and Registration Tracking System(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 Companion Program
CDPP	Long-Term Care Community Diversion Pilot Project	SCSEP	Senior Community Service Employment Program (OAA Title V)
CS	Contracted Services	SHINE	Serving Health Insurance Needs of Elders
EFMN	Elder Farmers' Market Nutrition Program	SPGO	Statewide Public Guardianship Office
EHEAEP	Emergency Home Energy Assistance for the Elderly		

*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).

Services and Utilization

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	899,195
Adult Day Care	Provides nutritious, wholesome meals to adult day care clients.	Clients served, daily average	ACFP	8,338
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	17,242
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	ADRD	606
		Training curricula approved		106
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	48,461
Caregiver Forum (Group)	(See "Caregiver Training/Support" below.)	Episodes	OAA	2
Caregiver Forum (Individual)	(See "Caregiver Training/Support" below.)	Episodes	OAA	40

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	6,079
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, MW, OAA	33,671
Case Aide - Vendor Payment	(See above definition.)	Hours	HCE	1,994
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, CCDA, CCE, LSP, MW, OAA	213,701
Case Management -Vendor Payment	(See above definition.)	Hours	HCE	18,329

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	9,774
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, MW, OAA	31,465
Chore - Vendor Payment	(See above definition.)	Hours	HCE	1
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	1,867
Chore (Enhanced) - Vendor Payment	(See above definition.)	Hours	HCE	2
Companion-ship	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,	104,278
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	3,618,631

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Congregate Meals (Screening)	Conducts assessments for congregated-meal applicants or recipients, with referral and follow-up as needed.	Hours	OAA	2,639
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	18,181
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	OAA	1,095
Counseling - Support Group - Group	(See above definition.)	Hours	OAA	376
Counseling - Support Group - Individual	(See above definition.)	Hours	OAA	568
Counseling (Gerontological) - Individual	(See above definition.)	Hours	ADI, CCE, OAA	24,743
Counseling (Medicare and Health Insurance)	Provides Medicare and health insurance education, counseling and assistance to Medicare recipients, their families and caregivers.	Consumers served	SHINE	153,362

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Counseling (Mental Health Counseling/ Screening)	Services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group and family therapy provided to individuals using techniques appropriate to this population.	Hours	CCE, OAA	1,374
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	126
Education/ Training	(1) Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities; (2) Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience or skills; to increase awareness in such areas as crime or accident prevention; promoting personal enrichment; and to increase or gain skills in a specific craft, trade, job or occupation. Training individuals or groups in guardianship proceedings of older individuals if other adequate representation is unavailable can also be done; and (3) Training conducted by Alzheimer's Disease Initiative memory disorder clinics is designed to increase understanding of the disease and facilitate management of persons with Alzheimer's disease by their caregivers and health professionals.	Hours	OAA	2,426

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Education/ Training - Group	(See above definition.)	Episodes	ADI, OAA	7,438
Education/ Training - Individual	(See above definition.)	Episodes	OAA	1,884
Education - Public	(See above definition.)	Episodes	OAA	4,040
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, MW, OAA	1,054,324
Emergency Alert Response - Installation	(See above definition.)	Episodes	CCE	13
Emergency Home Repair	Provides critically needed home repairs, modifications and alterations.	Episodes	CCE	25
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	1,371
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	5,402
Financial Risk Reduction (Assessment)	Provides ongoing assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities and expenditures.	Hours	CCE	77

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Financial Risk Reduction (Maintenance)	(See above description.)	Hours	CCE	441
Health Promotion	Offers individual and/or group sessions that assist participants to understand how lifestyle impacts physical and mental health and to develop personal practices that enhance total well-being. Services are provided at multipurpose senior centers, congregate meal sites and other appropriate places that target elders that are low income, minorities, or medically under served. Services related to health promotion include health risk assessments, routine health screenings, home injury control services, mental health screenings for prevention and diagnosis, medication management screening and education, gerontological counseling, and the distribution of information concerning diagnosis, prevention, treatment, rehabilitation of aged related diseases and chronic disabling conditions such as osteoporosis and cardiovascular diseases.	Hours	LSP, OAA	6,655
Health Promotion - Group	(See above definition.)	Episodes	LSP, OAA	312
Health Promotion - Individual	(See above definition.)	Episodes	OAA	7,604

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 additive nature of many factors in an individual's life. This can be done on a one-on-one or group basis.	Hours	LSP, OAA	3,707
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	5,981
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	6,896
Health Support	Assists persons to secure and utilize necessary medical treatment as well as preventive, emergency and health maintenance services.	Episodes	CCE, OAA	5,714
Health Support - Group	(See above definition.)	Hours	LSP, OAA	11,741

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Health Support - Individual	(See above definition.)	Hours	OAA	18,778
Home Delivered Meals	Provision of a home delivered meal 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	CCDA, CCE, LSP, MW, OAA	4,330,266
Home Delivered Meals - Vendor Payment	(See above definition.)	Meals	HCE	3,111
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	671
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	2,253

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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	809,838
Homemaker - Vendor Payment	(See above definition.)	Hours	HCE	1,837
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	36,361
Housing Improvement - Vendor Payment	(See above definition.)	Episodes	HCE	43
Housing Improvement - Energy Assistance	Assists low-income households experiencing a home energy emergency.	Households served	EHEAP	8,398

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Information	Responds to an inquiry from a person, or on behalf of a person, regarding public and private resources and available services.	Episodes	OAA	571,642
Intake	Administers standard intake and screening instruments for the purpose of gathering information about an applicant for services.	Hours	CCE, OAA	9,543
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	OAA	23,110
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	CDPP	9,348
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.	Assessments Investigations	LTCOP	2,952 7,881

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Material Aid	Aid in the form of: (1) Goods or food such as the direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc. (2) Food item(s) necessary for health, safety or welfare. This may include condiments or paper products necessary for food consumption and delivery charges. Alcohol, drug and tobacco products are excluded. (3) The repair, purchase, delivery, and installation of any household appliance necessary to maintain a home or assist with household tasks necessary for the health, safety or welfare of the person. (4) The purchase of materials necessary to perform chore or enhanced chore (see Chore and Enhanced Chore service definitions above). (5) The purchase of construction materials necessary to perform housing improvements, alterations and repairs (see Housing Improvement service definition above).	Episodes	CCE, LSP, OAA	1,995
Material Aid - Vendor Payment	(See above definition.)	Episodes	HCE	1
Medication Management	Screening, education, identification and counseling regarding the medication regime that individuals are using, including prescription and over the counter medications, vitamins, and home remedies. These services also help to identify any dietary factors that may interact with the medication regime. The combination of alcohol or tobacco with various medications and diets, along with the effects on specific conditions, would ideally be included in this service. This can be done on a one-on-one or group basis.	Hours	OAA	1,885

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Medication Management - Individual	(See above definition.)	Episodes	CCE	147
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	322
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	58,460
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	3,300
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	704
Nutrition Counseling - Individual	(See above definition.)	Hours	OAA	826

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Nutrition Counseling - Group	(See above definition.)	Hours	OAA	3
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	5,367
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	9,561
Other Services - Vendor Payment	(See above definition.)	Episodes	HCE	355

Services and Utilization

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	35,549
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	590,563
Personal Care - Vendor Payment	(See above definition.)	Hours	HCE	4,059
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	83
Pest Control - Enhanced Initiation	(See above definition.)	Episodes	CCE	10
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	677
Pest Control - Rodent	Helps rid the environment of rodents, and other potential carriers of disease and enhances the safety, sanitation, and cleanliness for recipients. Rodent service consists of trapping, baiting or other treatments or applications that result in the elimination of rodent(s).	Hours	CCE	6

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Pest Control - Rodent - Maintenance	(See above definition.)	Hours	CCE	6
Physical Therapy	Physical therapy is a service prescribed by a physician that is necessary to produce specific functional outcomes in ambulation, muscle control and postural development, and prevent or reduce further physical disability.	Hours	CCE	10
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	2,486
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	570,000
Referral	(See definition below.)	Episodes	OAA	29,924
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	982
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	781,269

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Respite In-Facility	(See above definition.)	Hours	ADI, CCE, HCE, LSP, OAA	700,123
Respite - Institutional	(See above definition.)	Hours	OAA	3,035
Respite - Direct Pay	(See above definition.)	Hours	OAA	11,353
Respite - Vendor Payment	(See above definition.)	Hours	HCE	14,899
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	172
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	60,540
Senior Companion - Companionship	Provides companionship services for frail elders through elder companions, to allow clients to live independently in their own homes.	Hours	CCE	20,700
Senior Companion - Respite	Provides respite services for caregivers of frail elders through elder companions.	Hours	CCE	596
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	12,487

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	2,819
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	5,471
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	26,769
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	103,476

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	1,283,050
Transportation - Direct Pay	(See above definition.)	One-way trips	OAA	6
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	782,500
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	178845
Volunteer Training	Provides training to individuals interested in assisting caregivers with respite services.	Hours	RELIEF	989

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.

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

Units of Service:

DOEA CIRTS Report for Services 7/1/2005 - 6/30/2006 generated 10/27/2006.

DOEA CIRTS for Medicaid Waiver Services 7/1/2005 - 6/30/2006 generated 10/27/2006.

DOEA 2006 Summary of Programs and Services.

DOEA Division of Volunteer and Community Services report data.

DOEA Division of Statewide Community-Based Services report data.

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SUMMARY OF OLDER AMERICANS ACT (OAA) PROGRAM SERVICES

DESCRIPTION:

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

Florida's OAA Title III funds are allocated by formula to area agencies on aging which in turn enter into contracts with service providers to deliver the services outlined below to eligible individuals age 60 and over and their caregivers.

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

The department administers OAA Title VII programs and services primarily through contracts with area agencies on aging which in turn enter into contracts with service providers to deliver the services outlined below.

SERVICES OR ACTIVITIES:

Title III B: Provides supportive services to facilitate the wellbeing of elders and to assist them in living independently in their home environment and the community.

Title III C1: Provides congregate meals and nutrition education in strategically located centers such as schools, churches, community centers, senior centers and other public or private facilities where persons may obtain other social and rehabilitative services.

Title III C2: Provides home delivered meals and nutrition education to frail, homebound individuals.

Title III D: Provides an array of periodic disease-prevention and health-promotion services at senior centers or alternative sites. Services are designed to help elders prevent/manage chronic diseases and promote healthier lifestyles.

Title III E: Provides services through the National Family Caregiver Support Program to assist families caring for frail older members, and to assist grandparents or older relatives who are caregivers for children 18 and younger.

Title V: Provides services through the Senior Community Service Employment Program (SCSEP) to low-income elders age 55 and older. Services include paid part-time work experience in community-service assignments, job training, job

referral and placement in unsubsidized employment.

Title VII: Provides public education, training and information services focused on the prevention of elder abuse, neglect and exploitation.

ADMINISTRATION:

The department administers **OAA Title III** programs and services through contracts with area agencies on aging which in turn enter into contracts with service providers to deliver services. Program services are provided by more than 250 contractors and subcontractors statewide.

The department administers **OAA Title V** state-share funds through contracts with local service providers.

OAA Title VII programs and services are administered primarily through contracts with area agencies on aging which in turn enter into contracts with service providers to deliver services.

ELIGIBILITY:

Elders age 60 and older are eligible for **OAA Title III** 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 older individuals, including low-income minority elders, individuals with limited English proficiency, 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.

Unemployed Florida residents who are age 55 and older, and have annual family incomes not exceeding 125 percent of federal poverty income guidelines published annually by the U.S. Department of Health and Human Services, are eligible for **OAA Title V** SCSEP (Senior Community Service Employment Program) services.

In general, all individuals in need of **OAA Title VII** program services are eligible to receive them.

STATUTORY AUTHORITY:

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

OAA TITLES III/VII APPROPRIATION HISTORY AND NUMBERS SERVED:

FFY*	FEDERAL FUNDING OAA Title III/VII Allocation to Planning & Service Areas (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	\$74,503,185	84,631
2006-2007	\$73,470,910	83,458***

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

** Prior to 1995, includes non-registered services. Beginning with 1995, figures include registered services only. III-E Services included beginning in 2001.

***Estimate.

Source: CIRTS (Client Information and Registration Tracking System).

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

OAA Title III

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

1. Thirty five percent weight - Planning and service area population age 60 and over, divided by the statewide population 60 and over.
2. Thirty five 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. Fifteen percent weight - Planning and service area minority population age 60 and over, with income below 125 percent of the poverty level.
4. Fifteen 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.

Older Americans Act area agency on aging 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. Fifty percent weight - 60+ population in the planning and service area.
 - B. Twenty five percent weight - Number of counties in planning and service area.
 - C. Twenty five 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.

OAA Title V

The Senior Community Service Employment Program (SCSEP) is funded under Title V of the OAA. The department, as Florida's designated state unit on aging, is the grant recipient of state-share SCSEP funds. State-share SCSEP 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.

OAA Title VII

The department administers OAA Title VII elder-abuse prevention programs primarily through contracts with area agencies on aging which in turn enter into contracts with service providers for provision of program services.

OAA TITLE III B: SUPPORTIVE SERVICES

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

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

OAA TITLE III B STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$22,027,242	54,541
2002-2003	\$25,986,733	56,877
2003-2004	\$25,864,837	52,010
2004-2005	\$25,554,888	52,323
2005-2006	\$25,516,538	50,623

Source: CIRTS.

INFORMATION AND REFERRAL/ASSISTANCE (I & R/A)

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 information & referral specialists. 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.

The information and referral network is comprised of state units on aging, area agencies on aging and local Older Americans Act funded providers. National information and referral standards are implemented to ensure essential elements of I&R/A are being provided. I&R/A programs are key to connecting persons with information on services such as transportation, financial assistance, health insurance counseling, caregiver support, elder abuse prevention, housing, senior centers, energy assistance, home delivered meals, home health care and long-term care. 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. To expand information and referral services and better serve consumers, the department developed a statewide Web-based Elder Resource Directory database. The database references approximately 5,553 resources and is maintained by department and area agency on aging staff.

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

INFORMATION AND REFERRAL/ASSISTANCE UNITS OF SERVICE:

STATE FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$22,027,242	54,541
2002-2003	\$25,986,733	56,877
2003-2004	\$25,864,837	52,010
2004-2005	\$25,554,888	52,323
2005-2006	\$25,516,538	50,623

**Reduced information units reflect cessation of outsourcing of elder helplines by 9 of 11 area agencies on aging.*

Source: WebDB.

UNITS OF SERVICE: PUBLIC INFORMATION:

STATE FISCAL YEAR	COPIES DISTRIBUTED/TABLOID CIRCULATION			
	CONSUMER RESOURCE GUIDES	DISASTER PREPAREDNESS GUIDES	MAKING CHOICES (END OF LIFE CARE)	ELDER UPDATE CIRCULATION*
2001-2002	9,000	400,000		100,000
2002-2003	12,000	300,000		70,000
2003-2004	12,000	300,000	10,000	70,000
2004-2005	12,000	300,000	10,000	70,000
2005-2006	12,000	300,000	20,000	70,000
2006-2007**	12,000	300,000	20,000	70,000

*Elder Update is the department’s bimonthly tabloid with news of interest for elder Floridians.

**Estimates.

Sources: Client Information and Registration Tracking System (CIRTS), Florida Medicaid Management Information System (FMMIS).

PROGRAM HIGHLIGHTS:

In 2006, the department developed an Elder Helpline information and referral training curriculum and participant workbook, and distributed these materials to each Elder Helpline. The training curriculum was established to enhance training of Elder Helpline information and referral specialists.

In the area of OAA Title III B legal services, the department began partnering in 2005 with Bay Area Legal Services, a Title III B legal services provider, to develop and manage a statewide, toll-free Senior Legal Helpline for Florida seniors. The goal of the helpline is to provide underserved, elderly residents of Florida a convenient point of access to receive high-quality legal advice, information and referrals to Title III-B legal service providers statewide for extended representation. The Senior Legal Helpline, made possible by a U.S Administration on Aging Legal Assistance Grant to Bay Area and supplemented by additional funding from the Department of Elder Affairs, is staffed with experienced elder law advocates who expect to screen at least 5,000 callers and provide referral services or advice to more than 3,500 clients in the first two years of operation. The Senior Legal Helpline can be reached toll-free at 1-888-895-7873.

OAA TITLE III C1: CONGREGATE MEALS

OAA Title III C1 funds are allocated to area agencies on aging, which enter into contracts with service providers to deliver congregate meals at specified meal sites. Meals must comply with the Dietary Guidelines for Americans and provide at least one-third of the daily Dietary Reference Intake (DRI) for individuals as established by the Food and Nutrition Board of the National Academy of Sciences. In addition to OAA Title III C1 services, the department's Contracted Services and Local Services Programs provide congregate meals among their services.

OAA TITLE III C1 STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$23,373,108	40,228
2002-2003	\$26,317,912	40,432
2003-2004	\$25,277,412	38,584
2004-2005	\$25,247,512	36,822
2005-2006	\$25,336,324	33,391

Source: CIRTIS.

OAA TITLE III C2: HOME DELIVERED MEALS

OAA Title III C2 funds are allocated to area agencies on aging, which enter into contracts with service providers for provision of home delivered meals. Meals must comply with the Dietary Guidelines for Americans and provide at least one-third of the daily Dietary Reference Intake (DRI) for individuals as established by the Food and Nutrition Board of the National Academy of Sciences. In addition to OAA Title III C2 services, the department’s Contracted Services and Local Services Programs provide home delivered meals among their services.

OAA TITLE III C2 STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$10,560,890	27,027
2002-2003	\$12,930,649	28,792
2003-2004	\$13,259,431	27,146
2004-2005	\$13,184,571	25,297
2005-2006	\$13,399,176	23,492

Source: CIRTS.

PROGRAM HIGHLIGHTS:

Mrs. B receives meals on wheels on a daily basis. The volunteer driver noticed that for two consecutive days she did not come to the door to pick up her meal and have the usual brief chat with him. He alerted the case management agency that immediately called the sheriff’s office. The deputy who was dispatched found Mrs.B on her kitchen floor.

She had fallen and had been unable to move or call for help for over 50 hours. After a brief stay in the hospital, followed by physical rehabilitation, Mrs. B still leaves independently at home. She has since been provided with an emergency alert personal device by the case management agency.

OAA TITLE III D: PREVENTIVE HEALTH SERVICES

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

OAA TITLE III D STATE ALLOTMENT HISTORY:

STATE FISCAL YEAR	FEDERAL FUNDING
2001-2002	\$1,522,680
2002-2003	\$1,547,751
2003-2004	\$1,606,047
2004-2005	\$1,597,014
2005-2006	\$1,584,411

Source: Agency Operating Budget.

HEALTH PROMOTION AND WELLNESS INITIATIVES

DESCRIPTION:

Health Promotion and Wellness Initiatives include evidence-based chronic disease self-management courses, chronic disease prevention courses and physical activity courses.

Other initiatives include workshops, seminars, health fairs and health screening opportunities. Initiatives are developed and conducted to educate seniors and their caregivers, to deliver effective interventions to make a noticeable difference in their health and wellbeing, and to 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.

NUMBERS SERVED:

FEDERAL FISCAL YEAR (FFY)/ CALENDAR YEAR (CY)	CLIENTS SERVED
FFY 1998-1999	Information not available
FFY 1999-2000	23,808
FFY 2000-2001	472,764*
FFY 2001-2002	97,461
FFY 2002-2003**	39,925**
CY 2003	91,247
CY 2004	78,902
CY 2005	73,797
CY 2006	50,000***

**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.

PROGRAM HIGHLIGHTS:

The Health and Wellness program was combined with the Injury Prevention program to provide a unique opportunity to address senior health issues holistically. Many chronic diseases can increase the risk of falls, which can result in complications, lower quality of life, or death. The program works with partners to identify individuals with the greatest risk of falling and those who will suffer the greatest effects from falls.

Departmental programs will teach seniors to recognize modifiable personal risk factors that should be addressed, including those with muscle weakness, gait and balance problems, vision problems and seniors on psychoactive medications or multiple medications.

The Wellness and Public Safety Unit joined with the Department of Health, Bureau of Chronic Disease and Prevention to build an infrastructure of certified trainers in evidence-based chronic disease prevention and self-management courses. Two grant funding sources were secured to obtain master elder training. By the end of 2007, it is anticipated that over 100 certified trainers will deliver courses to teach proven health benefits to older adults.

The department partnered with the Florida Office of Drug Control, the Department of Children and Families, the University of South Florida, and others to seek grant funding for the Screening, Brief Intervention, Referral and Treatment (SBIRT) program. The purpose of the program is to implement an intervention program for older adults at risk for substance abuse, create new partnerships with primary care service providers,

and address current systemic and policy practices that create barriers for older adults in need of substance abuse treatment. Older adults will be screened in 'non-traditional' sites such as primary care and emergency health care settings, public health clinics, and senior nutrition programs.

The department partnered with the Florida Fire Marshals and Inspectors Association and other community partners to create the Safe Seniors program. The program raises awareness of fire safety among seniors in the community. The program also emphasizes the creation of community partnerships among organizations, agencies and businesses to advance fire safety themes.

OAA TITLE III E: NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

National Family Caregiver Support Program funds are allocated to area agencies on aging, which enter into contracts with service providers to deliver services including 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.

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 receive National Family Caregiver Support Program services.

OAA TITLE III E STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED*
2001-2002	\$8,721,584	3,778
2002-2003	\$10,010,315	5,541
2003-2004	\$10,969,024	3,533
2004-2005	\$11,853,336	2,671
2005-2006	\$12,117,749	2,675

**Includes only customers served with respite and other one-on-one services.*

PROGRAM HIGHLIGHTS:

Mrs. W., a 58-year-old woman, quit her job to care for her husband, who is disabled. About 18 months ago, she also became the caregiver for her mother, who moved in with her after she became legally blind. Mrs. W.'s responsibilities as the caregiver for two people grew to be very demanding and left her little time for herself. She contacted the Elder Helpline for assistance and was screened and referred to the Title III E National Family Caregiver Support Program.

An in-home assessment confirmed Mrs. W.'s need for respite, and arrangements were made for her mother to attend an adult day care center two days a week. Additionally, Mrs. W. was referred to a caregiver support group and to a counseling program. The provision of respite, caregiver support and counseling has proven to be invaluable in facilitating her ability to continue providing care for her mother and husband.

The following is an excerpt from a note Mrs. W. wrote her caregiver specialist:

“Just a quick note to tell you how much better I felt after your visit last week. You give me great comfort and make me feel less alone. Thank you for the helpful tips and the phone numbers. My mother also likes you very much. You do a great service, and I am very grateful.”

OAA TITLE V: SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP)

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.

NUMBER OF PROGRAM SLOTS:

STATE FISCAL YEAR	STATE-SHARE PROGRAM SLOTS	NATIONAL-SPONSOR PROGRAM SLOTS
1995-1996	State share slots prior to SFY 2001-2002 are included in national sponsor slot allocations.	3,783
1996-1997		3,510
1997-1998		3,528
1998-1999		3,512
1999-2000		3,547
2000-2001	723	3,547
2001-2002	837	2,824
2002-2003	821	2,827
2003-2004	724	2,287
2004-2005	718	2,824
2005-2006	712	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:

At the age of 60, Ms. B. moved to Florida from Connecticut to join relatives. She was unemployed and desperately seeking a job so that she could stop using her credit cards to pay her bills. Unfortunately, because she had not worked for four years, Ms. B. was in danger of exceeding her credit-card limits. Ms. B. then learned about the SCSEP and enrolled in the program. She was assigned to work at the Lake County Sheriff's Department in the Road Patrol Division. During her assignment, she received upgraded computer training and created a computer-generated statistical report for traffic violations. Her supervisors were so impressed with the report that they starting using it during their monthly meetings.

Because of Ms. B.'s skills, positive attitude and high level of productivity, she was asked to apply for an unsubsidized job with the sheriff's office. According to Ms. B., the office appreciated and recognized what she had to contribute. As a direct result of her good work ethic, Ms. B. was hired as a full-time clerk with a starting wage of \$9.74 an hour, plus full benefits including health insurance, sick leave, pension/profit sharing and vacation leave.

The SCSEP program helped Ms. B. re-enter the workforce and gain new skills. It also allowed her to maintain her independence.

OAA TITLE VII: ELDER ABUSE PREVENTION

OAA Title VII funding supports programs and services protecting elders from abuse and providing public education, training and information regarding elder abuse prevention. The department administers OAA Title VII elder-abuse prevention programs through contracts with area agencies on aging and local service providers.

ELDER ABUSE PREVENTION PROGRAM

DESCRIPTION:

The Elder Abuse Prevention Program is designed to increase awareness of the prevention of elder abuse, neglect and exploitation. The program includes training and dissemination of Elder Abuse 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 Elder Abuse Prevention training modules, including modules for professionals, the general public (especially elders), law enforcement officers, financial-institution employees and case managers.

DOEA staff and area agency on aging coordinators provide training on these 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, a “Preventing Home Repair Fraud” tip sheet and brochure, and a “Prevent Identity Theft” brochure.

ADMINISTRATION:

The Elder Abuse Prevention Program is administered by the department’s Elder Rights 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:

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

*Estimates.

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:

During the 2005-2006 fiscal year, 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 270 sessions held, and 6,900 participants received the training.

The Department of Elder Affairs and communities throughout Florida recognized June 15, 2006, as the first annual World Elder Abuse Awareness Day and held events designed to raise community awareness of elder abuse. The day was in support of the United Nations International Plan of Action, which recognizes the significance of elder abuse as a public health and human rights issue. Governments, nongovernmental organizations, educational institutions, religious groups, professionals in the field of aging and interested individuals, as well as older persons themselves, promoted a better understanding of abuse and neglect of older persons by organizing activities around the world to raise awareness of the cultural, social, economic and demographic processes affecting elder abuse and neglect.

LONG-TERM CARE OMBUDSMAN PROGRAM

DESCRIPTION:

The program is a statewide, volunteer-based system of district councils that 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 age 60 or older. In addition, the program:

- Monitors and comments on the development and implementation of federal, state and local laws, regulations, and policies that pertain to the health, safety, and welfare of residents in long-term care facilities;
- Provides information and referral regarding long-term care facilities;
- Conducts assessments focusing on quality of life issues in each long-term care facility at least annually; and
- 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
2006-2007	\$1,505,485	\$1,447,583	\$2,953,068

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

* Note: Federal funding is derived from Florida's OAA Title VII appropriation. See "Summary of OAA Program Services" listing above for information on Florida's total OAA Title III/VII appropriations.

** Estimates.

Source: Data collected and reported from district ombudsman offices.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Long-Term Care Ombudsman Program is funded with federal OAA Title VII dollars as well as state General Revenue. Federal and state funds are disbursed according to recommendations by the State Ombudsman through the Department of Elder Affairs.

PROGRAM HIGHLIGHTS:

Senate Bill 1922 enables the Long-Term Care Ombudsman Program to better serve Florida's long-term care residents by:

- Strengthening the authority of the Office of State Long-Term Care Ombudsman to advocate for long-term care residents in Florida;
- Removing barriers to volunteerism; and
- Conforming the program more closely to the intent of the federal Older Americans Act.

The Long-Term Care Ombudsman Program:

- Began a strategic planning process that will enhance the program's infrastructure and advocacy services;

- Conducted media outreach resulting in 22 news articles featuring program availability to long-term care residents; and
- Produced new educational literature providing valuable information regarding the development of family councils and the importance of care-plan participation by residents and families.

Volunteer ombudsmen conducted 2,952 annual assessments of Florida's long-term care facilities and responded to 7,881 complaints from residents, families and concerned citizens, effectively serving more than 61,000 residents. The top three categories of complaints identified and assessed by ombudsmen were medication administration; accidents, falls and improper handling; and discharge/eviction.

The 2006 Annual Ombudsman Training Conference agenda featured roundtable discussions with department personnel, culture change in long-term care settings, and other aging issues.

Section D

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INTRODUCTION TO STATE GENERAL REVENUE PROGRAMS

Section D of the Summary of Programs and Services provides detailed information about the 11 Department of Elder Affairs programs funded wholly or mainly with General Revenue dollars. These programs provide a wide variety of home and community-based services for elders, including adult day care, caregiver training and support, case management, congregate meals, counseling, education/training, home delivered meals, personal care, respite and transportation.

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

DESCRIPTION:

Alzheimer's Disease and Related Disorders Training Provider and Curriculum Approval (ADRD) approves training providers and training curricula for specified 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 429.178, 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 429.178, Florida Statutes, and Rules 58A-5.0191(9)(10), Florida Administrative Code.

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

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

The law requires 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.

Individuals seeking to obtain the department's approval as a hospice Alzheimer's disease

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

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

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

The law requires that adult day care center employees who have direct contact with residents with Alzheimer's disease must complete one hour of approved training within the first three months 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 429.917(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.

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

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

In 2003, the Florida Legislature created the Home Health Agency Alzheimer's 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 was implemented in October 2005.

Individuals seeking to obtain the department's approval as a Home Health Agency Alzheimer's disease training provider and approval of their training curriculum must submit the required applications to the department's contractor. Training provider and curriculum requirements are outlined in Section 400.4785(1), Florida Statutes, and Rules 58A-8.001 and .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 429.178, 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. The application for Assisted

Living training provider is DOEA Form ALF/ADRD 001.

Assisted Living Alzheimer's Disease Training Curriculum

Approval of the initial four-hour training curriculum requires 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. The application for Assisted Living training curriculum is DOEA Form ALF/ADRD 002.

Nursing Home Alzheimer's Disease Training Provider

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

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

A Master's degree from an accredited college or university in a subject related to health care, human service, or gerontology 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.

Hospice Alzheimer's Disease Training Provider

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

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

A Master's degree from an accredited college or university in a subject related to health-care, human service, or gerontology 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.

Hospice Alzheimer's Disease Training Curriculum

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

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

Adult Day Care Training Provider

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

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

A Master’s degree from an accredited college or university in a subject related to health-care, human service, or gerontology 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.

Adult Day Care Training Curriculum

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

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

Home Health Agency Alzheimer’s Disease Training Provider

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

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

A Master’s degree from an accredited college or university in a subject related to health

care, human service, or gerontology 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 families and caregivers.

STATUTORY AUTHORITY:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007
STATE FUNDING	\$100,000	\$100,000	\$72,398	\$72,398	\$72,398	\$76,469
ASSISTED LIVING FACILITY (ALF) APPROVED TRAINERS	222	285	318	173	89	97*
ALF APPROVED CURRICULUM	78	86	95	26	19	33*
NURSING HOME (NH) APPROVED TRAINERS	938	1,246	1,475	174	138	160*
NH APPROVED CURRICULUM	74	99	104	16	37	52*
HOSPICE APPROVED TRAINERS	**	**	89	23	24	24*
HOSPICE APPROVED CURRICULUM	**	**	8	9	10	7*
ADULT DAY CARE APPROVED TRAINERS	**	**	14	7	8	10*
ADULT DAY CARE APPROVED CURRICULUM	**	**	1	7	0	4*
HOME HEALTH AGENCY APPROVED TRAINERS	***	***	***	***	347	312*
HOME HEALTH AGENCY APPROVED CURRICULUM	***	***	***	***	40	60*

* Projection from the contractor.

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

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

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Program funding is from General Revenue.

ALZHEIMER'S DISEASE INITIATIVE (ADI)

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 10-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: 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 Johnnie B. Byrd, Sr. Alzheimer’s Center & 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	2,429
2006-2007	\$10,546,754	2,569*

*Projected.

Source: Client Information and Registration Tracking System (CIRTS) Clients served, Alzheimer's Disease Initiative (ADI) services.

Memory Disorder Clinics/Model Day Care

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$1,864,765	2,561
1993-1994	\$2,169,676	2,534
1994-1995	\$2,978,373	3,140
1995-1996	\$2,964,266	3,579
1996-1997	\$3,078,824	4,203
1997-1998	\$3,078,824	3,794
1998-1999	\$3,645,824	4,920
1999-2000	\$3,834,824	4,832
2000-2001	\$4,223,824	4,900
2001-2002	\$4,223,824	6,314
2002-2003	\$2,912,881	6,134
2003-2004	\$2,912,881	7,328
2004-2005	\$3,793,016	6,884
2005-2006	\$4,039,411	6,103
2006-2007	\$3,286,351*	4,210**

*Model day care funding of \$376,530 is not included in this amount.

**Projection.

Source for clients served: manual reports from memory disorder clinics.

Note: The definition of unduplicated persons served changed for SFY 2006-2007. The purpose of the change is to provide uniform criteria for how unduplicated persons are counted in the memory disorder clinic reports. The Johnnie B. Byrd, Sr. Alzheimer's Center & Research Institute is working with the memory disorder clinics to develop a uniform database for research purposes as well as apply uniform definitions to reports. The SFY 2006-2007 definition is: Total new patients seen plus registered persons who had at least one clinic visit during the annual contract. New and registered persons are only counted once each contract year for an unduplicated count.

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	83
2004-2005	\$130,139	61	40
2005-2006	\$155,139	55	48
2006-2007	\$130,139	90*	70*

**Projected.*

Source for client information: Brain Bank Reports

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

STATE FISCAL YEAR	STATE FUNDING
2004-2005	\$15,000,000
2005-2006	\$15,000,000
2006-2007	\$15,000,000

Model Day Care

STATE FISCAL YEAR	STATE FUNDING
2006-2007	\$376,530

*Note: Model day care SFY 2006-2007 funding is not included with memory disorder clinics as in past years.
Source: Client Information and Registration Tracking System (CIRTS).*

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The Alzheimer's Disease Initiative is funded by General Revenue and Tobacco Settlement funds. There is no match requirement. The department allocates general revenue funding to each of the area agencies on aging, which in turn funds 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.

PROGRAM HIGHLIGHTS:

From East Central Florida Memory Disorder Clinic in Melbourne, Florida:

Mr. B. was seen at the memory disorder clinic for an initial screening on February 7, 2006. He was accompanied by Mr. G., his neighbor and friend, who had expressed concern about Mr. B.'s ability to care for himself. The neighbor reported that Mr. B. had been stopped while driving erratically and was sent to the hospital emergency room, where he was told not to drive. Mr. B. lived alone, and his only relatives resided in Ireland. Mr. G. reported he was driving Mr. B. wherever he needed to go, as well as cooking for him and looking in on him daily. Mr. G. was planning to return north with his wife during the summer months, and he was concerned about his neighbor's wellbeing while they were away.

During his memory evaluation, it was determined that Mr. B.'s memory problems were interfering with his abilities to care for himself. Following presentation of the case at triage, the clinic's social worker, neurologist and neuropsychologists agreed to intervene. Mr. B.'s personal-care physician was contacted, and a referral was made for a neurological evaluation, with a resulting diagnosis of Alzheimer's disease.

Mr. B.'s former employer was also contacted, and a representative of the organization came to Florida to visit with Mr. B. Immediate steps were taken to relocate Mr. B. to a retirement community affiliated with his former employer.

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

STATUTORY AUTHORITY:

Sections 430.201-430.207, Florida Statutes.

APPROPRIATION HISTORY AND NUMBERS SERVED:

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	32,470
2006-2007	\$43,877,657	33,369***

In SFY 1993-1994, the formerly combined Community Care for the Elderly (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.

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

Weighted factors:

A. Planning and service area (PSA) population 75+; 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).

PROGRAM HIGHLIGHTS:

Ms. A., who was juggling a job, college classes and raising three teenage children, brought her elderly mother to Tallahassee with the intent of moving her into an assisted living facility (ALF). She was unsuccessful in finding an affordable placement and called Elder Care Services for help.

Ms. A. took the advice of her case manager and enrolled her mother in the Elder Day Stay Program, a community-based adult day care program, as an alternative to residential placement. Her mother has enjoyed the program and participates in all the activities with enthusiasm. The family has made a wonderful adjustment, and Ms. A is no longer considering residential placement for her mother. In a recent note to her case manager, Ms. A. related that her mother is happier and healthier than she has been in years, and thanked Elder Care Services for “giving my mother back to me.”

In the spring of 2006, Ms. A. graduated with honors from Tallahassee Community College and plans to continue her education at Florida State University.

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		NotAvailable
1999-2000	\$398,424	125,628		
2000-2001	\$398,424	56,028		837
2001-2002	\$648,424	69,645		937
2002-2003	\$648,424	69,645		937
2003-2004	\$1,075,924*	44,682		5,186
2004-2005	\$1,075,924*	144,919		5,030
2005-2006	\$1,075,924	160,781		6,667
2006-2007	\$1,075,924	170,434**		6,358**

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:

Ms. L., age 84, attends a Miami-area senior center to participate in congregate meals and other services funded by Contracted Services. She often thanks senior-center staff

for making a difference in her life with these services. She started attending the senior center after her husband of many years passed away. At the time she was suffering from deep depression and “did not feel up to” doing much or going out.

“The center has taught me how to laugh and relax again,” Ms. L. relates. “I now get up in the mornings, get dressed and wait to be picked up by the driver of the senior-center van. When I get on the van, I chat with the other passengers. We talk about what is going on in each other’s lives and in the community. I also take many of the center classes and enjoy the art and field trips. After I have lunch, my senior-center driver takes me back home. I take home tomorrow’s breakfast and a refreshed soul. I recommend the congregate meals and other senior-center services to everyone.”

State General Revenue Programs

Section D

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 provides project oversight.

ELIGIBILITY:

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

STATUTORY AUTHORITY:

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

APPROPRIATION HISTORY:

STATE FISCAL YEAR	STATE FUNDING
2000-2001*	\$469,000
2001-2002	\$350,000
2002-2003	\$250,000
2003-2004	\$250,000
2004-2005	\$250,000
2005-2006	\$250,000
2006-2007	\$250,000

* August 2000 - June 2001

Source: Department data and reports

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program is 100 percent General Revenue funded. No match or co-pay is required. The department allocates General Revenue funding to the University of Florida for and on behalf of the Florida Board of Regents for the College of Health Professions to carry out the requirements for the Dementia Caregivers Telehealth Support Project.

PROGRAM HIGHLIGHTS:

The AlzOnline Web site received more than 180,000 visits between July 2005 and June 2006.

The following three comments are representative of positive feedback from consumers using the AlzOnline Web site:

“It gives you a place to read about things that you don’t know or understand and to know you are not alone in this fight of this ugly disease.”

“I’ve accessed this site about 10 times already in the past week as the situation has been reaching critical mass with my loved one. Thanks for a great job in bringing together such great info!”

“As a new social worker the educational material adds to my knowledge. This info will enable me to understand communication during certain episodes of behavior.”

As a result of program efforts in the Miami and Orlando areas, the project established a new volunteer-based Spanish telephone support group for caregivers. Additionally, the project was able to secure computer donations for the Easter Seals of South Florida Adult Day Care Center where caregivers now have a place they can go to access health and caregiver information over the Web and get assistance in Spanish. The University of Miami Memory Disorder Clinic has reported that the Spanish telephone support group has increased requests for memory screenings, evaluations and services.

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 Home Care for the Elderly (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	5,538
2006-2007	\$9,529,461	6,840**

** 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: Client Information and Registration Tracking System (CIRTS) data.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHTS:

In 2005, Ms. L., a North Florida elder whose only source of income was Supplemental Security Income (SSI), concluded that, because of her care needs, she was no longer able to reside alone in her home. As a result, her son quit his part-time job to stay at home and care for her. Because he had quit his job, the son had no income. Because of Ms. L.'s limited income, her being at risk of nursing-home placement, and her son acting in the role of caregiver, she enrolled in the HCE program, and he began receiving HCE basic-subsidy payments. With HCE and SSI payments now providing sufficient income to meet her needs, Ms. L. was able to remain in her home until her death in late 2006.

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:

The following table identifies which of Florida's 11 planning and service areas (PSAs) offers specific services funded through Local Services Programs. All PSAs offer at least one of these services, except PSA 1.

SERVICE	PLANNING AND SERVICE AREA(S) OFFERING SERVICE
Adult Day Care	2, 3, 4, 5, 10, 11
Chore	5
Case Management	2, 4
Counseling	5, 8
Emergency Alert Response	4, 5
Health Support	5, 8, 11
Homemaker	4, 5, 6, 9, 11
Information	5, 8
Legal Assistance	5
Material Aid	10
Nursing	11
Nutrition	2, 5, 10, 11
Outreach	8, 10
Personal Care	4, 9
Public Education	10, 11
Recreation	5, 7, 8, 10, 11
Referral	5, 8
Respite	2, 10, 11
Screening and Assessment	11
Transportation	2, 5, 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	23,854***
2006-2007	\$8,019,183	33,516#

* Funding increase due in part to transfer of funding from Community Care Programs for the Elderly (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.

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

Estimate.

Source: 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:

Mr. B., an 81-year-old member of the Michael Ann Russell Jewish Community Center Senior Wellness Program, is truly an incredible success story. Before getting involved at the JCC, he had undergone a neck and spinal cord operation to help relieve arthritis, and this surgery left him wheelchair bound. He did not have control of his bowels, had experienced a total of 25 mini-strokes, and after 51 years of smoking, had emphysema as well. The JCC Wellness Program has had a remarkable impact on his health in a relatively short time, and he has improved significantly. It is hard to keep up with Mr. B. now, as he is not only walking again but also enjoys taking Tai Chi, Agile (not Fragile), Tone Zone and Aquacizing classes. These classes have increased his balance, improved his posture, greatly improved his overall strength, and taught him mind-body coordination and relaxation. He finds breathing a whole lot easier now, too. Doctors told Mr. B. that, were it not for his exercising in the pool and fitness room, he would still be in a wheelchair today.

Mrs. C. is a 93-year-old who was recently widowed with no children. She suffered from depression since the loss of her husband and also appeared disoriented, displaying increasing memory loss. Through participation in the Jewish Community Services/ Miami Beach Senior Center Adult Day Care program, she began socializing again and, most importantly, received health monitoring. In the process of health monitoring, it was discovered that she was not taking her medications at the correct times and was continuing to take those that had been discontinued by her physician. Correcting her medications through medication management resulted in the reduction of her disorientation and memory loss. She is currently a smiling and happy woman who looks forward to participating in her daily activities at the center.

Mrs. B. is totally blind and 78 years old. She worked at the Blind Services Division for 17½ years and retired in 1992. Upon retirement, she found her home life confining and unrewarding, even though her family loved her a lot. She then found out about the City of Sweetwater Senior Center and registered as a participant. Speaking for herself and her fellow participants, Mrs. B. describes the stimulating environment of the senior center as “an expansion of our souls. Socially, we can share our thoughts and ideas, and reminisce about the past. Having breakfast and lunch at the center helps us economically and socially, particularly participants who live alone. When we leave the center to return to our homes, we feel elevated spiritually for sharing our joys and concerns with others. I would like to request that a statue be erected for the person who first created senior centers!”

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 help 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 age 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	6,896
2006-2007	\$200,000	6,269**

*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 HIGHLIGHTS:

The Center for Osteoporosis is the current state contractor responsible for providing osteoporosis screening and education throughout the state.

Screenings are conducted using equipment owned and operated by the center. Patient's bone density is measured using the forearm, which presents no associated health risk to the patient. A bone density report is immediately produced for review with the patient. During the consultation, center staff review the screening results with the senior, present the probable risk rating for osteoporosis, and present the individual's ranking among the same sex and age group. Seniors are furnished with the screening results and encouraged to share the results with their primary care physician.

RESPIRE FOR ELDERS 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 and avoid the latter's institutionalization. Individuals not currently receiving other department services are the first priority.

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

SERVICES OR ACTIVITIES:

RELIEF respite is provided predominantly during evenings and weekends, times usually not covered by other respite programs. Volunteers may spend up to four hours per visit providing companionship to a frail, homebound elder, allowing the caregiver the opportunity to take a much-needed break. Activities may include conversation, reading together, playing board games or preparing a light snack. The program is operational in 11 counties.

ADMINISTRATION:

Services are administered through area agencies on aging with contract management and technical assistance 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, age 60 and older, who live with a full-time caregiver who can benefit from up to four hours of respite, especially evening and weekend respite.

STATUTORY AUTHORITY:

Section 430.071, Florida Statutes.

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	NUMBER OF CLIENTS SERVED	NUMBER OF VOLUNTEERS	UNITS (HOURS)
1997-1998*	\$727,772	334	202	89,552
1998-1999**	\$930,044	371	235	141,366
1999-2000	\$1,330,044	609	467	121,162
2000-2001	\$1,330,044	449	396	193,597
2001-2002	\$1,330,044	484	323	144,229
2002-2003	\$1,294,530	369	242	151,715
2003-2004	\$994,530	382	274	116,938
2004-2005	\$1,044,530	586	393	132,134
2005-2006	\$1,044,530	577	356	136,182
2006-2007	\$1,044,530	580***	350***	136,000***

* Report period is from September 1997-September 1998.

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

***Projected.

Source: Monthly progress reports and contracts.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The RELIEF program is 100 percent General Revenue funded. Area agencies on aging are selected for RELIEF contracts in planning and service areas where it is determined that evening and weekend respite volunteers can be recruited, screened, matched and supervised. Contracts are granted to agencies based on their ability to recruit and retain the necessary number of volunteers. Under the current contract, eight area agencies on aging provide RELIEF respite.

PROGRAM HIGHLIGHTS:

Ms. D., an elder and caregiver, praised the RELIEF volunteer respite service for reducing the constant worry, stress and exhaustion brought on by her caregiver role, noting "RELIEF gives me a little feeling of being free of worry for four hours a week. It's a wonderful program."

Praising the efforts of RELIEF program volunteers, Crystal Bartlett, Elder Advocate for Senior Friendship Centers in Lee County, concluded, "The volunteers that we are fortunate to have- truly understand the situations that caregivers are in. They understand how stressful caregiving is and what a difference it makes to have someone providing them with respite a few hours a week. The majority of the caregivers served by program volunteers have had no other help but the help they receive from the

RELIEF volunteers. Volunteers are often a caregiver's only way of shopping, banking, running errands or just having a break. There are countless numbers of clients and caregivers who have had better lives because of these volunteers."

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 appointment and oversight of Florida's public guardians as well as the registration and education of Florida's professional guardians.

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

The Secretary of the department appoints the Executive Director, who serves at the former's pleasure.

ELIGIBILITY:

There are currently 17 appointed public guardians serving the state. Local public-guardian offices are mandated by statute to provide guardianship services to persons of limited financial means in instances where no family or friend can be identified to provide these services.

To meet the 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.

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	2,486
2006-2007	\$2,383,242	2,500**

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

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

Source: State Public Guardianship Office reports and data.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Some public guardians receive funding from the state. Funds for the offices receiving state funding are distributed based upon contracts with local entities to meet local needs. Additional funding sources include counties, the United Way and grants. Contracts are negotiated annually.

SUNSHINE FOR SENIORS PRESCRIPTION ASSISTANCE PROGRAM

DESCRIPTION:

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

Sunshine for Seniors is administered through the department's Serving Health Insurance Needs of Elders (SHINE) program and is sponsored locally by area agencies on aging. This program provides free and unbiased prescription-assistance counseling services through the SHINE network of volunteer counselors who uphold consumer confidentiality.

Sunshine for Seniors counselors inform elder and disabled 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, research and identify prescription program(s) and/or retail discounts that can reduce prescription costs, and in some cases access 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. Department staff, area agency staff and volunteers conduct community presentations at senior centers, public libraries and other venues to raise awareness about existing free and discount prescription programs, and to link consumers with Sunshine for Seniors counseling services.

Through a network of volunteer counselors, SHINE and Sunshine for Seniors provide free health insurance counseling and information regarding Medicare, Medicaid, prescription assistance and other health related issues. Program staff also makes 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 to elders with limited incomes through the Social Security Administration, manufacturers'

programs or charitable assistance programs.

In addition, Sunshine for Seniors administers services resulting from a voluntary settlement between the Florida Attorney General and MEDCO Health Solutions, Inc. During the period March 3, 2005, through December 31, 2006, Sunshine for Seniors will enroll 7,850 clients to receive a one-time allotment of \$300 worth of generic medications. The Sunshine for Seniors program is also responsible for publicity, database creation and maintenance, and facilitation of client inquiries and disputes with MEDCO.

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	156	2,161
2006	\$157,000	188*	1,831*

* Estimate. Estimated number of clients served does not include 7,850 MEDCO-settlement clients to be served through 2006.

Source: Department data and reports

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHTS:

Sunshine for Seniors /University of Florida Partnership

Since 2004, Sunshine for Seniors has developed an expanding partnership with the University of Florida School of Pharmacy. Doctor of Pharmacy (PharmD) degree candidates in their final year of pharmacy school complete an “elective experiential rotation” in which they obtain field experience in a number of settings of their choosing.

As one option, candidates may volunteer to work with Serving Health Insurance Needs of Elders (SHINE)/Sunshine for Seniors volunteers. To date, 34 PharmD candidates have selected this rotation option, choosing from among area agencies on aging that contract with SHINE and have applied to host School of Pharmacy students. PharmD candidates work 40 hours per week for a 4-6 week rotation period counseling clients, making public presentations, conducting research and performing other program services. It is anticipated that the number of participating PharmD candidates will increase as SHINE liaisons increase efforts to recruit them. As a result of the SHINE/Sunshine for Seniors volunteer opportunity, PharmD candidates gain valuable first-hand experience and a better understanding of the needs of frail, low-income and vulnerable elders who come to the program for prescription services and information. In turn, SHINE liaisons recognize the valuable knowledge and skills that PharmD candidates provide in support of the SHINE and Sunshine for Seniors programs. As Karla McAnaney, SHINE Liaison, observes, “Our University of Florida College of Pharmacy advanced-level students provide a supplemental body of expertise that can be invaluable when creative problem solving is necessary to assure that clients obtain the prescription drugs they need on an immediate basis.”

Section E

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INTRODUCTION TO MEDICAID PROGRAMS

Section E of the Summary of Programs and Services provides detailed information about the department's Medicaid programs. The department operates Medicaid Waiver programs in partnership with the Agency for Health Care Administration, Florida's designated Medicaid agency. Medicaid Waiver programs are administered through contracts with area agencies on aging and local service providers. These programs provide alternative, less restrictive long-term care options for elders who qualify for skilled nursing-home care. These options include care in the home, or in a community setting such as an assisted living facility or adult day care center rather than in an institutional setting such as a skilled nursing facility. Medicaid Waiver programs thus provide qualified elders with a choice of care settings promoting increased independence. Also listed in this section is the Comprehensive Assessment and Review for Long-Term Care Services (CARES). This program is responsible for the medical portion of the Medicaid eligibility process for individuals applying for a skilled nursing facility or Medicaid funded community services.

ALZHEIMER'S DISEASE MEDICAID WAIVER

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

Each beneficiary's service package is tailored to meet his/her needs as 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 Comprehensive Assessment and Review for Long-term Care Services (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	80*
2006-2007	\$5,057,409	350**

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

** Estimate based on total available enrollee slots.

Source: Department data and reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

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

DESCRIPTION:

Comprehensive Assessment and Review for Long-term Care Services (CARES) is Florida's federally mandated pre-admission screening program for nursing home applicants. A registered nurse and/or assessor 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. Nineteen field offices are located throughout the state. Comprehensive Assessment and Review for Long-term Care Services (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 whether 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) Automated Community Connection to Economic Self-Sufficiency (ACCESS) system. An applicant must meet Supplemental Security Income (SSI) or Institutional Care Program (ICP) income eligibility criteria.

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 datacollection on thismeasure beganin 1998-1999
1993-1994	\$4,498,250	43,513	
1994-1995	\$ 4,498,250	44,899	
1995-1996	\$ 6,914,062	46,475	
1996-1997	\$ 8,060,115	50,068	
1997-1998	\$ 8,289,228	61,618	
1998-1999	\$ 8,448,930	54,926*	
1999-2000	\$ 9,361,546	62,341	17.8%
2000-2001	\$10,971,736	69,482	22.7%
2001-2002	\$11,095,299	80,157**	24.3%
2002-2003	\$11,297,587	78,267*	26.4%
2003-2004	\$10,967,368	74,229*	26.1%
2004-2005	\$11,918,712	87,987	30%
2005-2006	\$13,694,333	87,218	31%
2006-2007	\$15,440,712	98,341***	31%***

*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:

Passport to Care assists hospitalized elders by providing them with information about community-based services in their area before they are discharged. Through Passport to Care, elders have the resources they need to make decisions about their care. Additionally, the initiative allows them to receive the service they need while remaining

in their community. DOEA CARES staff provide pertinent information about community placement earlier in the discharge process, which permits elders and their families to choose the most cost-effective setting for long-term care placement.

The goal of Passport to Care is to provide elders and their families with information and access to home or community-based service programs so that they can transition from a hospital or nursing home to the community efficiently and effectively. These home and community-based service programs provide resources for elders to remain in the community when their only other alternative may be a nursing home. Research has shown that allowing elders to remain in their community longer significantly increases their quality of life.

Passport to Care began in September 2005. During Fiscal Year 2005-2006, almost 300 seniors were transitioned out of a nursing home or hospital setting into a community setting using ALE and ADA funding. Over Five percent of the nursing home clients had been in the nursing home over a year before being transitioned back to their communities. One client had been in the nursing home almost three and a half years and was transitioned into an assisted living facility.

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 have a fiscal/employer agent 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 Plus Program 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 (e.g., friend, caregiver, family member) manage the fiscal and program issues if they

need or want assistance. Medicaid enrolled individuals receiving services from one of the Medicaid 1915 (c) waiver programs listed below are eligible for CDC+. No others are eligible.

- 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 and then to former CDC Project consumers in the control group. There were 850 experimental group consumers transferred from the CDC Project to the CDC+ Program on January 1, 2004.

CDC+ enrollment for new consumers is scheduled to begin March 1, 2007. New consumers must be receiving Medicaid Aged and Disabled Waiver (ADA) or Traumatic Brain and Spinal Cord Waiver (TBI/SCI) services. Local area CDC+ staff 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 1,129 ADA Waiver participants and an additional 39 TBI/SCI Waiver participants. There is no planned enrollment of new consumers receiving Developmentally Disabled Waiver services.

STATUTORY AUTHORITY:

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

APPROPRIATION* HISTORY AND NUMBERS SERVED:

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	1,100
2006-2007	\$300,000	\$300,000	1,078**

*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.

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 12 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 age 65 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	\$133,294,154	\$86,324,264	0	9,348***
2006-2007	\$196,288,834	\$443,464	0	13,765#

*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. Please refer to separate PACE listing.

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. PACE funding is included in diversion project funding through SFY 2005-2006. In SFY 2006-2007, up to 125 PACE clients will be served utilizing diversion project funding while an additional 550 clients will be served utilizing funding specific to PACE. This additional funding is referenced in the PACE listing in this section of the Summary of Programs and Services.

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	28
2005-2006	\$1,404,000	38
2006-2007	\$1,404,000	100*

**Estimate based on total available enrollee slots.
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 two-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 age 60 years and 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	\$74,791,332	12,854
2006-2007	\$87,191,836	14,985****

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

** Includes \$3,490,962 transferred from Community Care for the Elderly (CCE)/ Local Services Programs (LSP).

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

**** Projected.

Source for Clients Served: Client Information and Registration Tracking System (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 and 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	\$30,928,484	5,141
2006-2007	\$34,292,173	5,700**

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

** Projection.

Source: Client Information and Registration Tracking System (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.

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. Proviso language in the 2006-2007 General Appropriations Act authorizes 150 additional clients for the existing PACE in Miami-Dade County along with funding for new PACE projects to serve 200 clients in Martin and St. Lucie counties, and 200 clients in Lee County.

SERVICES OR ACTIVITIES:

In addition to services covered under the Long-Term Care Community Diversion Pilot 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:

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

ALLOCATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING = 55%* STATE FUNDING = 45%*	CLIENTS SERVED
2006-2007	\$7,100,490	550*

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

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INTRODUCTION TO OTHER DEPARTMENT PROGRAMS

Section F of the Summary of Programs and Services provides descriptions of department programs that do not strictly fall into Older Americans Act (OAA), General Revenue or Medicaid categories. These programs are largely funded by the U.S. Department of Health and Human Services, U.S. Department of Agriculture, Centers for Medicare and Medicaid Services, and other federal sources. However, the Senior Companion Program receives General Revenue matching funds supplementing federal grants awarded by the Corporation for National and Community Service. Also, the Nutrition Services Incentive Program is authorized by the OAA and is currently administered by the U.S. Department of Health and Human Services, Administration on Aging. Section F program listings are listed alphabetically, beginning with Adult Care Food Program and ending with Support Through Alzheimer's Relief Systems and Beyond (STARS and Beyond).

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

- Age 60 and older, and age 18 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, DAILY AVERAGE
1997-1998	\$1,522,310	43	1,426
1998-1999	\$1,620,215	74	1,537
1999-2000	\$1,758,186	83	1,800
2000-2001	\$2,107,620	104	2,110
2001-2002	\$2,213,000	114	2,146
2002-2003	\$2,436,975	125	7,177*
2003-2004	\$2,721,000	113	7,327
2004-2005	\$2,573,404	107	7,664
2005-2006	\$2,526,004	106	8,338
2006-2007	\$2,735,702	94	8,238**

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.

AMERICORPS

DESCRIPTION:

AmeriCorps is a network of national service programs that engages a multigenerational 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 multigenerational, multicultural corps of 10 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 ended January 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. **Funding for the ElderServe program ended December 2006.**

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 38 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	2,653	55	82,276
2001	\$111,377	\$18,000	291	13	10,622
2002	\$242,000	\$30,000	550	57	40,000
2003	\$841,769	\$108,000	800	80	100,000
2004	\$626,404	\$118,163	1,200	75	46,009**
2005	\$695,287	\$130,928	2,500	78	50,000
2006	\$230,000	\$80,000	1,500#	50#	30,000***#

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.

*** Two program sites for 2006 with majority quarter time members significantly decreasing volunteer hours.

Projections.

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Volunteer Florida! – the Governor’s Commission on Volunteerism and Community Service awarded the 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:

Miami, Florida caregivers Mari Martinez and Ana Rios, commenting on Legacy Corps services, said, “We are eternally grateful for the assistance we received through the AmeriCorps program to help our family care for our father who suffers from Alzheimer’s disease. Having such a professional and dedicated AmeriCorps member care for our father has given us peace of mind.”

AmeriCorps provides members with opportunities to conduct special projects above and beyond regular hours of program participation. AmeriCorps members serving at the Easter Seals of South Florida program site in Miami-Dade County met and decided to provide home maintenance and cleaning services for three very needy elders as their special project. Members asked elder-service community organizations to assist them in selecting elders determined to be most in need of these services. The three seniors selected for the project had no caregiver, could not afford maintenance and cleaning services, did not qualify for any government assistance, and resided in homes that were greatly in need of project services. AmeriCorps members organized themselves into three teams, one for each home. Each team included AmeriCorps volunteers, many brought family members, including spouses and high-school age children, to the project sites. Elders particularly enjoyed the opportunity for multigenerational social interaction with family members and high-school students participating in project activities. Community members, including Miami-Dade County staff, contributed toward the purchase of paint and other supplies and assisted with project activities.

Teams conducted a variety of project services, including interior/exterior house painting, cleaning, room organizing and yard maintenance. Team members cleared yard trash and debris remaining from past hurricanes. The three homes targeted for the AmeriCorps project have become ongoing community projects, with members, high-school students and other volunteers returning periodically to continue home maintenance chores.

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 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 age 60 and 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	\$83,316*	153	15	3,092
2005	\$87,964	\$76,000*	205	18	3,300
2006	\$92,911	\$128,684*	194	16	3,954**

*State Vitamin Settlement Grant.

**Estimate.

Source: Department program data and reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

Coupon funding consists of federal funds from a grant award from the U.S. Department of Agriculture Commodity Credit Corporation and a State Vitamin Settlement grant from the Attorney General's Office. The department's administration costs are covered by other administrative funds, and local agency administrative expenses are in-kind.

PROGRAM HIGHLIGHTS:

The Elder Farmers' Market Nutrition Program has been successful in expanding low-income elders' food purchasing power, supporting local farmers and improving the nutritional wellbeing of enrolled elders through the purchase of nutritious, locally grown fresh fruits and vegetables.

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM (EHEAP)

DESCRIPTION:

The Emergency Home Energy Assistance for the Elderly Program (EHEAP) assists low-income households, with at least one person age 60 and older, 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 \$400. 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 are 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 age 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:

EHEAP FISCAL YEAR (April 1 - March 31)	FEDERAL FUNDING	HOUSEHOLDS SERVED	
		Heating Season	Cooling Season
1994-1995	\$ 1,150,406	6,006	6,275
1995-1996	\$ 1,049,631	5,839	6,665
1996-1997	\$ 995,347	5,971	2,959
1997-1998	\$794,506	4,555	3,898
1998-1999	\$2,823,751*	3,278	6,157
1999-2000	\$873,649	2,793	3,434
2000-2001	\$1,013,152**	3,965	2,894
2001-2002	\$1,369,942***	3,547	3,636
2002-2003	\$1,479,529 #	3,844	3,433
2003-2004	\$1,343,391	3,710	3,575
2004-2005	\$1,468,578	3,489	3,291
2005-2006	\$1,751,721	4,278	4,120
2006-2007	\$2,987,094	5,986##	

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

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

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

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

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

Source: Contractor reports.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

This program is 100 percent federally funded by the U.S. Department of Health and Human Services. There is no match requirement. EHEAP is a component of the federally-funded Low-Income Home Energy Assistance Program (LIHEAP) 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:

Ms. E. needed assistance in paying her electric bill. Ms. E. is on oxygen. The cost of operating the oxygen equipment caused her electric bill to go up. She lives on a very small income and couldn't pay an electric bill of \$372.90. She was very grateful for the EHEAP assistance that enabled her to pay her bill.

Mr. M. also needed assistance in paying his electric bill. He is going to have a kidney transplant in the very near future. Because of his co-pay expenditures for ongoing medical treatment, he couldn't pay his electric bill. Mr. M. turned to EHEAP for assistance. Pasco Human Services paid his past due bill of \$225.77 and also provided him with a new blanket. This was the first time the 69-year-old man had requested assistance through EHEAP.

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 and information warehouse 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 participates in the Governor's Mentoring Initiative through one-on-one mentoring, special projects at partner schools and activities that promote community volunteerism. The department also works with local providers to coordinate information on available funding for intergenerational programs, partnership development, coordination of resources for grandparents raising grandchildren, and coordination of health and education events to engage the skills and talents of elders and young people.

Under the ongoing initiative "Intergenerational Connections - Cornerstones of Our Communities," 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.

Another ongoing intergenerational initiative is the "Adopt a Senior Residence Community (ASRC) Project," enhancing 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				
2006-2007				

**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:

The department originally used Community Service System (CSS) funding to demonstrate, research, and evaluate new concepts of intergenerational organization and administration to enhance the delivery of services to elders and youth by both

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

PROGRAM HIGHLIGHTS:

In December 2005, the department combined Intergenerational Connections with Communities for a Lifetime to assist communities in addressing the needs of all citizens, young and old. As part of the Communities for a Lifetime bureau, Intergenerational Connections provides technical assistance and recognition for communities seeking to expand services and opportunities for grandparents raising grandchildren, multi-generational families, service-learning and mentoring.

The 2005 Golden Choices Awards Program recognized the Guardian ad Litem program as the intergenerational program of the year for their work in connecting at risk children with elders.

During the 2006 Communities for a Lifetime Conference, the department recognized the City of Dunedin for its efforts to increase intergenerational connections in their community. Dunedin received the first annual Intergenerational Communities Award.

During the 2006 Golden Choices Awards program, the department awarded the intergenerational volunteer award to its youngest recipient to date. Jade Rachelle Foryst, a 10-year-old from Collier County, received the award for her work in raising \$1,500 on behalf of her community's Meals on Wheels program.

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, Administration 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	\$7,632,468	12,055,381
2006-2007	\$7,632,468*	12,020,605**

*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.

SENIOR COMPANION PROGRAM

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

The department 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. 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, age 60 and older, who receive a \$2.65/hour stipend to defray expenses of volunteering at least 15 hours per week. The stipend does not affect the volunteer's eligibility for any other federal program.

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

STATUTORY AUTHORITY:

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

APPROPRIATION HISTORY AND NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	CLIENTS SERVED	VOLUNTEER COMPANIONS	HOURS OF SERVICE
1994-1995	\$174,359	\$83,155	475	75	78,300
1995-1996	\$174,359	\$85,438	525	95	99,180
1996-1997	\$174,359	\$84,264	614	141	80,716
1997-1998	\$188,100	\$85,878	801	140	125,919
1998-1999	\$227,964	\$95,882	600	153	121,456
1999-2000	\$232,457	\$73,645	738	125	99,790
2000-2001	\$301,106	\$80,076	725	214	93,355
2001-2002	\$351,328	\$93,908	701	201	109,043
2002-2003	\$366,967	\$89,607	521	146	109,515
2003-2004	\$353,363	\$90,530	678	180	121,760
2004-2005	\$352,363	\$90,530	759	181	119,548
2005-2006	\$352,363	\$90,656	845	178	126,919
2006-2007	\$ 357,860	\$117,764	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. Matching funds are from General Revenue. Area agencies on aging and lead agencies are selected for program contracts based on their ability to recruit and retain 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:

In the wake of Hurricane Katrina, Nature Coast Volunteer Center (NCVC) adopted Hancock County, Mississippi, to support that county's disaster relief efforts. Heidi Blanchette, Senior Companion Program Assistant, led a team of 10 volunteers on a challenging and rewarding mission to Mississippi. Back in Florida, Senior Companions were among volunteers staffing the hurricane donation reception center in Citrus County. The NCVC story is featured in Volunteer Florida's Web site home page.

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	400	153,362
2006-2007	\$1,963,474	430**	100,000**

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

**Estimate.

Source: SHINE Semi-Annual Report.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHTS:

In 2005, SHINE volunteers began the task of providing educational presentations and enrollment events for the initiation of Medicare Part D (prescription drug insurance coverage). Within a short seven-month period, Medicare beneficiaries throughout the state were assisted with drug plan comparisons. The efforts of SHINE volunteers were valiant in providing hours beyond the 10-16 hours per month that the program asks.

The dedication of volunteers extended well beyond the initial enrollment that ended May 15, 2006. In addition SHINE/Sunshine for Seniors volunteers assisted many beneficiaries during gaps in insurance coverage in obtaining prescription savings by

locating retail discounts and/or pharmaceutical assistance programs.

The SHINE program trained 74 new volunteer counselors between April 1, 2006, and September 30, 2006. These new volunteers will help the program meet the constant counseling needs of the upcoming Part D Annual Coordinated Election Period. In addition, 109 new and current volunteers were trained on the Sunshine for Seniors Program. In late July and early August, SHINE volunteers attended one of three annual meetings, during which training on changes to Medicare Part D for 2007, fraud awareness, appeals processes, and other Medicare related issues were presented.

For counselors who were not able to attend the annual meetings, an innovative approach to training has been developed in order to keep counselors abreast of changes in Medicare, especially Part D. The program has accomplished this by producing a PowerPoint and coinciding audio training so that counselors can access the training where and when they have the availability. This training is meant to address the time constraints some counselors have, especially those who live in remote areas and have a hard time traveling long distances to attend trainings. Comprehension of the material is being evaluated by the administration of a competency exam following the training. When necessary, supplemental trainings are available to address the need for clarification and additional information. This is an ongoing component of SHINE training that will continue through the upcoming enrollment period.

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, Alzheimer's education, awareness and training for targeted communities by program staff and volunteers from faith-based organizations in the above counties as well as Baker, Clay, Duval and Nassau counties.

A 24-hour, seven-day-per-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
2006-2007	\$300,000

FUNDING SOURCE AND ALLOCATION METHODOLOGIES:

The program receives funding from the U.S. Department of Health and Human Services, Administration on Aging. Funds are allocated to the demonstration project areas according to a formula based on need and the level of services provided in the targeted service areas the previous year. The state match requirement for this project is 25 percent the first year, 35 percent the second year, and 45 percent the final year of the project.

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:

The department honored 137 STARS and Beyond faith-based volunteers for conducting door-to-door outreach within targeted communities to provide Alzheimer’s disease education and awareness. Approximately 2,850 families have received department consumer resource guides through the program’s faith-based partnerships.

Stars and Beyond is currently participating in a national study being conducted by the University of Wisconsin-Milwaukee as part of the Administration on Aging Alzheimer’s Disease Demonstration Grants to the States program. The study is based on using the theory of caregiver identity to assess care recipient need and access appropriate services.

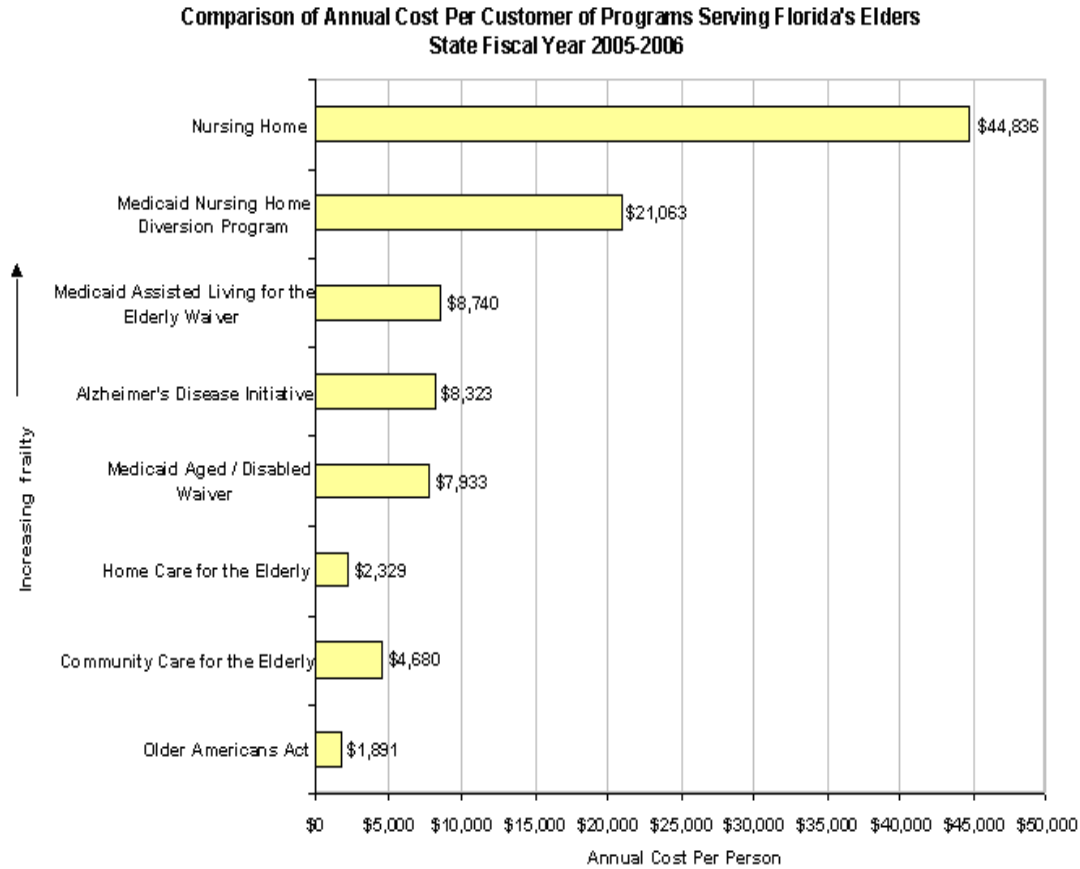
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Appendix

COST COMPARISONS

Department programs, in addition to serving the needs of elders, save the state an average of \$2.68 in nursing home care for every dollar spent on home and community-based services. The state had an avoidance in fiscal year 2005-2006 of over \$1 billion in nursing home payments by spending \$382.3 million in home and community-based services.



LONG-RANGE PROGRAM PLAN - SERVICES TO ELDERS

This table provides a cross walk of how programs described in this section of the *Summary of Programs and Services* 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)	
Home and Community Services	Caregiver Support	Alzheimer's Disease Medicaid Waiver	
		Alzheimer's Disease Initiative	
		AmeriCorps	
		Dementia Caregivers Telehealth Support Project "AlzOnLine"	
		Home Care for the Elderly (HCE)	
		Older Americans Act III E (National Family Caregiver Support Program)	
		Respite for Elders Living in Everyday Families (RELIEF)	
		Senior Companion Program	
		Support Through Alzheimer's Relief Systems and Beyond (STARS and Beyond)	
	Early Intervention/Prevention	Elder Abuse Prevention Program (OAA Title VII)	
		Emergency Home Energy Assistance for the Elderly	
		Health Promotion & Wellness Initiatives	
		Information and Referral/Assistance	
		Intergenerational Connections	
		Osteoporosis Screening and Education	

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
Home and Community Services (continued)	Early Intervention/Prevention (continued)	Senior Community Service Employment Program (OAA Title V)	
		Serving Health Insurance Needs of Elders (SHINE)	
		Sunshine for Seniors Prescription Assistance Program	
	Supportive Community Care	Contracted Services (except meals)	
		Local Services Programs (except meals)	
		Older Americans Act Programs (OAA III B)	
	Housing, Hospice and End of Life	Alzheimer's Disease and Related Disorders Training Provider and Curriculum Approval	
	Residential Assisted Living Support and Elder Housing Issues	Medicaid Assisted Living for the Frail Elderly Waiver	
	Nutritional Services for the Elderly	Adult Care Food Program	
		Contracted Services (meals only)	
		Elder Farmers' Market Nutrition Program	
		Local Services Programs (meals only)	
		Nutrition Services Incentive Program (NSIP)	
		Older Americans Act Programs (OAA III C1, III C2)	
	Long-Term Care Initiatives	Long-Term Care Community Diversion Pilot Project	
		Program of All-Inclusive Care (PACE)	
	Home and Community Services Diversions	Community Care for the Elderly (CCE)	
		Consumer Directed Care Plus (CDC+) Program	
		Medicaid Adult Day Health Care Waiver	
		Medicaid Aged and Disabled Adult Waiver	

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
Consumer Advocate Services	Long-Term Care Ombudsman Council	Long-Term Care Ombudsman Program	
	Public Guardianship Program	Statewide Public Guardianship Office	

GENERAL PARTICIPANT ELIGIBILITY REQUIREMENTS FOR MAJOR PROGRAMS AND SERVICES

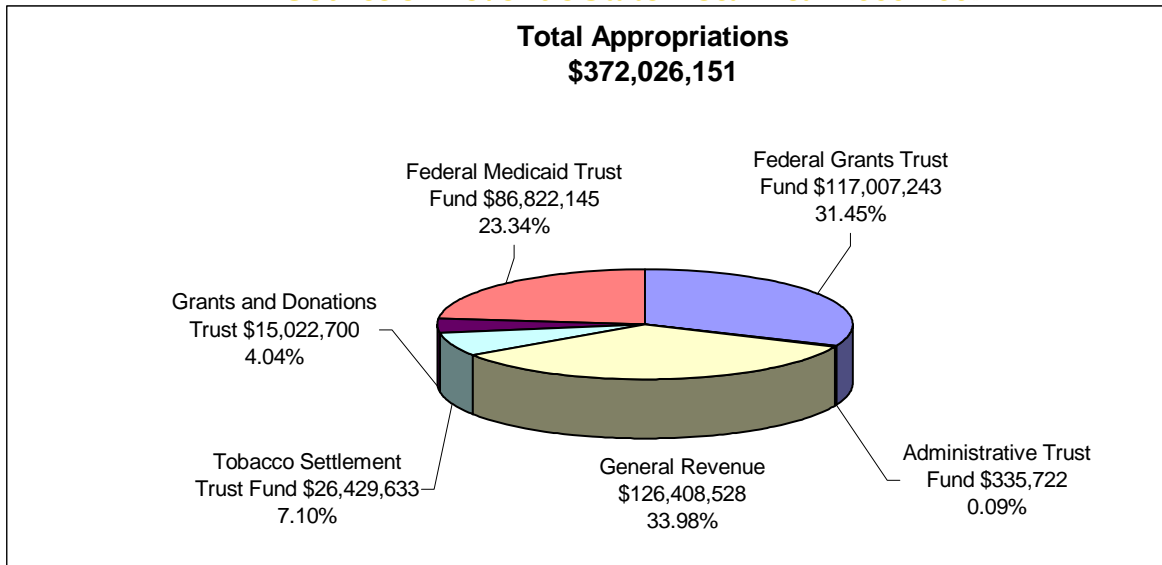
For other program requirements, or for more details on eligibility requirements for programs listed below, please refer to the individual program descriptions on the following pages.

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.

Program	Age	Income	Other requirements/frailty levels
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.

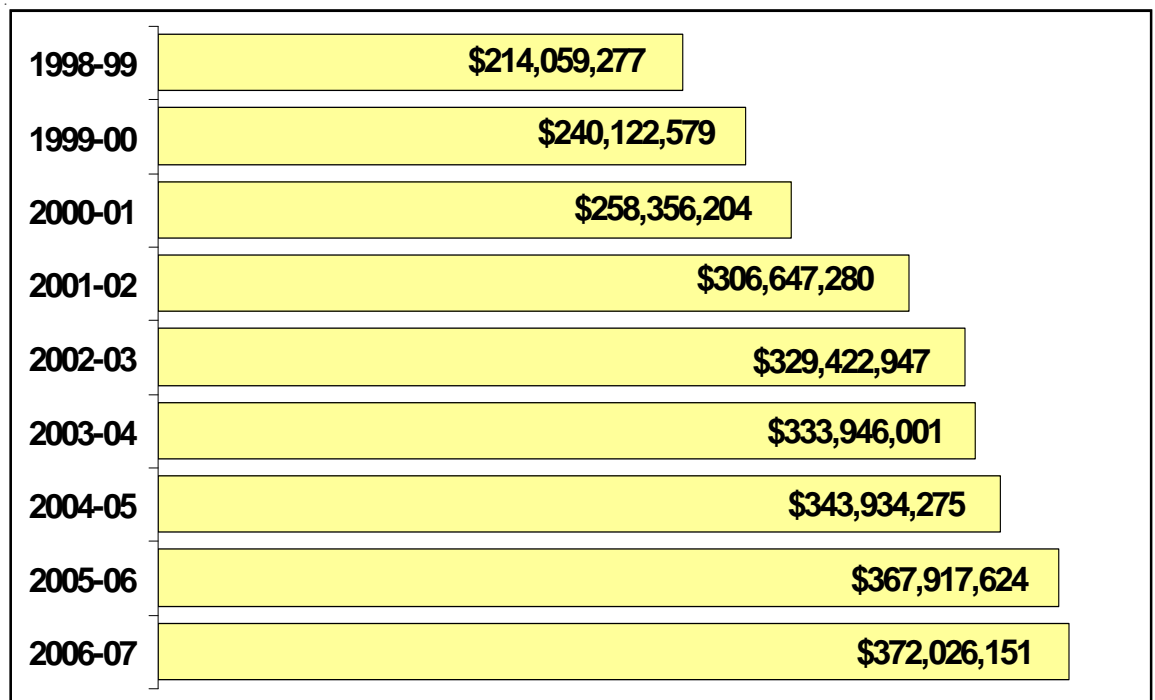
Source of Revenue State Fiscal Year 2006-2007*



General Revenue	\$ 126,408,528
Legislative Appropriation	
Tobacco Settlement Trust Fund	\$ 26,429,633
Legislative Appropriation	
Grants and Donations Trust Fund	\$ 15,022,700
· Legislative Appropriation Transfer	
· Donations	
Federal Medicaid Trust Fund	\$ 86,822,145
Aged and Disabled Adult Medicaid Waiver	
Assisted Living for the Frail Elderly Medicaid Waiver	
Alzheimer's Dementia Specific Medicaid Waiver	
CARES (Comprehensive Assessment & Review for Long Term Care)	
· Medicaid Administration	
Federal Grants Trust Fund	\$ 117,007,423
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	\$ 335,722
Public Guardianship Services	
Assisted Living Facility Licensure Fees	
Total	\$ 372,026,151

*Source: 2006-2007 General Appropriations Act and DOEA Approved Operating Budget 2006-2007.

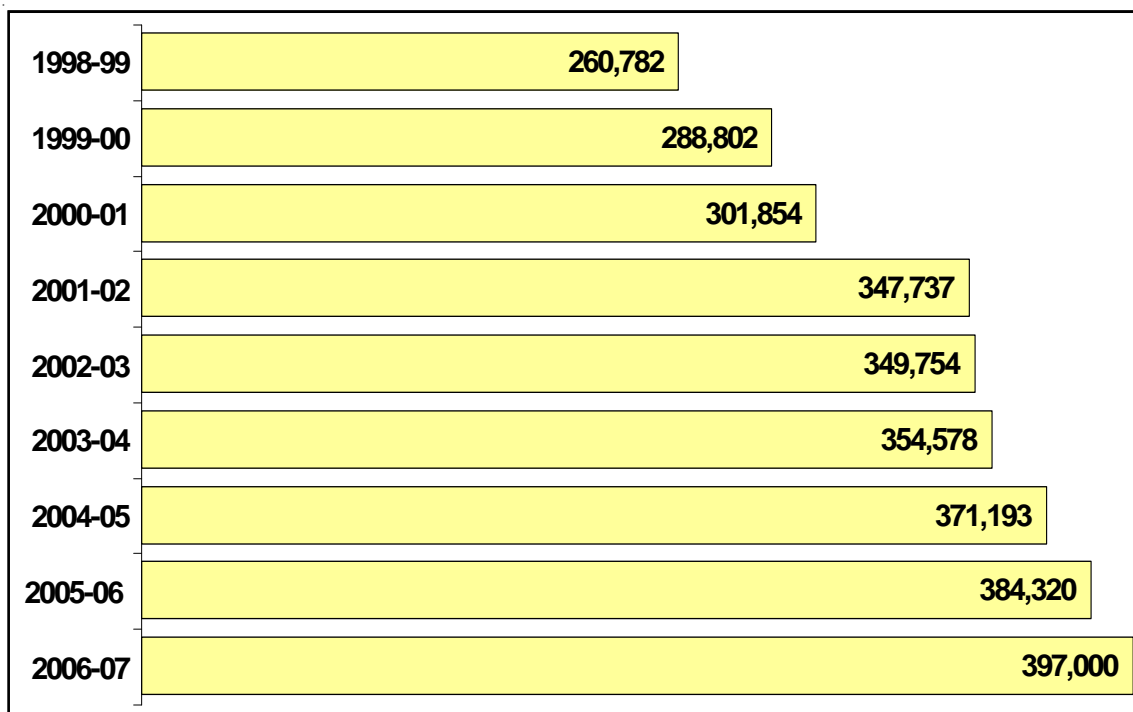
Budget Overview



Notes:

- Overview does not include the budget for the Long Term Care Community Diversion Program (Nursing Home Diversion). This program is budgeted in Agency for Health Care Administration (AHCA) and operated by DOEA through an interagency agreement. The 2006-07 budget for this program is \$210 million.
- DOEA budget has increased 73.8 percent increase over the past eight years.
- Department programs and services are 94 percent privatized through contracts with area agencies on aging and other providers.
- Executive Direction and Support Services represents 2.44 percent of the agency's budget.

Customers Served*



*Does not include customers receiving only information services.

Elder Demographics/Program Enrollment by County

County	Total Population				Percent of Elders			
	All Ages	60+	65+	85+	60+	65+	85+	Minority 60+
Alachua	244,425	33,503	24,384	3,426	13.7%	10.0%	1.4%	20.6%
Baker	24,748	3,781	2,616	250	15.3%	10.6%	1.0%	8.8%
Bay	162,865	33,234	24,240	2,560	20.4%	14.9%	1.6%	9.5%
Bradford	28,353	5,197	3,802	495	18.3%	13.4%	1.7%	12.3%
Brevard	539,993	143,916	111,904	13,405	26.7%	20.7%	2.5%	9.3%
Broward	1,788,597	349,103	268,248	49,614	19.5%	15.0%	2.8%	23.7%
Calhoun	13,838	2,768	2,094	309	20.0%	15.1%	2.2%	12.6%
Charlotte	163,920	68,576	55,955	7,724	41.8%	34.1%	4.7%	5.7%
Citrus	134,337	54,380	43,271	5,611	40.5%	32.2%	4.2%	3.8%
Clay	173,196	27,481	19,064	2,223	15.9%	11.0%	1.3%	8.7%
Collier	331,037	101,742	79,957	8,639	30.7%	24.2%	2.6%	7.4%
Columbia	63,223	13,219	9,762	1,120	20.9%	15.4%	1.8%	13.0%
DeSoto	35,626	8,714	6,766	725	24.5%	19.0%	2.0%	10.6%
Dixie	15,776	4,068	3,063	293	25.8%	19.4%	1.9%	4.9%
Duval	866,271	131,825	94,868	12,288	15.2%	11.0%	1.4%	25.5%
Escambia	313,302	59,757	44,922	6,081	19.1%	14.3%	1.9%	18.7%
Flagler	77,257	27,713	21,907	2,052	35.9%	28.4%	2.7%	14.7%
Franklin	11,188	3,087	2,278	267	27.6%	20.4%	2.4%	7.3%
Gadsden	47,583	8,512	6,237	806	17.9%	13.1%	1.7%	47.4%
Gilchrist	16,858	3,610	2,668	276	21.4%	15.8%	1.6%	8.0%
Glades	11,077	2,863	2,120	189	25.8%	19.1%	1.7%	9.0%
Gulf	16,503	3,646	2,736	314	22.1%	16.6%	1.9%	11.4%
Hamilton	14,514	2,430	1,771	242	16.7%	12.2%	1.7%	25.6%
Hardee	28,486	5,241	4,077	470	18.4%	14.3%	1.6%	17.4%
Hendry	40,010	5,771	4,298	466	14.4%	10.7%	1.2%	31.9%
Hernando	151,675	55,457	44,730	5,369	36.6%	29.5%	3.5%	6.7%
Highlands	95,197	37,260	31,005	4,133	39.1%	32.6%	4.3%	8.2%
Hillsborough	1,154,969	190,947	140,689	18,940	16.5%	12.2%	1.6%	26.6%
Holmes	19,275	4,225	3,172	439	21.9%	16.5%	2.3%	4.9%
Indian River	132,931	45,783	37,170	5,525	34.4%	28.0%	4.2%	5.9%
Jackson	49,588	10,432	7,842	1,141	21.0%	15.8%	2.3%	21.1%
Jefferson	14,201	2,884	2,088	290	20.3%	14.7%	2.0%	29.5%
Lafayette	7,697	1,388	1,046	122	18.0%	13.6%	1.6%	6.0%
Lake	269,077	88,094	69,284	7,991	32.7%	25.7%	3.0%	6.5%
Lee	553,349	173,849	137,193	17,004	31.4%	24.8%	3.1%	6.5%
Leon	271,966	33,427	23,395	3,371	12.3%	8.6%	1.2%	22.7%

County	Total Population				Percent of Elders			
	All Ages	60+	65+	85+	60+	65+	85+	Minority 60+
Levy	39,140	10,086	7,488	817	25.8%	19.1%	2.1%	9.2%
Liberty	7,485	1,146	835	81	15.3%	11.2%	1.1%	12.9%
Madison	19,836	4,015	3,067	449	20.2%	15.5%	2.3%	27.5%
Manatee	308,789	89,826	71,424	10,680	29.1%	23.1%	3.5%	6.0%
Marion	308,952	95,470	75,929	9,090	30.9%	24.6%	2.9%	9.6%
Martin	143,037	50,006	40,154	5,838	35.0%	28.1%	4.1%	4.1%
Miami-Dade	2,445,431	447,317	336,072	45,270	18.3%	13.7%	1.9%	79.6%
Monroe	81,629	19,401	13,799	1,462	23.8%	16.9%	1.8%	15.1%
Nassau	68,583	14,543	10,079	845	21.2%	14.7%	1.2%	6.4%
Okaloosa	192,605	35,781	26,132	2,606	18.6%	13.6%	1.4%	8.1%
Okeechobee	38,927	8,500	6,641	728	21.8%	17.1%	1.9%	9.8%
Orange	1,070,305	141,892	102,455	12,137	13.3%	9.6%	1.1%	35.1%
Osceola	246,389	37,035	26,478	3,009	15.0%	10.7%	1.2%	34.0%
Palm Beach	1,299,002	354,610	286,243	48,219	27.3%	22.0%	3.7%	12.1%
Pasco	408,283	123,849	99,360	14,641	30.3%	24.3%	3.6%	4.8%
Pinellas	955,877	263,719	207,937	36,223	27.6%	21.8%	3.8%	7.7%
Polk	548,100	130,834	101,245	12,560	23.9%	18.5%	2.3%	11.8%
Putnam	74,432	18,733	14,179	1,401	25.2%	19.0%	1.9%	13.3%
Saint Johns	160,768	34,246	25,142	2,971	21.3%	15.6%	1.8%	6.6%
Saint Lucie	238,900	67,544	53,540	6,265	28.3%	22.4%	2.6%	12.4%
Santa Rosa	141,554	24,255	17,017	1,644	17.1%	12.0%	1.2%	5.9%
Sarasota	371,637	142,657	115,552	18,589	38.4%	31.1%	5.0%	3.9%
Seminole	421,000	64,989	45,598	5,224	15.4%	10.8%	1.2%	20.0%
Sumter	71,924	26,567	21,811	2,006	36.9%	30.3%	2.8%	5.8%
Suwannee	39,591	9,685	7,443	1,005	24.5%	18.8%	2.5%	10.0%
Taylor	21,408	4,324	3,114	339	20.2%	14.5%	1.6%	12.3%
Union	15,080	1,829	1,234	121	12.1%	8.2%	0.8%	15.1%
Volusia	502,073	138,504	108,978	15,764	27.6%	21.7%	3.1%	9.0%
Wakulla	27,463	4,841	3,283	323	17.6%	12.0%	1.2%	9.0%
Walton	54,374	12,889	9,665	1,022	23.7%	17.8%	1.9%	7.0%
Washington	23,364	5,096	3,752	517	21.8%	16.1%	2.2%	10.7%
Florida	18,228,846	4,132,072	3,186,268	446,016	22.7%	17.5%	2.4%	20.6%

Source: Department of Elder Affairs calculations based on Office of Economic and Demographic Research population estimates for April 1, 2005; Bureau of Economic and Business Research (BEBR) projections for 4/1/2006; 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), Aged and Disabled Adult Medicaid Waiver (ADA) and Assisted Living for the Frail Elderly Medicaid Waiver (ALE) paid claims, and FREEDOM enrollment spans.

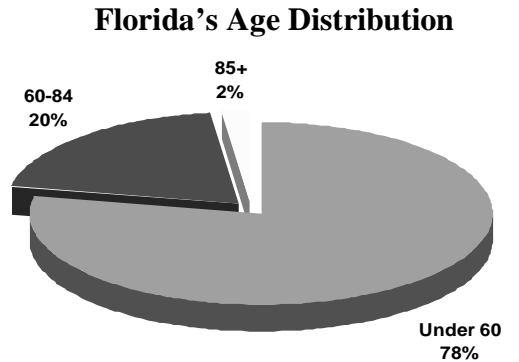
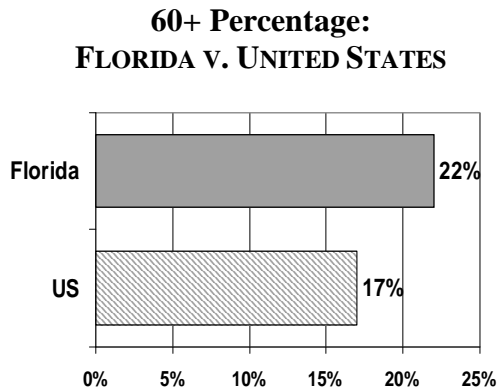
County	Percent of Elders				Program Enrollment							
	BPL 60+	AD 65+	Living alone 60+	65+ with self-care disabilities	ADA	ADI	ALE	CCE	HCE	OAA	NH Diversion	Community Nursing Home Beds Per 1000 75+
Alachua	10%	15%	24%	9%	163	41	2	620	60	377	3	78.4
Baker	10%	12%	18%	10%	18	8	1	74	19	351	0	181.1
Bay	11%	13%	24%	10%	246	28	42	417	80	793	0	78.2
Bradford	17%	14%	22%	9%	13	11	8	87	8	79	0	133.6
Brevard	7%	14%	23%	7%	326	66	157	996	41	2,849	400	47.4
Broward	10%	17%	28%	9%	872	328	308	3,700	499	14,591	1,273	29.2
Calhoun	19%	15%	27%	16%	57	3	0	54	16	171	0	239.8
Charlotte	5%	15%	21%	7%	105	15	7	291	48	634	56	37.1
Citrus	7%	15%	20%	6%	168	17	60	464	41	1,588	3	49.1
Clay	7%	13%	18%	9%	131	22	35	225	46	613	2	131.3
Collier	5%	14%	18%	4%	68	17	25	313	75	491	34	19.4
Columbia	14%	13%	25%	10%	94	2	12	127	28	237	2	61.8
DeSoto	8%	14%	17%	7%	26	3	5	93	12	125	0	35.9
Dixie	18%	13%	24%	11%	20	2	0	61	13	159	0	44.3
Duval	11%	14%	26%	10%	730	55	67	2,144	219	6,969	322	85.4
Escambia	9%	15%	24%	11%	273	55	73	248	68	467	0	72.1
Flagler	5%	13%	17%	6%	57	18	2	164	14	560	2	23.1
Franklin	15%	13%	23%	11%	46	1	17	65	15	28	0	0.0
Gadsden	16%	14%	25%	11%	93	8	24	93	52	190	0	41.5
Gilchrist	14%	13%	20%	10%	19	6	0	46	10	118	0	170.8
Glades	12%	12%	20%	9%	4	3	0	49	11	95	0	0.0
Gulf	13%	13%	24%	10%	42	4	12	25	6	130	0	97.6
Hamilton	17%	14%	24%	8%	68	6	1	92	61	85	0	73.6
Hardee	17%	14%	20%	12%	67	7	0	55	27	126	0	44.8
Hendry	15%	13%	22%	9%	13	3	2	76	14	146	1	127.4
Hernando	7%	15%	19%	7%	77	7	116	424	94	483	54	27.8
Highlands	8%	15%	21%	7%	122	22	87	351	62	535	2	35.5
Hillsborough	10%	15%	24%	9%	594	121	420	3,300	292	3,643	894	54.2
Holmes	17%	14%	26%	11%	115	9	28	57	74	96	0	121.4
Indian River	6%	16%	23%	5%	72	8	109	162	31	766	54	26.5
Jackson	19%	15%	29%	14%	178	21	24	232	99	233	0	123.6
Jefferson	17%	15%	19%	19%	131	8	0	57	24	77	0	148.1
Lafayette	15%	13%	27%	8%	17	6	32	56	5	107	0	128.5
Lake	7%	14%	20%	7%	65	11	82	274	99	691	128	41.0
Lee	6%	15%	20%	6%	239	55	284	1,216	98	838	172	28.9
Leon	8%	15%	24%	10%	202	21	19	447	64	520	0	65.6

County	Percent of Elders				Program Enrollment							
	BPL 60+	AD 65+	Living alone 60+	65+ with self-care disabilities	ADA	ADI	ALE	CCE	HCE	OAA	NH Diversion	Community Nursing Home Beds Per 1000 75+
Levy	13%	13%	24%	9%	95	11	24	191	16	205	0	52.3
Liberty	22%	13%	29%	17%	23	3	19	35	9	74	0	0.0
Madison	22%	15%	26%	13%	85	7	24	44	31	154	1	158.9
Manatee	7%	16%	25%	6%	98	19	117	460	55	1,358	128	35.1
Marion	8%	14%	21%	7%	186	34	33	668	49	1,478	7	35.3
Martin	5%	16%	23%	4%	54	47	1	219	31	687	59	37.0
Miami-Dade	18%	14%	20%	11%	2,432	265	780	1,068	931	16,264	2,267	51.2
Monroe	10%	13%	21%	5%	23	34	0	260	30	440	0	58.0
Nassau	9%	12%	20%	10%	80	14	10	173	34	512	0	58.4
Okaloosa	7%	13%	22%	8%	69	12	29	116	42	343	1	80.0
Okeechobee	12%	14%	21%	7%	98	5	0	62	36	323	1	53.4
Orange	9%	14%	21%	10%	465	173	195	1,705	113	2,140	723	87.1
Osceola	9%	13%	19%	7%	288	10	31	132	85	741	174	91.2
Palm Beach	7%	17%	25%	7%	865	268	83	2,134	276	5,315	1,166	37.6
Pasco	8%	16%	23%	6%	257	47	384	489	100	3,009	223	33.8
Pinellas	8%	17%	29%	7%	835	71	588	972	162	3,379	897	69.9
Polk	9%	14%	22%	8%	342	30	80	1,248	267	2,381	124	58.1
Putnam	14%	13%	25%	11%	63	41	45	388	47	456	0	52.0
Saint Johns	6%	14%	21%	6%	87	18	38	135	40	437	19	49.1
Saint Lucie	8%	14%	20%	6%	133	50	121	252	103	856	104	37.7
Santa Rosa	8%	12%	19%	9%	64	8	82	49	23	350	0	59.3
Sarasota	5%	16%	23%	6%	134	43	58	634	80	954	193	44.5
Seminole	7%	14%	21%	9%	119	55	164	457	43	1,165	240	54.9
Sumter	8%	13%	19%	6%	44	4	16	108	33	229	0	27.1
Suwannee	13%	14%	23%	9%	66	5	14	209	64	151	0	110.7
Taylor	16%	13%	26%	12%	89	7	0	108	12	163	0	84.6
Union	17%	12%	19%	16%	8	6	0	50	7	98	0	0.0
Volusia	8%	15%	24%	7%	436	23	202	1,200	158	687	308	55.0
Wakulla	13%	12%	18%	9%	73	14	2	94	29	144	0	93.1
Walton	11%	13%	22%	11%	50	12	18	106	35	417	0	49.7
Washington	18%	14%	25%	14%	127	3	0	86	28	164	0	102.5
Florida	9%	15%	23%	8%	13,252	2,350	5,219	30,952	5,367	84,909	10,037	49.0

Appendix

AGE DISTRIBUTION

Florida is the fourth most populous state with 18,228,846 citizens. Among the 50 states, Florida has the highest percentage of elders age 60 and older (22.7 percent) compared with a national percentage of 17 percent. Of Florida's 4,132,072 elders age 60 and older, 446,016 are age 85 and older.

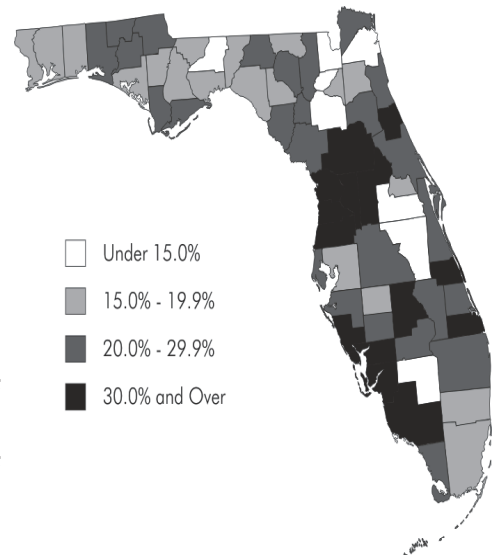


Most Florida elders age 60 and older reside in urban areas, and are concentrated in Miami-Dade, Palm Beach, Broward, Pinellas and Hillsborough counties. These five counties account for 39 percent of the total state population age 60 and older, and 45 percent of the population 85 and older.

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.

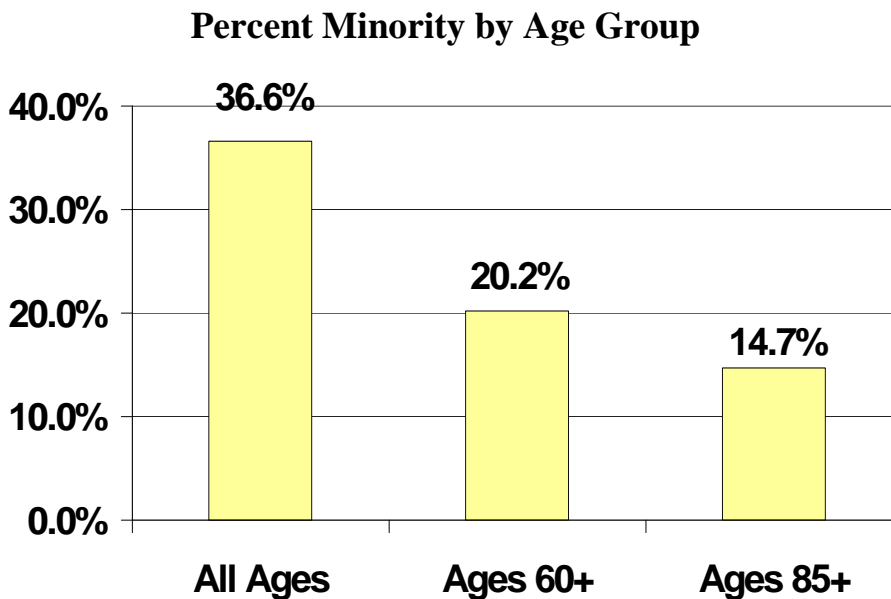
The five counties most densely populated by elders age 60 and older are Charlotte (42 percent), Citrus (40), Highlands (39), Sarasota (38), and Sumter (37). There are two areas of the state, West Central and Southwest Florida, comprised of counties with 30 percent or more of the population age 60 and 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.

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



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 is a minority, 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.



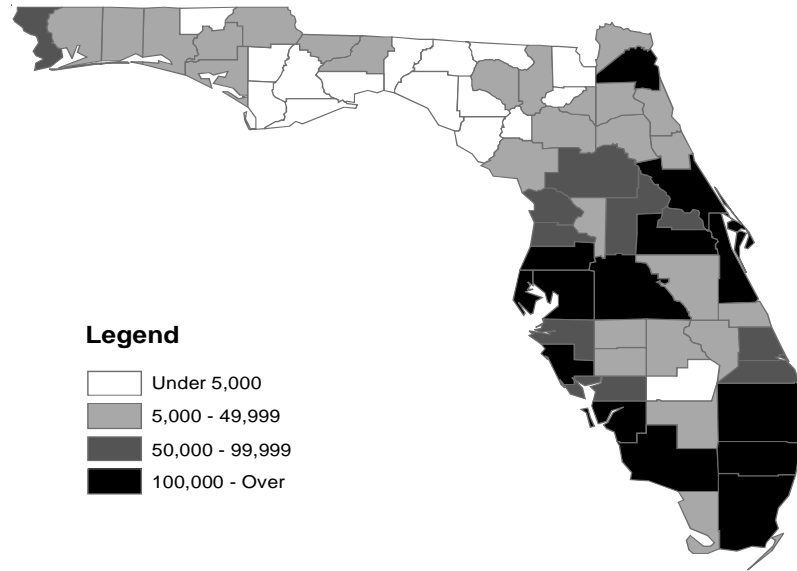
In Florida, 28.2 percent of the white non-Hispanic population in Florida is age 60 and older. In comparison, minorities generally constitute a smaller percentage of elders among their respective populations. Statewide, 13.9 percent of Hispanics and 10.8 percent of the African American population are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

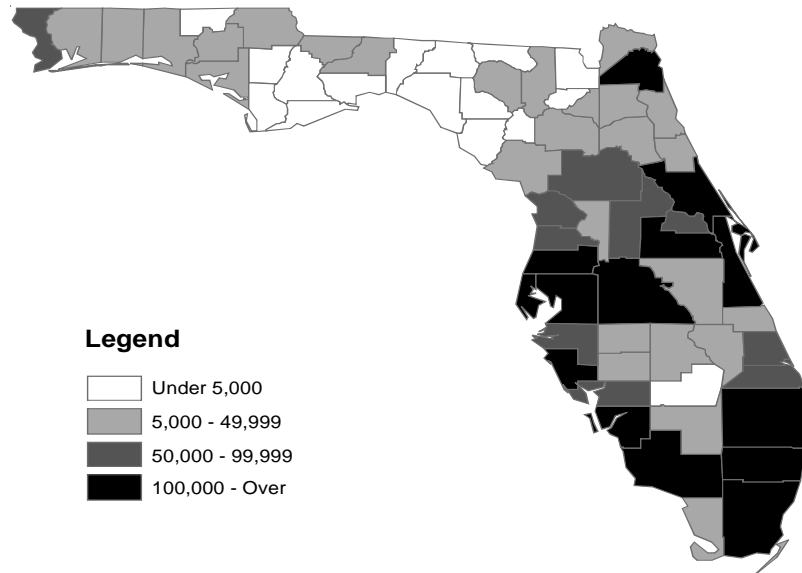
2006 Florida's Elder Population by County Residents Age 60 and Older

Population



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

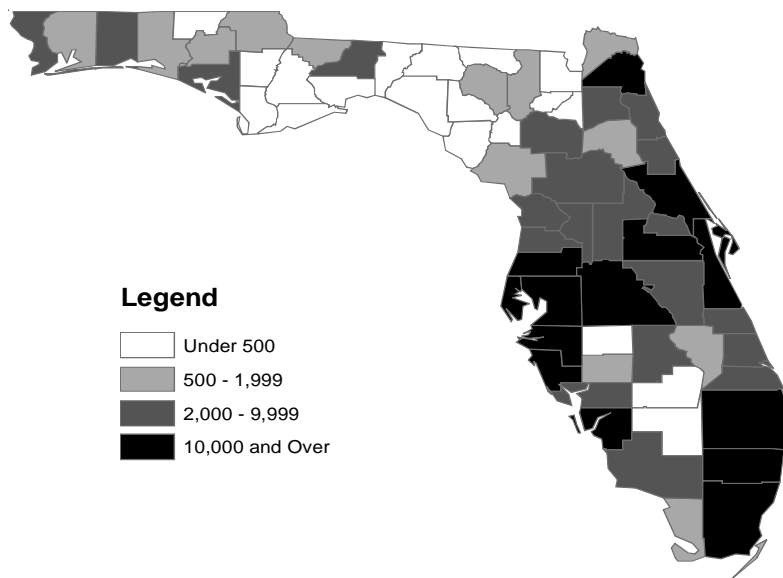
As a Percentage of the Overall Population



Source: Department of Elder Affairs calculations based on Office of Economic and Demographic Research population estimates for April 1, 2005; Bureau of Economic and Business Research (BEBR) projections for 4/1/2006; 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).

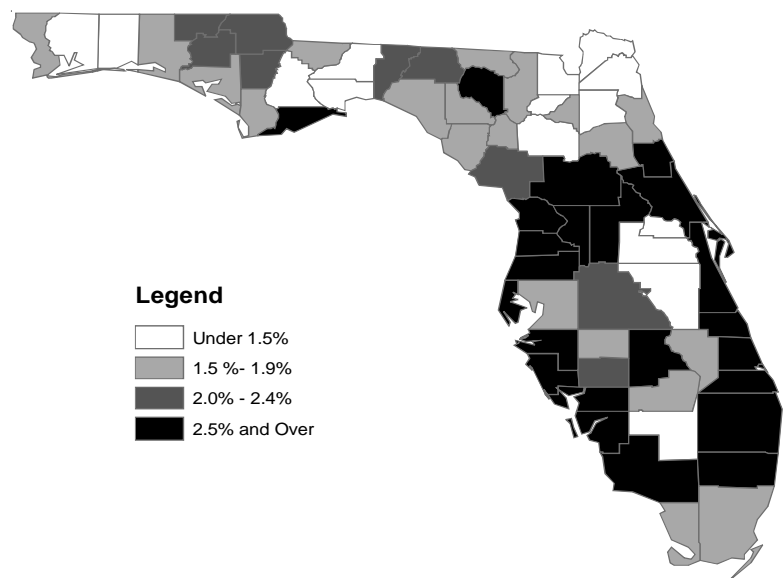
Florida's Elder Population by County Residents Age 85 and Older

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, 2005; Bureau of Economic and Business Research (BEBR) projections for 4/1/2006; 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.

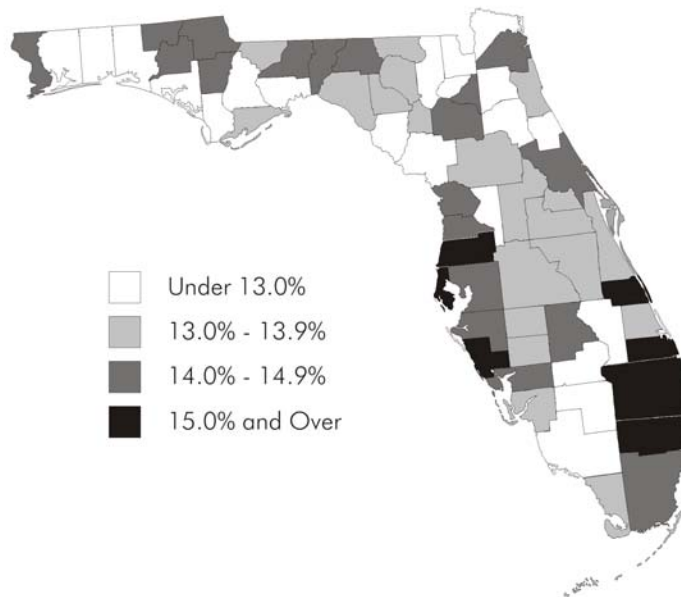
GIS deals with three kinds of map features: points, lines and polygons. Examples of points are DOEA customers, nursing homes, and households with specified characteristics such as elders age 60 and older. Examples of lines are roads, rivers and geographic boundaries. Examples of polygons are state geographic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

The following 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.

Elder Population With Alzheimer's Disease by County and Census Tract

The first set of two maps shows the percentage difference between the elder population with Alzheimer's disease at the county and census tract (CT) levels. Taking counties as unit of analysis, the maximum percent population 65+ with Alzheimer's disease is 13.2 percent, but, when the unit of analysis is a census tract, the maximum level is 35.1 percent. The five counties with the highest percentages of elders 65 and older with Alzheimer's disease are Broward (13.2 percent), Pinellas (12.8), Palm Beach (12.7), Sarasota (12.3) and Pasco (12.3). Using CTs as units of analysis, however, percentages are much higher. The five CTs with the highest percentages of the 65+ population with Alzheimer's disease are CT 2 in Lee County (35.1 percent), CT 259.01 in Pinellas County (34.0), CT 58.08 in Palm Beach County (30.5) and CT 15.03 in Alachua County (30.4). This suggests that "young" counties (with a lower overall incidence of elders) may have CTs with as high a prevalence of Alzheimer's disease as their counterparts in "old" counties.

Estimated Percent of Population Age 65 and Older With Alzheimer's' Disease by County



Source: DOEA estimates based on Florida Legislature Estimating Conference 2004, and Evans et al., "Prevalence of Alzheimer's Disease in a Community Population of Older Persons" (JAMA November 10, 1989).

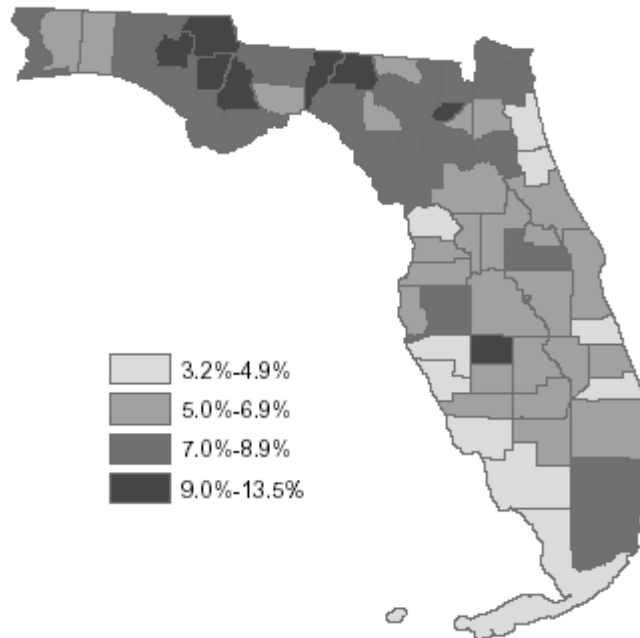
Elder Population With Multiple Disabilities By County and Census Tract

The following two maps show the difference between the percent of the elder population 65+ with multiple disabilities at the county and census tract (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.

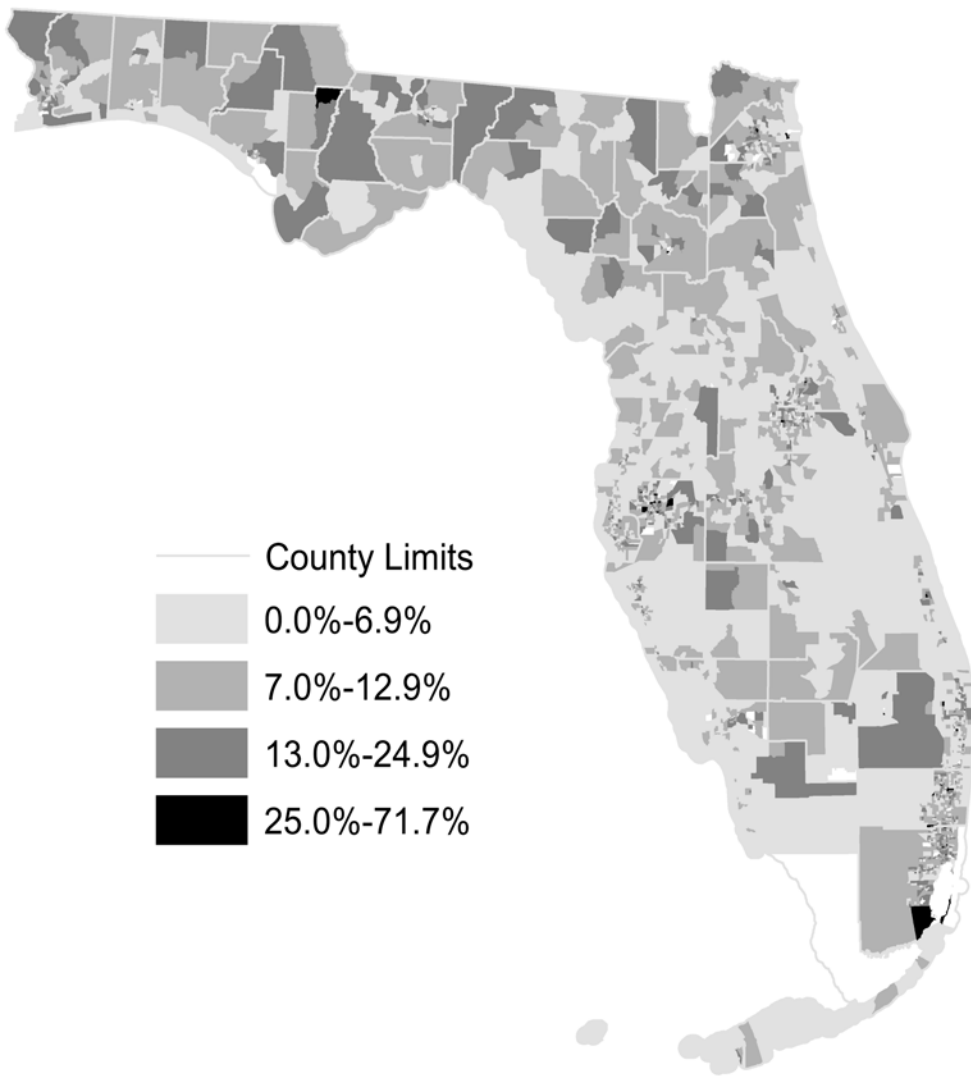
Percent Elder Population Age 65 and Older with Multiple Disabilities By County 2003

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.

Level 1 Customer Profile:	Level 2 Customer Profile:	Level 3 Customer Profile:	Level 4 Customer Profile:	Level 5 Customer Profile:
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
Agency for Health Care Administration	<ol style="list-style-type: none"> 1. Licensed Home Health Programs. 2. Long-Term Care Waivers, Nursing Home Policy, CARES, PASRR. 3. Long-Term Care Facility Licensure and Regulation. 4. Managed Care Ombudsman Program. 5. Managed Care Services. 6. Medicaid Pharmacy Services. 7. Medicaid Services.
Agency for Persons with Disabilities	<ol style="list-style-type: none"> 1. Support Services for Developmentally Disabled Individuals, Direct and Contracted Services.
Department of Children and Families	<ol style="list-style-type: none"> 1. Adult Community Mental Health Program . 2. Adult Protective Services Program-In Home and Institutional. 3. Economic Self Sufficiency Program (Medicaid). 4. In-Home Community Services.
Department of Elder Affairs	<ol style="list-style-type: none"> 1. Alzheimer's Disease Programs. 2. Caregiver Support. 3. CARES Program. 4. Communities for a Lifetime Initiative. 5. Community Care for the Elderly (CCE) Program. 6. Florida Affordable Assisted Living Web site. 7. Home and community -based Service. 8. Hospice and Alzheimer's Disease Rule Writing. 9. Long-Term Care Ombudsman Program. 10. Senior Companions programs. 11. Serving Health Insurance Needs of Elders (SHINE). 12. Statewide Public Guardianship Program. 13. Supportive Community Care.
Department of Health	<ol style="list-style-type: none"> 1. Chronic Disease Prevention.
Department of Management Services	<ol style="list-style-type: none"> 1. Living Wills.
Department of Veterans' Affairs	<ol style="list-style-type: none"> 1. Aid and Attendance Program (In-Home and ALF Services). 2. Domiciliary Home Care.
Transportation Disadvantaged Commission	<ol style="list-style-type: none"> 1. Medicaid Non-Emergency Transportation Program.

Inventory of State Agencies Providing Elder Services

Organization/Unit	Programs/Service
Agency for Health Care Administration	Licensed Home Health Programs
	Long-Term Care Waivers, Nursing Home Policy, CARES,PASRR
	Long-Term Care Facility Licensure and Regulation
	Managed Care Ombudsman Program
	Managed Care Services
	Medicaid Pharmacy Services
	Medicaid Services
	Statewide Provider and Subscriber Assistance Program
Agency For Persons with Disabilities	Family Care Council
	Support Services for Developmentally Disabled Individuals,Direct and Contracted Services
Agency for Workforce Innovation	Employment Related Supportive Services
	One Stop Career Employment and Training Services
	Services for Job Seekers and Employers
	Support Service Referrals to Local Community-Based Organizations and Agencies
	Training for High Skill Occupations
	Veterans' Workforce Programs
	Workforce Florida, Inc.
	Workforce Grant Listings
Attorney General's Office	Florida Elder Crime Practioner Designation Program
	Florida Prescription Drugs Pricing Website:MyFloridaRx.com Oversight
	Operation Spotcheck
	Patient Abuse and Neglect (PANE) Program
	Seniors vs. Crime-Senior Storefront
	Smart Consumers Can Stop Fraud: A Guide for Seniors
	TRIAD Partnership
	Victim Services

Note: While every attempt has been made to list all programs and agencies of particular relevance for elders, some may have been inadvertently omitted.

Organization/Unit	Programs/Service
Department of Agriculture and Consumer Services	A to Z Guide
	Consumer Complaint Clearinghouse
	Consumer Outreach
	Consumer Regulatory Programs
	General Consumer Protection Services and Consumer Hotline
	Nutrition For Seniors Brochure
Department of Business and Professional Regulation	Customer Service Assistance Hotline
	Employment Service Location
	English Proficiency Assistance
	Hotline for Unlicensed Activity
	Literacy Comprehension Assistance
	Special Protection to Elders as Victims of Licensing Crimes
	Volunteer/Paid Opportunities
Department of Children and Families	Adult Community Mental Health Program
	Adult Protective Services Program—In Home and Institutional
	Economic Self Sufficiency Program (Medicaid)
	Home Safe Net Tracking System Database
	Homelessness Services
	In-Home Community Services
	Investigation of Abuse Claims
	Refugee Services
	Substance Abuse Program

Note: While every attempt has been made to list all programs and agencies of particular relevance for elders, some may have been inadvertently omitted.

Organization/Unit	Programs/Service
Department of Community Affairs	Affordable Housing Technical Assistance
	Blueprint For Safety
	Community Planning/Visioning
	Community Services Block Grant
	Family Preparedness
	Front Porch Florida
	Hazard Mitigation Planning
	HUD Consolidated Plan for Special Needs Populations
	Hurricane Preparedness
	Interagency Partnerships
	Low Income Home Energy Assistance Program
	Low-Income Emergency Home Repair Program
	Mass Migration Planning
	Rural Land Stewardship Areas Program
	Small Cities CDBG Program
	Transportation Planning
	Water Supply Planning
Department of Corrections	Community Transition
	Health Services to Inmates
	VINE, Victims' Rights
Department of Education	Braille and Talking Book Library Services
	Independent Adult Living Program
	Workforce Education/Adult Ed Programs

Note: While every attempt has been made to list all programs and agencies of particular relevance for elders, some may have been inadvertently omitted.

Organization/Unit	Programs/Service
Department of Elder Affairs	Alzheimer's Disease Programs
	Caregiver Support
	CARES Program
	Communities for a Lifetime Initiative
	Community Care for the Elderly (CCE) Program
	Disaster Preparedness Partnerships
	Disaster Response
	Early Prevention/Intervention Programs
	Elder Abuse Prevention Program
	Elderly Housing Unit
	Florida Affordable Assisted Living Web site
	Health Promotion and Wellness Initiatives
	Home and Community-Based Services
	Hospice and Alzheimer's Disease Rule Writing
	Housing Advocacy and Partnerships
	Intergenerational Programs
	Legal Services Development Program
	Long-Term Care Ombudsman Program
	Nutritional Services
	Senior Community Service Employment Program
	Senior Companion Programs
	Serving Health Insurance Needs of Elders (SHINE)
	Statewide Public Guardianship Program
	Supportive Community Care
Transportation Advocacy and Partnerships	
Volunteer and Support Services	

Note: While every attempt has been made to list all programs and agencies of particular relevance for elders, some may have been inadvertently omitted.

Organization/Unit	Programs/Service
Department of Environmental Protection	Accessibility at State Parks
	Clean Air Florida Program
	Greenways and Trails System
	Internal Improvement Trust Fund
	Senior Camping Discounts
	Volunteer Opportunities
	Water Resources
Department of Financial Services	Community Outreach Programs
	Complaint Services
	Consumer Assistance Hotline
	Funeral and Cemetary Hotline
	Interagency Partnerships
	Regulatory Licensing Registry and Information Dissemination
	TRIAD Partnership
Department of Health	AIDs/HIV Programs
	Arthritis Prevention and Education
	Board of Nursing/Health Care Practitioner Regulation
	Cancer Awareness Program
	Chronic Disease Prevention
	Community Health Services
	Correctional Medical Authority
	Healthy Communities, Healthy People Program
	Hearing Aid Program
	Heart Disease and Stroke Program
	Immunization Services
	Osteoporosis Prevention and Education
	Prevention and Intervention Services
	Public Health Dental Program
	Public Health Nursing
	Rural Health Program
	Step Up, Florida Program
	Substance Abuse Program
	TB and Refugee Health Services
Trauma Services	
You Can! Campaign	

Note: While every attempt has been made to list all programs and agencies of particular relevance for elders, some may have been inadvertently omitted.

Organization/Unit	Programs/Service
Department of Highway Safety and Motor Vehicles	Driver Improvement Courses
	Financial Insurance Program
	Florida At-Risk Council
	Florida GrandDriver
	Florida Motorcycle Rider Program
	Medical Advisory Board
	Tag Agencies
	TRIAD Partnership
Department of Juvenile Justice	Neighborhood Accountability Boards
	TRIAD Partnership
	Victim Services
Department of Law Enforcement	Computer Crime Center
	Identity Theft Resource Center
	TRIAD Partnership
Department of Management Services	ADA Working Group
	Clearinghouse on Disability Information
	DROP Program
	Living Wills
	Real Choice Partnership Project
Department of Military Affairs	Forward March Program
Department of Revenue	Property Tax Exemptions
	Revenue Service Centers
Department of State	Archeology Education Programs
	Arts and Cultural Programs/Grants
	Corporation Information Web site
	Florida Center for Creative Aging
	Florida Electronic Library
	Florida Main Street Program
	Florida Memory Project
	Free Senior Museum Admission
	Historic Preservation Programs
	Lifelong Learning Opportunities
	Public Library Programs/Grants
	Publications and Web Information about Florida
	State Library and Archives Programs and Resources
Voter Registration Information	

Note: While every attempt has been made to list all programs and agencies of particular relevance for elders, some may have been inadvertently omitted.

Organization/Unit	Programs/Service
Department of Transportation	Elder Road User Program
	Florida Transportation Plan
	FTA-10
	FTA-53-11
	Interagency Partnerships
	Intercity Bus Program Coordination
	Multi-Modal Planning
	New Starts Programs
	Physical Access Design Procedures
	Safety Grants
	Safety Program
	Transit Funding
	"Well Elder" Customer Survey
Department of Veterans' Affairs	Aid and Attendance Program (In-Home and ALF Services)
	Domiciliary Home Care
	Exemption of Homesteads
	Handicapped Toll Permit
	Hunting and Fishing License
	License Plates/Parking Permits
	Medal of Honor Recipients
	TRICARE Program
	Tuition Deferment
	Veterans' Preference in Employment and Retention
Florida Fish and Wildlife Conservation	Hunting Safety
	Wildlife Recreation Opportunities
Florida Highway Patrol	Safety Education
	Victim Advocates

Note: While every attempt has been made to list all programs and agencies of particular relevance for elders, some may have been inadvertently omitted.

Organization/Unit	Programs/Service
Florida Housing Finance Corporation	Affordable Housing Locator Web site
	Elder Housing Loan Committee
	Home Modification/Repair Through the Local SHIP Program
	Home Universal Design
	Homeownership Loan and First-Time Buyers Program
	Networking/Marketing
	Referral to Affordable Housing and Disaster Relief/RecoveryResources
	Supportive Services Network
Florida Lottery	Council on Compulsive Gambling (Senior Help)
Parole Commission	Project Safe Neighborhoods
	Victim Services
Public Service Commission	Consumer Assistance
	Florida Relay Service
	Lifeline Assistance Program/Link-up Florida
State Technology Office	Digital Divide Council
	HIPAA Compliance
Transportation Disadvantaged Commission	Commission Ombudsmen Program
	Community Transportation Coordination Program
	Disabled Toll Permits
	Medicaid Non-Emergency Transportation Program
	Rural Capital Equipment Grant
	Transportation Disadvantaged Trust Fund
	United We Ride Program Administration

Note: While every attempt has been made to list all programs and agencies of particular relevance for elders, some may have been inadvertently omitted.

DEFINITIONS

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

Adult Family Care Home - A full-time, family-type, living arrangement in a private home, in which a person or persons who own/rent and live in the home provide room, board and personal services, as appropriate for the level of functional impairment, for no more than five disabled adults or frail elders who are not relatives.

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

Area Agency on Aging - A quasi-governmental entity mandated by the Older Americans Act. A public or nonprofit private agency or office designated by the Department of Elder Affairs to coordinate and administer the department's programs and to provide, through contracting agencies, services within a planning and service area. The area agencies on aging are used as the state network at the district level.

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

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

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

Consumer Directed Care - Projects to demonstrate the value of 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 age 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
- AFAD - Ambassadors for Aging Day
- 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)
- ADRC - Aging and Disability Resource Center
- APS - Adult Protective Services
- ARC - Aging Resource Center
- BEBR - Bureau of Economic and Business Research
- CARES - Comprehensive Assessment and Review for Long-term Care Services
- CCE - Community Care for the Elderly
- CDC - Consumer Directed Care
- CFAL - Communities for a Lifetime
- 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
- CT - Census Tract
- DOEA - Department of Elder Affairs
- ECO - Emergency Coordinating Officer
- EHEAEP - Emergency Home Energy Assistance for the Elderly Program

ESF - Emergency Support Functions

FCOA - Florida Council on Aging

GIS - Geographic Information System

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

LTCCOP - Long-Term Care Community Diversion Program

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

SCBS - Statewide Community-Based Services

SCSEP - Senior Community Service Employment Program

SHINE - Serving Health Insurance Needs of Elders

SHMO - Social Health Maintenance Organization

SPGO - Statewide Public Guardianship Office

STARS - Support Through Alzheimer's Relief Systems

VCS - Volunteer and Community Services

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ALPHABETICAL LIST OF PROGRAMS AND SECTION REFERENCES

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Alzheimer's Disease Medicaid Waiver	E
AmeriCorps	F
Community Care for the Elderly (CCE)	D
Comprehensive Assessment and Review for Long-term Care Services (CARES)	E
Consumer Directed Care Plus (CDC+) Program	E
Contracted Services	D
Dementia Caregivers Telehealth Support Project "AlzOnLine"	D
Elder Abuse Prevention Program	C
Elder Farmers' Market Nutrition Program	F
Emergency Home Energy Assistance for the Elderly Program (EHEAEP)	F
Health Promotion and Wellness Initiatives	C
Home Care for the Elderly (HCE)	D
Information And Referral/Assistance	C
Intergenerational Connections	F
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Long-Term Care Community Diversion Pilot Project	E
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Medicaid Adult Day Health Care Waiver	E
Medicaid Aged And Disabled Adult Waiver	E
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Nutrition Services Incentive Program (NSIP)	F
Older Americans Act (OAA) Program Services (Summary)	C
Osteoporosis Screening And Education	D
Program of All Inclusive Care for the Elderly (PACE)	E
Respite for Elders Living in Everyday Families (RELIEF)	D
Senior Community Service Employment Program	C
Senior Companion Program	F
Serving Health Insurance Needs of Elders (SHINE)	F
Statewide Public Guardianship Office	D
Summary of Older Americans Act (OAA) Program Services	C
Sunshine for Seniors Prescription Assistance Program	D
Support Through Alzheimer's Relief Systems and Beyond (STARS and Beyond)	F