

2010

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Governor

E. Douglas Beach
Secretary



Summary of Programs & Services



Summary of Programs and Services

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This document is produced by the Florida Department of Elder Affairs and updated periodically to provide the public and the Legislature information about programs and services for Florida's elders. Services and programs for elders vary in relation to consumer needs, demographics, funding availability and legislative directives. This Summary of Programs and Services, unless otherwise noted, contains information and data compiled as of October 2009.

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 and State Plan, and on the Department's website: <http://elderaffairs.state.fl.us>.

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PREFACE

This 2010 Summary of Programs and Services contains comprehensive information about the activities of the Florida Department of Elder Affairs and those 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 Agencies on Aging, Comprehensive Assessment and Review for Long-Term Care Services (CARES) and Long-Term Care Ombudsman Program offices. Locations of the Statewide Public Guardianship Office and cities and counties participating in the Communities for a Lifetime program are also included.

Section B – Services and Utilization provides a means to cross-reference a particular service with the program or programs that provide that service. This cross-reference 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 alphabetic listing of state-funded programs, with information such as program administration, eligibility, statutory authority, appropriation history and funding source.

Section E – Medicaid Programs provides detailed information about Medicaid-funded programs. Information about the Comprehensive Assessment and Review for Long-Term Care Services (CARES) program is included in this section. Program information includes

administration, eligibility, statutory authority, appropriation history and funding source.

Section F – Other Department Programs describes programs with funding sources other than the Older Americans Act, General Revenue and Medicaid.

Appendix provides a variety of technical information about Department programs, including annualized program cost comparisons per customer served, classification of programs by activity and budget entity per the Department’s Long-Range Program Plan (LRRP), budget by revenue source, elder population statistics and program enrollment by county, customer profiles by assessment priority level, definitions and a list of acronyms.

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General Overview

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FLORIDA DEPARTMENT OF ELDER AFFAIRS

OVERVIEW

Charlie Crist, Governor
E. Douglas Beach, Secretary

The Florida Department of Elder Affairs works to create an environment that enables most 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 community-based organizations across the state, the Department is able to provide information to elders and their caregivers on how to live healthy lives. The Department, in partnership with Florida's aging services network, offers many services – such as adult day care or help with transportation and chores – to elders based on various criteria, including income level and health status.

The Department was 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 order to help them maintain their self-sufficiency and self-determination.

With more than 4.4 million residents age 60 and older, Florida currently ranks first in the nation in the percentage of its citizens who are elders, and will continue to do so for the foreseeable future (23 percent in 2009 growing to 35 percent in 2030). One in 11 Floridians is age 75 and older, a number that is expected to increase to about one in 10 (9.8 percent) in 2010. The population age 100 and older is currently the state's fastest-growing age group by percentage. Florida is also rich in generational and cultural diversity, especially among individuals age 55 and older. Florida's future is linked to the financial, health and physical security of its elder population.

The Department recognizes that individuals age differently. Some people have chronic conditions that begin prior to age 60, while others live their entire lives without need of long-term medical

or social services. In order to efficiently use its limited resources, the Department works with individuals and families to determine both frailty level and appropriate level of care, targeting services to individuals with the greatest relative risk of nursing home placement. A goal of many of the Department's programs is to help seniors continue to live in their homes or communities for as long as possible, rather than in less familiar and more costly nursing homes.

Policy and program development is shaped in part by the Department of Elder Affairs Advisory Council, whose members are appointed by the Governor and legislative leadership. 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, emphasizes activities that will maintain and improve the quality of life for older Floridians.

The Department also works in concert with other federal, state, local and community-based public and private agencies and organizations to represent the interests of older people, their caregivers and elder advocates.

MISSION STATEMENT

To foster optimal quality of life for elder Floridians.

VISION

To foster a social, economic and intellectual environment for all ages, and especially for those age 60 and older, where all can enjoy Florida's unparalleled amenities in order to thrive and prosper.

PRINCIPLES GOVERNING THE DEPARTMENT'S SERVICES

FLORIDA FOR A LIFETIME: Empowering & 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 many seniors do not 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

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

THE ELDER SERVICES NETWORK

- 11 Area Agencies on Aging
- 58 Community Care lead agencies
- 2,760 assisted living facilities
- 671 nursing homes
- 477 local governments
- 35,918 volunteers
- 240+ senior centers

that helps in comparing the quality and cost of health-care options.

- **Intergenerational Partnerships** – Increase lifelong learning opportunities for seniors and assistance to caregivers by developing partnerships with schools and workforce programs. Enhance opportunities for seniors who are – or want to be – in the workforce so that as baby boomers retire, their expertise is available to strengthen the workforce.
- **Protection and Safety** – Emphasize the importance of preparing for storms and other emergencies by assisting efforts to put up shutters, secure yard furniture, purchase supplies or understand 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 1999 to address the future challenges of a rapidly growing and aging population. More than 100 Florida cities, counties, towns and villages are active partners, recognizing that elder-friendly enhancements benefit people of all ages. Participating 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.

At the start of 2010, a total of 106 Florida cities, counties, towns and villages were 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 older – almost one-fourth of the state’s population. However, a majority of Department staff time and resources goes 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 help more elders live 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 Florida seniors and retirees who are not enrolled 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 senior 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.

Under the Communities for a Lifetime initiative, the elder housing unit provides information and technical assistance to elders and community leaders to help them create affordable senior housing choices and assisted living to foster aging in place with dignity. The elder housing unit provides information about assisted living facilities, adult family care homes and other affordable supportive housing, as well as access to the most appropriate information and resources to meet an individual’s housing needs and preferences.

The Office of Volunteer and Community Services provides technical assistance, public awareness and other support for volunteer-based programs and innovative demonstration projects that foster intergenerational connections – interaction between youth and elders – at the state and local levels. Elders serve as mentors to youth by sharing life experiences, while young volunteers in turn assist elders with home repair, companionship, respite and other services. 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 volunteer 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.

AGING & DISABILITY RESOURCE CENTERS

In April 2004, the Department received a federal grant from the U.S. Administration on Aging and the Centers for Medicare and Medicaid Services to establish at least two pilot aging and disability resource centers (ADRCs). As a result, aging and disability resource centers in the Orlando, St. Petersburg and Fort Lauderdale areas began providing services to caregivers, elders and adults with severe and persistent mental illnesses (SPMI) in the summer and fall of 2005.

Florida's ADRCs provide information and referral not only to elders, but also to adults age 18 and older who have SPMI (such as bipolar disorder, schizophrenia or clinical depression). The ADRC is not meant to compete with existing mental health referral, but rather 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 severe and persistent mental illness or if the specialist discerns that the inquiry may be related to SPMI.

ABOUT AGING AND DISABILITY RESOURCE CENTERS & AGING RESOURCE CENTERS

Primary functions:

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

AGING RESOURCE CENTERS

The success of the ADRC pilot sites in three of the state's Planning and Service Areas has enhanced the implementation of aging resource centers (ARCs) on a statewide basis to make it easier for all Florida elders to access long-term care services. In accordance with the provisions of section 430.2053, Florida Statutes, the Department worked with the Area Agencies on Aging in the remaining eight Planning and Service Areas to complete their transition to ARCs. The 2009 Florida Legislature appropriated \$3.185 million in recurring funds to the Department to support the statewide network of ARCs.

The development of ADRCs/ARCs has increased the efficiency of long-term care service delivery and helped individuals navigate the long-term care system more easily. ADRCs/ARCs build on the strengths of the current long-term care network and give Florida's citizens better opportunities to receive services in a seamless and highly responsive manner.

A statewide memorandum of agreement between the Department and the Department of Children and Families ensures that the different government entities that determine whether a person is eligible for services are located in the same place, either physically or electronically. Those entities are DOEA's Comprehensive Assessment and Review for Long-Term Care Services (CARES) program and the Department of Children and Families' Economic Self Sufficiency (ESS) unit. The ADRC/ARC approach ensures that each eligibility determination occurs as efficiently and quickly as possible.

One measure of the effectiveness of ADRCs/ARCs is how the eligibility determination process has been streamlined, reducing the time needed to collect the necessary paperwork to enroll a client in a Medicaid waiver program. By co-locating staff members from the ADRC/ARC, the CARES program (DOEA) and the ESS unit (DCF), staffs have been able to process applications much more efficiently.

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

To ensure consistent access to aging and other long-term care resources, the three ADRCs and the eight ARCs are using a common information and referral (I&R) software system that is centralized and web-based. Statewide information will now be available to consumers regardless of their access location.

SERVICES TO ELDERLY IN STATE FISCAL YEAR 2008-2009 INCLUDED:

- **More than 6.7 million "Meals on Wheels" delivered to homebound elders**
- **More than 4.2 million meals served at nutrition sites, preventing isolation and loneliness**
- **More than 3.2 million hours of caregiver respite**
- **More than 8.6 million hours of homemaker and personal care**
- **More than 1.3 million trips to or from doctor's appointments, senior centers and shopping**

DIVISION & UNIT RESPONSIBILITIES WITHIN THE DEPARTMENT

The Department of Elder Affairs was created following voter approval of a constitutional amendment in 1988, established in statute in 1991. The Department began operation in January 1992, responsible for administering human service programs for the elderly and developing policy recommendations for long-term care. Department responsibilities also include combating ageism, creating public awareness and understanding of the contributions and needs of elders, advocating on behalf of elders, and serving as an information clearinghouse.

ELDER VOLUNTEERS

In Fiscal Year 2008-2009, a total of 45,678 volunteers - mostly elders themselves - provided more than 5.2 million hours of service valued at more than \$105.8 million.

The Department of Elder Affairs is one of the smallest of the Governor's executive 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 \$4,063 and \$19,524, compared to an average annual cost of \$50,334 for care in a skilled nursing facility.

The majority of programs administered by the Department are privatized. More than 94 percent of the Department's budget is directed to services provided primarily by not-for-profit agencies and local governments under contract through Florida's 11 Area Agencies on Aging (AAAs), entities mandated by the federal Older Americans Act.

OFFICE OF THE SECRETARY

The Office of the Secretary is the focal point for management and overall coordination of the Department's activities. The Secretary, appointed by the Governor and confirmed by the Florida Senate, serves as the Department's chief administrative officer and charts the agency's overall direction. The Secretary represents the Governor on matters relating to Florida's elder population and serves as an advocate regarding issues and programs that affect the Department and the elders it serves.

The Office of the Secretary includes the Offices of the General Counsel and Inspector General, the Research and Policy Coordinator, and the Divisions of Financial Administration and Internal & External Affairs.

OFFICE OF THE SECRETARY

- General Counsel
- Inspector General
- Research & Policy Coordinator
- Division of Internal & External Affairs
- Division of Financial Administration

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 helps formulate agency policy. The office also is responsible for promulgating all long-term care rules 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 legal 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 emails of a legal nature and provides referrals to appropriate resources. The Office of the General Counsel also serves as the Department's primary public records point of contact.

Statewide Public Guardianship Office – Established in 1999 by Chapter 744.701-709, Florida Statutes, the Statewide Public Guardianship Office (SPGO) is responsible for designating Florida's public guardians. Public guardians serve 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.

The office, which contracts with 15 local Offices of Public Guardian throughout Florida, is also responsible for the registration and education of professional guardians. The Statewide Public Guardianship Office 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 office provides a central point to coordinate activities that promote accountability, integrity and efficiency in government. The office helps the Department accomplish its objectives by providing a systematic, disciplined approach to evaluating risk management, internal controls and agency performance.

RESEARCH & POLICY COORDINATOR

The Research and Policy Coordinator serves as the Department's primary liaison with the organizations and entities that make up Florida's aging network. The coordinator maintains regular communication with the Area Agencies on Aging and other key entities, detailing the Department's position on various topics and receiving input from the Department's partners

on how best to serve the state's elder population. The coordinator is also responsible for evaluating how the Department carries out its critical functions in order to develop more effective and efficient ways to meet its legislative and constitutional responsibilities.

DIVISION OF INTERNAL & EXTERNAL AFFAIRS

The Division of Internal & External Affairs encompasses most of the Department's administrative functions that are not directly connected to financial administration, as well as units that represent the Department to external audiences and help safeguard the legal rights of Florida elders.

INTERNAL AFFAIRS

Internal Affairs includes General Services/Human Resources, Information Systems, Planning and Evaluation, and Staff Development.

General Services/Human Resources/Disaster Preparedness & Emergency Operations

The General Services and Human Resources Unit handles property and records management, personnel/human resource services, leasing and facility management, and disaster preparedness and emergency operations. As home of the agency's Emergency Coordinating Officer, the unit coordinates with the Florida Division of Emergency Management on emergency preparedness issues and post-disaster response. The coordinating officer ensures that the Department, Area Agencies on Aging and local service providers have approved all-hazards Disaster and Continuity of Operations Plans to be implemented during a threat of imminent disaster. Emergencies/disasters can include weather-related or man-made events, including hurricanes, tornadoes, civil disturbances, contractual disputes, epidemics, massive migrations, fires, nuclear power plant accidents, train derailments, terrorism, floods and bio-terrorism.

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. Dedicated to maintaining the appropriate level of information security, the unit works in partnership with the Agency for Enterprise Information Technology 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 maintaining all applications developed for the Department. It administers the Department’s Client Information & Registration Tracking System (CIRTS), which is used by the aging network to manage client assessment data, register clients for services, plan client services and maintain program waiting lists. CIRTS is also used by CARES caseworkers to evaluate client eligibility for Medicaid services and to develop recommendations for client placement. In addition to providing technical assistance for supported applications, this group also actively works to develop web-based applications and websites.

Enterprise Support – This group is responsible for providing technology support to all Department employees throughout the state, as well as the Area Agencies on Aging. 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.

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

PLANNING & EVALUATION BUREAU PUBLICATIONS

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

Planning & Evaluation

The Bureau of Planning and Evaluation measures and evaluates the efficiency and cost-effectiveness of the Department’s programs. It supports the Department’s commitment to providing the highest quality of services by regularly surveying and monitoring to assess consumer satisfaction. The bureau provides the Department 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
- Grant writing

The bureau 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 within Florida’s elder service delivery network, and prepares documents required by the federal Older Americans Act and the Florida Legislature.

Staff Development

The Staff Development Unit, which houses the Department’s training manager, develops beneficial training required of agency employees and ensures that all employees receive the training.

The unit also coordinates other staff development opportunities for employees.

EXTERNAL AFFAIRS

External Affairs includes the Long-Term Care Ombudsman Program, Legislative Affairs, Communications, Communities for a Lifetime, and Elder Rights.

Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program (1-888-831-0404) advocates on behalf of residents of long-term care facilities through a statewide system of 17 district councils of volunteer ombudsmen. Ombudsmen identify, investigate and resolve complaints made by or on behalf of residents of nursing homes, assisted living facilities and adult family care homes.

Legislative Affairs

The Legislative Affairs Office serves as the Department's liaison to the legislative branch of government, advocating the Department's positions on matters before the Florida Legislature. The office is responsible for drafting legislative proposals designed to assist Florida's elders and for helping to review any legislation proposed by the Legislature or others. The office's objective is to assure that all laws passed are in the best interests of Florida's elders. In addition, the office helps legislators and their constituents with concerns related to elder issues.

Communications

The Communications Office is responsible for educating the public about the Department's programs and services. Communications staff helps assure that all Department materials present an appropriately 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, the general public, the news media, professionals in the aging network and other state agencies. To communicate to this diverse audience, the office utilizes the Department's Elder Update publication, an internet website and the mass media.

ANNUAL *ELDER UPDATE* DISASTER PREPAREDNESS SPECIAL ISSUE

"All of your *Elder Update* issues are very interesting and informative, but the 'Disaster Preparedness' issue is my favorite. I keep it the whole year for reference until the new one arrives.

Although I am most interested in the hurricane information, it is good to know all the other disaster advice is in one issue."

—Sharon Goldman, Miami Beach

Elder Update – The Department's bi-monthly newspaper *Elder Update* includes articles covering relevant topics important to Florida elders. Some 50,000 copies of *Elder Update* are distributed at no cost to individuals and groups within Florida who request it, and the publication is also available on the Department's website.

Internet Site – Internet users can directly access Department information on a broad range of elder-related subjects through the state's MyFlorida.com web portal (www.myflorida.com) or directly at <http://elderaffairs.state.fl.us>.

Communities for a Lifetime

The Communities for a Lifetime initiative administers programs that help communities create environments that embrace the life experience and valuable contributions of older adults and feature improvements to benefit all residents, youthful and elder alike. These programs help ensure the continued healthy aging of all citizens:

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.

Senior Employment – In addition to administering Older Americans Act Senior Community Service Employment Program (SCSEP), the unit works to increase awareness among employers of the benefits of hiring older workers.

Health, Wellness and Injury Prevention – This unit provides opportunities for health education, nutrition consultation and education, fitness promotion, medication management, and 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 unit collaborates with the Alzheimer’s Disease Initiative Advisory Committee to educate Floridians about driver safety issues.

Transportation and Mobility – This unit works with communities to develop a range of options designed to allow seniors to remain mobile and independently able to access needed services and activities.

Volunteerism and Intergenerational Programs – This unit works to bring elders together with their communities to share their knowledge and experience, recognizing that volunteers enhance their own lives and those of the people they serve. The unit also works with Florida’s communities to create local programs and services that cross generational boundaries to benefit elders and youth.

Elder Rights

The Elder Rights Bureau helps elders age with security through programs to help ensure that older individuals are able to access and maintain benefits and legal rights. This includes protection

from abuse, neglect and other crimes, whether at home, in the community or in institutional care:

Serving Health Insurance Needs of Elders (SHINE) – The SHINE program provides free, unbiased health insurance counseling and information to elders and their caregivers regarding Medicare, prescription assistance, long-term care planning and insurance, Medicaid and a variety of other health care issues. Through a statewide network of trained SHINE counselors, individuals can receive personal and confidential assistance for their Medicare-related questions and issues.

Elder Abuse Prevention Program – This program is designed to increase awareness of the problem of elder abuse, neglect and exploitation. The program also includes training, dissemination of Elder Abuse Prevention materials and funding of special projects to provide training and prevention activities.

Legal Services Development – In compliance with a requirement of the federal Older Americans Act, the unit develops and coordinates the state’s legal services and elder-rights programs.

Senior Legal Helpline – The Department partners with Bay Area Legal Services, Inc., of Tampa on a toll-free helpline to increase access to legal advice and referrals for underserved Florida seniors. The Senior Legal Helpline provides free legal advice and brief services by telephone to Florida residents age 60 and older, regardless of income, for civil legal problems. The helpline (1-888-895-7873) is available each weekday.

DIVISION OF FINANCIAL ADMINISTRATION

The Division of Financial Administration coordinates organization, direction and support activities for all Department programs. This includes contract management, accounting, budgeting and revenue management.

Contract Administration and Purchasing

The Contract Administration and Purchasing Unit helps contract managers, management and administrative staff acquire goods and services to meet the Department's program needs, including procurement of client-based contractual services. The unit helps develop and execute all written contracts and solicitations for the Department.

Budget

The Budget Office prepares the Department's Legislative Budget Request (LBR) and the Approved Operating Budget (AOB). The unit also monitors the Department's budget throughout the year and requests adjustments as necessary.

Accounting and Contract Payment

The Accounting and Contract Payment section is responsible for recording and reconciliation of all financial transactions, in order to properly and accurately account for all expenditures of funds appropriated to the Department.

Revenue Management

The Revenue Management Unit is responsible for the draw-down of federal dollars granted to the Department, and is also responsible for all revenue collections and trust fund management activities to ensure that cash is available for departmental expenditures.

OFFICE OF THE DEPUTY SECRETARY & CHIEF OF STAFF

The Office of the Deputy Secretary performs the Chief of Staff functions for the Department and oversees the Division of Statewide Community-Based Services.

DIVISION OF STATEWIDE COMMUNITY-BASED SERVICES

The Division of Statewide Community-Based Services consists of the Bureau of Comprehensive Assessment and Review for Long-Term Care Services (CARES), Bureau of Long-Term Care & Support and Bureau of Community & Support Services. Division-wide services provided by these units include:

OFFICE OF THE DEPUTY SECRETARY & CHIEF OF STAFF

- Division of Statewide Community-Based Services

Nursing home pre-admission screening. Federal regulations require pre-admission screening for mental illness or mental retardation for all applicants entering nursing homes that receive state and federal funding. In order to establish the applicant's need for nursing facility services, the Medicaid program has developed admission review policies and procedures. They are designed to evaluate the medical necessity for nursing facility care, the level of care required by the individual and preadmission screening of all nursing facility applicants to determine mental illness or developmental disabilities. Findings are entered into the CARES "section" of CIRTS.

Support and oversight for the Department's Medicaid Waiver programs (operated in partnership with the Agency for Health Care Administration, Florida's designated Medicaid agency). Like other Medicaid programs, Medicaid Waiver programs are provided through joint state and federal funding. 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 nursing home or other skilled nursing facility. These Medicaid Waiver programs provide consumers independence and a choice of care settings, with the goal of also reducing the cost of care. Findings are entered into the CARES "section" of CIRTS.

Support and oversight for the Department's non-Medicaid home- and community-based programs and services. Most of these services 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 (EHEAP), 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.

Services provided directly by the Department or contracted to entities other than Area Agencies on Aging. These services include the Adult Care Food Program, Elder Farmers' Market Nutrition Program, memory disorder clinics, brain bank and the Senior Community Service Employment Program. The division also approves Alzheimer's disease training providers and training curricula for specified staff of nursing homes and assisted living facilities.

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

CARES is Florida's federally mandated nursing home pre-admission assessment program. CARES staff members, including registered nurses and assessors, perform medical needs assessments of individuals. These assessments are part of the process to assist elders in receiving appropriate services through local funding sources and/or Florida Medicaid. The CARES staff members identify a client's long-term care needs, determine the level of care required to meet those needs and, if appropriate, suggest less restrictive alternatives that may allow the client to continue living at home or in a community setting rather than in a nursing home.

Long-Term Care & Support

The Long-Term Care and Support Bureau administers the Department's various Medicaid Waiver programs. These programs are designed to help individuals who qualify for the level of care offered by nursing homes but may be able to remain in their own homes or communities by receiving waiver services. Through contracts with Area Agencies on Aging and local service providers, the bureau administers programs including:

COST SAVINGS

In Fiscal Year 2008-2009, the state had a cost avoidance of more than \$634 million in General Revenue expenditures for nursing home payments by spending \$482 million on home- and community-based services.

Consumer-Directed Care Plus Program (CDC+) – This statewide 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. Individuals currently enrolled in the Aged and Disabled Adult Waiver (ADA), Traumatic Brain and Spinal Cord Injury Waiver or Adult Services Waiver are eligible to participate in CDC+.

Long-Term Care Community Diversion Pilot Project – Designed to target the frailest individuals who would otherwise qualify for Medicaid nursing home placement, this project strives to provide frail elders with community-based alternatives in lieu of nursing home placement. By using managed care principles, the project provides these alternatives at a cost less than Medicaid nursing home care. This program, implemented in consultation with the Agency for Health Care Administration, has been expanded from four service providers in four counties serving 950 enrollees in October 2003 to 15 providers in 32 counties serving 15,346 enrollees as of July 2009.

Aged and Disabled Adult Waiver (ADA) – This program helps maintain independence while living at home for Medicaid-eligible frail elders and persons with disabilities who are at risk of nursing home placement. Administered through an interagency agreement with the Agency for Health Care Administration, the program provides services and items including 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 Waiver – This waiver program provides home- and community-based services to people age 60 and older who have Alzheimer's disease and are living with a caregiver. Implemented in consultation with the Agency for Health Care Administration, the program is approved in four Florida counties through 2010 to provide services and items such as case management, adult day health care, respite care, wanderer alarm system, wanderer identification and location program, personal care, caregiver training, incontinence supplies, behavioral assessment and intervention, environmental modification and pharmacy review.

Assisted Living for the Frail Elderly Waiver (ALE) – This waiver program makes support and services available in assisted living facilities that have 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 and items include assisted living (i.e., companion, homemaker, personal care, etc.), case management and incontinence supplies.

Program of All-Inclusive Care (PACE) – The PACE program provides voluntary managed long-term care programs to address the increase in state expenditures for long-term care services and to meet consumer needs. The program is implemented in consultation with the Agency for Health Care Administration. PACE targets individuals eligible for Medicaid nursing home placement, and provides a comprehensive array of home- and community-based, long-term care services as well as all Medicare (acute care) services. Services are typically delivered in an adult day health care setting.

Adult Day Health Care (ADHC) Waiver – This program is designed to meet the health

and supportive needs of adults age 75 and older with functional and/or cognitive impairments through an individual plan of care implemented at an adult day health care center. The program provides supervision, increased social opportunities, assistance with personal care or other daily living activities, and relief for the caregiver.

Channeling Waiver – This program serves adults age 65 and older who are at risk of nursing home placement. The program is operated through a contract with an organized health care delivery system and provides 19 home- and community-based services at a cost less than Medicaid nursing home care.

Community & Support Services

The Community and Support Services Bureau consists of the following four teams: (1) Aging Resource Center Implementation, Contract Management and Technical Assistance; (2) Caregiver Support; (3) Nutrition, and (4) Monitoring and Quality Assurance. Bureau functions include most non-Medicaid community-based programs and oversight functions to help elders remain in their own homes and avoid institutional care.

Aging Resource Center Implementation, Contract Management & Technical Assistance

This 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 to implement the Aging and Disability Resource Centers/Aging Resource Centers (ADRCs/ARCs), this team provides contract management and technical support for organizations to help implement in-home and community-based services funded through federal or state General Revenue dollars. Programs, services and funding sources include the following:

Older Americans Act (OAA) – Services and items funded through Florida's federal OAA allotment include adult day care, caregiver training and support, chore, congregating dining, home-delivered meals, homemaker services, information and referral assistance,

medical transportation, nutrition education, personal care and shopping assistance.

Alzheimer's Disease Initiative (ADI) – This program utilizes state General Revenue 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 Initiative Advisory Committee, which helps the Department provide program services to foster an environment where persons with Alzheimer's disease can safely congregate during the day, socialize or receive therapeutic treatment.

Community Care for the Elderly (CCE) – This long-standing program 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, emergency alert response, and information. Eligibility is based in part on a client's inability to perform certain daily tasks such as meal preparation, bathing or grooming.

Home Care for the Elderly (HCE) – This program 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 help with specialized health care needs.

Emergency Home Energy Assistance for the Elderly (EHEAP) – This federally funded program provides limited financial assistance during a home energy emergency for low-income households with at least one person age 60 or older.

Caregiver Support

This program provides caregiver support services through federally and state-funded programs such as the OAA National Family Caregiver Support Program, Respite for Elders Living in Everyday Families (RELIEF), AmeriCorps and Senior Companion.

Nutrition

This program offers technical assistance to help local providers of OAA nutrition programs provide quality services. It administers the following federally funded programs:

Adult Care Food Program – This program assists eligible Adult Care Centers and Mental Health Day Centers in providing meals to elders.

Elder Farmers' Market Nutrition Program – This program improves the nutritional health of low-income elders by providing coupons that can be redeemed for locally grown fresh fruits and vegetables at approved farmers' markets.

Nutrition Services Incentive Program (NSIP) – This program reimburses Area Agencies on Aging and service providers for the costs of congregate and home-delivered meals.

Monitoring and Quality Assurance (MQA)

This unit acts on behalf of the Department in its oversight role, ensuring the integrity of programs and services funded through and by the Department. The MQA unit performs periodic monitoring reviews of programs and services administered by Area Agencies on

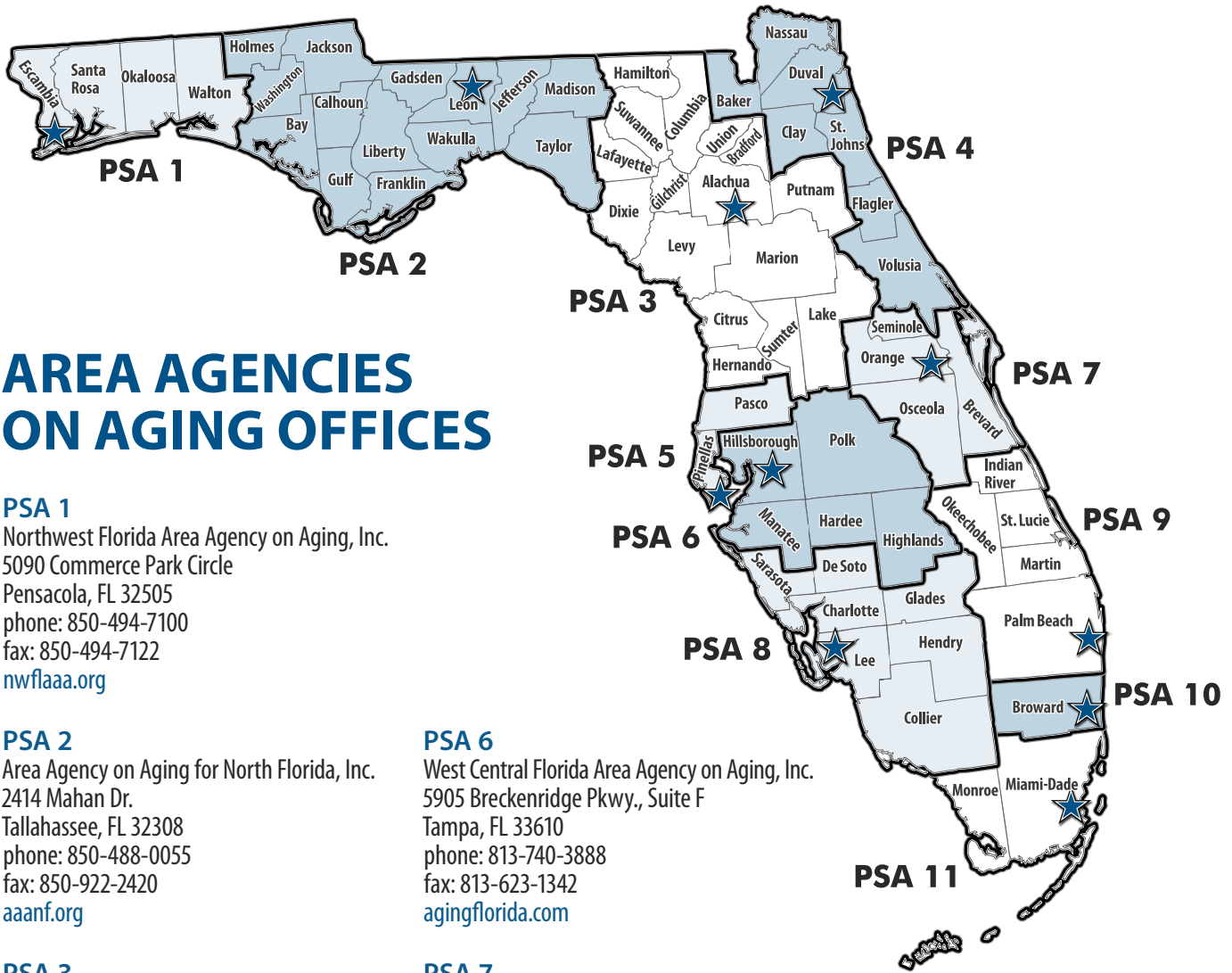
Aging and/or funded entities to ensure that they:

- Adhere to contract provisions and to state and federal laws;
- Comply with industry standards and best practices;
- Achieve legislatively-mandated performance measures; and
- Align with the Department's statutory mission and focus.

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

ELDER SERVICES NETWORK COMPONENTS & 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 services for 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, Chapter 430 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 (AAA)** 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. The designation of AAA is in keeping with the Older Americans Act. Area Agencies on Aging operate Aging and Disability Resource Centers (ADRCs) or Aging Resource Centers (ARCs).
- 4. Lead Agencies** provide and coordinate services for elders in the state's 11 Planning and Service Areas. There are 54 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.



AREA AGENCIES ON AGING OFFICES

PSA 1

Northwest Florida Area Agency on Aging, Inc.
5090 Commerce Park Circle
Pensacola, FL 32505
phone: 850-494-7100
fax: 850-494-7122
nwflaaa.org

PSA 2

Area Agency on Aging for North Florida, Inc.
2414 Mahan Dr.
Tallahassee, FL 32308
phone: 850-488-0055
fax: 850-922-2420
aaanf.org

PSA 3

Elder Options
Mid Florida Area Agency on Aging, Inc.
5700 SW 34th St., Suite 222
Gainesville, FL 32608
phone: 352-378-6649
fax: 352-378-1256
agingresources.org

PSA 4

ElderSource, The Area Agency on Aging of Northeast Florida
4160 Woodcock Dr., 2nd Floor
Jacksonville, FL 32207
phone: 904-391-6600
fax: 904-391-6601
myeldersource.org

PSA 5

Area Agency on Aging of Pasco-Pinellas, Inc.
9887 4th St. N., Suite 100
St. Petersburg, FL 33702
phone: 727-570-9696
fax: 727-570-5098
agingcarefl.org

PSA 6

West Central Florida Area Agency on Aging, Inc.
5905 Breckenridge Pkwy., Suite F
Tampa, FL 33610
phone: 813-740-3888
fax: 813-623-1342
agingflorida.com

PSA 7

Senior Resource Alliance
988 Woodcock Rd., Suite 200
Orlando, FL 32803
phone: 407-514-1800
fax: 407-228-1835
seniorresourcealliance.org

PSA 8

Area Agency on Agency of Southwest Florida
15201 Cleveland Ave., Suite 1100
North Fort Myers, FL 33903
phone: 239-656-6900
fax: 239-652-6999
aaaswfl.org

PSA 9

Area Agency on Aging of Palm Beach/Treasure Coast
4400 N. Congress Ave.
West Palm Beach, FL 33407
phone: 561-684-5885
fax: 561-214-8678
myanswersonaging.org

PSA 10

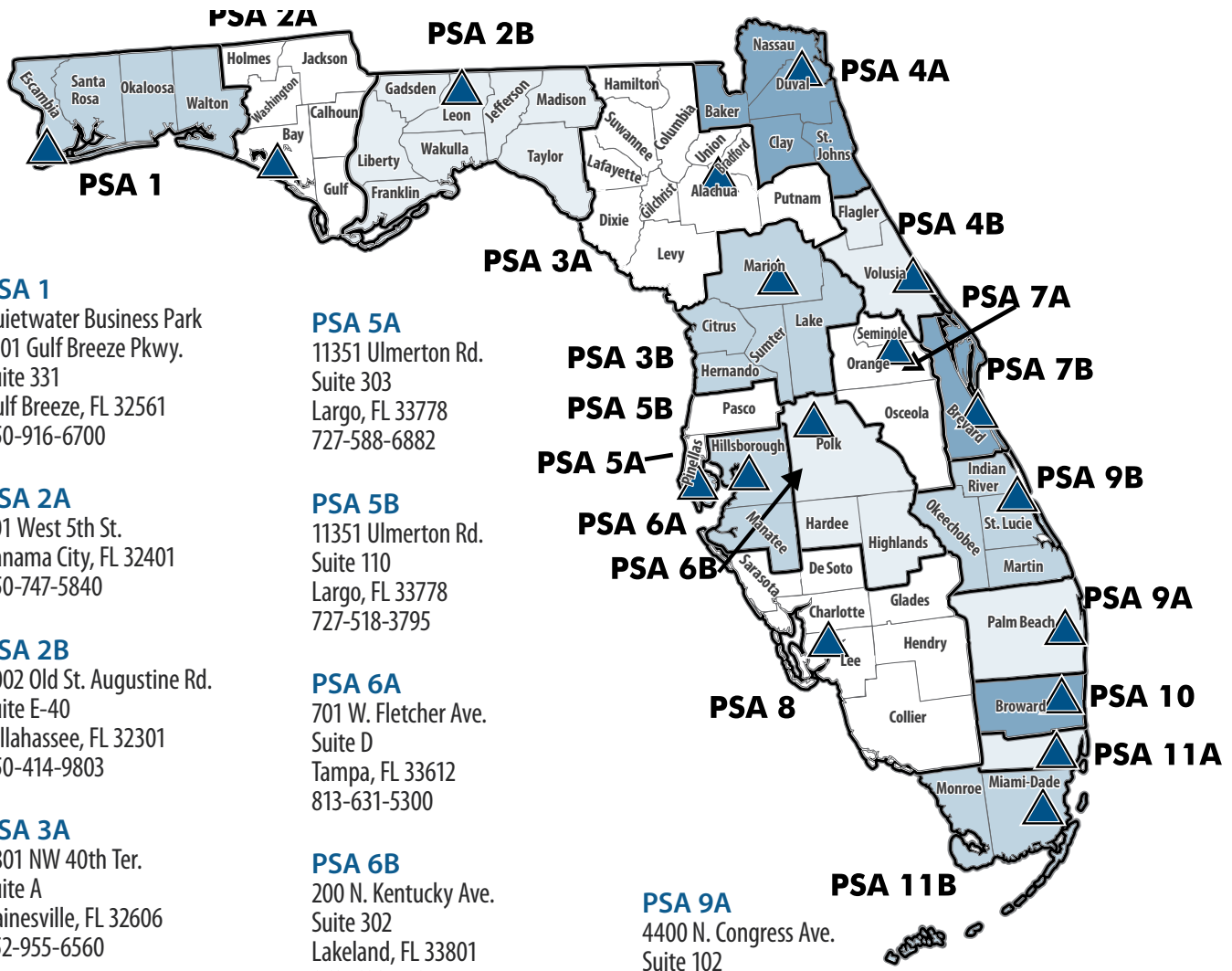
Ageing & Disability Resource Center of Broward County, Inc.
5300 Hiatus Rd.
Sunrise, FL 33351
phone: 954-745-9567
fax: 954-745-9584
adrcbroward.org

PSA 11

Alliance for Aging, Inc.
760 NW 107th Ave.
Suite 214, 2nd Floor
Miami, FL 33172
phone: 305-670-6500
fax: 305-670-6516
allianceforaging.org

PSA - Planning & Service Area

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



PSA 1
 Quietwater Business Park
 1101 Gulf Breeze Pkwy.
 Suite 331
 Gulf Breeze, FL 32561
 850-916-6700

PSA 2A
 101 West 5th St.
 Panama City, FL 32401
 850-747-5840

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

PSA 3A
 3801 NW 40th Ter.
 Suite A
 Gainesville, FL 32606
 352-955-6560

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

PSA 4A
 Bldg. 3300
 4161 Carmichael Ave.
 Suite 101
 Jacksonville, FL 32207
 904-391-3920

PSA 4B
 210 N. Palmetto Ave.
 Suite 408
 Daytona Beach, FL 32114
 386-238-4946

PSA 5A
 11351 Ulmerton Rd.
 Suite 303
 Largo, FL 33778
 727-588-6882

PSA 5B
 11351 Ulmerton Rd.
 Suite 110
 Largo, FL 33778
 727-518-3795

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

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

PSA 7A
 The Tedder Building
 Suite 200
 988 Woodcock Rd.
 Orlando, FL 32803
 407-228-7700

PSA 7B
 1970 Michigan Ave.
 Bldg. J West
 Cocoa, FL 32922
 321-690-6445

PSA 8
 12381 S. Cleveland Ave.
 Suite 402
 Fort Myers, FL 33907
 239-278-7210

PSA 9A
 4400 N. Congress Ave.
 Suite 102
 West Palm Beach, FL 33407
 561-840-3150

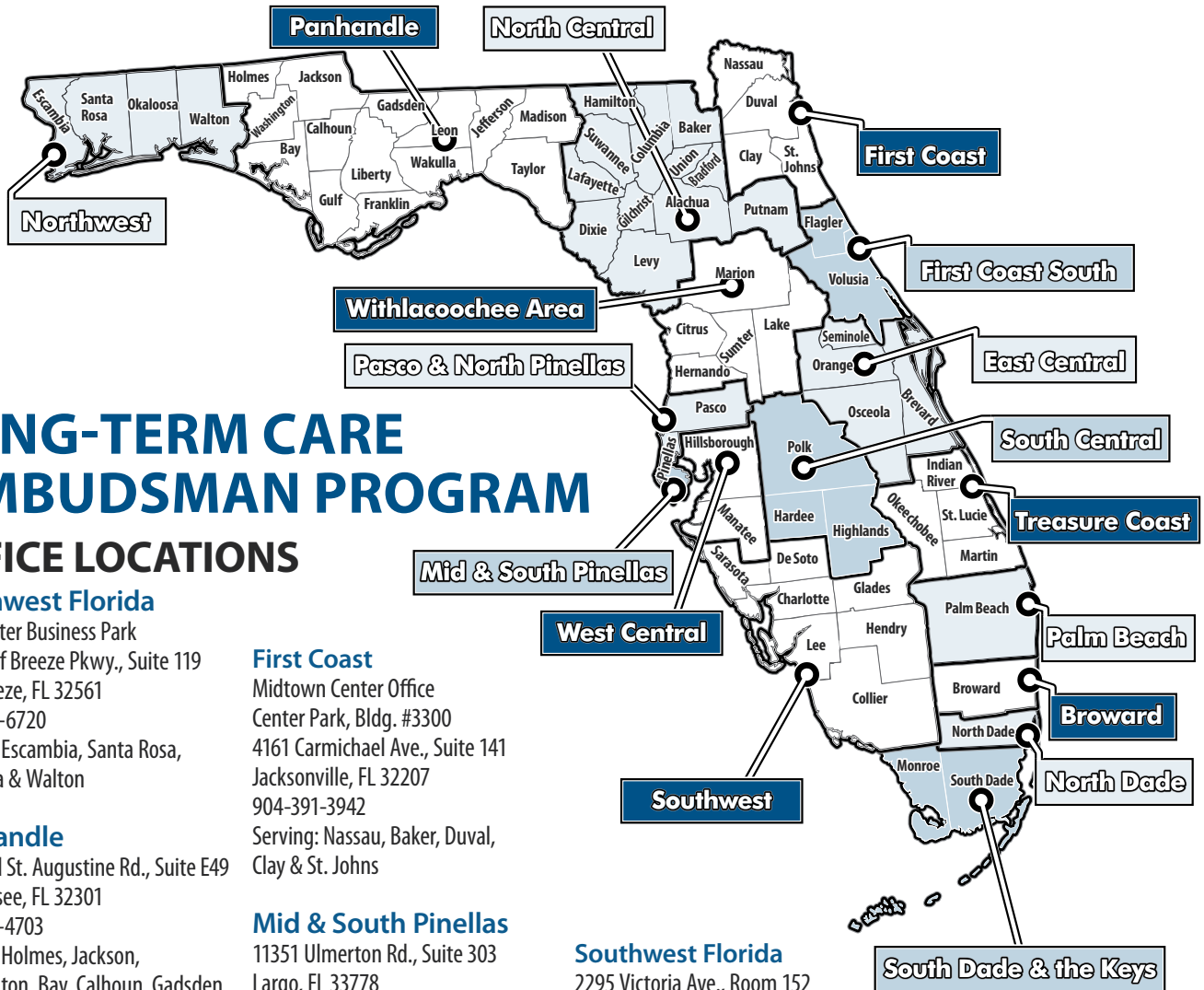
PSA 9B
 337 N. 4th St.
 Suite E
 Ft. Pierce, FL 34950
 772-460-3692

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

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

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

PSA - Planning & Service Area



LONG-TERM CARE OMBUDSMAN PROGRAM

OFFICE LOCATIONS

Northwest Florida

Quietwater Business Park
1101 Gulf Breeze Pkwy., Suite 119
Gulf Breeze, FL 32561
850-916-6720
Serving: Escambia, Santa Rosa,
Okaloosa & Walton

Panhandle

2002 Old St. Augustine Rd., Suite E49
Tallahassee, FL 32301
850-921-4703
Serving: Holmes, Jackson,
Washington, Bay, Calhoun, Gadsden,
Liberty, Gulf, Franklin, Leon, Madison,
Taylor, Jefferson & Wakulla

North Central Florida

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

Withlacochee Area

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

First Coast South

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

First Coast

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

Mid & South Pinellas

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

Pasco & North Pinellas

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

West Central Florida

701 W. Fletcher Ave., Suite C
Tampa, FL 33612
813-558-5591
Serving: Hillsborough & Manatee

East Central Florida

988 Woodcock Rd., Suite 198
Orlando, FL 32803
407-228-7752
Serving: Orange, Seminole,
Brevard & Osceola

Southwest Florida

2295 Victoria Ave., Room 152
Ft. Myers, FL 33901
239-338-2563
Serving: Sarasota, Desoto, Charlotte,
Glades, Lee, Hendry & Collier

Palm Beach County

111 S. Sapidilla Ave., #125 A-B-C
West Palm Beach, FL 33401
561-837-5038
Serving: Palm Beach

Treasure Coast

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

Broward County

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

South Dade & the 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)

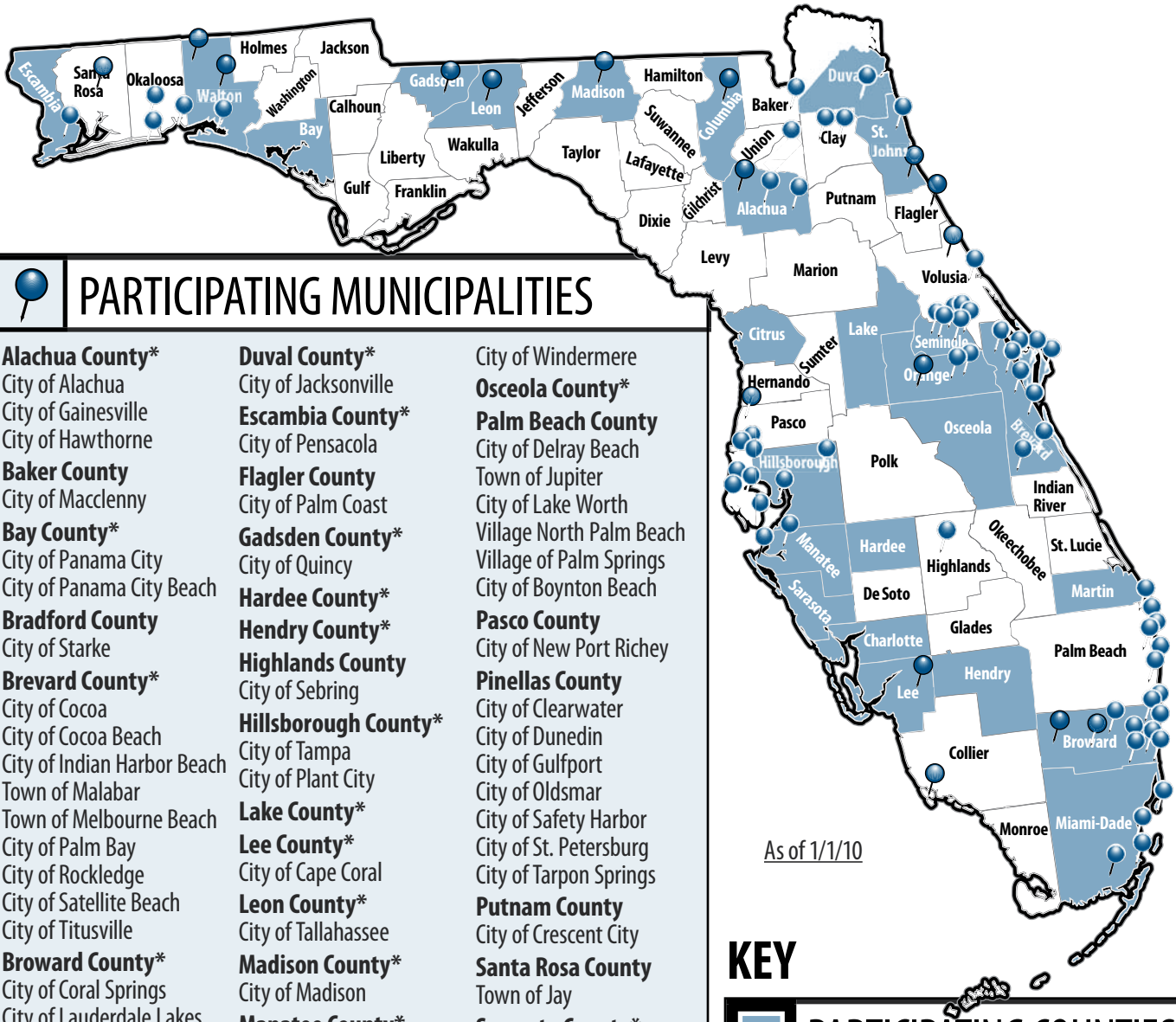
North Dade

7270 NW 12th St., Suite 550
Miami, FL 33126
786-336-1418
Serving: N. Miami Dade,
(North of Flagler Street, All of Hialeah
& NE and NW Addresses)

South Central Florida

200 N Kentucky Avenue, #224
Lakeland, FL 33801
863-413-2764
Serving: Polk, Highland & Hardee

COMMUNITIES FOR A LIFETIME



As of 1/1/10



PARTICIPATING MUNICIPALITIES

- | | | |
|---|--|---|
| Alachua County*
City of Alachua
City of Gainesville
City of Hawthorne | Duval County*
City of Jacksonville | City of Windermere |
| Baker County
City of Macclenny | Escambia County*
City of Pensacola | Osceola County*
City of Delray Beach
Town of Jupiter
City of Lake Worth
Village North Palm Beach
Village of Palm Springs
City of Boynton Beach |
| Bay County*
City of Panama City
City of Panama City Beach | Flagler County
City of Palm Coast | Palm Beach County
City of New Port Richey |
| Bradford County
City of Starke | Gadsden County*
City of Quincy | Pinellas County
City of Clearwater
City of Dunedin
City of Gulfport
City of Oldsmar
City of Safety Harbor
City of St. Petersburg
City of Tarpon Springs |
| Brevard County*
City of Cocoa
City of Cocoa Beach
City of Indian Harbor Beach
Town of Malabar
Town of Melbourne Beach
City of Palm Bay
City of Rockledge
City of Satellite Beach
City of Titusville | Hardee County*
Hendry County*
Highlands County
City of Sebring | Polk County
City of Crescent City |
| Broward County*
City of Coral Springs
City of Lauderdale Lakes
City of Tamarac
City of Parkland
City of Coconut Creek
City of Hollywood
City of West Park
City of Miramar
City of Hallandale Beach
Town of Davie | Hillsborough County*
City of Tampa
City of Plant City | Santa Rosa County
Town of Jay |
| Charlotte County* | Lake County*
Lee County*
City of Cape Coral | Sarasota County*
Seminole County*
City of Lake Mary
City of Oviedo
City of Winter Springs
City of Sanford
City of Altamonte Springs
City of Longwood |
| Citrus County* | Leon County*
City of Tallahassee | St. Johns County* |
| Clay County
City of Keystone Heights
Town of Penny Farms | Madison County*
City of Madison | Volusia County*
City of Ormond Beach
City of DeLand |
| Collier County
City of Marco Island | Manatee County*
City of Bradenton Beach
City of Anna Maria
City of Holmes Beach | Walton County*
City of DeFuniak Springs
City of Freeport
City of Paxton |
| Columbia County*
City of Lake City | Martin County*
Miami-Dade County*
Town of Miami Lakes
City of Miami Gardens
City of South Miami
City of Miami Beach | |
| | Okaloosa County
City of Destin
City of Niceville
City of Fort Walton Beach | |
| | Orange County*
Town of Eatonville | |

(* Indicates a CFAL county)

KEY

PARTICIPATING COUNTIES

- | | |
|----------------------------|--------------------------|
| Alachua County | Lake County |
| Bay County | Lee County |
| Brevard County | Leon County |
| Broward County | Madison County |
| Charlotte County | Manatee County |
| Citrus County | Martin County |
| Columbia County | Miami-Dade County |
| Duval County | Orange County |
| Escambia County | Osceola County |
| Gadsden County | Sarasota County |
| Hardee County | Seminole County |
| Hendry County | St. Johns County |
| Hillsborough County | Walton County |

SENIOR CENTERS & FLORIDA'S AGING NETWORK

Florida's aging services network encompasses a wide range of organizations and providers that help create a better life for the Sunshine State's 4.4 million seniors. The Department of Elder Affairs is the organization primarily responsible for administering elder-related programs within Florida, but it is really at the local level that the "rubber meets the road" – where essential services are actually provided to seniors who need them.

With the nation's largest concentration of residents age 60 and older, Florida relies on a network of committed volunteers and dedicated professionals to deliver helpful services. The Department coordinates most of its activities through 11 Area Agencies on Aging, which work closely with lead local agencies, faith-based and non-profit community organizations, and local governments. Their common goal is to delivering an array of services that enable Florida to continue offering active, healthy living for seniors throughout their later years.

Among the most important elements of the aging network are Florida's senior centers. Studies show that elders are happier and healthier when they are engaged socially, intellectually and physically, and senior centers are involved in all three pursuits.

Senior centers are community facilities that provide a broad spectrum of services suited to the diverse needs and interests of independent older persons. Florida's 240-plus centers provide a wide range of activities that enhance the daily lives of seniors and extend beyond traditional programs and events. An estimated 380,000 seniors visit Florida's senior centers every year. These centers provide seniors the opportunity to participate in community-based activities within their own neighborhoods and among their friends.

Each senior center is unique, offering its own mix of services and activities ranging from

educational and recreational opportunities to fitness and wellness classes, nutritional meals and more. Each center relies on its own funding sources for operations. The vast majority are located in free-standing buildings, within recreation or multi-generational community centers, or in local government buildings. Because most have small full-time staffs, senior centers rely heavily on volunteers.

Most Florida senior centers are open at least 30 hours each week, many on weekends, and they offer affordable programs at little or no cost. The services most commonly offered in the state's senior centers are information and referral, congregate meals and transportation. A list of Florida's senior centers is available online on the Department's website at <http://elderaffairs.state.fl.us/english/seniorcenter/sc.pdf>.

In 2007 and 2008, the Florida Legislature authorized the Department to award one-time grants for fixed capital outlay projects for senior centers. The grants awarded by the Department are enabling the establishment of new senior centers in 14 communities across the state – Apalachicola, Bradenton, Clearwater, Cross City, Delray Beach, Fernandina Beach, Gainesville, Lake Butler, Melrose, Miami, Milton, Pembroke Pines, Starke and West Palm Beach – as well as repairs and maintenance on existing facilities throughout the state.

APPROPRIATION HISTORY:	
STATE FISCAL YEAR	STATE FUNDING
2007-2008	\$9,100,000
2008-2009	\$10,000,000

All Senior Centers in Florida are encouraged to seek national accreditation from the National Institute of Senior Centers. Currently nine centers have attained this distinction, as follows:

Sunshine Senior Center (St. Petersburg)

Accredited 2001
 330 5th Street North
 St. Petersburg, FL 33701
 phone: 727-893-7190
 fax: 727-892-5464
 website: stpete.org/seniors

Tallahassee Senior Center

Accredited 2002
 1400 North Monroe Street
 Tallahassee, FL 32303
 phone: 850-891-4000
 fax: 850-891-4020
 website: talgov.com/senior

Mary L. Singleton Center (Jacksonville)

Accredited 2002
 1805 Flag Street
 Jacksonville, FL 32209
 phone: 904-630-0928
 fax: 904-630-0212
 website: coj.net

Senior Friendship Center of Sarasota

Accredited 2003
 1888 Brother Geenen Way
 Sarasota, FL 34236
 phone: 941-955-2122
 fax: 941-366-8247
 website: seniorfriendship.com

Senior Friendship Center of Venice

Accredited 2003
 1888 Brother Geenen Way
 Sarasota, FL 34236
 phone: 941-955-2122
 fax: 941-366-8247
 website: seniorfriendship.com

Boynton Beach Senior Center

Accredited 2006
 1021 S. Federal Highway
 Boynton Beach, FL 33425
 phone: 561-742-6570
 fax: 561-734-5926
 website: boynton-beach.org/government/departments/recreation_and_parks/community_centers/senior_center/index.html

Lane Wiley Senior Center (Jacksonville)

Accredited 2007
 6710 Wiley Road
 Jacksonville, FL 32210
 phone: 904-783-6589
 fax: 904-693-14241
 website: coj.net

Coastal Community Center (St. Augustine)

Accredited 2007
 180 Marine Street
 St. Augustine, FL 32084
 phone: 904-209-3700
 fax: 904-209-3654
 website: stjohnscoa.com

Mae Volen Senior Center (Boca Raton)

Accredited 2008
 1515 W. Palmetto Park Road
 Boca Raton, FL 33486
 phone: 561-395-8920
 fax: 561-886-0110
 website: maevolen.com

A full listing of Florida's senior centers is available online at: <http://elderaffairs.state.fl.us/english/seniorcenter/sc.pdf>

Section B

Services & Utilization

Introduction to Services and Utilization 35

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INTRODUCTION TO SERVICES & UTILIZATION

This section of the Summary of Programs and Services includes a list of codes identifying Department programs, followed by a cross-reference containing an alphabetical listing of specific services for elders and the Department programs that provide those services. In addition, the listing indicates the number of “units of service” provided in each program, totaled by:

- State fiscal year 2008-2009 (July 1, 2008, through June 30, 2009); or
- Federal fiscal year 2008-2009 (October 1, 2008, through September 30, 2009); or
- In the case of programs operating on a calendar year, January 1 through December 31, 2008.

A review of the services table shows 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 an individual to participate in the various programs may vary. Please refer to Sections C through F of this document for detailed descriptions of all Department programs.

PROGRAM CODES USED IN THIS SECTION

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

AC	AmeriCorps
ACFP	Adult Care Food Program
ADHC	Adult Day Health Care Waiver
ADI	Alzheimer’s Disease Initiative
ADRD	Alzheimer’s Disease and Related Disorders Training Provider and Curriculum Approval
ALW	Assisted Living for the Frail Elderly Waiver
ALZ	Alzheimer’s Disease Waiver
CAE	Crimes Against Elders
CARES	Comprehensive Assessment and Review for Long-Term Care Services
CCDA	Community Care for Disabled Adults*
CCE	Community Care for the Elderly
CHL	Channeling Waiver
CS	Contracted Services
EFMNP	Elder Farmers’ Market Nutrition Program
EHEAP	Emergency Home Energy Assistance for the Elderly
HRNPE	High-Risk Nutrition Program for the Elderly**
LSP	Local Services Programs

LTCOP	Long-Term Care Ombudsman Program
MW	Medicaid Waiver, Home- and Community-Based Services
NHD	Long-Term Care Community Diversion Pilot Project
OAA	Older Americans Act
OES	Osteoporosis Education and Screening
RELIEF	Respite for Elders Living in Everyday Families
SC	Senior Companion Program
SCSEP	Senior Community Service Employment Program (OAA Title V)
SHINE	Serving Health Insurance Needs of Elders
SPGO	Statewide Public Guardianship Office

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

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

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Adult Day Care	Therapeutic social and health activities and services provided to adults who have functional impairments, in a protective environment as non-institutional as possible.	Hours	CCE, HCE, LSP, OAA,	848,912
Adult Day Care Food Program	USDA funded program that subsidizes meals served to Licensed Adult Day Care Center Participants	Clients served, daily average	ACFP	9,455
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	ALZ, CCE, MW, NHD	1,870,168
Alzheimer's Disease Training Provider & 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	322
		Training curricula approved		60
Assisted Living Comprehensive Services	Array of service components provided by or through the assisted living facility in which the recipient resides. These service components are specified in the recipient's plan of care.	Days	ALW	705,550
Attendant Care	Supportive and health-related hands-on care services specific to the needs of a medically stable, physically handicapped individual. Skilled nursing care, personal care and housekeeping activities incidental to care may be authorized as part of this service.	Hours	MW	8,746
Basic Subsidy	A fixed sum cash payment made to an eligible caregiver each month to reimburse some of his/her 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	30,986
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 including community workshops, seminars and other organized local, regional or statewide events. Support may also be provided to caregivers through telecommunications media.	Hours	ADI, OAA	4,557 (Group) 3,711 (Individual)

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Case Aide	Services that are an adjunct and supplemental to case management services and are provided by paraprofessionals under the direction of case managers or designated supervisory staff.	Hours	ADI, CCE, HCE, MW, OAA	35,322
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 that addresses these needs; arranging and coordinating agreed-upon services; and monitoring the quality and effectiveness of the services. Case management is a service for actively enrolled clients that provides continuing support and addresses the changing needs of clients.	Hours	ADI, ALW, CCDA, CCE, HCE, LSP, MW, OAA	219,323
Child Day Care	Services provided to a minor child no older than 18, or a child with a disability, who resides with a grandparent or other related caregiver age 55 or older.	Hours	OAA	14,995
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 that 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	31,611
	Chore services are provided to maintain the recipient's home in a clean, sanitary and safe environment. Chore services include heavy household chores such as washing floors, windows and walls, tacking down rugs and tiles, and moving heavy items of furniture in order to provide safe access and egress.		MW	61,597
Chore - Enhanced	Performance of any house or yard task beyond the scope of regular chore services due to more demanding circumstances requiring more intensified thorough cleaning.	Hours	CCE, HCE, OAA	3,825

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Companionship	Visiting a client who is socially and/or geographically isolated, for the purpose of relieving loneliness and providing continuing social contact with the community by engaging in casual conversation, providing assistance with reading, writing letters, playing entertaining games, escorting a client to a doctor’s appointment and conducting diversional activities such as going to the movies, the mall, the library or grocery store.	Hours	CCE, OAA	127,582
	Adult companion services are non-medical care, supervision and socialization provided to a functionally impaired adult. Companions may assist or supervise the recipient with such tasks as meal preparation, laundry and shopping. Providers may also perform light housekeeping tasks that are incidental to the individual’s care and supervision.		MW	912,019
Congregate Meals	The provision at a congregate meal site of a meal that complies with the Dietary Guidelines for Americans and provides 1/3 daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient) as established by the Food and Nutrition Board of National Academy of Sciences.	Meals	CS, HRNPE, LSP, OAA	4,253,449
Congregate Meals - Screening	Conducts assessments for congregate-meal applicants or recipients, with referral and follow-up as needed.	Hours	OAA	4,761
Consumable Medical Supplies	Consumable medical supplies are disposable supplies used by the recipient that are essential to care for the recipient’s needs. Such supplies enable a recipient to either perform activities of daily living or stabilize and monitor a health condition.	Episodes	ALW, MW	56,865

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Counseling	Uses the casework mode of relating to a client (via interview, discussion or lending a sympathetic ear) to advise and enable the older person and/or his/her family to resolve problems (concrete or emotional) or to relieve temporary stresses. Through counseling, persons are helped to maximize the use of available resources to assure physical and emotional well-being.	Hours	CCE, OAA	6,324
	Counseling services address the symptoms arising from the stresses of the aging process and the functional limitations of that process or disability. This service includes the development of appropriate personal support networks, exploration of possible alternative behavior patterns, therapeutic social skills, and identification of optimal interpersonal functioning.		MW	6,068
Counseling - Gerontological Group & Individual	Same as for CCE and OAA above, but geared toward physiological and psychological aspects of aging. Counselors may also act as advocates. This may be done on a one-to-one or group basis.	Hours	ADI, CCE, LSP, OAA	1,914 (Group) 23,894 (Individual)
Counseling Support Group - Group	(See above description.)	Hours	OAA	148
Counseling - Medicare & Health Insurance	Provides Medicare and health insurance education, counseling and assistance to Medicare recipients, their families and caregivers.	Consumers served	SHINE	505,700
Counseling - Mental Health Counseling & Screening	Services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group and family therapy provided to individuals using techniques appropriate to this population.	Hours	CCE, LSP, OAA	4,561
Disease Information	Providing information to individuals, families, caregivers and the general public about chronic conditions and diseases, and about prevention measures and services, treatment, rehabilitation and coping strategies for those factors that cannot change. This can be done on a one-on-one or group basis.	Episodes	OAA	194 (Group) 1,551 (Individual)

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Education	Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities. Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience or skills; increasing awareness in such areas as crime or accident prevention; promoting personal enrichment; and enhancing skills in a specific craft, trade, job or occupation. Other options include training individuals or groups in guardianship proceedings of older individuals if other adequate representation is unavailable.	Hours	LSP, OAA	3,023
Education & Training - Group	(See above description.)	Episodes	LSP, OAA	11,220
Education & Training - Individual	(See above description.)	Episodes	OAA	3,421
Emergency Alert Response	A community-based electronic surveillance service that monitors the frail homebound elder by means of an electronic communication link with a response center.	Days	CCE, LSP, OAA MW	1,022,804
	Emergency alert response system (EARS) services provide an electronic device that enables individuals at high risk of institutionalization to secure help in an emergency. The recipient can also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated.			8,631
Emergency Alert Response - Installation	(See above description.)	Episodes	CCE	50
Emergency Home Repair	Provides critically needed home repairs, modifications and alterations.	Episodes	CCE	4
Employment & Job Training	Provides up to 20 hours a week of paid part-time community service work for unemployed low-income persons who are 55 years of age or older. Assists with placement in unsubsidized employment.	Clients served	SCSEP	1,148
Environmental Modification	Provides physical adaptations to the recipient's home to ensure his/her health, welfare and safety, or to enable the recipient to function more independently at home.	Episodes	MW	417

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Escort	Personal accompaniment and assistance to a person who has physical or cognitive difficulties using regular vehicular transportation. The accompaniment and assistance is provided to individuals to or from service providers, medical appointments or other destinations needed by the client. Escort is essential during travel to provide safety, security and support.	One-way trips	CCE, OAA	3,969
	Escort services provide trained individuals to accompany and assist recipients to and from service providers. Escorts can provide language interpretations for recipients who have hearing or speech impairments and can also be used to translate foreign languages on behalf of the recipient.		MW	23,651
Financial Risk Reduction - Assessment	Provides ongoing assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities and expenditures.	Hours	CCE	28
Financial Risk Reduction - Maintenance	(See above description.)	Hours	CCE	669
Health Promotion	Offers individual and/or group sessions that help participants understand how lifestyle affects physical and mental health and develop personal practices that enhance total well-being. Services are provided at multi-purpose senior centers, congregate meal sites and other appropriate places that target elders who 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; distribution of information concerning diagnosis, prevention, treatment and rehabilitation of age-related diseases and chronic disabling conditions such as osteoporosis; evidence-based chronic disease self-management programs; and evidence-based fitness and nutrition programs.	Episodes	LSP, OAA	887
		Hours		(Group) 3,351 (Individual) 1,219

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Health Risk Assessment	An assessment utilizing one or more tools to test older persons for certain risk factors that are known to be associated with a disease or condition. Many factors can be modified, 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 determine the addictive nature of many factors in his/her life. This can be done on a one-on-one or group basis.	Episodes	OAA	1,187 (Group)
		Hours	LSP, OAA	3,780 (Individual) 1,971
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 when a request is made by the individual being served. Health risk screening procedures screen for diseases and ailments such as hypertension, glaucoma, cholesterol, cancer, vision or hearing loss, diabetes, osteoporosis and nutrition deficiencies.	Episodes	OAA	1,298 (Group)
		Hours	OAA	6,357 (Individual) 2,663
Health Support	Helps individuals secure and utilize necessary medical treatment as well as preventive, emergency and health maintenance services.	Hours	LSP, OAA	13,617 (Group)
		Episodes	OAA	11,092 (Individual) 2,894
Home-Delivered Meals	Provides a home-delivered meal that complies with the Dietary Guidelines for Americans and provides 1/3 daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient), as established by the Food and Nutrition Board of National Academy of Sciences.	Meals	CCDA, CCE, CS, HCE, LSP, MW, OAA	6,782,170
Home-Delivered Shelf Meals - Emergency	(See above description.)	Meals	CCE	8,225
Home Health Aide Service	Provides hands-on personal care services, performs simple procedures as an extension of therapy or nursing services, assists with ambulation or exercises, and assists with self-administered medication as defined by Chapter 400.488, Florida Statutes, and Chapter 59A-8.020, Florida Administrative Code.	Hours	OAA	415

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Home Injury Control	Helps prevent or reduces 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.	Episodes	OAA	922 (Group)
		Hours		135 (Individual)
Homemaker	Performs 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, HCE, LSP, MW, OAA	4,234,129
Housing Improvement	Provides home repairs, environmental modifications, adaptive alterations, security device installation or payments for households experiencing a home-energy emergency.	Hours	CCE, HCE, LSP, OAA	38,885
Housing Improvement - Vendor Payment	(See above description.)	Episodes	HCE	8
Housing Improvement - Energy Assistance	Provides assistance to low-income households experiencing a home energy emergency.	Households served	EHEAP	7,550
Information	Responds to an inquiry from or on behalf of a person regarding public and private resources and available services.	Episodes	OAA	303,770
Intake	Administers standard intake and screening instruments in order to gather information about an applicant for services.	Hours	CCE, OAA	4,145
Interpreting & Translating	Explaining the meaning of oral and/or written communication to non-English speakers and/or persons with disabilities who are unable to perform the functions.	Hours	OAA	13
Legal Services	Legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney). Legal services include counseling or representation by a non-lawyer, when permitted by law, to older individuals with economic or social needs. Legal assistance protects against the loss of basic civil rights and ensures the autonomy and independence of older persons.	Hours	LSP, OAA	32,565

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Long-Term Care Alternatives to Nursing Homes	Services that provide home, community-based or assisted living long-term care as alternatives to nursing home placement, and that integrate the delivery of acute and long-term care.	Clients served	NHD	19,032
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	3,932 8,302
Material Aid	<p>Aid in the form of:</p> <p>(1) Goods or food such as the direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc.</p> <p>(2) Food item(s) necessary for health, safety or welfare. This may include condiments or paper products necessary for food consumption, as well as delivery charges. Alcohol, drug and tobacco products are excluded.</p> <p>(3) The repair, purchase, delivery and installation of any household appliance necessary to maintain a home or assist with household tasks necessary for the health, safety or welfare of the person.</p> <p>(4) The purchase of materials necessary to perform chore or enhanced chore services (see Chore and Enhanced Chore service descriptions above).</p> <p>(5) The purchase of construction materials necessary to perform housing improvements, alterations and repairs (see Housing Improvement service descriptions above).</p>	Episodes	CCE, HCE, LSP, OAA	33,053
Medication Management	Screening, education, identification and counseling regarding the medication regime that an individual is 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	1,075 (Group) 1,308 (Individual) 1,880
Mental Health Screening	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	OAA	54

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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	53,988
Nursing Home Applicant Assessment	Designed to evaluate the medical necessity for nursing facility care, the level of care required by the individual and preadmission screening of all nursing facility applicants to determine mental illness or developmental disabilities.	Number of assessments	CARES	97,463
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	EFMNP	2,986
Nutrition Counseling	Provides individualized advice and guidance to persons who are at nutritional risk because of their poor health, nutritional history, current dietary intake, use of medications or chronic illnesses. Nutritional counseling includes options and methods to improve an individual's nutritional status.	Hours	CCE, OAA	2 (Group)
			OAA	1,310 (Individual) 873
Nutrition Education	Promotes better health by providing accurate, scientifically sound, practical and culturally sensitive nutrition information and instruction to participants in a group or individual setting consistent with their needs and food resources. Nutrition education is the process by which individuals gain the understanding, skills and motivation necessary to promote and protect their nutritional well-being through their food choices and food preparation methods.	Clients	LSP, OAA	217,681
Other Services	A miscellaneous category for goods or services not defined elsewhere that are necessary for the health, safety or welfare of the person.	Episodes	CCE, CS, HCE, LSP	11,178
Outreach	An OAA-required access service making active efforts to reach target individuals face to face, either in a community setting or in home neighborhoods 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	31,404

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Personal Care	Assistance with eating, dressing, personal hygiene and other activities of daily living. This service may include assistance with meal preparation and 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	CCE, HCE, LSP, MW, OAA	4,441,542
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	80
Pest Control - Enhanced Initiation	(See above description.)	Episodes	CCE	12
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	931
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
Pest Control - Rodent Control Maintenance	(See above description.)	Hours	CCE	12
Physical Fitness	Physical fitness services are defined as activities for elders to improve their strength, flexibility, endurance, muscle tone, range of motion, reflexes, cardiovascular health and/or other aspects of physical functioning.	Hours	OAA	2,933
Physical Therapy	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	7
Public Education	Speaking to groups or distributing materials to individuals at public gatherings to describe services and opportunities available to audience members within their communities. The Public Education service category will be merged into the Education category effective SFY 2008-2009.	Episodes	OAA	6

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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 interests. Guardians protect the property and personal rights of incapacitated individuals.	Wards of limited financial means with no willing or able family or friend to serve	SPGO	2,598
Recreation	Assists with 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	477,042
Referral & Assistance	An activity provided via telephone or person-to-person contact. Information is obtained about a person's needs, these needs are assessed, and the person is directed to the appropriate resources most able to meet 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.	Episodes	OAA	28,483
Respite - In-Home	Relief or rest for a primary caregiver from the constant/continued need to provide supervision, companionship, and therapeutic and/or personal care for a functionally impaired older person for a specified period of time.	Hours	ADI, CCE, HCE, LSP, MW, OAA, RELIEF	2,571,133
Respite - In-Facility	(See above description.)	Hours	ADI, CCE, HCE, LSP, MW, OAA	670,582
Respite - Institutional	(See above description.)	Hours	OAA	3,577
Risk Reduction - Nutritional	Conducts a nutritional status assessment and provides a nutritional care plan for the recipient and/or caregiver, specified as necessary to promote the participants' health and safety.	Hours	CCE	45
Screening & Assessment	Administers standard assessment instruments to gather information about and prioritize clients at the time of active enrollment or to reassess currently active clients to determine need and eligibility for services.	Hours	LSP, OAA	67,830

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Shopping Assistance	Helps a client get to and from stores or shops 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	18,801
Sitter	Services provided to a minor child no older than 18, or a child with a disability, who resides with a grandparent age 55 and older or other related caregiver age 55 and older. Sitter services may be carried out in the home or in a facility during the day, at night or on weekends.	Hours	OAA	2,440
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, CS, LSP	5,696
	Services listed in the plan of care that are within the scope of the state's Nurse Practice Act are listed on the recipient's care plan and are provided on an intermittent basis to recipients. Services are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the state. Sessions may be in the provider's office or the recipient's home.		MW	813
Specialized Medical Equipment, Services & Supplies	<p>Services include:</p> <p>(1) Adaptive devices, controls, appliances or services that 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;</p> <p>(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;</p> <p>(3) Supplies such as adult briefs, bed pads, oxygen or nutritional supplements;</p> <p>(4) Medical services paying for doctor or dental visits; and</p> <p>(5) Pharmaceutical services paying for needed prescriptions.</p>	Episodes	ADI, CCE, HCE, LSP, MW, NHD, OAA	32,668

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Telephone Reassurance	Communicating with designated clients by telephone on a mutually agreed schedule to determine that they are safe and to provide psychological reassurance, or to implement special or emergency assistance.	Episodes	OAA	96,167
Transportation	Travel to or from community services and resources, health and medical care, shopping, social activities, or other life sustaining activities.	One-way trips	CCE, CS, HCE, LSP, OAA	1,340,229
Volunteer Recruitment, Training & 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	AC	49
		Clients served		300
Volunteer Recruitment, Training & 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	SC	158
		Clients served		481
Volunteer Training	Provides training to individuals interested in helping caregivers with respite services.	Hours	RELIEF	2,941

SERVICES TABLE DATA SOURCES

Service definitions and programs providing services:

DOEA Programs and Services Handbook, July 2008

DOEA 2009 Summary of Programs and Services

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

Units of Service:

DOEA CIRTS Report for Services 7/1/2008 - 6/30/2009, generated 9/21/2009

DOEA CIRTS for Medicaid Waiver Services 7/1/2008 - 6/30/2009, generated 9/21/2009

DOEA 2007 Summary of Programs and Services

DOEA Division of Internal and External Affairs report data

DOEA Division of Statewide Community-Based Services report data

DOEA Delphi Report for FFY 2009

Section C

Older Americans Act Programs and Services

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SUMMARY OF OLDER AMERICANS ACT PROGRAM SERVICES

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

Florida’s OAA Title III funds are allocated by formula to the 11 Area Agencies on Aging, which in turn contract with local service providers to deliver the services described on the following pages to eligible individuals age 60 and older and their caregivers.

The Senior Community Service Employment Program (SCSEP), funded under Title V of the OAA, contracts directly with local service organizations to provide unemployed low-income persons age 55 and older with work experience through participation in a community service assignment, training and assistance with finding unsubsidized employment.

OAA Title VII funding supports programs and services to protect elders from abuse and provide 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.

OLDER AMERICANS ACT TITLE III

DESCRIPTION:

Florida's OAA Title III funds are allocated by formula to the 11 Area Agencies on Aging, which in turn contract with local service providers to deliver the services described on the following pages to eligible individuals age 60 and older and their caregivers.

SERVICES OR ACTIVITIES:

Title III B: Provides supportive services to boost the well-being of elders and to help them live 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 receive other social and rehabilitative services.

Title III C2: Provides home-delivered meals and nutrition education to 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 or 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 or for children of any age who have disabilities.

ADMINISTRATION:

The Department administers OAA Title III programs and services through contracts with Area Agencies on Aging, which in turn enter into contracts with local service providers to deliver services within their communities.

Program services are provided by more than 250 contractors and subcontractors statewide.

ELIGIBILITY:

Individuals age 60 and older are eligible for OAA Title III services. Spouses and disabled adults younger than 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. Particular attention is given to low-income older individuals, including low-income minority elders, individuals with limited English proficiency and individuals residing in rural areas.

Title III E, the National Family Caregiver Support Program, serves family caregivers who provide in-home and community care for a person age 60 or older, and grandparents or older individuals age 55 and older who are relative caregivers of children no older than 18 or of children of any age who have disabilities.

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 TITLE III APPROPRIATION HISTORY & NUMBERS SERVED:

FFY*	FEDERAL FUNDING OAA TITLE III ALLOCATION TO PSAS	CLIENTS SERVED**
1991-1992	\$44,068,537	341,687
1992-1993	\$47,768,315	328,235
1993-1994	\$45,691,633	367,099
1994-1995	\$47,673,802	359,481
1995-1996	\$47,636,129	74,144
1996-1997	\$45,419,240	81,695
1997-1998	\$45,522,319	107,074
1998-1999	\$47,148,432	94,929
1999-2000	\$47,240,735	91,173
2000-2001	\$49,299,486	89,058
2001-2002	\$61,339,936	112,613
2002-2003	\$72,368,906	96,901
2003-2004	\$71,197,508	90,895
2004-2005	\$73,160,794	87,848
2005-2006	\$74,503,185	86,613
2006-2007	\$73,470,910	84,642
2007-2008	\$75,785,098	80,326
2008-2009	\$77,134,747	77,319
2009-2010	\$85,520,124	85,646#

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

** Prior to 1995, figures include non-registered services; beginning with 1995, figures include registered services only. Title III E services are included beginning in 2001.

Estimate

Source: CIRT S

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

OAA Title III programs are 100 percent federally funded. A 10 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:

- **35 percent weight** - Planning and Service Area population age 60 and older, divided by the statewide population 60 and over.
- **35 percent weight** - Planning and Service Area population age 60 and older with incomes below the poverty level, divided by the statewide population age 60 and older with incomes below the poverty level.
- **15 percent weight** - Planning and Service Area minority population age 60 and older with income below 125 percent of the poverty level.
- **15 percent weight** - Planning and Service Area population age 60 and older with both a mobility limitation and a self-care limitation, as self-reported in the 1990 Census of population and housing.

The administrative funding allocation for Area Agencies on Aging under the Older Americans Act is based on:

- 1) Base allocation: 7 percent of the 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:
 - 50 percent weight - Population age 60 and older in the Planning and Service Area
 - 25 percent weight - Number of counties in the Planning and Service Area
 - 25 percent weight - Allocation of Community Care for the Elderly core services

Area Agency on Aging administrative funding is limited to 10 percent of the total Older Americans Act grant award. The State Unit on Aging administrative expense is limited to 5 percent of the grant award.

OLDER AMERICANS ACT TITLE III B:

SUPPORTIVE SERVICES

OAA Title III B funds provide supportive services to boost the well-being of elders and to help them live independently in their home environment and the community. Funds are allocated to Area Agencies on Aging, which contract 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.

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

OAA TITLE III B STATE ALLOTMENT HISTORY & NUMBERS SERVED:

FEDERAL 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	51,759
2006-2007	\$25,409,222**	50,148
2007-2008	\$24,856,142	47,093***
2008-2009	\$24,749,455	45,542
2009-2010	\$25,657,152	47,212#

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

** Allotment and carry forward.

*** Unduplicated count of clients with data captured by CIRTS. See Information and Referral/Assistance Units of Service table below for data on services assisting elders, caregivers and the general public with their information and referral needs.

Projection

Source: AOB and CIRTS

PROGRAM HIGHLIGHTS

Phil, age 88, has numerous health problems and receives supportive services funded with Older Americans Act Title III B dollars, through Polk County Elderly Services. After the death of his wife of 25 years, he was fearful of the prospect of living alone in his home without assistance with basic needs, but even more fearful of the prospect of going into a nursing home. He had no family members living nearby to assist him. Although his neighbors did their best to be there as a support system, Phil could not continue to live in his home without immediate assistance. Phil contacted Polk County Elderly Services for help but told staff that his pride would not allow him to leave the house that he and his wife had spent their married life making into a home. Phil now receives home-delivered meals, homemaking services and shopping assistance to get necessary medications and other items without having to rely on his neighbors. A donated microwave oven helps him prepare meals, and an emergency alert response system gives him the means to summon help in the event of an emergency. Phil has now received these supportive services for two years, allowing him to live independently in his home and avoid placement in a nursing home.

Carl, age 64, is legally blind and suffers from lupus, hepatitis and arthritis. A resident of Highlands County, he applied to NU-HOPE Elder Care Services for assistance with transportation and homemaking. These services enabled Carl to continue living in his home and maintain an independent lifestyle. He expressed his thanks in a letter to NU-HOPE: "You really helped me out with the transportation problems I was having. I will always be thankful for that. When my vision dropped dramatically and I needed help in keeping my home clean, I contacted my caseworker, and she arranged for a homemaker to fix the problem within an hour of my call. I wish to thank your entire organization for the help you have given me. Thanks you once again. God Bless."

INFORMATION & REFERRAL/ASSISTANCE

DESCRIPTION:

Information and Referral/Assistance (I&R/A) is a supportive service for older adults and their caregivers who seek 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. Funds for I&R/A are allocated to Area Agencies on Aging, which may choose to provide the service or contract with an information and referral service provider. 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 their caregivers are often faced with numerous challenges relating to aging. As the aging population grows, so does the demand for information. The I&R/A functions provide information and referral services to assure that 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 consists of state units on aging (in Florida, the Department of Elder Affairs), Area Agencies on Aging and local Older Americans Act-funded providers. National information and referral standards are implemented to ensure that 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.

The Department's functions include developing I&R/A policies and procedures; providing training resources and technical assistance;

managing and maintaining the statewide toll-free 1-800 service; providing resource information to the Elder Helplines; and serving as state I&R/A liaison to the National Association of State Units on Aging and state I&R/A committees. Elder Helpline Information and Referral providers use a common I&R system, called ReferNet, for collecting, organizing and reporting inquiry data. Through use of a common system, the helplines have also coordinated resources to build a searchable, statewide online resource database that is accessible by elders, their families and caregivers.

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

INFORMATION & REFERRAL/ASSISTANCE UNITS OF SERVICE:

UNITS OF SERVICE			
STATE FISCAL YEAR	INFORMATION	REFERRALS	TOTAL
2001-2002	790,644	89,699	880,343
2002-2003	745,067	74,433	819,500
2003-2004	814,168	80,364	894,532
2004-2005	911,790	90,949	1,002,739
2005-2006	672,927	92,185	765,112
2006-2007*	621,886	41,503	663,389
2007-2008*	455,614	38,382	493,996
2008-2009	567,259	41,143	608,402
2009-2010#	588,063	42,652	630,715

*Reduction in information units reflects cessation of outsourcing of Elder Helplines by 9 of 11 Area Agencies on Aging and a change in data source.

Sources: CIRTIS and WebDB

Projection

PROGRAM HIGHLIGHT

A frustrated 65-year-old caregiver contacted the Governor’s Office in search of assistance with care for her disabled mother and husband. The caregiver has a job, and it was her desire to continue to work as long as possible to support her family. The Governor’s Office forwarded the caregiver’s request to the Department of Elder Affairs for information and referral assistance. The Department in turn contacted the Elder Helpline in the woman’s area, requesting that staff follow up on her request for help. Three days after contacting her, the Elder Helpline received the following response: “Thank you very much for your fast response. I have an appointment with Miss Kimberly from Elder Affairs Tuesday afternoon. I am very grateful for your assistance. This is what the country is all about. I love the system, and I love America – God bless America.”

OLDER AMERICANS ACT TITLE III C1:

CONGREGATE MEALS

OAA Title III C1 funds are allocated to Area Agencies on Aging, which contract with local service providers to deliver congregate meals at specified meal sites. Meals must conform to current Dietary Guidelines for Americans and provide at least one-third of the current daily Dietary Reference Intake (DRI) for the predominant statewide demographic recipient, a moderately active female age 70 or older. In addition to OAA Title III C1 services, the Department's local services programs provide congregate meals.

OAA TITLE III C1 STATE ALLOTMENT HISTORY & NUMBERS SERVED:

FEDERAL 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	34,424
2006-2007	\$25,054,134**	35,215
2007-2008	\$26,114,186	32,674
2008-2009	\$27,235,573	32,709
2009-2010	\$30,114,519	36,167#

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

** Allotment plus carry-forward # Projection

Source: AOB and CIRTS

PROGRAM HIGHLIGHT

The Hialeah Housing Authority's Hot Lunch Program, funded through OAA Title III C1, serves approximately 700 meals a day. The program serves these meals to Hialeah's most needy elderly residents. One of the program participants is Betty, who has benefited from the program in many ways. She lives alone and has very few family members. Program participation gives Betty the opportunity to enjoy a nutritious meal, interact with other elders and make friends. She looks forward to lunchtime everyday to socialize with her new friends. Betty also participates in the housing authority's activities program, which enables her to visit the grocery store and shopping mall and participate in other trips and activities. Betty is pleased with the improvement in her physical and mental well-being since she began participating in the Hialeah Housing Authority Hot Lunch Program.

OLDER AMERICANS ACT TITLE III C2:

HOME-DELIVERED MEALS

OAA Title III C2 funds are allocated to Area Agencies on Aging, which contract with local service providers for provision of home-delivered meals. Meals must conform to current Dietary Guidelines for Americans and provide at least one-third of the current daily Dietary Reference Intake (DRI) for the predominant statewide demographic recipient, a moderately active female age 70 or older. In addition to OAA Title III C2 services, the Department's local services programs provide home-delivered meals.

OAA TITLE III C2 STATE ALLOTMENT HISTORY AND NUMBERS SERVED:

FEDERAL 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	24,504
2006-2007	\$13,466,020**	23,627
2007-2008	\$13,303,977	22,409
2008-2009	\$13,663,443	21,743
2009-2010	\$15,095,056	24,021#

* Federal fiscal year runs October to September, but contract for service period is January to December

** Allotment plus carry-forward

Projection

Source: AOB and CIRTS

PROGRAM HIGHLIGHT

One elder who receives home-delivered meals offered this assessment: "I am an elderly person and cannot cook for myself or go out to shop. The food in the home-delivered meals is very good. I do not know what would become of me if I did not have this service. I live by myself and do not have anyone to count on. I always ask God that these services, which are such a help and support and help for the community, remain available. The food is good and tasty. It is a blessing. I have been receiving your services for many years. I want to thank you and congratulate you on a job well done. The home-delivered meals have been a great help to me."

NUTRITION SERVICES INCENTIVE PROGRAM

DESCRIPTION:

The Nutrition Services Incentive Program (NSIP) supplements funding for food used in meals served under the Older Americans Act. From its authorization in 1978 until 2004 the program was administered by the U.S. Department of Agriculture, but in 2003 the Older Americans Act was amended to transfer the program to the Administration on Aging, part of the U.S. Department of Health and Human Services. The NSIP is intended to provide incentives to efficiently and effectively deliver nutritious meals to older individuals through additional funding to help providers adjust meal rates, which in turn positively affects the quality and number of meals provided to needy clients.

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 Area Agencies on Aging and service providers.

ELIGIBILITY:

To be eligible for NSIP assistance, individuals receiving congregate and home-delivered meals must be at least age 60 and qualified to receive services under the Older Americans Act. Spouses, disabled adults and volunteers younger than 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.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

The Nutrition Services Incentive Program is 100 percent federally funded. NSIP allotments by the Administration on Aging 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 based on the total grant award and Planning and Service Area expenditure rates.

APPROPRIATION HISTORY & 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	\$7,434,107	11,388,443
2007-2008	\$7,632,469	10,940,795
2008-2009	\$7,528,758	10,541,567*
2009-2010	\$7,528,758	*

*Projected number of meals. A 2007 policy change prohibiting inclusion of CCE meals affected projections beginning in FFY 2007-2008. Final 2008-2009 data and 2009-2010 projection not available at time of publication.

Source: Department program reports

OLDER AMERICANS ACT 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 preventive health services. This subsection contains a detailed description of Health Promotion and Wellness initiatives.

OAA TITLE III D STATE ALLOTMENT HISTORY:

FEDERAL 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
2006-2007	\$1,569,412
2007-2008	\$1,513,320
2008-2009	\$1,513,320
2009-2010	\$1,527,074

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

Source: AOB and CIRTS.

Health Promotion & Wellness Initiatives

DESCRIPTION:

Health Promotion and Wellness Initiatives include evidence-based chronic disease self-management courses, disease prevention courses and physical activity courses. Other initiatives include health 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 elders' health and well-being, and to increase awareness about issues related to the health of elder Floridians.

SERVICES OR ACTIVITIES:

Health Promotion and Wellness Initiatives offer a variety of activities including gerontological counseling, mental health counseling and screening, disease information, health promotion, health risk assessment and screening, home injury control, medication management, nutrition counseling and programs, physical fitness programs, diabetes education and screening, arthritis education, cancer education and screening, cardiovascular health education, injury and fall prevention, nutrition counseling, and osteoporosis education and screening.

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	52,084
CY 2007	61,781
CY 2008	70,668#
CY 2009	53,386#

* Includes direct and indirect services; all other program years reference direct services only.

** Contract period was 7/1/2002 to 12/31/2002 in order to transition from a FFY to a calendar year.

Estimate. Decreased projection is due to the emphasis on evidence-based programs requiring a longer duration of workshops and smaller class sizes, and emphasis on targeting special or hard-to-serve populations including rural, low-income and non-English-speaking individuals. Also, funding was lost in one of the special-needs screening programs resulting in a decrease in numbers served.

Source: Contractor Quarterly Reports

PROGRAM HIGHLIGHT

Evidence-based chronic disease self-management courses and evidence-based physical activity and nutrition courses are among OAA III D services offered by the Department in partnership with the Area Agencies on Aging. These courses help elders maintain their health and manage chronic conditions. Courses have proven effective to help participating elders reduce their hospital inpatient days and medical costs and increase the number of days they reported feeling “good” or “very good.” An elder participating in Living Healthy, a chronic disease self-management course, spoke for many participants when she expressed her gratitude for the program and how it helped her control her pain. She reported that her incidence of extreme pain had been greatly reduced since she completed the Living Healthy course.

OLDER AMERICANS ACT TITLE III E: NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

Funds for the National Family Caregiver Support Program are allocated to Area Agencies on Aging, which contract with local service providers to deliver a range of services. These services include information, assistance in gaining access to services, individual counseling, organization of support groups and caregiver training, respite care, supplemental services including housing improvement, chore, provision of medical supplies and services, and legal assistance for caregivers and grandparents or older individuals who are caregivers for relatives.

National Family Caregiver Support Program services are available to adult family members who provide in-home and community care for a person age 60 or older, or to grandparents and relatives age 55 or older who serve as caregivers for children 18 and younger or for children of any age who have disabilities.

OAA TITLE III E STATE ALLOTMENT HISTORY & 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	5,512*
2005-2006	\$12,117,749	18,228*
2006-2007	\$12,796,158	22,513*
2007-2008	\$9,997,473	28,880
2008-2009	\$9,972,956	28,810**
2009-2010	\$10,126,323	#

* Includes only customers served with respite and other one-on-one services. Increases are due to improved data capture using NAPIS.

** Projection.

2009-2010 projection available 1/31/2010.

Source: 2005-2008 NAPIS Reports

OLDER AMERICANS ACT TITLE V:

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

DESCRIPTION:

The Senior Community Service Employment Program (SCSEP) serves unemployed low-income Floridians who are at least 55 years old and have poor employment prospects. Participants are placed in a part-time community service position with a public or private non-profit organization, with the goal of transitioning to a regular job. The program's goal is to help keep elders economically self-sufficient while enjoying the social and physical benefits of remaining a vital part of Florida's workforce.

SERVICES OR ACTIVITIES:

Services provided by the program include outreach and recruitment, eligibility determination, assessments, preparation of an individual employment plan, program orientation, supportive services, annual free physical examinations, 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 organizations (see Funding Source and Allocation Methodologies).

ELIGIBILITY:

Eligibility is limited to unemployed Florida residents who are age 55 and older and have income of no more than 125 percent of the Federal Poverty Income Guidelines (as published

annually by the U.S. Department of Health and Human Services). Statutory selection priorities focus on eligible persons who are age 60 and older, and eligible veterans and qualified spouses (in accordance with the Jobs for Veterans 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 109-365.

FUNDING SOURCE & 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. These sponsors 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 organizations 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 county 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 cooperatively develop the annual equitable distribution report to ensure that program funds are spent fairly, consistent with the distribution of eligible elders throughout the state.

NUMBER OF PROGRAM SLOTS:

STATE FISCAL YEAR	STATE-SHARE PROGRAM SLOTS	FUNDING ALLOCATION	NATIONAL-SPONSOR PROGRAM SLOTS
1995-1996	State share slots prior to SFY 2001-2002 are included in national sponsor slot allocations.	Not Available	3,783
1996-1997			3,510
1997-1998			3,528
1998-1999			3,512
1999-2000			3,547
2000-2001			3,547
2001-2002			723
2002-2003	837	2,827	
2003-2004	821	\$5,869,211	2,287
2004-2005	724	\$5,171,937	2,824
2005-2006	718	\$5,146,318	2,813
2006-2007	712	\$5,094,851	2,785
2007-2008	712	\$5,661,826	2,785
2008-2009	692	\$6,088,015	2,707
2009-2010	695	\$6,436,237	

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

PROGRAM HIGHLIGHT

During August 2008, Federico came to the Senior Community Service Employment Program (SCSEP) operated by Florida Institute of Workforce Innovation (FIWI) in Alachua County. After serving as his wife's primary caregiver for several years, he had a very difficult time picking up the pieces after she passed away. He also had trouble figuring out what to do without her in his life, and soon he became homeless. After four years of homelessness, he wanted to build a new life for himself.

When Federico came to the SCSEP office looking for assistance, he wore a pair of jeans that had seen better days and was in need of someone to help him access the benefits available to him in the community. FIWI staff completed an initial assessment to identify his barriers to employment and then created an individualized employment plan, which outlined the steps he needed to take in order to gain unsubsidized employment. As part of the intake process, staff determined that he needed additional clothing for work, a physical and information on how to apply for food stamps. Program staff worked diligently to help address Federico's needs by getting him referrals to local community agencies.

FIWI staff found out that Federico's previous work history included landscaping and 20 years experience as a self-employed builder. He was ultimately placed at an affordable housing complex for seniors. Federico started his job training as a maintenance worker and was very excited when he got paid, because he had not received a paycheck since 2002. Federico adjusted to his new schedule and duties quickly, and it didn't take long for his boss to realize just how valuable he was to the organization. Within a short time, Federico was offered a fulltime position with benefits and a starting salary of \$10.00 per hour.

OLDER AMERICANS ACT TITLE VII:

ELDER ABUSE PREVENTION

OAA Title VII funding supports programs and services to protect elders from abuse and provide 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.

The Department allocates OAA Title III and Title VII funds to Florida's 11 Planning and Service Areas (PSAs) on a formula basis. Please refer to the previous table in the Title III program listing for information concerning the combined OAA Title III/VII appropriation history.

Elder Abuse Prevention Program

DESCRIPTION:

The Elder Abuse Prevention Program is designed to increase awareness of the problem of elder abuse, neglect and exploitation. The program includes training and dissemination of elder abuse prevention materials and funds 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. Department staff and Area Agency on Aging coordinators provide training on these modules and disseminate training materials to other professionals for use in their communities.

The Department, in conjunction with other statewide agencies and local communities, supports local Triad Programs. A Triad Program is 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 works with other statewide agencies and local communities to promote the development of triads throughout the state. The program has developed and distributed a triad fact sheet, a "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 Bureau through contracts with Area Agencies on Aging. It works to develop, strengthen and carry out programs to prevent elder abuse, neglect and exploitation, including financial exploitation.

ELIGIBILITY:

The program serves anyone in need of information on the signs, symptoms and prevention of elder abuse, neglect and exploitation, including information on how to report suspected abuse.

STATUTORY AUTHORITY:

Older Americans Act, 42 United States sheet, a "How to Start a Triad" kit, a "Preventing Home Repair Fraud" tip sheet and brochure, and a "Prevent Identity Theft" brochure.

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
2007-2008	\$382,298
2008-2009	\$372,498

FUNDING SOURCE & 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 HIGHLIGHT

Every year, June 15 is recognized as World Elder Abuse Awareness Day because of the significance of elder abuse as a public health and human rights issue. To address the growing concerns regarding elder abuse, the National Center on Elder Abuse arranged to have 15-second elder abuse public service announcements shown on more than 700 movie theater screens in 27 major metropolitan areas around the country. This is the first time a single unified message regarding mistreatment of elders was displayed to a national audience. During the 2008-2009 fiscal year, in honor of the international awareness day, numerous Florida communities conducted activities that promoted elder abuse prevention and education. Staff of several different Area Agencies on Aging provided training sessions to teach residents and professionals about prevention techniques. Many of Florida's local elder abuse prevention coordinators also educated seniors on the different types of recognized elder abuse, including home repair fraud, neglect and financial exploitation.

Long-Term Care Ombudsman Program

DESCRIPTION:

The Long-Term Care Ombudsman Program is a statewide, volunteer-based system of district councils that work to 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 of nursing homes and other long-term care facilities.

SERVICES OR ACTIVITIES:

Volunteers investigate all complaints and devise a means to resolve 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
- Helps develop 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. The program operates through 17 district councils, and 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 to qualify for the program’s services.

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.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

The Long-Term Care Ombudsman Program is funded by Title VII of the Older Americans Act and by state General Revenue. Federal and state funds are disbursed according to recommendations by the State Ombudsman through the Department of Elder Affairs

APPROPRIATION HISTORY

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
2007-2008	\$1,115,096	\$1,401,870	\$2,516,966
2008-2009	\$1,153,739	\$1,370,388	\$2,524,127
2009-2010	\$1,618,461	\$1,337,849	\$2,956,310

INSPECTIONS & INVESTIGATIONS

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
2007-2008	3,932	3,932	7,715
2008-2009	3,932	3,932	8,302
2009-2010*	3,932	3,932	8,302

* Estimates

Source: Data collected and reported from district ombudsman offices

PROGRAM HIGHLIGHT

Residents in an assisted living facility in Pinellas County contacted their ombudsman because they were confused by the format of the monthly billing statements they were receiving. The ombudsman reviewed the statements with the residents and discovered that the facility only provided a total for general groupings of services, while the residents wanted to see a description of each item they were billed for. The residents were very confused about some of the charges.

The ombudsman met with the administrator to discuss the residents' concerns. The administrator responded that the company that owned the facility had dozens of health care facilities across the country using the same statements, and he could not make any changes at the local level. The ombudsman requested that the administrator present the residents' concerns to a higher authority within the company. After numerous phone calls and visits to the administrator and billing manager, the ombudsman received a letter stating that the company generated more than 3,600 billing statements each month and it would be too costly to make the requested changes. The letter went on to say that, given the length of time that bills had been printed in that manner, any changes would just further confuse the residents and family members.

Knowing that many of the residents and their insurance companies were being billed thousands of dollars per month for their care and incidentals, the ombudsman continued to advocate for the residents. As a result, an executive talked personally with residents and families about their concerns, confirming what the ombudsman had communicated. The ombudsman received a second letter reporting that the statements' format would be changed per the residents' request the following month. The issue was successfully resolved to the satisfaction of the residents and their families, and the improvement also helped the 3,600 residents at the company's other 32 facilities across the United States who soon began receiving their improved billing statements.

Section D

State General Revenue Programs

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INTRODUCTION TO STATE GENERAL REVENUE PROGRAMS

Section D of this Summary of Programs and Services provides detailed information about Department of Elder Affairs programs funded wholly or primarily with state 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 & RELATED DISORDERS TRAINING PROVIDER & CURRICULUM APPROVAL (ADR)

DESCRIPTION:

Alzheimer's Disease and Related Disorders Training Provider and Curriculum Approval (ADR) Alzheimer's Disease and Related Disorders (ADR) Training Provider and Curriculum Approval approves training providers and training curricula for specified employees of nursing homes, assisted living facilities, hospices, home health agencies and adult day care centers.

SERVICES OR ACTIVITIES:

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

- 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
- 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 website informing the public of all approved Alzheimer's disease training providers.

Assisted Living Alzheimer's Disease & Related Disorders Training Approval Process:

In 1997, the Florida Legislature created the Assisted Living ADR training 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 that they provide 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, within three months of employment, any assisted living facility employee who has regular contact with residents who have Alzheimer's disease and related disorders complete four hours of initial Alzheimer's disease training approved by the Department. The law also requires that any assisted living facility employee who provides direct care to residents who have 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 he or she begins employment. Assisted living facility employees who provide direct care are required to complete four hours of continuing education annually.

Individuals seeking the Department's approval as assisted living Alzheimer's disease training providers and approval of their training curricula 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 & Related Disorders Training Approval Process:

In 2001, the Florida Legislature created the Nursing Home ADR training 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 that nursing home employees who have direct contact with residents who have Alzheimer's disease and related disorder complete one hour of approved Alzheimer's

disease training within the first three months of 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 of beginning employment.

Individuals seeking the Department's approval as nursing home Alzheimer's disease training providers and approval of their training curricula 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 & Related Disorders Training Approval Process:

In 2003, the Florida Legislature created the Hospice ADRD training 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 who have Alzheimer's disease must complete one hour of approved training within the first three months of 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 of 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 training, trainers and curricula by holding rule development workshops to obtain comments from the public. ADRD training with respect to hospice employees was implemented after the rule promulgation and adoption process was completed.

Individuals seeking 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 & Related Disorders Training Approval Process:

In 2003, the Florida Legislature created the Adult Day Care Centers ADRD training 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 who have Alzheimer's disease must complete one hour of approved training within the first three months of 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 of beginning employment.

Section 429.917(1)(g), Florida Statutes, requires the Department to adopt rules to establish standards for 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 training was implemented after the rule promulgation and adoption process was completed.

Individuals seeking 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 & Related Disorders Training Approval Process:

In 2003, the Florida Legislature created the Home Health Agency ADRD training approval process 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 of beginning employment with the agency. Section 400.4785(1)(f), Florida Statutes, requires the Department to adopt rules to establish standards for 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 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 8.002, Florida Administrative Code.

ADMINISTRATION:

The Department is responsible for planning, budgeting, monitoring and coordinating the ADRD process. The Department contracts with the University of South Florida’s Training Academy on Aging within the Florida Policy

Exchange Center on Aging to administer the program and to ensure that 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

Individuals seeking the Department’s approval as an assisted living Alzheimer’s disease training provider must submit and obtain approval of an Alzheimer’s disease training curriculum; must submit documentation that the applicant has a bachelor’s degree from an accredited college or university or is licensed as a registered nurse; and must have:

- One year of 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
- Completed 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 may substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-for-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 that an applicant submit a curriculum that 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 that an applicant submit a curriculum that 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 may 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-for-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 may 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-for-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 may 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-for-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 of 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 may 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-for-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.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

Program funding is from General Revenue.

APPROPRIATION HISTORY & NUMBERS SERVED:

STATE FISCAL YEAR	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
State Funding	\$100,000	\$72,398	\$72,398	\$72,398	\$76,469	\$77,826	\$77,826	\$73,935
ALF Approved Trainers	285	318	173	89	88	151	110*	90*
ALF Approved Curriculum	86	95	26	19	23	29	24*	25*
NH Approved Trainers	1,246	1,475	174	138	131	122	132*	115*
NH Approved Curriculum	99	104	16	37	29	23	14*	25*
Hospice Approved Trainers	**	89	23	24	31	26	43*	30*
Hospice Approved Curriculum	**	8	9	10	8	14	7*	12*
Adult Day Care Approved Trainers	**	14	7	8	12	19	10*	10*
Adult Day Care Approved Curriculum	**	1	7	0	0	6	2*	3*
Home Health Agency Approved Trainers	***	***	***	347	184	146	150*	170*
Home Health Agency Approved Curriculum	***	***	***	40	17	9	18*	28*

* 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 that year.

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

ALZHEIMER'S DISEASE INITIATIVE

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

Respite Services for Caregiver Relief:

Alzheimer's Respite Care programs are established in all of Florida's 67 counties, with many counties having multiple service sites. Respite services were established in 38 counties in 1991-92, and five years later 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 (up to 30 days) respite for caregivers who serve victims of memory disorders. On average, fewer than three hours of respite care per week is 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 on 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. The centers, 13 of which are funded by the state, also 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, and 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 who serve individuals with Alzheimer's disease or related dementia, and provide specialized training for caregivers and caregiver groups/organizations in the designated service area.

- Conduct service-related applied research. This 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 through professional papers and, for key information, to the general public.

Memory disorder clinic services are available to individuals diagnosed with or suspected of having a memory loss where mental changes appear and gradually interfere with activities of daily living. Memory disorder clinic sites include: Mayo Clinic in Jacksonville; University of Florida in Gainesville; East Central Florida Memory Clinic 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, and receive

therapeutic interventions designed to maintain or improve their cognitive functioning.

Research: The Johnny B. Byrd Sr. Alzheimer’s Center and Research Institute coordinates with memory disorder clinics, teaching hospitals and medical schools that receive ADI funding in order to facilitate Alzheimer’s disease research. The institute is working to 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 and study the brains of deceased patients who had been 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 Orlando, Tampa and Pensacola help recruit participants and act as liaisons 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 Initiative 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:

- ADI respite care is available for caregivers of adults age 18 and older who have been diagnosed as having probable Alzheimer's disease or other related memory disorders.
- ADI respite care is available for individuals who have been diagnosed with 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 Alzheimer's disease 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 that is based on a 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 & 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	2,446
2007-2008	\$10,291,005	2,379
2008-2009	\$9,621,935	2,174
2009-2010	\$8,050,666	1,819*

*Projected

Source: CIRTS clients served, ADI services

MEMORY DISORDER CLINICS

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	6103
2006-2007	\$3,286,351	4,872
2007-2008	\$3,416,490	4,745
2008-2009	\$3,254,474	4,761
2009-2010	\$2,968,081	4,342*

* Projection

Note: The definition of unduplicated persons served was revised effective SFY 2006-2007. The revised 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 counted only once each contract year for an unduplicated count.

Source for clients served: Manual reports from memory disorder clinics

BRAIN BANK

STATE FISCAL YEAR	STATE FUNDING	PERSONS REGISTERED	AUTOPSIES
1993-1994	\$138,859	82	67
1994-1995	\$138,859	80	84
1995-1996	\$138,201	82	67
1996-1997	\$130,139	100	87
1997-1998	\$130,139	44	66
1998-1999	\$130,139	54	67
1999-2000	\$137,139	82	59
2000-2001	\$130,139	130	90
2001-2002	\$130,139	56	47
2002-2003	\$130,139	56	47
2003-2004	\$130,139	83	74
2004-2005	\$130,139	61	40
2005-2006	\$155,139	55	48
2006-2007	\$130,139	76	72
2007-2008	\$130,139	118	75
2008-2009	\$128,876	159	79
2009-2010	\$117,535	150*	67*

**Projected*

Source for client information: Brain Bank reports

MODEL DAY CARE

STATE FISCAL YEAR	STATE FUNDING
2006-2007	\$376,530
2007-2008	\$376,530
2008-2009	\$372,879
2009-2010	\$340,06

Note: Model Day Care SFY 2006-2007 funding is not included with Memory Disorder Clinics as in past years

Source: CIRTS

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

The Alzheimer's Disease Initiative is funded by General Revenue and Tobacco Settlement funds. There is no match requirement. The Department allocates General Revenue funding to each of the Area Agencies on Aging, which in turn fund providers of model day care and respite care programs in designated counties. The allocation for ADI respite funding is based on each county's population age 75 and older (50 percent weight) and probable number of Alzheimer's cases (50 percent weight). Additional Alzheimer's disease services are administered by Department staff through contracts with designated memory disorder clinics and the brain bank.

Remaining funds are allocated to special projects per proviso language and legislative intent in the General Appropriations Act.

PROGRAM HIGHLIGHT

Victor enrolled in the Hillsborough County Model Day Care/ Plant City Senior Center in 2002 at the age of 49. He had dementia and other mobility-limiting medical conditions, and could not speak well. He had forgotten his native language, Spanish. Needless to say, Victor was quite depressed. Through Model Day Care's therapeutic interventions, Victor began to participate in exercise classes and other therapeutic activities as best he could at the time. Over time Victor began to make friends and soon began to volunteer to help staff pack home-delivered meals and set up program materials. His communications skills have improved significantly. He can recall some names, and is able to make his and others' needs known, via a rudimentary sign language that staff and other participants understand. Through Model Day Care, Victor is no longer depressed, his ambulation has improved, he has gained new communication skills, and most of all he has regained his will to live. Additionally, his daughters are no longer struggling with the thought of placing their young father in a nursing home. He continues to attend Hillsborough County's Model Day Care Program five days a week. Victor continues to be cared for at home by his two working daughters, who are also taking care of their own families.

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 help functionally impaired older people live in the least restrictive yet most cost-effective environment suitable to their needs.

SERVICES OR ACTIVITIES:

Eligible clients may receive a wide range of goods and services, including: 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.

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 54 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.

FUNDING SOURCE & 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.
- B. County base - \$45,000 per county
- C. In addition to the base per county, counties receive the following:

60+ Population	Additional Funding
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 age 75 and older, divided by the statewide population age 75 and older (50 percent weight in the total formula); and
- B. Planning and Service Area population age 65 and older living alone, divided by the statewide population age 65 and older living alone (50 percent weight).

APPROPRIATION HISTORY & 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	\$43,451,823	37,296
2002-2003	\$43,451,823	34,476
2003-2004	\$43,446,823	34,986
2004-2005	\$43,446,823	33,909
2005-2006	\$44,106,823	32,470
2006-2007	\$47,106,823	28,485
2007-2008	\$43,364,370	19,232
2008-2009	\$41,521,133	15,773
2009-2010	\$40,578,617	15,376***

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

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

Funding includes allocations, Community Service Systems (CSS) Senior Companion Program match, and Operations & Maintenance Trust Fund (OMTF) dollars.

**Balance reflects \$3,007,562 transfer to the Home- and Community-Based waiver program, creating \$6,807,519 in federal and General Revenue funds available for waiver-eligible clients.*

***Reflects \$1,761,646 transferred to the Home- and Community-Based waiver.*

**** Projection*

Source: CIRT data

PROGRAM HIGHLIGHTS

Sophie, a 79-year-old widow, lives alone in her Polk County home. She has numerous physical limitations and health problems and found it increasingly difficult to care for herself. Her nearest relative, a daughter, lives in South Florida. Sophie has a neighbor who provides some assistance, but the neighbor is elderly herself and also has physical limitations. Sophie went to Polk County Elderly Services for help and now receives assistance through the Community Care for the Elderly program. Polk County Elderly Services assists her with bathing, dressing, housekeeping, heavy chores and shopping. CCE also provides her with emergency alert response service, so she can summon help to her home if the need arises. Sophie comments, "I am grateful for these services. Without them, I would not have been able to continue living in my home. I would have had to move to an assisted living facility or nursing home."

Doris is 101 and shares her home with her 77-year-old daughter, who is the full-time caregiver. Community Care for the Elderly has been a tremendous help to Doris' daughter, who recalls, "Before my mother began receiving CCE services from Polk County Elderly Services, I felt overwhelmed, because I had never pictured myself living out my 'golden years' caring for her. My mother and I are very proud people, and we do not like to take more than we need. So we hesitated asking for help for a long time. However, when my mother's health declined and she became wheelchair-bound, I called Polk County Elderly Services for help. My mother really likes her personal care attendant and looks forward to her visits. The personal care services have made my mother much more comfortable in her home, and she now has peace of mind knowing that she does not have to go to a nursing home. The services also alleviate my caregiver workload and give me the opportunity to spend more quality time with my mother."

HOME CARE FOR THE ELDERLY (HCE)

DESCRIPTION:

The Home Care for the Elderly (HCE) program supports care for Floridians age 60 and older in family-type living arrangements within 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 and/or supplies.

SERVICES OR ACTIVITIES:

A basic subsidy averaging \$106 per month is provided for all program participants. Special subsidies are authorized for some participants and can be used for: incontinence supplies, 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.

ADMINISTRATION:

The Department is responsible for planning, monitoring, training and technical assistance. Unit rate contracts are established by Area Agencies on Aging for local administration of the program within each Planning and Service Area. Services include more than 100,000 subsidy checks issued annually.

ELIGIBILITY:

Individuals must be age 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 help arrange for care.

STATUTORY AUTHORITY:

Sections 430.601-430.608, Florida Statutes.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

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

APPROPRIATION HISTORY & 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	5,420
2007-2008	\$9,529,461	5,240
2008-2009	\$8,319,323	4,204
2009-2010	\$7,903,357	3,994**

* 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 through the Department of Elder Affairs.

** Estimate; authorization for client enrollments discontinued October 1, 2008, until further notice

Source: CIRTS data

PROGRAM HIGHLIGHT

Susan is the primary caregiver for her 95-year-old mother, who has dementia and several other medical problems. When asked how the two women benefited from the Home Care for the Elderly program, Susan said, "Oh my gosh, it has helped me tremendously. I feel that I have benefited more than mother." She and her mother live with Susan's sister. Prior to receiving assistance from the HCE program, Susan got no relief from her caregiving responsibilities because her sister worked outside of the home and felt she contributed enough to their mother's care by allowing them to live in her home. Through the HCE program, Susan receives a monthly subsidy payment of \$106; reimbursement of medication co-payments; and eight hours per week of respite service, which allows her some time to herself and the opportunity to leave the house to run errands. Susan says she has no idea how they would have managed without the HCE program. Her mother's condition has now declined to the point that hospice is providing end-of-life care in the home. The HCE program allowed Susan's mother to age with dignity in place at home, rather than in a nursing home.

LOCAL SERVICES PROGRAMS

DESCRIPTION:

Local Services Programs provide additional funding to expand long-term care alternatives that enable elders to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement. (Note: This discussion of Local Services Programs includes information for services previously funded under Contracted Services, which ended as a special appropriation category in State Fiscal Year 2008-2009. The Contracted Services budget has been combined with Local Services Programs.)

SERVICES OR ACTIVITIES:

The table on the right identifies those Planning and Service Areas that offer specific services funded through Local Services Programs. All PSAs (with the exception of PSA 1) offer at least one of these services.

ADMINISTRATION:

The Department administers these programs through contracts with Area Agencies on Aging, which then subcontract with local providers to deliver services.

ELIGIBILITY:

Individuals age 60 and older may receive these services. There are no income criteria; however, emphasis is placed on targeting those with greatest need.

STATUTORY AUTHORITY:

General Appropriations Act, State of Florida.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

The program is 100 percent funded by state General Revenues, and funds are allocated as designated in proviso language of the General Appropriations Act. No match or co-payment is required.

SERVICE	PLANNING AND SERVICE AREA(S)
Adult Day Care	2, 3, 4, 5, 9, 10, 11
Case Aide	4
Case Management	2, 4, 9, 11
Chore	5
Companionship	4
Counseling	5, 8, 11
Education/Training	8
Emergency Alert Response	4, 5, 9
Health Support	5, 8, 11
Homemaker	4, 5, 6, 9, 11
Housing Improvement	4
Information	5, 8
Legal Assistance	5
Material Aid	4, 10
Nursing	11
Nutrition	2, 5, 9, 10, 11
Outreach	8, 10
Personal Care	4, 9, 11
Physical Fitness	11
Public Education	10, 11
Recreation	5, 7, 8, 10, 11
Referral	5, 8
Respite	2, 10, 11
Screening and Assessment	11
Specialized Medical Equipment, Services and Supplies	4, 9
Transportation	2, 5, 10, 11

APPROPRIATION HISTORY & NUMBERS SERVED:

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED	
1992-1993	\$3,145,479	Information not available	
1993-1994	\$3,395,479		
1994-1995	\$3,012,479		
1995-1996	\$3,198,210		
1996-1997	\$3,648,210		
1997-1998	\$3,333,433		
1998-1999	\$3,464,443		
1999-2000	\$3,351,313		
2000-2001	\$3,828,443		5,570
2001-2002	\$3,206,255		6,460
2002-2003	\$2,906,434	5,551	
2003-2004	\$6,231,434*	6,413*	
2004-2005	\$6,331,434**	6,478	
2005-2006	\$6,710,183	37,191***	
2006-2007	\$8,019,183	33,772	
2007-2008	\$8,764,833	33,634	
2008-2009	\$7,032,833	21,613	
2009-2010	\$7,015,811	21,561#	

* Funding increase was 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 non-recurring 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: WebDB data

PROGRAM HIGHLIGHT

A Local Services Programs client in Miami-Dade County relates the following: “I am 82 years old and a member of the Senior Center of Sweetwater. Before I came here, I lived a very lonely and depressing life. I saw no meaning to life. All I wanted was for God to take me away and reunite me with my wife in Heaven. A close friend of mine was worried about me and mentioned that there was a center for the elderly that offers a variety of activities and provides balanced meals. The center offers elders a chance to socialize with each other and offers counseling for those who need it; therefore, I decided to check it out. I placed myself on the waiting list and, as the months went by, I lost all hope and thought that maybe they saw how depressed I was and did not want to deal with my problems. About a year later, I received a phone call from the social worker. She scheduled an assessment of my needs and determined I was eligible for Senior Center services. That following week I began to visit the center. After a year or so I met a wonderful women. We spoke a lot when we were at the center. After becoming good friends, we exchanged telephone numbers and would call each other almost every day. After months and months of long talks at the Senior Center and on the phone, I finally gathered the courage to ask her to dinner, and our friendship blossomed into a beautiful relationship. We are now deeply in love with each other and are planning a small wedding with close friends and family. I thank God every night for letting me live and bringing me to the Senior Center, because now, with her in my life, I have a reason to live. I want to thank the Senior Center for accepting me, helping me with my depression and helping me find the love of my life.”

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 in order to increase their ability to continue caring for a homebound elder and avoid the need to institutionalize the elder. Individuals who do not currently receive other Department services are given first priority.

A multi-generational corps of volunteers receives pre-service training. These volunteers are then individually matched with clients to ensure that their 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 during evenings and weekends, times that are not usually covered by other respite programs. Volunteers may spend up to four hours per visit providing companionship to a frail homebound elder, giving the caregiver an opportunity to take a much-needed break. Activities may include conversation, reading together, playing board games or preparing a light snack.

ADMINISTRATION:

Services are administered through Area Agencies on Aging, and the Department provides contract management and technical assistance. The Area Agencies use contracted sub-providers to recruit, select and train volunteers according to Department policies and procedures for volunteer service. Contracted providers are responsible for identifying and matching clients with volunteers. Contracts require regular reporting of activities and expenses.

ELIGIBILITY:

This program serves 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.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

The RELIEF program is 100 percent funded by state General Revenues. 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. Seven Area Agencies on Aging currently administer the RELIEF program.

APPROPRIATION HISTORY & 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	554	332	132,156
2007-2008	\$1,044,530	512	324	138,600
2008-2009	\$1,044,530	510	303	121,326
2009-2010	\$909,034	450#	275#	110,000#

Projected; reduction in numbers and units is due to projected budget decreases.

Source: Monthly progress reports and contracts

PROGRAM HIGHLIGHTS

A RELIEF program participant in Pensacola observes, “Having a volunteer has helped me to live much longer than expected. She has prevented my needing residential placement at this time.” Another Pensacola caregiver comments, “Our RELIEF volunteer is like a ray of sunshine. She makes my mother bright and happy. We do not know what we would do without her. She is so special to us.”

A caregiver in Brevard County notes, “Project RELIEF is such a blessing for me. I can leave home for four hours and be confident that my mother-in-law is in good hands.” Another Brevard County caregiver agrees, “Words cannot explain the emotional stress lifted when I open the door to our volunteer. My husband and I can go to the grocery store for the first time in years and know Mom will be all right when we return.”

Adds a third Brevard County caregiver, “We would feel a great loss without our volunteer. She is part of our family, and we look forward to her visits.”

STATEWIDE PUBLIC GUARDIANSHIP OFFICE

DESCRIPTION:

The Statewide Public Guardianship Office (SPGO), created by the Florida Legislature and staffed in June 2000, helps provide services to meet the needs of truly 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 responsible for appointing and overseeing Florida's public guardians, as well as for the licensing and education of Florida's professional guardians.

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

The Secretary of the Department of Elder Affairs appoints an Executive Director, who serves at the Secretary's pleasure.

ELIGIBILITY:

Currently 15 public guardians serve 30 counties across Florida. Local public guardian offices are mandated by statute to provide guardianship services to persons of limited financial means in instances where no family member or friend is able to provide these services.

To meet the appointment criteria pursuant to Chapter 744, Florida Statutes, a potential public guardian must:

- Be a resident of Florida, be at least 18 years old and have full legal rights and capacity (be "Sui Juris").
- Have knowledge of the legal process and social services available to meet the needs of incapacitated persons.
- Maintain 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.
- Submit an annual registration form and related licensing fees.
- Undergo a criminal history check by the Federal Bureau of Investigation (FBI) and Florida Department of Law Enforcement (FDLE).
- Submit to a credit history check.
- Complete the 40-hour guardianship course, pass the state exam and maintain continuing education credits.
- Hold no position that would create a conflict of interest.
- Maintain a current blanket bond.

In addition, if the potential public guardian is a non-profit organization, it must also show that it has been granted tax-exempt status by the Internal Revenue Service.

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:

- Annual registration form and related licensing fees
- 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, including passage of the state exam

STATUTORY AUTHORITY:

Chapter 744, Florida Statutes.

**FUNDING SOURCE & ALLOCATION
METHODOLOGIES:**

Funding appropriation is General Revenue and Administrative Trust Fund dollars. Some public guardians receive funding from the state. Funds are distributed based on contracts with local entities to meet local needs. Additional funding sources include counties, the United Way and grants. Contracts are negotiated annually.

**APPROPRIATION HISTORY &
NUMBERS SERVED:**

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
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	2,342*
2007-2008	\$2,279,718	2,544
2008-2009	\$2,308,146	2,598
2009-2010	\$2,498,558	2,500#

* 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, necessitating additional state funding for these offices.

Projected

Source: Statewide Public Guardianship Office reports and data

PROGRAM HIGHLIGHT

A new study shows that Florida's public guardian programs saved the State of Florida almost \$1.9 million in 2009-09, mostly by helping incapacitated persons move from costly hospitals to more affordable living options, such as assisted living facilities. The cost-savings determination is part of a University of Kentucky study conducted at the request of the Statewide Public Guardianship Office.

The research team examined the 15 public guardianship programs, reviewing the period from June to December 2008 and then calculating full-year savings. The researchers found that the program served 2,208 incapacitated persons at a savings of \$3,940,456. Once the statewide program's operating expenses were subtracted, the annual savings was \$1,883,043, according to the independent researchers.

The researchers also concluded that Florida's public guardian programs produce "significant quality of life savings" for incapacitated persons, ranging from emotional support and improved socialization to reconnecting with family, friends and religious institutions.

According to the University of Kentucky study, the most significant impacts of the public guardianship programs were for discharging incapacitated persons from medical hospitals to assisted living facilities (481 individuals in a year, at a savings of \$2.5 million); securing community-based services to prevent moving incapacitated persons to more restrictive settings (814 individuals, saving \$814,000); and discharging incapacitated persons from state hospitals to nursing homes (522 individuals, saving \$329,000).

Section E

Medicaid Programs

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INTRODUCTION TO MEDICAID PROGRAMS

Section E of this 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, which is 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 nursing home or other skilled nursing facility. Medicaid Waiver programs thus provide qualified elders with a choice of care settings in a way that promotes increased independence. Also described in this section is the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program. This program conducts medical assessments that are part of the process of determining Medicaid eligibility for individuals applying for a skilled nursing facility or for Medicaid-funded community services (the Department of Children and Families determines financial eligibility for all Medicaid programs).

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 toward preserving the individual's physical and mental health and improving quality of life while providing 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 administers the ADHC waiver program through an interagency agreement with the Agency for Health Care Administration (Florida's Medicaid agency). Prior to 2009-2010, the program was administered by the Agency for Health Care Administration.

ELIGIBILITY:

To be eligible for the Adult Day Health Care Waiver Program, an individual must be age 75 or older and live with a caregiver, be a resident of Lee or Palm Beach counties, meet nursing home level of care as determined by CARES, not be a resident of an institution or other institutional setting, not be enrolled in a hospice, and not be enrolled in another Medicaid home- and community-based waiver program.

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 & NUMBERS SERVED:

STATE FISCAL YEAR	FUNDING	CLIENTS SERVED
2005-2006	\$1,946,858	41
2006-2007	\$1,946,858	47
2007-2008	\$1,946,858	53
2008-2009	\$1,946,858	47
2009-2010	\$1,946,858	150*

*Estimate.

Source: Estimate based on total available program slots.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

The FY 2002-2003 General Appropriations Act provided authorization and funding for the ADHC waiver program. Current funding is from the federal Medicaid Trust Fund and state General Revenues.

AGED & DISABLED ADULT WAIVER

DESCRIPTION:

Medicaid waiver home- and community-based services are provided to older persons and disabled individuals assessed as being frail, functionally impaired and at risk of nursing home placement. A case manager determines services based on a comprehensive assessment of needs. The services are designed to help the recipient remain in the community for as long as possible.

SERVICES OR ACTIVITIES:

Services include 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, financial assessment, home-delivered meals, homemaker, personal care, pest control, rehabilitative engineering evaluation, respite, risk reduction, skilled nursing, specialized medical equipment and supplies, and therapies.

ADMINISTRATION:

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

ELIGIBILITY:

Individuals must be age 60 and older or a disabled adult ages 18-59, and must meet the same technical and financial criteria as individuals seeking Medicaid assistance for nursing home status. Technical eligibility determinations are completed by CARES teams located within each of Florida's 11 Planning and Service Areas. Financial criteria are based on the individual's monthly income and assets and are modified annually based on 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:

Section 1915(c)(1) of the Social Security Act of 1965; 42 Code of Federal Regulations 441.302; Section 409.906(13), Florida Statutes.

ALLOCATION HISTORY & NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING = 55%* STATE FUNDING = 45%*	CLIENTS SERVED
1992-1993	\$14,298,627	6,848
1993-1994	\$16,455,529	6,952
1994-1995	\$20,971,119	8,047
1995-1996	\$23,927,145	8,667
1996-1997	\$36,112,463	10,605
1997-1998	\$42,524,317	11,636
1998-1999	\$51,197,577**	12,197
1999-2000	\$53,037,571***	12,483
2000-2001	\$61,976,956	12,068
2001-2002	\$82,188,322	15,079
2002-2003	\$87,604,575	14,197
2003-2004	\$87,587,017	11,745
2004-2005	\$79,025,827	10,981
2005-2006	\$88,569,763	12,854
2006-2007	\$85,594,582	13,420
2007-2008	\$85,485,333	10,808
2008-2009	\$85,485,333	10,344
2009-2010	\$87,197,330	10,551#

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

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

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

Projected

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

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

Base funding was established by the Legislature in SFY 1992-1993 using expenditure information from the Medicaid fiscal agent for that year. Current funding is from the federal Medicaid Trust Fund, Tobacco Settlement Trust Fund and state General Revenues.

The Department allocates Aged and Disabled Adult waiver spending authority to each of Florida's 11 Area Agencies on Aging. The formula is calculated by using average cost, caseload and attrition.

PROGRAM HIGHLIGHT

Zachariah, a wheelchair-bound Holocaust survivor who lived alone, had been receiving services through a Holocaust Survivors Grant, but the services ended. He was referred for state services, and the local lead agency and a case manager completed the intake process for him. Zachariah suffers from bowel incontinence, and frequent accidents let his home dirty and infested by pests. Zachariah has two doctor's appointments each week to treat multiple health problems, but the bus doesn't accommodate his scooter. Zachariah is on a very limited income and the out-of-pocket expense for wheelchair transport was a significant problem for him.

Zachariah was initially enrolled in the Community Care for the Elderly program but eventually was transferred to the Aged and Disabled Adult Waiver program. Waiver services enabled him to avoid Adult Protective Services involvement and remain at home, and he now receives chore and pest control services and has homemaking services on a weekly basis. He is getting a bath several times each week, gets a balanced meal each day and receives incontinence supplies to ensure good hygiene. Zachariah is able to use a Medicaid-supported cab for transportation to his medical appointments. He is also safer in his house thanks to an Emergency Alert Response unit that lets him call for help if needed. Zachariah told his case manager he believes the services are God-sent and he doesn't know how he lived without them.

ALZHEIMER'S DISEASE WAIVER

DESCRIPTION:

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

Each recipient's service package is tailored to meet his or her needs as indicated 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:

This waiver program provides case management, adult day health care, respite care, wanderer 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) to administer this waiver program.

ELIGIBILITY:

Recipients must be age 60 or older and must meet the technical and financial criteria applied to individuals seeking Medicaid assistance for nursing home status, as well as 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.
- A technical eligibility determination is completed by CARES teams in targeted

Planning and Service Areas. Financial criteria are based on an individual's monthly income and assets, and are modified annually based on 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; Sections 409.906 (13) and 430.502, Florida Statutes.

ALLOCATION HISTORY & 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	109
2007-2008	\$5,057,409	320
2008-2009	\$5,057,409	350
2009-2010	\$5,020,209	350**

* Program was 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 & ALLOCATION METHODOLOGIES:

The FY 2003-04, 2004-2005 and 2005-2006 General Appropriations Acts provided authorization and funding for an Alzheimer's home- and community-based services waiver financed by Medicaid. Current funding is from the federal Medicaid Trust Fund and state General Revenues.

PROGRAM HIGHLIGHTS

Elliott, a 78-year-old man with Alzheimer's disease, was referred to the Alzheimer's disease waiver program in 2006. His wife Lillian, a diabetic who is her husband's caregiver, reported, "This illness is so terrible because of the changes it made to our lives." After working long hours, Lillian – who is also elderly – came home to a husband who was confused, agitated and sometimes wandering. Through the assistance of the waiver program case manager, Elliott received adult day care (for safety and socialization), incontinence supplies, and personal care. In addition, respite services were provided to help relieve Lillian's emotional, physical and financial burden. Lillian also attended an Alzheimer's disease waiver support group and received caregiver training, where she learned about Alzheimer's disease and how to manage her husband and the situation at home. Lillian enthused: "This program is incredible. Since I got into the program I have learned a lot and continue to provide care to my husband at home. Without the Alzheimer's Disease waiver program, I wouldn't have a life and my husband would probably be in a nursing home."

Frank was diagnosed with Alzheimer's disease in 2007 and moved in with his daughter because he was unable to care for himself. His daughter was receiving chemotherapy for breast cancer and soon found it increasingly difficult to care for both her father and herself. Frank was socially isolated and becoming depressed. He was also having difficulty bathing himself and was experiencing some incontinence. Frank's daughter reached out and found the Alzheimer's Medicaid Waiver program. The Alzheimer's Medicaid Waiver program case manager arranged for Frank to attend adult day care, receive assistance with bathing and receive the incontinence supplies he needed. Now Frank is flourishing with the socialization and stimulation he receives at the day care center, and the additional in-home services give his daughter relief and comfort. Frank's daughter is now cancer-free, and with the support and services from the Alzheimer's Medicaid Waiver she has been able to keep her father at home. Frank's daughter recently commented that the services he receives "saved my father's and my life."

ASSISTED LIVING FOR THE FRAIL ELDERLY WAIVER

DESCRIPTION:

Assisted Living Medicaid waiver services are for individuals age 60 and older who are at risk of nursing home placement and who meet additional specific criteria related to their ability to function. Recipients need additional support and services, which are made available in assisted living facilities with Extended Congregate Care or Limited Nursing Services licenses.

SERVICES OR ACTIVITIES:

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

ADMINISTRATION:

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

ELIGIBILITY:

Recipients must be age 60 or older and must 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 to administer medication.
- Requires total help with one or more ADL(s).

- 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 assisted living facility, but are available in an assisted living facility 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 he or she needs supervision, personal care or 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.

The Department of Children and Families determines financial eligibility for Medicaid programs. Recipients may have some payment responsibility depending on their monthly income and assets. The Assisted Living waiver does not reimburse facilities for room and board. Reimbursement amounts are modified annually based on the federal cost of living adjustment (COLA) granted to Social Security beneficiaries. The Department of Children and Families establishes the amount allowed for room and board for consumers who are served by Florida's Optional State Supplementation program. Consumers in assisted living facilities 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 & 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	\$30,589,282	4,290
2005-2006	\$31,626,666	5,141
2006-2007	\$33,186,632	4,639**
2007-2008	\$33,186,632	3,186**
2008-2009	\$33,129,879	3,398
2009-2010	\$35,165,608	3,607#

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

** No enrollments 2/07 through 9/08 due to Florida General Revenue budget limitations.

Projection.

Source: CIRTS clients served.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

Funding is from the federal Medicaid Trust Fund, Tobacco Settlement Trust Fund and state General Revenues. The Department allocates Assisted Living waiver spending authority to each of Florida's 11 Area Agencies on Aging. The formula is calculated by using average cost, caseload and attrition.

PROGRAM HIGHLIGHTS

Since becoming her mother's caregiver, Margaret considered institutional care at an elder facility the worst thing possible, and she saw no difference between an assisted living facility and a nursing home. However, because of her own multiple health problems and the extent of care her mother needed, Margaret eventually felt compelled to place her mother in an assisted living facility. Margaret lived across the street from the facility and visited her mother on a regular basis. Two years after her mother died, Margaret found herself a patient in the very same facility. Before entering the assisted living facility, Margaret – whose family lived out of town – was lonely and depressed. Margaret never thought she would be delighted to live in an assisted living facility, but she now regards the facility residents and staff members as her family. She communicates happily with workers and volunteers and provides recipe ideas to the cook. She now feels that life has meaning and purpose, and she feels loved. The Assisted Living for the Elderly waiver makes it possible for her to receive the services she needs in a place that makes her feel at home.

Grace was an Aged and Disabled Adult Medicaid waiver recipient who lived with her daughter, who was her caregiver. Grace received adult day care services, but even with these services the daughter was feeling overwhelmed by her mother's confusion and need for constant care. Grace fell in January 2009 and went into the hospital. After receiving rehabilitative services, Grace was placed at an assisted living facility and enrolled in the Assisted Living for the Elderly waiver. Grace is proud of how nice her room is and reports that she has lots of visitors. Thanks to Assisted Living for the Elderly waiver services, the daughter reports feeling a great sense of relief.

CHANNELING WAIVER

DESCRIPTION:

The Channeling waiver, a home- and community-based services program begun in 1985, is operated through an annual contract with an organized health care delivery system in Miami-Dade and Broward counties. Through contracts with the Department, the organization receives a per-diem payment to provide, manage and coordinate enrollees' long-term care service needs.

SERVICES OR ACTIVITIES:

Services include adult day health care, case management, chore services, companion services, counseling, environmental accessibility adaptations, family training, financial education and protection services, home health aide services, occupational therapy, personal care services, personal emergency response systems, physical therapy, respite care, skilled nursing, special home-delivered meals, special drug and nutritional assessments, special medical supplies, and speech therapy.

ADMINISTRATION:

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

ELIGIBILITY:

To be eligible for Channeling waiver services, an individual must be age 65 or older; meet nursing facility level-of-care criteria as determined by CARES; meet the Supplemental Security Income (SSI) or Medicaid waiver assistance income and asset requirements; have two or more unmet long-term care service needs; and reside in Miami-Dade or Broward counties.

STATUTORY AUTHORITY:

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

ALLOCATION HISTORY & NUMBERS SERVED:

STATE FISCAL YEAR	FUNDING	CLIENTS SERVED
1997-1998	\$11,217,689	1,480
1998-1999	\$12,756,645	1,501
1999-2000	\$12,731,412	1,563
2000-2001	\$13,331,459	1,473
2001-2002	\$13,998,031	1,721
2002-2003	\$14,607,650	1,791
2003-2004	\$15,380,055	1,684
2004-2005	\$15,380,055	1,647
2005-2006	\$12,918,308	1,646
2006-2007	\$12,918,308	1,673
2007-2008	\$14,152,393	1,627
2008-2009	\$15,435,800	1,442
2009-2010	\$14,700,762	1,800*

*Estimate.

Source: Estimate based on total available program slots.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

Channeling was a national demonstration project through the Health Care Financing Administration from 1982-1985. After the demonstration project ended in 1985, the Florida Legislature continued the Channeling program by authorizing the appropriate agency (then the Department of Health and Rehabilitative Services) to seek a 1915(c) waiver for the program. The Channeling program was administered by the Department of Health and Rehabilitative Services and then the Agency for Health Care Administration, before being transferred to the Department of Elder Affairs effective July 1, 2009. Funding is from the Medicaid Trust Fund and state General Revenues.

PROGRAM HIGHLIGHT

Victor is an 81-year-old man living alone, with a history of multiple physical problems including moderate dementia, heart problems and diabetes. When he enrolled in the Channeling program in October 2008, Victor was very withdrawn and would not engage in conversation with others. He often spent the day in bed and had little appetite. He was afraid to prepare meals following an incident in which he left the stove on and burned part of his kitchen. Channeling staff assessed Victor and recommended the following services: homemaker personal care service daily, a personal emergency response system, special diabetic home-delivered meals, incontinence supplies and adult day care several days per week. After receiving these services through the network of local providers, Victor's physical and nutritional situation dramatically improved. He is more active and is now motivated to go to adult day care. He is very grateful for this assistance.

COMPREHENSIVE ASSESSMENT & 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 performs client assessments. A physician or registered nurse reviews each application to determine the level of care that is most appropriate for the applicant. The assessment identifies long-term care needs, establishes the appropriate level of care (medical eligibility for nursing facility care) and recommends the least restrictive, most appropriate placement. The program emphasizes approaches that make it possible for individuals to remain in their homes through home-based services, or in alternative community placements such as assisted living facilities.

Federal law mandates that the CARES program perform an assessment or review of each individual who requests Medicaid reimbursement for nursing facility placement or who seeks one of several waivers, including the Project AIDS Care (PAC), the Aged and Disabled Adult (ADA) or the Assisted Living for the Frail Elderly (ALE) waivers. A CARES assessment is also mandatory if a private-pay applicant is suspected of having 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 whether 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 that provide 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 CARES field offices are located throughout the state. CARES personnel include registered nurses, social workers and assessors, administrative support staff, office supervisors, and regional program supervisors. Physicians are used as consultants as part of the assessment and staffing process. CARES management structure also includes central office staff responsible for program and policy development.

ELIGIBILITY:

The CARES program is the medical component of the Medicaid eligibility process for persons applying for a nursing facility or for Medicaid-funded community services. CARES personnel must determine whether medical criteria are met. The other portion of the process involves determining the applicant's financial eligibility for Medicaid, which is done by the Department of Children and Families through that agency's Automated Community Connection to Economic Self-Sufficiency (ACCESS) system. An applicant must meet Supplemental Security Income (SSI) or ICP income eligibility criteria.

More than 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 when it receives an application.

STATUTORY AUTHORITY:

42 Code of Federal Regulations 456; 42 Code of Federal Regulations 483.100-483.138 (Subpart C); Title XIX of the Social Security Act of 1965; Chapter 59G, Florida Administrative Code; Sections 409.912(13)(a) and 430.205(5)J, Florida Statutes.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

The Department of Elder Affairs allocates CARES spending authority to each of the 19 CARES offices located in 11 Planning and Service Areas around the state, based on the number of client applications and assessments and number of CARES personnel in each office.

ALLOCATION HISTORY & NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING = 75%* STATE FUNDING = 25%*	NUMBER OF ASSESSMENTS	% DIVERTED
1992-1993	\$4,498,250	41,568	Baseline data collection on this measure began in 1998-1999
1993-1994	\$4,498,250	43,513	
1994-1995	\$4,498,250	44,899	
1995-1996	\$6,914,062	46,475	
1996-1997	\$8,060,115	50,068	
1997-1998	\$8,289,228	61,618	
1998-1999	\$8,448,930	54,926*	
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	88,078	32%
2007-2008	\$16,311,511	88,316	30.1%
2008-2009	\$16,269,207	97,643	36.3%
2009-2010	\$16,135,481	90,000***	30%***

* Numbers are smaller than in the 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

*** Projection is based on legislatively approved output standard as indicated in the Department's Long-Range Program Plan Source: CIRTS

CONSUMER-DIRECTED CARE PLUS (CDC+) PROGRAM

DESCRIPTION:

The Consumer-Directed Care Plus (CDC+) Program is a self-directed option for seniors participating in the Aged and Disabled Adult Waiver. The CDC+ Program allows participants to hire workers and vendors of their own choosing – including family members or friends – to help with daily needs such as house cleaning, cooking and getting dressed. The program provides trained consultants to help consumers manage their budgets and make decisions. With the coaching of a consultant, program participants may manage their own care or they may elect to have a friend or family member represent them in making decisions about their services.

The objectives of the CDC+ Program are:

- To offer consumers of long-term care services the opportunity to make more individualized use of Medicaid resources by providing significant choice and control.
- To empower elders, individuals with disabilities, and their families to make choices about purchases from both formal and informal sources that best meet their needs.
- To provide consumers and their families the ability to make cost-effective purchases.

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. Consultants train, coach and provide technical assistance to consumers or their representatives as needed. The Department, in conjunction with a contracted subagent, provides fiscal employer agent services including payroll, tax withholding and a toll-free customer service line for program participants. The Department also provides fiscal

employer agent services for individuals served through the Department of Health's Traumatic Brain and Spinal Cord Injury Waiver, as well as for adults with disabilities under the age of 60 served through the Department of Children and Families.

ADMINISTRATION:

The Department of Elder Affairs administers the Consumer-Directed Care Plus Program in partnership with the Agency for Health Care Administration, the Department of Children and Families and the Department of Health. Florida implemented 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, and in March 2008 the CDC+ Program began operating under the 1915(j) State Plan Amendment.

ELIGIBILITY:

The Department's CDC+ Program is available to frail elders, adults with physical disabilities, and adults with brain and/or spinal cord injury. Consumers in each category may have a representative (such as a friend, caregiver or 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.

- Aged and Disabled Adults Medicaid Waiver: for frail elders (age 60 or older).
- Aged and Disabled Adults Medicaid Waiver: for physically disabled adults (ages 18 to 59).
- Traumatic Brain/Spinal Cord Injury Medicaid Waiver: for adults (age 18 or older) with traumatic brain and/or spinal cord injury.

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.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

The CDC+ Program receives General Revenue funds, which are matched by Medicaid funds for program administration. Existing 1915(c) Medicaid waiver appropriations to the Department of Elder Affairs, the Department of Health and the Department of Children and Families fund CDC+ consumer expenditures.

LONG-TERM CARE COMMUNITY DIVERSION PILOT PROJECT

DESCRIPTION:

The Long-Term Care Community Diversion Pilot Project (diversion program) is designed to target the frailest individuals who would otherwise qualify for Medicaid nursing home placement, instead offering them community-based alternatives. The project uses a managed care delivery system to provide comprehensive acute and long-term care services to individuals who are dually eligible for Medicare and Medicaid. Specifically, clients choose to receive care in a managed care delivery setting intended to increase the coordination of their care between service providers and Medicare. The state, through a monthly capitated rate, pays for Medicare co-insurance and deductibles and other medical services not covered by Medicare. The rate also covers all home- and community-based services and unlimited nursing home care. Contractors are at risk for in-home and nursing home services and may choose to use assisted living facilities as a lower-cost option to nursing home care when appropriate as an alternative to nursing home care. By receiving integrated acute and long-term services, such as home-delivered meals, coordination of health services and intensive case management, clients are better able to remain in the community.

The project is operated in 32 counties with 15 providers.

SERVICES OR ACTIVITIES:

Services provided to project participants include 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/dental services, and optional transportation.

ADMINISTRATION:

The Department administers the Long-Term Care Community Diversion Pilot Project in consultation with the Agency for Health Care Administration (Florida's Medicaid agency) through a cooperative agreement.

ELIGIBILITY:

Project enrollees must be age 65 or older; be enrolled in Medicare Parts A & B; be eligible for Medicaid 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 safely be 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:

- Require some help with five or more activities of daily living (ADLs);
- Require some help with four ADLs plus require supervision or administration of medication;
- Require total help with two or more ADLs;
- Have a diagnosis of Alzheimer's disease or another type of dementia and require assistance or supervision with three or more ADLs; or
- 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 and 409.912, Florida Statutes.

**ALLOCATION HISTORY
& NUMBERS SERVED:**

STATE FISCAL YEAR	COMBINED FEDERAL AND STATE FUNDING	CLIENTS SERVED
1996-1997	\$11,117,454	N/A
1997-1998	\$22,769,909	N/A
1998-1999	\$22,769,907	118
1999-2000	\$22,769,907	814
2000-2001	\$22,769,907	1,074
2001-2002	\$26,119,143	1,165
2002-2003	\$30,916,013	1,216
2003-2004	\$68,082,110	4,247
2004-2005	\$128,457,002	7,480
2005-2006	\$274,713,462	9,348
2006-2007	\$200,870,188	5,319
2007-2008	\$224,335,496	13,024
2008-2009	\$306,373,201**	19,032
2009-2010	\$327,899,046	20,369*

NOTE: Project implementation began 12/98. Funding amounts represent combined federal and state appropriations. Funding includes Program of All-Inclusive Care for the Elderly (PACE) clients for SFY 2002-2003 and subsequent years (see separate PACE listing).

* Projection (includes PACE clients).

** Includes reduction in funding via Legislative mandate.

Source: Department program data and CIRT reports.

**FUNDING SOURCE &
ALLOCATION METHODOLOGIES:**

Funds are from the federal Medicaid Trust Fund and state General Revenues.

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) that targets individuals who would otherwise qualify for Medicaid nursing home placement and provides them with a comprehensive array of home- and community-based services at a cost less than nursing home care. Individuals who choose to enroll in PACE have both their medical and long-term care needs managed through a single provider.

SERVICES OR ACTIVITIES:

In addition to services covered under the Long-Term Care Community Diversion Pilot Project, the PACE project includes all services covered by Medicare. 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 health maintenance organization. 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. As a result, states can now implement PACE projects without a federal waiver. In 1998, the Florida Legislature authorized financing and contracting for a PACE site as part of the Community Diversion Project.

ELIGIBILITY:

To be eligible for PACE, an individual must be age 55 or older and eligible for Medicare

or Medicaid with income and assets up to the Institutional Care Program (ICP) level.

STATUTORY AUTHORITY:

42 Code of Federal Regulations 460; Balanced Budget Act of 1997; Sections 430.701-430.709 and 409.912, Florida Statutes; Laws of Florida 2004-270.

APPROPRIATION HISTORY & NUMBERS SERVED:

Prior to 2006-2007 budget appropriations, 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; 200 new clients in a PACE project in Martin and St. Lucie counties; and an additional 200 clients in a PACE project in Lee County

STATE FISCAL YEAR	FEDERAL FUNDING = 55%* STATE FUNDING = 45%*	CLIENTS SERVED
2006-2007	\$7,100,490	550
2007-2008	\$9,055,012	550
2008-2009	\$10,278,683*	550
2009-2010	\$10,278,683	550

* Total represents PACE portion of Long-Term Care Community Diversion Pilot Project appropriations.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

Funds come from the federal Medicaid Trust Fund and state General Revenues.

Section F

Other Department Programs

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INTRODUCTION TO OTHER DEPARTMENT PROGRAMS

Section F of this Summary of Programs and Services provides descriptions of Department programs that do not fall strictly 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, or other federal sources. However, the Senior Companion Program receives state General Revenue matching funds to supplement federal grants awarded by the Corporation for National and Community Service. Also, the Nutrition Services Incentive Program is authorized by the Older Americans Act and is currently administered by the Administration on Aging, part of the U.S. Department of Health and Human Services. Section F programs are listed alphabetically.

ADULT CARE FOOD PROGRAM

DESCRIPTION:

The program reimburses eligible adult care centers and other eligible centers to help them provide nutritious, wholesome meals to adult-care participants. Centers using this program help maintain participants' nutritional status while keeping food costs down.

SERVICES OR ACTIVITIES:

Eligible adult care centers are reimbursed for meals, and may seek reimbursement for up to three meals/snacks per day. Reimbursement rates are determined on an individual participant basis. Participants who receive the following types of benefits will be categorized as free on the Free and Reduced Price Meal Application: Medicaid, Supplemental Security Income (SSI), Food Stamps or Food Distribution Program on Indian Reservations (FDPIR). Beneficiaries or participants documented to be at or below 130 percent of the poverty level qualify for the maximum reimbursement. Participants who do not meet the above criteria are assessed on the amount they declare to be their income.

ADMINISTRATION:

The Department of Elder Affairs directly administers the Adult Care Food Program.

ELIGIBILITY:

Centers eligible to receive meal reimbursement include:

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

To be eligible for the program, an individual must:

- Be age 60 or older, or age 18 and older with a functional disability.
- Reside in the home or in a community-based care facility.
- Be enrolled in a qualified center.

STATUTORY AUTHORITY:

7 Code of Federal Regulations 226.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

The program is funded through a grant from the U.S. 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.

APPROPRIATION HISTORY & 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
2007-2008	\$3,509,380	94	8,942
2008-2009	\$3,509,380	99	9,455
2009-2010	\$3,700,000	105**	9,700**

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

** Increase reflects improved data capture from sites by Department*

*** Projection*

Source: DOEA program records

AMERICORPS

DESCRIPTION:

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

SERVICES OR ACTIVITIES:

The Department operates a Legacy Corps (Easter Seals of South Florida Respite Program) project in Miami-Dade County, one of 11 projects administered around the nation by the University of Maryland Center on Aging. The Department partners with 49 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 to ensure that all AmeriCorps service provisions, contractual obligations and programmatic and financial reporting requirements are met. Local program staff manages member recruitment and development, client services and reporting requirements.

ELIGIBILITY:

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 are eligible for the Legacy Corps project.

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.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

The Department receives funding for the Legacy Corps project from the University of Maryland School of Public Health, through an AmeriCorps grant from the Corporation for National and Community Service. The Department contracts with Easter Seals of South Florida to provide services locally.

PROGRAM HIGHLIGHTS

A caregiver had been unable to attend church for several years because it was difficult to find someone to stay with her bedridden mother. The Easter Seals AmeriCorps program found a volunteer to provide home respite on Sunday mornings, allowing the caregiver to attend church.

An AmeriCorps volunteer providing respite care for elderly resident Flora contacted Flora's daughter to let her know the air conditioning in her mother's house had broken down and the house was extremely hot. Flora had not mentioned the problem to her daughter because she thought she was the only one who felt hot. Within an hour, the daughter was at the house contacting a serviceman to repair the air conditioner. In an email to the AmeriCorps provider, the daughter said, "I really appreciate (the volunteer's) prompt reaction and concern for my mother. We are very lucky to have her."

APPROPRIATION HISTORY & 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	43	20,030***
2007	\$137,813	\$36,921	300	51	22,000
2008	\$126,513	\$36,921	300#	49#	22,050
2009	\$121,000	\$41,506	350#	44#	20,000#

Notes: Number of AmeriCorps programs differs from year to year. Required local and in-kind match contributions are not reflected in above dollar amounts. "Clients served" reflects clients receiving direct services, outreach and education. Decrease in 2006 and 2007 funding due to reduction in number of AmeriCorps programs.

* 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 2004 hurricane season

*** Program sites with a majority of quarter-time members significantly decreased volunteer hours

Program period is April through March; data are projections

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

ELDER FARMERS' MARKET NUTRITION PROGRAM

DESCRIPTION:

The Elder Farmers' Market Nutrition Program provides coupons or pre-bundled produce to low-income elders, promoting good nutrition through greater consumption of fresh fruits and vegetables. At the same time, the program also supports local farmers by increasing their sales through coupon redemption or direct purchase of their pre-bundled produce. Coupons can be exchanged for approved locally grown fresh fruits and vegetables at farmers' markets by eligible elders in Alachua, Bay, Calhoun, Hernando, Jackson, Leon, Liberty, Sumter, Suwannee, Union and Washington counties. The coupon program typically begins April 1 and ends July 31 of each year. Funds remaining after the coupon program has ended may be reallocated to contract for pre-bundled produce, which is subsequently distributed in the fall, no later than November 15.

SERVICES OR ACTIVITIES:

Low-income elders who live in participating counties may apply for the program through the local lead agency. Eligible elders who participate in the produce-value coupon portion of the program receive two coupon booklets per season. Each booklet contains five \$4.00 coupons that can be used to purchase fresh fruits and vegetables from participating farmers' markets. To take advantage of Florida's fall growing season, the Department added a "pre-bundled produce" program option in 2008. Under this option in 2009, lead agencies in Alachua, Calhoun, Leon, Sumter, Suwannee, Union and Washington counties contracted to have a variety of pre-bundled produce delivered to eligible elders at designated sites. Participants receive a maximum program benefit of \$40 per household per year in farmers' market coupons or pre-bundled produce. Elders also receive nutrition education about fresh fruits and vegetables.

ADMINISTRATION:

The Department coordinates with the Florida 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 and reduce administrative expenses. A memorandum of agreement gives DACS primary responsibility to recruit, authorize, train and monitor participating farmers. DACS is also responsible for providing participating farmers with vendor stamps, program manuals and program participation signs 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. Three new lead agencies/counties were added in 2009: Washington County Council on Aging, Calhoun County Senior Citizens Association and Liberty County Senior Citizens Association. Family and Consumer Science agents from the University of Florida Institute of Food and Agricultural Science (IFAS) Extension Service provide nutrition education for program participants.

ELIGIBILITY:

Participants must be age 60 or older and have an annual income of less than 185 percent of federal poverty income levels. Participants must redeem coupons for approved produce at authorized farmers' markets or receive pre-bundled produce at designated program sites.

STATUTORY AUTHORITY:

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

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

Coupon funding consists of federal funds from a grant award from the U.S. Department of Agriculture Commodity Credit Corporation. No state or local match is required. Although considerable administrative time is involved in overseeing the program, all program funds go to food value.

APPROPRIATION HISTORY & NUMBERS SERVED:

CALENDAR YEAR	FEDERAL FUNDING	STATE FUNDING	PARTICIPATING FARMERS	FARMERS' MARKETS	PARTICIPANTS RECEIVING COUPONS	PARTICIPANTS RECEIVING BUNDLED PRODUCE
2001	\$200,000	\$0	59	5	1,440	N/A
2002	\$163,136	\$0	60	10	1,850	N/A
2003	\$96,604		48	6	1,749	N/A
2004	\$96,576	\$83,316*	153	15	3,092	N/A
2005	\$87,964	\$76,000*	205	18	3,300	N/A
2006	\$92,911	\$128,684*	194	16	3,954	N/A
2007	\$94,903	\$31,335	233	17	3,274	N/A
2008	\$104,903	\$0	186	17	2,194	253
2009	\$108,209	\$0**	203	17/2	2,714	272

* State Vitamin Settlement Grant

** With the conclusion of Vitamin Settlement Grant funding in 2007, the program is now 100 percent federally funded. In addition to reduced 2008 appropriation, funding delays resulted in a truncated program season and reduced numbers of program clients served.

Source: Department program data and reports

PROGRAM HIGHLIGHT

The farmers' market program appeals to both elders and farmers. An elder participant had the following comment: "This is a really good program. I can buy other things at the grocery store and still get those fresh peas! I appreciate it very much." Meanwhile, a participating farmer noted, "The program has helped me for a number of years to expand planting and marketing my produce. I would highly recommend it to other farmers."

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM (EHEAP)

DESCRIPTION:

The Emergency Home Energy Assistance for the Elderly Program (EHEAP) assists low-income households that include at least one person age 60 and older, when the households experience 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. Effective November 1, 2008, the crisis assistance benefit increased from \$400 to \$600 per season. 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.

Program beneficiaries may receive vouchers to purchase blankets, portable heaters and fans. The program can also help pay for repairs to existing heating or cooling equipment or for reconnection fees. Additional funds with increased benefits may be issued by the President of the United States during seasonal emergencies.

ADMINISTRATION:

The Department manages the program through a contract with the Florida Department of Community Affairs and through the Area Agencies on Aging. Monitoring, training and technical assistance are performed by Department staff, while 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 of no more 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; Chapter 9B-65, Florida Administrative Code.

FUNDING SOURCE & 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), which is administered by the Florida Department of Community Affairs. The amount of funds available varies each year, and Presidential awards for crisis funding may be made available to provide assistance during extreme weather conditions.

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

- The Planning and Service Area population age 60 and older that is at or below 150 percent of the poverty level, divided by the statewide population age 60 and over that is at or below 150 percent of the poverty level.
- Factored into this is a percentage to take heating and cooling costs into consideration. Costs are determined after the state has been divided into three climatic regions (North, Central and South) based on the average number of heating and cooling degree days over the most recent 10-year period.

APPROPRIATION HISTORY & 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##	3,841	4,978
2007-2008	\$1,892,884	1,931	3,949
2008-2009	\$1,761,778	3,854	3,696
2009-2010	\$6,178,472	7,826###	

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

** Includes \$139,215 Winter Contingency Funds

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

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

Includes additional LIHEAP award of \$1,380,097

Estimate: Households include duplication, as they may receive service in each season. Decreased number reflects benefit increase from \$400 to \$600 per season.

Source: Contractor reports

PROGRAM HIGHLIGHTS

Amid the summer head of July 2009, a widowed 64-year-old woman contacted the Pasco County Department of Human Services to report that her electric utility had shut off her electricity. She needed \$315.09 to have it reconnected, money she did not have. She had never requested assistance before and was embarrassed to be in this situation. Some family members had moved in with her for a few weeks and then left her to pay the electric bill. The woman temporarily moved in with a friend, as she was on oxygen for a medical condition and could not live in her home without electricity. The county took her application for EHEAP assistance, but she did not have the utility company's collection notice, which was required for the program. However, staff contacted the utility, which furnished a copy of the required notice. The county succeeded in getting the woman's power reconnected, with reconnection fees and the extra deposit waived because she had always been a good customer. In a thank-you note, the woman expressed her gratitude for the dignified way with which the county office treated her in providing EHEAP assistance.

Esther, a 64-year-old grandmother, applied to Pinellas County Health and Human Services for an EHEAP benefit. Her only income was \$1,123.34 per month she received from a combination of Temporary Aid to Needy Families (TANF) and Supplementary Security Income (SSI) paid on behalf of the four minor grandchildren she is raising alone. Esther's rent is \$900 per month, so her household budget is extremely tight. During one particularly difficult month, EHEAP was able to help her by paying \$275.39 of the electric bill. This EHEAP benefit was a big relief for the family. While Esther still owed a portion of the bill, the immediate crisis was resolved and she was able to pay the unpaid balance of her electric bill.

SENIOR COMPANION PROGRAM

DESCRIPTION:

Senior Companion is a national service peer-volunteer program funded by a grant from 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 partners with Area Agencies on Aging and local providers to administer the program. Local service providers 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 must be low-income individuals age 55 and older who pass a criminal background check and are able to commit to 15 hours of service per week.

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.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

The Corporation for National and Community Service awards the Senior Companion grant to the Department of Elder Affairs. Matching funds are from state General Revenues. Service providers are selected for program contracts based on their ability to recruit and retain volunteers and to provide required local matching funds.

PROGRAM HIGHLIGHT

The Department of Elder Affairs recognized three Senior Companion volunteers from Duval, Citrus and Osceola counties at the 13th annual Golden Choices celebration honoring volunteers who work to improve the lives of Florida seniors. Marvell Marshall, a Senior Companion volunteer and Golden Choices award recipient representing the Nature Coast Volunteer Center, also received the President's Call to Service Lifetime Award for contributing 4,000 hours of volunteer service.

APPROPRIATION HISTORY & 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	873	161	93,967
2007-2008	\$277,928	\$117,764	600	179	89,400
2008-2009	\$351,608	\$117,764	481	158	82,151
2009-2010	\$351,608	\$117,764	450*	140*	80,000*

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)

SERVING HEALTH INSURANCE NEEDS OF ELDERS (SHINE) PROGRAM

DESCRIPTION:

Through a statewide network of trained volunteer counselors, the Serving Health Insurance Needs of Elders (SHINE) Program provides the only source of one-on-one personal and confidential Medicare-related counseling assistance for Florida's Medicare beneficiaries, their families and caregivers. SHINE is part of the national State Health Insurance Assistance Program (SHIP).

SERVICES OR ACTIVITIES:

More than 400 trained volunteers provide free and unbiased 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

efforts focus on health promotion, consumer protection and beneficiary rights.

ADMINISTRATION:

SHINE is a program of the Department of Elder Affairs. Department staff provide planning, training, technical assistance and support to volunteers. SHINE is operated at the local level through a partnership with the state's 11 Area Agencies on Aging.

ELIGIBILITY:

All Medicare beneficiaries, their representatives, family members and caregivers are eligible to receive free, unbiased services and information from SHINE.

STATUTORY AUTHORITY:

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

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

SHINE, which began providing services in 1993, is funded through a federal grant from the Centers for Medicare & Medicaid Services. 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 HIGHLIGHT

Volunteerism is a treasured resource, and SHINE volunteers truly make a difference. For Jo, a SHINE volunteer from Lee County, it has become second nature. For eleven years, Jo has rendered her volunteer services for the SHINE program and she remains steadfast in her mission to help counsel Medicare beneficiaries and their families on various health insurance matters. Throughout her time as a SHINE volunteer counselor, Jo has seen many changes in the Medicare program and has diligently made contributions to helping seniors make informed decisions and choices for their health care needs. Not a week goes by that Jo does not "set up shop" in her home to assist those in need of Medicare counseling. Additionally, she volunteers every Tuesday at her local SHINE counseling site. Over the course of her eleven years with SHINE, Jo has retrieved more than \$500,000 in Medicare health insurance claims that she filed on behalf of Medicare beneficiaries.

APPROPRIATION HISTORY & 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	93,740
2005-2006	\$1,946,387	400	200,249
2006-2007	\$1,963,474	400	222,435
2007-2008	\$2,267,337	425	260,424
2008-2009	\$2,349,987	391	505,700
2009-2010	\$2,907,056	500**	581,555**

* SHINE operates on an April-to-March grant year. Funding and clients served reflect this grant year period.

** Estimate.

Source: SHIP National Performance Reporting System.

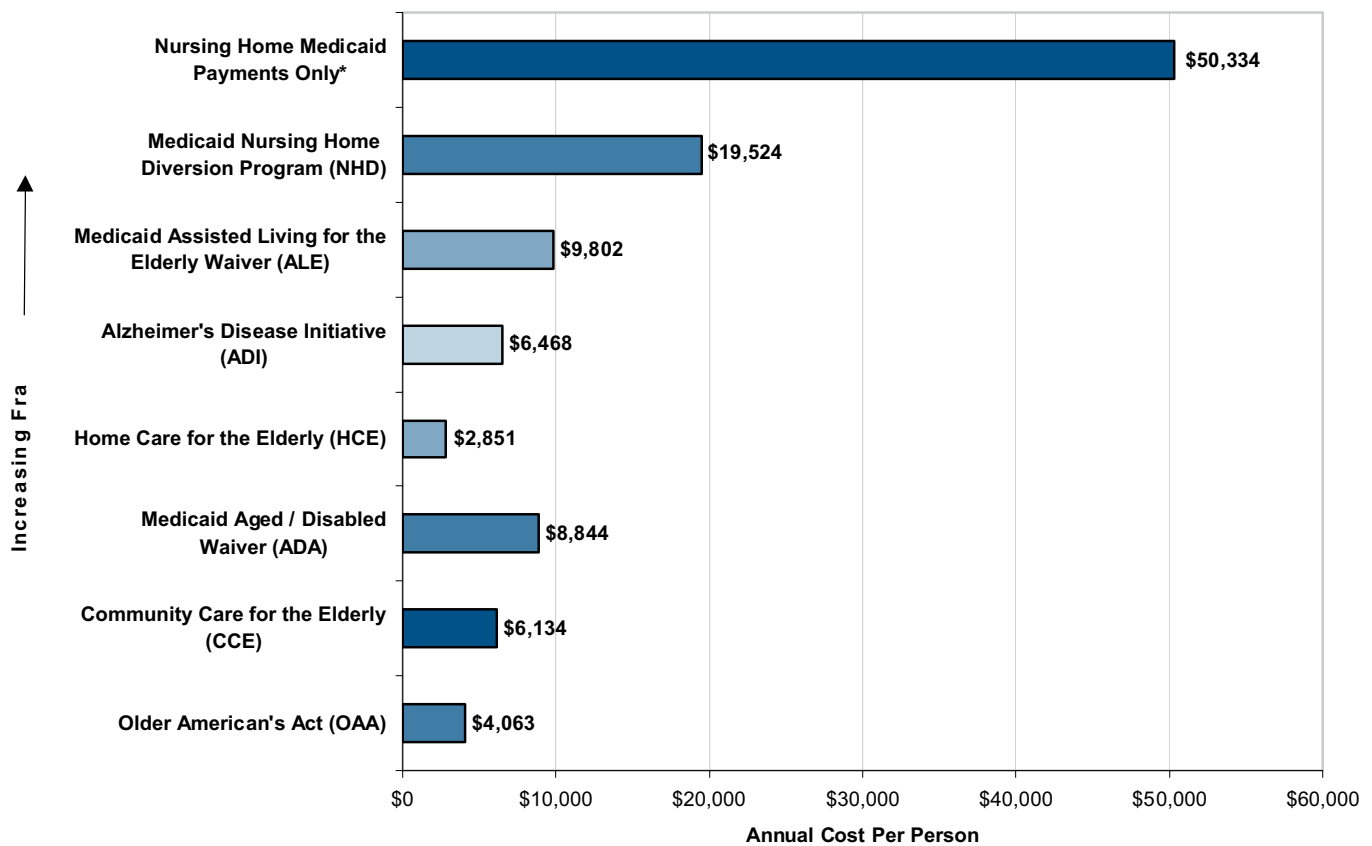
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COST COMPARISONS

In addition to serving the needs of elders, Department programs save the state an average of \$1.89 in nursing home care for every dollar spent on home- and community-based services. By determining the number of case months of nursing home care that are avoided through home- and community-based services and then factoring in the average monthly costs of each kind of service, it is possible to estimate the value of the avoided nursing home care. This shows that in fiscal year 2008-2009, the state was able to avoid more than \$634 million in nursing home payments by spending \$482 million for home- and community-based services.

COMPARISON OF ANNUAL COST PER CLIENT OF PROGRAMS SERVING FLORIDA'S ELDERLY STATE FISCAL YEAR 2008-2009



LONG-RANGE PROGRAM PLAN - SERVICES TO ELDER

This table provides a cross-reference of how programs 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 Services (CARES)	121
Home and Community Services	Caregiver Support	Alzheimer’s Disease Medicaid Waiver	115
		Alzheimer’s Disease Initiative	87
		AmeriCorps	134
		Home Care for the Elderly (HCE)	97
		Older Americans Act Title III E (National Family Caregiver Support Program)	67
		Respite for Elders Living in Everyday Families (RELIEF)	102
		Senior Companion Program	141
	Early Intervention/Prevention	Elder Abuse Prevention Program (OAA Title VII)	71
		Emergency Home Energy Assistance for the Elderly (EHEAP)	138
		Health Promotion and Wellness Initiatives	65
		Information & Referral/Assistance	59
		Senior Community Service Employment Program (OAA Title V)	68
		Serving Health Insurance Needs of Elders (SHINE)	143

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
Home and Community Services (continued)	Supportive Community Care	Local Services Programs	99
		Older Americans Act Programs (OAA Title III B)	57
	Housing, Hospice and End of Life	Alzheimer's Disease and Related Disorders Training Provider and Curriculum Approval	80
	Residential Assisted Living Support	Medicaid Assisted Living for the Frail Elderly Waiver	117
	Nutritional Services for the Elderly	Adult Care Food Program	132
		Elder Farmers' Market Nutrition Program	136
		Local Services Programs	99
		Nutrition Services Incentive Program (NSIP)	63
		Older Americans Act Programs (OAA Title III C1, Title III C2)	61
	Long-Term Care Initiatives	Long-Term Care Community Diversion Pilot Project	125
		Program of All-Inclusive Care (PACE)	127
	Home and Community Services Diversions	Community Care for the Elderly (CCE)	94
		Consumer-Directed Care Plus (CDC+) Program	123
		Medicaid Aged and Disabled Adult Waiver	113
	Consumer Advocate Services	Long-Term Care Ombudsman Council	Long-Term Care Ombudsman Program
Public Guardianship Program		Statewide Public Guardianship Office	105

GENERAL ELIGIBILITY REQUIREMENTS FOR MAJOR PROGRAMS & SERVICES

NOTE: Eligibility requirements listed below are for general informational purposes only. Information may be subject to change. Before relying on this information, please contact the Department of Elder Affairs for the most current program eligibility requirements.

For other general program information, please refer to the individual program descriptions listed in Sections C, D, E and F of this Summary of Programs and Services.

Please note that poverty guidelines and Institutional Care Program (ICP) standards are revised annually.

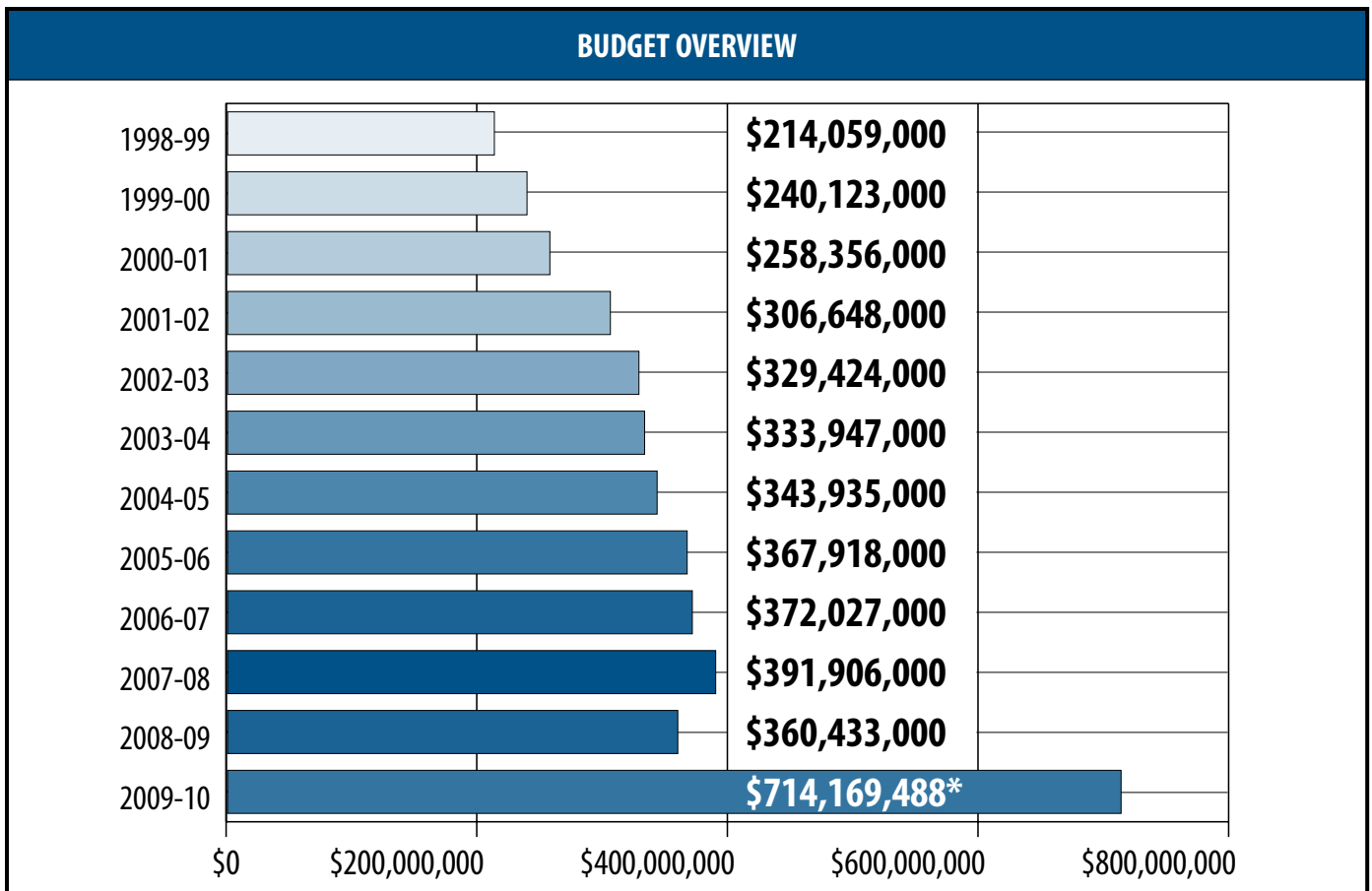
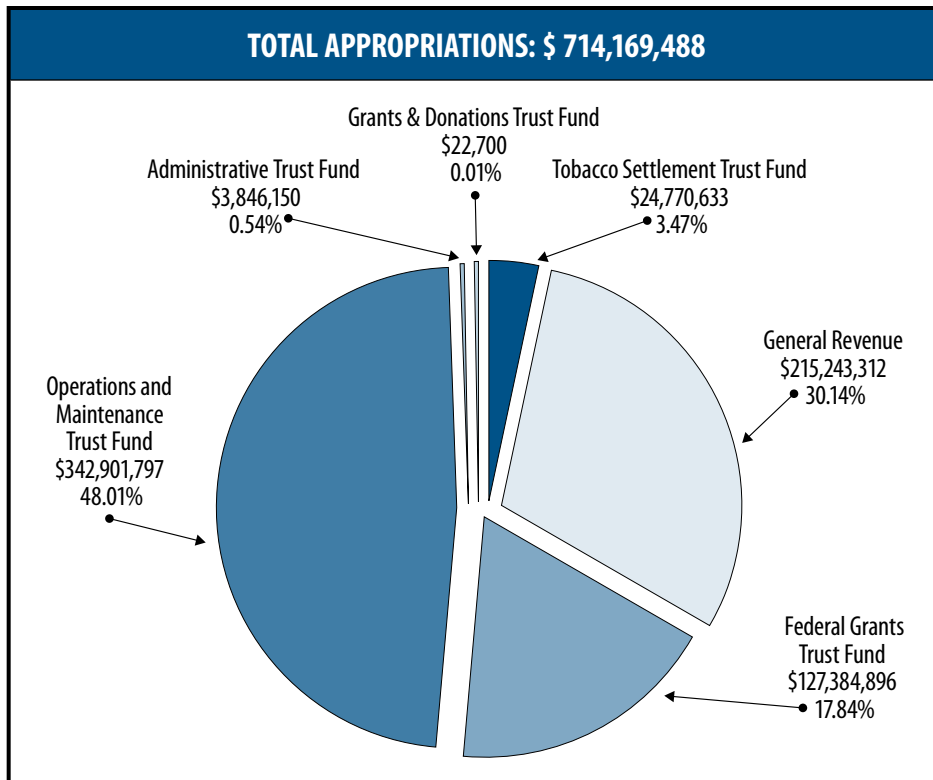
PROGRAM	AGE	INCOME	OTHER REQUIREMENTS/ FRAILTY LEVELS
Adult Care Food Program	60 and older, or 18 and older and chronically impaired.	Level of reimbursement per client to center is based on participants' assessed level of need in accordance with USDA's annual adjustments to Income Eligibility Guidelines.	Must reside in the home or in 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.
Alzheimer's Disease Waiver	60 and older	Medicaid-eligible up to Institutional Care Program (ICP) income and asset level.	Must be at risk of nursing home placement. Must meet technical criteria for individuals seeking Medicaid assistance for nursing homes. Some additional clinical criteria apply.
Adult Day Health Care Waiver	75 and older	Medicaid-eligible up to Institutional Care Program (ICP) income and asset level.	Must reside with a caregiver in project service area. Must meet technical criteria for individuals seeking Medicaid assistance for nursing homes. Some additional clinical criteria apply.
Channeling Waiver	65 and older	Medicaid-eligible up to Institutional Care Program (ICP) income and asset level.	Must reside with a caregiver in project service area. Must meet technical criteria for individuals seeking Medicaid assistance for nursing homes. Some additional clinical criteria apply.
Community Care for the Elderly	60 and older	Co-payment is assessed based on sliding schedule.	Must be assessed as functionally impaired. Primary consideration to persons referred by Adult Protective Services.

PROGRAM	AGE	INCOME	OTHER REQUIREMENTS/ FRAILITY LEVELS
Elder Farmers' Market Nutrition Program	60 and older	Household income 185% of Federal Poverty Guidelines or less	Must live in a participating county.
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 Institutional Care Program (ICP) standard for income and assets.	Must be at risk of nursing home placement and have 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 Institutional Care Program (ICP) income and asset level.	Must reside in project service area. Must be at risk of nursing home placement. Some additional clinical criteria apply.
Aged and Disabled Adult Waiver	60 and older, or 18-59 and disabled	Medicaid-eligible up to Institutional Care Program (ICP) income and asset level.	Must be at risk of nursing home placement. Must meet technical criteria for individuals seeking Medicaid assistance for nursing homes.
Assisted Living for the Frail Elderly Waiver	60 and older	Medicaid-eligible up to Institutional Care Program (ICP) income and asset level.	Must be at risk of nursing home placement. Must meet technical criteria for 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.
Senior Companion	Volunteer: 55 and older	Household income 200% of federal poverty guidelines or less as set forth in 42 U.S.C. 9902.	Volunteers serve clients at risk of institutionalization due to chronic illness, disability or isolation.

SOURCE OF REVENUE - STATE FISCAL YEAR 2009-2010*

General Revenue	\$ 215,243,312
Legislative Appropriation	
Tobacco Settlement Trust Fund	\$ 24,770,633
Legislative Appropriation	
Grants and Donations Trust Fund	\$ 22,700
Donations	
Operations and Maintenance Trust Fund	\$ 342,901,797
Aged and Disabled Adult Medicaid Waiver	
Assisted Living for the Frail Elderly Medicaid Waiver	
Alzheimer’s Disease Medicaid Waiver	
CARES (Comprehensive Assessment and Review for Long-Term Care Services)	
Medicaid Administration	
Federal Grants Trust Fund	\$ 127,384,896
Title III and Title VII, Older Americans Act	
Title V Senior Community Services Employment Program	
HHS Nutrition Services Incentive Program	
USDA Adult Day Care Food Program	
Emergency Home Energy Assistance Program	
Serving Health Insurance Needs of Elders (SHINE)	
Elder Farmers’ Market Nutrition Program	
Administrative Trust Fund	\$ 3,846,150
Public Guardianship Services	
Assisted Living Facility Licensure Fees	
Total	\$ 714,169,488

*Source: 2009-2010 General Appropriations Act and Department of Elder Affairs Approved Operating Budget 2009-2010.



NOTES:

Department programs and services are 94 percent privatized through contracts with Area Agencies on Aging and other providers. Executive Direction and Support Services represents 1.27 percent of the Department's budget.

* Amount reflects legislative transfer of Medicaid Waiver budgets to DOEA from Agency for Health Care Administration.

ELDER DEMOGRAPHICS/PROGRAM ENROLLMENT BY COUNTY

COUNTY	TOTAL POPULATION					PERCENT OF POPULATION WHO ARE ELDERS				
	ALL AGES	60+	65+	75+	85+	60+	65+	75+	85+	MINORITY 60+
Alachua	252,388	34,950	24,732	11,733	3,557	13.8%	9.8%	4.6%	1.4%	21.9%
Baker	25,890	4,092	2,789	1,101	268	15.8%	10.8%	4.3%	1.0%	9.3%
Bay	169,307	35,557	25,316	11,332	2,840	21.0%	15.0%	6.7%	1.7%	10.5%
Bradford	29,059	5,470	3,967	1,859	542	18.8%	13.7%	6.4%	1.9%	12.4%
Brevard	556,213	150,648	115,471	57,610	14,948	27.1%	20.8%	10.4%	2.7%	10.5%
Broward	1,758,494	337,629	253,155	136,005	46,766	19.2%	14.4%	7.7%	2.7%	27.6%
Calhoun	14,310	2,871	2,169	1,045	323	20.1%	15.2%	7.3%	2.3%	12.9%
Charlotte	165,781	69,448	56,101	30,329	8,468	41.9%	33.8%	18.3%	5.1%	6.7%
Citrus	142,043	58,242	45,947	23,556	6,452	41.0%	32.3%	16.6%	4.5%	4.7%
Clay	185,168	30,693	21,012	9,041	2,555	16.6%	11.3%	4.9%	1.4%	10.3%
Collier	332,854	101,987	79,022	38,797	9,205	30.6%	23.7%	11.7%	2.8%	8.1%
Columbia	66,121	14,128	10,278	4,675	1,249	21.4%	15.5%	7.1%	1.9%	13.7%
DeSoto	34,487	8,444	6,486	3,159	746	24.5%	18.8%	9.2%	2.2%	11.5%
Dixie	15,963	4,197	3,119	1,406	331	26.3%	19.5%	8.8%	2.1%	4.5%
Duval	904,971	141,009	98,523	46,613	13,235	15.6%	10.9%	5.2%	1.5%	27.0%
Escambia	313,480	61,605	45,740	22,501	6,643	19.7%	14.6%	7.2%	2.1%	19.6%
Flagler	95,512	33,674	26,144	12,549	2,746	35.3%	27.4%	13.1%	2.9%	17.8%
Franklin	12,331	3,220	2,349	994	270	26.1%	19.0%	8.1%	2.2%	9.0%
Gadsden	50,611	9,275	6,671	3,070	869	18.3%	13.2%	6.1%	1.7%	48.6%
Gilchrist	17,256	3,739	2,722	1,189	286	21.7%	15.8%	6.9%	1.7%	6.8%
Glades	11,323	2,875	2,123	882	200	25.4%	18.7%	7.8%	1.8%	10.7%
Gulf	16,923	3,733	2,738	1,232	332	22.1%	16.2%	7.3%	2.0%	10.1%
Hamilton	14,779	2,502	1,774	824	248	16.9%	12.0%	5.6%	1.7%	25.8%
Hardee	27,909	4,850	3,737	1,931	491	17.4%	13.4%	6.9%	1.8%	19.3%
Hendry	41,216	5,781	4,264	1,947	493	14.0%	10.3%	4.7%	1.2%	34.1%
Hernando	164,907	60,081	47,713	25,138	6,342	36.4%	28.9%	15.2%	3.8%	7.7%
Highlands	100,207	38,894	32,032	17,436	4,712	38.8%	32.0%	17.4%	4.7%	9.1%
Hillsborough	1,200,541	201,229	145,012	70,242	20,440	16.8%	12.1%	5.9%	1.7%	28.4%
Holmes	19,757	4,342	3,229	1,507	452	22.0%	16.3%	7.6%	2.3%	5.4%
Indian River	141,667	48,387	38,428	21,125	6,173	34.2%	27.1%	14.9%	4.4%	6.8%
Jackson	52,639	11,075	8,235	4,059	1,225	21.0%	15.6%	7.7%	2.3%	20.6%
Jefferson	14,553	3,130	2,214	1,110	321	21.5%	15.2%	7.6%	2.2%	28.8%
Lafayette	8,287	1,409	1,051	479	131	17.0%	12.7%	5.8%	1.6%	6.7%
Lake	288,379	93,912	73,086	35,664	8,910	32.6%	25.3%	12.4%	3.1%	8.0%

COUNTY	TOTAL POPULATION					PERCENT OF POPULATION WHO ARE ELDERS				
	ALL AGES	60+	65+	75+	85+	60+	65+	75+	85+	MINORITY 60+
Lee	623,725	188,886	145,676	73,575	19,267	30.3%	23.4%	11.8%	3.1%	8.3%
Leon	274,892	34,885	23,755	11,150	3,490	12.7%	8.6%	4.1%	1.3%	24.0%
Levy	40,817	10,713	7,878	3,608	927	26.2%	19.3%	8.8%	2.3%	9.7%
Liberty	8,158	1,259	900	401	96	15.4%	11.0%	4.9%	1.2%	12.6%
Madison	20,152	4,107	3,087	1,492	465	20.4%	15.3%	7.4%	2.3%	26.8%
Manatee	317,699	91,625	71,546	38,481	11,398	28.8%	22.5%	12.1%	3.6%	7.0%
Marion	329,418	101,473	79,405	40,678	10,451	30.8%	24.1%	12.3%	3.2%	10.7%
Martin	143,868	50,464	39,925	21,109	6,223	35.1%	27.8%	14.7%	4.3%	5.0%
Miami-Dade	2,477,289	458,374	339,543	163,115	47,216	18.5%	13.7%	6.6%	1.9%	81.0%
Monroe	76,081	18,746	13,036	5,728	1,448	24.6%	17.1%	7.5%	1.9%	15.7%
Nassau	71,915	16,058	11,043	4,473	959	22.3%	15.4%	6.2%	1.3%	6.9%
Okaloosa	197,597	37,371	26,577	11,550	2,878	18.9%	13.5%	5.8%	1.5%	9.6%
Okeechobee	40,003	8,776	6,836	3,421	842	21.9%	17.1%	8.6%	2.1%	10.0%
Orange	1,114,979	147,768	103,611	47,504	12,501	13.3%	9.3%	4.3%	1.1%	38.3%
Osceola	273,709	41,157	28,744	12,580	3,320	15.0%	10.5%	4.6%	1.2%	38.2%
Palm Beach	1,294,654	349,338	276,554	156,624	49,018	27.0%	21.4%	12.1%	3.8%	14.0%
Pasco	438,668	131,058	103,054	54,869	15,889	29.9%	23.5%	12.5%	3.6%	6.7%
Pinellas	938,461	257,860	198,543	108,055	35,629	27.5%	21.2%	11.5%	3.8%	8.9%
Polk	585,733	137,721	104,689	52,120	13,875	23.5%	17.9%	8.9%	2.4%	13.8%
Putnam	74,989	19,162	14,322	6,582	1,530	25.6%	19.1%	8.8%	2.0%	13.5%
St. Johns	181,180	39,393	28,253	13,575	3,519	21.7%	15.6%	7.5%	1.9%	7.6%
St. Lucie	276,585	76,367	59,323	30,745	7,574	27.6%	21.4%	11.1%	2.7%	15.0%
Santa Rosa	144,136	25,737	17,873	7,320	1,855	17.9%	12.4%	5.1%	1.3%	6.6%
Sarasota	393,608	152,594	121,958	67,448	20,875	38.8%	31.0%	17.1%	5.3%	4.5%
Seminole	426,413	68,521	47,202	21,710	5,593	16.1%	11.1%	5.1%	1.3%	22.0%
Sumter	93,034	34,838	28,771	14,214	3,051	37.4%	30.9%	15.3%	3.3%	6.8%
Suwannee	40,927	10,009	7,588	3,723	1,085	24.5%	18.5%	9.1%	2.7%	9.8%
Taylor	23,199	4,750	3,367	1,528	375	20.5%	14.5%	6.6%	1.6%	11.4%
Union	15,974	2,013	1,333	551	135	12.6%	8.3%	3.5%	0.8%	14.0%
Volusia	510,750	140,908	108,420	56,575	16,623	27.6%	21.2%	11.1%	3.3%	10.1%
Wakulla	30,717	5,608	3,724	1,411	372	18.3%	12.1%	4.6%	1.2%	8.5%
Walton	57,784	14,056	10,532	4,852	1,205	24.3%	18.2%	8.4%	2.1%	7.6%
Washington	24,779	5,472	4,005	1,862	556	22.1%	16.2%	7.5%	2.2%	11.0%
Florida	18,807,219	4,280,148	3,238,423	1,644,770	473,010	22.8%	17.2%	8.7%	2.5%	22.1%

COUNTY	PERCENT OF POPULATION				PROGRAM ENROLLMENTS						
	BELOW POVERTY LEVEL 60+	ALZHEIMER'S DISEASE 65+	LIVING ALONE 60+	65+ WITH SELF-CARE DISABILITIES	ADA	ADI	ALE	CCE	HCE	NH DIVERSION	COMMUNITY NURSING HOME BEDS PER 1,000 (75+)
Alachua	9.1%	14.5%	23.8%	11.9%	126	97	0	121	68	2	79.6
Baker	9.7%	11.9%	18.3%	17.7%	15	9	0	77	14	0	170.8
Bay	9.1%	13.2%	24.1%	13.1%	188	23	38	151	69	0	75.4
Bradford	14.4%	14.2%	21.9%	12.4%	15	5	11	59	8	0	129.1
Brevard	7.3%	14.5%	22.5%	8.9%	230	69	101	286	57	468	45.6
Broward	9.9%	16.7%	28.5%	10.0%	739	340	155	1,551	410	1,737	31.1
Calhoun	17.1%	14.8%	26.6%	19.6%	48	8	1	55	23	0	235.4
Charlotte	6.0%	15.8%	20.7%	8.3%	71	10	3	280	44	101	36.5
Citrus	7.7%	15.0%	19.6%	7.9%	111	14	41	212	44	48	45.9
Clay	6.6%	13.2%	17.5%	12.6%	104	21	23	151	55	0	120.9
Collier	5.5%	14.0%	18.3%	5.6%	41	16	10	287	61	64	19.5
Columbia	11.9%	13.6%	24.8%	13.2%	83	13	12	113	94	0	65.2
DeSoto	7.5%	13.9%	16.6%	8.9%	16	7	4	101	12	0	13.0
Dixie	15.5%	13.1%	24.4%	15.6%	17	5	0	56	19	0	42.7
Duval	10.1%	14.3%	26.2%	13.5%	558	41	44	1,077	229	380	84.4
Escambia	8.7%	14.9%	23.8%	14.6%	238	35	54	180	56	0	75.0
Flagler	5.4%	13.5%	17.0%	9.4%	45	13	3	98	14	17	19.1
Franklin	12.4%	12.9%	23.3%	14.8%	46	5	15	28	15	0	0
Gadsden	14.6%	13.9%	24.9%	14.8%	68	26	15	81	45	0	39.1
Gilchrist	13.4%	12.9%	19.9%	13.2%	17	9	1	49	10	0	169.0
Glades	9.2%	12.2%	20.1%	10.8%	5	4	0	71	10	0	0
Gulf	12.3%	13.5%	24.5%	13.9%	33	4	10	34	11	0	97.4
Hamilton	16.8%	14.3%	23.8%	13.2%	60	7	0	86	55	0	72.8
Hardee	14.8%	14.8%	20.0%	13.5%	38	7	0	42	27	0	53.9
Hendry	12.2%	13.5%	21.8%	12.6%	12	10	0	110	17	8	127.4
Hernando	6.7%	15.1%	18.8%	9.6%	51	16	64	250	73	108	26.3
Highlands	8.2%	15.7%	20.8%	9.0%	83	15	50	201	59	0	34.3
Hillsborough	9.0%	14.6%	24.2%	12.2%	623	85	246	2,305	341	1,084	51.8
Holmes	15.4%	14.3%	25.5%	14.0%	93	5	21	36	51	0	119.4
Indian River	6.1%	16.2%	23.2%	7.3%	56	8	52	122	34	133	25.8
Jackson	17.0%	15.0%	29.2%	16.4%	140	23	18	175	87	0	133.0
Jefferson	15.3%	15.0%	19.2%	21.1%	101	3	0	37	22	0	141.5
Lafayette	15.8%	13.7%	27.1%	11.2%	14	2	19	41	6	0	125.1
Lake	6.8%	14.1%	20.1%	8.6%	51	12	51	298	78	184	39.2
Lee	5.9%	14.7%	20.0%	7.9%	179	28	169	1,192	78	229	27.4
Leon	7.0%	14.6%	24.2%	13.0%	178	16	5	221	64	0	66.7

COUNTY	PERCENT OF POPULATION				PROGRAM ENROLLMENTS						
	BELOW POVERTY LEVEL 60+	ALZHEIMER'S DISEASE 65+	LIVING ALONE 60+	65+ WITH SELF-CARE DISABILITIES	ADA	ADI	ALE	CCE	HCE	NH DIVERSION	COMMUNITY NURSING HOME BEDS PER 1,000 (75+)
Levy	11.6%	13.5%	24.0%	11.2%	75	5	25	115	12	0	49.9
Liberty	18.4%	13.0%	29.2%	19.8%	22	1	14	43	9	0	0
Madison	19.1%	14.9%	26.2%	14.7%	58	5	22	30	27	0	159.6
Manatee	6.4%	16.0%	24.6%	7.9%	78	25	60	304	63	151	35.3
Marion	8.3%	14.8%	20.7%	9.3%	145	26	33	485	42	163	33.7
Martin	5.6%	15.7%	22.7%	6.0%	41	58	1	172	27	70	37.7
Miami-Dade	15.0%	14.5%	20.0%	13.4%	1,959	262	510	931	1,088	3,432	49.0
Monroe	8.5%	13.1%	20.9%	7.3%	16	15	0	226	33	0	41.9
Nassau	7.9%	11.8%	19.8%	13.0%	83	12	6	142	37	0	53.7
Okaloosa	5.6%	12.9%	22.0%	10.9%	61	21	12	80	29	0	77.8
Okeechobee	9.9%	14.4%	21.0%	9.3%	67	6	0	83	21	0	50.6
Orange	8.4%	13.6%	21.1%	12.3%	428	222	185	323	92	853	85.8
Osceola	8.3%	13.2%	18.7%	9.3%	193	13	15	92	56	259	85.9
Palm Beach	6.7%	16.9%	24.7%	8.4%	769	237	57	1,362	252	1,088	38.6
Pasco	8.0%	15.8%	23.5%	8.5%	193	41	211	345	72	283	33.1
Pinellas	7.9%	16.7%	29.2%	9.0%	591	70	338	728	121	1,054	73.7
Polk	8.4%	14.6%	21.7%	10.9%	303	36	54	732	270	259	54.2
Putnam	11.9%	13.3%	24.8%	14.4%	56	7	28	168	45	0	51.2
St. Johns	6.2%	14.1%	21.1%	8.3%	70	17	28	86	38	37	44.6
St. Lucie	7.8%	14.8%	20.3%	9.0%	140	61	68	185	92	144	34.2
Santa Rosa	8.2%	12.4%	19.2%	12.4%	51	16	52	55	20	0	56.0
Sarasota	5.1%	16.6%	22.9%	7.7%	102	50	24	724	76	304	41.5
Seminole	6.4%	13.6%	21.4%	11.3%	77	72	87	113	27	309	54.0
Sumter	7.9%	13.8%	19.0%	10.9%	28	2	8	80	36	0	19.0
Suwannee	12.0%	14.8%	23.4%	13.0%	63	14	11	163	57	0	107.7
Taylor	14.9%	13.3%	25.7%	14.4%	77	3	0	32	10	0	78.5
Union	14.0%	12.4%	19.4%	20.3%	17	3	0	40	7	0	0
Volusia	7.3%	15.6%	23.8%	9.0%	385	36	100	962	148	436	55.7
Wakulla	10.2%	11.8%	17.9%	12.8%	53	10	1	55	18	0	85.0
Walton	9.4%	13.5%	22.2%	14.6%	32	15	10	85	28	0	57.1
Washington	16.4%	14.3%	24.8%	16.2%	95	7	1	57	26	0	96.7
Florida	8.6%	15.1%	23.0%	10.1%	10,528	2,379	3,116	19,232	5,239	13,200	48.2

Source: Department of Elder Affairs calculations based on University of Florida, Bureau of Economic and Business Research (BEBR) population estimates for 11/3/08; Florida Legislature, Office of Economic and Demographic Research projections for 11/08; and U.S. Bureau of the Census 2000 data.

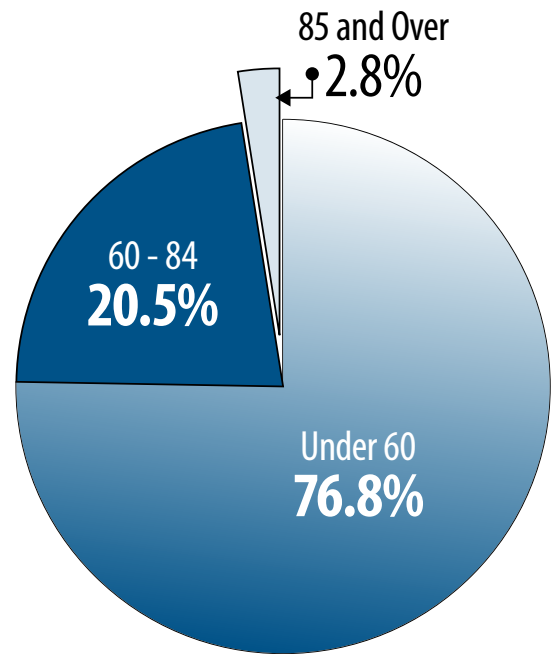
Program enrollment data is from the Department's Client Information and Registration Tracking System (CIRTS), Paid Claim Database for the Aged and Disabled Adult Medicaid Waiver (ADA) and Assisted Living for the Frail Elderly Medicaid Waiver (ALE), and FREEDOM enrollment spans.

AGE DISTRIBUTION

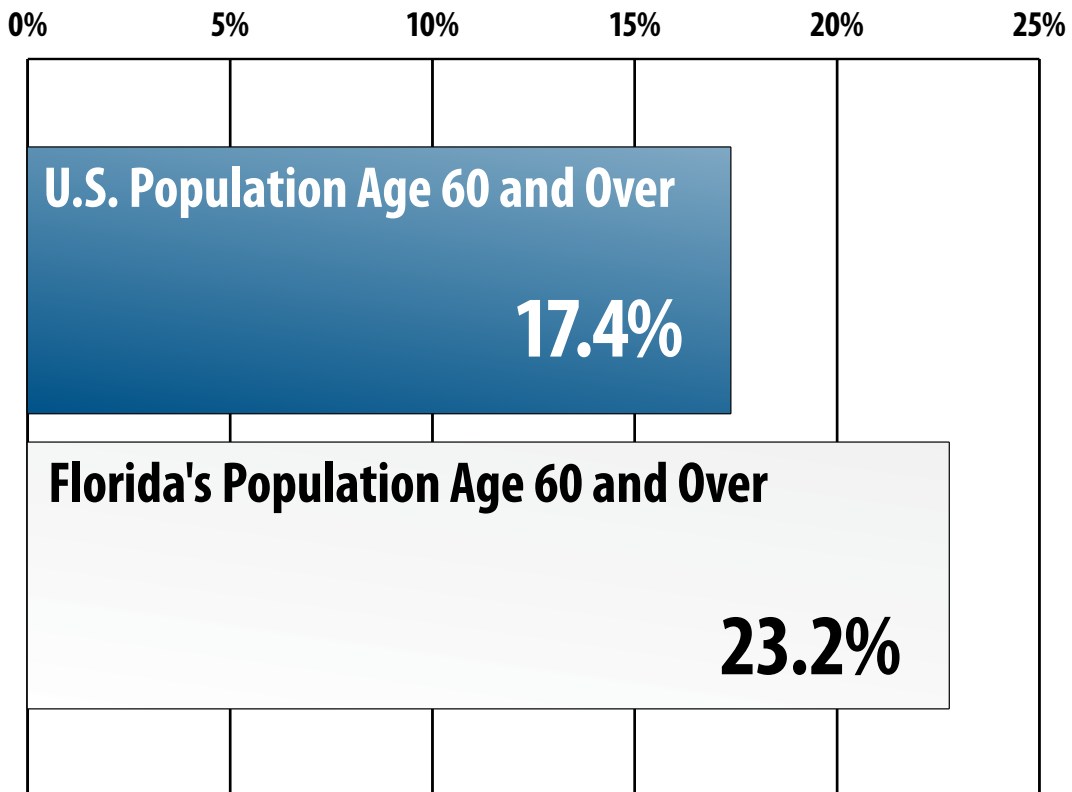
Florida is the fourth most populous state with approximately 18,750,000 residents. Among the 50 states, Florida has the highest percentage of elders age 60 and older (22.2 percent) compared with a national percentage of 17.4 percent. Of Florida's 4,353,000+ elders age 60 and older, some 473,000 are age 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 37.4 percent of the total state population age 60 and older, and 41.5 percent of the population 85 and older.

Florida's population 60 and older comprises at least 30 percent of the total residents in 14 counties. Interestingly, none of the five counties with the largest populations 60 and older is among that group.

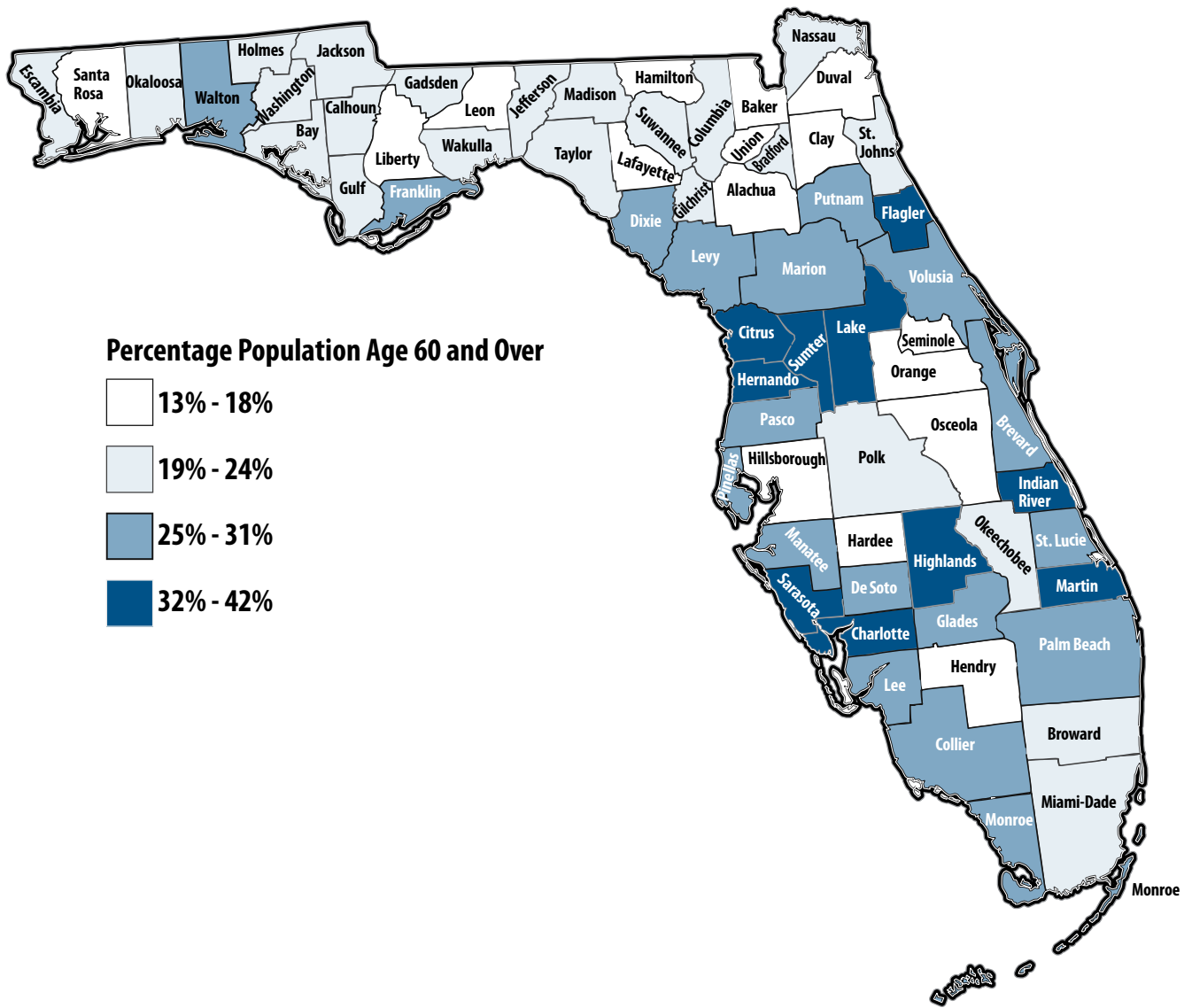


FLORIDA'S AGE DISTRIBUTION



60+ PERCENTAGE: FLORIDA VS. UNITED STATES

FLORIDA'S ELDER POPULATION AGE 60 AND OLDER BY COUNTY AS A PERCENTAGE OF OVERALL POPULATION



The five counties with the most dense population of elders age 60 and older are Charlotte (42.1 percent), Citrus (41.5 percent), Sarasota (39.5 percent), Highlands (39.0 percent) and Sumter (37.8 percent). Two areas of the state, West Central and Southwest Florida, consist of counties with 30 percent or more of the population age 60 and older. West Central Florida is located north of Tampa, west of Orlando and south of Gainesville. Southwest Florida is on the Gulf of Mexico south of Bradenton.

MINORITY DISTRIBUTION

As the age of Florida population groups increases, their racial and ethnic diversity decreases. This decrease in diversity can be attributed to the migration of elders into Florida and the life span of minorities within the state. While almost two in five (39.6 percent) Floridians are minority, this percentage declines to about one in five (22.3 percent) of all elders age 60 and older, and about one in six (15.7 percent) of all elders age 85 and older.

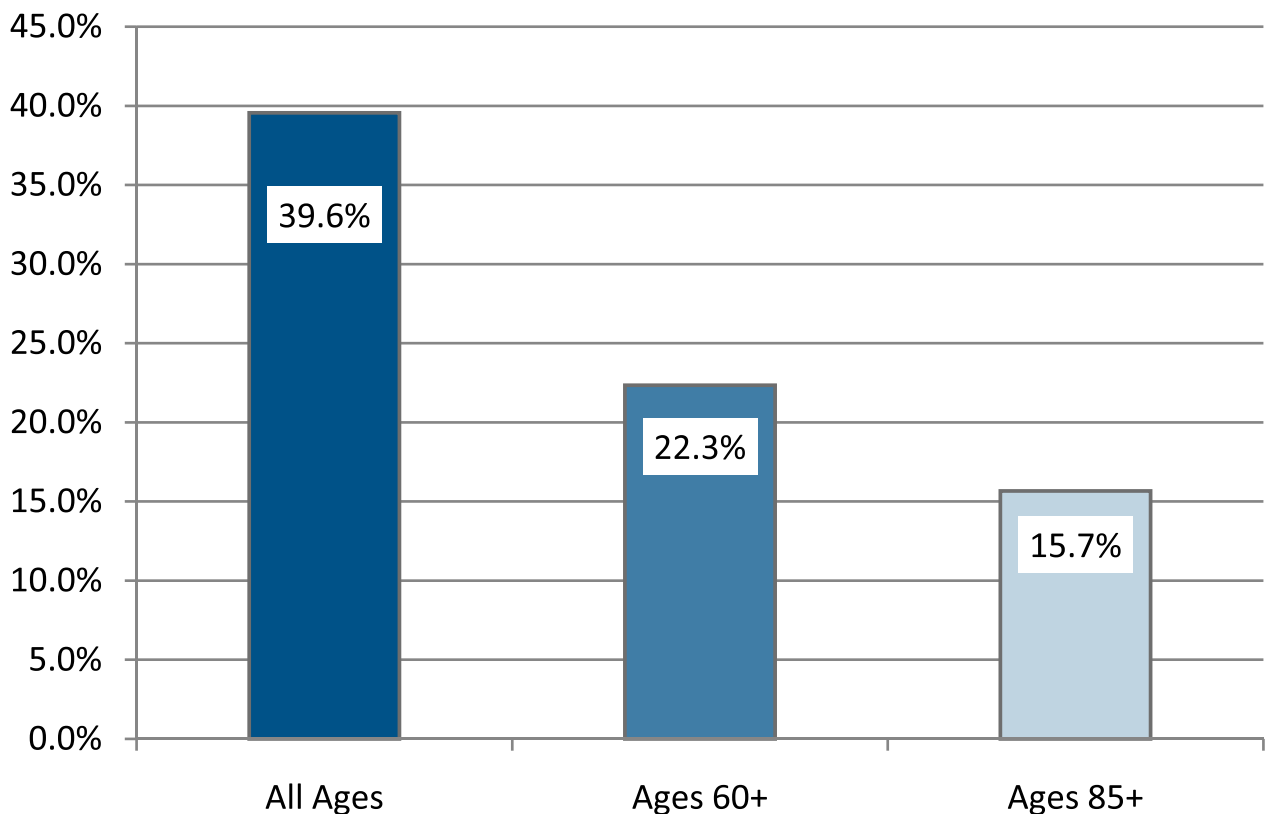
In Florida, 77.7 percent of the total 60 and older population is white non-Hispanic. In comparison, minorities generally make up a smaller percentage of elders among their respective populations. Statewide, 13.1 percent of the total 60+ population is Hispanic while 8.5 percent is African-American.

Counties with the highest percentages of residents age 60 and older also show differences between

white non-Hispanics and minorities. The top six counties in which elders represent 40 percent or more of the overall white non-Hispanic populations are Highlands (49.4 percent), Sumter (45.0 percent), Charlotte (44.7 percent), Citrus (43.3 percent), Sarasota (43.3 percent) and Collier (42.1 percent). Four of these counties are grouped in Southwest Florida, while the other two are in West Central Florida.

The top six counties with minority elders representing 15 percent or more of their minority populations are Flagler (30.0 percent), Charlotte (24.0 percent), Citrus (23.0 percent), Hernando (20.5 percent), Miami-Dade (18.2 percent) and Jefferson (15.9 percent). These counties do not appear to exhibit any geographical grouping patterns.

PERCENT MINORITY BY AGE GROUP



CUSTOMER ASSESSMENT PROFILES BY PRIORITY LEVEL

The Department of Elder Affairs assesses applicants into one of five priority levels based on their need for home- and community-based services. Priority level 1 is the lowest level of need and level 5 is the highest. In addition, clients may be placed in two special high-risk categories: Adult Protective Services (APS) referrals and elders

identified as being at imminent risk of nursing home placement. The Department's prioritization policy requires service agencies to provide services in the following order of priority: APS, imminent-risk, priority level 5, level 4, level 3, level 2 and then level 1.

**KEY: ADL = ACTIVITY OF DAILY LIVING;
IADL = INSTRUMENTAL ACTIVITY OF DAILY LIVING (SEE LIST BELOW TABLE)**

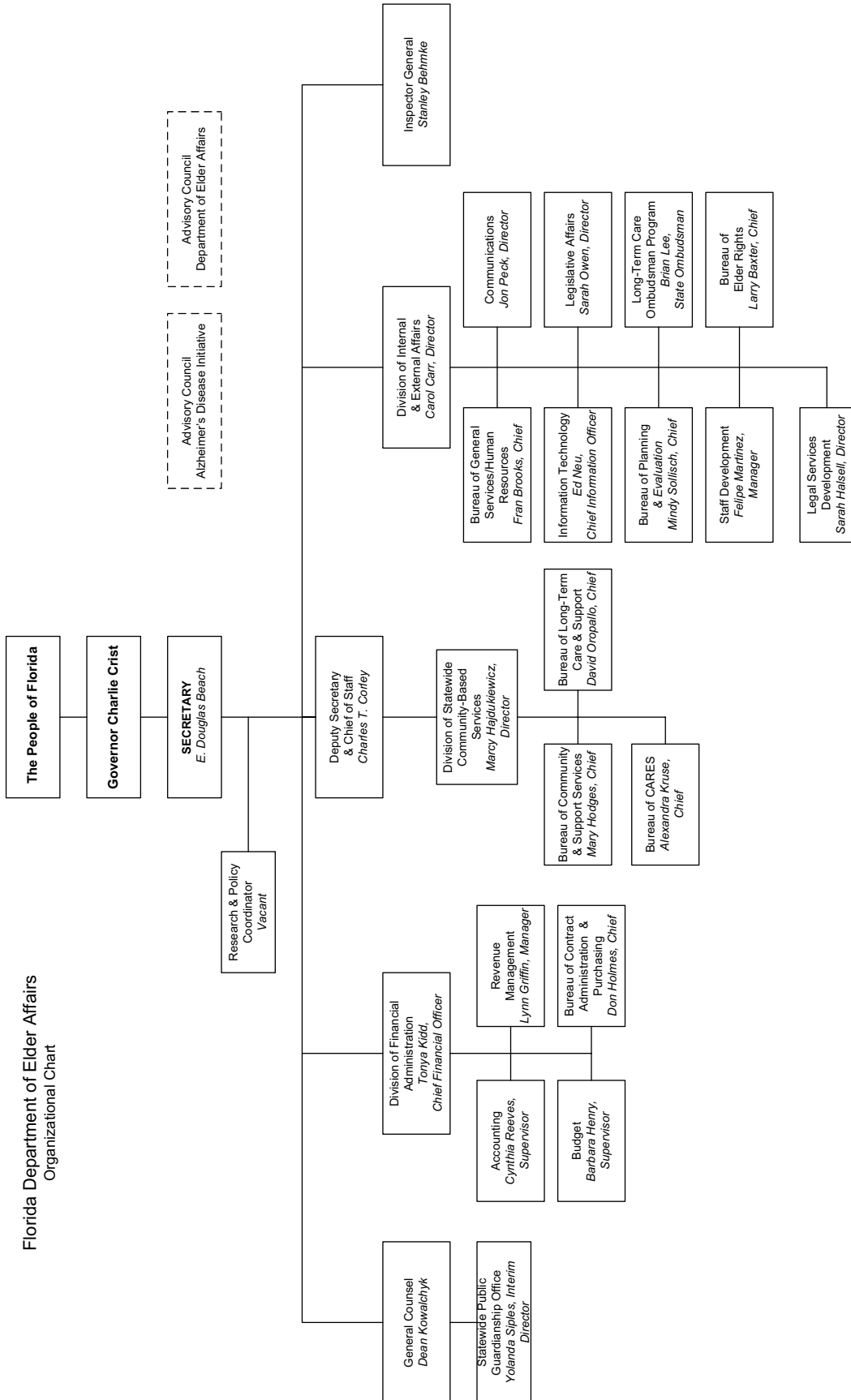
CUSTOMER PROFILE LEVELS				
LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
DISABILITIES				
Number of ADLs that require total help = 0 ...require some help = 2 ...require total help = 2-3 Number of IADLs that require some help = 6	Number of ADLs that require total help = 0-1 ...require some help = 3 Number of IADLs that require total help = 5 ...require some help = 7	Number of ADLs that require total help = 2 ...require some help = 4 Number of IADLs that require total help = 5-6 ...require some help = 7	Number of ADLs that require total help = 1 ...require some help = 4 Number of IADLs that require total help = 6 ...require some help = 7-8	Number of ADLs that require total help = 3 ...require some help = 5 Number of IADLs that require total help = 7 ...require some help = 8
SELF-ASSESSED HEALTH				
Fair	Fair	Fair	Fair	Fair-Poor
CAREGIVER SITUATION				
67% of primary caregivers in good or excellent health, 24% experiencing health crisis	56% of primary caregivers in good or excellent health, 32% experiencing health crisis	50% of primary caregivers in good or excellent health, 51% experiencing health crisis	45% of primary caregivers in good or excellent health, 70% experiencing health crisis	40% of primary caregivers in good or excellent health, 74% experiencing health crisis
RISK SCORE				
Average Risk Score of nursing home placement = 20	Average Risk Score of nursing home placement = 38	Average Risk Score of nursing home placement = 46	Average Risk Score of nursing home placement = 45	Average Risk Score of nursing home placement = 57

Revised January 2009

ADLs: bathe, dress, eat, use bathroom, transfer, walking/mobility

IADLs: do heavy chores, do light housekeeping, use phone, manage money, prepare meals, do shopping, take medication, use transportation

FLORIDA DEPARTMENT OF ELDER AFFAIRS ORGANIZATIONAL CHART



UPDATED: 03/23/10

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, where 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 public or non-profit 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.

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, that 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 - 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 and Registration Tracking System (CIRTS) - The Department of Elder Affairs' centralized customer registry and database holding 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 - Also known as participant-directed care, an option that puts Medicaid participants in charge of their care dollars under the Aged and Disabled Adult Waiver or Traumatic Brain and Spinal Cord Injury Waiver. Participants hire employees or vendors, including, if desired, friends and family members or vendors who are not Medicaid-enrolled providers. Employees and vendors are selected to meet identified needs such as personal care, respite, transportation and consumable medical supplies. Consumer direction offers enhanced choice and control.

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, 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 is also a term used to describe the frailty level of a consumer seeking Department of Elder Affairs services, as determined by the frailty level prioritization assessment tool.

Long-Range Program Plan - A plan developed annually by each state government 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, by the agency mission and by 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 age 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 Families' 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 certain federal requirements have been waived to allow states to provide home- and community-based services to individuals who otherwise would require institutionalization. Florida Medicaid currently has 12 waivers, five 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. Local service providers deliver services through contracts with Area Agencies on Aging.

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

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

ACRONYMS/ABBREVIATIONS

AAA	Area Agency on Aging	EFMNP	Elder Farmers' Market Nutrition Program
ACFP	Adult Care Food Program	EHEAP	Emergency Home Energy Assistance for the Elderly Program
ADA	Aged and Disabled Adult Medicaid Waiver	HCBS	Home- and Community-Based Services
ADI	Alzheimer's Disease Initiative	HCE	Home Care for the Elderly
ADL	Activities of Daily Living	HIPAA	Health Insurance Portability and Accessibility Act
AFCH	Adult Family Care Home	HMO	Health Maintenance Organization
AHCA	Agency for Health Care Administration	IADL	Instrumental Activities of Daily Living
ALE	Assisted Living for the Frail Elderly Medicaid Waiver	ICP	Institutional Care Program
ALF	Assisted Living Facility	LSP	Local Services Programs
ALZ	Alzheimer's Disease Medicaid Waiver	LTCOP	Long-Term Care Ombudsman Program
AoA	Administration on Aging (U.S. Department of Health and Human Services)	NASUA	National Association of State Units on Aging
APS	Adult Protective Services	NSIP	Nutrition Services Incentive Program
BEBR	Bureau of Economic and Business Research	OAA	Older Americans Act
CARES	Comprehensive Assessment and Review for Long-Term Care Services	PACE	Program of All-Inclusive Care for the Elderly
CCE	Community Care for the Elderly	PSA	Planning and Service Area
CDC+	Consumer-Directed Care Plus	RELIEF	Respite for Elders Living in Everyday Families
CIRTS	Client Information and Registration Tracking System	SCSEP	Senior Community Service Employment Program
CMS	Centers for Medicare & Medicaid Services (formerly Health Care Financing Administration)	SHINE	Serving Health Insurance Needs of Elders
COLA	Cost of Living Adjustment	SPGO	Statewide Public Guardianship Office
DOEA	Department of Elder Affairs		

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ELDER SERVICES AT A GLANCE - STATE FISCAL YEAR 2008-2009

PROGRAM	CLIENTS SERVED	FUNDING	SPECIAL NOTES
Adult Care Food Program	daily average: 9,455	\$3,509,380	
Aged and Disabled Adult Waiver (ADA)	10,344	\$85,485,333	
Alzheimer's Disease Initiative (ADI) Respite/Special Projects	2,174	\$9,621,935	
Alzheimer's Disease Initiative (ADI) Memory Disorder Clinics	4,761	\$3,254,474	
Alzheimer's Disease Waiver	350	\$5,057,409	
AmeriCorps	300	\$195,565	member hours of service: 22,050
Assisted Living For the Frail Elderly Waiver (ALE)	3,398	\$33,129,879	
Community Care for the Elderly (CCE)	15,773	\$41,521,133	
Comprehensive Assessment and Review for Long-Term Care Services (CARES)		\$16,269,207	assessments: 97,643
Elder Abuse Prevention Program		\$372,498	
Elder Farmers' Market Nutrition Program	2,447	\$100,067	186 farmers , 17 markets participating
Emergency Home Energy Assistance for the Elderly Program (EHEAP)		\$1,761,778	cooling: 3,696 heating: 3,854
Home Care for the Elderly (HCE)	4,204	\$8,319,323	
Local Services Programs	21,613	\$7,032,833	
Long-Term Care Community Diversion Pilot Program (Nursing Home Diversion)	19,032	\$306,373,201	
Long-Term Care Ombudsman Program (LTCOP)		\$2,524,127	assessments: 3,932 complaints investigated: 8,302
Nutrition Services Incentive Program (NSIP)		\$7,528,758	
Older Americans Act:			
Older Americans Act Title III B Supportive Services	45,542	\$24,749,455	
Older Americans Act Title III C1 Congregate Meals	32,709	\$27,235,573	
Older Americans Act Title III C2 Home-Delivered Meals	21,743	\$13,663,443	
Older Americans Act Title III D Health and Wellness	71,514	\$1,513,320	
Older Americans Act Title III E Caregiver Support	28,880*	\$9,972,956	
Older Americans Act Title V Senior Community Service Employment Program	1,148	\$6,088,015	
Program of All-Inclusive Care (PACE)	550	\$10,278,683	
Respite for Elders Living in Everyday Families (RELIEF)	510	\$1,044,530	hours: 121,326
Senior Companion Program	481	\$469,372	volunteer companions: 158; hours of service: 82,151
Serving Health Insurance Needs of Elders (SHINE)	505,700	\$2,349,987	volunteers: 391
Statewide Public Guardianship Office	2,598	\$2,308,146	

*2007-2008 actual. 2008-2009 actual not available at time of publication.

This 2010 edition of the **Summary of Programs & Services** provides comprehensive information about the Florida Department of Elder Affairs and the programs it administers. Specifically, the 2010 **Summary of Programs & Services** contains the following information for each of the programs the Department administers:

- **Activities and services;**
- **Administration;**
- **Eligibility rules;**
- **Statutory authority;**
- **Appropriations and budget history;**
- **Numbers of consumers served;**
- **Funding allocation methods; and**
- **Program highlights and consumer testimonials.**

The **2010 Summary of Programs & Services** also includes an appendix with demographic and budget information. Unless otherwise noted, this publication contains information and data compiled as of January 2010.



The Department produces other publications, including the *Consumer Resource Guide* and the *Long-Range Program Plan*. For copies of these publications or for more information about any of the services or programs listed in this document, please visit us online at elderaffairs.state.fl.us or by calling toll-free 1-800-963-5337

