

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 with 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 2010.

For additional or updated information about any of the services or programs listed in this document, please contact the Department of Elder Affairs. See page 1 for contact information. 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 2011 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.

Section A

General Overview

FLORIDA DEPARTMENT OF ELDER AFFAIRS

OVERVIEW

Rick Scott, Governor

Charles T. Corley, Interim 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 4.45 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 2010 growing to 35 percent in 2030). More than 1.7 million Floridians are age 75 and older. The population age 85 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.

FLORIDA FOR A LIFETIME:

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

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, the Florida Department of Elder Affairs is 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 that helps in comparing the quality and cost of health-care options.

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

(as of November 2010)

- **11 Area Agencies on Aging**
 - **54 Community Care lead agencies**
 - **2,936 assisted living facilities**
 - **411 adult family care homes**
 - **676 nursing homes**
 - **477 local governments**
 - **41,455 volunteers**
 - **240+ senior centers**
- **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 locate evacuation shelters for individuals with special needs. Empower seniors in combating fraud, scams and identity theft.

COMMUNITIES FOR A LIFETIME INITIATIVE

The Department's Communities for a Lifetime initiative was created 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.

As of November , 2010, a total of 115 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 five extremely vital issues facing Florida seniors and retirees who are not enrolled in Medicaid programs: 1) transportation, 2) housing, 3) employment,, 4) volunteerism, and 5) health and wellness initiatives. 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 identify 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 Florida's Mentoring Partnership 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 or 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 ADRCs 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

With the support of an ADRC expansion grant funded by the U.S. Administration on Aging, the Department has partnered with the developmental disability community and the Agency for Persons with Disabilities. Through this partnership, ADRC services are being offered in two Florida locations to persons with developmental disabilities age 50 and older, and their family caregivers age 55 and older. This initiative will support the expansion of the ADRC based in St. Petersburg and the transition of the Fort Myers-based Aging Resource Center into an ADRC.

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 DOE'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 is now available to consumers regardless of their access location.

SERVICES TO ELDERERS IN STATE FISCAL YEAR 2009-2010 INCLUDED:

- **More than 7.6 million "Meals on Wheels" delivered to homebound elders;**
- **More than 4.6 million meals served at nutrition sites, preventing isolation and loneliness;**
- **More than 3.7 million hours of caregiver respite;**
- **More than 10.4 million hours of homemaker and personal care; and**
- **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, and 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 2009-2010, a total of 41,455 volunteers - mostly elders themselves - provided more than 3.6 million hours of service valued at more than \$78 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, and the Divisions of Financial Administration and Internal & External Affairs.

OFFICE OF THE SECRETARY

- General Counsel
- Inspector General
- 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, assisted living facilities and other long-term care facilities. Finally, the office promulgates rules for Department programs as needed and 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.

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 to ensure 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

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

PLANNING & EVALUATION BUREAU PUBLICATIONS

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

- Demographic analysis and forecasting
- Program data gathering and dissemination
- Grant writing

The bureau provides management support for Florida's Silver Alert Plan, an initiative helping law enforcement rescue seniors with Alzheimer's disease or other dementia who go missing or become lost while driving a motor vehicle. Silver Alert allows widespread broadcast of information concerning missing seniors and vehicle information to the public through highway message signs, media alerts and neighborhood telephone alerts. The bureau provides Silver Alert training and media materials, and maintains a system to notify the aging services network and general public of each Silver Alert, outcomes and reports. The Department partners with the Florida Department of Transportation, Department of Highway Safety and Motor Vehicles, Florida Department of Law Enforcement and other entities to manage the Silver Alert Plan.

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 ensure 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 ensure 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

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 publication, an internet website and the mass media.

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. The unit is also responsible for negotiating assisted living facility care training, provider certification, curriculum development and care training examinations.

Senior Employment – In addition to administering the Older Americans Act Senior Community Service Employment Program (SCSEP), the unit works to increase awareness among employers of the benefits of hiring older workers. Communities for a Lifetime also promotes inclusion of businesses in local initiatives and support of the Silver Edition website to connect older workers with employment opportunities.

Health, Wellness and Injury Prevention – This unit provides opportunities for health education, nutrition counseling, fitness, medication management, and preventive health screenings. Unit staff administers a variety of evidence-based disease prevention grant programs, including Chronic Disease Self-Management Program and Matter of Balance. This unit also works closely with the Florida Department of Health regarding its falls prevention initiatives, HIV/AIDS programs, women’s health initiatives and chronic disease programs.

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 ensure that older individuals are able to access and maintain benefits and legal rights. This includes protection from abuse, neglect, exploitation 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, the disabled 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 Unit 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 Unit 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. It 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

- Division of Statewide Community-Based Services

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:

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.

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, adult family-care home 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.

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 and related disorders training providers and training curricula for specified staff of nursing homes and assisted living facilities and other long-term care 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

COST SAVINGS

In Fiscal Year 2009-2010, the state had a cost avoidance of more than \$935 million in General Revenue expenditures for nursing home payments by spending \$550 million on home- and community-based services.

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:

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 17 providers in 33 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.

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 60 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 funded through Florida’s federal OAA allotment include adult day care, caregiver training and support, chore, congregate 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:

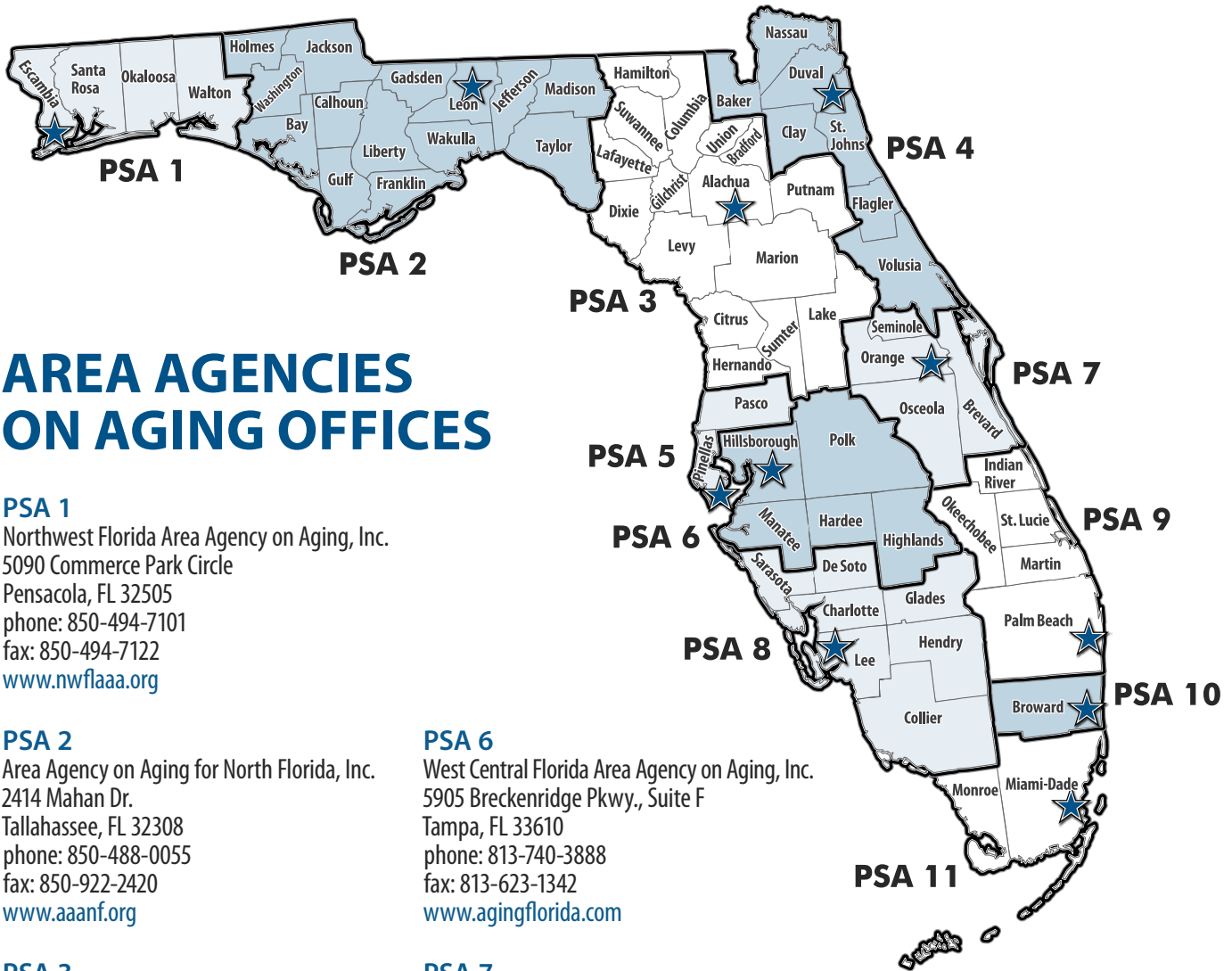
- Adhere to contract provisions and to state and federal laws;
- Comply with industry standards and best practices;
- Achieve legislatively-mandated performance measures; and

- 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, Florida Statutes, 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: 850-494-7101
fax: 850-494-7122
www.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
www.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
www.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
www.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
www.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
www.agingflorida.com

PSA 7

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

PSA 8

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

PSA 10

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

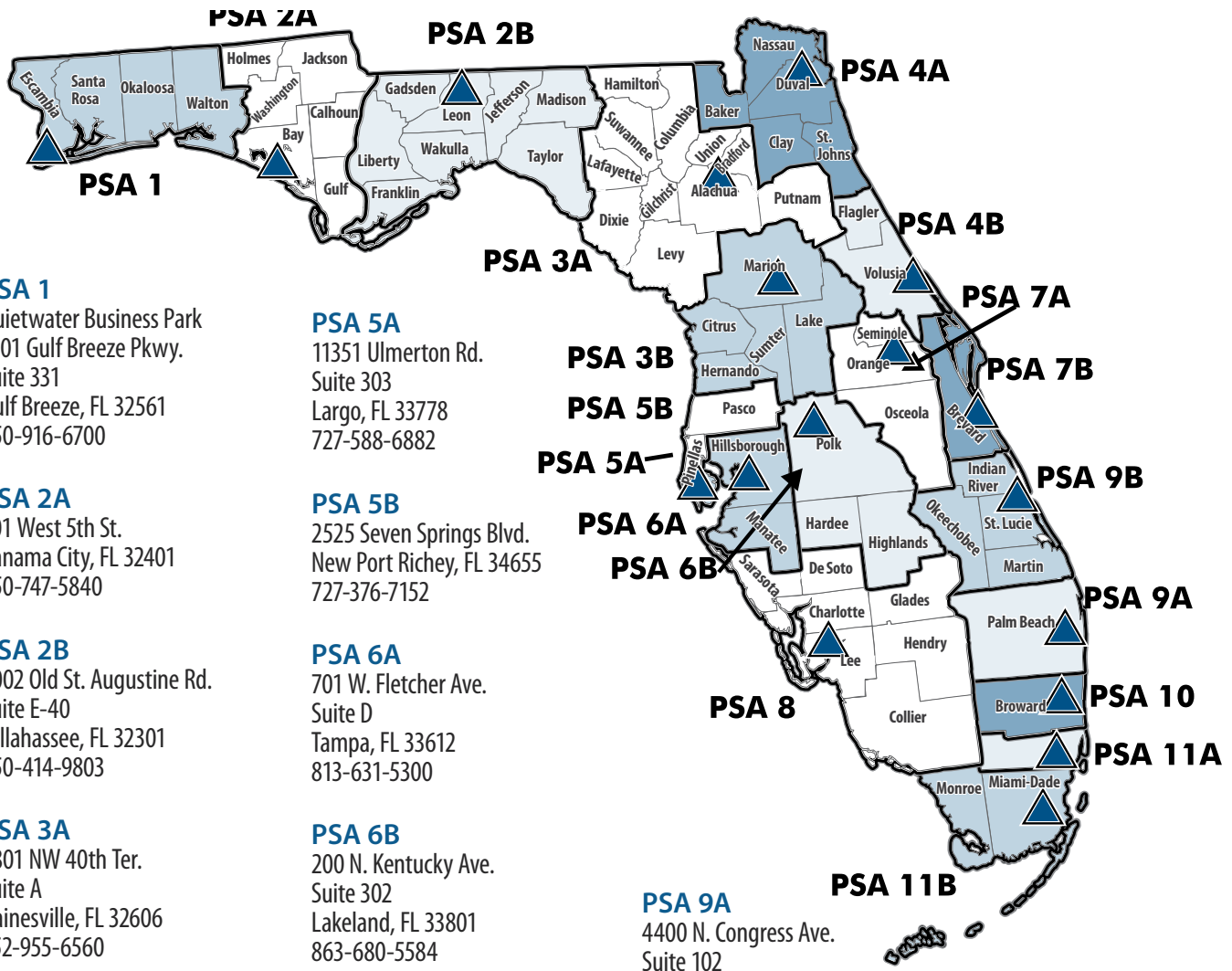
PSA 11

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

PSA - Planning & Service Area

AGING SERVICES NETWORK

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
 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
 2525 Seven Springs Blvd.
 New Port Richey, FL 34655
 727-376-7152

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

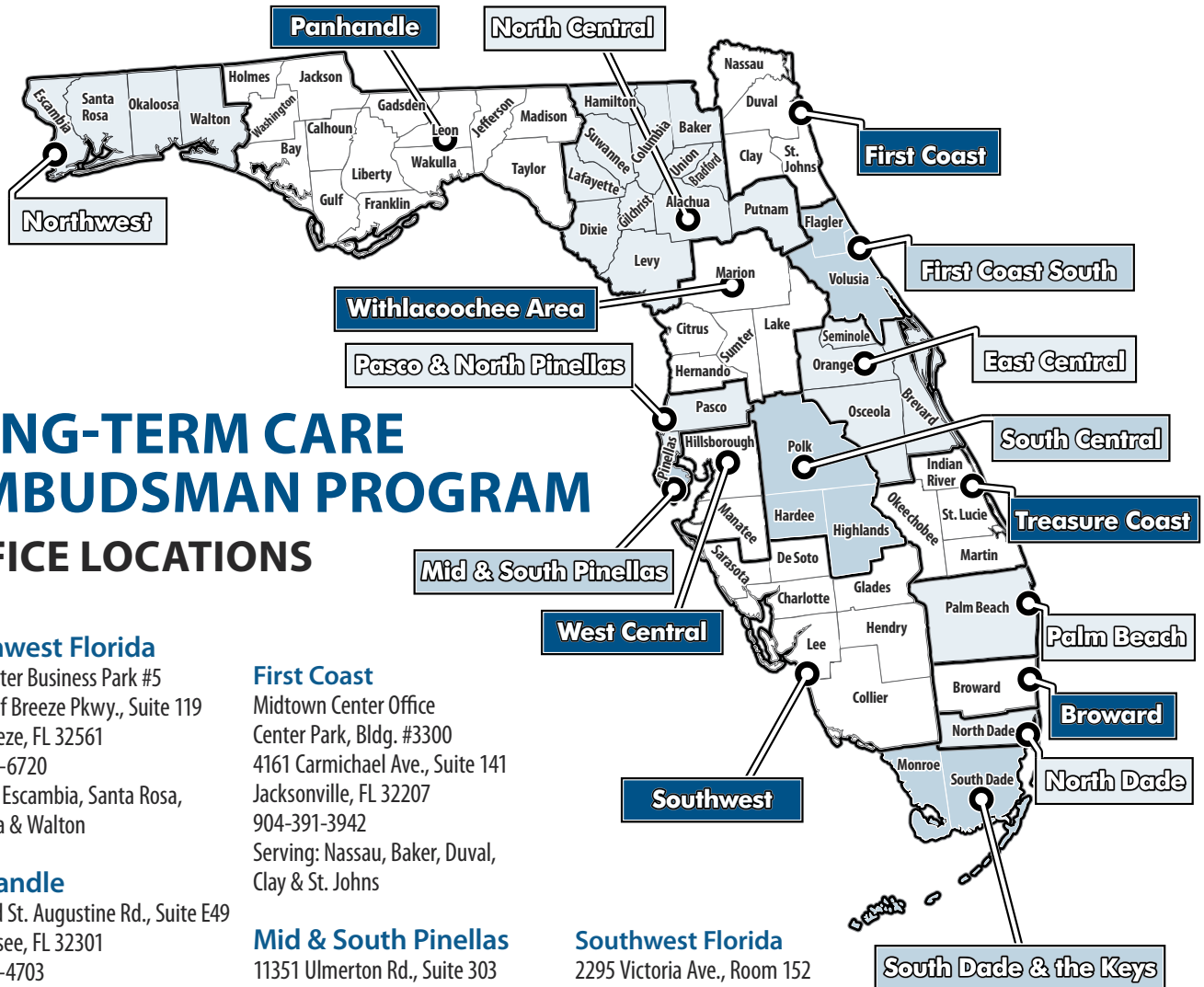
PSA 9B
 337 N. 4th St.
 Suite E
 Ft. Pierce, FL 34950
 772-460-3692

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 #5
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

Withlacoochee 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

2523 Seven Springs Blvd.
New Port Richey, FL 34655
727-376-2788
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. Sapodilla 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)

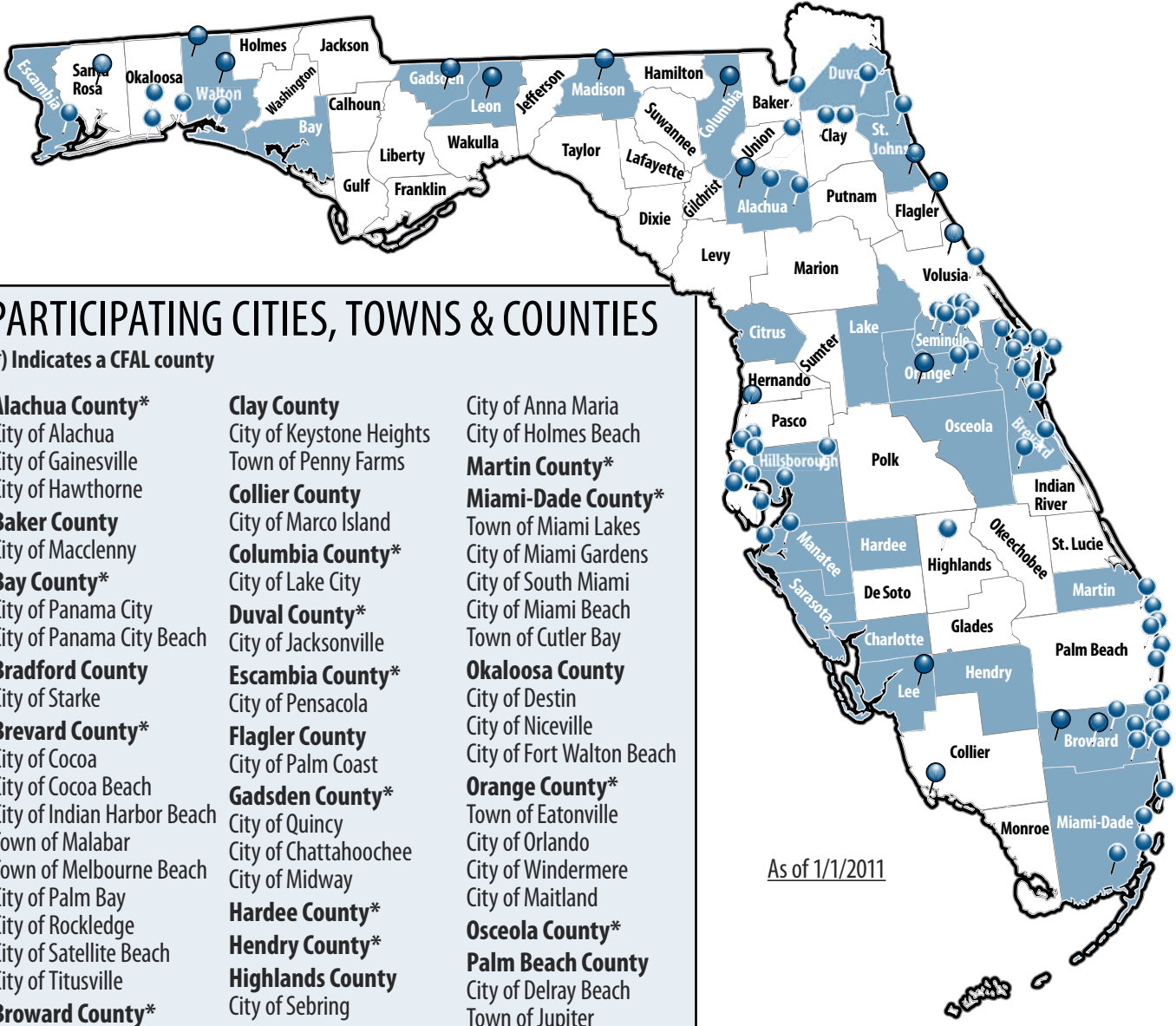
North Dade

7270 NW 12th St., Suite 520
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



PARTICIPATING CITIES, TOWNS & COUNTIES

(*) Indicates a CFAL county

Alachua County*

City of Alachua
City of Gainesville
City of Hawthorne

Baker County

City of Macclenny

Bay County*

City of Panama City
City of Panama City Beach

Bradford County

City of Starke

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

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
City of Pembroke Pines
City of Deerfield Beach

Charlotte County*

Citrus County*

Clay County

City of Keystone Heights
Town of Penny Farms

Collier County

City of Marco Island

Columbia County*

City of Lake City

Duval County*

City of Jacksonville

Escambia County*

City of Pensacola

Flagler County

City of Palm Coast

Gadsden County*

City of Quincy
City of Chattahoochee
City of Midway

Hardee County*

Hendry County*

Highlands County

City of Sebring

Hillsborough County*

City of Tampa
City of Plant City

Jefferson County

City of Monticello

Lake County*

Lee County*

City of Cape Coral

Leon County*

City of Tallahassee

Madison County*

City of Madison

Manatee County*

City of Bradenton Beach

City of Anna Maria

City of Holmes Beach

Martin County*

Miami-Dade County*

Town of Miami Lakes
City of Miami Gardens
City of South Miami
City of Miami Beach
Town of Cutler Bay

Okaloosa County

City of Destin
City of Niceville
City of Fort Walton Beach

Orange County*

Town of Eatonville
City of Orlando
City of Windermere
City of Maitland

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

Pasco County

City of New Port Richey

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

Polk County

City of Fort Meade

Putnam County

City of Crescent City

Santa Rosa County

Town of Jay

Sarasota County*

City of Sarasota

Seminole County*

City of Lake Mary
City of Oviedo
City of Winter Springs

City of Sanford

City of Altamonte Springs

City of Longwood

St. Johns County*

Volusia County*

City of Ormond Beach
City of DeLand

Walton County*

City of DeFuniak Springs
City of Freeport
City of Paxton

As of 1/1/2011

MAP KEY

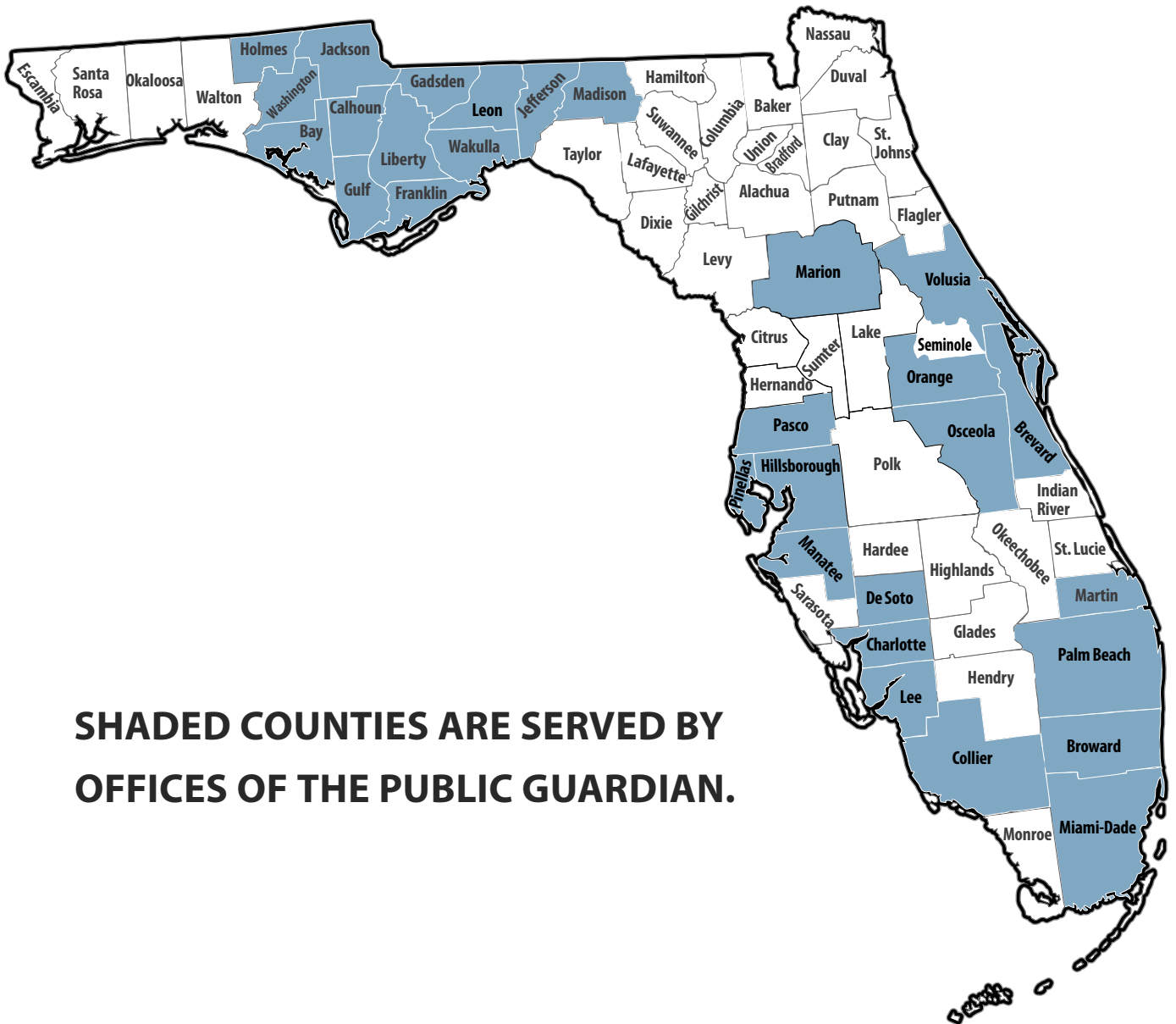


PARTICIPATING COUNTIES



PARTICIPATING MUNICIPALITIES

FLORIDA COUNTIES SERVED BY OFFICES OF THE PUBLIC GUARDIAN



SHADED COUNTIES ARE SERVED BY OFFICES OF THE PUBLIC GUARDIAN.

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 & 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 2009-2010 (July 1, 2009, through June 30, 2010); or
- Federal fiscal year 2009-2010 (October 1, 2009, through September 30, 2010); or
- In the case of programs operating on a calendar year, January 1 through December 31, 2009.

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 the Department’s Client Information and Registration Tracking System , or CIRTS, are based on Department CIRTS report of units of service.)

AC	AmeriCorps
ACFP	Adult Care Food Program
ADDGS	Alzheimer’s Disease Demonstration Grants to States
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
ARR	American Recovery and Reinvestment Act
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
EFMNP	Elder Farmers’ Market Nutrition Program
EHEAP	Emergency Home Energy Assistance for the Elderly

HCE	Home Care 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,	948,480
Adult Day Care Food Program	USDA funded program that subsidizes meals served to Licensed Adult Day Care Center Participants.	Clients served, daily average	ACFP	8,007
Adult Day Health Care	Services furnished four or more hours per day on a regularly scheduled basis for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.	Hours	CCE, MW, OAA	2,302,566
Alzheimer's Disease & Related Disorders 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	360
		Training curricula approved		145
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	970,302
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	12,933
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	20,017
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	4,790 (Group) 3,146 (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, NHD, OAA	30,663
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	205,849
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	20,765
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	32,373
	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	58,138
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	2,491

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. It includes 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	153,565
	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, NHD	1,411,536
Congregate Meals	The provision of a meal at a congregate meal site 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	ARR, HRNPE, LSP, OAA	4,658,296
Congregate Meals - Screening	Conducts assessments for congregate-meal applicants or recipients, with referral and follow-up as needed.	Hours	ARR, OAA	7,100
Consumable Medical Supplies	Consumable medical supplies are disposable supplies used by the recipient that are essential to care for his/her needs. Such supplies enable a recipient to either perform activities of daily living or stabilize and monitor a health condition.	Episodes	ALW, MW	70,952

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 ensure physical and emotional well-being.	Hours	CCE, OAA	5,372
	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	7,826
Counseling - Gerontological Group & Individual	Gerontological counseling provides emotional support, information and guidance through a variety of modalities including mutual support groups for older adults who are having mental, emotional or social adjustment problems as a result of the process of aging.	Hours	ADI, CCE, LSP, OAA	1,855 (Group) 20,033 (Individual)
Counseling - Medicare & Health Insurance	Provides Medicare and health insurance education, counseling and assistance to Medicare recipients, their families and caregivers.	Consumers served	SHINE	65,887
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 clients using techniques appropriate to this population. Specialized mental health services include information gathering and assessment, diagnosis, and development of a treatment plan in coordination with the client's care plan. This specialized treatment will integrate the mental health interventions with the overall service and supports to enhance emotional and behavioral functions. This may be done on a one-to-one or group basis.	Hours	CCE, LSP, OAA	6,268

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Disease Information	Providing information to clients, families, caregivers and the general public about chronic conditions and diseases, and 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	357 (Group) 2,181 (Individual)
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 for older individuals if other adequate representation is unavailable.	Hours	LSP, OAA	2,856
Education & Training - Group	(See above description.)	Episodes	ADI, OAA	11,035
Education & Training - Individual	(See above description.)	Episodes	OAA	2,022
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	1,035,110
	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.		MW, NHD	11,946
Emergency Alert Response - Installation	(See above description.)	Episodes	CCE, OAA	22
Emergency Home Repair	Provides critically needed home repairs, modifications and alterations.	Episodes	CCE	29

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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	811
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	608
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	9,396
	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	36,110
Financial Risk Reduction - Assessment	Provides ongoing assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities and expenditures.	Hours	CCE	35
Financial Risk Reduction - Maintenance	(See above description.)	Hours	CCE	324
Health Promotion	Offers individual and/or group sessions that help participants understand how lifestyle impacts 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; physical activity; 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; and cardiovascular diseases.	Episodes	LSP, OAA	(Group) 5,130 (Individual) 1,219

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Health Risk Assessment	An assessment utilizing one or a combination of tools to test older persons for certain risk factors that are known to be associated with a disease or condition. Many factors 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 a client's life. This can be done on a one-on-one or group basis.	Episodes	OAA	1,199 (Group)
		Hours	LSP	1,867 (Individual) 984
Health Risk Screening	Utilizes diagnostic tools to screen large groups of people or clients 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 client being served. Health risk screening procedures screen for diseases and ailments such as hypertension, glaucoma, cholesterol, cancer, vision or hearing loss, HIV/AIDS, sexually transmitted diseases, diabetes, osteoporosis and nutrition deficiencies.	Episodes	OAA	1,316 (Group) 9,796 (Individual)
Health Support	Helps individuals secure and utilize necessary medical treatment as well as preventive, emergency and health maintenance services.	Hours	LSP, OAA	18,143 (Group)
		Episodes	OAA	13,162 (Individual) 4,981
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	7,624,296
Home-Delivered Shelf Meals - Emergency	(See above description. During weather-related or other emergencies, shelf-stable meals may be offered to home-delivered meal clients for later use.)	Meals	CCE	3,370
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	436

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	803 (Group 203 (Individual))
		Hours		
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 conducted by a trained homemaker.	Hours	CCDA, CCE, HCE, LSP, MW, NHD, OAA	5,065,560
Housing Improvement	Provides home repairs, environmental modifications, adaptive alterations, security device installation or payments for households experiencing a home-energy emergency.	Hours	CCE, HCE, OAA	48,779
Housing Improvement - Vendor Payment	(See above description. Vendor payment refers to the payment of an independent vendor for delivering the service.)	Episodes	HCE	10
Housing Improvement - Energy Assistance	Provides assistance to low-income households experiencing a home energy emergency.	Households served	EHEAP	11,801
Information	Responds to an inquiry from or on behalf of a person regarding public and private resources and available services.	Episodes	OAA	715,011
Intake	Administers standard intake and screening instruments in order to gather information about an applicant for services.	Hours	CCE, OAA	5,519
Interpreting & Translating	Explaining the meaning of oral communication to non-English speakers and/or persons with disabilities who are unable to perform the functions.	Clients	OAA	4,093
Legal Assistance	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	36,616

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	25,165
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	4,016 8,997
Material Aid	<p>Aid in the form of:</p> <ul style="list-style-type: none"> (1) Goods or food such as the direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc. (2) Food item(s) necessary for health, safety or welfare. This may include condiments or paper products necessary for food consumption, as well as delivery charges. Alcohol, drug and tobacco products are excluded. (3) The repair, purchase, delivery and installation of any household appliance necessary to maintain a home or assist with household tasks necessary for the health, safety or welfare of the person. (4) The purchase of materials necessary to perform chore or enhanced chore services (see Chore and Enhanced Chore service descriptions above). (5) The purchase of construction materials necessary to perform housing improvements, alterations and repairs (see Housing Improvement service descriptions above). 	Episodes	CCE, HCE, LSP, OAA	25,540
Medication Management	Screening, education, identification and counseling regarding the medication regimes that clients are using, including prescription and over-the-counter medications, vitamins, and home remedies. These services also help to identify any dietary factors that may interact with the medication regime. The combination of alcohol or tobacco with various medications and diets, along with the effects on specific conditions, would ideally be included in this service. This can be done on a one-on-one or group basis.	Hours	OAA	4,338 (Group 2,117 (Individual))

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	52,873
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	105,217
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	2,927
Nutrition Counseling	Provides one-on-one individualized advice and guidance to persons who are at nutritional risk because of poor health, nutritional history, current dietary intake, medication use or chronic illnesses. Nutrition counseling includes options and methods for improving a client's nutritional status.	Hours	ARR, CCE, OAA	1,906
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	ARR, LSP, OAA	258,990
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, HCE, LSP	9,322
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	29,685

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	5,367,573
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	40
		Episodes		26
Pest Control - Enhanced Initiation	Enhanced initial pest control services assists in ridding the environment of insects and other potential carriers of disease and enhances the safety, sanitation and cleanliness for recipients. Initiation covers start up costs. This service is beyond the scope of pest control initiation due to the greater effort required.	Episodes	CCE	9
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	519
		Episodes		699
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	7
		Episodes		1
Pest Control - Rodent Control Maintenance	(See above description.)	Hours	CCE	5
Physical Fitness	Physical fitness services are defines 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	2,168
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	14

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	2,622
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	307,746
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	50,851
Respite - In-Home	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	ADDGS, ADI, CCDA, CCE, HCE, LSP, MW, NHD, OAA, RELIEF	3,123,884
Respite - In-Facility	Facility-based respite care is the provision of relief or rest for a primary caregiver from the constant, continued supervision and care of a functionally impaired older person by providing care for the older person in an approved facility-based environment for a specified period of time.	Hours	ADI, CCE, HCE, MW, OAA	662,370
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	56
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	ARR, CCE, LSP, OAA	65,480

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	18,285
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	5,018
Skilled Nursing Services	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse or advanced registered nurse practitioner, in the client's place of residence, pursuant to a plan of care approved by a licensed physician.	Hours	CCE, LSP, OAA	5,572
	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	2,053
Specialized Medical Equipment, Services & Supplies	<p>Services include:</p> <ul style="list-style-type: none"> (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; (2) Dentures, walkers, reachers, bedside commodes, telephone amplifiers, touch lamps, adaptive eating equipment, glasses, hearing aids and other mechanical or non-mechanical, electronic and non-electronic adaptive devices; (3) Supplies such as adult briefs, bed pads, oxygen or nutritional supplements; (4) Medical services paying for doctor or dental visits; and (5) Pharmaceutical services paying for needed prescriptions. 	Episodes	ADI, CCE, HCE, LSP, MW, NHD, OAA	34,185

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	86,090
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	1,378,667
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	46
		Clients served		320
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	121
		Clients served		308
Volunteer Training	Provides training to individuals interested in helping caregivers with respite services.	Hours	RELIEF	3,389

SERVICES TABLE DATA SOURCES

Service definitions and programs providing services:

DOEA Programs and Services Handbook, July 2008

DOEA 2010 Summary of Programs and Services

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

Units of Service:

DOEA CIRT Report for Services 7/1/2009 - 6/30/2010, generated 10/25/2010

DOEA CIRT for Medicaid Waiver Services 7/1/2009 - 6/30/2010, generated 10/25/2010

DOEA 2009 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 2010

Section C

Older Americans Act Programs and Services

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 their health conditions 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	95,087
2010-2011	\$83,575,648	92,925

* 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	43,921
2010-2011	\$26,162,206	44,786#

* 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

Lil, a senior receiving supportive services through the Older Americans Act, started out attending adult day care on a trial basis to see if the program was a good fit for her. Ever since her initial visit, she has been attending day care five days a week. Lil clearly benefits from the social stimulation and interaction with her peers at the center. Center staff report that she is the life of the party and enjoys activities such as bowling, bingo and mini-golf.

Harold is an elder suffering from advanced Alzheimer's disease, among other health conditions. His wife Joan is also elderly and serves as Harold's caregiver. Harold attends adult day care 30 hours a week. Joan reports that without the day care her husband receives through the Older Americans Act, she would not have the strength or resources to safely care for him at home. At day care, Harold benefits from the social interaction and quality care by trained professionals. Day care eases Joan's burden, allowing more quality time for the couple in their home.

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	715,011	50,851	765,862
2010-2011#	729,159	51,842	781,001

Sources: CIRT'S

Projection

PROGRAM HIGHLIGHT

An elderly woman contacted the Department in search of help obtaining medical care for her husband, who is a paraplegic and unable to speak. Her husband particularly needed a specialized bed with an air mattress. Without the specialized bed, he had to remain in one position all day. The couple unsuccessfully attempted to retrofit their old bed because they could not afford to purchase a new one. Elder Helpline information and referral staff explored ways to assist the couple. Using their database of community resources, staff contacted local agencies that offer donated medical equipment, and an Aging and Disability Resource Center nurse successfully located a specialized bed as well as a needed shower wheelchair for the husband. The couple expressed gratitude for the efforts of ADRC staff in responding to the husband's medical needs.

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	29,403
2010-2011	\$30,564,291	29,843#

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

** Allotment plus carry-forward

Projection

Source: AOB and CIRT'S

PROGRAM HIGHLIGHT

The Neighborhood Lunch Program and its accompanying Transportation Program can change a senior's life. Delores and her husband retired to Orlando some time ago, and shortly thereafter he passed away. Delores is in a wheelchair and cannot drive. She felt isolated and alone, and in her own words said, "I was slowly dying. Then an acquaintance told me about the Seniors First Neighborhood Program, and it saved me." Now, thanks to her program participation, she has many friends. The Seniors First bus picks Delores up three times a week. Bus transportation to the program allows her to enjoy social interaction with other seniors at the center. She can now also take advantage of shopping and special trips arranged by Seniors First.

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	21,763
2010-2011	\$15,229,096	21,956#

* 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

Aracely Quinones, an 84-year-old Meals on Wheels recipient, wrote to meal provider Seniors First to express her thanks for program services. In her letter, she noted her satisfaction “with the well-balanced and tasty diet that I receive daily from this program. I have been a participant for over two years now, and I have never had one complaint about your service or your lovely staff. I especially enjoy the complements to the meals, such as fresh fruit, freshly baked desserts, fresh whole wheat bread and two pints of milk a day. I also look forward every morning to the visits of your very special staff of volunteers who are courteous, respectful and oh so patient with me. Every Tuesday, your lovely volunteers give me beautiful flowers that really brighten my week. I am sure I speak for many participants who are needy and would feel forgotten were it not for this program.”

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	10,160,945
2009-2010	\$7,528,758	11,473,075*
2010-2011	\$6,951,829	*

**Projected number of meals. A 2007 policy change prohibiting inclusion of CCE meals affected projections beginning in FFY 2007-2008. Final 2009-2010 data and 2010-2011 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
2010-2011	\$1,526,500

* 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 disease prevention seminars, physical activity sessions, nutrition counseling, mental health counseling and falls prevention workshops. In addition, the initiatives include such evidence-based programs as the Chronic Disease Self-Management Program, Matter of Balance, EnhanceFitness, Healthy Ideas, Tai Chi, Eat Better Move More, Tomando Control de su Salud, Diabetes Self-Management Program, and Fit and Strong. 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	71,514
CY 2009	44,140
CY 2010	66,717#

* 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

Florida’s most vulnerable citizens are often in desperate need of medical attention but at a disadvantage due to limited knowledge of available resources. This was the case when an elder Floridian arrived at a Comprehensive Assessment and Review for Long-Term Care Services (CARES) office in April 2010. After walking five miles in uncomfortable conditions, he informed CARES staff that he had made several unsuccessful attempts to receive medical attention at hospital emergency rooms. A nurse made an observation and determined that the man needed immediate medical attention, and he was referred to a dermatologist who diagnosed the senior with cancer. The dermatologist arranged for surgery and extensive treatment at a local hospital. Although the older man lost an ear as a result of his condition, he feels blessed that someone was able to provide services that led to his condition being identified and treated.

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	Not Available
2006-2007	\$12,796,158	Not Available
2007-2008	\$9,997,473	9,081*
2008-2009	\$9,972,956	9,635
2009-2010	\$10,126,323	#
2010-2011	\$10,093,555	#

* Corrected number based on data from Area Agencies on Aging as reported in NAPIS.

2009-2010 data available 1/31/2011. 2010-2011 data available 1/31/2012.

Source: 2005-2009 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	2,719
2010-2011	727	\$6,781,930	2,825

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

PROGRAM HIGHLIGHT

Leonard, a 67-year-old man, enrolled in the Senior Community Service Employment Program (SCSEP) in March 2009 after being unemployed for seven years. He had learned the electrician trade in the military in the 1960s and continued in this occupation after receiving an honorable discharge. However, a service-connected disability eventually made it too difficult for him to continue working as an electrician. At the age of 67, Leonard was faced with the predicament of finding a new career for himself.

After Leonard expressed an interest in helping others, SCSEP staff suggested a community-service assignment at the Citrus County Association of Retarded Citizens Key Training Center in Inverness. Leonard accepted the assignment and began work at the center, where he assisted developmentally disabled clients on a daily basis. Leonard worked alongside the center clients, teaching them work skills, ensuring their safety in the workplace and modeling appropriate work behaviors. Although a chronic injury forced Leonard to have surgery and immobilize his left shoulder for six weeks, the Association arranged transportation and a light-duty work schedule during his recuperation, so Leonard was able to continue his work-experience assignment and SCSEP participation.

Leonard realized that he really wanted to work for the Key Training Center but recognized the need to build up his computer skills so he could be more marketable as a potential employee. He took advantage of opportunities offered by SCSEP to increase his computer proficiency and supplemented those efforts by continuing his studies at home after work. The Citrus County Association of Retarded Citizens recognized Leonard's hard work and dedication in helping clients at the Key Training Center by making him a full-time employee with benefits. Leonard is now a Pre-Vocational Assistant at the center.

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.

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 Code 3001 et seq.; Section 430.101, Florida Statutes.

APPROPRIATION HISTORY:

STATE FISCAL YEAR	FEDERAL FUNDING
1999-2000	\$169,537
2000-2001	\$172,259
2001-2002	\$344,252
2002-2003	\$383,366
2003-2004	\$380,874
2004-2005	\$378,726
2005-2006	\$378,779
2006-2007	\$377,396
2007-2008	\$382,298
2008-2009	\$372,498
2009-2010	\$373,679
2010-2011	\$367,419

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

Each year June 15 is recognized as World Elder Abuse Awareness Day, highlighting the significance of elder abuse as a public health and human rights issue. In 2010, the Department recognized this day in a special way by premiering the documentary film "An Age for Justice: Elder Abuse in America." Over a period of several days in mid-June, the Department hosted multiple viewings of this production at several sites in Leon, Wakulla and Gadsden counties. The documentary was produced by the National Council on Aging, an advocacy and service organization for elders, and WITNESS, an international human rights organization, with the support of the Elder Justice Coalition. The purpose of the film was to promote awareness of elder abuse and the Elder Justice Act. Many of Florida's local Elder Abuse Prevention Coordinators held public screenings of the documentary. In addition, then-Governor Charlie Crist issued a proclamation emphasizing the importance of public awareness of elder abuse on the occasion of the 2010 World Elder Abuse Awareness Day.

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
2010-2011	\$1,239,282	\$1,329,103	\$2,568,385

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	4,016	4,016	8,651
2010-2011*	4,167	4,167	8,997

* 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

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 (ADRD) TRAINING PROVIDER & CURRICULUM APPROVAL

DESCRIPTION:

The Alzheimer's Disease and Related Disorders Training Provider and Curriculum Approval (ADRD) Alzheimer's Disease and Related Disorders (ADRD) Training Provider and Curriculum Approval (TPCA) Program provides review and approval of 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:

The ADRD TPCA Program 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 Facility Alzheimer's Disease & Related Disorders Training Approval Process:

In 1997, the Florida Legislature created the Assisted Living ADRD 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 ADRD 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.

ELIGIBILITY:

Assisted Living Eligibility Alzheimer’s Disease Training Provider

Individuals seeking the Department’s approval as an Assisted Living Facility 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 Facility 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.

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. 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 a university or 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 a university or 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 participant's independence, activities for participants, stress management for the caregiver, family issues, participant 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 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; or
- 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 the content of this training program may substitute for the required teaching or training experience. Years of teaching experience related to 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	2010-2011
State Funding	\$100,000	\$72,398	\$72,398	\$72,398	\$76,469	\$77,826	\$77,826	\$73,935	\$73,935
ALF Approved Trainers	285	318	173	89	88	151	110	96	70*
ALF Approved Curriculum	86	95	26	19	23	29	24	19	30*
NH Approved Trainers	1,246	1,475	174	138	131	122	132	122	125*
NH Approved Curriculum	99	104	16	37	29	23	14	21	30*
Hospice Approved Trainers	**	89	23	24	31	26	43	23	20*
Hospice Approved Curriculum	**	8	9	10	8	14	7	10	12*
Adult Day Care Approved Trainers	**	14	7	8	12	19	10	16	10*
Adult Day Care Approved Curriculum	**	1	7	0	0	6	2	3	4*
Home Health Agency Approved Trainers	***	***	***	347	184	146	150	103	120*
Home Health Agency Approved Curriculum	***	***	***	40	17	9	18	9	15*

* Projection from the contractor, Projected decreases in three categories reflect unusually high activity in SFY 2009-2010 not anticipated to recur in 2010-2011.

** 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.

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: Alz 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 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:

RESPIRE/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	1,999
2010-2011	\$8,362,200	2,077*

*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	5,116
2010-2011	\$2,896,413	4,995*

* 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	135	80
2010-2011	\$117,535	140*	80*

**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
2010-2011	\$340,065

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

Marjorie began receiving Alzheimer's Disease Initiative respite services through the Senior Friendship Center in Sarasota in January 2010. At the time of her initial assessment the previous month, 85-year-old Marjorie and her husband/caregiver, also 85, were desperately looking for help for both of them.

Marjorie has Alzheimer's, her speech is incomprehensible and numerous medical

conditions generally confine her frail body to a walker, power chair or wheelchair. She still requires her husband's help using these assistive devices. She has been diagnosed with or experienced arthritis, high blood pressure, allergies, asthma, bladder and kidney problems, broken bones, knee and hip replacement, incontinence, dehydration, falls, hearing problems, severe speech problem, seizures, sleep problems and balance problems due to inner ear problems. Marjorie takes 21 different medications. Due to the severity of her health problems, she required total help with all of her activities of daily living, depending entirely on her caregiver for all her needs.

At the time of the assessment, Marjorie's husband reported experiencing severe financial and emotional crises. He also said he himself had been diagnosed with heart problems, high blood pressure, prostate cancer, allergies, broken ribs, incontinence, hearing problems, sleep problems and vision problems (macular degeneration). He appeared to be extremely stressed by his health problems and caregiver duties and emphasized his desperate need for respite services, as Marjorie required constant care.

Marjorie and her husband began receiving 10 hours of respite per week through the Alzheimer's Disease Initiative, starting in January 2010. This assistance continued until August 2010, at which time Marjorie became a Medicaid waiver client. She continues to receive respite and homemaking services and incontinency supplies.

According to Marjorie's husband, receiving respite services was a lifesaver for both of them. He believes he would not have been able to continue providing care without the much-needed respite. Respite provided through the Alzheimer's Disease Initiative allowed him the opportunity to do errands, temporarily remove himself from his stressful situation, relax and be more patient and caring with his wife.

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	16,16515
2010-2011	\$50,378,099	20,069***

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: CIRTIS data

PROGRAM HIGHLIGHTS

Irv has been attending adult day care at the Volen Center since August 2009. At first he was very reluctant to attend, thinking that day care was not for him. His wife was also having difficulty accepting Irv's need for assistance with daily activities above and beyond what she could provide as a caregiver. After the first few days he attended, however, Irv came to embrace adult day care. Now his wife reports that "when he comes home, he is so excited and looking forward to returning the next day. It is unbelievable how much day care has done for him and me."

Gladys has Alzheimer's disease, and her husband was rapidly becoming overwhelmed in his efforts to care for her. Then Gladys enrolled in adult day care. She is now socializing with other elders while participating in activities that stimulate her mind. Adult day care services allow Gladys's husband to get some relief from the stress of round-the-clock caregiving. Now an active member of an Alzheimer's disease support group, he says he would be lost without his wife's day-care services.

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	2,620
2010-2011	\$7,903,357	2,620#

* 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.

** Decline in clients served due to transfer of a portion of Home Care for the Elderly funding to the Community Care for the Elderly program. Also, restrictions on new client enrollments went into effect October 1, 2008. Since then, the HCE program accepts new enrollments only as vacancies are created by current clients ending their program participation.

Projection

Source: CIRTS data

PROGRAM HIGHLIGHT

Roxanna is a full-time caregiver for her husband Phil, who has Alzheimer's disease. The Home Care for the Elderly program provides respite and personal care for Phil, and an HCE subsidy helps with monthly expenses since they have exhausted their life savings paying for the costs of long-term care. The couple is an example of lifelong devotion; Roxanna never mentions her husband's limitations. She does everything he is unable to do while still making him feel capable. Thanks to HCE services, they are able to remain at home in their comfortable familiar surroundings and live more independently.

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.

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, 5, 10, 11
Case Management	2
Chore	5
Congregate Meals	4
Counseling	5
Education/Training	10
Emergency Alert Response	4, 5
Health Promotion, Health Support, Health Risk	11
Home- Delivered Meals	5,11
Homemaker	4, 5, 6, 9
Information	8
Legal Assistance	5
Material Aid	10
Nursing	11
Physical Fitness	11
Recreation	5, 10, 11
Referral	5
Respite	11
Screening and Assessment	11
Transportation	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	15,389	
2010-2011	\$7,465,811	16,377#	

* 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

Since 2007, Stanley has been a daily participant at the Adult Day Care Program at the Joseph Meyerhoff Senior Center in Broward County. He is 87 years old and his wife works fulltime. Stanley is hearing impaired, has two stents and type 2 diabetes, and has undergone carotid artery surgery. In 2005, he received a shunt to reduce pressure in his brain for normal pressure hydrocephalus (NPH). Despite all these medical issues, Stanley is thriving in the Adult Day Care Program funded through Local Services Programs General Revenue dollars. He enjoys the camaraderie of the other day care clients, and his favorite activities are pet therapy, dominoes, intergenerational programs and music therapy. When he is feeling strong he enjoys chair exercise and dancing. Stanley's many health issues had caused him to be depressed and withdrawn until he came to the center. His wife believes that without the day care program, his health would be less stable. The program keeps Stanley active and has prevented him from being housebound, and his wife is able to work without the constant worry about her husband's well-being during the day.

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	498	464	131,384
2010-2011	\$909,034	498#	464#	131,384#

Projected

Source: Monthly progress reports and contracts

PROGRAM HIGHLIGHTS

RELIEF provides an invaluable service to both caregivers and those who fill in to give them a break from their regular caregiving duties. Several participants offered the following comments about the program:

“Passionate volunteerism fulfills the person giving the service as well as the person receiving the service.”

“I have been retired for more than ten years. Volunteering gives me a sense of accomplishment shared with my clients, volunteer organization and community.”

“Volunteering has filled my later years with love and a feeling that I am really helping others. It is amazing how a little bit of our time can mean so much to others. Volunteering for Project RELIEF and hospice has made the past 16 years the best years of my life.”

“Project RELIEF is a great help to me as a caregiver. The program allows me the time to attend a weekly women’s bible study at my church.”

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 registration 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 and compliance with continuing education requirements.

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	2,622
2010-2011	\$2,755,400	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

Thanks to an online system launched by the Statewide Public Guardianship Office, families and judges seeking to retain the services of a guardian can be sure in real time who is – and who is not – a fully qualified guardian. The rollout of the new system took place in October 2010 during Florida Guardianship Month.

At the request of the guardian community, the Statewide Public Guardianship Office developed the online system to resolve potential problems that could have resulted from the previous online listing of registered professional guardians, which was updated only once each week. The new system, which updates in real time, enables family members, judges and others to learn immediately whether a person is in fact a qualified guardian. The new real-time system identifies current guardians and indicates former guardians who are no longer qualified to serve in that role. The listing is available through <http://elderaffairs.state.fl.us/english/spgo.php>.

Section E

Medicaid Programs

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	54
2010-2011	\$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	11,763#
2010-2011	\$98,117,691	13,778##

* 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

Includes Consumer-Directed Care Plus (CDC+) program clients served. Please see separate CDC+ program listing for further information.

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.

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	3,931
2010-2011	\$35,083,803	4,612#

* 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.

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	1,622
2010-2011	\$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.

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 but not limited to 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 and assessors, administrative support staff, office supervisors, and regional program supervisors. Physicians are used as consultants as part of the 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:

Title XIX of the Social Security Act of 1965; 42 Code of Federal Regulations 456; 42 Code of Federal Regulations 483.100-483.138 (Subpart C); Sections 409.912(13)(a) and 430.205(3)J, Florida Statutes; Chapter 59G, Florida Administrative Code;

**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%*	TOTAL 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	105,217	34.3%
2010-2011	\$17,667,404	100,000***	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
Percent Diverted is the percentage of initial CARES assessments where the person continues to reside in the community for 30 days or more after assessment. Percent Diverted is not based on the total number of assessments.

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 Consumer-Directed Care Plus Program is a self-directed option under the 1915(c) Medicaid Waivers listed above. Because self-directing participants are funded through their respective 1915 waiver, the program does not have a separate allocation.

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, covers all home- and community-based services and nursing home care. The rate also pays for Medicare co-insurance and deductibles. 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 40 counties with 17 providers.

SERVICES OR ACTIVITIES:

Project participants receive long-term care and acute services. Long-term care services provided to project participants include a choice of at least two providers for 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, and optional transportation. Acute -care services are covered

for Medicaid recipients based on the Medicaid state plan approved by the federal Centers for Medicare and Medicaid Services. These services are covered in the project to the extent that they are not covered by Medicare, or are reimbursed by Medicaid pursuant to Medicaid-Medicare cost-sharing policies and included in the capitation rate. Managed care organizations contracting with the Department under the Diversion Program are responsible for Medicare co-payments and deductibles. The project also funds services provided by the Program of All-Inclusive Care for the Elderly (PACE). Please refer to the separate PACE listing in this section for more information.

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	\$209,000,000	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	25,165
2010-2011	\$337,924,993	26,925#

NOTE: Project implementation began 12/98. Funding amounts represent combined federal and state appropriations. Table includes Program of All-Inclusive Care for the Elderly (PACE) appropriations and clients for SFY 2002-2003 through SFY 2010-2011 (see separate PACE listing).

* Includes reduction in funding via Legislative mandate.

Projection (includes PACE clients).

Source: Department program data and CIRTS 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 be eligible for Medicare or Medicaid with income and assets up to the Institutional Care Program (ICP) level, and live in proximity to a PACE Center.

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:

As of January 2011, federally approved PACE Centers are located in Lee, Miami-Dade and Pinellas counties. The Florida Legislature has authorized a PACE Center in Hillsborough County, but federal review of the state's application, submitted in August 2010, was still in progress as of the end of 2010. 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 began receiving separate funding and program slots from the Legislature. For SFY 2010-2011, the Legislature allocated an additional 100 slots to the Pinellas PACE Center, bringing the total capacity of this program site to 150.

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
2010-2011	\$9,960,079	1,050#

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

Projection.

Increase in approved clients due to Legislature's authorization of additional PACE sites.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

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

Section F

Other Department Programs

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	\$3,366,208	116	8,006
2010-2011	\$4,223,398	120**	8,100**

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 homebound elder expressed gratitude for the assistance provided by an AmeriCorps member. Her son has provided full-time care for her for many years. In addition to regularly scheduled respite care, the AmeriCorps volunteer recently provided evening care to allow the son his first evening out of the house in several years. The woman remarked, "My AmeriCorps member is an angel. She has done so much to help me."

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	320	464	21,000
2010	\$121,000	\$41,602	325#	46#	21,000#

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 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. Coupons can be exchanged for approved locally grown fresh fruits and vegetables at farmers' markets by eligible elders in Alachua, Bay, 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 additional coupons, which are subsequently distributed in the fall, with an expiration date of 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 an additional coupon issuance program option in 2010. Under this option, the lead elder-services agency in Leon County received additional coupons to be issued to low-income elders who did not participate in the program early in the calendar year. Regardless of season, participants receive a maximum program benefit of \$40 per household per year in farmers' market coupons and receive nutrition education about locally grown 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, Tallahassee Senior Citizens Association, Washington County Council on Aging, 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 sold by authorized farmers at designated.

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	PAR-TICIPANTS RECEIVING COUPONS	PAR-TICIPANTS 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
2010	\$107,705	\$0	203	34/4	2,927#	N/A

* 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.

Estimate

Source: Department program data and reports

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	5,671	6,130
2010-2011	\$7,620,806	9,815###	

* 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

Pasco County Human Services (PCHS) received a call from a citizen regarding a 91-year-old woman whose power was in imminent danger of being shut off. A power company representative was at the home ready to turn off the power due to non-payment of the bill, but did not do so after speaking with the consumer.

The PCHS social worker tried to call the number provided by the caller but the woman's phone had been disconnected. Two staff members immediately visited the home to assess the situation. They discovered that the woman had no family in the area but did have a friend who helped her from time to time. After speaking with the woman, the social worker called the power company, explained the situation and got an extension on the bill. PCHS staff made arrangements for another home visit to complete an Emergency Home Energy Assistance Program (EHEAP) application. In the process, they discovered that the woman's birthday was only two days away.

On her birthday, staff members visited the senior and paid her past-due electric bill – and gave her a birthday card. She was touched that they had remembered it was her birthday. Staff also informed her of available health care and nutrition services that might benefit her.

A Duval County elder received \$322 in EHEAP assistance to pay her Jacksonville Electric Authority bill. The woman was especially appreciative of EHEAP assistance, as she had just been released from the hospital and used a nebulizer. Without electricity, she could not have used the medical device and as a result would not have been able to remain in her home. She remarked about the program, "It helped me good! Paid my previous light bill so I could keep the lights on. The lights are still on. Thank you so very much!"

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.

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	308	121	80,000
2010-2011	\$337,320	\$58,328	300*	120*	72,508*

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)

PROGRAM HIGHLIGHT

Several homebound Senior Companion Program clients made the following comments about their experience:

“My Senior Companion keeps me going.” - Marion County client

“Before having a Senior Companion, I never had a person to see or talk to except by phone, and I was never able to get anywhere. It’s wonderful to get out of the house, meet people, and go and get groceries. It adds a wonderful new dimension to my life.” - Citrus County client

“Now I have something to look forward to every week with a wonderful companion visit.” - Citrus County client

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 free 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.

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	33,000/93,740**
2005-2006	\$1,946,387	400	55,000/200,249
2006-2007	\$1,963,474	400	49,000/222,435
2007-2008	\$2,267,337	425	47,000/260,424
2008-2009	\$2,349,987	391	51,000/505,700
2009-2010	\$2,349,987	400	65,887/550,000
2010-2011	\$2,724,005	500#	96,000#

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

** Beginning with 2004-2005 and ending with the 2009-2010 program year, the "clients served" column has two entries. The first number shows Medicare beneficiaries who were provided one-on-one Medicare-related counseling (e.g., Part D plan enrollment, completing Low-Income Subsidy and Medicare Savings Program applications, and billing and coverage issues). The second figure includes all individuals served indirectly (e.g., information-based assistance, referrals and general education at outreach and publicity events).

Estimate. Beginning in the 2010-2011 program year, the SHINE program will collect only data on Medicare beneficiaries who receive one-on-one counseling as per Centers for Medicare and Medicaid Services (CMS) National Performance Reporting database requirements.

Source: SHIP National Performance Reporting System.

PROGRAM HIGHLIGHT

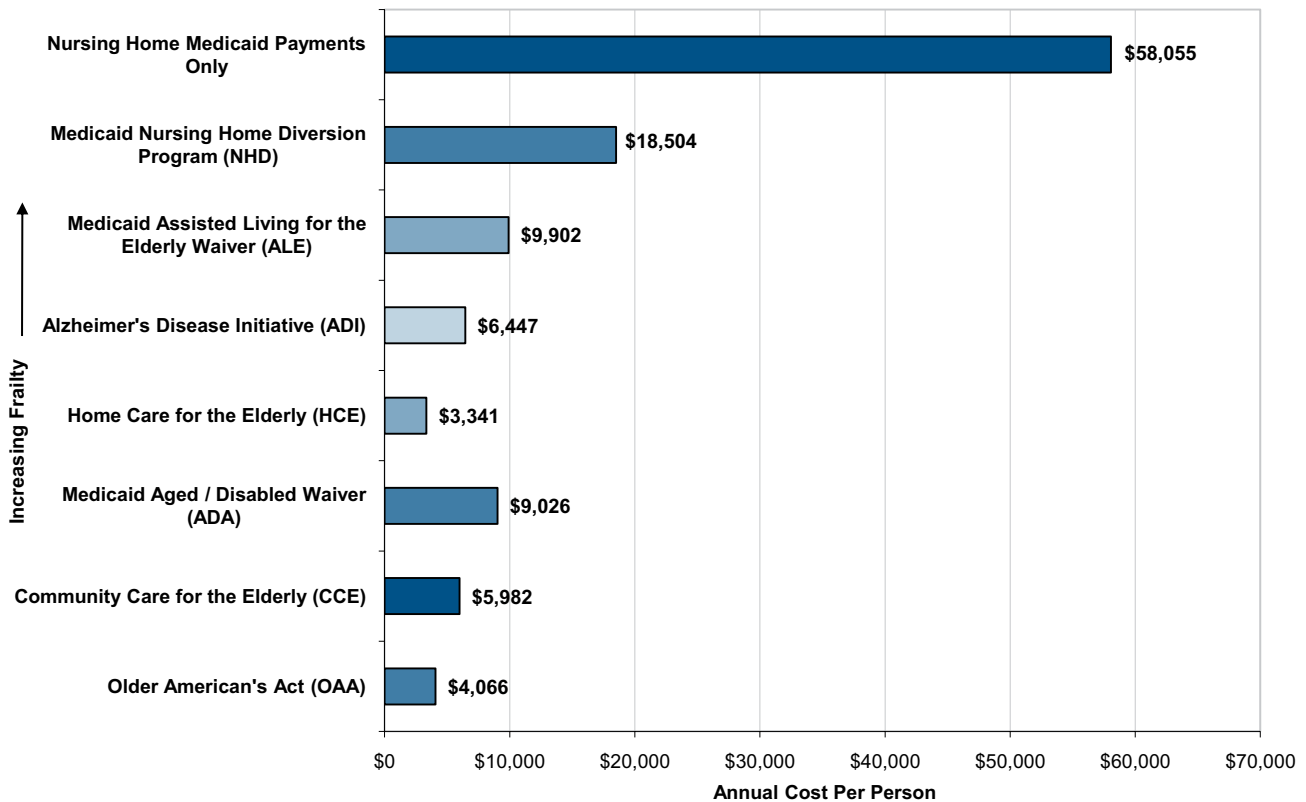
The greatest recognition for SHINE volunteers and staff is the gratitude expressed by a beneficiary or caregiver who has one less worry. SHINE Volunteer Counselor Sara DeSouza came to SHINE initially as the caregiver of a relative. After receiving services, Sara decided to become a SHINE volunteer "to help others in the way that I was helped." About her role as a volunteer counselor, Sara states, "I gain an understanding of the challenge faced by the client, listen to the client's question about his/her health insurance, conduct the research needed and provide information or a solution. I am pleased and encouraged when I get feedback from a client about how my help saved them hundreds of dollars. It just underscores the importance of the service we provide."

Appendix

COST COMPARISONS

In addition to serving the needs of elders, Department programs save the state an average of \$1.70 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 2009-2010, the state was able to avoid more than \$935 million in nursing home payments by spending \$550 million for home- and community-based services.

COMPARISON OF ANNUAL COST PER CLIENT OF PROGRAMS SERVING FLORIDA'S ELDERS STATE FISCAL YEAR 2009-2010



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 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.

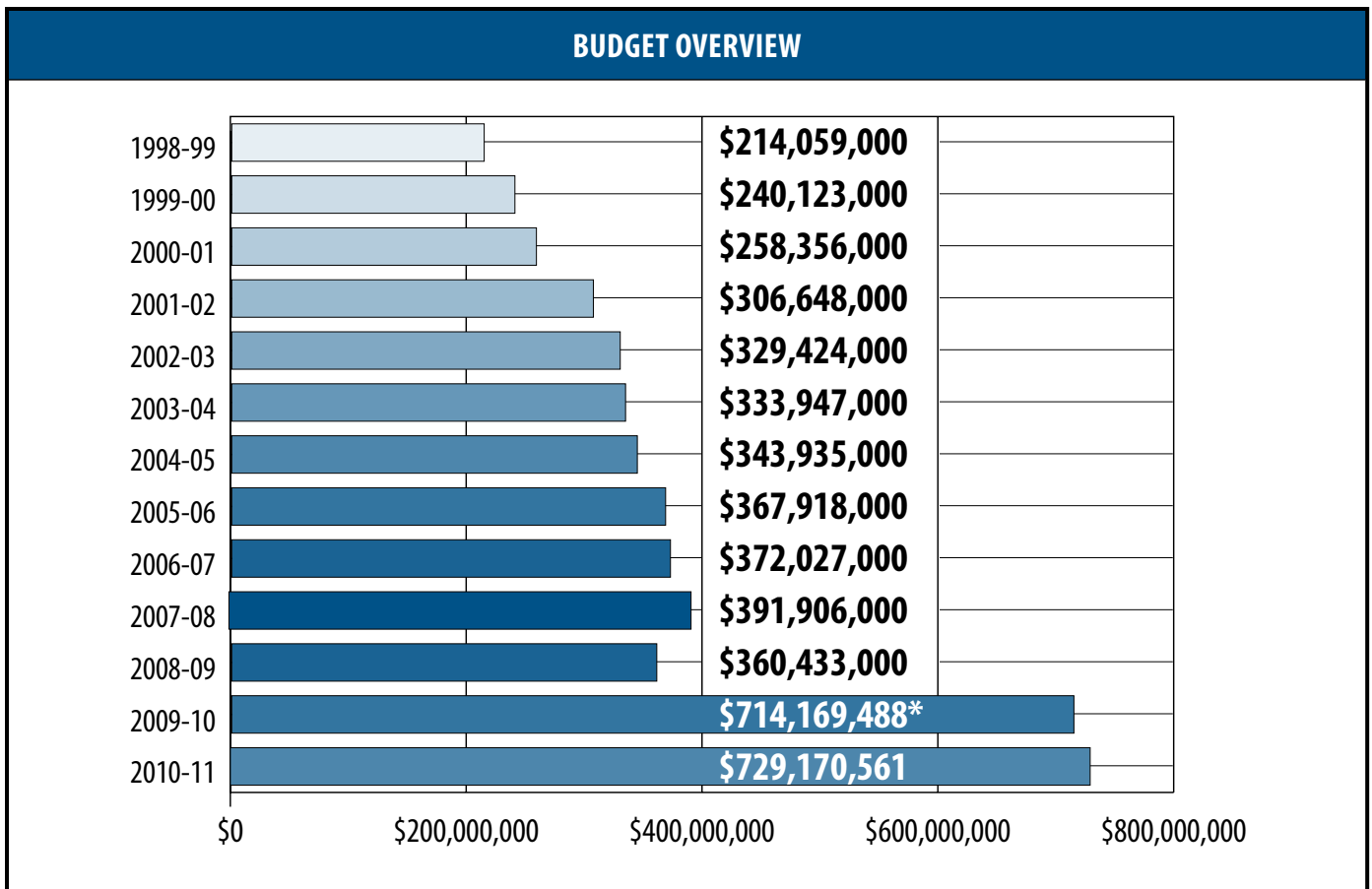
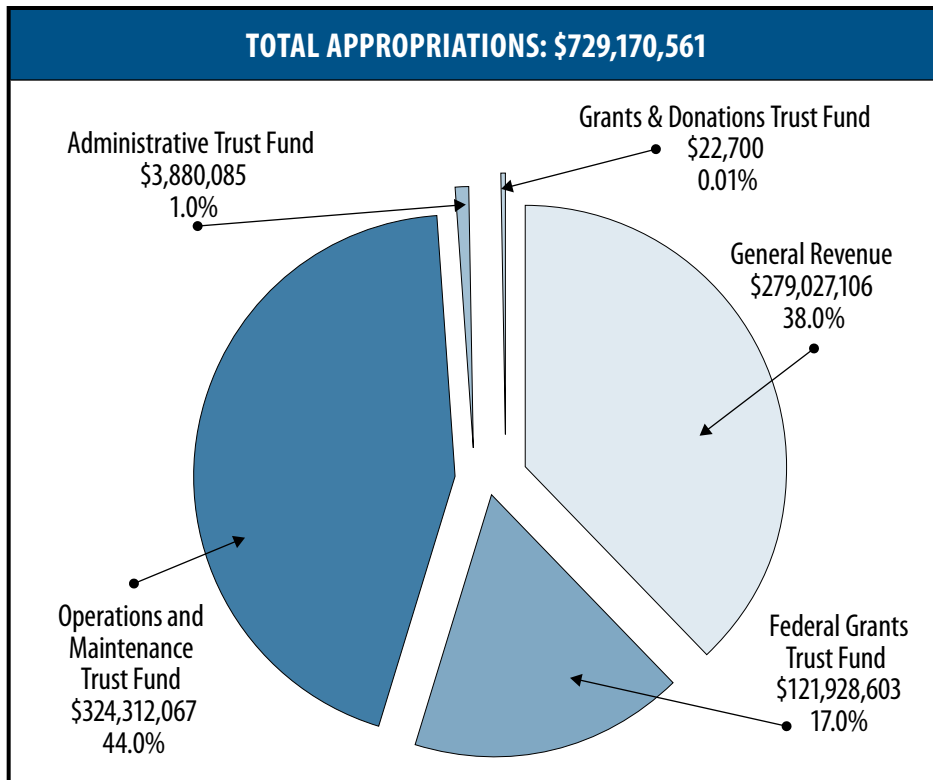
PROGRAM	AGE	INCOME	OTHER REQUIREMENTS/ FRAILTY LEVELS
Adult Care Food Program	60 and older, or 18 and older and chronically impaired.	Level of reimbursement per client to center is based on participants' assessed level of need in accordance with USDA's annual adjustments to Income Eligibility Guidelines.	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/ FRAILTY 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 2010-2011*

General Revenue	\$ 279,027,106
Legislative Appropriation	
Grants and Donations Trust Fund	\$ 22,700
Donations	
Operations and Maintenance Trust Fund	\$ 324,312,067
Aged and Disabled Adult Medicaid Waiver	
Assisted Living for the Frail Elderly Medicaid Waiver	
CARES (Comprehensive Assessment and Review for Long-Term Care Services)	
Medicaid Administration	
Federal Grants Trust Fund	\$ 121,928,603
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	\$ 3,880,085
Public Guardianship Services	
Assisted Living Facility Licensure Fees	
Total	\$ 729,170,561

*Source: 2010-2011 General Appropriations Act and Department of Elder Affairs Approved Operating Budget 2010-2011.



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	255,692	37,964	26,572	12,523	4,165	14.8%	10.4%	4.9%	1.6%	8,255
Baker	25,953	4,344	2,954	1,181	302	16.7%	11.4%	4.5%	1.2%	457
Bay	170,567	37,974	26,799	12,144	3,385	22.3%	15.7%	7.1%	2.0%	4,019
Bradford	28,636	5,576	4,022	1,901	612	19.5%	14.0%	6.6%	2.1%	705
Brevard	555,248	155,869	118,670	60,480	17,558	28.1%	21.4%	10.9%	3.2%	17,132
Broward	1,751,406	340,497	251,512	132,945	49,313	19.4%	14.4%	7.6%	2.8%	103,765
Calhoun	14,453	2,964	2,264	1,094	359	20.5%	15.7%	7.6%	2.5%	346
Charlotte	166,746	70,643	56,721	31,462	9,873	42.4%	34.0%	18.9%	5.9%	5,127
Citrus	142,202	59,258	46,430	24,288	7,450	41.7%	32.7%	17.1%	5.2%	3,198
Clay	187,278	33,123	22,573	9,749	3,016	17.7%	12.1%	5.2%	1.6%	3,396
Collier	331,405	104,018	80,173	40,274	10,707	31.4%	24.2%	12.2%	3.2%	8,894
Columbia	67,303	15,054	10,910	5,031	1,480	22.4%	16.2%	7.5%	2.2%	2,064
DeSoto	34,778	8,386	6,384	3,150	835	24.1%	18.4%	9.1%	2.4%	1,158
Dixie	16,381	4,476	3,331	1,550	411	27.3%	20.3%	9.5%	2.5%	233
Duval	901,271	149,276	103,132	48,601	15,231	16.6%	11.4%	5.4%	1.7%	40,248
Escambia	311,184	63,801	47,057	23,520	7,681	20.5%	15.1%	7.6%	2.5%	12,796
Flagler	94,905	34,421	26,684	13,230	3,311	36.3%	28.1%	13.9%	3.5%	5,678
Franklin	12,332	3,268	2,423	1,036	296	26.5%	19.7%	8.4%	2.4%	245
Gadsden	49,979	9,779	7,014	3,269	973	19.6%	14.0%	6.5%	1.9%	4,859
Gilchrist	17,708	4,093	2,986	1,323	346	23.1%	16.9%	7.5%	2.0%	223
Glades	10,798	2,738	2,019	855	214	25.4%	18.7%	7.9%	2.0%	335
Gulf	16,672	3,847	2,825	1,299	384	23.1%	16.9%	7.8%	2.3%	361
Hamilton	14,692	2,622	1,840	878	282	17.8%	12.5%	6.0%	1.9%	734
Hardee	28,364	4,936	3,807	1,999	597	17.4%	13.4%	7.0%	2.1%	1,058
Hendry	40,848	5,859	4,321	2,033	572	14.3%	10.6%	5.0%	1.4%	2,019
Hernando	165,569	61,274	48,304	25,714	7,522	37.0%	29.2%	15.5%	4.5%	5,130
Highlands	99,215	39,171	32,109	17,772	5,505	39.5%	32.4%	17.9%	5.5%	3,697
Hillsborough	1,203,245	210,266	150,194	72,849	23,443	17.5%	12.5%	6.1%	1.9%	61,558
Holmes	19,420	4,416	3,292	1,561	496	22.7%	17.0%	8.0%	2.6%	201
Indian River	142,009	49,789	39,061	21,686	7,159	35.1%	27.5%	15.3%	5.0%	3,564
Jackson	51,442	11,192	8,356	4,170	1,340	21.8%	16.2%	8.1%	2.6%	2,438
Jefferson	14,663	3,355	2,338	1,175	374	22.9%	15.9%	8.0%	2.6%	934
Lafayette	8,612	1,371	1,021	484	141	15.9%	11.9%	5.6%	1.6%	100
Lake	297,432	99,067	76,672	37,730	10,529	33.3%	25.8%	12.7%	3.5%	8,170

COUNTY	TOTAL POPULATION					PERCENT OF POPULATION WHO ARE ELDERS				
	ALL AGES	60+	65+	75+	85+	60+	65+	75+	85+	MINORITY 60+
Lee	613,546	192,443	147,225	75,311	22,151	31.4%	24.0%	12.3%	3.6%	16,126
Leon	274,853	37,459	25,174	11,695	4,004	13.6%	9.2%	4.3%	1.5%	8,492
Levy	41,451	11,202	8,194	3,795	1,098	27.0%	19.8%	9.2%	2.6%	1,165
Liberty	8,181	1,349	959	435	116	16.5%	11.7%	5.3%	1.4%	155
Madison	19,944	4,149	3,108	1,516	509	20.8%	15.6%	7.6%	2.6%	1,192
Manatee	319,293	93,597	72,091	38,965	12,961	29.3%	22.6%	12.2%	4.1%	6,923
Marion	330,117	104,349	80,998	42,245	12,363	31.6%	24.5%	12.8%	3.7%	11,229
Martin	143,777	51,920	40,708	21,622	7,196	36.1%	28.3%	15.0%	5.0%	2,733
Miami-Dade	2,480,597	476,705	351,689	171,603	53,606	19.2%	14.2%	6.9%	2.2%	386,304
Monroe	76,887	20,410	14,178	6,223	1,760	26.5%	18.4%	8.1%	2.3%	3,129
Nassau	71,556	17,052	11,728	4,796	1,118	23.8%	16.4%	6.7%	1.6%	1,119
Okaloosa	195,346	39,451	27,844	12,441	3,440	20.2%	14.3%	6.4%	1.8%	3,725
Okeechobee	39,816	8,905	6,930	3,591	1,005	22.4%	17.4%	9.0%	2.5%	959
Orange	1,110,155	152,863	105,788	48,612	13,952	13.8%	9.5%	4.4%	1.3%	60,993
Osceola	275,666	42,245	29,189	12,756	3,640	15.3%	10.6%	4.6%	1.3%	17,847
Palm Beach	1,286,461	354,387	277,415	157,286	54,941	27.5%	21.6%	12.2%	4.3%	53,093
Pasco	440,628	133,654	103,710	55,242	17,889	30.3%	23.5%	12.5%	4.1%	9,365
Pinellas	927,994	262,702	199,635	108,172	39,209	28.3%	21.5%	11.7%	4.2%	24,895
Polk	584,329	141,833	106,887	53,919	16,065	24.3%	18.3%	9.2%	2.7%	20,323
Putnam	74,115	19,704	14,623	6,869	1,801	26.6%	19.7%	9.3%	2.4%	2,580
St. Johns	185,464	42,151	29,893	14,332	4,156	22.7%	16.1%	7.7%	2.2%	3,094
St. Lucie	272,782	77,888	60,009	31,623	8,862	28.6%	22.0%	11.6%	3.2%	11,708
Santa Rosa	146,162	27,172	18,706	7,827	2,202	18.6%	12.8%	5.4%	1.5%	1,993
Sarasota	388,268	154,958	122,748	68,445	23,597	39.9%	31.6%	17.6%	6.1%	7,016
Seminole	420,100	71,209	48,457	22,292	6,341	17.0%	11.5%	5.3%	1.5%	15,815
Sumter	97,385	37,281	31,062	16,580	3,940	38.3%	31.9%	17.0%	4.0%	2,350
Suwannee	40,885	9,936	7,496	3,748	1,187	24.3%	18.3%	9.2%	2.9%	987
Taylor	23,114	4,757	3,357	1,546	411	20.6%	14.5%	6.7%	1.8%	635
Union	15,823	2,140	1,414	598	159	13.5%	8.9%	3.8%	1.0%	333
Volusia	505,050	143,661	109,175	57,482	18,828	28.4%	21.6%	11.4%	3.7%	14,969
Wakulla	32,407	6,352	4,211	1,582	454	19.6%	13.0%	4.9%	1.4%	588
Walton	57,120	14,371	10,787	5,132	1,404	25.2%	18.9%	9.0%	2.5%	1,089
Washington	24,672	5,504	4,034	1,893	597	22.3%	16.3%	7.7%	2.4%	577
Florida	18,772,352	4,408,448	3,304,189	1,689,130	536,821	23.5%	17.6%	9.0%	2.9%	1,006,597

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	9.9%	14.9%	24.8%	11.9%	178	100	2	130	49	20	74.6
Baker	10.1%	12.2%	19.0%	17.7%	15	5		64	6		159.2
Bay	10.5%	13.7%	24.8%	13.1%	194	30	44	224	21		70.3
Bradford	16.4%	14.7%	22.5%	12.4%	8	6	13	40	13		126.2
Brevard	6.9%	15.2%	22.8%	8.9%	246	33	99	324	25	955	43.5
Broward	10.1%	16.9%	29.4%	10.0%	811	283	191	1,848	124	3,111	31.8
Calhoun	19.8%	15.1%	27.6%	19.6%	56	1		35	10		224.9
Charlotte	5.6%	16.7%	20.3%	8.3%	72	18		244	22	200	35.2
Citrus	7.8%	15.8%	19.7%	7.9%	103	9	53	214	25	114	44.5
Clay	6.6%	13.6%	18.9%	12.6%	115	18	35	152	43	31	106.0
Collier	5.1%	14.7%	18.6%	5.6%	62	17	10	314	39	96	18.7
Columbia	13.9%	14.1%	25.3%	13.2%	106	6	38	151	40		60.6
DeSoto	8.1%	14.5%	16.3%	8.9%	13	3	8	85	15	4	13.0
Dixie	17.2%	13.8%	24.5%	15.6%	17	6		52	12		38.7
Duval	11.0%	14.6%	27.3%	13.5%	583	20	81	1,113	65	627	80.9
Escambia	9.6%	15.5%	24.2%	14.6%	267	40	105	197	25	24	71.8
Flagler	5.1%	14.3%	17.3%	9.4%	59	14	4	87	11	68	18.1
Franklin	14.1%	13.2%	24.0%	14.8%	49	1	16	35	4		86.9
Gadsden	16.6%	14.3%	25.7%	14.8%	71	7	15	53	8		36.7
Gilchrist	14.3%	13.3%	20.6%	13.2%	14	5		37	10		151.9
Glades	11.6%	12.7%	20.1%	10.8%				36	8		0.0
Gulf	14.5%	14.1%	24.7%	13.9%	38	6	8	28	2		92.4
Hamilton	17.6%	14.8%	24.7%	13.2%	57	10	4	58	28		68.3
Hardee	16.6%	15.7%	20.1%	13.5%	25	1	8	29	10		52.0
Hendry	14.4%	14.2%	21.8%	12.6%	16	9	1	103	27	9	122.0
Hernando	6.9%	15.8%	18.7%	9.6%	86	6	71	244	40	256	25.7
Highlands	8.3%	16.6%	20.3%	9.0%	62	13	67	251	38	77	33.6
Hillsborough	9.9%	15.1%	25.0%	12.2%	608	71	271	1,208	176	2,101	50.0
Holmes	17.7%	14.7%	25.7%	14.0%	102	4	23	35	13		115.3
Indian River	6.3%	16.9%	23.0%	7.3%	42	8	40	115	12	197	25.1
Jackson	18.7%	15.4%	29.8%	16.4%	143	14	22	96	3		129.5
Jefferson	16.7%	15.4%	20.0%	21.1%	92	4	1	27	2		133.6
Lafayette	17.5%	14.4%	24.7%	11.2%	12	3	26	37	3		123.9
Lake	6.7%	14.6%	20.5%	8.6%	85	8	50	220	64	333	37.0
Lee	6.3%	15.3%	20.2%	7.9%	160	37	187	530	43	571	26.8
Leon	7.6%	14.8%	25.5%	13.0%	189	20	5	166	23		63.6

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	13.2%	14.1%	24.3%	11.2%	72	10	35	87	28		47.4
Liberty	22.0%	13.6%	29.8%	19.8%	20	2	16	18	5		0.0
Madison	22.0%	15.3%	26.3%	14.7%	72	3	37	29	7		157.0
Manatee	6.7%	16.6%	24.8%	7.9%	76	19	46	267	27	308	34.9
Marion	8.5%	15.5%	20.8%	9.3%	164	14	57	380	34	362	32.5
Martin	5.4%	16.4%	22.9%	6.0%	50	46	1	137	7	120	36.8
Miami-Dade	17.8%	15.0%	20.4%	13.4%	2,540	336	676	1,250	669	7,438	47.1
Monroe	9.2%	13.4%	21.4%	7.3%	19	13	1	255	24		38.6
Nassau	8.8%	12.1%	20.9%	13.0%	85	7	9	87	19	10	50.0
Okaloosa	6.2%	13.5%	22.9%	10.9%	52	5	27	58	17	7	72.3
Okeechobee	11.1%	15.3%	21.0%	9.3%	53	3	1	70	5	1	50.1
Orange	9.0%	14.0%	22.1%	12.3%	332	196	148	396	39	1,092	83.8
Osceola	9.1%	13.4%	20.0%	9.3%	195	11	15	68	8	421	84.7
Palm Beach	7.0%	17.5%	25.0%	8.4%	714	137	79	771	114	1,762	38.4
Pasco	8.2%	16.3%	23.9%	8.5%	257	32	300	318	25	607	35.1
Pinellas	8.5%	17.1%	29.6%	9.0%	764	47	492	623	47	1,822	71.9
Polk	8.8%	15.2%	21.9%	10.9%	322	56	77	583	163	571	52.4
Putnam	13.5%	13.9%	24.8%	14.4%	71	4	42	116	36		49.1
St. Johns	5.9%	14.5%	22.2%	8.3%	81	9	34	155	11	73	42.2
St. Lucie	8.5%	15.5%	20.6%	9.0%	140	50	65	214	46	310	33.2
Santa Rosa	7.9%	12.9%	19.8%	12.4%	71	17	90	75	10	14	52.4
Sarasota	4.9%	17.2%	23.2%	7.7%	114	35	61	381	36	520	40.9
Seminole	6.7%	14.0%	22.6%	11.3%	111	50	156	126	18	510	52.6
Sumter	8.7%	15.0%	18.1%	10.9%	42	2	13	85	21	2	16.3
Suwannee	13.4%	15.4%	23.5%	13.0%	63	10	18	82	36		107.0
Taylor	17.2%	13.7%	25.4%	14.4%	57	4		48	6		77.6
Union	16.1%	12.9%	19.9%	20.3%	7	4		41	8		0.0
Volusia	7.6%	16.2%	24.1%	9.0%	342	19	98	724	68	855	55.7
Wakulla	13.0%	12.0%	18.4%	12.8%	52	6		44	4		75.9
Walton	11.4%	14.2%	22.7%	14.6%	37	12	24	51	14		54.0
Washington	18.5%	14.6%	25.6%	16.2%	117	4		45	7		95.1
Florida	9.2%	15.7%	23.4%	10.1%	1,650	1,999	3,964	16,166	2,620	25,412	47.0

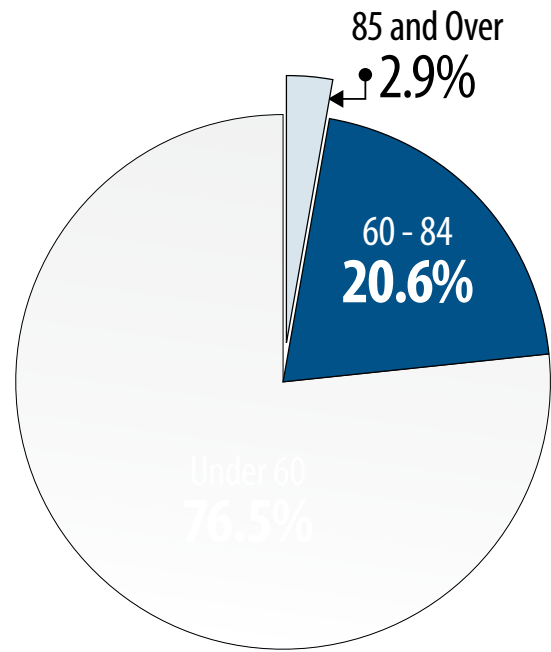
Department of Elder Affairs calculations based on Florida Population Estimates for Counties and Municipalities: April 1, 2010 and Florida Population by County, Age, Race, Sex and Hispanic Origin projections provided by Florida Legislature, Office of Economic and Demographic Research projections for 11/10; 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

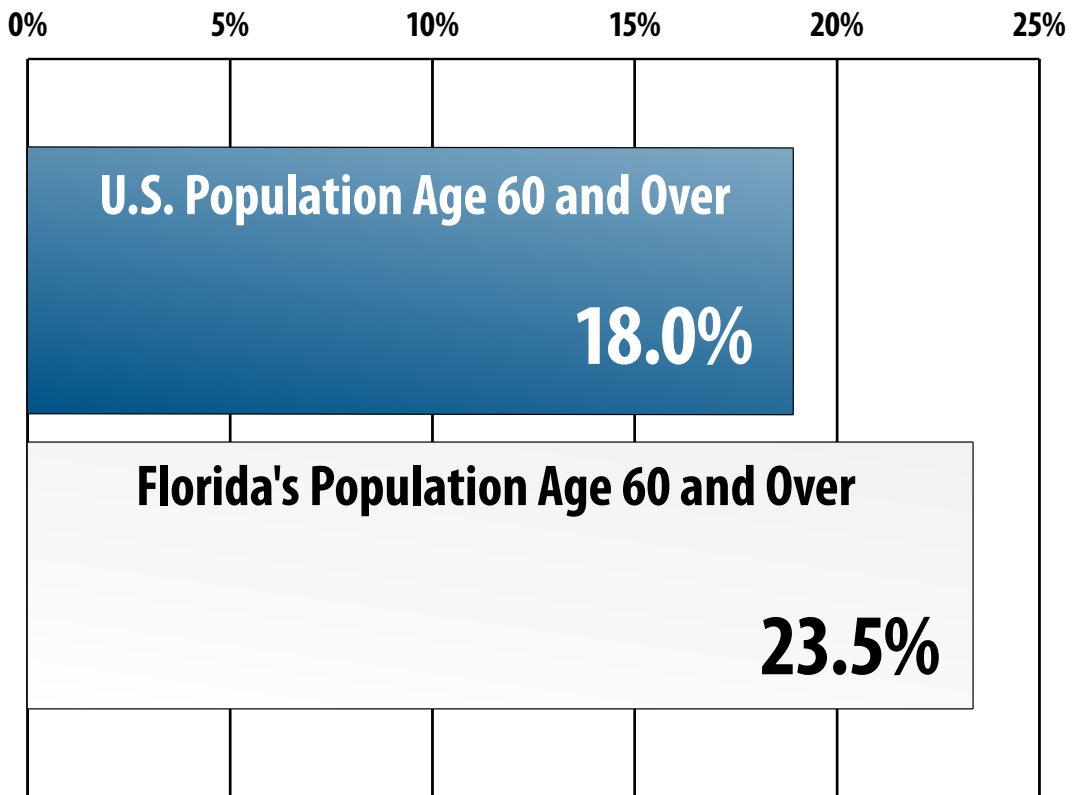
Florida is the fourth most populous state with an estimated 18,772,352 citizens in 2010. Among the 50 states, Florida has the highest percentage of elders age 60 and older (23.5 percent) compared with a national percentage of 18.0 percent (2009 data). Of Florida's 4,408,448 elders age 60 and older, 536,821 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 37.3 percent of the total state population age 60 and older, and 41.1 percent of the population 85 and older.

In terms of density, 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

MINORITY DISTRIBUTION

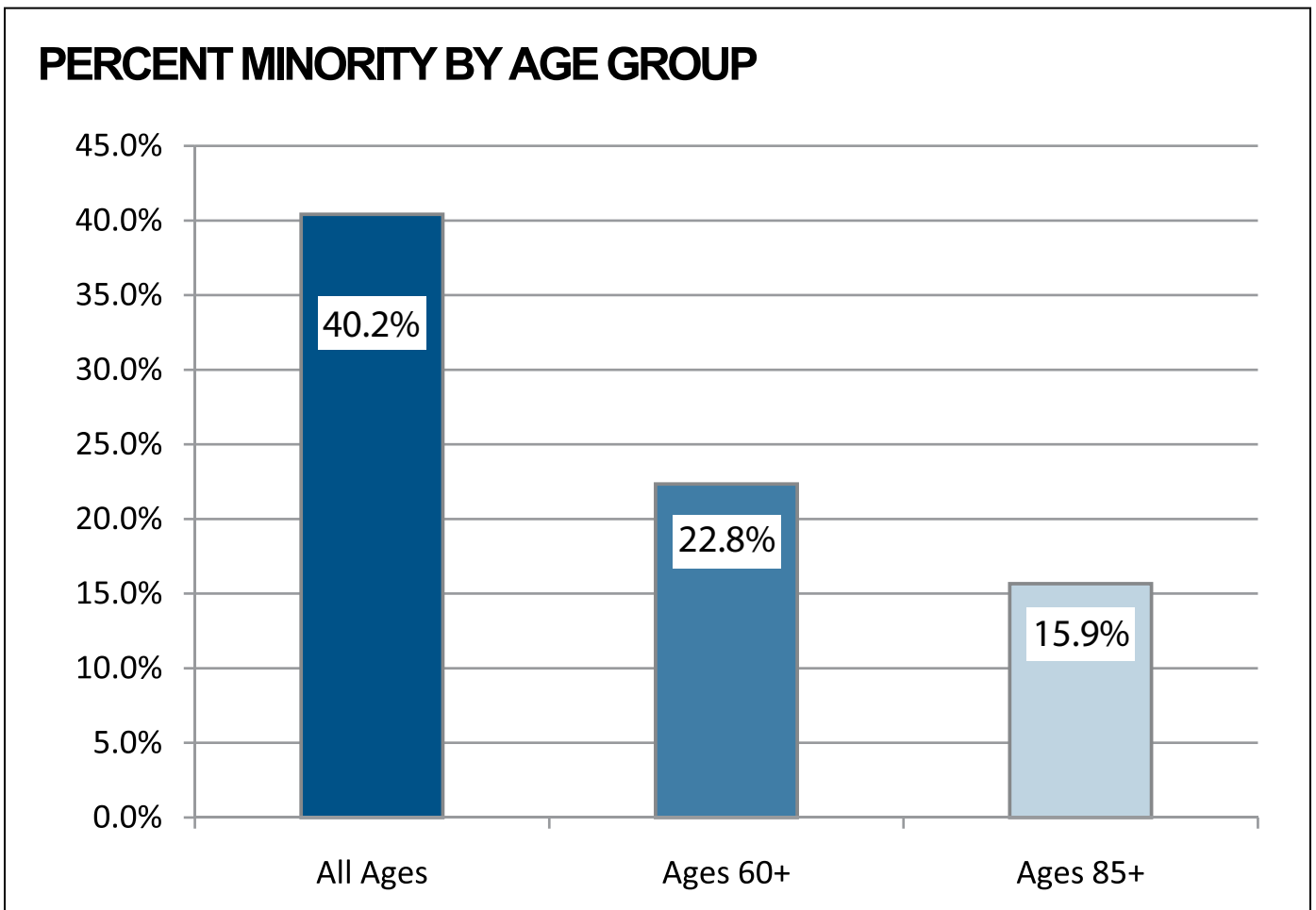
As the age of Florida population groups increases, their racial and ethnic diversity decreases. This decrease in diversity can be attributed to the migration of elders into Florida and the life span of minorities within the state. While almost two in five (40.2 percent) Floridians are minority, this percentage declines to about one in five (22.8 percent) of all elders age 60 and older, and about one in six (15.9 percent) of all elders age 85 and older.

In Florida, 77.2 percent of total 60 and older population is white non-Hispanic population. In comparison, minorities generally constitute a smaller percentage of elders among their respective populations. Statewide, 13.4 percent of total 60 and older population is Hispanics and 8.6 percent of total 60 and older population is African-Americans.

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

between white non-Hispanics and minorities. The top six counties with white non-Hispanics elders (60+) representing 40 percent or more of their white non-Hispanics populations (all age) are Highlands (49.7 percent), Charlotte (44.9 percent), Sumter (44.6 percent), Sarasota (43.8 percent), Citrus (43.6 percent), and Collier (42.7 percent). Two of these counties are in West Central Florida, and four are in Southwest Florida.

The top nine counties with minority elders (60+) representing 15 percent or more of their minority populations (all age) are Flagler (30.3 percent), Charlotte (24.5 percent), Citrus (23.3 percent), Hernando (20.8 percent), Miami-Dade (18.5 percent), Jefferson (16.2 percent), Brevard (15.8 percent), Monroe (15.1 percent) and Marion (15.1 percent). These counties do not appear to exhibit any geographical grouping patterns.



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)**

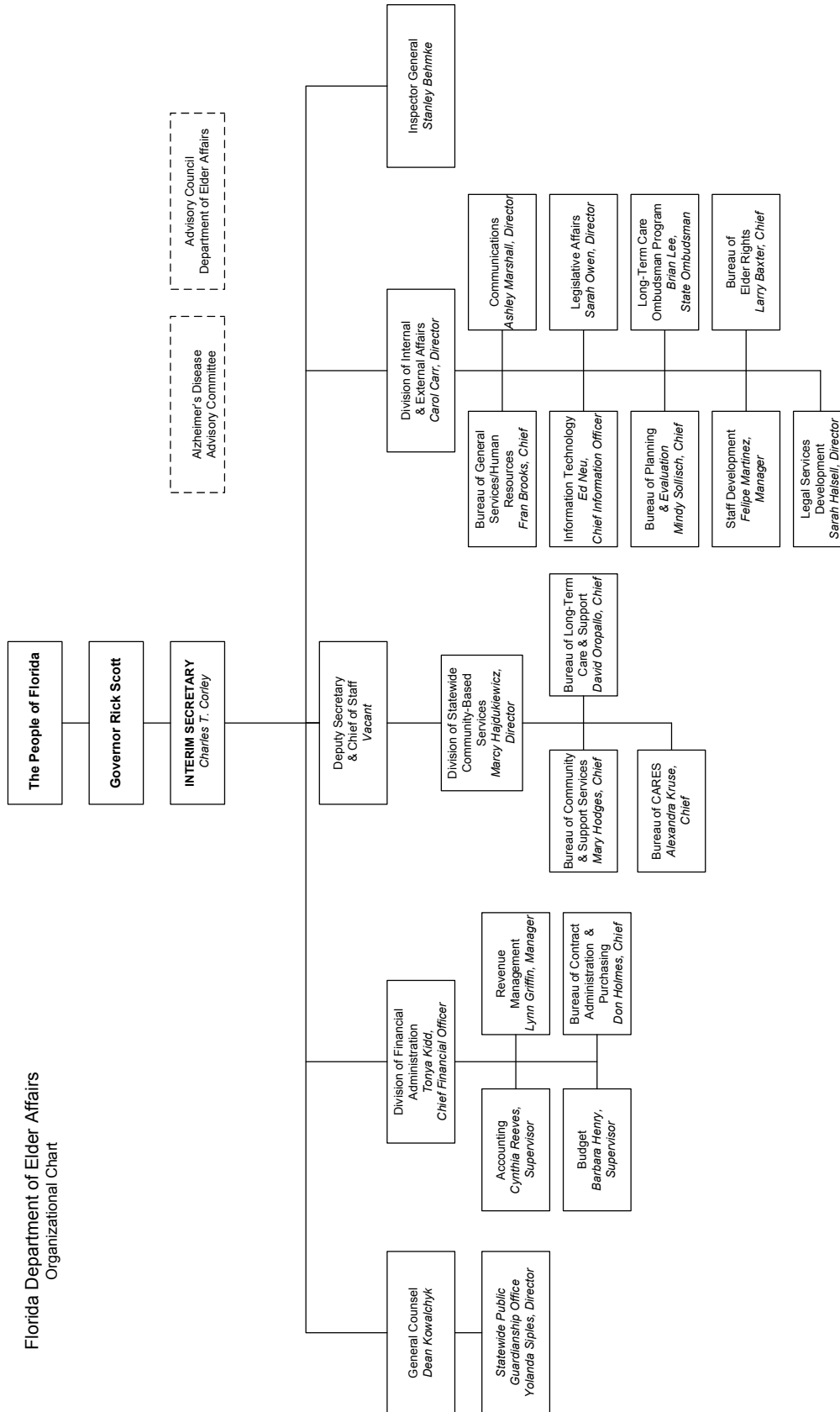
CUSTOMER PROFILE LEVELS				
LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
DISABILITIES				
Number of ADLs that require total help = 0 ...require some help = 2 ...require total help = 2-3 Number of IADLs that require some help = 6	Number of ADLs that require total help = 0-1 ...require some help = 3 Number 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



Florida Department of Elder Affairs
Organizational Chart

UPDATED: 01/04/2011

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 2009-2010

PROGRAM	CLIENTS SERVED	FUNDING	SPECIAL NOTES
Adult Care Food Program	daily average: 8,006	\$3,366,208	116 Day Care sites
Adult Day Health Care Waiver	54	\$1,946,858	
Aged and Disabled Adult Waiver (ADA)	11,763	\$87,197,330	
Alzheimer's Disease Initiative (ADI) Respite/Special Projects	1,999	\$8,050,666	
Alzheimer's Disease Initiative (ADI) Memory Disorder Clinics	5,116	\$2,968,081	
AmeriCorps	320	\$162,506	member hours of service: 21,000
Assisted Living For the Frail Elderly Waiver (ALE)	3,931	\$35,165,608	
Channeling Waiver	1,622	\$14,700,762	
Community Care for the Elderly (CCE)	16,165	\$40,578,617	
Comprehensive Assessment and Review for Long-Term Care Services (CARES)		\$16,135,481	assessments: 105,217
Elder Abuse Prevention Program	102,310	\$367,419	
Elder Farmers' Market Nutrition Program	2,927		186 farmers , 17 markets participating
Emergency Home Energy Assistance for the Elderly Program (EHEAP)		\$6,178,472	11,801 households served
Home Care for the Elderly (HCE)	2,620	\$7,903,357	
Local Services Programs	15,389	\$7,015,811	
Long-Term Care Community Diversion Pilot Program (Nursing Home Diversion)	25,165	\$327,899,046	
Long-Term Care Ombudsman Program (LTCOP)		\$2,568,385	assessments: 4,016 complaints investigated: 8,651
Nutrition Services Incentive Program (NSIP)		\$7,528,758	
Older Americans Act Title III B Supportive Services	43,921	\$25,657,152	
Older Americans Act Title III C1 Congregate Meals	29,403	\$30,114,519	
Older Americans Act Title III C2 Home-Delivered Meals	21,763	\$15,095,056	
Older Americans Act Title III D Preventive Health Services	44,140	\$1,526,500	*
Older Americans Act Title III E Caregiver Support	**	\$9,972,956	
Older Americans Act Title V Senior Community Service Employment Program	811	\$6,436,237	
Program of All-Inclusive Care (PACE)		\$10,278,683	
Respite for Elders Living in Everyday Families (RELIEF)	498	\$909,034	Hours of respite care: 131,384
Senior Companion Program	308	\$469,372	volunteer companions: 158; hours of service: 82,151
Serving Health Insurance Needs of Elders (SHINE)	65,887/550,000†	\$2,349,987	volunteers: 400
Statewide Public Guardianship Office	2,622	\$2,498,558	

*2009 actual. 2010 actual not available at time of publication. ** Not available at time of publication.

† For clients served, the first number identifies those receiving direct services and the second number, indirect services.