

Summary of Programs & Services



Florida Department of Elder Affairs

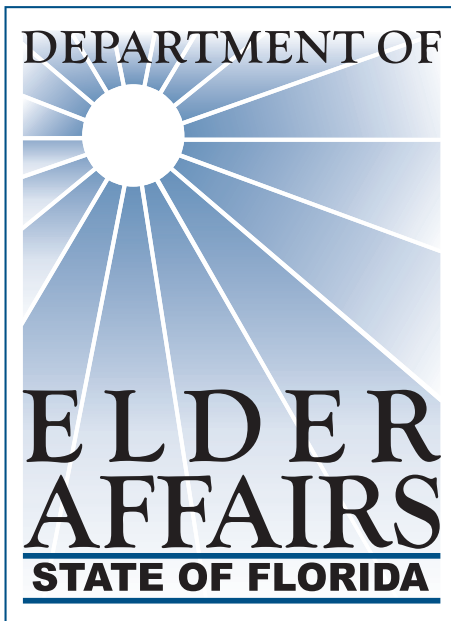
2012



Rick Scott, *Governor*
Charles T. Corley, *Secretary*

Summary of Programs and Services

JANUARY 2012



RICK SCOTT
GOVERNOR

CHARLES T. CORLEY
SECRETARY

4040 Esplanade Way
Tallahassee, Florida 32399-7000
phone 850-414-2000
fax 850-414-2004
TDD 850-414-2001

<http://elderaffairs.state.fl.us>

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 September 2011.

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>.

TABLE OF CONTENTS

Preface	6
SECTION A GENERAL OVERVIEW	7
Overview	9
Principles Governing the Department’s Services	10
Division & Unit Responsibilities Within the Department	14
Office of the Secretary	14
Office of the Deputy Secretary & Chief of Staff	19
Elder Services Network Components & Their Roles	24
Area Agencies on Aging Offices	25
Comprehensive Assessment & Review For Long-Term Care Services (CARES) Offices	26
Long-Term Care Ombudsman Program	27
Communities for a Lifetime	28
Florida Counties Served by Offices of the Public Guardian	29
Senior Centers & Florida’s Aging Network	30
SECTION B SERVICES & UTILIZATION	33
Introduction to Services & Utilization	35
Program Codes Used in This Section	36
SECTION C OLDER AMERICANS ACT PROGRAMS AND SERVICES	51
Summary of Older Americans Act Program Services	53
Older Americans Act Title III	54
Older Americans Act Title III B	57
Supportive Services	57
Information & Referral/Assistance	59
Older Americans Act Title III C1 Congregate Meals	61
Older Americans Act Title III C2 Home-Delivered Meals	62
Nutrition Services Incentive Program	63
Older Americans Act Title III D Preventive Health Services	65
Older Americans Act Title III E National Family Caregiver Support Program	67
Older Americans Act Title V Senior Community Service Employment Program	68
Older Americans Act Title VII	71
Elder Abuse Prevention	71
Long-Term Care Ombudsman Program	73
SECTION D STATE GENERAL REVENUE PROGRAMS	77
Introduction to State General Revenue Programs	79
Alzheimer’s Disease & Related Disorders (ADRD) Training Provider & Curriculum Approval	80
Alzheimer’s Disease Initiative	87

Community Care for the Elderly (CCE)	94
Home Care for the Elderly (HCE)	97
Local Services Programs.	100
Respite for Elders Living in Everyday Families (RELIEF)	103
Statewide Public Guardianship Office	105

SECTION E MEDICAID PROGRAMS 109

Introduction to Medicaid Programs	111
Adult Day Health Care Waiver	112
Aged & Disabled Adult Waiver	113
Assisted Living Waiver.	115
Channeling Waiver.	117
Comprehensive Assessment & Review for Long-Term Care Services (CARES)	118
Consumer-Directed Care Plus (CDC+) Program	121
Long-Term Care Community Diversion Pilot Project	123
Program of All-Inclusive Care For the Elderly (ACE)	125

SECTION F OTHER DEPARTMENT PROGRAMS 127

Introduction to Other Department Programs	129
Adult Care Food Program	130
AmeriCorps	132
Elder Farmers’ Market Nutrition Program.	134
Emergency Home Energy Assistance for the Elderly Program (EHEAP)	136
Senior Companion Program	139
Serving Health Insurance Needs of Elders (SHINE) Program	141

APPENDIX 143

Cost Comparisons SFY 2010-2011	145
Long-Range Program Plan - Services to Elders	146
General Eligibility Requirements for Major Programs & Services.	148
Source of Revenue - State Fiscal Year 2011-2012*	150
Elder Demographics/Program Enrollment by County	152
Age Distribution	156
Minority Distribution	158
Customer Assessment Profiles by Priority Level	159
Florida Department of Elder Affairs Organizational Chart	160
Definitions	161
Acronyms/Abbreviations	163
Index	165
Elder Services at a Glance - State Fiscal Year 2010-2011	168

PREFACE

This 2012 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 (LTCOP) 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 alphabetical listing of OAA programs with information such as program administration, eligibility, statutory authority, appropriation history, and funding source.

Section D – State General Revenue Programs is an alphabetical listing of state-funded programs, with information 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 (LRPP), budget by revenue source, elder population statistics and program enrollment by county, customer profiles by assessment priority level, definitions, and a list of acronyms and abbreviations.

Section A

General Overview

FLORIDA DEPARTMENT OF ELDER AFFAIRS

OVERVIEW

Rick Scott, Governor
Charles T. Corley, Secretary

The Florida Department of Elder Affairs works to create an environment that enables most older Floridians to live independently in their own homes and communities. Through partnerships with 11 Area Agencies on Aging, the Department provides community-based care to help seniors age with dignity, purpose and security. By working together with community-based organizations across the state, the Department is able to provide information to elders and their caregivers on how to live healthy lives. The Department, in partnership with Florida's aging services network, offers many services – such as adult day care or help with transportation and chores – to elders based on various criteria, including income level and health status.

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

With more than 4.4 million residents age 60 and older, Florida currently ranks first in the nation in the percentage of its citizens who are elders, and will continue to do so for the foreseeable future (23 percent in 2009 growing to 35 percent in 2030). More than 1.7 million Floridians are age 75 and older. The population age 100 and older is currently the state's fastest-growing age group by percentage. Florida is also rich in generational and cultural diversity, especially among individuals age 55 and older. Florida's future is linked to the financial health and physical security of its elder population.

The Department recognizes that individuals age differently. Some people have chronic conditions that begin prior to age 60, while others live their entire lives without need of long-term medical or social services. In order to efficiently use its

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

Policy and program development is shaped in part by the Department of Elder Affairs Advisory Council, whose members are appointed by the Governor and legislative leadership. The Council advises the Secretary and makes recommendations to the Governor and the Legislature.

The Department of Elder Affairs, in partnership with the Advisory Council, emphasizes activities that will maintain and improve the quality of life for older Floridians.

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

MISSION STATEMENT

To foster an environment that promotes well-being for Florida's elders and enables them to remain in their homes and communities.

VISION

All Floridians aging with dignity, purpose and independence.

PRINCIPLES GOVERNING THE DEPARTMENT'S SERVICES

FLORIDA FOR A LIFETIME: Empowering & Protecting Seniors

Florida is home to a large number of seniors who bring vitality and a wealth of life experience to all generations of Floridians. For this reason, 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

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 October 2011)

- 11 Area Agencies on Aging
- 53 Community Care lead agencies
- 15 memory disorder clinics
- 2,982 assisted living facilities
- 380 adult family care homes
- 677 nursing homes
- 477 local governments
- Over 55 million volunteer service hours
- 240+ senior centers

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

- **Intergenerational Partnerships** – Increase lifelong learning opportunities for seniors and assistance to caregivers by developing partnerships with schools and workforce programs. Enhance opportunities for seniors who are – or want to be – in the workforce so that as baby boomers retire, their expertise is available to strengthen the workforce.
- **Protection and Safety** – Emphasize the importance of preparing for storms and other emergencies by assisting efforts to put up shutters, secure yard furniture, purchase supplies or understand the availability and logistics of 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 2011, 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

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**

specialist discerns that the inquiry may be related to SPMI.

With the support of an ADRC expansion grant funded by the U.S. Administration on Aging (AOA), 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 2011 Florida Legislature appropriated \$3.185 million in recurring funds to the Department to support the statewide network of ARCs. Through the AoA-funded expansion grant, the Department is assisting each of the ARCs to transition to an ADRC by developing partnerships with the disability community.

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 DOEA and the Department of Children and Families (DCF) 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 DCF's ACCESS (Automated Community Connection to Economic Self Sufficiency) 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 ACCESS unit (DCF), applications are processed 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 ADRCs and 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 ELDERS IN STATE FISCAL YEAR 2010-2011 INCLUDED:

- **More than 5.5 million "Meals on Wheels" delivered to homebound elders;**
- **More than 4.5 million meals served at nutrition sites, preventing isolation and loneliness;**
- **More than 1.4 million hours of caregiver respite;**
- **More than 1.6 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 2010-2011, –elders age 65 and older provided over 55,124,643 volunteer service hours valued at \$1,014,293,433. These volunteer hours were the equivalent of 26,502 full-time positions.

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 \$5,884 and \$17,754, compared to an average annual cost of \$61,360 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 does the following: provides legal advice for the Department; renders legal opinions; reviews all contracts, grants, and inter-agency agreements; and helps formulate agency policy. The General Counsel also is responsible for promulgating all long-term care rules for assisted living facilities, adult family care homes, adult day care centers, hospices, and Alzheimer’s trainer and training standards for nursing homes and assisted living facilities. In conjunction with the Agency for Health Care Administration and the Department of Health, the Department is responsible

for end-of-life care education. The office provides legal representation in cases filed against the Department and the Secretary, as well as cases filed by the Department. The General Counsel responds to constituent letters, phone calls and emails of a legal nature, provides referrals to appropriate resources, and 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 13 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 Human Resources, General Services & Emergency Operations and Disaster Preparedness; Information Systems; Planning and Evaluation; and Staff Development.

Human Resources, General Services & Emergency Operations and Disaster Preparedness

The Bureau of Human Resources, General Services & Emergency Operations and Disaster Preparedness 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

PLANNING & EVALUATION BUREAU PUBLICATIONS

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

- Performance-based program budgeting
- Program analysis and evaluation
- Demographic analysis and forecasting
- Program data gathering and dissemination
- Grant writing

The bureau 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, Elder Rights, and Legal Services Development.

Long-Term Care Ombudsman Program

The Long-Term Care Ombudsman Program (LTCOP), which can be reached by calling toll-free 1-888-831-0404 or by visiting its website ombudsman.myflorida.com, advocates

on behalf of residents of long-term care facilities through a statewide system of 17 district councils comprised of volunteer ombudsmen. Ombudsmen identify, investigate, and resolve complaints made by or on behalf of residents of nursing homes, assisted living facilities adult family-care homes, and continuing care retirement communities.

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 team members help 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 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 them, and the publication is also available on the Department's website.

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

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>.

Elder Rights

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

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. The following programs help ensure the continued healthy aging of all citizens:

Housing – The elder housing unit focuses on providing technical assistance and resources for all types of housing for elders, including independent, adult family care, assisted living, and nursing homes. The unit is responsible for certifying and re-certifying assisted living facility (ALF) core trainers, monitoring the core trainer programs, developing a core training curriculum, and administering an ALF competency exam. The unit provides information to local governments, community organizations, providers, state agencies, and the general public, working to address senior housing and supportive services needs. The unit promotes and represents elder interests on relevant committees and various workgroups that address the needs of housing and assisted living. The unit partners and collaborates with providers, stakeholders, and consumer groups to support options for senior housing.

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 members administer a variety of evidence-based disease prevention grant programs, including the 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.

Faith-Based Initiative – The goal of the faith-based initiative is to improve local and statewide partnerships among the faith-based community and aging network. The initiative encourages greater interfaith collaboration in meeting the needs of Florida’s aging community.

ABC Business Initiative – The Department’s “Assets-Benefits-Change” (ABC) business initiative provides opportunities for community leaders, local government, and businesses to forge collaborations that benefit seniors and the business community. “Assets” refers to the purchasing power of seniors and the increasing economic impact of baby boomers on local businesses. “Benefits” describes the skills and experience that older workers offer to businesses. “Change” refers to business strategies for effectively utilizing the resource of older

workers. The Department coordinates with local communities to implement innovative ABC strategies. For example, one of these strategies entails local businesses' partnering with local government to offset transportation costs to provide elders with improved access to shopping.

Legal Services Development

The Legal Services Developer provides leadership in developing legal assistance programs for persons age 60 and older and promotes the continued development of statewide legal services delivery systems. These systems serve to coordinate efforts of the statewide Senior Legal Helpline, legal resources funded under the Older Americans Act, private bar pro-bono activities, and self-help legal resources to ensure maximum impact from limited resources.

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

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 the following:

Nursing home pre-admission screening:

Federal regulations require pre-admission screening for mental illness or mental retardation for all applicants entering nursing homes who 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.

OFFICE OF THE DEPUTY SECRETARY & CHIEF OF STAFF

- Division of Statewide Community-Based Services

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, Home Care for the Elderly, and Respite for Elders Living in Everyday Families (RELIEF) programs.

Programs administered by the Department and contracted to entities other than Area Agencies on Aging: These programs include the Adult Care Food Program, Elder Farmers' Market Nutrition Program, memory disorder clinics, brain bank, Americorps, and the Senior Companion Program. The

COST SAVINGS

In Fiscal Year 2010-2011, the state had a cost avoidance of more than \$1 billion in General Revenue expenditures for nursing home payments by spending \$646.2 million on home- and community-based services.

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 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 46 counties serving 17,018 enrollees as of September 2011.

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 Waiver – 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 and 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.

Silver Alert – This initiative began in 2008 by Executive Order and became law in the 2011 Legislative Session. Silver Alert helps law enforcement officers rescue elders with Alzheimer’s disease or a related dementia, who become lost while driving a motor vehicle. Silver Alert allows widespread broadcast of information concerning missing elders and vehicle information to the public through highway message signs, media alerts, and neighborhood telephone alerts. Silver Alert training and media materials are disseminated in local communities through the aging network and law enforcement. Through the Department’s partnerships with the Florida Department of Transportation, Department of Highway

Safety and Motor Vehicles, Department of Law Enforcement, memory disorder clinics, and aging and disability resource centers, implementation of standard protocols that assist caregivers and families to access resources and supportive services reduces the likelihood of repeat alerts.

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

The Department administers the following caregiver support programs:

Older Americans Act Title III E – National Family Caregiver Support Program provides information and assistance for caregivers in gaining access to services including individual counseling, support groups, training, respite care, and supplemental services. The latter include housing improvement, assistance with chores, medical supplies

and services, and legal services. Services are available to adults who are caregivers for elder relatives or for elders who serve as caregivers for children.

Respite for Elders Living in Everyday Families (RELIEF) provides in-home respite care services for caregivers of frail elders and those with Alzheimer’s disease and related dementia through community volunteers.

AmeriCorps and Senior Companion Programs are two national and community service programs that engage volunteers in service to elders. The AmeriCorps program provides in-home respite services to caregivers of frail elders at risk of institutionalization. The Senior Companion program provides respite and companionship services to frail lonely elders at risk of self-neglect and institutionalization.

The Caregiver Support unit also administers special grants such as the Alzheimer’s Disease and Supportive Services Program awarded to the Department by the U.S. Department of Health and Human Services, Administration on Aging.

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 participating 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.

Supplemental Nutrition Assistance Program (SNAP) – This three-year pilot program began as a collaborative partnership initiative in 2010 between the Department of Elder Affairs and the Department of Children and Families Automated Community Connection to Economic Self-Sufficiency (ACCESS) program. The project is available in public service areas (PSAs) 3, 4, 5, 6, and 9, which were determined to have the most need but lowest program enrollment. The project allows elders to receive telephone assistance in completing the application process for food stamps.

Monitoring and Quality Assurance (MQA)

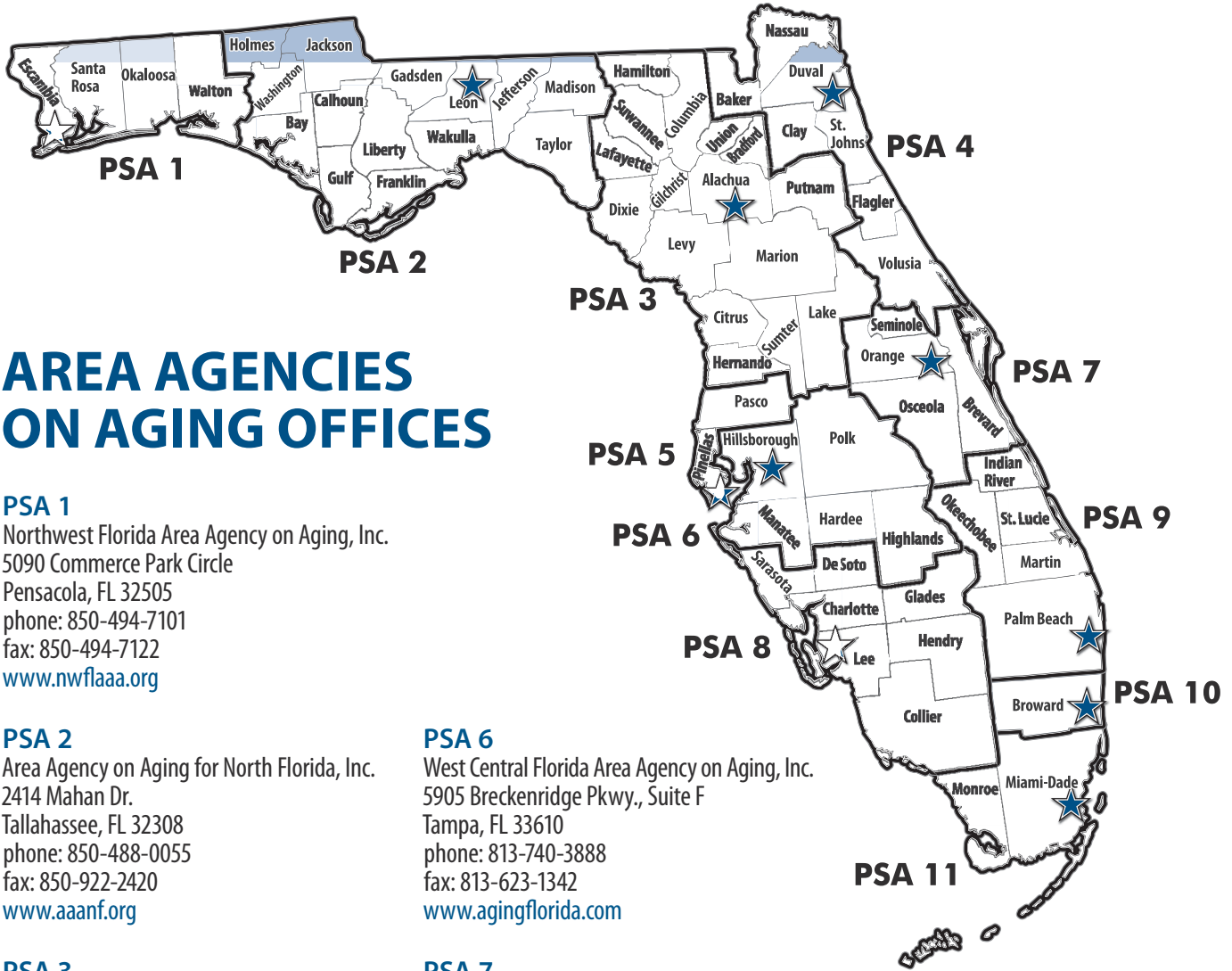
This unit acts on behalf of the Department in its oversight role, ensuring the integrity of programs and services funded through and by the Department. The MQA unit performs periodic monitoring reviews of programs and services administered by Area Agencies on Aging and/or funded entities to ensure that 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 (AAAs)** are the designated private not-for-profit entities that advocate, plan, coordinate and fund a system of elder support services in their respective Planning and Service Areas. 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 53 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, Area Agency on Aging of Central Florida, Inc.
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.myanswersonaging.org

PSA 10

Aging & Disability Resource Center of Broward County, Inc.
5300 Hiatus Rd.
Sunrise, FL 33351
phone: 954-745-9779
fax: 954-745-9584
www.adrcbroward.org

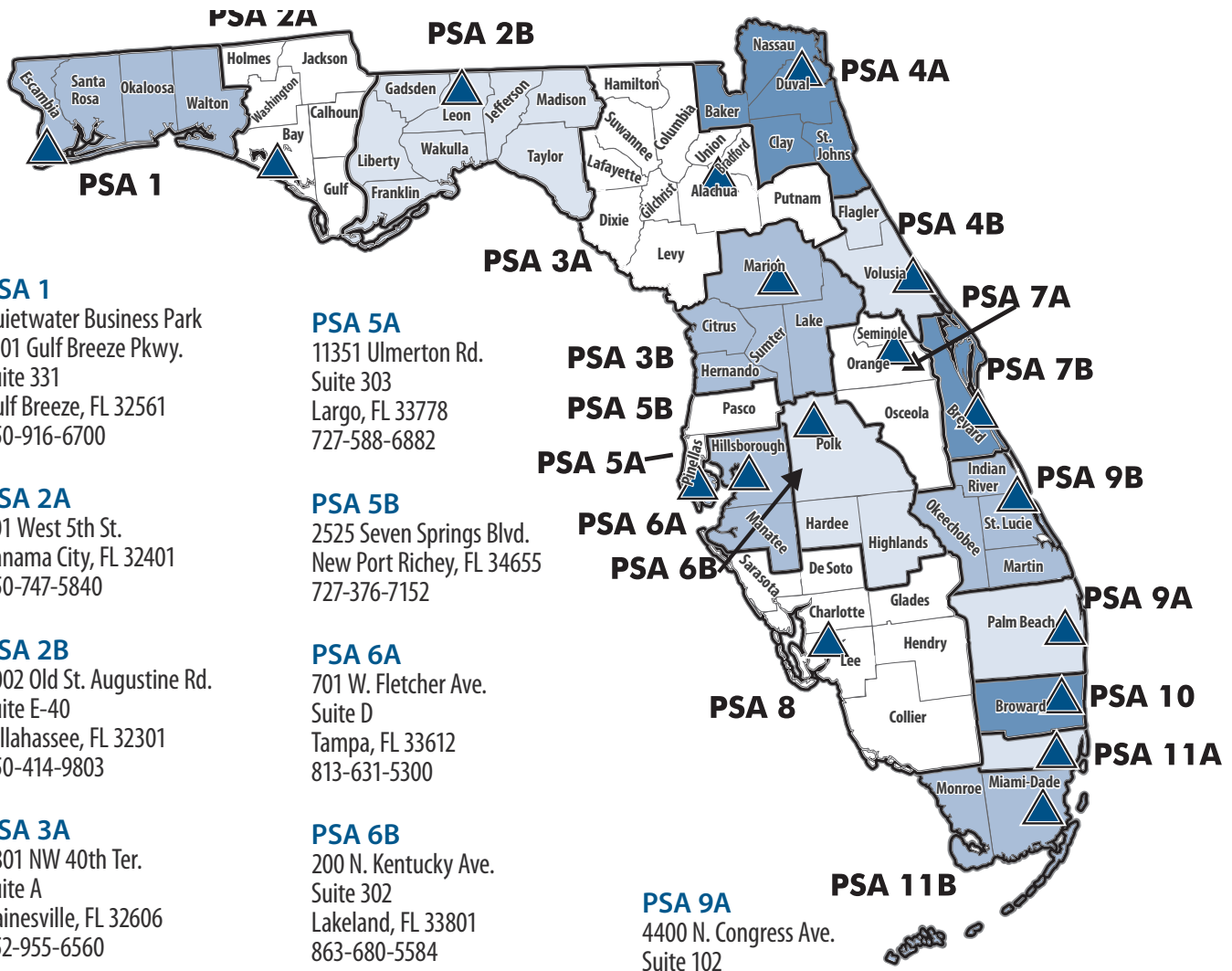
PSA 11

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

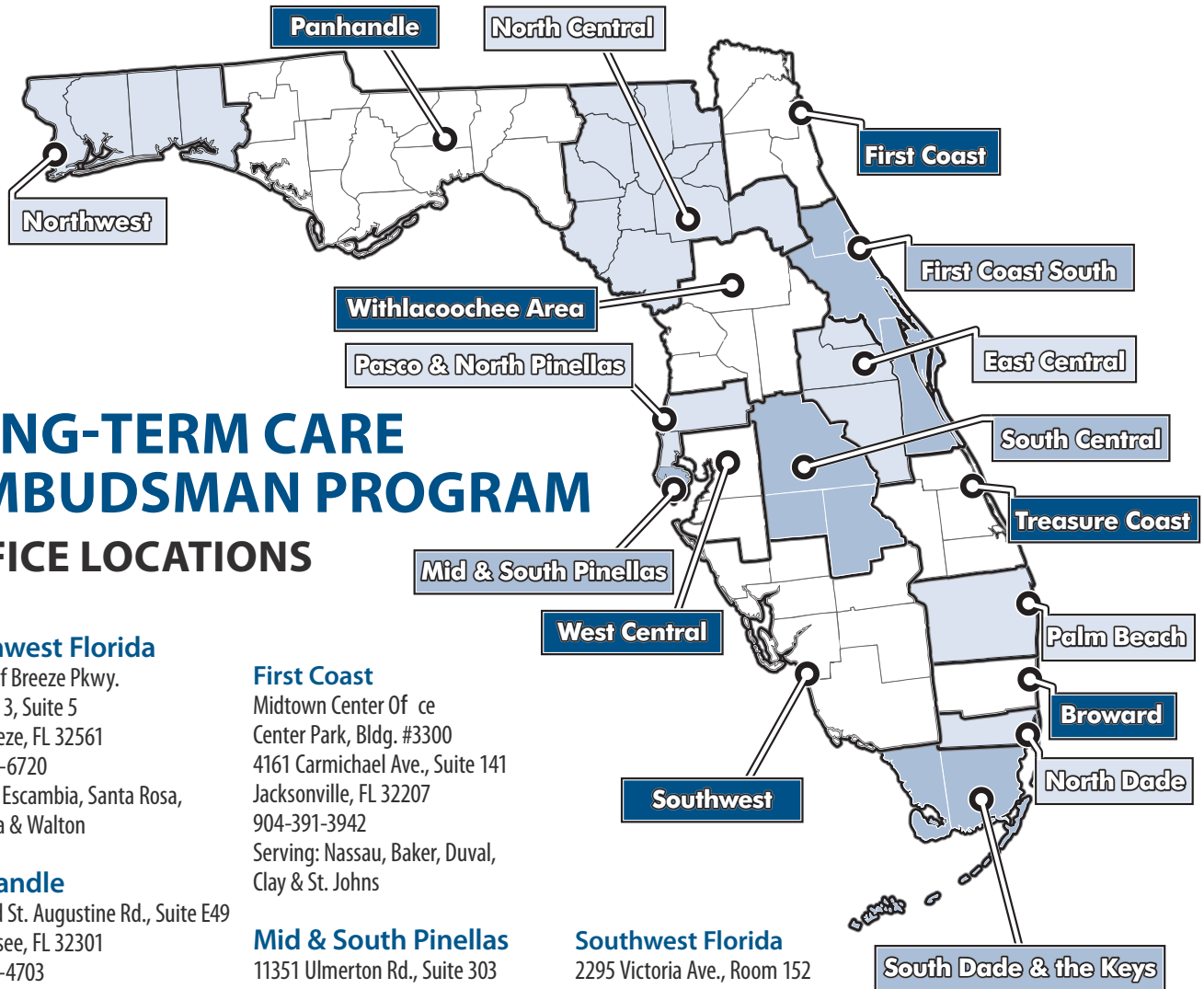
PSA 9B
 337 N. 4th St.
 Suite E
 Ft. Pierce, FL 34950
 772-460-3692

PSA 10
 8333 W McNab Rd.
 Suite 235
 Tamarac, FL 33321
 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

1101 Gulf Breeze Pkwy.
Building 3, Suite 5
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 Of ce
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

West Central

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

8333 W. McNabb Road,
Suite 321
Tamarac, FL 33321
954-597-2266
Serving: Broward

South Dade & the Keys

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)

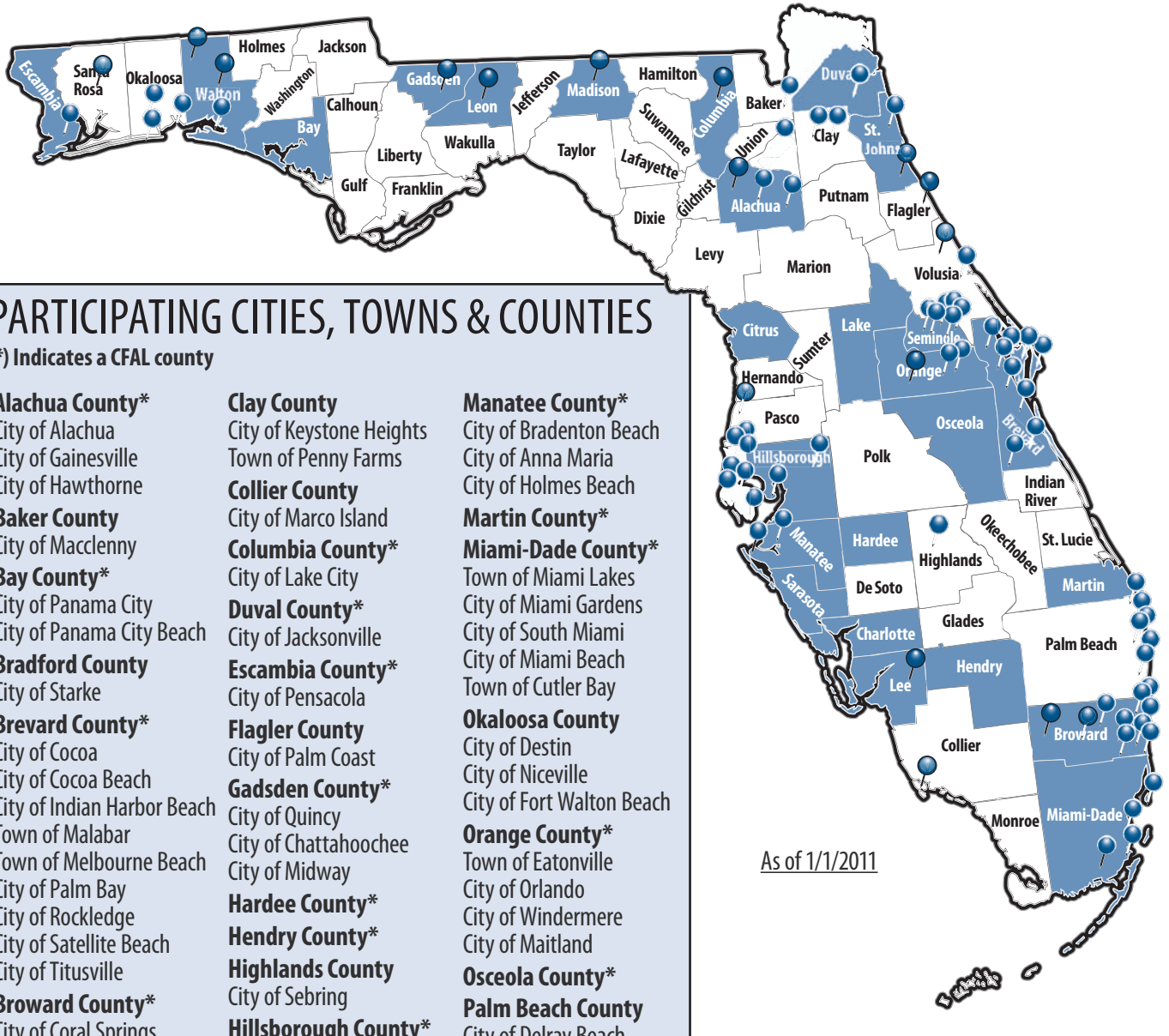
North Dade

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

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 Davenport
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

Polk County

City of Winter Springs
City of Sanford
City of Altamonte Springs
City of Longwood

St. Johns County*

City of Ormond Beach
City of DeLand

Volusia County*

City of DeFuniak Springs
City of Freeport
City of Paxton

MAP KEY

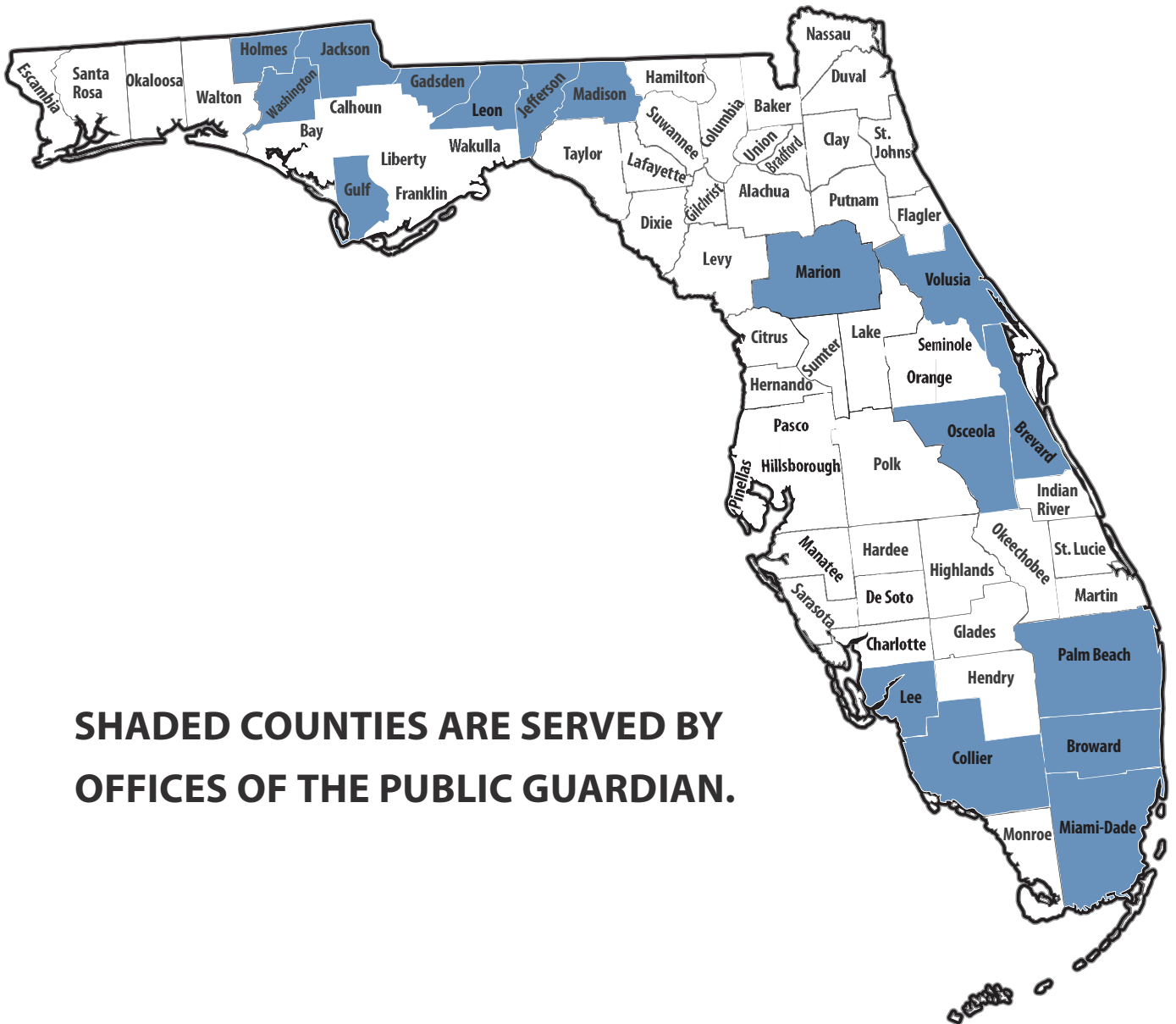


PARTICIPATING COUNTIES



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 local lead agencies, faith-based and non-profit community organizations, and local governments. Their common goal is to deliver 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 2010-2011 (July 1, 2010, through June 30, 2011); or
- Federal fiscal year 2010-2011 (October 1, 2010, through September 30, 2011); or
- In the case of programs operating on a calendar year, January 1 through December 31, 2010.

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 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
CLP	Community Living Program
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	Aged and Disabled Adult Waiver
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,	900,885
Adult Care Food Program	USDA funded program that subsidizes meals served to Licensed Adult Day Care Center Participants.	Meals	ACFP	2,207,541
Adult Day Health Care	Services furnished four or more hours per day on a regularly scheduled basis for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.	Hours	CCE, OAA	31,755
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	251
		Training curricula approved		70
Asunto de Equilibrio	Asunto de Equilibrio was adapted from Boston University Roybal Center by Maine's Partnership for Healthy Aging. It uses practical coping strategies to reduce fear of falling and to diminish the risk of falling, including group discussions, mutual problem solving, exercises to improve strength, coordination and balance, and home safety evaluation. This is the Spanish version of "A Matter of Balance." Materials and videos are translated to Spanish.	Episodes	OAA	1
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	19,605
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	5,030 (Group) 2,487 (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	25,859
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, CCDA, CCE, CLP, HCE, LSP, MW, NHD, OAA	160,122
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	20,764
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, OAA	26,249
Chore - Enhanced	Performance of any house or yard task beyond the scope of regular chore services due to more demanding circumstances requiring more intensified thorough cleaning.	Hours	CCE, HCE, OAA	3,873
Chronic Disease Self-Management (Living Healthy)	The Chronic Disease Self-Management Program (Living Healthy) was developed by Stanford University. People with different chronic health problems attend workshops in a community setting. Subjects covered include: 1) Techniques to deal with problems such as frustration, fatigue, pain, and isolation; 2) Appropriate exercise for maintaining and improving strength, flexibility, and endurance; 3) Appropriate use of medications; 4) Communicating effectively with family, friends, and health professionals; 5) Nutrition; and 6) How to evaluate new treatments.	Episodes	OAA	6

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	148,952
	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	572
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	4,525,737
Congregate Meals - Screening	Conducts assessments for congregate-meal applicants or recipients, with referral and follow-up as needed.	Hours	ARR, OAA	12,863
Counseling	Uses the casework mode of relating to a client (via interview, discussion or lending a sympathetic ear) to advise and enable the older person and/or his/her family to resolve problems (concrete or emotional) or to relieve temporary stresses. Through counseling, persons are helped to maximize the use of available resources to assure physical and emotional well-being.	Hours	CCE, OAA	8,503
Counseling - Gerontological	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	1,568 (Group) 16,856 (Individual)
Counseling - Medicare & Health Insurance	Provides Medicare and health insurance education, counseling, and assistance to Medicare recipients, their families, and caregivers.	Clients Contacted	SHINE	92,511

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Counseling - Mental Health Counseling & Screening	<p>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.</p>	Hours	CCE, LSP, OAA	412 (Group) 5,465 (Individual)
Disease Information	<p>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.</p>	Episodes	OAA	395 (Group) 1,411 (Individual)
Education	<p>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.</p>	Hours	LSP, OAA	2,607
Education & Training - Group	(See above description.)	Episodes	ADI, OAA	10,529 (Group) 1,600 (Individual)

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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	1,039,570
	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	9,288
Emergency Alert Response - Installation	(See above description.)	Episodes	CCE, OAA	93
Employment & Job Training	Provides up to 20 hours a week of paid part-time community service work for unemployed low-income persons who are age 55 or older. Assists with placement in unsubsidized employment.	Clients served	SCSEP	1,257
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
Financial Risk Reduction - Assessment	Provides ongoing assessment of problem area(s) or coaching and guidance for managing income, assets, liabilities and expenditures.	Hours	CCE	25
Financial Risk Reduction - Maintenance	(See above description.)	Hours	CCE	137
Health Articles	This service is for Area Agencies on Aging that write news-media articles on health topics. These articles can be for newspapers, bulletins, or newsletters that are distributed throughout the community.	Episodes	OAA	11
Health Fair – Information	This service is for Area Agencies on Aging that coordinate or participate in health fairs to promote health, wellness, and public safety events to individuals in the community through distribution of information to health-fair attendees.	Episodes	OAA	76

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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 the following: 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	772 (Group) 6,489 (Individual)
Health Risk Assessment – Individual	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 additive nature of many factors in a client's life. This can be done on a one-on-one or group basis.	Episodes	OAA	3,524
		Hours	LSP	918
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	60 (Group) 11,739 (Individual)
Health Support	Helps individuals secure and utilize necessary medical treatment as well as preventive, emergency, and health maintenance services.	Hours	LSP, OAA	15,384 (Group)
		Episodes	OAA	11,444 (Individual) 2,278

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
Healthy Ideas	Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) is designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations. This case manager-led program typically lasts for three to six months. It was developed by the Huffington Center on Aging at Baylor College of Medicine, Sheltering Arms, and the Care for Elders Partnership in Houston.	Hours	OAA	104
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	ARR, CCDA, CCE, CS, HCE, LSP, MW, NHD, OAA	4,685,691
Home-Delivered Meals – Frozen	(See above description.)	Meals	ARR, CCE, OAA	561,644
Home-Delivered Meals – Hot	(See above description.)	Meals	ARR, CCE, OAA	263,544
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	4,502
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	386
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	340 (Group)
		Hours		114 (Individual)
Homemaker	Performs specific home management duties including housekeeping, laundry, cleaning refrigerators, clothing repair, minor home repairs, assistance with budgeting and paying bills, client transportation, meal planning and preparation, shopping assistance, and routine household activities conducted by a trained homemaker.	Hours	CCDA, CCE, CLP, HCE, LSP, MW, NHD, OAA	939,976

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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	22,403
Housing Improvement - Vendor Payment	(See above description. Vendor payment refers to the payment of an independent vendor for delivering the service.)	Episodes	HCE	7
Housing Improvement - Energy Assistance	Provides assistance to low-income households experiencing a home energy emergency.	Households served	EHEAP	20,770
Information	Responds to an inquiry from or on behalf of a person regarding public and private resources and available services.	Episodes	OAA	450,544?
Intake	Administers standard intake and screening instruments in order to gather information about an applicant for services.	Hours	CCE, OAA	8,568
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) to older individuals with economic or social needs. Legal services include counseling or representation by a non-lawyer, when permitted by law. Legal assistance protects against the loss of basic civil rights and ensures the autonomy and independence of older persons.	Hours	LSP, OAA	34,734
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	23,392
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.	Administrative Assessments Investigations	LTCOP	3,347 7,534

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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	23,112
Matter of Balance	<p>“A Matter of Balance” Program was adapted from Boston University Roybal Center by Maine’s Partnership for Healthy Aging. “A Matter of Balance” uses practical coping strategies to reduce fear of falling and to diminish the risk of falling including group discussions; mutual problem solving exercises to improve strength, coordination, and balance; and home safety evaluation.</p>	Episodes	OAA	11
Medication Management	<p>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.</p>	Hours	OAA	<p>266 (Group) 2,754 (Individual)</p>

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	52,771
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	108,119
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	2,680
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	4 (Group) 1,205 (Individual)
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	276,126
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	8,129
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	35,169

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	CCDA, CCE, CLP, HCE, LSP, MW, NHD, OAA	674,787
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.	Episodes	CCE	85
Pest Control - Enhanced Initiation	(See above description.)	Episodes	CCE	8
Pest Control Maintenance	Helps rid the environment of insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients.	Episodes	CCE	1,299
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).	Episodes	CCE	11
Pest Control - Rodent Control Maintenance	(See above description.)	Hours	CCE	13
Physical Fitness	Physical fitness services are defined as activities for elders to improve their strength, flexibility, endurance, muscle tone, range of motion, reflexes, cardiovascular health, and/or other aspects of physical functioning.	Hours	OAA	1,632
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	8
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	2,667

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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	292,865
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	47,854
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, CCE, CLP, HCE, LSP, MW, NHD, OAA, RELIEF	885,014
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, OAA	554,327
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	44
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, LSP, OAA	61,520
Shopping Assistance	Helps a client get to and from stores or shops on behalf of a client. Includes proper selection of items to purchase as well as 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	17,782
Sitter	Services provided to a minor child no older than 18, or a child with a disability, who resides with a grandparent age 55 and older or other related caregiver age 55 and older. Sitter services may be carried out in the home or in a facility during the day, at night, or on weekends.	Hours	OAA	2,445

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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	5,140
Specialized Medical Equipment, Services & Supplies	Services include: (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, NHD, OAA	35,373
Tai Chi: Moving for Better Balance	Developed out of the Oregon Research Institute, this simplified, eight-form version of Tai Chi, offered in community settings, has been proven to decrease the number of falls and risk of falling in older adults. Other benefits associated with this program include social and mental well-being, balance and daily physical functioning, self-confidence in performing daily activities, personal independence and improved quality of life, and overall health.	Episodes	OAA	3
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	72,675
Transportation	Travel to or from community services and resources, health and medical care, shopping, social activities, or other life sustaining activities.	Trips	CCE, HCE, LSP, OAA	1,395,777
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

SERVICE	DEFINITION	UNIT TYPE	PROGRAMS PROVIDING SERVICE	UNITS OF SERVICE
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	4,074

SERVICES TABLE DATA SOURCES

Service definitions and programs providing services:

DOEA Programs and Services Handbook, July 2011

DOEA 2011 Summary of Programs and Services

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

Units of Service:

DOEA CIRTS Report for Services 7/1/2010 - 6/30/2011, generated 9/30/2011

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

DOEA Division of Internal and External Affairs report data

DOEA Division of Statewide Community-Based Services report data

DOEA Delphi Report for FFY 2011

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 provides 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.

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 older.
- **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.

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	99,648
2011-2012	\$82,338,645	98,174#

* 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 IIIE services are included beginning in 2001.

Estimate

Source: CIRTS

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	39,131
2011-2012	\$23,552,831	35,105#

* Federal fiscal year is October to September, but contract 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 HIGHLIGHT

Richard is a 64-year-old divorced man who sought counseling to help him cope with difficulties adjusting to a recent disability due to partially failed heart surgery. Richard was living with a friend on Madeira Beach while trying to find a place of his own. He reported depression and anxiety that were compromising his ability to move forward with the steps he needed to take to live independently.

Interventions by the Pinellas County elder-services provider to help Richard included support and assistance with developing better coping and communication skills, as the friend who had offered him shelter was now questioning Richard's efforts to find housing. With these skills, Richard was able to communicate more effectively and react to stress with less anxiety and defensiveness so that he could continue to live with his friend until housing was available. Supportive counseling also helped Richard apply for subsidized housing and pay his electricity utility deposit, the latter through coordination with Better Living for Seniors, a local consortium of professionals who work with seniors. As a result of assistance, Richard was able to move into his own apartment. He informed the provider that he is experiencing relief from his depression and anxiety.

INFORMATION & REFERRAL/ASSISTANCE

DESCRIPTION:

Information and Referral/Assistance (I&R/A) is a service for older individuals and caregivers who seek information about elder services. 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:

The I&R/A service provides individuals with current information on programs, services and opportunities available within their communities; assesses the problems and capacities of the individual; links individuals to the opportunities and services that are available; and ensures that individuals receive the services needed by establishing follow-up procedures. The I&R/A serves the entire community of older individuals, particularly older individuals with greatest social need, older individuals with greatest economic need, and older individuals at risk of institutional placement.

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 is a primary function of the Aging (and Disability) Resource Centers, and is 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 States United for Aging and Disabilities, 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	653,744	53,917	707,661
2011-2012#	580,669	47,464	628,133

Source: CIRTS

Projection

PROGRAM HIGHLIGHT

An I&R specialist for the Pasco/Pinellas Senior Helpline was instrumental in obtaining emergency medical attention for a caller who suffered a stroke while the specialist was assisting her on the phone. The caller had been seeking information about Medicare plans. The phone exchange with the specialist was suddenly interrupted when the woman dropped the telephone. The specialist became increasingly concerned when several minutes passed, and the woman had not resumed the call. Finally, the woman picked up the phone and resumed the call, but the specialist could clearly tell that the caller was in some kind of distress. The specialist asked if she should call 911 for medical assistance but had difficulty understanding the woman's responses. Eventually, the woman's description of her symptoms prompted the specialist to call 911. The I&R specialist remained on the line with the woman to reassure her and relay further information to the 911 operator until the arrival of the emergency medical technicians.

After her recuperation, the woman reported to the specialist in a follow-up call that she was doing much better and making progress every day. She was very appreciative of the specialist's efforts to help her during her medical emergency and was grateful for the Senior Helpline resource that made this possible.

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	34,640
2011-2012	\$27,087,075	30,597#

* 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 HIGHLIGHTS

Mrs. Sandy S., age 79, of Lake City, Florida, was a volunteer for many years with Columbia County Senior Services. She was also very active in her church and running her home business. However, two years ago, Sandy's husband died, and over time it became very difficult for her to be alone at home. "I wanted to have a life again," she recollects. Although age 79, Sandy did not see herself as "old" and was reluctant to visit a senior center as a solution to her loneliness. But, with encouragement from her family, she changed her mind and began to attend the center several months ago and has made an appearance almost every day since. Sandy is now very involved in center activities and particularly enjoys the meals, transportation services, and the Kitchen Band. She gets along with everyone and, in her words, has "found people that care." Sandy loves the atmosphere at the center so much that she invites members of her church to come to enjoy the services and activities with her. She concludes, "All I do now is talk about the Center!"

Ron lives in Homosassa, Florida and attends the West Citrus Community Center. Nicknamed "Big Dog" by his friends, he stays very busy at West Citrus teaching members to play billiards, bowling on the Wii game system, playing table tennis and calling Bingo. Until recently, Ron tipped the scales at 315 pounds, but, as a result of the center's congregate meal program, he is excited to share the fact that he has lost 45 pounds since May 2011 when a new "choice" menu was first introduced by Citrus County's community centers. The "choice" menu consists of healthy salads, wraps, fruit and soups; it offers clients an alternative to the traditional hot lunch. Ron has ordered the alternative lunch since its inception, and he credits his weight loss to the new "choice" menu. Now at 270 pounds, Ron has set himself a new goal of losing 50 more pounds. He jokes that "Big Dog" may soon have to be changed to "Little Dog."

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	21,469
2011-2012	\$13,529,728	19,029#

* 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

Mrs. Mary M. often calls the county elder-services program-certification specialist to express her appreciation for the Meals on Wheels program. With an amputated left leg, Mary is unable to stand for long periods of time. She is homebound for the most part, and unable to prepare her own meals. She says that the home delivered hot meals have made her stronger, enabling her to continue living independently in her own home. The balanced nutritious meals have also resulted in a healthy weight gain. Mary's improved health has also given her a more positive attitude and a better outlook on life overall.

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 2003 the program was administered by the U.S. Department of Agriculture. 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 provides additional funding to help providers adjust meal rates, improve meal quality and increases the 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 cost 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.

PROGRAM HIGHLIGHTS

The NSIP expands nutrition projects throughout the state by allowing providers to serve more needy elders. The reimbursements from NSIP will allow Planning and Service Area (PSA) 6, which serves Hardee, Highlands, Hillsborough, Manatee and Polk counties, to provide an additional 150,000 meals and serve over 700 additional clients Home Delivered Meals and Congregate Meals by the end of September 2011. PSA 5, which serves Pinellas and Pasco counties, supplemented the purchasing of 555,634 meals and served 3,514 clients during FFY October 2009 – September 2010 through the NSIP reimbursements. Through the NSIP, providers are able to avoid reduction of services, minimize waiting lists and assist needy elders at nutritional risk to obtain high-quality meals that meet the nutrient requirements for elders in general.

Mr. J.R. of Lake County, one of 16 counties located in PSA 3, has an extremely low income. He also suffers from severe chronic obstructive pulmonary disease and asthma, which keeps him on oxygen treatment 24 hours a day, 7 days a week. With a high nutrition risk score due to poor diet and severe health problems, his need for good nutrition is now being met through home-delivered meals. He now benefits tremendously from the meals and is no longer living on “sweets and snacks.”

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	\$7,736,228	11,376,805*
2011-2012	\$7,736,228	11,370,000**

* A 2007 policy change prohibiting inclusion of CCE meals affected the number of meals eligible for reimbursement in FFY 2007-2008 and 2008-2009. The availability of American Recovery and Reinvestment Act (ARRA) funding reflected an increase in meals eligible for reimbursement in FFY 2009-2010. There was no additional ARRA funding in FFY 2010-2011.

**Projected number of meals

A 2007 policy change prohibiting inclusion of CCE meals affected projections beginning in FFY 2007-2008.

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
2011-2012	\$1,554,456

* 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, A Matter of Balance, EnhanceFitness, Healthy Ideas, Tai Chi: Moving for Better Balance, Eat Better Move More, Tomando Control de su Salud, Diabetes Self-Management Program, and Fit & 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 falls 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	94,634
CY 2011	70,102#

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

** The 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.

Source: Contractor Quarterly Reports

PROGRAM HIGHLIGHT

Exercise is very important at any stage of life, but it is most imperative for the elderly population. Programs such as EnhanceFitness have specifically been tested and proven to increase mobility, flexibility, balance and confidence for the mature adult. An elderly South Florida woman found success with EnhanceFitness exercise after participating in the program. A stroke suffered three years earlier left her with impaired use of her left arm. The woman began attending her local senior center where she was encouraged to participate in the EnhanceFitness exercise program. Many times, the woman wanted to quit the program because she did not believe she could keep up with the pace of the exercises. However, she was pleasantly surprised when the program instructor, noticing that she was struggling, devoted extra attention to the woman's workout. Weeks later, the woman reported to the instructor that she had regained full use of her left arm. The woman credits the EnhanceFitness program, the instructor's motivating words and positive class environment, as key components in her recovery.

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 and 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	20,206*
2010-2011	\$10,093,555	#
2011-2012	\$8,615,971	#

* Increase reflects inclusion of caregivers receiving group services.

2010-2011 data available 1/31/2012. 2011-2012 data available 1/31/2013

Source: 2005-2010 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 age 55 and have poor employment prospects. Participants are placed in a part-time community service position with a public or private non-profit organization, to assist them in developing skills and experience to facilitate their transition to unsubsidized employment. 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
2011-2012	543	\$5,031,981	2,124

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

PROGRAM HIGHLIGHT

Mr. Rodriguez came to the Senior Community Service Employment Program (SCSEP) in search of food, housing and a job. He was very sad and depressed due to his having suffered from a variety of health problems in his native Cuba. At the time, he was suffering from insomnia and hair loss due to the stress of not having work and not being able to care for his wife and himself. His life took a turn for the better, however, when a SCSEP representative interviewed him and determined his eligibility for the program. The representative placed Mr. Rodriguez in a work experience position at the Miami Beach Botanical Gardens, where he received training, including workshops, as a landscaping assistant. He also took English classes to improve his communication skills with coworkers.

As a result of his work experience position, Mr. Rodriguez began to feel much better, and his confidence level rose. His sleep disturbance and personal appearance also began to improve. After several months of work experience, he elected to take additional workshops and classes to further develop his skills. His work experience earnings allowed him to save enough money to rent a studio apartment for his wife and himself.

After successfully completing his work experience assignment, Mr. Rodriguez found permanent employment with a landscaping and construction company. He is very happy with his new job and the achievements during SCSEP participation that made his employment possible.

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, distributed, and made available online a fact sheet called "How to Minimize the Risk of Becoming a Victim," a "Preventing Financial Exploitation" brochure, a "Preventing Home Repair Fraud" 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.

**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.

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
2011-2012	\$361,264

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 2011, Governor Rick Scott issued a proclamation emphasizing the importance of public awareness of elder abuse. In addition, Florida’s 11 Area Agencies on Aging coordinated a concerted effort to provide elder-abuse prevention education and outreach in June 2011, timed to occur on and around World Elder Abuse Day. Collaborations among communities included law enforcement and other local government entities, community-based non-profit organizations, domestic-violence prevention advocates, local media, local non-profits, and health professionals.

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, assisted living facilities, adult family-care homes, or continuing care retirement communities.

SERVICES OR ACTIVITIES:

Volunteers investigate all complaints brought to the attention of the program’s representatives by, or on behalf of, residents of long-term care facilities and work with residents to develop a resolution plan that resolves the residents’ concerns. 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 resident-centered administrative 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
2011-2012	\$1,631,025	\$1,375,814	\$3,006,839

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	4,039	3,347	7,534
2011-2012*	4,039	4,039	8,000

* Estimates

Source: Data collected and reported from district ombudsman offices

PROGRAM HIGHLIGHT

Within minutes of receiving a call regarding the possible closure of Palazzo Di Oro, an assisted living facility in Pinellas County, the District Ombudsman Manager for the Mid and South Pinellas Long-Term Care Ombudsman Council, stepped into action to assist the facility's residents. Local volunteer ombudsmen rallied around the district ombudsman manager to ensure residents were well-educated about their moving options. "We wanted to make sure residents were given a choice about which assisted living facility to move to and ensure that their personal belongings went with them to their new place," said the manager.

Ombudsmen volunteers and staff worked in concert with Palazzo Di Oro's administrator and the Florida Assisted Living Association (FALA) to invite local assisted living facilities to a coordinated function at the closing facility. Over 50 facilities attended, displaying their services and amenities to residents, allowing residents to meet other facility representatives and freely choose which one would best meet their needs.

"I was impressed with the way the ombudsmen volunteers assisted with the event and the number of assisted living facilities that participated," said the Central Region Ombudsman Manager. "This may be a difficult transition for many residents. With such a diligent group of ombudsmen volunteers and staff, I know they will continue to assist residents in making the move as smoothly as possible."

The residents and family members were reminded to leave no personal belongings or medications behind during the move and were thankful for the assistance provided by the Ombudsman Program staff and volunteers of Pinellas County.

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 (ADRDR) TRAINING PROVIDER & CURRICULUM APPROVAL

DESCRIPTION:

The Alzheimer's Disease and Related Disorders Training Provider and Curriculum Approval (ADRDR) Alzheimer's Disease and Related Disorders (ADRDR) Training Provider and Curriculum Approval 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 ADRDR 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 ADRDR 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 additional four-hour 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 ADRDR 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, 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, 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	2011-2012
State Funding	\$100,000	\$72,398	\$72,398	\$72,398	\$76,469	\$77,826	\$77,826	\$73,935	\$73,935	\$73,935
ALF Approved Trainers	285	318	173	89	88	151	87	96	87	85*
ALF Approved Curriculum	86	95	26	19	23	29	24	19	45	30*
NH Approved Trainers	1,246	1,475	174	138	131	122	119	122	122	130*
NH Approved Curriculum	99	104	16	37	29	23	23	21	33	30*
Hospice Approved Trainers	**	89	23	24	31	26	30	23	15	20*
Hospice Approved Curriculum	**	8	9	10	8	14	10	10	22	24*
Adult Day Care Approved Trainers	**	14	7	8	12	19	6	16	10	10*
Adult Day Care Approved Curriculum	**	1	7	0	0	6	3	3	4	5*
Home Health Agency Approved Trainers	***	***	***	347	184	146	167	103	104	92*
Home Health Agency Approved Curriculum	***	***	***	40	17	9	24	9	11	10*

* Projection from the contractor. Projected decreases in five categories reflect unusually high activity in SFY 2010-2011 not anticipated to recur in 2011-2012.

** 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, education, training, 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 comprehensive diagnostic and referral services for persons with Alzheimer's disease and related dementia. The centers, 13 of which receive funding from 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, Jacksonville; University of Florida, Gainesville; East Central Florida Memory Clinic, Melbourne; Orlando Regional Healthcare System, Orlando; University of South Florida, Tampa; North Broward Medical Center, Pompano Beach; University of Miami, Miami; Mount Sinai Medical Center, Miami Beach; West Florida Regional Medical Center, Pensacola; St. Mary's Medical Center, West Palm Beach; Tallahassee Memorial Healthcare, Tallahassee; Lee Memorial Memory Disorder Clinic, Fort Myers; Sarasota Memorial Hospital, Sarasota; Morton Plant Hospital, Clearwater; and Florida Atlantic University, Boca Raton.

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

Research: The State of Florida Alzheimer's disease brain bank is a service, education, and research-oriented network of statewide regional sites. The intent of the brain bank program is to

ultimately find a cure by collecting and studying the brains of deceased patients who in life were 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.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

The Alzheimer's Disease Initiative is funded by General Revenue. There is no match requirement. The Department allocates General

Revenue funding to each of the Area Agencies on Aging, which then 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.

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
2011-2012	\$340,065

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

Source: CIRTS

APPROPRIATION HISTORY & NUMBERS SERVED:

RESPITE/SPECIAL PROJECTS

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$2,260,618	1,613
1993-1994	\$2,260,618	1,773
1994-1995	\$2,810,618	2,272
1995-1996	\$3,797,301	2,566
1996-1997	\$4,701,939	2,816
1997-1998	\$6,301,939	3,209
1998-1999	\$7,301,939	3,590
1999-2000	\$7,801,939	3,468
2000-2001	\$7,801,939	3,305
2001-2002	\$7,801,939	3,101
2002-2003	\$7,401,454	2,647
2003-2004	\$7,401,454	2,749
2004-2005	\$10,302,855	2,730
2005-2006	\$9,971,754	2,429
2006-2007	\$10,546,754	2,446
2007-2008	\$10,291,005	2,379
2008-2009	\$9,621,935	2,174
2009-2010	\$8,050,666	1,999
2010-2011	\$8,362,200	2,300
2011-2012	\$6,993,397	1,924*

*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	7,096
2011-2012	\$4,964,946	12,164*

* 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	120	87
2011-2012	\$117,535	135*	90*

**Projected*

Source for client information: Brain Bank reports

PROGRAM HIGHLIGHT

In May 2009, Emily started as a client at Alz Place, a model day care center funded by the Florida Alzheimer's Disease Initiative. Emily began attending the center two days a week, slowly increasing her time there to five days a week. Emily lives with her daughter Molly and her son-in-law Adam who brought her to live with them after she could no longer live independently. Emily adjusted well to Alz Place and enjoys participating in center activities. She enjoys music and often shares with her peers stories of growing up in a musical family and the song "How Beautiful Heaven Must Be" that her father wrote.

Daughter Molly has been attending the center support groups regularly and now has a large support system of other caregivers. She spent the first few days that her mom was at Alz Place looking for what to do with her free time. Molly reached out to other caregivers and has developed strong friendships with a few of them. Molly has been known to help other caregivers when they are unable to pick up their loved ones or need a night out.

After the first year of Emily's Alz Place attendance, Molly and Adam began to travel to Alabama to deal with the declining health of Adam's parents. After months of traveling back and forth and the passing of Adam's father, they decided to move Adam's mom, Ruth, down to Florida to care for her. This decision caused a great deal of stress for Adam and Molly, as well as for Emily. They spoke with Alz Place about putting Ruth into the program with Emily. After a few weeks in Florida, Ruth was admitted to Alz Place.

The transition of caring for one individual with dementia to two was very difficult for Adam and Molly. Once Ruth joined Emily at Alz Place, Adam and Molly were able to gain back some control over their lives. Ruth started attending the center two days a week and, as was the case with Emily, her participation quickly increased to five days a week. Ruth initially showed resistance to attending and participating in activities, but she now states how much she enjoys being at "The Club."

Thanks to Alz Place, Molly and Adam are able to maintain their jobs and have some respite time for themselves. Emily and Ruth are able to be "roommates" and stay out of institutionalized long-term care because of Alz Place.

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 53 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:

<u>60+ Population</u>	<u>Additional Funding</u>
5,000 or less	\$12,500
5,000-100,000	\$25,000
100,000-300,000	\$75,000
300,000 or more	\$125,000

Weighted factors:

- A. Planning and Service Area (PSA) population 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	16,165
2010-2011	\$50,378,099	16,015
2011-2012	\$40,479,617	12,869***

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: CIRTS data

PROGRAM HIGHLIGHT

Ms. Gilbert, an 87-year-old Calhoun County resident, lives alone and has no family in Florida. She suffers from chronic obstructive pulmonary disease, congestive heart failure, diverticulitis, arthritis, diabetes, high blood pressure, hearing loss, and degenerative bone disease. As a result of her health problems, Ms. Gilbert frequently fell, slept most of the day, could no longer pursue her hobby of painting, and often forgot to take her insulin and other medications. She became very weak and depressed, lacking the strength to walk or get in and out of her bathtub. Ms. Gilbert clearly needed assistance with homemaking, personal care, shopping, and other activities of daily living. In May 2011, she began receiving much needed services through the CCE program, including companionship to relieve her loneliness and isolation, an electric wheel chair to improve her mobility, assistance in transferring to and from the wheel chair, replacement of her bathtub with a walk-in shower, and installation of wider doorways to make it easier to move about her home. Ms. Gilbert's mental and physical health has improved greatly with the help of CCE services. She recently started painting again, has participated in shopping trips, and was able to attend a recent fundraiser for the Calhoun County Council on Aging.

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 the following: 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 of Elder Affairs 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	2,624
2011-2012	\$7,903,357	2,674#

* From its creation in 1977 through December 1995, the Home Care for the Elderly program was managed by 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 HIGHLIGHTS

Margot is an 88-year-old client, who is enrolled in the Home Care for the Elderly program. Margot's daughter Nancy is her primary caregiver and is forever grateful for the help the program provides. When the case manager met with the client and daughter for the first time, they were going through a difficult time, because Margot was suffering from depression and had recently lost approximately 60 pounds due to a bacterial infection in her stomach. Nancy had stopped working to take care of her mom and, as a result, was experiencing financial hardship. Through the Home Care for the Elderly program, Nancy receives a monthly subsidy of \$106 and incontinence supplies for her mom. In her monthly communications with the case manager, Nancy always expresses her satisfaction with the Home Care for the Elderly program. The program helps Nancy to care for her mother in the comfort of her home and has alleviated the financial difficulties that the family had been experiencing.

Rafael is a frail 65 year-old disabled elder with congenital birth defects which he shares with most of the males in his family. His sister Margarita cares for him as well as three younger brothers. She reports that the birth defect is more pronounced in some of the male family members than in others. The former is true for Rafael, and his health problems have become progressively worse over time. Without his sister's care, Rafael would not be able to remain living in his home. However, his income is very limited, and Margarita is unable to work outside the home due to her caregiving duties. But thanks to Rafael's participation in the Home Care for the Elderly program, Margarita is able to afford all of the medical care, medications, and food that Rafael needs. Program assistance enables Margarita to continue caring for her elder brother. She states that, without these program services, the family might have been unable to make ends meet, and they would not have known how to cope with their circumstances.

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. PSAs 2, 3, 5, 6, 9, 10, and 11 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	5, 10, 11
Counseling	5
Education/Training	10
Emergency Alert Response	5
Health Promotion, Health Support, Health Risk	11
Home- Delivered Meals	5, 6, 9, 11
Homemaker	4, 5, 6, 9
Information	5
Legal Assistance	5
Material Aid	10
Nursing	11
Personal Care	11
Physical Therapy	11
Recreation	5, 10, 11
Referral	5
Respite	11
Screening and Assessment	11
Transportation	5, 9, 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	23,763	
2011-2012	\$7,465,811	23,763#	

* 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 contractor reporting methodology entailing duplicated client counts for clients who receive more than one service.

Estimate

Source: WebDB data

PROGRAM HIGHLIGHT

Ms. B. has dementia and attends an adult day care program in Tallahassee for forty hours a week. She loves going to the center and participating in many activities including exercise, bingo, music therapy, and art. Ms. B's two daughters are her caregivers and they both work full-time. The adult day care provided through Local Services Program funding gives Ms. B's daughters the opportunity to keep working and still act as caregivers. Adult day care staff remark that Ms. B is a joy to have at the program and that she laughs a lot. Ms. B. credits a lot of her happiness to the ability to stay active and being able to socialize with her friends at adult day care.

RESPIRE FOR ELDERLY LIVING IN EVERYDAY FAMILIES (RELIEF)

DESCRIPTION:

The RELIEF program offers respite services to caregivers of frail elders and those with Alzheimer’s disease and related dementia. The intent is to provide respite to family caregivers in order to increase their ability to continue caring for a homebound elder, thus avoiding 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 primarily 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, train, and manage 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 would benefit from up to four hours of respite, especially during evenings and weekends.

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. Six Area Agencies on Aging currently administer the RELIEF program.

PROGRAM HIGHLIGHT

Carol B., a caregiver, commented, “Our RELIEF volunteer has earned his halo and wings. He sincerely cares and goes out of his way to help, not only my family and me, but all of his clients. He is a wonderful caregiver.”

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	499	410	153,575
2011-2012	\$909,034	500#	500#	155,000#

Projected

Source: Monthly progress reports and contracts

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 it 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 13 public guardians serve 27 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 or contract with professionally qualified individuals to carry out the guardianship functions, including an 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 the 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.

Additionally, 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 (IRS).

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 the 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	2,667
2011-2012	\$2,969,788	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

In an effort to prepare for an anticipated increase in the need for guardians, the Statewide Public Guardianship Office contracted with ICF International to revise the professional training materials and develop a mentoring program to complement the training curriculum. The new curriculum was developed in consultation with subject matter experts, stakeholders, current course providers, and current professional guardians. This year saw the introduction and implementation of the new curriculum. The mentoring program is in its final stages of development. It is the hope of this office that new professional guardians will begin their careers better prepared to provide competent service to their wards.

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 County.

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 60 or older and live with a caregiver, be a resident of Lee County, 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.

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.

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	54
2011-2012	\$1,946,858	54*

*Estimate

Source: Estimate based on total available program slots.

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 disabled adults 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.

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 and state General Revenue.

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.

ALLOCATION HISTORY & NUMBERS SERVED:

STATE FISCAL YEAR	FEDERAL FUNDING = 55%* STATE FUNDING = 45%*	CLIENTS SERVED 60+
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	11,732
2011-2012	\$103,823,694	12,415##

* 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

Beginning in SFY 2001-2002, 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

ASSISTED LIVING 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, companion, 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.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

Funding is from the federal Medicaid Trust Fund and state General Revenue. 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.

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	4,767
2011-2012	\$35,083,803	4,767#

* 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

CHANNELING WAIVER

DESCRIPTION:

The Channeling waiver, a home and community-based services program that began 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.

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.

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	1,600
2011-2012	\$14,700,762	1,600

*Estimate

Source: Estimate based on total available program slots

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 medical level of care for the applicant. The assessment identifies long-term care needs, establishes the appropriate level of care (medical eligibility for nursing facility care/Medicaid waivers), 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 pre-admission screening is also mandatory for all private-pay applicants prior to admission to a Medicaid-certified nursing facility, to screen for developmental disabilities or serious mental illness. Any person or family member can initiate a CARES assessment by applying for the Medicaid Institutional Care Program (ICP). An assessment may also be requested directly through a local CARES office if a family wants to know whether their loved one meets the level of care (medical criteria) for a nursing facility or would like to be assessed for other long-term care options. These assessments are completed as a free service.

SERVICES OR ACTIVITIES:

- Medical eligibility for the Medicaid Institutional Care Program (ICP).
- Medical eligibility for 11 of the 17 Medicaid waivers that provide community services.
- Maintain or conduct screening of all individuals applying for the Medicaid ICP who are anticipating entering a nursing facility to determine if they have a serious mental illness or developmental disability which warrants further evaluation and determination before admittance.
- Medical assessment for residents in nursing facilities entering court-ordered receivership.
- Medical utilization review of Medicaid nursing facility 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 waivers. CARES personnel must determine whether medical criteria are met. The applicant's financial eligibility for Medicaid is completed 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 ACCESS 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	\$17,815,669	108,119	34.3%
2011-2012	\$17,629,533	103,660***	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 for frail elders age 60 and older, who participate in the Aged and Disabled Adult Waiver. Consumers may have a representative (such as a friend, caregiver, or family member) manage the fiscal and program issues if they need or want assistance. CDC+ programs are also available for individuals enrolled in the following Medicaid 1915(c) waiver programs:

- Aged and Disabled Adult Waiver for physically disabled adults ages 18 to 59, administered by the Florida Department of Children and Families.
- Aged and Disabled Waiver for persons with developmental disabilities age 3 and older, administered by the Agency for Persons with Disabilities.
- Traumatic Brain/Spinal Cord Injury Waiver for adults age 18 or older with traumatic brain and/or spinal cord injury, administered by the Florida Department of Health.

- The Department conducts Fiscal Employer Agency functions for CDC+ programs serving physically disabled adults and individuals with brain and spinal cord injuries, served by the Department of Children and Families and the Department of Health, respectively.

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 46 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, respiratory therapy, 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.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

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

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	23,292
2011-2012	\$355,766,698	24,522#

NOTE: Project implementation began in 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 2011-2012 (see separate PACE listing).

* Includes reduction in funding via Legislative mandate

Projection (includes PACE clients)

Source: Department program data and CIRT reports

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (ACE)

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 and the federal Centers for Medicare and Medicaid Services. 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.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

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

**APPROPRIATION HISTORY
& NUMBERS SERVED:**

As of September 2011, federally approved PACE Centers are located in Charlotte, Hillsborough, Lee, Miami-Dade, and Pinellas counties. 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 2011-2012, the Legislature allocated an additional 250 slots bringing the total capacity of this program to 1,050.

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#
2011-2012	\$14,269,333	900

** 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

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 participating 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:

Participating centers may serve up to two reimbursable meals (breakfast, lunch, or supper) and one snack, or two snacks and one meal, to each eligible participant each day. Centers may seek reimbursement for up to three meals/snacks per day. The level of reimbursement for meals is determined by assessing the economic need of each participant.

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 or Psychosocial 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 participating 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	AVERAGE MEALS OR SNACKS SERVED*
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	\$3,680,000	116	8,006
2010-2011	\$4,223,398	130	2,207,541*
2011-2012	\$4,995,904	140#	2,500,000#

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

** Data collection methodology changed in federal fiscal year 2010-2011 from daily participant average to total number of meals or snacks served annually*

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

Projection

Source: DOE A 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 AmeriCorps members and community volunteers to provide respite services to multicultural caregivers of frail elders at risk of institutionalization. In addition, caregivers receive information regarding available community services and support to help relieve the stress of caring for an elderly loved one.

ADMINISTRATION:

The Department provides oversight, contract management, and technical assistance to local service providers to ensure that all AmeriCorps service provisions, contractual obligations, and programmatic and financial reporting requirements are met. Local program staff manages member recruitment and development, client services, and reporting requirements.

ELIGIBILITY:

All caregivers of frail homebound elders (except those already receiving paid respite services) who reside in Miami-Dade County and can benefit from program services are eligible for the Legacy Corps project.

STATUTORY AUTHORITY:

Citizens Service Act of 2002, which amends the National AmeriCorps and Community Service Act of 1990; Domestic Volunteer Service Act of 1973; Section 430.07(8), Florida Statutes.

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHTS

A caregiver expressed gratitude for the assistance provided by an Americorps member. "Eumalia is a wonderful aide. Both of my parents are happy to see her, and she is very reliable. She truly cares about their well-being, and is great at helping my mom get ready to go to the adult day care center each morning. I would very much appreciate her continued involvement helping me care for my mom."

A woman caring for her husband with the help of an AmeriCorps member remarked, "Our volunteer has become the daughter we never had. She is the only one who is able to take my husband outside of our home for a walk, and she even helps us with cleaning, shopping, and making calls. I am very thankful for her help, because she is able to do the things I can't do anymore due to my health and age."

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	315	52	22,050
2011	\$165,000	\$60,000	400#	60#	27,000#

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	\$0	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	\$107,200	\$0	203	34/4	2,680	N/A
2011	\$106,800	\$0	202#	28/5#	2,450#	N/A

* State Vitamin Settlement Grant

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 or 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 Economic Opportunity 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 Economic Opportunity. 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###	\$7,697,784	9,779	10,991
2011-2012	\$6,024,004	16,200####	

* 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

Contract period was extended through August 2011

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

Source: Contractor reports

PROGRAM HIGHLIGHT

Dorothy is a Medicaid Waiver client of Elder Care Services in Tallahassee. She is 79 years old and has custody of her 16 year-old granddaughter. The expense of raising her granddaughter, including back-to-school supplies and clothes, left Dorothy without sufficient funds to pay her electric bill. Her Elder Care Services case manager was able to help her complete an EHEAP application. EHEAP provided payment for the electric bill, and her power was not turned off. Dorothy is very relieved and grateful!

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 local providers, which act as volunteer stations, administer program services, and recruit, train, and assign Senior Companions. The Department provides ongoing program supervision and technical support to local volunteer stations.

ELIGIBILITY:

Volunteers must be low-income individuals age 55 and older who pass a criminal background check and are able to commit to 15 hours of service per week.

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

STATUTORY AUTHORITY:

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

FUNDING SOURCE & ALLOCATION METHODOLOGIES:

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

PROGRAM HIGHLIGHTS

The following is a sample of comments relayed to volunteer stations by elder senior companion recipients about their program experience:

“Thank you for sending me such a caring and loving angel. I really look forward to her visits.”

“This program is a lifesaver!”

“I am so grateful for your service. My senior companion has made a wonderful difference in my life. The fact that I will see him on Tuesdays is something I look forward to.”

“We are very pleased with our senior companion. He is always dependable, friendly and courteous.”

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	324	102	72,000
2011-2012	\$345,709	\$58,328	310*	130*	75,000*

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

* Projected

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

SERVING HEALTH INSURANCE NEEDS OF ELDERS (SHINE) PROGRAM

DESCRIPTION:

Through a statewide network of trained volunteer counselors, the Serving Health Insurance Needs of Elders (SHINE) Program provides the only source of free 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 based on the number of beneficiaries in the state with adjustments based on concentrations of low-income or rurally located beneficiaries.

PROGRAM HIGHLIGHT

During the 2010-2011 grant year, the SHINE program experienced a substantial growth in services provided. Volunteer counselors served 92,511 clients, an increase of over 41 percent from the previous year. Reflecting on the assistance received from the program, one SHINE client stated, "What do you do when your doctor prescribes you medicine you can't afford? – I called SHINE."

The SHINE program was recognized by the federal Centers for Medicare and Medicaid Services for its outstanding contributions to the national State Health Insurance Program (SHIP) network. Additionally, SHINE received three Davis Productivity Awards from Florida Tax Watch for Exemplary State Agency, Sustained Exemplary Performance, and an Award of Distinction.

APPROPRIATION HISTORY & NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING	NUMBER OF VOLUNTEERS	NUMBER OF CLIENTS CONTACTED
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	400	92,511#
2011-2012	\$3,001,141	500##	106,388##

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

** Beginning with the 2004-2005 and ending with the 2009-2010 program year, the clients served column has two entries. The first number is Medicare beneficiaries 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 number includes all customers served indirectly (e.g., information-based assistance, referrals, and general education at outreach and publicity events).

Beginning in the 2010-2011 program year, the SHINE program began collecting only data on Medicare beneficiaries receiving one-on-one counseling as per Centers for Medicare and Medicaid Services (CMS) National Performance Reporting (NPR) database requirements. Thus, for 2010-2011, the number of clients (Medicare beneficiaries) contacted was 92,511.

Estimate

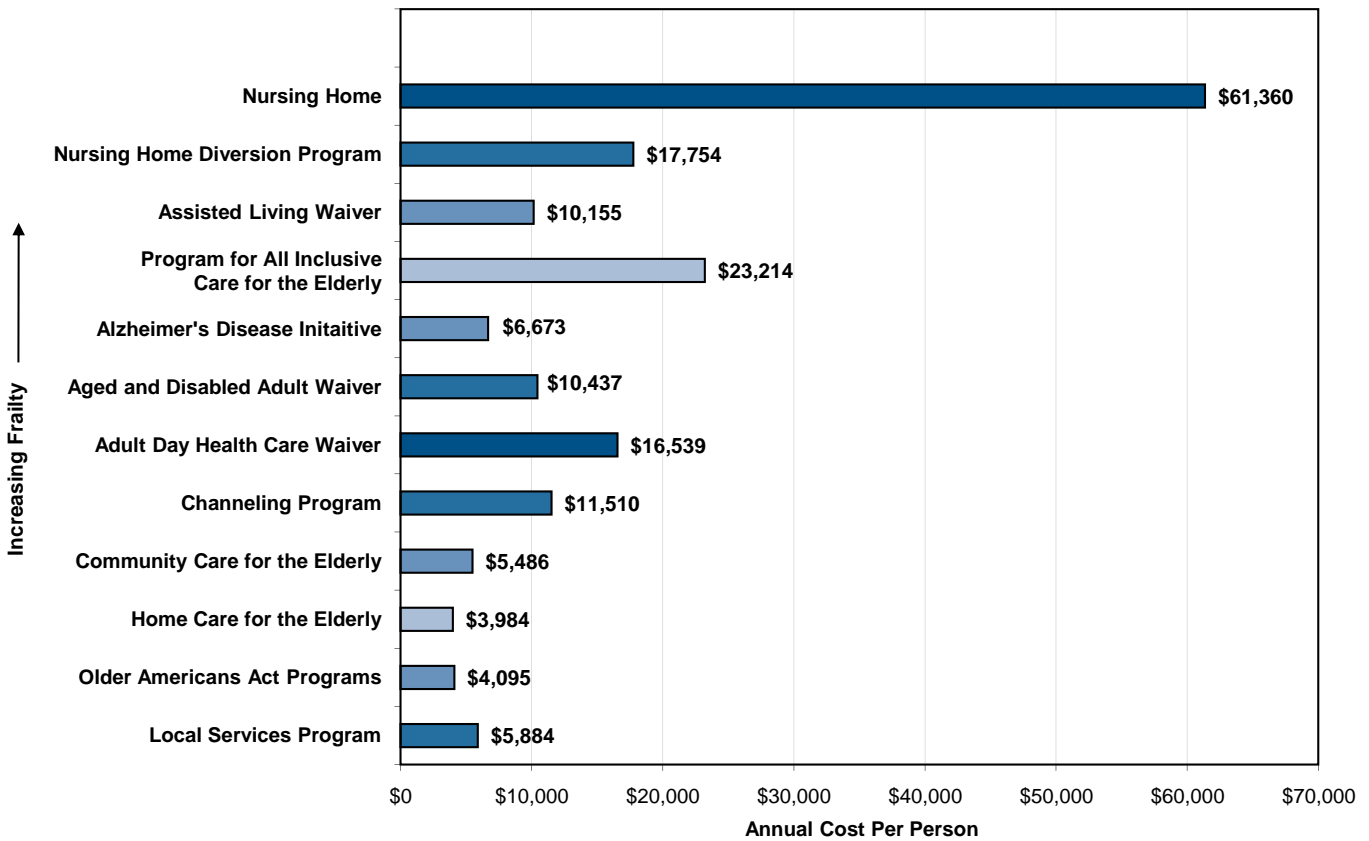
Source: SHIP National Performance Reporting System

Appendix

COST COMPARISONS SFY 2010-2011

In addition to serving the needs of elders, Department programs save the state an average of \$1.69 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 2010-2011, the state was able to avoid more than \$1,095,566,354 in nursing home payments by spending \$646,165,640 for home and community-based services.

COMPARISON OF ANNUAL COST PER CLIENT OF PROGRAMS SERVING FLORIDA'S ELDERLY STATE FISCAL YEAR 2010-2011



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)	118
Home and Community Services	Caregiver Support	Alzheimer’s Disease Initiative	87
		AmeriCorps	132
		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)	103
		Senior Companion Program	139
	Early Intervention/Prevention	Elder Abuse Prevention Program (OAA Title VII)	71
		Emergency Home Energy Assistance for the Elderly (EHEAP)	136
		Health Promotion and Wellness Initiatives (OAA Title III D)	65
		Information & Referral/Assistance	59
		Senior Community Service Employment Program (OAA Title V)	68
		Serving Health Insurance Needs of Elders (SHINE)	141

SERVICE/BUDGET ENTITY	ACTIVITY	PROGRAM	PAGE
Home and Community Services (continued)	Supportive Community Care	Local Services Programs	100
		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	Assisted Living Waiver	115
	Nutritional Services for the Elderly	Adult Care Food Program	130
		Elder Farmers’ Market Nutrition Program	134
		Local Services Programs (meals only)	100
		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	123
		Program of All-Inclusive Care (PACE)	125
	Home and Community Services Diversions	Community Care for the Elderly (CCE)	94
		Consumer-Directed Care Plus (CDC+) Program	121
		Long-Term Care Community Diversion Pilot Project	123
		Aged and Disabled Adult Waiver	113
Consumer Advocate Services	Long-Term Care Ombudsman Council	Long-Term Care Ombudsman Program	73
	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.

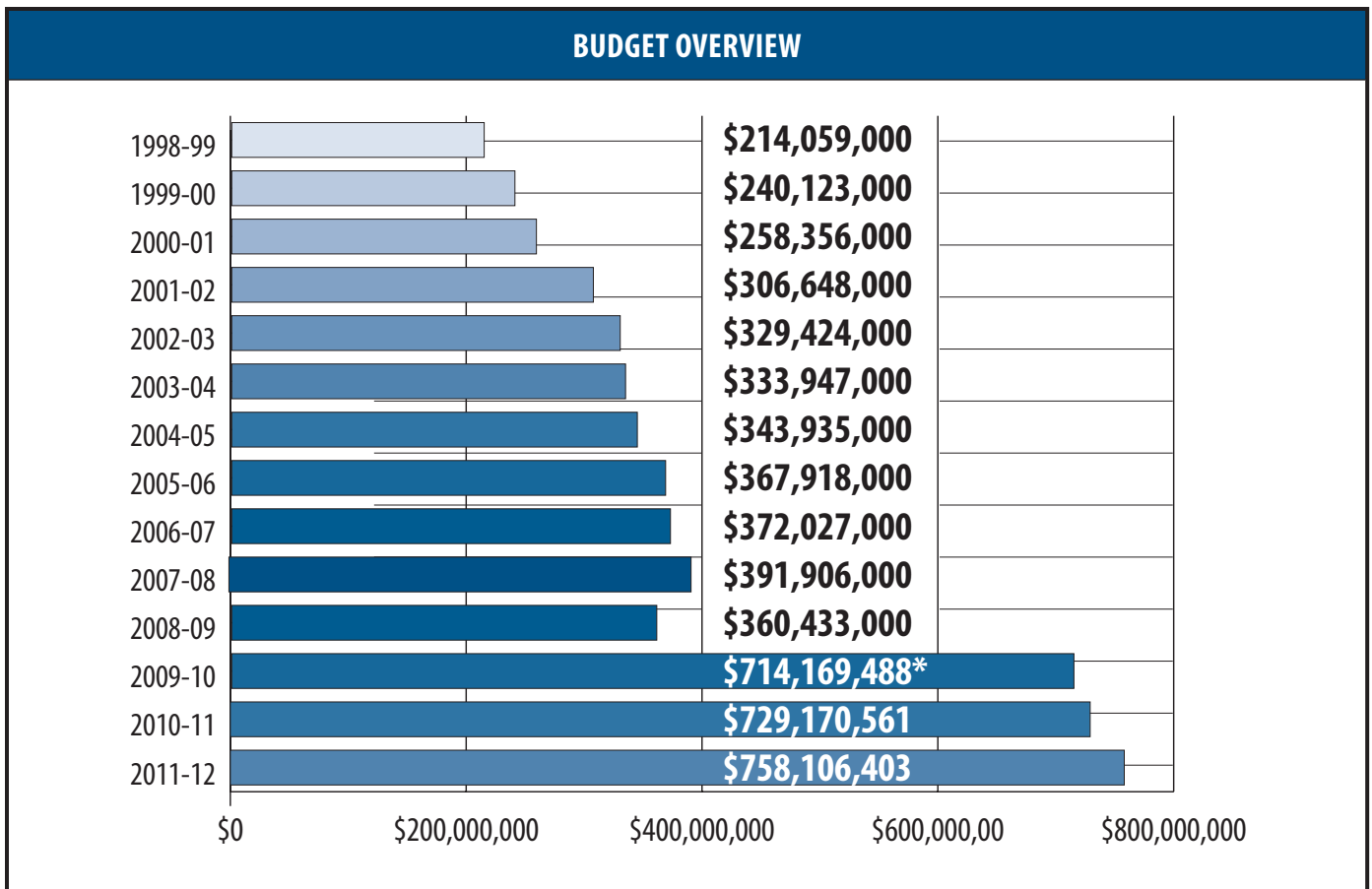
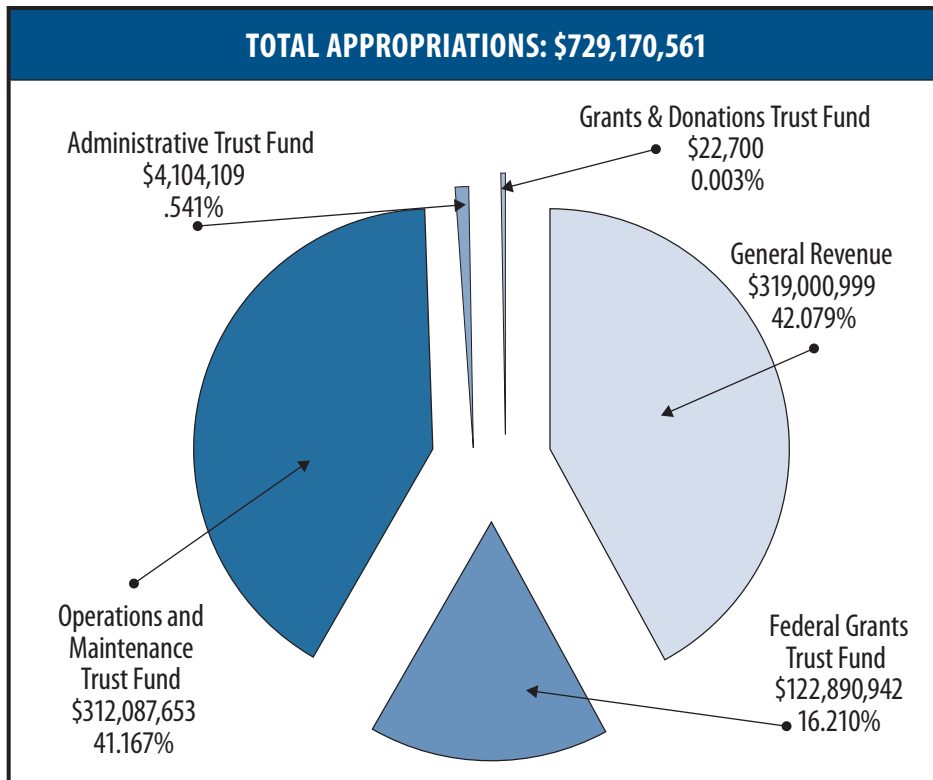
PROGRAM	AGE	INCOME	OTHER REQUIREMENTS/ FRAILTY LEVELS
Adult Care Food Program	60 and older, or 18 and older and chronically impaired	Level of reimbursement per client to center is based on participants' assessed level of need in accordance with USDA's annual adjustments to Income Eligibility Guidelines.	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 2011-2012*

General Revenue	\$ 319,000,999
Legislative Appropriation	
Grants and Donations Trust Fund	\$ 22,700
Donations	
Operations and Maintenance Trust Fund	\$ 312,087,653
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	\$ 122,890,942
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	\$ 4,104,109
Public Guardianship Services	
Assisted Living Facility Licensure Fees	
Total	\$ 758,106,403

*Source: 2011-2012 General Appropriations Act and Department of Elder Affairs Approved Operating Budget 2011-2012.



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	258,598	39,550	27,818	12,875	4,341	15.3%	10.8%	5.0%	1.7%	8,711
Baker	26,044	4,480	3,070	1,218	321	17.2%	11.8%	4.7%	1.2%	473
Bay	170,986	39,157	27,791	12,429	3,578	22.9%	16.3%	7.3%	2.1%	4,214
Bradford	29,518	5,851	4,228	1,982	647	19.8%	14.3%	6.7%	2.2%	751
Brevard	555,717	159,235	121,172	61,088	18,255	28.7%	21.8%	11.0%	3.3%	17,863
Broward	1,742,481	345,071	254,707	31,991	49,561	19.8%	14.6%	7.6%	2.8%	107,662
Calhoun	14,492	3,018	2,306	1,120	374	20.8%	15.9%	7.7%	2.6%	352
Charlotte	166,703	71,276	57,161	31,444	10,216	42.8%	34.3%	18.9%	6.1%	5,327
Citrus	143,443	60,427	47,375	24,554	7,768	42.1%	33.0%	17.1%	5.4%	3,319
Clay	186,752	33,952	23,340	9,972	3,128	18.2%	12.5%	5.3%	1.7%	3,587
Collier	335,592	106,678	82,316	40,977	11,309	31.8%	24.5%	12.2%	3.4%	9,442
Columbia	67,751	15,535	11,311	5,167	1,555	22.9%	16.7%	7.6%	2.3%	2,137
De Soto	34,424	8,413	6,407	3,120	851	24.4%	18.6%	9.1%	2.5%	1,204
Dixie	16,239	4,500	3,366	1,566	431	27.7%	20.7%	9.6%	2.7%	236
Duval	901,591	153,781	106,673	49,245	15,739	17.1%	11.8%	5.5%	1.7%	42,147
Escambia	312,288	65,357	48,339	23,958	8,013	20.9%	15.5%	7.7%	2.6%	13,279
Flagler	97,753	35,989	27,936	13,806	3,613	36.8%	28.6%	14.1%	3.7%	5,963
Franklin	12,362	3,320	2,477	1,068	308	26.9%	20.0%	8.6%	2.5%	244
Gadsden	49,878	10,033	7,203	3,329	1,013	20.1%	14.4%	6.7%	2.0%	5,034
Gilchrist	17,770	4,200	3,083	1,361	363	23.6%	17.3%	7.7%	2.0%	228
Glades	11,353	2,910	2,145	903	233	25.6%	18.9%	8.0%	2.1%	363
Gulf	16,725	3,951	2,917	1,338	408	23.6%	17.4%	8.0%	2.4%	366
Hamilton	14,727	2,701	1,908	901	295	18.3%	13.0%	6.1%	2.0%	761
Hardee	28,211	4,949	3,825	2,002	630	17.5%	13.6%	7.1%	2.2%	1,097
Hendry	40,949	5,921	4,389	2,070	599	14.5%	10.7%	5.1%	1.5%	2,070
Hernando	166,759	62,437	49,228	25,834	7,826	37.4%	29.5%	15.5%	4.7%	5,380
Highlands	100,148	39,921	32,662	17,905	5,739	39.9%	32.6%	17.9%	5.7%	3,892
Hillsborough	1,205,881	215,224	154,193	73,615	24,194	17.8%	12.8%	6.1%	2.0%	64,174
Holmes	19,918	4,578	3,449	1,643	527	23.0%	17.3%	8.2%	2.6%	210
Indian River	142,899	50,820	39,874	21,765	7,402	35.6%	27.9%	15.2%	5.2%	3,754
Jackson	53,015	11,856	8,847	4,391	1,444	22.4%	16.7%	8.3%	2.7%	2,598
Jef erson	14,837	3,482	2,451	1,200	393	23.5%	16.5%	8.1%	2.6%	965
Lafayette	10,978	1,764	1,328	635	187	16.1%	12.1%	5.8%	1.7%	132
Lake	296,029	99,909	77,399	37,657	10,800	33.7%	26.1%	12.7%	3.6%	8,488

COUNTY	TOTAL POPULATION					PERCENT OF POPULATION WHO ARE ELDERS				
	ALL AGES	60+	65+	75+	85+	60+	65+	75+	85+	MINORITY 60+
Lee	624,188	198,312	152,066	76,814	23,314	31.8%	24.4%	12.3%	3.7%	17,219
Leon	275,254	38,664	26,157	11,876	4,130	14.0%	9.5%	4.3%	1.5%	8,871
Levy	40,874	11,239	8,243	3,797	1,129	27.5%	20.2%	9.3%	2.8%	1,182
Liberty	8,273	1,379	988	448	123	16.7%	11.9%	5.4%	1.5%	162
Madison	20,289	4,280	3,210	1,570	532	21.1%	15.8%	7.7%	2.6%	1,242
Manatee	319,564	94,648	72,891	38,738	13,254	29.6%	22.8%	12.1%	4.1%	7,263
Marion	332,387	106,485	82,739	42,674	12,964	32.0%	24.9%	12.8%	3.9%	11,630
Martin	144,009	52,826	41,449	21,675	7,382	36.7%	28.8%	15.1%	5.1%	2,853
Miami-Dade	2,481,376	485,275	357,914	173,724	55,406	19.6%	14.4%	7.0%	2.2%	393,712
Monroe	77,597	21,247	14,926	6,468	1,885	27.4%	19.2%	8.3%	2.4%	3,261
Nassau	73,817	18,122	12,581	5,098	1,229	24.5%	17.0%	6.9%	1.7%	1,183
Okaloosa	197,825	41,012	29,130	12,873	3,652	20.7%	14.7%	6.5%	1.8%	3,971
Okeechobee	39,902	8,995	7,002	3,637	1,063	22.5%	17.5%	9.1%	2.7%	995
Orange	1,118,487	157,408	108,990	49,145	14,373	14.1%	9.7%	4.4%	1.3%	64,294
Osceola	276,973	43,377	30,033	12,921	3,749	15.7%	10.8%	4.7%	1.4%	18,766
Palm Beach	1,289,304	360,150	281,709	157,010	56,325	27.9%	21.8%	12.2%	4.4%	55,656
Pasco	442,647	135,754	105,322	55,137	18,222	30.7%	23.8%	12.5%	4.1%	9,924
Pinellas	923,466	266,052	202,461	107,599	39,721	28.8%	21.9%	11.7%	4.3%	25,570
Polk	585,935	144,391	108,946	54,305	16,651	24.6%	18.6%	9.3%	2.8%	21,373
Putnam	73,937	19,972	14,858	6,908	1,869	27.0%	20.1%	9.3%	2.5%	2,643
St. Johns	189,545	44,230	31,441	14,764	4,411	23.3%	16.6%	7.8%	2.3%	3,293
St. Lucie	278,531	80,813	62,217	32,357	9,416	29.0%	22.3%	11.6%	3.4%	12,443
Santa Rosa	146,613	27,886	19,234	7,980	2,287	19.0%	13.1%	5.4%	1.6%	2,112
Sarasota	391,467	158,499	125,612	69,143	24,465	40.5%	32.1%	17.7%	6.2%	7,392
Seminole	424,976	73,722	50,455	22,735	6,598	17.3%	11.9%	5.3%	1.6%	16,656
Sumter	103,299	39,899	33,281	18,139	4,557	38.6%	32.2%	17.6%	4.4%	2,547
Suwannee	45,494	11,243	8,527	4,258	1,378	24.7%	18.7%	9.4%	3.0%	1,123
Taylor	23,133	4,869	3,454	1,566	432	21.0%	14.9%	6.8%	1.9%	657
Union	15,813	2,211	1,470	611	168	14.0%	9.3%	3.9%	1.1%	335
Volusia	507,603	146,836	111,646	57,876	19,432	28.9%	22.0%	11.4%	3.8%	15,603
Wakulla	31,804	6,470	4,336	1,608	468	20.3%	13.6%	5.1%	1.5%	589
Walton	58,347	14,976	11,251	5,372	1,517	25.7%	19.3%	9.2%	2.6%	1,156
Washington	25,308	5,728	4,230	1,971	629	22.6%	16.7%	7.8%	2.5%	606
Florida	18,850,848	4,507,216	3,381,463	1,704,926	554,792	23.9%	17.9%	9.0%	2.9%	1,042,705

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	8.3%	12.7%	19.1%	10.1%	156	50	7	113	51	20	72.5
Baker	9.9%	10.4%	14.3%	0.0%	12	9	3	61	6		154.4
Bay	8.4%	11.8%	19.8%	10.9%	210	23	47	75	26		68.7
Bradford	13.5%	12.7%	16.9%	0.0%	9	4	13	33	8	1	121.1
Brevard	7.3%	13.3%	19.5%	5.4%	234	64	128	233	18	874	43.0
Broward	11.4%	14.5%	23.1%	9.2%	680	237	245	1535	104	2754	32.0
Calhoun	10.8%	13.2%	23.5%	0.0%	45	1	3	25	6		219.6
Charlotte	6.5%	14.7%	17.4%	5.4%	75	18	8	176	29	194	35.2
Citrus	8.8%	13.8%	15.3%	5.2%	95	12	79	178	25	112	44.0
Clay	7.5%	11.6%	14.6%	6.9%	126	18	48	89	28	36	103.6
Collier	6.2%	12.9%	15.6%	5.4%	66	48	4	216	33	91	18.4
Columbia	11.3%	12.2%	16.2%	5.3%	112	10	33	59	41	2	59.0
De Soto	11.5%	12.6%	16.8%	0.0%	15	2	8	51	13	4	13.1
Dixie	10.0%	12.1%	13.9%	0.0%	21	4		33	7		38.3
Duval	9.7%	12.5%	20.8%	9.4%	508	22	124	371	49	545	79.9
Escambia	9.5%	13.5%	20.8%	9.6%	301	32	113	203	22	43	70.5
Flagler	6.1%	12.6%	15.0%	6.5%	29	11	4	88	10	54	17.4
Franklin	14.2%	11.5%	17.8%	0.0%	32	3	14	27	4		84.3
Gadsden	15.7%	12.4%	18.6%	0.0%	60	6	18	41	5	1	36.0
Gilchrist	12.8%	11.5%	18.7%	0.0%	16	2	2	30	8		147.7
Glades	9.5%	10.9%	14.5%	0.0%		2		37	8		0.0
Gulf	10.8%	12.3%	15.8%	0.0%	31	5	14	20	1		89.7
Hamilton	14.7%	12.8%	19.6%	0.0%	71	10	9	38	28		66.6
Hardee	17.8%	13.9%	13.8%	0.0%	19	2	13	57	9		51.9
Hendry	13.5%	12.4%	13.8%	0.0%	17	8	2	81	26	10	119.8
Hernando	7.2%	13.8%	17.5%	7.2%	82	11	90	140	33	236	25.5
Highlands	9.9%	14.6%	18.8%	8.5%	53	14	86	226	26	65	33.4
Hillsborough	9.7%	13.0%	19.0%	7.6%	509	58	309	853	138	1842	49.5
Holmes	13.4%	12.9%	21.6%	0.0%	85	2	27	27	11		109.6
Indian River	7.5%	14.8%	20.4%	8.9%	34	8	33	104	9	144	25.0
Jackson	23.5%	13.4%	18.2%	0.0%	125	9	17	68			123.0
Jefferson	18.4%	13.3%	15.4%	0.0%	79	3	2	25	1		130.8
Lafayette	15.9%	12.6%	6.8%	0.0%	16	4	21	21	2		94.5
Lake	6.2%	12.7%	15.7%	8.5%	96	7	58	164	56	297	37.1
Lee	6.9%	13.4%	17.2%	5.9%	140	49	199	260	60	526	26.3

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+)
Leon	6.6%	12.6%	19.9%	7.4%	146	14	5	67	25	1	62.6
Levy	13.9%	12.2%	15.3%	0.0%	70	6	31	42	23	1	47.4
Liberty	20.6%	11.8%	21.8%	0.0%	16	2	17	18	6		0.0
Madison	15.4%	13.4%	17.4%	0.0%	63	3	43	46	9		151.6
Manatee	7.7%	14.5%	20.0%	5.1%	63	13	55	192	18	278	35.1
Marion	9.2%	13.6%	17.0%	6.4%	184	24	73	256	41	344	32.2
Martin	6.2%	14.2%	20.5%	6.1%	41	36		115	5	99	36.7
Miami-Dade	19.9%	13.1%	16.1%	11.8%	3250	334	861	1403	856	7086	46.5
Monroe	10.6%	11.5%	16.5%	3.6%	20	17		98	29	3	37.1
Nassau	8.7%	10.4%	13.8%	9.2%	75	11	4	60	20	10	47.1
Okaloosa	6.4%	11.7%	18.8%	9.2%	54	8	29	65	14	19	69.8
Okeechobee	10.9%	13.6%	16.8%	0.0%	44	3	7	59	9	3	49.5
Orange	9.6%	12.0%	16.6%	9.7%	292	275	185	264	42	924	82.9
Osceola	9.9%	11.5%	12.3%	12.4%	174	11	20	55	3	355	83.6
Palm Beach	8.0%	15.3%	21.7%	7.4%	651	137	111	736	96	1597	38.5
Pasco	8.5%	14.1%	18.5%	5.9%	226	19	309	284	31	516	35.1
Pinellas	9.1%	14.8%	24.5%	7.3%	648	31	548	567	40	1720	72.3
Polk	8.9%	13.2%	18.0%	7.2%	249	35	106	467	101	547	52.0
Putnam	18.0%	12.1%	20.2%	5.1%	62	14	53	74	31	1	48.8
St. Johns	6.1%	12.5%	15.6%	10.8%	71	13	43	67	11	71	41.0
St. Lucie	8.0%	13.6%	17.4%	5.6%	121	46	75	190	52	298	32.5
Santa Rosa	7.2%	11.1%	14.0%	8.4%	82	12	95	68	8	24	51.4
Sarasota	7.1%	15.1%	20.8%	4.9%	106	41	71	244	39	475	40.5
Seminole	7.8%	11.9%	16.9%	8.0%	94	71	187	93	19	455	51.6
Sumter	7.1%	13.7%	16.4%	4.0%	42	8	13	56	24	5	14.9
Suwannee	14.6%	13.5%	21.1%	0.0%	60	7	17	51	31		94.2
Taylor	15.1%	11.9%	19.5%	0.0%	53	3	1	32	3		76.6
Union	14.6%	11.0%	18.2%	0.0%	6	5		31	8		0.0
Volusia	8.9%	14.1%	20.7%	6.4%	314	20	126	347	54	766	55.3
Wakulla	11.0%	10.1%	15.5%	0.0%	42	7		32	4		74.6
Walton	9.6%	12.5%	18.9%	0.0%	42	9	26	57	14	1	51.6
Washington	11.5%	12.6%	24.5%	0.0%	94	7	2	41	8	1	91.3
Florida	9.9%	13.6%	19.0%	7.5%	11614	2011	4894	11935	2575	23464	46.5

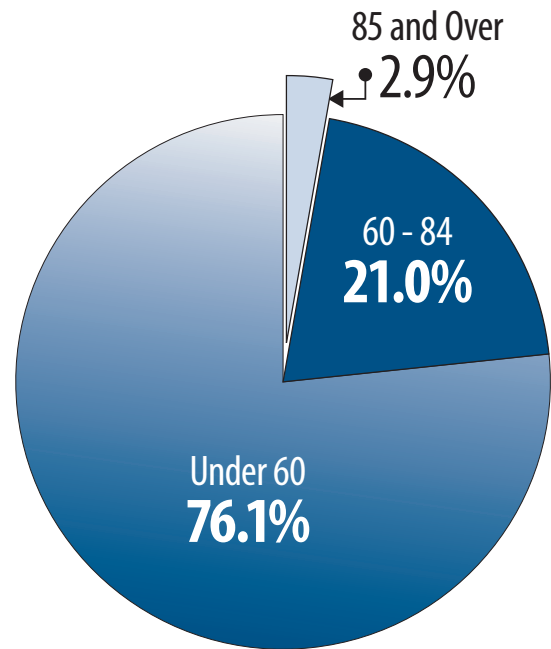
Source: Department of Elder Affairs calculations based on Florida Demographic Estimating Conference, January 2010 and the Florida Demographic Database, August 2010 provided by Florida Legislature, Office of Economic and Demographic Research projections for 11/10; and 2005-2009 American Community Survey 5-Year Estimates

AGE DISTRIBUTION

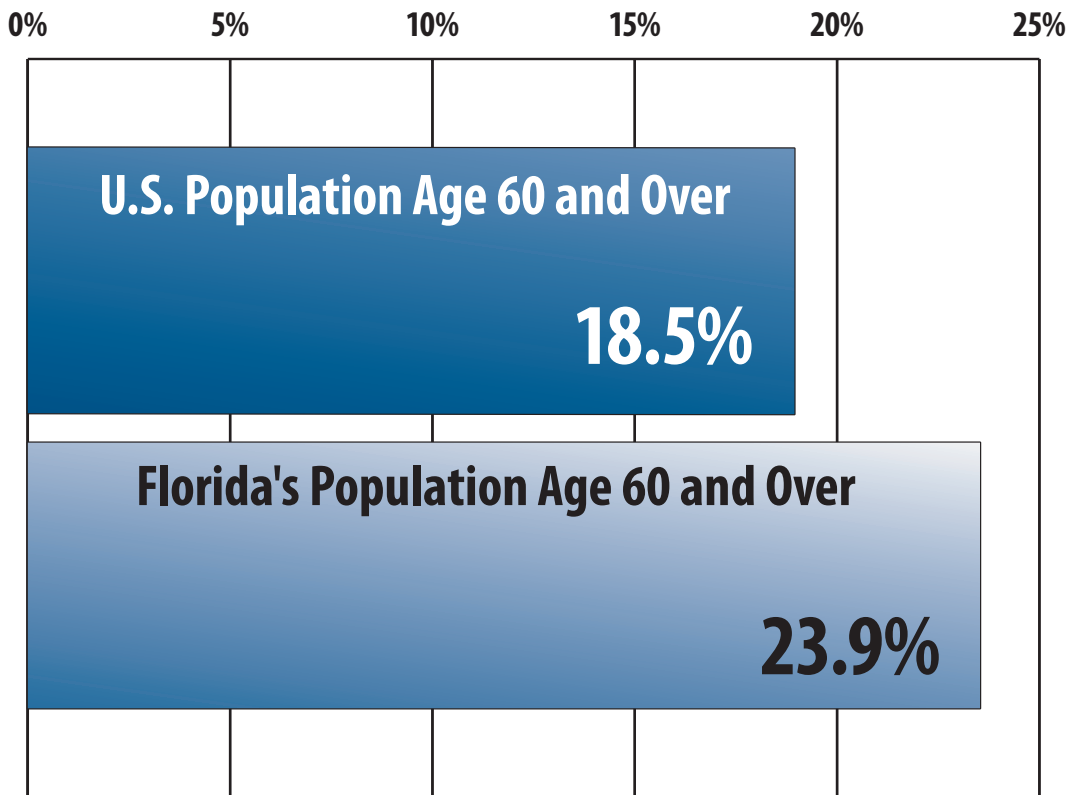
Florida is the fourth most populous state with 18,807,219 citizens. Among the 50 states, Florida has the highest percentage of elders age 60 and older (22.8 percent) compared with a national percentage of 17.4 percent. Of Florida's 4,280,148 elders age 60 and older, 473,010 are age 85 and older.

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 37.5 percent of the total state population age 60 and older, and 42.1 percent of the population 85 and older.

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



FLORIDA'S AGE DISTRIBUTION



60+ PERCENTAGE: FLORIDA VS. UNITED STATES

MINORITY DISTRIBUTION

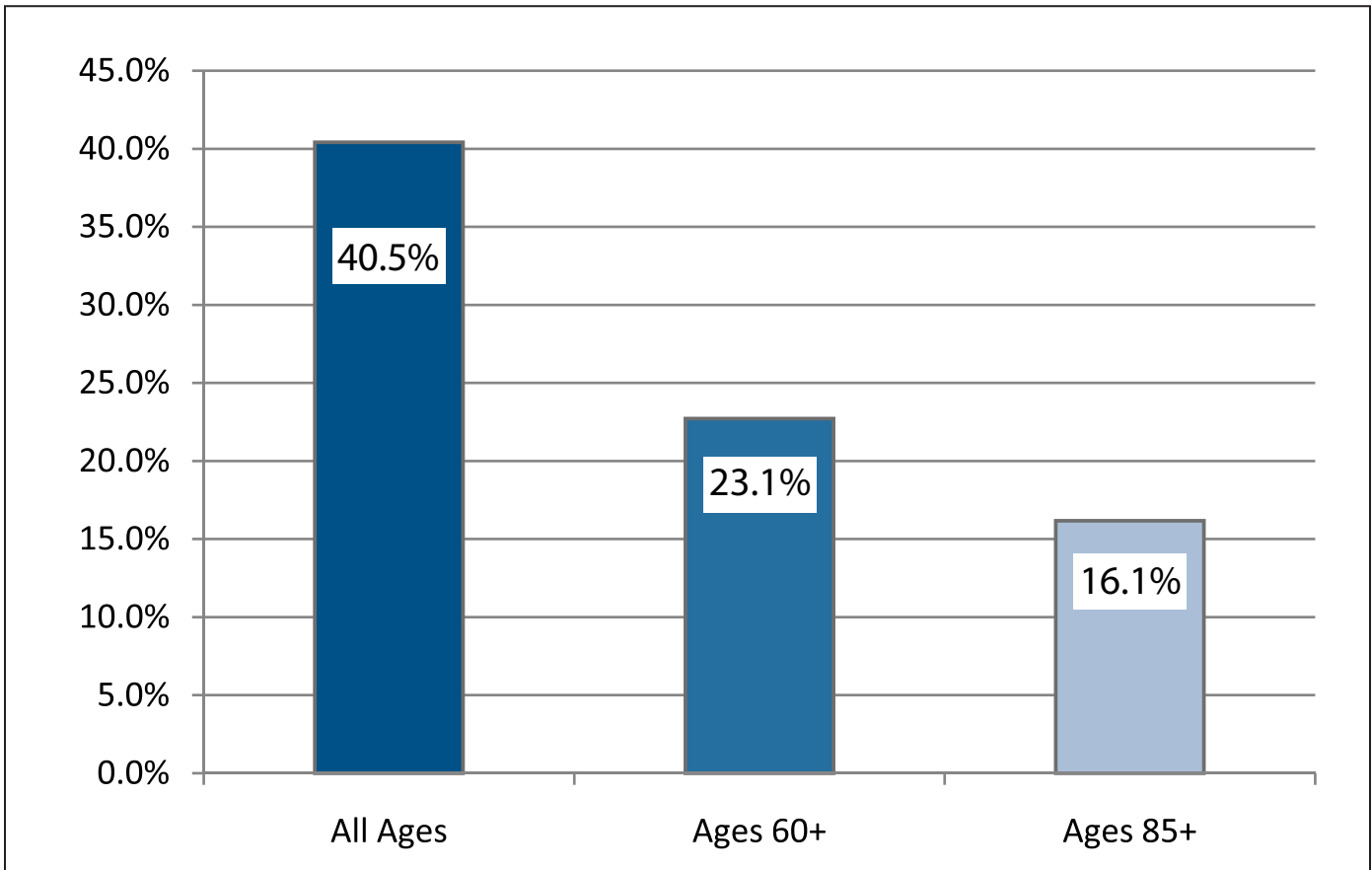
As the age of Florida population groups increases, their racial and ethnic diversity decreases. This decrease in diversity can be attributed to the migration of elders into Florida and the life span of minorities within the state. While almost two in five (40.5 percent) Floridians are minority, this percentage declines to about one in five (23.1 percent) of all elders age 60 and older, and about one in six (16.1 percent) of all elders age 85 and older.

In Florida, 76.9 percent of the total 60-and-older population is white non-Hispanic. In comparison, minorities generally constitute a smaller percentage of elders among their respective populations. Statewide, 13.5 percent of total 60-and-older population is Hispanic and 8.8 percent of total 60-and-older population is African-American.

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

between white non-Hispanics and minorities. The top six counties with white non-Hispanic elders (60+) representing 40 percent or more of their white non-Hispanic populations (all ages) are Highlands (50.3 percent), Charlotte (45.4 percent), Sumter (44.8 percent), Sarasota (44.5 percent), Citrus (44.1 percent), and Collier (43.3 percent). Two of these counties are in West Central Florida, and four are in Southwest Florida.

The top 11 counties with minority elders (60+) representing 15 percent or more of their minority populations (all ages) are Flagler (30.7 percent), Charlotte (25.0 percent), Citrus (23.6 percent), Hernando (21.3 percent), Miami-Dade (18.8 percent), Jefferson (16.6 percent), Brevard (16.2 percent), Marion (15.4 percent), Monroe (15.3 percent), Levy (15.1 percent), and Gadsden (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)**

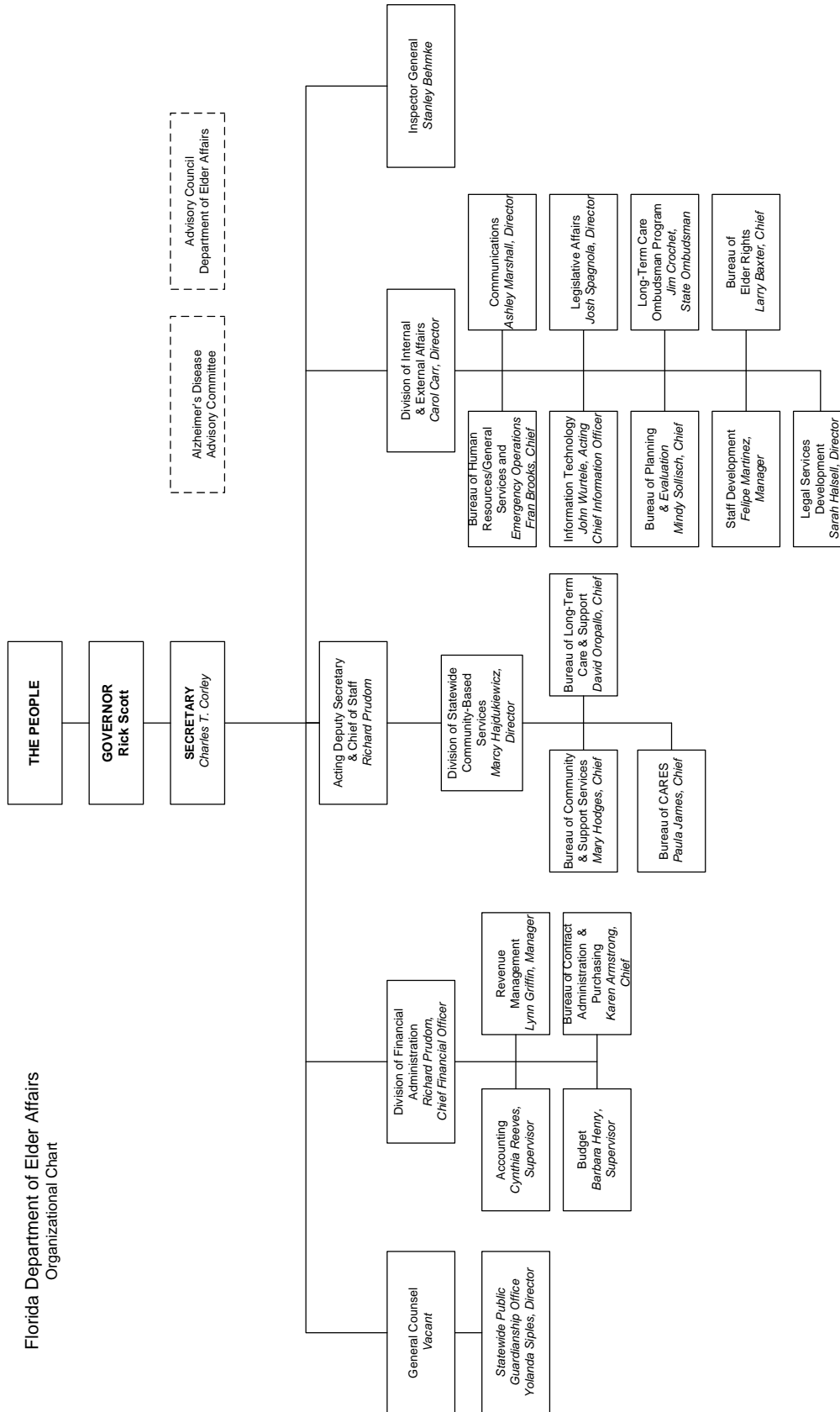
CUSTOMER PROFILE LEVELS				
LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
DISABILITIES				
Number of ADLs that require total help = 0 ...require some help = 2 ...require total help = 2-3 Number of IADLs that require some help = 6	Number of ADLs that require total help = 0-1 ...require some help = 3 Number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



UPDATED: 12/20/11

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

INDEX

A

Adult Care Food Program 5, 20, 23, 36, 37, 130, 147, 148, 163, 168

Adult Day Care 37, 81, 84, 86, 88, 100, 130, 150

Aging Resource Center 12, 21, 163

ALE 118, 154

Alzheimer's 4, 14, 20, 22, 23, 24, 36, 37, 46, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 93, 103, 115, 124, 146, 147, 148, 163, 168

AmeriCorps 5, 23, 36, 132, 133, 146, 168

Area Agency on Aging 25, 36, 55, 71, 94, 136, 161, 163

Assessment 4, 5, 6, 13, 19, 20, 26, 36, 41, 42, 46, 48, 100, 111, 118, 120, 146, 150, 159, 163, 168

Assisted Living 5, 21, 36, 76, 80, 82, 83, 115, 116, 118, 147, 149, 150, 161, 163, 168

C

Caregiver Support 4, 21, 22, 23, 54, 67, 146, 168

CARES 4, 5, 6, 13, 16, 19, 20, 26, 36, 46, 111, 112, 113, 117, 118, 119, 120, 123, 146, 150, 163, 168

Case Aide 38

Case Management 38, 100

Child Day Care 38

Chore 38, 45, 100

Communities for a Lifetime 4, 6, 11, 16, 18, 28

Community Care for the Elderly 5, 14, 20, 22, 36, 55, 94, 98, 147, 148, 163, 168

Companionship 39

Complaint Investigation 44

Congregate Meals 4, 39, 61, 63, 100, 168

Consumer-Directed Care Plus 5, 14, 20, 114, 121, 122, 147, 163

Counseling 39, 40, 46, 100, 141

Crimes Against Elders 36

D

Disaster Preparedness 15, 17

Disease Information 40

E

Elder Abuse 4, 17, 18, 71, 72, 146

Elder Farmers' Market Nutrition Program 5, 20, 23, 36, 134, 147, 149, 150, 163, 168

Emergency Alert Response 41, 100

Employment 4, 18, 36, 41, 53, 68, 69, 70, 146, 149, 150, 163, 168

Energy Assistance 5, 20, 22, 36, 44, 136, 146, 149, 150, 163, 168

H

Health Insurance 5, 15, 17, 36, 39, 141, 146, 150, 163, 168

Health Promotion 42, 65, 100, 146

Home Care for the Elderly 5, 20, 22, 36, 97, 98, 99, 146, 149, 163, 168

Home-Delivered Meals 4, 43, 62, 168

Home Health Aide 43

Home Repair 71

Housing 18, 44, 45, 147

I

Information & Referral 4, 59, 60, 146

Intake 39, 43, 44, 61, 62

Intergenerational 10, 18

J

Job Training 41

L

Legal Assistance 44, 100

M

Material Aid 45, 100

Meals 4, 13, 37, 39, 43, 61, 62, 63, 100, 168

Medicaid 5, 6, 10, 11, 12, 13, 14, 16, 17, 19, 20, 21, 37, 50, 95, 109, 111, 112, 113, 115, 116, 117, 118, 120, 121, 122, 123, 124, 125, 129, 130, 138, 141, 142, 148, 149, 150, 151, 161, 162, 163

Medicaid Waiver 20, 50, 111, 138, 150, 163

Medical Equipment 49

Medicare 12, 17, 21, 37, 39, 60, 120, 121, 123, 125, 129, 141, 142, 149, 162, 163

Medication Management 45

Model Day Care 46, 88, 89

N

Nursing Home Diversion 168

Nutrition Counseling 46

O

Older Americans Act 4, 6, 14, 16, 18, 19, 20, 22, 24, 36, 51, 53, 54, 55, 57, 59, 61, 62, 63, 65, 67, 68, 71, 72, 73, 129, 146, 147, 149, 150, 162, 163, 168

Ombudsman 4, 6, 16, 27, 36, 73, 76, 147, 163, 168

Osteoporosis 36

P

PACE 21, 123, 124, 125, 126, 147, 163, 168

Personal Care 47, 100

Pest Control 47

Physical Fitness 47

Public Guardianship 5, 6, 15, 36, 47, 105, 106, 107, 147, 150, 163, 168

R

Recreation 48, 100

RELIEF 5, 20, 23, 36, 48, 50, 103, 146, 163, 168

Respite 5, 20, 23, 36, 48, 87, 90, 100, 103, 130, 132, 146, 162, 163, 168

S

Senior Community Service Employment Program 4, 18, 36, 53, 68, 70, 146, 149, 163, 168

Senior Companion 5, 20, 23, 36, 50, 95, 129, 139, 146, 149, 168

Senior Employment 18

SHINE 5, 17, 36, 39, 141, 142, 146, 150, 163, 168

Shopping Assistance 48

Sitter 48

Skilled Nursing 49

T

Transportation 18, 22, 49, 100

V

Volunteers 14, 50, 73, 103, 104, 139, 141, 142,
149, 168

ELDER SERVICES AT A GLANCE - STATE FISCAL YEAR 2010-2011

PROGRAM	CLIENTS SERVED	FUNDING
Adult Care Food Program	\$4,223,398	130 Program Sites 2,207,541 Meals or Snacks Served
Adult Day Health Care Waiver	\$1,946,858	54
Aged and Disabled Adult Waiver (ADA)	\$98,117,691	11,732
Alzheimer's Disease Initiative (ADI) Respite/Special Projects	\$8,362,200	2,300
Alzheimer's Disease Initiative (ADI) Memory Disorder Clinics	\$2,896,413	7,096
AmeriCorps	\$162,602	52 Volunteer Members 22,050 Member Hours of Service
Assisted Living Waiver	\$35,083,803	4,767
Channeling Waiver	\$14,700,762	1,600
Community Care for the Elderly (CCE)	\$50,378,099	16,015
Comprehensive Assessment and Review for Long-Term Care Services (CARES)	\$17,815,669	105,217 Assessments 34.3% of Clients Assessed Diverted to Home and Community-Based Services
Elder Farmers' Market Nutrition Program	\$107,200	34 Farmers' Markets 2,680 Clients Receiving Produce Coupons
Emergency Home Energy Assistance for the Elderly Program (EHEAP)	\$7,620,806	20,770 Households Served
Home Care for the Elderly (HCE)	\$7,903,357	2,674
Local Services Programs	\$7,465,811	23,763
Long-Term Care Community Diversion Pilot Program (Nursing Home Diversion)	\$337,924,993	23,292
Long-Term Care Ombudsman Program (LTCOP)	\$2,568,335	3,347 Administrative Assessments 7,534 Complaints Investigated
Nutrition Services Incentive Program (NSIP)	\$7,736,228	11,376,805 Meals Served
Older Americans Act Title III B Supportive Services	\$26,162,206	39,131
Older Americans Act Title III C1 Congregate Meals	\$30,564,291	34,640
Older Americans Act Title III C2 Home-Delivered Meals	\$15,229,096	21,469
Older Americans Act Title III D Preventive Health Services	\$1,526,500	94,634
Older Americans Act Title III E Caregiver Support	\$10,093,555	20,206**
Older Americans Act Title V Senior Community Service Employment Program	\$6,781,930	1,257
Program of All-Inclusive Care (PACE)	\$9,960,079	1,050 Clients Approved
Respite for Elders Living in Everyday Families (RELIEF)	\$909,034	464 Volunteers 131,384 Hours of Service
Senior Companion Program	\$395,648	324 Clients Served 102 Volunteer Companions 72,000 Hours of Service
Serving Health Insurance Needs of Elders (SHINE)	\$2,724,005	400 Volunteers 92,511 Clients Contacted
Statewide Public Guardianship Office	\$2,755,400	2,667 Public Wards Provided Services

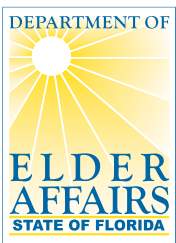
*Programs operate on different annual periods, for example, state fiscal year or calendar year. For the latter, the most recent final data available at the time of publication is for calendar year 2010 except as noted. Please refer to individual program listings for information on their respective program periods. **Most recent available final data is for federal fiscal year 2009-2010.



This 2012 edition of the **Summary of Programs & Services** provides comprehensive information about the Florida Department of Elder Affairs and the programs it administers. Specifically, the **2012 Summary of Programs & Services** contains the following information for each of the programs the Department administers:

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

The **2012 Summary of Programs & Services** also includes an appendix with demographic and budget information. Unless otherwise notated, this publication contains information and data compiled as of January 2011.



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

