

2022

LIVE WELL & AGE WELL

Department Overview



Celebrating 30 Years of Serving Seniors



RON DESANTIS
Governor

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Secretary



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Mission
 To promote the well-being, safety,
 and independence of Florida’s seniors,
 their families, and caregivers.

Vision
 For all Floridians to live well and age well.

PROGRAMS AT A GLANCE

PG	DEPARTMENT PROGRAM	FUNDING		UNITS OF SERVICE
		2021-2022	2022-2023	2021-2022
53	Adult Care Food Program	\$7,661,047	#\$6,382,407	2,421,341 meals 223 sites
32	ADI - Alzheimer's Disease Initiative	\$39,273,224	\$52,297,179	15,777 clients
33	ADI - Memory Disorder Clinics	\$3,909,285	\$3,909,285	18,533 clients
55	AmeriCorps	\$246,321	\$248,113	21,000 hours
40	Community Care for the Elderly	\$68,850,206	\$77,850,206	50,783 clients
47	CARES	\$18,396,055	\$18,384,186	112,265 assessments
57	Emergency Home Energy Assistance for the Elderly Program	\$5,848,537	\$5,963,764	17,149 households
31	Elder Abuse Prevention	\$344,252	\$344,252	14,761 events 594 trainings
41	Home Care for the Elderly	\$10,303,357	\$10,303,357	4,603 clients
42	Local Services Programs	\$10,028,454	\$13,724,635	9,238 clients
28	Long-Term Care Ombudsman Program	\$5,173,299	\$5,399,042	3,084 assessments 4,119 complaints
61	Medicare Improvements for Patients & Providers Act	\$1,952,866	\$1,952,866	37,083 contacts
21	Nutrition Services Incentive Program	\$6,292,520	\$6,290,598	87,840 clients
43	Office of Public and Professional Guardians	\$18,024,853	\$18,625,791	3,741 public wards
15	OAA Title III B - Supportive Services	\$34,171,554	\$29,634,137	23,181 clients
17	OAA Title III C1 - Congregate Meals	\$26,793,122	\$38,092,264	25,185 clients
19	OAA Title III C2 - Home-Delivered Meals	\$26,914,784	\$21,860,273	24,573 clients
22	OAA Title III D - Disease Prevention and Health Promotion Services	\$1,867,767	\$1,883,883	9,199 clients
24	OAA Title III E - Caregiver Support	\$15,653,230	\$16,114,261	3,793 clients
26	OAA Title V - Senior Community Service Employment Program	\$4,507,253	\$4,705,077	400 clients
46	Respite for Elders Living in Everyday Families	\$959,000	\$933,784	340 volunteers 88,248 hours
59	Senior Farmers' Market Nutrition Program	\$300,000	\$300,000	2,357 produce bundles
61	Senior Medicare Patrol	\$478,557	\$896,116	27,784 clients
61	SHINE	\$2,926,303	\$2,409,532	41,212 clients

Note: Programs operate on different annual periods. (fiscal year, calendar year, etc.) See program listings for more information. # Projection

How We Serve Florida Seniors

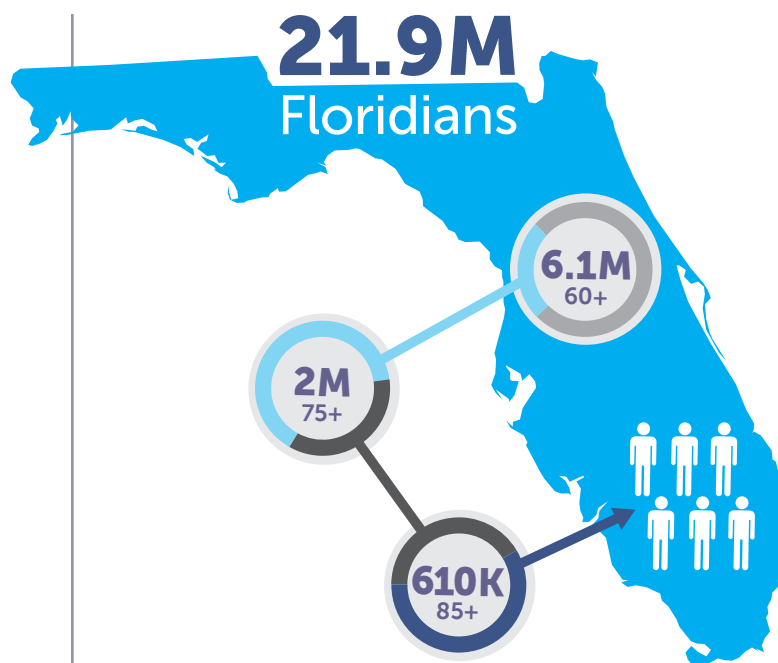
General Overview

The Florida Department of Elder Affairs (DOEA) strives to help Florida's elders remain healthy, safe, and independent.

DOEA 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*).

DOEA is responsible for developing policy recommendations for long-term care, combating ageism, creating public awareness of aging issues, understanding the contributions and needs of elders, advocating on behalf of elders, and serving as an information clearinghouse.

DOEA is the designated State Unit on Aging, in accordance with the federal Older Americans Act and Chapter 430, *Florida Statutes*. DOEA works in concert with federal, state, local, and community-based public and private agencies and organizations to represent the interests of older Floridians, their caregivers, and elder advocates. The organizations and providers that help create a better life for Florida's 6.1 million seniors make up Florida's Aging Network. Important to the Aging Network are the 11 Area Agencies on Aging (AAAs), also called Aging and Disability Resource Centers (ADRCs), that provide a wide range of programs and assistance. Each AAA is managed at the local level and is responsible for selecting the services and providers to assist elders within each county. Through partnerships with the AAAs, DOEA provides community-based care to help seniors safely age with dignity, purpose, and independence.



Florida's Older Adults

By the Numbers

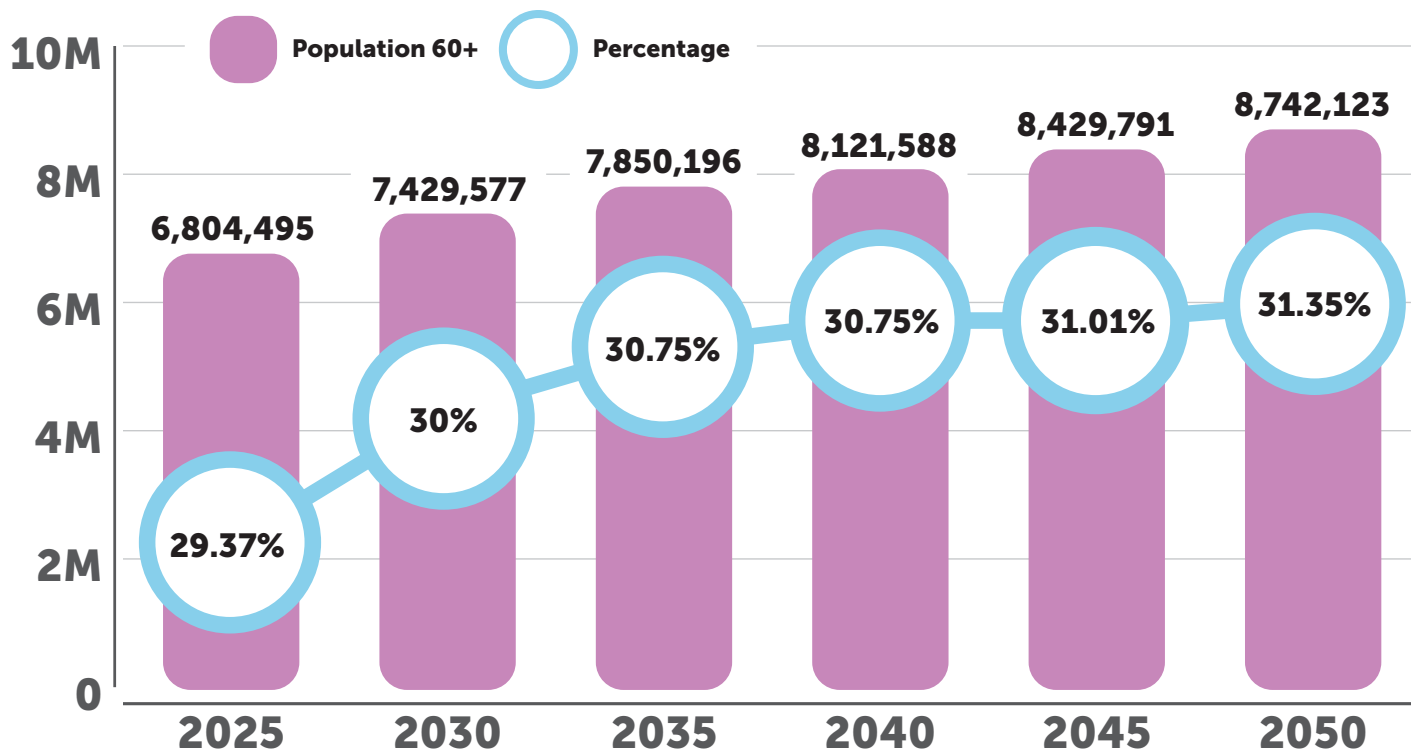
Florida boasts the third largest population in the nation, with nearly 22 million residents, and over 28 percent (6.1 million) of those residents are over the age of 60. Florida's elder population on its own would rank within the top 20 of total population among states.

Older adults 100+ are the fastest growing age group in Florida, emphasizing the need for a statewide focus on healthy aging. Florida is projected to continue to experience increases in the number of older residents over the next 10 years as a result of migration and baby boomers who continue to age into retirement.

Disabilities among Florida's elder population vary by type, with 13 percent reporting cognitive impairments or problems with memory, 17 percent reporting ambulatory disabilities, and 14 percent reporting two or more types of impairment.

As our elder population grows, our state will be faced with increased demands on infrastructure and services. By 2030 Florida's population of older adults will increase by 30 percent from what it is today, which may present new challenges to the state's economic and healthcare systems for older adults.

2025-2050 Projections for Florida Population 60+*



* 2025 to 2050 Population Projections for Florida: Actual and Percent, 60 and Older Source: Bureau of Economic and Business Research, 2020 Census Counts, and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2025-2050 With 2021 Estimates (Released October, 2022)

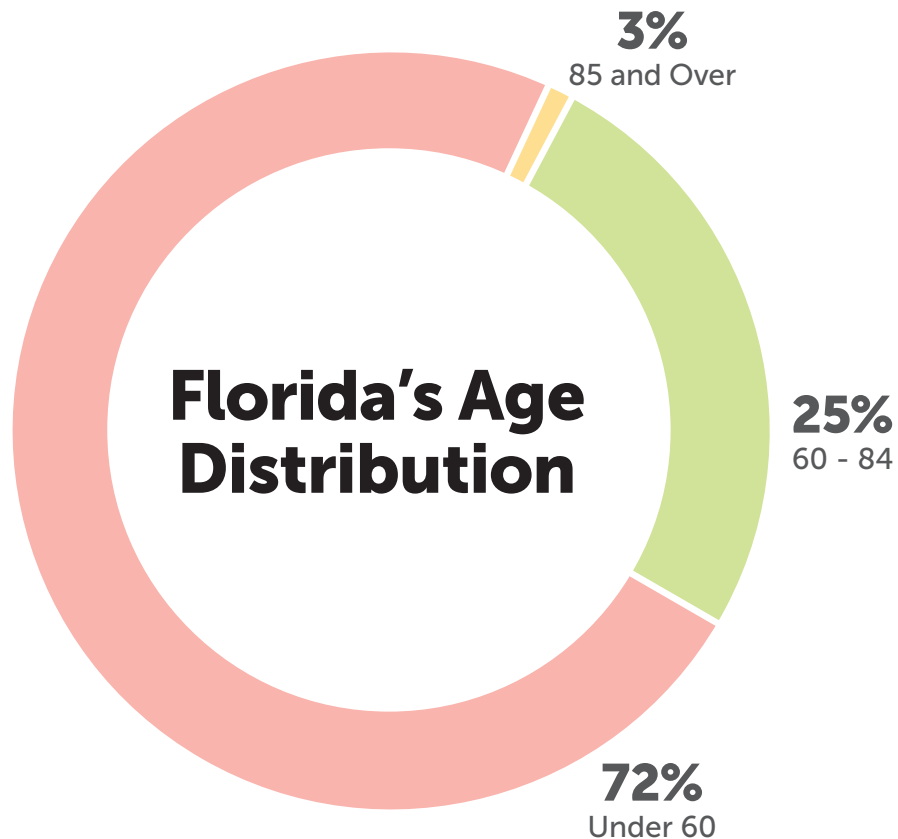
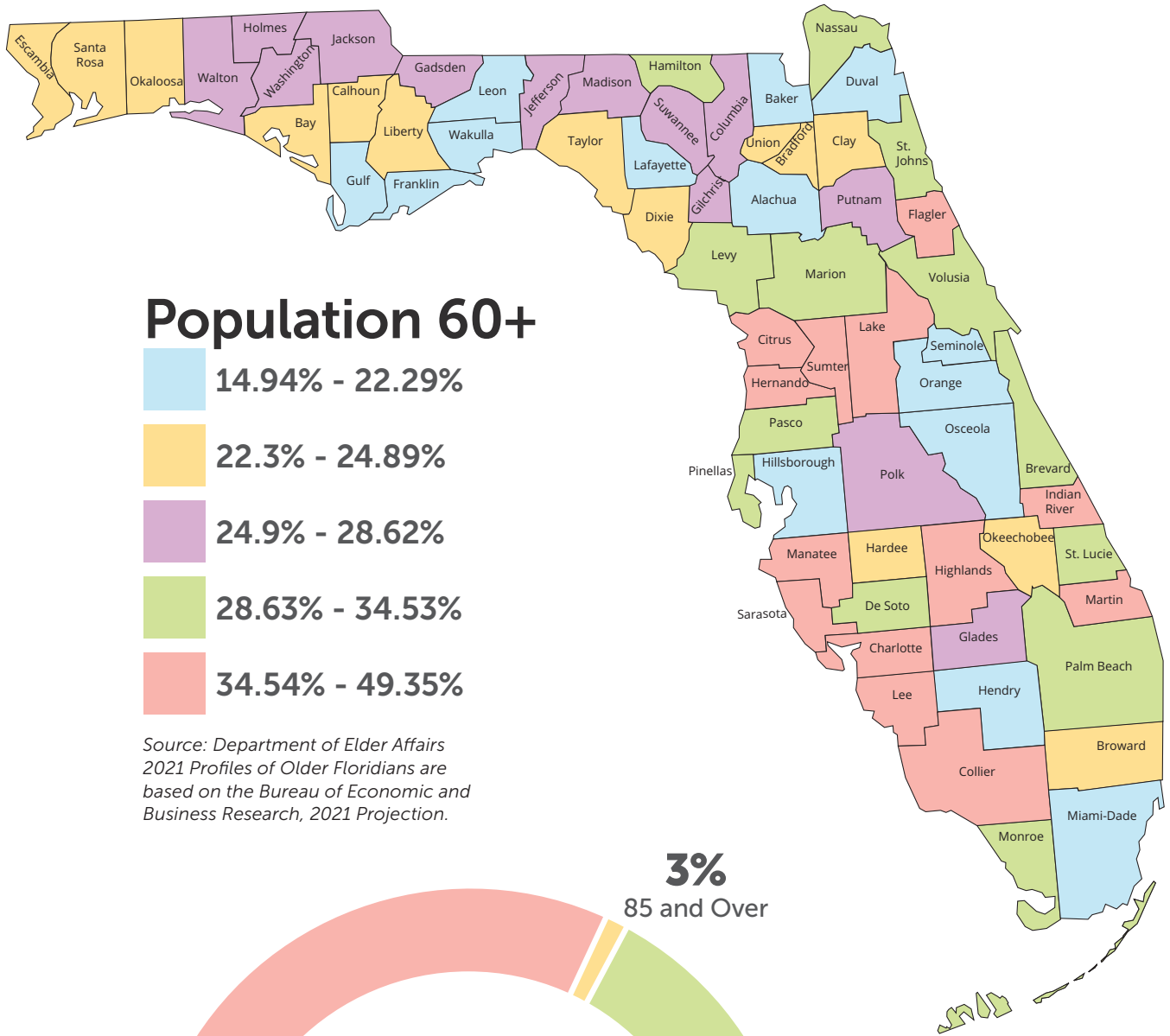
Geographic Concentration

Estimates from state economists show that more than 1,000 people move to Florida each day, and nearly one-quarter of these new residents are age 60 and older. These migration trends are largely reflected in the urban areas and are concentrated in the central and southern counties, namely Miami-Dade (652,665), Broward (476,486), Palm Beach (463,191), Pinellas (344,021), Hillsborough (303,630), and Lee (261,556) counties. These six counties account for 41 percent of our state's total population of persons age 60 and older.

It is important for the Department to allocate resources and direct services to those areas of the state with the greatest concentrations of older adults. Examining population data and migration trends on the county level makes this possible. In Florida there are at least seven counties with more than 40 percent of their population over the age of 60.

Counties with Populations Over 40 Percent 60+

COUNTY	POPULATION		
	TOTAL	60+	% 60+
Sumter	141,422	87,576	62%
Charlotte	187,904	89,063	47%
Citrus	149,383	66,595	45%
Sarasota	438,816	191,581	44%
Highlands	104,834	44,834	43%
Indian River	162,106	64,618	40%
Martin	163,424	66,082	40%



Diversity

Florida also benefits from a rich cultural diversity. Approximately 30 percent of people age 60 and older identify as a racial or ethnic minority.

Among people age 60 and older, the percentage of minorities in Florida continues to exceed that of the nation. The two largest minority groups of older adults are those who are Black or of African descent at 11 percent, and Hispanic or Latin ethnicity at 17 percent. Additionally, Florida is also home to more than 1.3 million foreign-born older adults who contribute to the cultural, religious, and linguistic diversity of the state, with a resulting 22 percent of older adults who are able to speak in a language other than English, and 13 percent who are unable to speak English well.¹

Disabilities among Florida's elder population varied by type, with 7 percent reporting cognitive impairments and 13 percent likely to be suffering from Alzheimer's or other

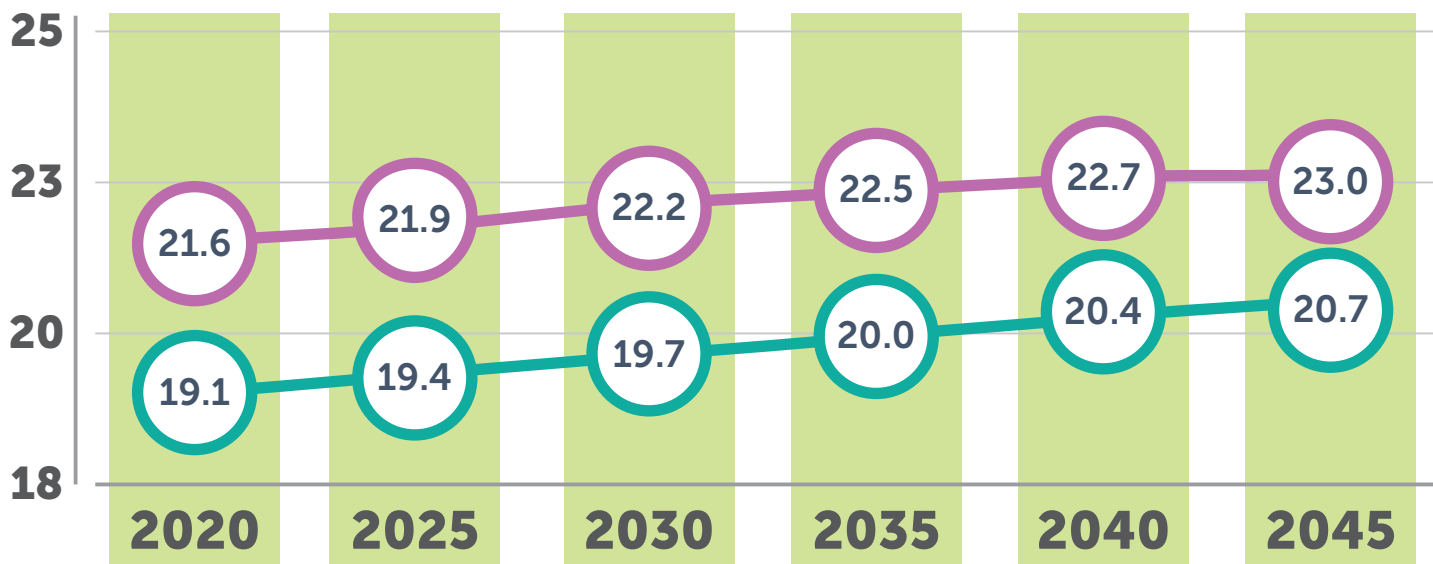
related dementias, 17 percent reporting ambulatory disabilities, and 14 percent reporting two or more types of disability. Though 63 percent of Florida's older adults do not have any type of disability,² those older adults age 85 and older, as well as those with lower incomes, are more likely to experience disabilities and physical limitations.

Life Expectancy

The projected increase of older adults in the population is in part due to the improved health and well-being of Floridians, which allows them to live longer lives. This is already apparent with the population of individuals age 100 and older, currently the nation's fastest-growing age group by percentage. Many favorable trends are occurring simultaneously among individuals age 60 and older that continue to decrease the likelihood of morbidity (illness) and mortality (death). These include the following:

Expected Years of Life After 65: Projections 2020 - 2045

○ Female ○ Male



Source: Social Security Administration 2019 OASDI Trustees Report. Table V.A5. Cohort Life Expectancy—Intermediate Projections

1 U.S. Census Bureau, Population Estimates Program (PEP), updated annually. [census.gov/quickfacts/FL](https://www.census.gov/quickfacts/FL); retrieved April 28, 2020. American Community Survey Product, 2018: ACS 1-Year Estimates Subject Tables "Population 60 Years and Over in Florida;" TableID: S0102

2 Department of Elder Affairs calculations based on Florida Population Data and 2012-2016 American Community Survey Data provided by AGID [agid.acl.gov](https://www.agid.acl.gov)

- A declining disability rate among people age 60 and older;
- Delayed retirement and increased labor force participation in older age groups; and
- Increases in education and a focus on healthy aging.

Contributions of Older Adults

Older adults are an important part of Florida’s economic engine. The average retiree in Florida contributes \$2,900 more to the state and local economy than they consume in public services. These older adults, along with all adults over the age of 50 are fueling a significant, fast-growing and often overlooked “longevity economy” — the sum of all economic activity driven by these individuals including both the products and services they purchase directly and the further economic activity this spending generates. People over 50 contribute to the economy in a positive, outsized proportion to their share of the population. Despite being 40 percent of Florida’s population in 2017, the total economic contribution of the longevity economy accounted for 54 percent of Florida’s GDP (\$478 billion).³

In addition to being significant contributors to the state’s economy, older adults are often very active in their local communities. As a result those communities with a high proportion of older adults enjoy numerous advantages. Older adults donate to charitable causes at a larger rate than younger generations. High levels of volunteerism in this group continuously enhances communities throughout Florida which is evident in local programs and services such as libraries, schools, community-services organizations, museums, theater groups, and art galleries. Older adults also remain committed to their families with many providing care to another family member, including raising grandchildren when a parent is unable to do so.



- Approximately 81.5% of older Floridians are registered voters.⁴
- There has been a nearly 25% increase in the number of grandparents responsible for their grandchildren since 2006.⁴
- In 2017, older adults volunteered more than 130 million hours, valued at more than \$3 billion in cost savings to the state for their services.⁵

³ Study prepared by the University of Florida’s Bureau of Economic and Business Research titled *An Update to the Net Impact of Retirees on Florida’s State and Local Budgets (2018)*

⁴ The Department of Elder Affairs, *2022 Profile of Older Floridians and 2006 Profile of Older Floridians*

⁵ Current Population Survey Volunteering and Civic Life Supplement, 2017 provided by Corporation for National and Community Service (CNCS)

Florida's Aging Network

Area Agencies on Aging (AAAs) are the designated private non-profit entities that advocate, plan, coordinate, and fund a system of elder support services in their respective Planning and Service Areas (PSAs).

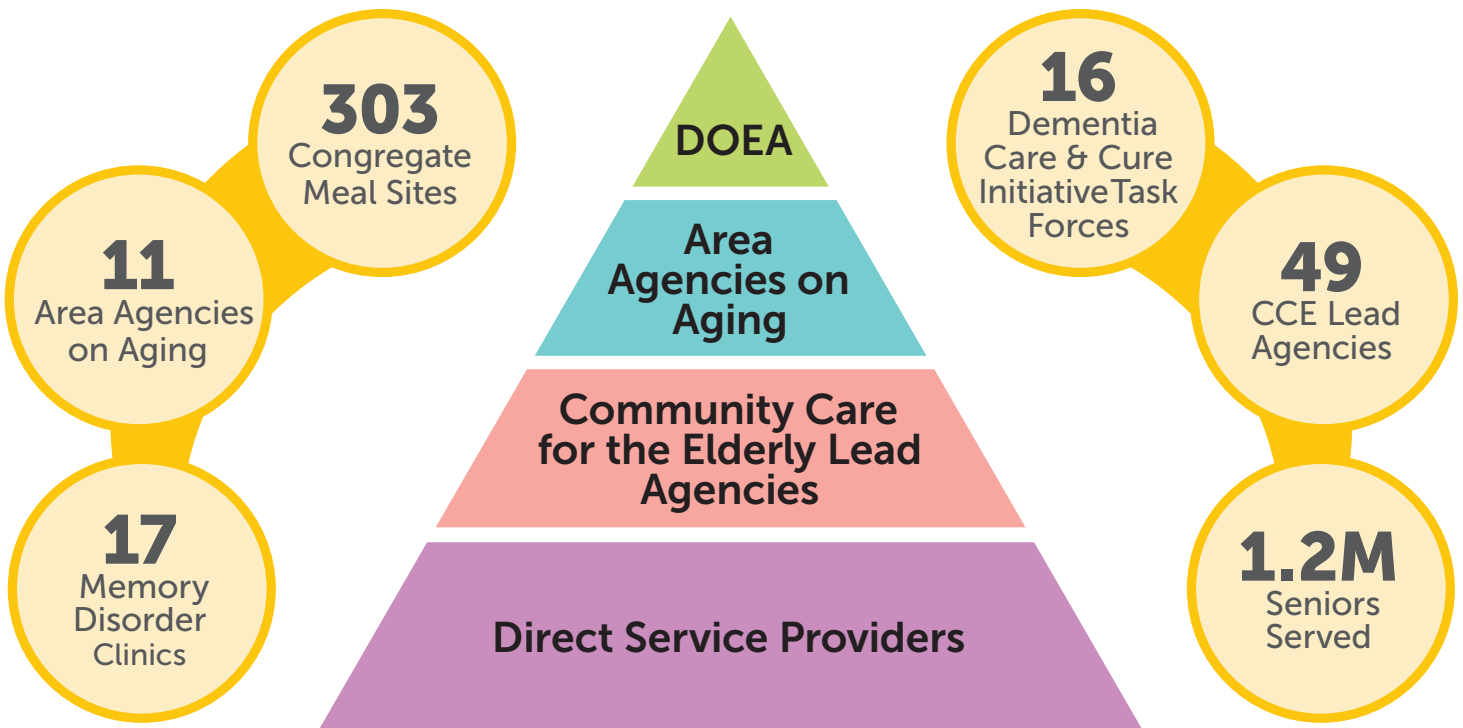
Each of the 11 Area Agencies on Aging also operates as an Aging and Disability Resource Center (ADRC). ADRCs function as a single, coordinated system for information and access to services for all Floridians seeking long-term care resources. The ADRCs provide information and assistance about state and federal benefits, as well as available local programs and services. Each AAA contracts with one or more Community Care for the Elderly (CCE) Lead Agencies that provide and coordinate services for elders throughout the state.

There are 49 CCE Lead Agencies serving Florida. 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 contract with local service providers, which include non-profit and for-profit corporations. Among non-profits are senior centers, county organizations, community action agencies, faith-based organizations, adult day care centers, and Alzheimer's disease clinics.

The AAAs also operate a statewide network of 11 Elder Helplines. Individuals and community agencies seeking accurate, unbiased information about federal, state, or local social and health and human services may access Florida's Elder Helpline by calling toll-free 1-800-96-ELDER (1-800-963-5337).

To improve an individual's entry into the services system, AAA services are accessible through local providers, including senior centers, lead agencies, health care providers, and other community agencies.



Description of Current Service Population

The Department works to improve the well-being of Florida’s older adults through the provision of appropriate and cost-effective home and community-based services. More than 1.2 million Floridians age 60 and older received services from the Department in fiscal year 2021-2022, and over 95 percent of the Department’s \$404.9 million budget (state and federal) is spent providing direct services.

The Department uses the Federal Poverty Level as a measure of economic need. Of the clients screened and served by the Department, 43 percent were below the poverty level compared to approximately 11 percent in the general 60-and-older population. Furthermore, low-income minority clients were 30 percent of the service population compared to five percent in the general population of people age 60 and older.

The client’s living situation is used to measure social needs among other factors. Thirty-six

percent of the service population lived alone, compared to only 18 percent in the general 60-and-older population. Approximately six percent of the Florida 60+ population has limited English proficiency compared with 24 percent of the clients served.

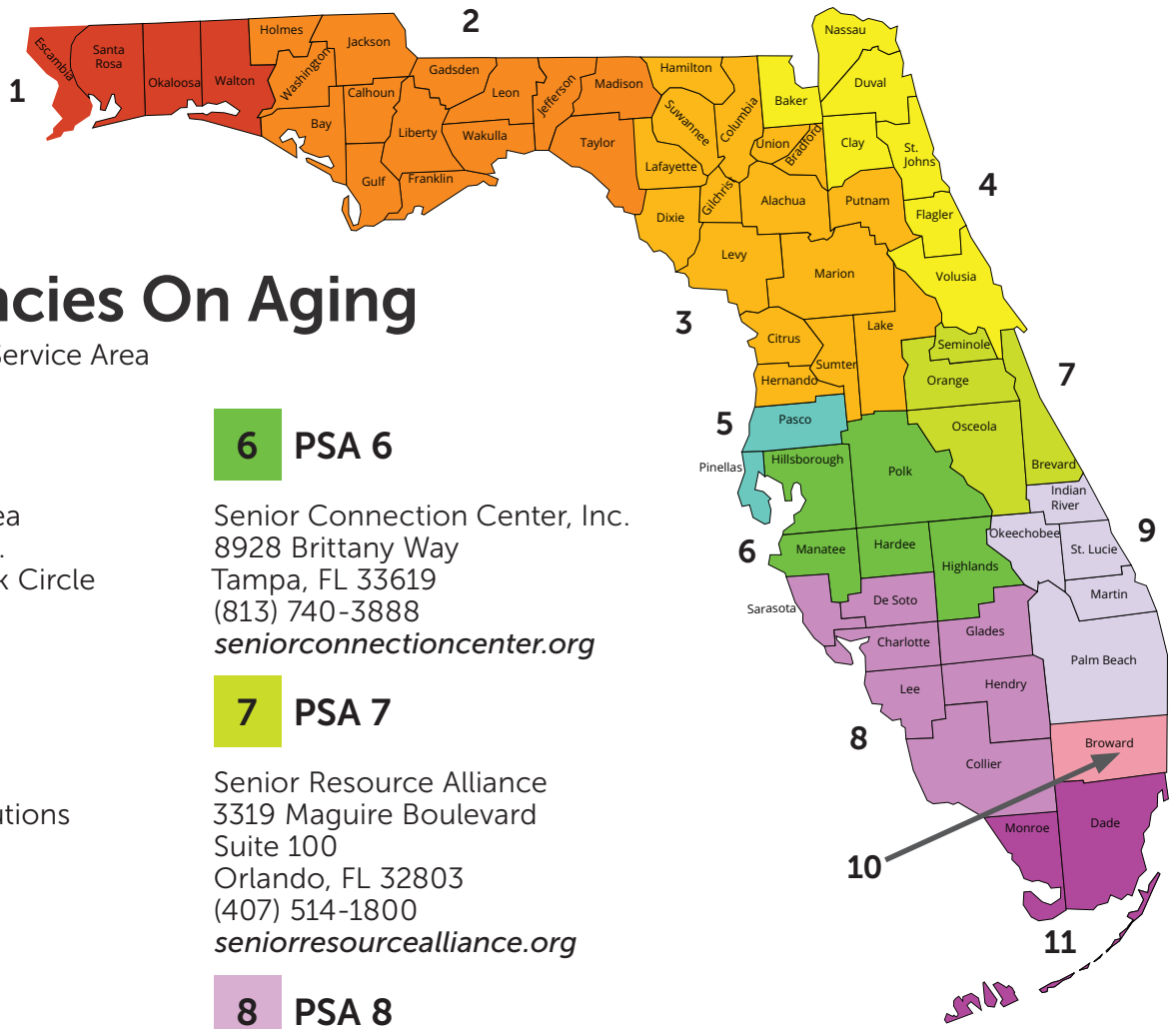
The rural area designation is used to measure access to services. Nearly four-fifths of all rural older adults live in counties that are primarily urban. Six percent of the clients DOEA serves lived in rural areas, compared to nine percent in the general 60-and-older population.

Providers are instructed to make special efforts to target and serve older adults with the greatest economic and social needs in all counties by addressing program development, advocacy, and outreach efforts. Further, DOEA clients who receive case management services are provided service options based on their assessed needs and preferences, and choices of providers when more than one provider is available. Consumer choice is an underlying principle as programs and services are administered.

Florida 60+ Population Compared To Screened And Served Clients

Characteristic 60+	Population		Services *	
	60+	% 60+	Recipients	%
Below 100% of Poverty Level	617,120	11%	66,325	46%
Living Alone	1,314,975	23%	47,222	33%
Minority	1,202,047	21%	74,115	51%
Minority Below 100% of Poverty Level	226,795	4%	44,857	31%
Rural Areas	514,435	9%	15,174	11%
Limited English Proficiency	481,163	8%	34,011	24%

Source: U.S. Census Bureau American Community Survey, 2022, 1-year and 5-Year Estimates and ECIRTS State Fiscal Year 2021-22; Calculated using DOEA’s 2022 Targeting Report. *Includes individuals screened and served in OAA programs and individuals served in General Revenue programs



Area Agencies On Aging

PSA — Planning and Service Area

1 PSA 1

Northwest Florida Area Agency on Aging, Inc.
5090 Commerce Park Circle
Pensacola, FL 32505
(850) 494-7101
nwflaaa.org

2 PSA 2

Advantage Aging Solutions
2414 Mahan Drive
Tallahassee, FL 32308
(850) 488-0055
advantageaging.org

3 PSA 3

Elder Options
100 Southwest 75th Street
Suite 301
Gainesville, FL 32607
(352) 378-6649
agingresources.org

4 PSA 4

ElderSource
10688 Old St. Augustine Road
Jacksonville, FL 32257
(904) 391-6600
myeldersource.org

5 PSA 5

Area Agency on Aging of Pasco-Pinellas, Inc.
9549 Koger Boulevard
Gadsden Building, Suite 100
St. Petersburg, FL 33702
(727) 570-9696
agingcarefl.org

6 PSA 6

Senior Connection Center, Inc.
8928 Brittany Way
Tampa, FL 33619
(813) 740-3888
seniorconnectioncenter.org

7 PSA 7

Senior Resource Alliance
3319 Maguire Boulevard
Suite 100
Orlando, FL 32803
(407) 514-1800
seniorresourcealliance.org

8 PSA 8

Area Agency on Aging for Southwest Florida, Inc.
2830 Winkler Avenue
Suite 112
Fort Myers, FL 33916
(239) 652-6900
aaaswfl.org

9 PSA 9

Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
4400 North Congress Avenue
West Palm Beach, FL 33407
(561) 684-5885
aaapbtc.org

10 PSA 10

Area Agency on Aging of Broward County
5300 Hiatus Road
Sunrise, FL 33351
(954) 745-9567
adrcbroward.org

11 PSA 11

Alliance for Aging, Inc.
760 Northwest 107th Avenue
Suite 214, 2nd Floor
Miami, FL 33172
(305) 670-6500
allianceforaging.org

First Lady DeSantis' Hope Florida – A Pathway to Purpose

Launched in the fall of 2022, the Department of Elder Affairs has joined First Lady Casey DeSantis' Hope Florida initiative by pairing Hope Navigators with seniors and caregivers to provide assistance in identifying and overcoming barriers to living an enhanced quality of life and aging in the place of their choosing. To get connected to a Hope Navigator, call (850) 300-HOPE or email the Department at information@elderaffairs.org.

Hope Heroes

The initiative also includes Hope Heroes, a special volunteer program to fulfill the special needs of older Floridians that can't always be met through traditional means. Hope Heroes have made an impact around the state by giving their time and talents to support older Floridians in maintaining independence and aging in the place of their choosing. In 2023, the Hope Heroes program is expanding to

provide companionship to seniors living in long-term care facilities. To become a Hope Hero, visit helpcreatehope.com.

Hope Heroes in Action

The First Lady's Hope Heroes program was pivotal in mobilizing volunteers to support older victims of Hurricane Ian, providing hands-on support in shelters, delivering meals, repairing homes, cleaning up yard debris, providing telephone assessments, and much more in Southwest and Central Florida.

After learning of the impact made by the Hope Heroes initiative following Hurricane Ian, the WellMed Charitable Foundation contributed \$400,000 to grow and support the program. The donation was made to Advantage Aging Solutions, the Area Agency on Aging of North Florida, to build on the strong foundation of volunteerism started by the program and to provide direct support for seniors to get back on their feet after Hurricane Ian.

To sign up to become a Hope Hero, or partner with the Department on these initiatives, visit helpcreatehope.com.



Communities Coming Together to Create A Pathway to Purpose

Prioritizing Floridians and Caregivers Affected by Dementia

Governor DeSantis' Five-Point Dementia Action Plan

In 2019, to improve the lives of millions of Floridians affected by dementia, Governor DeSantis announced his five-point Dementia Action Plan. In June 2022, the Governor announced the final pillar of his plan had been fulfilled with the establishment of the Florida Alzheimer's Center for Excellence.

- 1** Directed the Department of Health to add Alzheimer's and related dementias as a priority within the State Health Improvement Plan. It was added to the State Health Improvement Plan in 2019 and continues as a priority area in the 2022-2026 cycle.
- 2** Challenged institutions that house Florida Memory Disorder Clinics to provide matching funding to the clinics to allow for an increase in the number of individuals they serve with evaluation and diagnostic testing for dementia. Currently, the State of Florida has designated and funded 17 Memory Disorder Clinics which are established at medical schools, teaching hospitals, and similar institutions. Each receives \$222,801 in general revenue annually.
- 3** Encouraged local communities to expand the Dementia Care and Cure Initiative in their areas. The Dementia Care and Cure Initiative Task Force network has grown to 16 communities across Florida that are working toward common goals to make their local areas more dementia-friendly, promote better care for Floridians affected by dementia, and support research efforts to find a cure.



- 4** Released budgets each year that included financial backing to help those with this disease. This funding also serves similar memory disorders as well as their families. The supportive services include counseling, consumable medical supplies, and respite for caregiver relief.
- 5** Established the Florida Alzheimer's Center of Excellence, the first Alzheimer's Center of Excellence developed exclusively by a state government agency. Governor DeSantis announced the establishment and first phase of this innovative effort in June 2022 as the final pillar of his five-point Dementia Action Plan.



1965 The Older Americans Act was passed and created the Area Agency on Aging.

1985 Alzheimer's Disease Initiative (ADI) was legislatively created to provide a continuum of services to meet the changing needs of individuals and families affected by Alzheimer's Disease and Related Dementias.

The start of the ADI respite programs and model day care services.

The first Memory Disorder Clinics (MDCs) established at USF, UF, and UM.

1986 The Alzheimer's Disease Advisory Committee (ADAC) established and the first chairperson was appointed.

1987 The Florida Brain Bank was created at Mt. Sinai Medical Center in Miami by Dr. Ranjan Duara.

1992 Department of Elder Affairs (DOEA) established.

1999 ADRD training program established.

2008 Florida Silver Alert Plan was established through Executive Order 08-211.

2010 Silver Alert coordination and support project started.

2011 Florida Silver Alert became state law under Florida Statute sections 937.021 and 937.0201*.

2012 HB 473 passed that created the Purple Ribbon Task Force (PRTF) housed within DOEA.

2013 Submitted Florida Alzheimer's Disease State Plan to the Governor and Legislature. The PRTF adjourned following the submission.

2015 DOEA announced the Dementia Care and Cure Initiative (DCCI).

2016 Tallahassee announced as the first DCCI pilot task force.

2019 Florida became the 4th designated Age-Friendly State.

ADRD placed into the State Health Improvement Plan as a Priority Area.

2021 16th DCCI task force created.

2022 Governor Ron DeSantis highlighted record funding for ADRD and established the Florida Alzheimer's Center of Excellence (FACE).

Florida Alzheimer's Center of Excellence

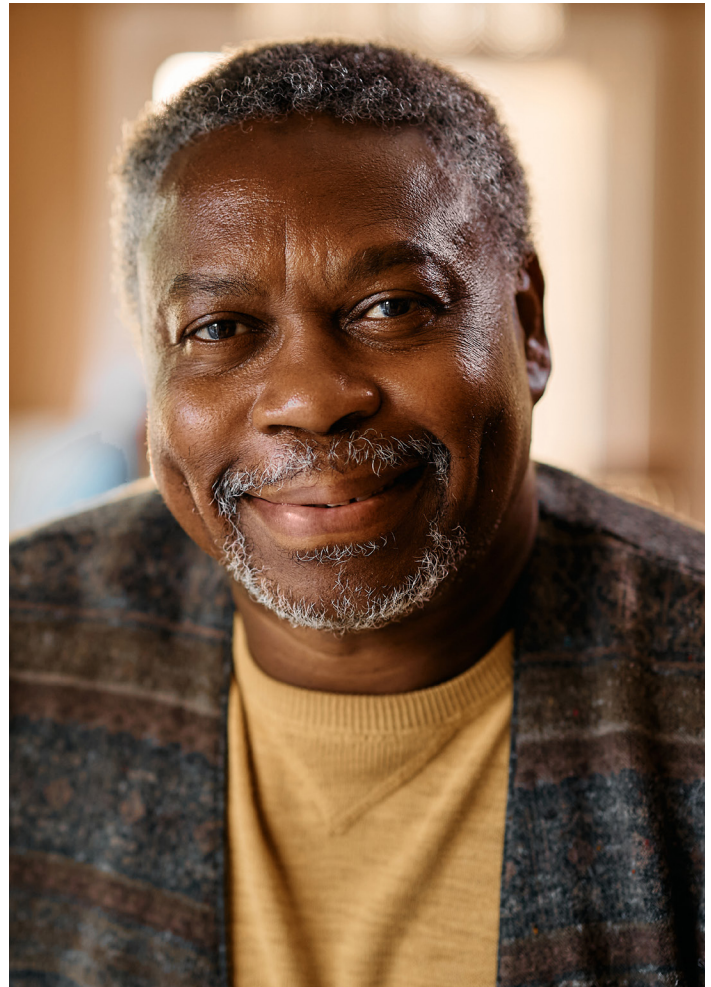
Florida Alzheimer's Center of Excellence (FACE) was announced in 2022 to support caregivers and people with Alzheimer's and related dementias in the community using evidence-based and no-wrong-door strategies. The creation of FACE marked the final pillar of Governor DeSantis' five-point dementia action plan that he announced at the start of his first term in 2019 as part of the state's deep commitment to leading the nation in research, care, and support for individuals with Alzheimer's disease and related dementias.

FACE achieves a holistic care model for client and caregiver to address two primary goals: to allow Floridians living with Alzheimer's disease and related dementias to age-in-place, and to empower family caregivers with increased capacity and stamina. FACE provides the resources to create a family-centered support system throughout the continuum of care by building on Florida's current infrastructure of Alzheimer's and dementia resources, initiatives, and funding by connecting the state's Memory Disorder Clinics, Dementia Care and Cure Initiative Task Forces, the Alzheimer's Disease Advisory Committee, and the Department of Elder Affairs' Care Navigators.

Services and Activities

Through FACE, Care Navigators in communities across Florida are able to support caregivers and people with dementia in an unprecedented way. The Care Navigator's role is to offer ongoing care-planning services, expert referrals, counsel, and encouragement.

As FACE continues to develop, the program will include recognizing direct care settings that demonstrate excellence in staff training and support. The third layer of FACE outlines parameters to acknowledge industry leaders in the field of Alzheimer's disease and related dementias clinical care and research. The model follows the framework developed by the Department of Health's



Cancer Centers of Excellence by creating benchmarks and best-practice standards. The recognition as a FACE Partner will allow families to seek the best professionals in the field and raises the bar of care standards.

To be connected with a Care Navigator, call the Elder Helpline at 1-800-96-ELDER.

Older Americans Act Programs

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 calculated by using a statutory formula based on the state's population and prior funding history.

OAA Title III B Supportive Services

Description

Older Americans Act (OAA) Title III B funds provide supportive services to enhance the well-being of elders, and to help them live independently in their home environment and the community.

Services and Activities

Supportive services consist of the following:

- » Access services including transportation, outreach, and information and referral;
- » In-home services including homemaker, home health aide, home repair, companionship, telephone reassurance, chore, respite, and other supportive services for families of elders living with Alzheimer's disease and related dementias (ADRD); and



- » Legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

Administration

The Department administers OAA Title III B programs and services through contracts with Area Agencies on Aging (AAAs), which enter into agreements with local service providers to deliver services within their communities. Program services are provided statewide by contractors and subcontractors.

Eligibility

Individuals age 60 or older are eligible for OAA Title III B services. Preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, low-income minority elders, individuals with limited English proficiency, and individuals residing in rural areas.

Statutory Authority

Older Americans Act, 42 *United States Code* 3001 et seq., as amended by Public Law 114–144; and Chapter 430, *Florida Statutes*.

Funding Source and Allocation Methodologies

OAA Title III B is 100 percent federally funded. A 10-percent match is required for services, and a 25-percent match is required for administration. Funds are allocated to AAAs, which contract with service providers to deliver supportive services. The statewide funding distribution for services in OAA Title III B is based on the following formula:

1. Base funding at the 2003 level.
2. Funding in excess of the base is allocated according to the following factors:
 - » **35 percent weight** — Share of the population age 60 or older in the Planning and Service Area (PSA).
 - » **35 percent weight** — Share of the population age 60 and older with income below poverty in the PSA.
 - » **15 percent weight** — Share of the minority population age 60 and older below 125 percent of the poverty level in the PSA.
 - » **15 percent weight** — Share of population age 65 and older in the PSA with two or more disabilities.

OAA Title III B Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
2017-2018	\$36,471,305	34,586
2018-2019	\$36,462,810	38,311
2019-2020	\$32,571,250	33,188
2020-2021	\$34,171,554	29,921
2021-2022	\$34,171,554	23,656

Note: The number of clients served under OAA Title III B does not include clients who are served with information and referral/assistance. For data on services assisting elders, caregivers, and the general public with their information and referral needs, see Information and Referral/Assistance units of service in the Services and Utilization table in Section F of this publication.

Source for clients served: ECIRTS

OAA Title III C1 Congregate Meals

Description

Older Americans Act (OAA) Title III C1 funds are provided to promote better health among elders by improving nutrition and reducing isolation through congregate meals dining. Congregate meal sites are strategically located in schools, churches, community centers, senior centers, and other public or private facilities where individuals may obtain other social and rehabilitative services.

Services and Activities

Services provided are nutritionally sound meals served in a congregate setting that comply with the current Dietary Guidelines for Americans and provide a minimum of one-third of the dietary reference intakes (DRI) for adults age 51 or older.



Administration

The Department administers OAA Title III C1 programs and services through contracts with Area Agencies on Aging (AAAs), which enter into agreements with local service providers to deliver services within their communities. Program services are provided statewide by contractors and subcontractors.

Eligibility

Individuals eligible for OAA Title III C1 services include the following:

- » Individuals age 60 or older;
- » Spouses who attend the dining center with individuals age 60 or older;
- » Individuals with a disability, regardless of age, who reside in a housing facility occupied primarily by older individuals where congregate nutrition services are provided;
- » Individuals with a disability who reside at home with and accompany an eligible person to the dining center; and
- » Volunteers, regardless of age, who provide essential services on a regular basis during meal hours.

Preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, low-income minority elders, individuals with limited English proficiency, and individuals residing in rural areas.

Statutory Authority

Older Americans Act, 42 *United States Code* 3001 et seq., as amended by Public Law 114–144; and Chapter 430, *Florida Statutes*.

Funding Source and Allocation Methodologies

OAA Title III C1 is 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 for services in OAA Title III C1 is based on the following formula:

1. Base funding at the 2003 funding level.
2. Funding in excess of the base is allocated according to the following factors:
 - » **35 percent weight** — Share of the population age 60 or older in the PSA.
 - » **35 percent weight** — Share of the population age 60 or older with income below poverty in the PSA.
 - » **15 percent weight** — Share of the minority population age 60 and older below 125 percent of the poverty level in the PSA.
 - » **15 percent weight** — Share of population age 65 or older in the PSA with two or more disabilities.

OAA Title III C1 Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
2017-2018	\$23,471,840	30,464
2018-2019	\$23,871,232	31,303
2019-2020	\$26,299,358	32,558
2020-2021	\$26,793,122	30,291
2021-2022	\$26,299,358	25,472

Source for clients served: ECIRTS

OAA Title III C2

Home-Delivered Meals

Description

Older Americans Act (OAA) Title III C2 funds are provided to promote better health among frail elders by improving nutrition. Home-delivered meals are generally delivered to the homes of homebound participants at least once a day, five or more days a week.

Services and Activities

Services provided are nutritionally sound meals delivered to the home that comply with the current Dietary Guidelines for Americans and provide a minimum of one-third of the dietary reference intakes (DRI) for the predominant statewide demographic recipient, a moderately active female age 70 or older.

Administration

The Department administers OAA Title III C2 programs and services through contracts with Area Agencies on Aging (AAAs), which enter into agreements with local service providers to deliver services within their communities. Program services are provided statewide by contractors and subcontractors.

Eligibility

Individuals eligible for OAA Title III C2 services include the following:

- » Individuals age 60 or older who are homebound by reason of illness, disability, or isolation and their spouses, regardless of age, if the provision of the collateral meal supports maintaining the person at home;
- » Individuals with disabilities, regardless of age, who reside at home with eligible individuals and are dependent on them for care;
- » Individuals who are unable to attend congregate nutrition site due to teeth and/or mouth issues which makes it difficult to eat in public;
- » Individuals who are unable to prepare meals due to a lack of or inadequacy of facilities; an inability to shop, cook, or prepare safely; a lack of funds to purchase nutritious food; or a lack of appropriate knowledge or skill; and
- » Individuals at nutritional risk who have physical, emotional, or behavioral conditions that would make their presence at the congregate site inappropriate; and persons at nutritional risk who are socially or otherwise isolated and unable to attend a congregate nutrition site.



Preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, low-income minority elders, individuals with limited English proficiency, and individuals residing in rural areas.

Statutory Authority

Older Americans Act, 42 *United States Code* 3001 et seq., as amended by Public Law 114–144; and Chapter 430, *Florida Statutes*.

Funding Source and Allocation Methodologies

OAA Title III C2 is 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 for services in OAA Title III C2 is based on the following formula:

1. Base funding at the 2003 funding level.
2. Funding in excess of the base is allocated according to the following factors:
 - » **35 percent weight** — Share of the population age 60 or older in the PSA.
 - » **35 percent weight** — Share of the population age 60 or older below poverty in the PSA.
 - » **15 percent weight** — Share of the minority population age 60 or older below 125 percent of the poverty level in the PSA.
 - » **15 percent weight** — Share of population age 65 or older in the PSA with two or more disabilities.

OAA Title III C2 Funding History and Numbers Served

Federal Fiscal Year*	Federal Funding	Clients Served
2017-2018	\$23,031,943	16,720
2018-2019	\$23,407,329	17,418
2019-2020	\$27,160,170	31,384
2020-2021	\$26,914,784	30,665
2021-2022	\$27,160,170	24,751

*Allotment plus carry-forward dollars.
Source for clients served: ECIRTS

OAA Title III

Nutrition Service Incentive Program

Description

The Nutrition Services Incentive Program (NSIP) provides supplemental funding for meals served under the Older Americans Act (OAA) housed in the Administration on Aging, part of the U.S. Department of Health and Human Services. NSIP provides additional funding to help providers adjust meal rates, improve meal quality, and increase the number of meals provided to needy clients.

Services and Activities

NSIP reimburses Area Agencies on Aging (AAAs) and service providers for the costs of congregate and home-delivered meals through a supplement of approximately \$0.72 per meal (reimbursement rate varies annually).

Administration

The Department administers the program through fixed-rate contracts with AAAs and local service providers.

Eligibility

Individuals eligible for NSIP assistance include the following:

- » Individuals age 60 or older;
- » Individuals qualified to receive services under the OAA; and
- » Spouses, adults with disabilities, 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 and Allocation Methodologies

The Nutrition Services Incentive Program is wholly federally funded. NSIP allotments by the U.S. 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 previous year. The Department allocates NSIP funding to Planning and Service Areas (PSAs) based on the total grant award and PSA expenditure rates.

NSIP Funding History and Numbers Served

Federal Fiscal Year	Allocated Funding	Eligible Meals
2017-2018	\$5,731,388	7,960,261
2018-2019	\$5,682,182	8,522,089
2019-2020	\$6,323,772	12,949,785
2020-2021	\$6,272,944	12,768,421
2021-2022	\$6,292,520	8,552,109

Source for meals served: ECIRTS

OAA Title III D

Disease Prevention and Health Promotion Services

Description

OAA Title III D funds provide evidence-based disease prevention and health promotion programs that have been researched and proven to be effective in the prevention and symptom management of chronic health conditions.

Some benefits of these programs include learning to overcome fatigue, positively managing symptoms, managing pain, making healthier food choices, learning portion control, managing medications, building strength, and maintaining balance. Programs are conducted to educate seniors and their caregivers to adopt interventions that make noticeable differences in their health and well-being, as well as to increase the overall health of older Floridians.

Services and Activities

OAA Title III D services include the following programs:

CAREGIVER SUPPORT: Powerful Tools for Caregivers.

DIABETES: Diabetes Empowerment Education Program; Diabetes Self-Management; and Programa de Manejo Personal de la Diabetes.

FALLS PREVENTION: A Matter of Balance; Tai Ji Quan: Moving for Better Balance; Un Asunto de Equilibrio; and Tai Chi for Arthritis.

CHRONIC CONDITIONS: Chronic Disease Self-Management Program; Chronic Pain Self-Management Program; and Tomando Control de su Salud.

NUTRITION AND WELLNESS: Enhance Wellness; Healthy Eating Every Day; and HomeMeds.



MENTAL HEALTH: Healthy Ideas; Brief Intervention and Treatment for Elders (BRITE); and Program to Encourage Active Rewarding Lives for Seniors (PEARLS).

PHYSICAL ACTIVITY/EXERCISE: Active Living Every Day; Arthritis Foundation Exercise Program; Enhance Fitness; Fit and Strong!; Healthy Moves for Aging Well; Stay Active and Independent for Life (SAIL); and Walk With Ease.

Administration

The Department administers OAA Title III D programs and services through contracts with Area Agencies on Aging (AAAs), which enter into agreements with local service providers to deliver services within their communities. Program services are provided statewide by contractors and subcontractors.

Eligibility

Individuals eligible for OAA Title III D services include the following:

- » Individuals age 60 or older; and
- » Individuals residing in medically underserved areas.

Preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, low-income minority elders, individuals with limited English proficiency, and individuals residing in rural areas.

Statutory Authority

Older Americans Act, 42 *United States Code* 3001 et seq., as amended by Public Law 114–144; and Chapter 430, *Florida Statutes*.

Funding Source and Allocation Methodologies

OAA Title III D is 100 percent federally funded. The intrastate distribution of funds made available by OAA Title III D is based on the following formula:

- » **50 percent weight** — Share of population age 60 and older with income below poverty in the PSA.
- » **50 percent weight** — Share of people age 65 and older living in “Medically Underserved Areas,” plus the number of people age 65 and older who live in areas defined as having “Medically Underserved Populations” in the PSA.

OAA Title III D Funding History and Numbers Served

Federal Fiscal Year	Funding	Clients Served
2017-2018	\$1,854,009	8,303
2018-2019	\$1,856,225	10,018
2019-2020	\$1,867,767	8,493
2020-2021	\$1,867,767	6,188
2021-2022	\$1,872,570	9,199

Source: US Department of Health & Human Services (HHS) - Administration for Community Living (ACL)

Source: Contractor monthly reports

OAA Title III E National Family Caregiver Support Program

Description

Older Americans Act (OAA) Title III E funds provide multifaceted systems of support services to family caregivers and grandparents.

Services and Activities

National Family Caregiver Support services include the following categories:

CAREGIVER SUPPORT SERVICES

Services are directed to caregivers who provide care for individuals 60 and older, including respite, adult day care, and assistance in the areas of health, nutrition, and financial literacy.

CAREGIVER SUPPLEMENTAL SERVICES

Supplemental services are available to caregivers of frail individuals age 60 and older or grandparents providing care to grandchildren to complement the care provided by caregivers. Services include chore, housing improvement, legal assistance, and specialized medical equipment and supplies.



GRANDPARENT OR NON-PARENT RELATIVE SUPPORT SERVICES

Services are provided for grandparents and other non-parent relative caregivers of children, designed to help them to meet their caregiving obligations, including caregiver training, child day care, counseling, legal assistance, and transportation.

Administration

The Department administers OAA Title III E programs and services through contracts with Area Agencies on Aging (AAAs), which enter into agreements with local service providers to deliver services within their communities. Program services are provided statewide by contractors and subcontractors.

Eligibility

Individuals eligible for OAA Title III E services include the following:

- » Adult family members or other individuals who are caregivers of individuals age 60 and older;
- » Grandparents or older individuals, age 55 or older, who are relative caregivers of children not more than 18 years old or individuals with disabilities; and
- » Individuals providing care and support to individuals including children with severe disabilities.

Preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, low-income minority elders, individuals with limited English proficiency, and individuals residing in rural areas.

Statutory Authority

Older Americans Act, 42 *United States Code* 3001 et seq., as amended by Public Law 114–144; and Chapter 430, *Florida Statutes*.

Funding Source and Allocation Methodologies

OAA Title III E is 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 for services in OAA Title III E is based on the following formula:

1. Base funding at the 2003 funding level.
2. Funding in excess of the base is allocated according to the following factors:
 - » **35 percent weight** — Share of the population age 60 or older in the PSA.
 - » **35 percent weight** — Share of the population age 60 and older below poverty in the PSA.
 - » **15 percent weight** — Share of the minority population age 60 or older below 125 percent of the poverty level in the PSA.
 - » **15 percent weight** — Share of population age 65 or older in the PSA with two or more disabilities.

OAA Title III E Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
2017-2018	\$14,897,648	90,050
2018-2019	\$14,911,192	87,840
2019-2020	\$15,381,708	90,597
2020-2021	\$15,381,708	94,634
2021-2022	\$15,653,230	3,793*

Source for clients served: NAPIS

* This measure previously included Medicaid receipts. Starting in FY 21-22 services provided to these clients are compiled, tracked, and reported by the Agency for Health Care Administration and no longer included in DOEA performance measure reporting.

OAA Title V

Senior Community Service Employment Program

Description

The Senior Community Service Employment Program (SCSEP) serves unemployed and/or low-income Floridians age 55 and older who have poor employment prospects. The dual goals of the program are to provide useful opportunities in community service job training, and to move SCSEP participants into unsubsidized employment so that participants can achieve economic self-sufficiency and remain a vital part of Florida's workforce.

To achieve SCSEP's goals, participants gain work experience in a variety of community service activities at non-profit and public agencies.

Services and Activities

Services provided to participants include assessments, preparation of individual employment plans, supportive services, free annual physical examinations, and personal and employment-related counseling. Participants receive job training at community service assignments and are paid minimum wage while gaining experience. Once participants have gained the necessary skills, they receive job development assistance, job referrals, resumé building, interview skills, assistance with placement in unsubsidized employment, and follow-up support once placed.

Under the Workforce Innovation and Opportunity Act of 2014, 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.

Eligibility

Individuals eligible for OAA Title V services include the following:

- » Unemployed Florida residents who are age 55 or older; and
- » Have income of no more than 125 percent of the Federal Poverty Guidelines.
- » Enrollment priority is also given to individuals who:
 - » are 65 years of age or older;
 - » have a disability;
 - » have limited English proficiency;
 - » have low literacy skills;
 - » reside in a rural area;
 - » are veterans (or eligible spouses of veterans) for purposes of the Jobs for Veterans Act, Pub. L. No. 107-288 (38 USC 4215(a));
 - » have low employment prospects;
 - » have failed to find employment after using services provided under the Workforce Innovation and Opportunity Act (WIOA) of 2014 (Public Law 113-128);
 - » are homeless or at risk for homelessness; or
 - » are formerly incarcerated or on supervision from release from prison or jail within five years of the date of initial eligibility determination.

Preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, low-income minority elders, individuals with limited English proficiency, and individuals residing in rural areas.

Statutory Authority

Title V of the Older Americans Act, Reauthorization Act of 2016, Public Law 114-144.

Funding Source and Allocation Methodologies

The program is funded under Title V of the Older Americans Act (OAA). 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.

Annually, the Department works with national SCSEP sponsors to review existing slot placements by county and to ensure that authorized positions apportioned to each county are distributed in an equitable manner. With assistance from the national sponsors, the Department develops an annual equitable distribution report to ensure that Program funds are spent fairly and are consistent with the distribution of eligible elders throughout the state.

OAA Title V Number of Program Slots

State Fiscal Year	Funding Allocation	Program Slots	
		State-Share	National Sponsor
2017-2018	\$4,660,264	481	1,879
2018-2019	\$4,675,586	481	1,885
2019-2020	\$4,681,926	513	1,888
2020-2021	\$4,718,350	434	1,902
2021-2022	\$4,507,253	483	1,902

Source for program slots: U.S. Department of Labor, Employment and Training Administration

OAA Title VII

Section 712

Long-Term Care Ombudsman Program

Description

The Long-Term Care Ombudsman Program (LTCOP) is a statewide, volunteer-based program that works to improve the quality of life for all Florida long-term care residents by advocating for and protecting their health, safety, welfare, and rights. Program staff and volunteers receive specialized training to become state-certified ombudsmen who 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 and Activities

Ombudsmen investigate complaints brought to the attention of the program's representatives concerning the health, safety, welfare, or rights of residents of long-term care facilities. Ombudsmen work with residents and facilities to develop a resolution plan that satisfies the resident. LTCOP protects residents' rights by preserving the identity of the resident and the confidentiality of any information concerning alleged abuse, neglect, or exploitation, unless the proper consent is obtained. In addition, the program:

- » Provides information, consultation, and other resources regarding residents' rights in all long-term care facilities;
- » Helps develop and support resident and family councils to protect the well-being of residents;
- » Conducts annual resident-centered administrative assessments that focus on quality-of-life issues in each long-term care facility;

- » Responds to complaints filed by long-term care residents, their families, or guardians; and
- » Monitors the development and implementation of federal, state, and local laws, regulations and policies that pertain to the health, safety, welfare, and rights of residents in long-term care facilities.

Administration

The Long-Term Care Ombudsman Program is administered by the Department of Elder Affairs. The program operates through the Office of the State Long-Term Care Ombudsman and 14 local offices that coordinate and support the service of 200 certified volunteer ombudsmen and ombudsman trainees. A map of the LTCOP office locations with contact information can be found on page 30 of this publication.

Eligibility

Anyone – including long-term care residents, friends, family members, and facility staff – may report a concern on behalf of residents of long-term care facilities. The services of the program are provided at no cost and are confidential.

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 and Allocation Methodologies

The Long-Term Care Ombudsman Program is funded by Title III and Title VII of the Older Americans Act and by General Revenue dollars.

LTCOP Appropriation History

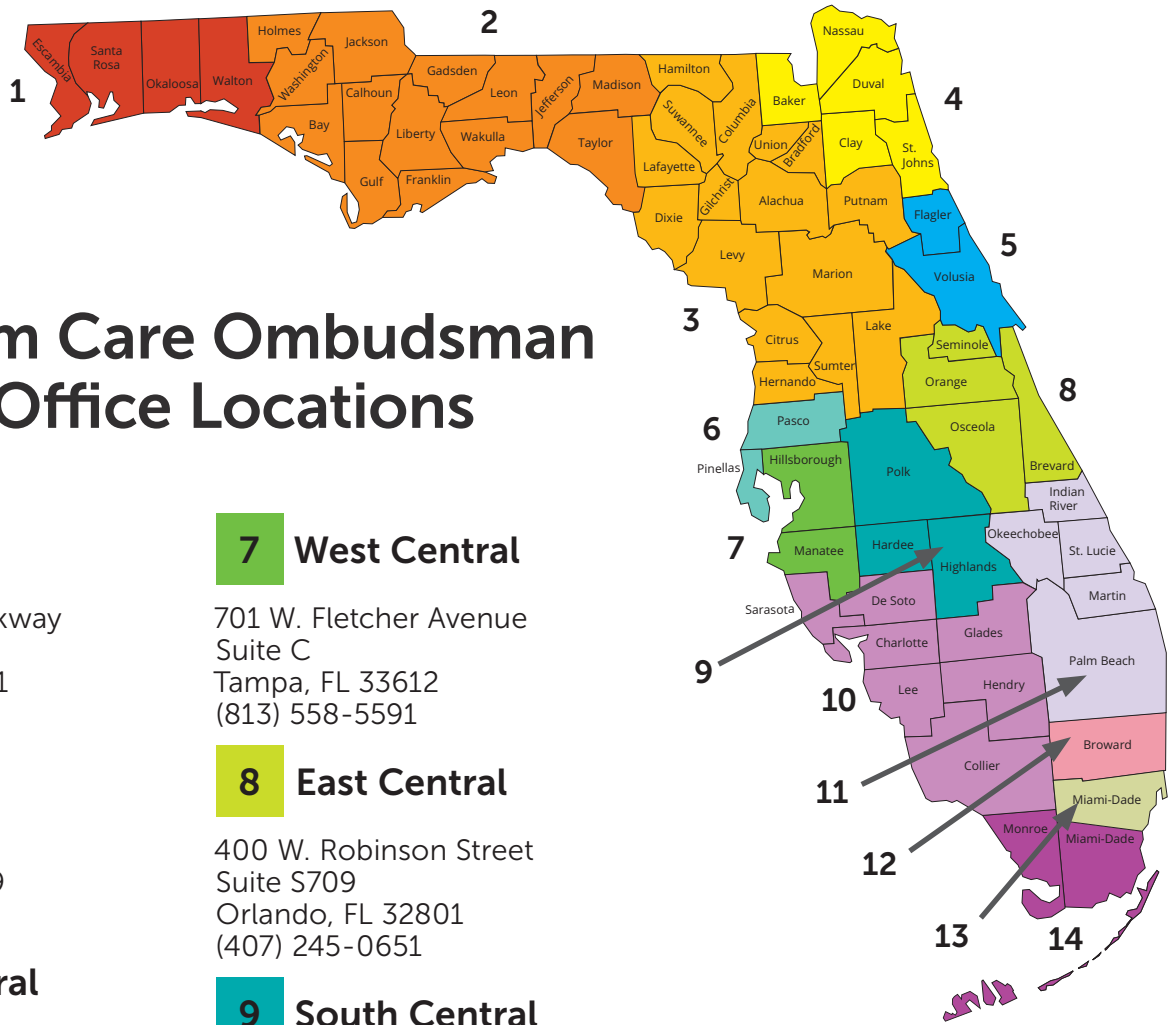
State Fiscal Year	Funding		
	Federal	State	Total
2017-2018	\$1,670,533	\$1,260,194	\$2,930,727
2018-2019	\$1,671,899	\$1,260,194	\$2,932,093
2019-2020	\$1,755,727	\$1,260,194	\$3,025,921
2020-2021	\$1,173,802	\$1,260,194	\$2,433,996
2021-2022	\$1,173,802	\$1,260,194	\$4,507,253

LTCOP Assessments and Investigations

Federal Fiscal Year	Facilities	Assessments	Complaint Investigations
2017-2018	4,112	4,230	5,189
2018-2019	4,094	4,198	4,859
2019-2020	4,108	2,942	3,994
2020-2021	4,161	756*	2,511
2021-2022	3,978	3,084	2,815

Source: District Ombudsman Offices Reports

* For 2020-21, the number of in-person assessments were reduced due to volunteer's inability to access facilities due to COVID-19



Long-Term Care Ombudsman Program Office Locations

1 Northwest
 1101 Gulf Breeze Parkway
 Building 3, Suite 5
 Gulf Breeze, FL 32561
 (850) 916-6720

2 Panhandle
 4040 Esplanade Way
 Tallahassee, FL 32399
 (850) 921-4703

3 North Central
 1515 East Silver Springs Boulevard
 Suite 203
 Ocala, FL 34470
 (352) 620-3088

4 First Coast
 4161 Carmichael Avenue
 Suite 141
 Jacksonville, FL 32207
 (904) 391-3942

5 First Coast South
 210 North Palmetto Avenue
 Suite 403
 Daytona Beach, FL 32114
 (386) 226-7846

6 West Coast
 11351 Ulmerton Road
 Suite 303
 Largo, FL 33778
 (727) 588-6912

7 West Central
 701 W. Fletcher Avenue
 Suite C
 Tampa, FL 33612
 (813) 558-5591

8 East Central
 400 W. Robinson Street
 Suite S709
 Orlando, FL 32801
 (407) 245-0651

9 South Central
 200 North Kentucky Avenue
 Suite 224
 Lakeland, FL 33801
 (863) 413-2764

10 South West
 2295 Victoria Avenue
 Room 152
 Ft. Myers, FL 33901
 (239) 338-2563

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

12 Broward
 8333 West McNabb Road
 Suite 231
 Tamarac, FL 33321
 (954) 597-2266

13 North Dade
 9495 Sunset Drive
 Building B-100
 Miami, FL 33173
 (305) 273-3294

14 South Dade
 9495 Sunset Drive
 Building B-100
 Miami, FL 33173
 (305) 273-3250

OAA Title VII

Section 720

Elder Abuse Prevention

Description

The Elder Abuse Prevention Program is designed to increase awareness of elder abuse, neglect, and exploitation (including fraud and scams). The program includes training and dissemination of elder abuse prevention materials and funds special projects to provide training and prevention activities.

Services and Activities

The program provides 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, financial institution employees, and case managers. Department staff and AAA coordinators provide free training on these modules and disseminate training materials to other professionals for use in their communities.

The program also distributes and publishes online educational resources.

Administration

The Elder Abuse Prevention Program is administered by the Department's Bureau of Elder Rights through contracts with AAAs. The goal of the program is to develop, strengthen, and carry out programs to prevent elder abuse, neglect, and exploitation, including financial exploitation by fraud or scams.

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.; and section 430.101, *Florida Statutes*.

Funding Source and Allocation Methodologies

The program is 100 percent federally funded by the Older Americans Act (OAA). Special projects are developed and funded based on OAA guidelines for activities to develop, strengthen, and implement programs for the prevention of elder abuse, neglect, and exploitation.

OAA Title VII Funding History

Federal Fiscal Year	Federal Funding
2017-2018	\$344,252
2018-2019	\$344,252
2019-2020	\$344,252
2020-2021	\$344,252
2021-2022	\$344,252

State-Funded Programs

The following programs are funded wholly or primarily with state General Revenue dollars. They provide a wide variety of home and community-based services for elders, including adult day care, Alzheimer's disease screening, caregiver training and support, case management, congregate meals, counseling, education and training, home-delivered meals, personal care, respite, and transportation.

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 and families affected by Alzheimer's disease and related dementias (ADRD). In conjunction with a 15-member advisory committee, of which 11 members are appointed by the Governor, the program includes three components: 1) Supportive services such as counseling, consumable medical supplies, and respite for caregiver relief; 2) Memory Disorder Clinics to provide diagnosis, education, training, research, treatment, and referral; and 3) the Florida Brain Bank to support research.

Administration

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



Eligibility

- » ADI respite care is available for caregivers of adults age 18 and older who have been diagnosed as having ADRD.
- » ADI respite care is available for individuals who have been diagnosed with or are suspected of having a memory loss where mental changes appear and interfere with the 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 a Memory Disorder Clinic conduct diagnostic evaluations to determine probable Alzheimer's disease and related dementias.
- » Individuals of any age, regardless of a diagnosis of ADRD, are eligible to sign up with the Alzheimer's Disease Initiative Brain Bank. Medical records documenting a general physical examination, neurological examination, hematological and biochemical studies, and a scan of the brain must be available.

Statutory Authority

Sections 430.501-430.504, *Florida Statutes*.

Funding Source and Allocation Methodologies

The Alzheimer's Disease Initiative is wholly 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 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 Florida Brain Bank. Remaining funds are allocated to special projects per proviso language and legislative intent in the General Appropriations Act. 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.

ADI Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2017-2018	\$21,309,195	5,228
2018-2019	\$22,976,477	7,624
2019-2020	\$28,484,254	10,889
2020-2021	\$32,381,826	9,357
2021-2022	\$39,273,224	15,777

Source for clients served: ECIRTS

Services and 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.

Many individuals with Alzheimer's disease 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 individuals with ADRD.

In addition to respite care services, caregivers and consumers may receive supportive services essential to maintaining persons with ADRD 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 including unmet needs.

MEMORY DISORDER CLINICS

The Legislature has authorized 17 Memory Disorder Clinics to provide comprehensive diagnostic and referral services for persons with ADRD. The clinics, all 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 who are suspected of being afflicted with ADRD. Services include accepting referrals from all respite and service providers and conducting subsequent diagnostic evaluations for all referred consumers and the public within the Memory Disorder Clinic's designated service area.
- » Provide four hours of in-service training during the contract year to ADI respite 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 training liaison for service providers.

- » Develop training materials and educational opportunities for family and professional caregivers who serve individuals with ADRD and provide specialized training for caregivers, caregiver groups, and organizations in the designated service area.
- » Conduct service-related applied research that may address, but is not limited to, therapeutic interventions and support services for persons living with ADRD.
- » Establish a minimum of one annual contact with each respite care and service provider to discuss, plan, develop, and conduct service-related research projects.

Memory Disorder Clinic services are available to individuals diagnosed with or suspected of having a memory loss where mental changes appear and interfere with Activities of Daily Living. A map of the Memory Disorder Clinics with contact information can be found on page 35 of this publication.

RESEARCH

The Alzheimer’s Disease Initiative 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 for Alzheimer’s disease by collecting and studying the brains of deceased patients who 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 and Miami help recruit participants and act as liaisons between the Brain Bank and participants’ families. Alzheimer’s disease respite care program providers and memory disorder clinics also recruit participants. Families of Alzheimer’s patients obtain two significant service benefits from the Brain Bank, including: 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.

Memory Disorder Clinics Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2017-2018	\$3,463,683	9,753
2018-2019	\$3,686,484	13,105
2019-2020	\$3,686,484	13,738
2020-2021	\$3,909,285	13,249
2021-2022	\$3,909,285	18,533

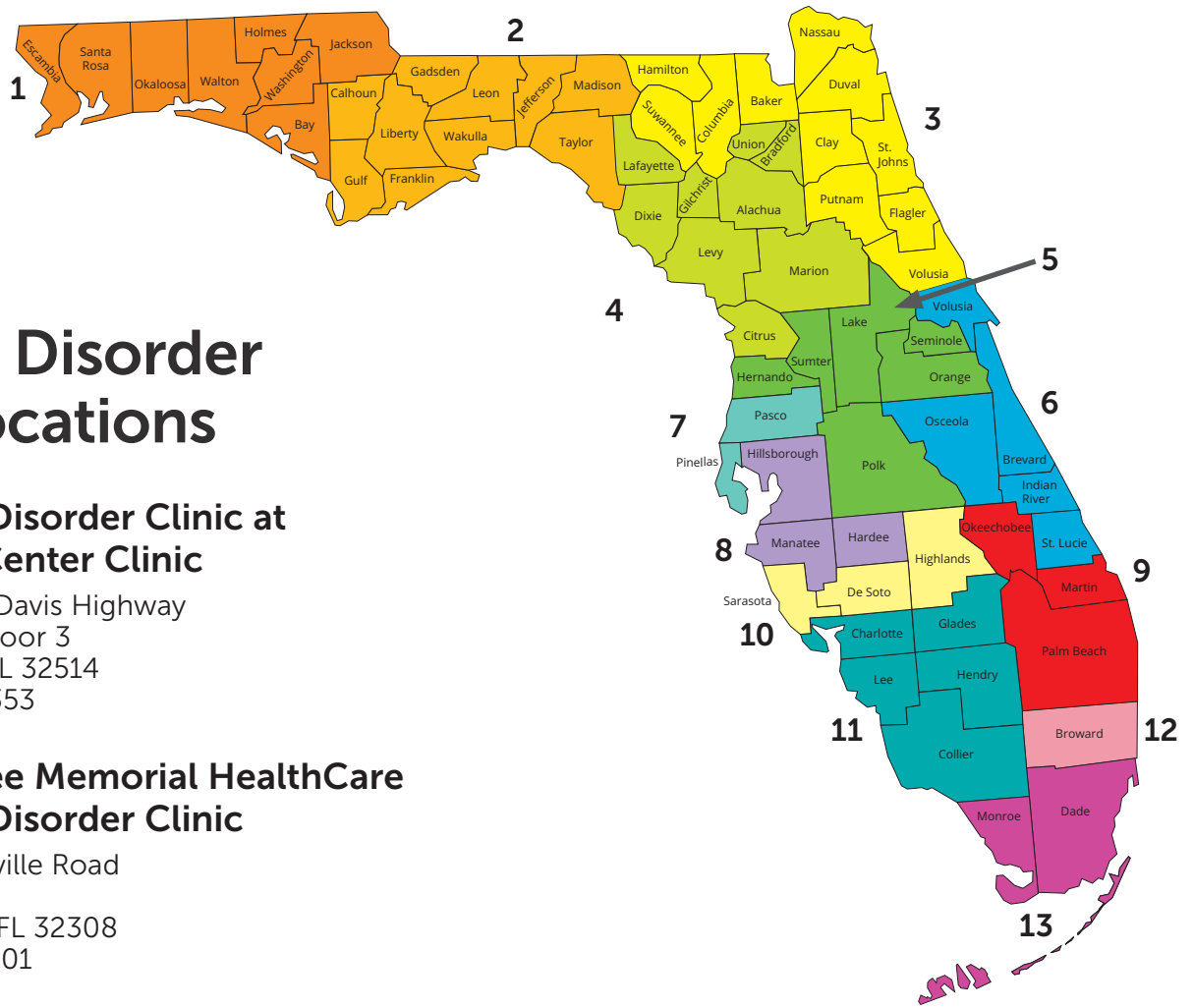
Note: The definition of unduplicated persons served is total new patients seen plus registered persons who had at least one clinic visit during the annual contract. New and registered persons are counted only once each contract year for an unduplicated count.

Source for clients served: Memory Disorder Clinics manual reports regardless of payer source.

Brain Bank Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served	Autopsies
2017-2018	\$117,535	60	40
2018-2019	\$117,535	70	49
2019-2020	\$117,535	62	59
2020-2021	\$217,535	41	36
2021-2022	\$617,535	49	34

Source for persons registered and autopsies: Brain Bank reports



Memory Disorder Clinic Locations

1 **Memory Disorder Clinic at Medical Center Clinic**
 8333 North Davis Highway
 Building 1, Floor 3
 Pensacola, FL 32514
 (850) 474-8353

2 **Tallahassee Memorial HealthCare Memory Disorder Clinic**
 1401 Centerville Road
 Suite 504
 Tallahassee, FL 32308
 (850) 431-5001

3 **Mayo Clinic Jacksonville Memory Disorder Clinic**
 4500 San Pablo Road
 Jacksonville, FL 32224
 (904) 953-7103

4 **University of Florida Memory Disorder Clinic**
 3009 Southwest Williston Road
 Gainesville, FL 32608
 (352) 294-5400

5 **Orlando Health Center for Aging and Memory Disorder Clinic**
 32 West Gore Street
 Orlando, FL 32806
 (321) 841-9700

5 **AdventHealth Memory Disorder Clinic**
 265 East Rollins St., 6th Floor
 Orlando, FL 32804
 (407) 392-9237

6 **Health First Memory Disorder Clinic**
 3661 South Babcock Street
 Melbourne, FL 32901
 (321) 434-7612

7 **Morton Plant Madonna Ptak Center for Alzheimer's Research and Memory Disorders Clinic**
 430 Morton Plant Street
 Suite 401
 Clearwater, FL 33756
 (727) 298-6025

8

**University of South Florida
Memory Disorder Clinic**

3515 East Fletcher Avenue
Tampa, FL 33613
(813) 974-3100

9

**St. Mary’s Medical Center
Memory Disorder Clinic at Palm
Beach Neuroscience Institute**

901 Village Boulevard
Suite 702
West Palm Beach, FL 33409
(561) 990-2135

8756 Boynton Beach Boulevard
Suite 2500
Boynton Beach, FL 33472
(561) 990-2135

9

**Florida Atlantic University
Louis and Anne Green Memory
and Wellness Center**

777 Glades Road
Building AZ-79
Boca Raton, FL 33431
(561) 297-0502

10

**Sarasota Memorial Memory
Disorder Clinic**

1515 S. Osprey Avenue
Suite A-1
Sarasota, FL 34239
(941) 917-7197

11

Lee Memorial LPG Memory Care

12600 Creekside Lane
Suite 7
Fort Myers, FL 33919
(239) 343-9220

12

**Broward Health North
Memory Disorder Center**

201 East Sample Road
Deerfield Beach, FL 33064
(954) 786-7392

13

**Mt. Sinai Medical Center Wien
Center for Alzheimer’s Disease
and Memory Disorders**

4302 Alton Road
Suite 650
Miami Beach, FL 33140
(305) 674-2543 extension 54461

13

**University of Miami Center for
Cognitive Neuroscience and Aging**

1695 Northwest 9th Avenue
Suite 3202
Miami, FL 33136
(305) 355-9065

13

**The MIND Institute at
Miami Jewish Health**

5200 Northeast 2nd Avenue
Miami, FL 33137
(305) 514-8652

BRAIN BANK LOCATIONS

5

**State of Florida Brain Bank-
Satellite Office Orlando
Alzheimer’s and Dementia
Resource Center**

1410 Gene Street
Winter Park, FL 32789
(407) 436-7755

13

**State of Florida Brain Bank Wien
Center for Alzheimer’s Disease
and Memory Disorders**

4302 Alton Road
Suite 650
Miami Beach, Florida 33140
(305) 674-2018

Alzheimer's Disease and Related Dementias Training

Description

ADRD training is an important training component for licensed residential and in-home caregivers. Individuals living with ADRD have unique needs that require paid caregivers to obtain additional training. The training prepares licensed residential and in-home caregivers to understand normal brain disease, behavioral intervention strategies, common dementia medications, safety, and other relevant subjects.

Services and Activities

The Department of Elder Affairs must approve Alzheimer's disease and related dementias (ADRD) training providers and training curricula for the following entities licensed in Florida:

- » Adult day care centers;
- » Assisted Living Facilities that provide special care for persons with ADRD;
- » Home health agencies;
- » Hospices;
- » Nursing homes; and
- » Specialized Alzheimer's adult day care facilities.

The approval process is designed to ensure employees of these licensed entities receive quality Alzheimer's disease training.

Administration

The Department contracts with the University of South Florida's Training Academy on Aging within the Florida Policy Exchange Center on Aging for the review and approval of training providers and curricula, as well as for the maintenance of the website that lists the approved training providers. This information is available at trainingonaging.usf.edu.

Eligibility

The specific eligibility requirements for trainers and curricula are documented in *Florida Statutes* and *Florida Administrative Code*. The *Florida Statutes* and rules, along with the names of the forms that need to be submitted, are listed on page 38.

Funding Source and Allocation Methodologies

ADRD Training is funded by General Revenue. There is no match requirement. The Department allocates General Revenue funding to one provider.

ADRD Appropriation History

State Fiscal Year	State Funding
2017-2018	\$80,997
2018-2019	\$80,997
2019-2020	\$80,997
2020-2021	\$80,997
2021-2022	\$80,997

ADRD Trainer and Curricula Requirements

Entity	Statutory Authority	Training Provider Certification Form	Training Curriculum Certification Form
Adult Day Care Centers	See section 429.917(1), <i>Florida Statutes</i> ; and Rules 58A-6.015 and 6.016, Florida Administrative Code.	DOEA Form ADC/ ADRD-001, Application for Alzheimer's Disease or Related Dementias Training Provider Certification	DOEA Form ADC/ADRD-002, Application for Alzheimer's Disease or Related Dementias Training Three-Year Curriculum Certification
Assisted Living Facilities	See section 429.178, <i>Florida Statutes</i> ; and Rules 58A-5.0191 (9), 5.0191(10) and 58A-5.0194, Florida Administrative Code.	DOEA Form ALF/ADRD-001, Application for Alzheimer's Disease and Related Dementias Training Provider Certification	DOEA Form ALF/ADRD-002, Application for Alzheimer's Disease or Related Dementias Training Three-Year Curriculum Certification
Home Health Agencies	See section 400.4785(1), <i>Florida Statutes</i> ; and Rules 58A-8.001 and 8.002, Florida Administrative Code.	DOEA Form HH/ADRD-001, Application for Alzheimer's Disease and Related Dementias Training Provider Certification	DOEA Form HH/ADRD-002, Application for Alzheimer's Disease and Related Dementias Training Three-Year Curriculum Certification
Hospices	See section 400.6045(1), <i>Florida Statutes</i> ; and Rules 58A-2.027 and 2.028, Florida Administrative Code.	DOEA Form Hospice/ ADRD-001, Application for Alzheimer's Disease or Related Dementias Training Provider Certification	DOEA Form Hospice/ ADRD-002, Application for Alzheimer's Disease or Related Dementias Three-Year Curriculum Certification
Nursing Homes	See section 400.1755, <i>Florida Statutes</i> ; and Rules 58A-4.001 and 58A-4.002, Florida Administrative Code.	DOEA Form ADRD-001, Application for Alzheimer's Disease or Related Dementias Training Provider Certification	DOEA Form ADRD-002, Application for Alzheimer's Disease or Related Dementias Training Three-Year Curriculum Certification
Specialized Alzheimer's Adult Day Care Centers	See section 429.918(6) (b), <i>Florida Statutes</i> ; and Rule 58A-6.016(3), Florida Administrative Code.	DOEA Form ADC/ ADRD-001, Application for Alzheimer's Disease or Related Dementias Training Provider Certification	DOEA Form SAADC/ ADRD-003, Application for Alzheimer's Disease or Related Dementias Training Three-Year Curriculum Certification

Number of ADRD Approved Trainers and Curricula

Category		State Fiscal Year				
		2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Assisted Living Facility	Trainers	115	65	42	20	10
	Curriculum	23	21	36	9	19
Nursing Home Approved	Trainers	34	31	21	22	20
	Curriculum	13	6	8	10	8
Hospice Approved	Trainers	22	9	17	10	17
	Curriculum	11	10	17	10	12
Adult Day Care	Trainers	20	15	18	9	14
	Curriculum	4	2	9	5	6
Home Health Agency	Trainers	56	50	42	36	43
	Curriculum	9	13	9	4	12
Specialized Alzheimer's Adult Day Care	Curriculum	6	2	0	4	0

NOTE: During the 2020-21 FY the Contractor reviewed and verified all trainers and curricula which eliminated non-active trainers and trainings
 Source: University of South Florida Alzheimer's approval program database quarterly reports

Community Care for the Elderly

Description

The Community Care for the Elderly (CCE) Program provides community-based services on a continuum of care to help elders with functional impairments to live in the least restrictive and most cost-effective environment suitable to their needs.

Services and Activities

Eligible individuals 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 services, emergency alert response, housing improvement, home-delivered meals, home health aide, homemaker, skilled nursing services, legal assistance, material aid, medical therapeutic services, personal care, pest control, respite, shopping assistance, transportation, and other community-based services.

Administration

The Department administers the program through contracts with Area Agencies on Aging (AAAs), which subcontract with CCE Lead Agencies. Service delivery is provided by 49 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. Primary consideration for services is given to elders referred to Department of Children and Families' Adult Protective Services (APS) and determined by APS to be victims of abuse, neglect, or exploitation and in need of immediate services to prevent further harm.

Statutory Authority

Sections 430.201-430.207, *Florida Statutes*.

Funding Source and Allocation Methodologies

The CCE program is funded by General Revenue. 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. No co-payments will be assessed on any CCE client whose income is at, or below, the federal poverty level as established by the U.S. Department of Health and Human Services. Additionally, no CCE client may have their services terminated for inability to pay their assessed co-payment.

CCE Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2017-2018	\$54,679,837	44,086
2018-2019	\$55,179,837	44,269
2019-2020	\$57,338,170	46,939
2020-2021	\$61,557,614	49,429
2021-2022	\$68,850,206	50,783

Source for clients served: ECIRTS

Home Care for the Elderly

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 facility care. A basic subsidy is provided for the support and maintenance of the elder, including some medical costs.

Services and Activities

Most HCE participants receive a monthly subsidy. 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 aides, skilled nursing services, and other services to help maintain the individual at home. Formal case management is provided when needed or necessary.

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.

Eligibility

Individuals must be age 60 or older, meet the Institutional Care Program (ICP) asset and income 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 and Allocation Methodologies

The HCE program is funded by General Revenue. Current funding allocations are based on Department of Children and Families (DCF) district allocations in use when the program was transferred to the Department of Elder Affairs in January 1996.

HCE Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2017-2018	\$8,903,357	3,024
2018-2019	\$9,703,357	2,753
2019-2020	\$9,703,357	3,375
2020-2021	\$10,303,357	4,797
2021-2022	\$10,303,357	4,603

Source for clients served: ECIRTS

Local Services Programs

Description

Local Services Programs (LSP) provide additional funding to expand long-term care alternatives that enable elders to maintain a favorable quality of life in their own homes and avoid or delay nursing home placement.

Services and Activities

Planning and Service Areas (PSAs) offer specific services funded through LSP. LSP services provided include adult day care, case management, congregate meals, facility improvements, emergency alert response, health promotion, health risk assessments, home-delivered meals, home health care, home modifications/housing improvements, homemaker services, in-home respite, material aid, nutrition support program, physical and mental health support, recreation, respite, specialized medical supplies, and transportation.

Administration

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

Eligibility

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

Statutory Authority

General Appropriations Act, State of Florida.

Funding Source and Allocation Methodologies

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

LSP Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2017-2018	\$11,311,754	13,397
2018-2019	\$12,369,546	13,397
2019-2020	\$9,691,534	12,095
2020-2021	\$9,549,398	9,884
2021-2022	\$10,028,454	9,240

Source for clients served: ECIRTS and manual reports

Office of Public and Professional Guardians

Description

The Office of Public and Professional Guardians (OPPG) was formerly known as the Statewide Public Guardianship Office (SPGO), which was first created by the Florida Legislature in 1999 to help provide services to meet the needs of vulnerable persons who lack the capacity to make decisions on their own behalf and have no family or friends to serve as guardian. Guardians protect the property and personal rights of incapacitated individuals. SPGO was responsible for appointing and overseeing Florida's public guardians, as well as for the registration and education of Florida's professional guardians. With the signing of Senate Bill 232 in 2016, the program was renamed the Office of Public and Professional Guardians and given the additional duties of regulating professional guardians.

Services and Activities

OPPG provides oversight and registration of public and professional guardians 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. OPPG works to develop the curriculum and training of public and professional guardians, creates and administers professional guardian competency exam, and registers professional guardians as mandated by *Florida Statutes*.

OPPG established by rule the standards of practice for public and professional guardians, receiving and investigating complaints against public and professional guardians, and taking disciplinary action pursuant to Chapter 120, *Florida Statutes*, when warranted. OPPG may impose penalties, up to and including the permanent revocation of a professional guardian's registration, for a violation of any administrative rule adopted by the office governing guardians or guardianship or for



the violation of any offense enumerated in section 744.20041(1), *Florida Statutes*.

Administration

Currently, 16 public guardian programs serve all 67 counties. A map of the Offices of Public Guardians with contact information can be found on page 45 of this publication.

Eligibility

A person must meet the following criteria to be served by a public guardian, pursuant to Chapter 744, *Florida Statutes*:

- » Be incapacitated pursuant to Chapter 744, *Florida Statutes*, or eligible for a guardian advocate under section 393.12, *Florida Statutes*;
- » Be of low economic means (indigent); and
- » Have no friends or family willing or able to serve.



Statutory Authority

Chapter 744, *Florida Statutes*; Chapter 120, *Florida Statutes*; and 58M-2.001-2.011, *Florida Administrative Code*.

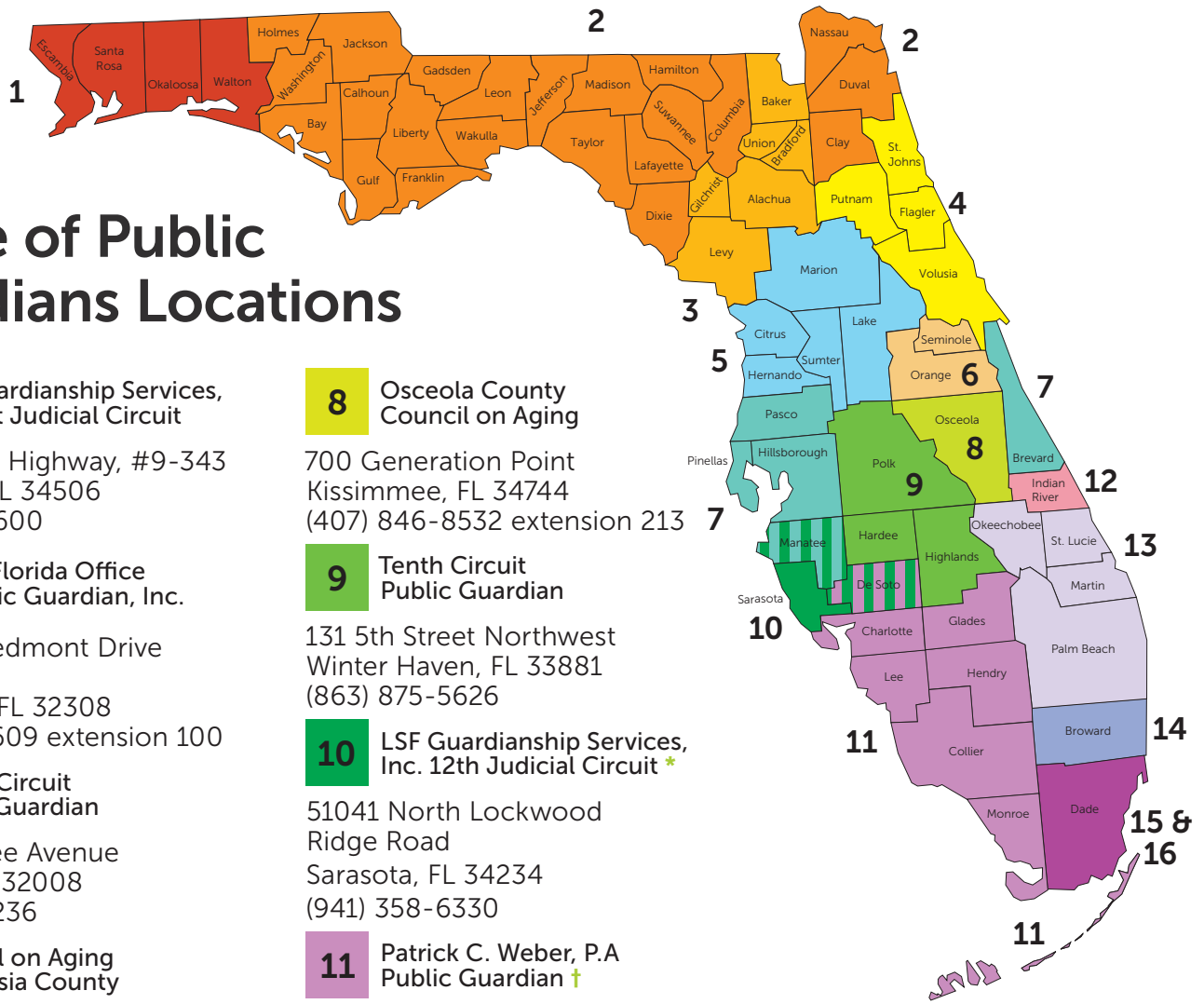
Funding Source and Allocation Methodologies

Funding appropriation is from General Revenue and Administrative Trust Fund dollars. Public guardians receive funding from the State. Funds are distributed based on contract with local entities to meet local needs. Additional funding sources for individual programs include counties, the United Way, and grants. Contracts are negotiated with OPG annually.

OPPG Appropriation History and Numbers Served

State Fiscal Year	State Funding	Public Wards Served
2017-2018	\$6,986,185	3,788
2018-2019	\$7,003,324	3,816
2019-2020	\$9,703,357	3,890
2020-2021	\$18,152,629	3,806
2021-2022	\$18,024,853	3,741

Source for public wards served: Office of Public and Professional Guardians reports and data



Office of Public Guardians Locations

1 LSF Guardianship Services, Inc., 1st Judicial Circuit

4600 Mobile Highway, #9-343
Pensacola, FL 34506
(850) 469-4600

2 North Florida Office of Public Guardian, Inc.

1425 East Piedmont Drive
Suite 201-B
Tallahassee, FL 32308
(850) 487-4609 extension 100

3 Eighth Circuit Public Guardian

111 Suwannee Avenue
Branford, FL 32008
(386) 438-8236

4 Council on Aging of Volusia County

420 Fentress Boulevard
Daytona Beach, FL 32114
(386) 253-4700

5 Fifth Circuit Public Guardian Corporation

110 Northwest 1st Avenue
4th Floor
Ocala, FL 34475
(352) 401-6753

6 Seniors First, Inc.

5395 L.B. McLeod Road
Orlando, FL 32811
(407) 297-9980

7 Aging Solutions

19001 Sunlake Boulevard
Lutz, FL 33558
Central Intake: (866) 244-2764
Brevard: (866) 92-AGING
Hillsborough: (813) 949-1888
Pasco/Pinellas: (727) 442-1188

8 Osceola County Council on Aging

700 Generation Point
Kissimmee, FL 34744
(407) 846-8532 extension 213

9 Tenth Circuit Public Guardian

131 5th Street Northwest
Winter Haven, FL 33881
(863) 875-5626

10 LSF Guardianship Services, Inc. 12th Judicial Circuit *

51041 North Lockwood
Ridge Road
Sarasota, FL 34234
(941) 358-6330

11 Patrick C. Weber, P.A Public Guardian †

4680 Cardinal Way, Suite 203
Naples, FL
(239) 417-1040, ext. 203

12 Senior Resource Association Public Guardian Program

694 14th Street
Vero Beach, FL 32960
Phone: 772-907-5460

13 Legal Aid Society of Palm Beach County, Inc.

423 Fern Street, Suite 200
West Palm Beach, FL 33401
(561) 655-8944

14 St. Thomas University College of Law

12401 Orange Drive
Suite 214
Davie, FL 33330
(954) 862-3655

15 Guardianship Care Group, Inc.

113 Almeria Avenue
2nd Floor
Coral Gables, FL 33134
(786) 452-8059

16 Guardianship Program of Dade County, Inc.

8300 Northwest 53rd Street
Suite 402
Miami, FL 33166
(305) 482-3101

*Serving Sarasota, Manatee, and DeSoto counties
† Serving DeSoto, Charlotte, Glades, Lee, Hendry, Collier, and Monroe counties

RELIEF

Description

The Respite for Elders Living in Everyday Families (RELIEF) Program offers respite services to family caregivers of frail elders and those with Alzheimer’s disease and related dementias so that they can 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 receive pre-service training and are 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 and Activities

RELIEF respite care is provided during evenings and weekends—times that are not usually covered by other respite programs. Volunteers may spend up to four hours per visit providing companionship to a frail homebound elder, giving the caregiver an opportunity to take a much-needed break. Activities may include conversation, reading together, playing board games, or preparing a light snack.

Administration

Services are administered through Area Agencies on Aging (AAAs), and the Department provides contract management and technical assistance. The AAAs are selected for RELIEF contracts in Planning and Service Areas (PSAs) where it is determined that evening and weekend respite volunteers can be recruited, screened, matched with clients, and supervised. Contracts require regular reporting of activities and expenses. The RELIEF Program is administered in PSAs 4, 7, 8, 9, 10, and 11.

Eligibility

This program serves frail, homebound elders age 60 or 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 and Allocation Methodologies

The RELIEF program is wholly funded by General Revenue.

RELIEF Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served	Volunteers	Units (Hours)
2017-2018	\$977,259	414	244	94,726
2018-2019	\$959,000	421	235	92,352
2019-2020	\$959,000	353	228	66,065
2020-2021	\$959,000	415	151	68,352
2021-2022	\$959,000	338	340	88,248

Source for clients served, volunteers, and hours: Monthly program progress reports and contracts

Medicaid Programs

The Department supports and operates Medicaid programs in partnership with the Agency for Health Care Administration (AHCA), Florida's designated Medicaid agency. Medicaid 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, or in an institutional setting, such as a nursing facility. Medicaid programs provide eligible elders with a choice of care settings that promotes increased independence.

CARES

Description

Federal law requires that Medicaid home and community-based services (HCBS) waiver program and nursing facility applicants meet established medical criteria for HCBS waiver program and nursing facility services. In Florida, the Comprehensive Assessment and Review for Long Term Care Services Program (CARES) is responsible for determining medical eligibility (level of care) for HCBS Medicaid waiver programs and Medicaid nursing facility services. A registered nurse or assessor performs face-to-face client assessments. A physician or registered nurse reviews each application to determine the medical eligibility (level of care) for the applicant. By identifying long-term care needs and establishing appropriate levels of care, the program makes it possible for individuals to remain safely in their homes using home and community-based



services or in alternative community settings 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 home and community-based services. Any person or family member can initiate a CARES assessment by applying for the Medicaid Institutional Care Program (ICP). Assessments are completed at no cost to the clients.

Services and Activities

- » Determine medical eligibility for the Medicaid ICP;
- » Determine medical eligibility for Medicaid programs that provide home and community-based services; and
- » Conduct medical assessments for residents in nursing facilities entering court-ordered receivership.

Administration

The Department of Elder Affairs administers CARES in partnership with the Agency for Health Care Administration. There are 17 CARES field offices located throughout the state. CARES personnel include physicians, registered nurses, assessors, administrative support staff, office supervisors, and regional program supervisors. The CARES management structure also includes headquarters staff responsible for program and policy development.

Eligibility

Florida residents seeking Medicaid assistance for nursing facilities or community-based long-term care services must meet both medical and financial eligibility requirements. CARES is responsible for performing face-to-face comprehensive assessments of all Medicaid long-term care applicants to determine if individuals meet the State's medical level of care eligibility requirements. Financial eligibility is determined by the Florida Department of Children and Families or the Social Security Administration (SSA).

Statutory Authority

Title XIX of the Social Security Act of 1965; 42 Code of Federal Regulations 456; section 409.985, Florida Statutes; Chapter 59G-4.180, and 59G-4.290, Florida Administrative Code.

Funding Source and Allocation Methodologies

The Department of Elder Affairs allocates CARES spending authority to each of the 17 CARES field offices, located in 11 Planning and Service Areas around the state, based on the number of client applications and assessments and the number of CARES personnel in each office.

CARES Appropriation History and Numbers Served

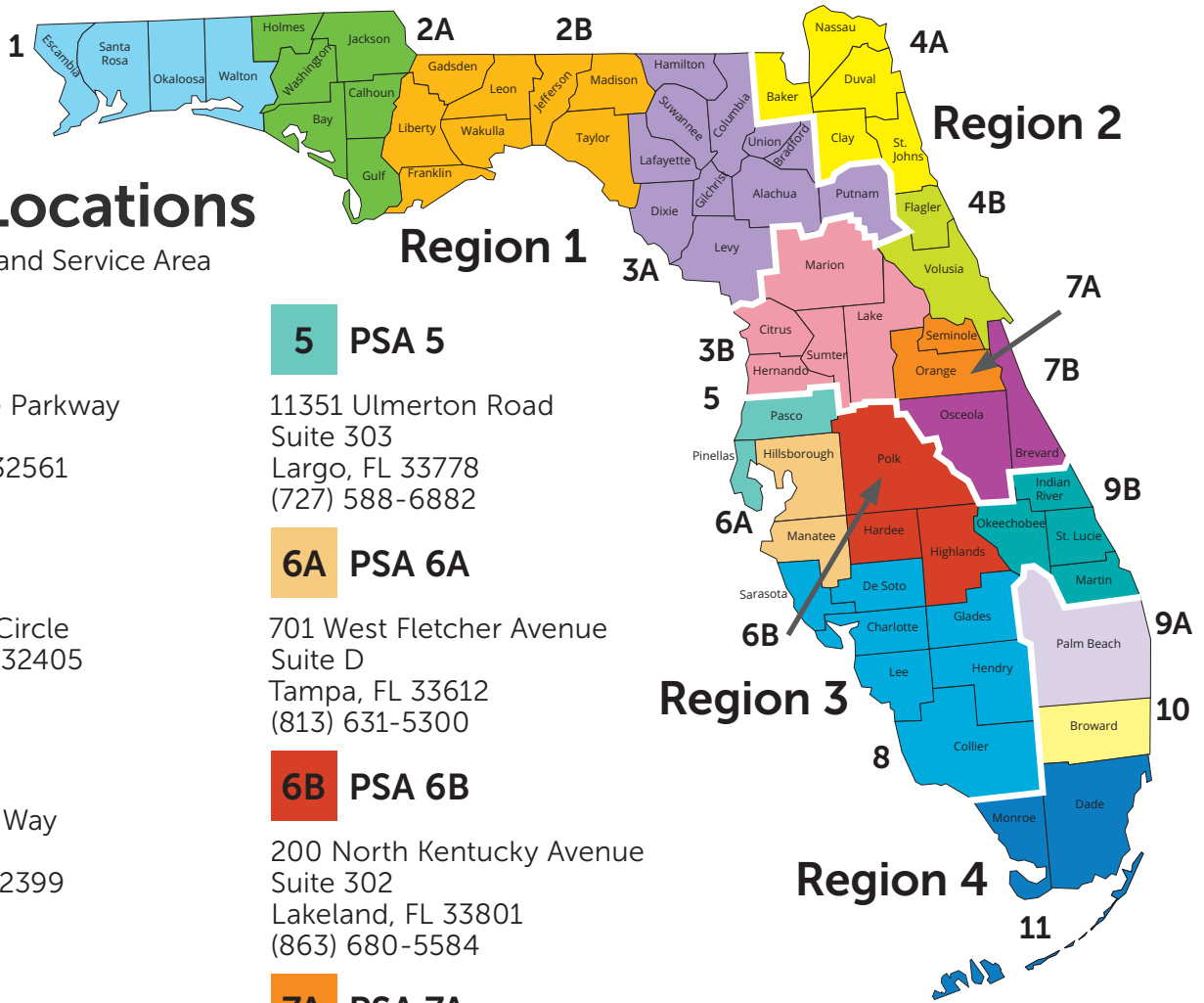
State Fiscal Year	Funding Federal & State*	Number of Assessments
2017-2018	\$17,983,094	99,247
2018-2019	\$17,938,949	103,742
2019-2020	\$17,577,493	110,764
2020-2021	\$17,725,744	112,871
2021-2022	\$18,396,055	112,265

**Prior to January 1, 2019, federal funding was 75 percent and state funding was 25 percent. The Agency for Health Care Administration contracted with a private vendor in January 2019 to complete pre-admission screening and resident review activities. Funding is currently a 50/50 split.*

Source for assessments: ECIRTS

CARES Office Locations

PSA – Planning and Service Area



1 PSA 1
 1101 Gulf Breeze Parkway
 Suite 331
 Gulf Breeze, FL 32561
 (850) 916-6700

2A PSA 2A
 278 Forest Park Circle
 Panama City, FL 32405
 (850) 747-5840

2B PSA 2B
 4040 Esplanade Way
 Suite 380
 Tallahassee, FL 32399
 (850) 414-9803

3A PSA 3A
 14101 US Highway 441
 Suite 400
 Alachua, FL 32615
 (386) 418-6430

3B PSA 3B
 1515 East Silver Springs Boulevard
 Suite 203
 Ocala, FL 34470
 (352) 620-3457

4A PSA 4A
 4161 Carmichael Avenue
 Suite 101
 Jacksonville, FL 32207
 (904) 391-3920

4B PSA 4B
 210 North Palmetto Avenue
 Suite 408
 Daytona Beach, FL 32114
 (386) 238-4946

5 PSA 5
 11351 Ulmerton Road
 Suite 303
 Largo, FL 33778
 (727) 588-6882

6A PSA 6A
 701 West Fletcher Avenue
 Suite D
 Tampa, FL 33612
 (813) 631-5300

6B PSA 6B
 200 North Kentucky Avenue
 Suite 302
 Lakeland, FL 33801
 (863) 680-5584

7A PSA 7A
 400 West Robinson Street
 Suite 709
 Orlando, FL 32801
 (407) 540-3865

7B PSA 7B
 1970 Michigan Avenue
 Building C-2
 Cocoa, FL 32922
 (321) 690-6445

8 PSA 8
 2295 Victoria Avenue
 Suite 153
 Fort Myers, FL 33901
 (239) 338-2571

9A PSA 9A
 4400 North Congress Avenue
 Suite 102
 West Palm Beach, FL 33407
 (561) 840-3150

9B PSA 9B
 337 North 4th Street
 Suite E
 Fort Pierce, FL 34950
 (772) 460-3692

10 PSA 10
 8333 West McNab Road
 Suite 235
 Tamarac, FL 33321
 (954) 597-2240

11 PSA 11
 9495 Sunset Drive
 Suite B-100
 Miami, FL 33173
 (305) 270-6535

Statewide Medicaid Managed Care Long-Term Care

Description

The Statewide Medicaid Managed Care Long-Term Care Program (SMMC LTC) was authorized by the 2011 Florida Legislature, which created Part IV of Chapter 409, *Florida Statutes*, to establish the Florida Medicaid program as an integrated Statewide Managed Care Program for all covered services, including long-term care services.

Medicaid recipients who qualify and become enrolled in SMMC LTC receive long-term care services from a managed care plan. The program uses a managed care delivery system to provide long-term care services and acute care services, including case management



and coordination, to individuals who are dually eligible for Medicare and Medicaid or to Medicaid-eligible adults with a disability.

The State Medicaid program, through a monthly capitated rate, funds all home and community-based services and nursing home care. Clients are able to receive an array of acute and long-term services, such as home-delivered meals, coordination of health services, and intensive case management. These services are delivered through enrollment in managed care plans.

Services and Activities

SMMC LTC enrollees receive long-term care and acute services. Long-term care services provided include, at a minimum, adult companion care, adult day health care, assisted living, assistive care services, attendant care, behavioral management, care coordination and case management, caregiver training, home accessibility adaptation, homemaker services, hospice, intermittent and skilled nursing, medical equipment and supplies, medication administration, medication management, nursing facility services, nutritional assessment and risk reduction, personal care, personal emergency response system, respite care, therapies (occupational, physical, respiratory, and speech), and non-emergency transportation. Acute care services are covered by the enrollment in a Statewide Medicaid Managed Care Managed Medical Assistance (MMA) program and through Medicare enrollment.

Administration

The Agency for Health Care Administration (AHCA) administers this program. The Aging and Disability Resource Centers (ADRCs) serve as the entry point for persons seeking to enroll in SMMC LTC. The Department of Elder Affairs coordinates enrollment and activities of the health plans in coordination with AHCA and administers the Independent Consumer Support Program (ICSP) to ensure that SMMC LTC consumers have multiple access points for information, complaints, grievances, appeals, and questions.

Eligibility

SMMC LTC enrollees must be age 18 or older and determined disabled by the Social Security Administration, or they must be age 65 or older and enrolled in Medicare Parts A and B, be eligible for Medicaid up to the Institutional Care Program (ICP) income and asset levels, and be determined by CARES to be medically eligible by requiring nursing home level of care or hospital level of care for individuals with a diagnosis of cystic fibrosis.

Statutory Authority

Section 1915(c)(1) of the Social Security Act; and section 409, *Florida Statutes*.

Funding Source and Allocation Methodologies

Funds are allocated from the federal Medicaid Trust Fund and General Revenue to AHCA.

Numbers Served

State Fiscal Year	Clients Enrolled
2017-2018	129,795
2018-2019	137,157
2019-2020	146,352
2020-2021	122,332
2021-2022	120,567

Source: Agency for Health Care Administration

Statewide Medicaid Managed Care Long-term Care Program Waitlist Process Map

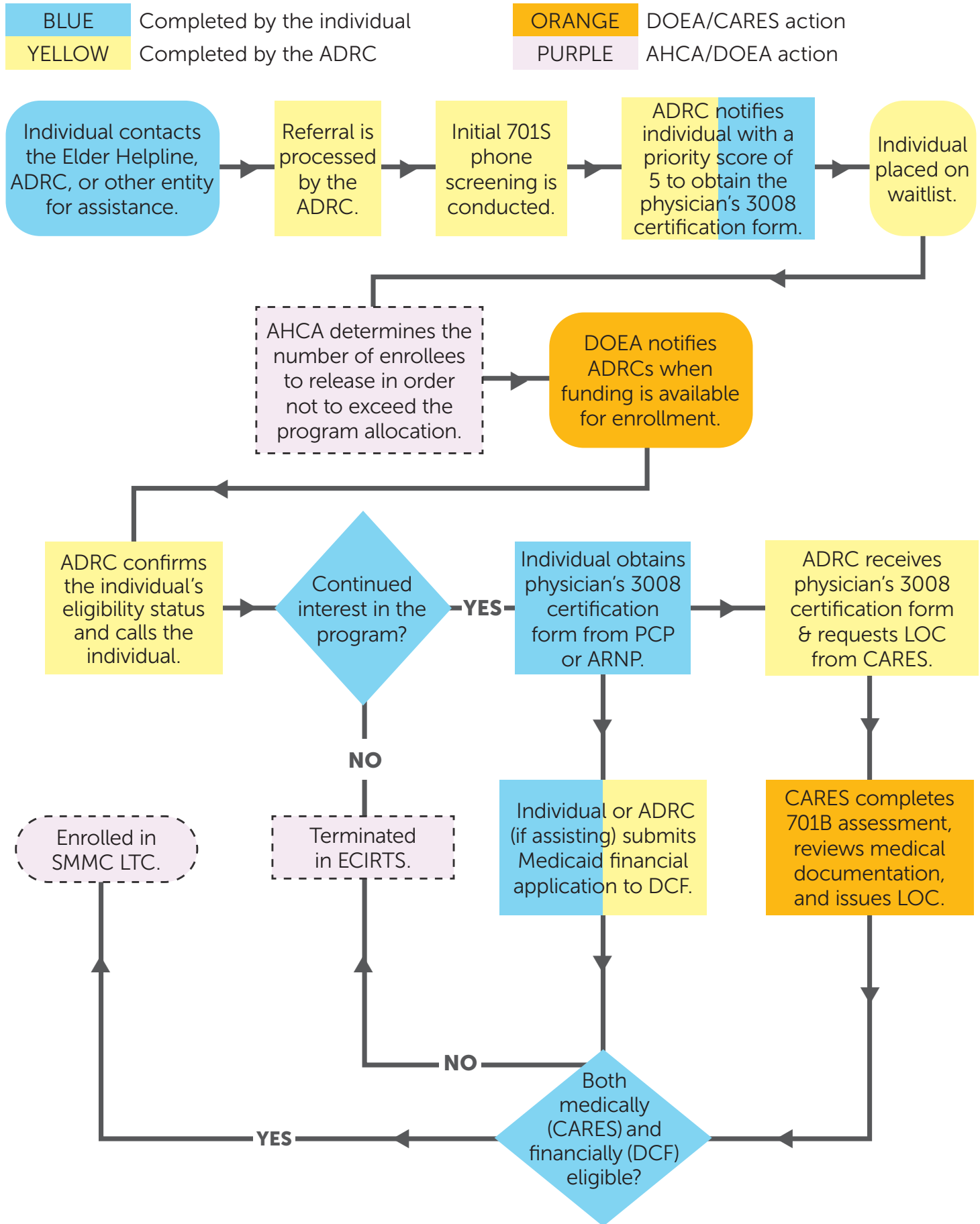
The Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) Waitlist Process Map found on the following page provides an overview of the process for an individual to be enrolled in SMMC LTC. The process map demonstrates the interaction between an individual and DOEA from the beginning of the process to enrollment (end of process).

The length of time to complete the enrollment process depends upon several factors including funding and submission of proper documentation.

ACRONYMS USED IN WAITLIST PROCESS MAP

- ADRC:** Aging and Disability Resource Center
- AHCA:** Agency for Health Care Administration
- ARNP:** Advanced Registered Nurse Practitioner
- CARES:** Comprehensive Assessment and Review for Long-Term Care Services Program
- ECIRTS:** Enterprise Client Information and Registration Tracking System
- DCF:** Department of Children and Families
- DOEA:** Department of Elder Affairs
- LOC:** Level of Care
- PCP:** Primary Care Physician
- SMMC LTC:** Statewide Medicaid Managed Care Long-term Care Program

Long-term Care Program Waitlist Process Map



Other Department Programs

There are some Department programs that do not fall strictly into Older Americans Act, state-funded, 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 AmeriCorps received General Revenue matching funds to supplement federal grants awarded by the Corporation for National and Community Service.

Adult Care Food Program

Description

The Adult Care Food Program (ACFP) supports the provision of nutritious meals and/or snacks for community-based individual attending adult care centers. These meals support the clients' nutritional status, enabling them to continue living in their own community. The program provides meal reimbursements to participating adult care centers and other eligible centers.

Services and Activities

Participating centers may serve up to two reimbursable meals (breakfast, lunch, or dinner) 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 this program.

Eligibility

Centers eligible to receive meal reimbursement include the following:

- » 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; and
- » Habilitation Centers approved by the Florida Department of Children and Families.

To be eligible for the program, an individual must:

- » Be age 60 or older or age 18 to 59 years old with a functional disability;
- » Reside in the home or in a community-based care facility; and
- » Be enrolled in a participating center.

Statutory Authority

Title 7 Code of Federal Regulations Part 226.

Funding Source and Allocation Methodologies

The program is funded through a grant from the U.S. Department of Agriculture (USDA) 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.



ACFP Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Adult Care Program Sites	Average Meals or Snacks Served
2017-2018	\$5,664,624	174	3,021,631
2018-2019	\$7,288,246	189	3,014,210
2019-2020	\$6,890,469	206	2,257,200
2020-2021	\$6,990,469	223	2,421,108
2021-2022	\$7,661,047	223	2,421,341

Source for sites and meals or snacks served: Manual reports submitted by ACFP program sites

AmeriCorps

Description

AmeriCorps is a network of national service programs that engages a multigenerational corps of members who receive a living allowance and commit to one year of service in exchange for an educational award. Members serve on a quarter-time basis (450 hours annually). 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 care, education, and community outreach to elders, caregivers, and families.

Services and Activities

The Department operates a Legacy Corps for Veterans and Military Families, one of 16 projects administered in 11 states across the nation by Arizona State University. The Department partners with Easter Seals South Florida to provide services in Miami-Dade and Broward counties. AmeriCorps members and community volunteers provide respite care services to multicultural caregivers of frail elders at risk of nursing home placement, including veteran and military families. Additionally, caregivers receive information regarding available community services and support to help relieve the stress of caring for an elder 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) and veteran and military families who reside in Miami-Dade and Broward counties 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; and section 430.07(8), *Florida Statutes*.

Funding Source and Allocation Methodologies

The Department receives funding for the Legacy Corps project from Arizona State University through an AmeriCorps grant from the Corporation for National and Community Service. The Department contracts with Easter Seals South Florida to provide services locally.



AmeriCorps Funding History and Numbers Served

Grant Year	Funding		Clients Served	Volunteers	Service Hours
	Federal	State			
2017-2018	\$160,050	\$68,362	120	55	26,085
2018-2019	\$160,050	\$65,755	65	57	23,685
2019-2020	\$160,050	\$65,755	52	69	26,852
2020-2021	\$160,050	\$66,974	52	52	21,681
2021-2022	\$179,347	\$66,974	41	19	21,000

Note: The number of AmeriCorps programs differs from year to year. Required local and in-kind match contributions are not reflected in above dollar amounts.

Source for funding: Florida Accountability Contract Tracking System (FACTS); Source for clients served, members, and member hours of service: Easter Seals South Florida

Emergency Home Energy Assistance for the Elderly Program

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 living in the home when the household experiences a home energy emergency.

Services and Activities

Services provided include payments for home heating or cooling and other emergency energy-related costs during the heating (October-March) and cooling (April-September) seasons. Eligible households may receive one benefit per season. The maximum crisis benefit is \$1,000 per household per season. Payments are made directly to the vendor 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 energy-related utility reconnection fees.

Administration

The Department manages EHEAP through a contract with the Florida Department of Economic Opportunity (DEO) and through 11 Area Agencies on Aging (AAAs). Monitoring, training, and technical assistance are performed by Department of Elder Affairs staff. The Department contracts with the AAAs statewide to administer the program locally and monitor local service providers.

Eligibility

To be eligible for assistance, households must have the following:

- » A heating or cooling home energy emergency;
- » At least one individual age 60 or older living in the home; and
- » A gross household annual income of no more than 150 percent of the federal poverty level.

Statutory Authority

Low-Income Home Energy Assistance Act of 1981 (Title XXVI of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35), as amended; 42 *United States Code* (U.S.C.) § 8621 et seq.; 45 Code of Federal Regulations (CFR) Part 96, Subpart H (§§ 96.80-96.89); Section 409.508, *Florida Statutes (F.S.)* and Rule 73C-26.021(3), *Florida Administrative Code (F.A.C.)*; Rule Chapter 73C-26, F.A.C.

Funding Source and Allocation Methodologies

This program is 100 percent federally funded through a grant by the U.S. Department of Health and Human Services (HHS). There is no state match requirement. EHEAP is a component of the federally funded Low-Income Home Energy Assistance Program (LIHEAP), which is administered by DEO. 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 EHEAP funding is based on the following:

- » The Planning and Service Area population age 60 or older that is at or below 150 percent of the poverty level, divided by the statewide population age 60 or older that is at or below 150 percent of the poverty level; and
- » Allocation of direct client assistance dollars take into account a base allocation and the heating and cooling days combined. 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 days over the most recent 10-year period.



EHEAP Funding History and Numbers Served

Grant Year*	Federal Funding	Households Served	
		Heating Season	Cooling Season
2017-2018**	\$4,329,787	5,219	5,711
2018-2019	\$5,490,315	6,944	5,078
2019-2020	\$5,805,675	5,011	5,068
2020-2021**	\$5,848,537	6,155	10,175
2021-2022	\$5,963,764	4,833	12,316

*EHEAP Grant Year runs April to March.

**Contract period was extended through September 30 to transition to federal fiscal year, October 1 through September 30.

Source for households served: ECIRTS (beginning in 2011-2012)

Senior Farmers' Market Nutrition Program

Description

The Senior Farmers' Market Nutrition Program (SFMNP) provides coupons to low-income elders to purchase fresh fruits and vegetables to support their health and promote good nutrition. 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 participating counties. The coupon program typically begins April 1 and ends September 30 of each year. Funds remaining after this period may be reallocated to purchase bundles of fresh produce valued at \$40 per bundle. The bundles can then be distributed to eligible elders who did not receive coupons in the spring. All bundles must be distributed by November 30.

Services and Activities

Low-income elders who live in participating counties may apply for the program through the local elder services Lead Agency. Eligible elders who participate in the produce-value coupon portion of the program receive \$40 in coupon booklets per season. Each coupon can be used to purchase fresh fruits and vegetables from participating farmers' markets.

Administration

The Department of Elder Affairs (DOEA) coordinates with the Florida Department of Agriculture and Consumer Services (FDACS), which operates the Women, Infants, and Children (WIC) Farmers' Market Nutrition Program, to simplify administration of SFMNP 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. DOEA operates the program in cooperation with local agencies in the participating counties previously mentioned. 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 level. Participants must redeem coupons for approved produce at authorized farmers' markets sold by authorized farmers at designated locations.

Statutory Authority

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

Funding Source and Allocation Methodologies

Coupon funding consists of a federal 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.



SFMNP Funding History and Numbers Served

Grant Year	Federal Funding	Farmers	Farmers' Markets	Participants Receiving:	
				Coupons	Bundled Produce
2017	\$101,366	136	48	2,228	307
2018	\$120,662	149	50	2,750	678
2019	\$119,979	340	51	3,250	567
2020	\$122,464	152	54	3,250	789
2021	\$300,000	152	54	3,250	935
2022	\$300,000	123	55	2,081	2,357

SHINE Program and Senior Medicare Patrol

Description

Through a statewide network, the SHINE Program provides 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 and Activities

Trained volunteers at the state's 11 AAAs provide free and unbiased information, counseling, and assistance related to Medicare, Medicaid, long-term care insurance, prescription assistance, supplement insurance, preventive benefits, fraud prevention, cost-saving programs, and beneficiary rights. Services are provided in-person at counseling sites, via telephone and email, and through web-based video conferencing programs.

In addition to counseling, SHINE volunteers provide community education and outreach through presentations on Medicare and health insurance issues, and by disseminating information focused on health promotion, consumer protection, and beneficiary rights at health and senior fairs throughout the state.

SHINE also operates two other programs. The MIPPA (Medicare Improvements for Patients & Providers Act) Program is able to help eligible clients enroll. Benefits are available for qualified Medicare Beneficiaries to help them save money on their copays, premiums, and deductibles.

The statewide Senior Medicare Patrol (SMP) Program empowers seniors to prevent Medicare fraud. Through the SHINE/SMP Program, volunteers educate beneficiaries to protect, detect, and report potential errors, fraud, and abuse with their Medicare coverage.

Administration

SHINE is administered at the local level through a partnership with the state's 11 AAAs. Department staff provide planning, training, technical assistance, and support to volunteers.

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; and Section 430.07, *Florida Statutes*.

Funding Source and Allocation Methodologies

SHINE began providing services in 1993, and is funded through a federal grant from the U.S. Department of Health and Human Services' Administration for Community Living (ACL). Funding allocations are based on the number of beneficiaries in the state, with adjustments based on concentrations of low-income or rurally located beneficiaries.



Funding History and Numbers Served

Grant Year	Federal Funding	Volunteers	Beneficiary Contacts
2017-2018	\$4,686,797	476	62,309
2018-2019	\$4,758,622	484	53,917
2019-2020	\$4,714,574	413	55,561
2020-2021	\$4,923,508	383	42,756
2021-2022	\$2,926,303	384	41,212

Source: SHIP Tracking and Reporting System (STARS)

Source for volunteers and clients contacted: SHIP National Performance Reporting System

Appendices

Appendix 1 Funding

State Appropriations—Fiscal Year 2022-2023

General Revenue	\$207,974,690
Legislative Appropriation	
Administrative Trust Fund	\$3,401,272
Public Guardianship Services	
Indirect Earnings	
Federal Grants Trust Fund	\$122,001,340
Title III and Title VII, Older Americans Act	
Title V Senior Community Service Employment Program	
HHS Nutrition Services Incentive Program	
USDA Child and Adult Care Food Program	
Emergency Home Energy Assistance Program (EHEAP)	
Serving Health Insurance Needs of Elders (SHINE) Program	
Senior Farmers’ Market Nutrition Program	
Operations and Maintenance Trust Fund	\$16,509,500
Comprehensive Assessment and Review for Long-Term Care Services (CARES)	
Medicaid Administration	
Grants and Donations Trust Fund	\$22,700
Donations	
<hr/>	
Total	\$349,909,502

Source: 2022-2023 General Appropriations Act less vetoed amounts.



Appendix 2

General Eligibility Requirements

NOTE: Eligibility requirements listed below are for general informational purposes only. Information may be subject to change, e.g., poverty guidelines and Institutional Care Program (ICP) standards are revised annually. To confirm the most current program eligibility requirements, please contact the Department of Elder Affairs. Additionally, individual program descriptions are listed on their respective pages.

PROGRAM	AGE	INCOME	OTHER
Adult Care Food Program	60+, or 18+ with a functional disability	Level of reimbursement per client to center is based on participant's 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 is based on participant's assessed level of need.
Alzheimer's Disease Initiative	Caregivers of adults 18+*	No income test; consumers are assessed a co-pay amount based on a sliding scale.	Diagnosed as having probable Alzheimer's disease or related dementias.
AmeriCorps	60+, caregivers, caregiving veterans	N/A	Volunteers serve clients at risk of institutionalization due to chronic illness, disability, or isolation and persons with Alzheimer's disease.
Community Care for the Elderly	60+	No income test; consumers are assessed a co-pay amount based on sliding scale.	Must be assessed as functionally impaired. Primary consideration is given to persons referred by Adult Protective Services as high risk.
Emergency Home Energy Assistance for the Elderly Program	One household member 60+	Total gross household income of not more than 100 percent of the Max Income Value under the State Median Income Guidelines for household size of 1-8. Total gross household income of not more than 150 percent of the federal poverty level for household size of 9 or more.	Must have a heating or cooling emergency. Energy benefits will be made on behalf of household members of vulnerable populations with the highest home energy needs and the lowest household income.

*No age requirements for Memory Disorder Clinics.

PROGRAM	AGE	INCOME	OTHER
Home Care for the Elderly	60+	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.
Older Americans Act*	60+**	No income test.	Preference to persons with greatest economic or social needs, with particular attention to low-income, minority, and rural individuals.
Respite for Elders Living in Everyday Families	60+***	N/A	Volunteers serve clients at risk of institutionalization due to chronic illness, disability, or isolation and persons with Alzheimer's disease.
Senior Community Service Employment Program	55+	Household income 125 percent of federal poverty level or less; certain exclusions apply.	Targets persons with poor employment prospects and greatest economic need.
Senior Companion Program	60+	N/A	Must have one or more physical, emotional, or mental health limitations and are in need of assistance to achieve and maintain the highest level of independent living.
Senior Farmers' Market Nutrition Program	60+	Household income 185 percent of federal poverty level or less.	Individuals must live in a participating county.
SHINE Program	Medicare Recipients	N/A	N/A

* Except OAA Titles V and VII

** Spouse under 60 and adults with disabilities may be served meals under some circumstances

*** Recipient must be at risk of institutionalization and not already receiving long-term services

Appendix 3

Elder Demographics

County	Total Population					Percent of Population Who Are Elders				
	All Ages	60+	65+	75+	85+	60+	65+	75+	85+	Minority 60+
Alachua	274,760	57,598	42,585	17,753	5,140	21.0%	15.5%	6.5%	1.9%	21.5%
Baker	28,731	6,011	4,182	1,616	363	20.9%	14.6%	5.6%	1.3%	12.1%
Bay	176,350	44,244	31,805	14,065	4,313	25.1%	18.0%	8.0%	2.4%	11.8%
Bradford	28,802	7,382	5,450	2,492	732	25.6%	18.9%	8.7%	2.5%	14.1%
Brevard	616,366	206,474	151,716	70,658	21,555	33.5%	24.6%	11.5%	3.5%	11.1%
Broward	1,943,319	476,486	342,298	148,953	47,776	24.5%	17.6%	7.7%	2.5%	30.2%
Calhoun	14,600	3,876	2,864	1,290	322	26.5%	19.6%	8.8%	2.2%	15.0%
Charlotte	192,993	92,701	73,318	36,277	10,632	48.0%	38.0%	18.8%	5.5%	6.0%
Citrus	150,751	68,127	53,160	26,136	7,472	45.2%	35.3%	17.3%	5.0%	5.1%
Clay	223,562	50,419	36,081	15,056	3,723	22.6%	16.1%	6.7%	1.7%	13.5%
Collier	396,639	145,968	115,460	59,116	17,110	36.8%	29.1%	14.9%	4.3%	7.9%
Columbia	70,776	19,761	14,361	6,106	1,569	27.9%	20.3%	8.6%	2.2%	15.9%
De Soto	37,809	9,823	7,395	3,344	798	26.0%	19.6%	8.8%	2.1%	11.2%
Dixie	16,704	5,540	4,054	1,625	353	33.2%	24.3%	9.7%	2.1%	5.9%
Duval	991,995	214,632	151,589	61,517	18,136	21.6%	15.3%	6.2%	1.8%	28.1%
Escambia	325,986	82,988	60,520	26,327	7,560	25.5%	18.6%	8.1%	2.3%	21.1%
Flagler	117,335	42,884	33,531	15,481	3,827	36.5%	28.6%	13.2%	3.3%	14.3%
Franklin	11,955	3,634	2,743	1,216	294	30.4%	22.9%	10.2%	2.5%	8.9%
Gadsden	46,476	12,044	8,671	3,367	819	25.9%	18.7%	7.2%	1.8%	49.3%
Gilchrist	18,647	5,752	4,251	1,903	590	30.8%	22.8%	10.2%	3.2%	3.8%
Glades	13,978	4,526	3,544	1,707	374	32.4%	25.4%	12.2%	2.7%	14.8%
Gulf	14,843	4,826	3,623	1,580	399	32.5%	24.4%	10.6%	2.7%	11.4%
Hamilton	14,606	4,072	2,962	1,176	271	27.9%	20.3%	8.1%	1.9%	24.4%
Hardee	27,437	5,533	4,075	1,731	465	20.2%	14.9%	6.3%	1.7%	13.3%
Hendry	41,601	8,395	6,055	2,746	783	20.2%	14.6%	6.6%	1.9%	19.5%
Hernando	195,636	71,719	56,250	27,541	8,002	36.7%	28.8%	14.1%	4.1%	7.3%
Highlands	105,942	45,876	36,811	18,997	5,501	43.3%	34.7%	17.9%	5.2%	11.4%
Hillsborough	1,508,027	303,630	216,584	91,429	25,813	20.1%	14.4%	6.1%	1.7%	22.8%
Holmes	19,993	5,777	4,332	1,949	438	28.9%	21.7%	9.7%	2.2%	6.4%
Indian River	162,106	64,618	50,671	24,955	8,030	39.9%	31.3%	15.4%	5.0%	7.9%
Jackson	46,640	13,021	9,719	4,493	1,270	27.9%	20.8%	9.6%	2.7%	23.7%
Jefferson	14,412	4,713	3,422	1,268	310	32.7%	23.7%	8.8%	2.2%	28.0%
Lafayette	8,869	1,941	1,435	624	162	21.9%	16.2%	7.0%	1.8%	8.6%
Lake	374,685	128,379	98,296	46,325	12,294	34.3%	26.2%	12.4%	3.3%	10.8%

County	Total Population					Percent of Population Who Are Elders				
	All Ages	60+	65+	75+	85+	60+	65+	75+	85+	Minority 60+
Lee	764,269	261,556	201,543	92,279	22,927	34.2%	26.4%	12.1%	3.0%	9.3%
Leon	301,893	59,267	43,187	17,310	4,676	19.6%	14.3%	5.7%	1.5%	24.9%
Levy	41,991	13,749	10,153	4,268	890	32.7%	24.2%	10.2%	2.1%	11.3%
Liberty	8,621	1,636	1,121	442	111	19.0%	13.0%	5.1%	1.3%	14.7%
Madison	18,951	5,389	4,007	1,696	467	28.4%	21.1%	8.9%	2.5%	32.9%
Manatee	408,029	143,844	110,687	51,515	14,414	35.3%	27.1%	12.6%	3.5%	8.4%
Marion	374,628	142,694	111,220	53,263	13,944	38.1%	29.7%	14.2%	3.7%	10.8%
Martin	163,424	66,082	51,304	25,795	8,393	40.4%	31.4%	15.8%	5.1%	5.5%
Miami-Dade	2,853,938	652,665	479,163	223,718	69,119	22.9%	16.8%	7.8%	2.4%	28.8%
Monroe	77,936	25,925	19,029	7,355	1,598	33.3%	24.4%	9.4%	2.1%	7.6%
Nassau	92,699	29,194	21,548	9,009	2,173	31.5%	23.2%	9.7%	2.3%	6.6%
Okaloosa	205,906	51,068	36,439	16,038	4,768	24.8%	17.7%	7.8%	2.3%	12.5%
Okeechobee	42,270	10,832	8,091	3,751	978	25.6%	19.1%	8.9%	2.3%	10.0%
Orange	1,441,970	260,343	181,492	72,938	20,917	18.1%	12.6%	5.1%	1.5%	29.7%
Osceola	401,505	79,724	56,033	22,646	5,894	19.9%	14.0%	5.6%	1.5%	23.9%
Palm Beach	1,483,241	463,191	358,517	179,996	61,221	31.2%	24.2%	12.1%	4.1%	17.3%
Pasco	555,739	170,768	130,320	60,386	17,264	30.7%	23.4%	10.9%	3.1%	8.1%
Pinellas	988,793	344,021	259,604	120,063	36,832	34.8%	26.3%	12.1%	3.7%	10.5%
Polk	735,068	205,192	154,616	69,018	17,381	27.9%	21.0%	9.4%	2.4%	15.9%
Putnam	73,949	23,125	17,052	7,367	2,030	31.3%	23.1%	10.0%	2.7%	14.0%
St Johns	268,136	73,770	54,228	23,451	6,696	27.5%	20.2%	8.7%	2.5%	4.7%
St Lucie	333,032	98,626	73,898	33,477	9,733	29.6%	22.2%	10.1%	2.9%	10.0%
Santa Rosa	189,385	44,659	31,344	12,803	3,102	23.6%	16.6%	6.8%	1.6%	43.1%
Sarasota	449,131	198,442	159,752	82,989	25,492	44.2%	35.6%	18.5%	5.7%	2.9%
Seminole	481,178	107,861	77,321	33,461	10,507	22.4%	16.1%	7.0%	2.2%	17.4%
Sumter	152,312	94,815	81,583	40,841	7,962	62.3%	53.6%	26.8%	5.2%	3.9%
Suwannee	45,769	13,685	10,379	4,947	1,393	29.9%	22.7%	10.8%	3.0%	10.6%
Taylor	22,477	6,763	5,100	2,164	454	30.1%	22.7%	9.6%	2.0%	14.4%
Union	15,433	3,301	2,110	732	158	21.4%	13.7%	4.7%	1.0%	21.8%
Volusia	562,008	188,849	141,476	63,273	19,346	33.6%	25.2%	11.3%	3.4%	11.1%
Wakulla	34,682	7,520	5,194	1,931	436	21.7%	15.0%	5.6%	1.3%	13.9%
Walton	78,615	21,793	15,507	6,237	1,558	27.7%	19.7%	7.9%	2.0%	7.3%
Washington	25,476	6,660	4,802	2,038	445	26.1%	18.8%	8.0%	1.7%	13.1%
Florida	21,925,785	6,100,379	4,561,633	2,088,016	610,475	27.8%	20.8%	9.5%	2.8%	17.1%

Source: Florida Legislative office of Economic and Demographic Research, Pamela Schenker, Summer 2022

Program Enrollment

County	Percent of Population Who Are Elders			Clients Served		
	Below Poverty Level 60+	Alzheimer's Disease 65+	Living Alone 60+	ADI	CCE	HCE
Alachua	9.2%	9.7%	26.7%	389	496	49
Baker	9.2%	10.1%	20.0%	5	28	8
Bay	10.3%	10.5%	27.1%	67	163	55
Bradford	14.8%	9.5%	26.1%	27	69	5
Brevard	8.1%	10.6%	23.5%	148	460	28
Broward	11.9%	10.9%	25.2%	355	5,342	322
Calhoun	11.0%	11.0%	24.0%	6	16	6
Charlotte	7.5%	11.6%	21.2%	47	135	26
Citrus	10.5%	11.4%	23.3%	235	858	31
Clay	6.6%	9.2%	18.1%	29	42	29
Collier	8.0%	12.6%	21.9%	83	654	19
Columbia	9.8%	9.7%	21.1%	75	246	29
De Soto	17.3%	12.5%	20.7%	10	100	7
Dixie	10.2%	9.2%	23.7%	13	58	5
Duval	10.4%	9.2%	24.8%	959	2,881	97
Escambia	8.2%	9.4%	23.5%	56	374	42
Flagler	7.0%	10.9%	18.9%	25	54	10
Franklin	9.9%	9.9%	29.4%	4	17	7
Gadsden	11.6%	9.8%	29.6%	10	22	29
Gilchrist	8.0%	9.3%	19.0%	13	48	6
Glades	12.6%	12.3%	22.3%	2	51	11
Gulf	6.9%	8.9%	20.5%	1	22	3
Hamilton	14.9%	8.2%	14.7%	16	30	14
Hardee	14.9%	11.8%	22.6%	28	93	6
Hendry	17.8%	10.1%	19.1%	4	126	27
Hernando	11.1%	10.5%	20.3%	121	479	32
Highlands	10.6%	12.1%	21.7%	127	485	8
Hillsborough	11.5%	10.1%	23.7%	864	4,643	164
Holmes	16.1%	9.2%	24.6%	3	30	11
Indian River	8.1%	11.9%	24.4%	92	73	26
Jackson	11.2%	10.1%	28.5%	8	42	8
Jefferson	8.0%	10.2%	19.6%	5	14	2
Lafayette	16.7%	9.6%	20.0%	4	24	4
Lake	7.5%	10.7%	20.1%	231	845	50
Lee	9.3%	11.9%	21.9%	134	2,670	84
Leon	9.1%	9.3%	26.1%	21	44	30
Levy	15.1%	9.9%	25.5%	35	152	21

County	Percent of Population Who Are Elders			Clients Served		
	Below Poverty Level 60+	Alzheimer's Disease 65+	Living Alone 60+	ADI	CCE	HCE
Liberty	16.8%	10.6%	26.0%	2	20	2
Madison	17.9%	9.9%	26.6%	7	18	8
Manatee	7.5%	11.0%	21.8%	723	877	65
Marion	9.1%	10.3%	21.2%	333	950	54
Martin	7.4%	11.7%	24.1%	38	36	17
Miami-Dade	15.9%	10.8%	18.7%	1,762	9,171	2,205
Monroe	8.4%	8.7%	22.3%	8	64	12
Nassau	7.6%	8.4%	16.3%	23	39	6
Okaloosa	6.7%	9.4%	22.9%	31	98	20
Okeechobee	12.8%	11.8%	20.9%	10	51	14
Orange	10.3%	9.5%	17.7%	1,359	3,954	116
Osceola	11.0%	8.8%	13.2%	136	442	35
Palm Beach	9.1%	12.5%	26.5%	1,262	4,748	122
Pasco	9.6%	10.3%	23.2%	386	1,742	83
Pinellas	9.8%	10.9%	27.8%	531	2,732	157
Polk	9.6%	10.1%	20.2%	1,515	2,105	118
Putnam	16.8%	10.1%	28.5%	45	159	17
St Johns	3.7%	5.3%	11.8%	33	68	15
St Lucie	13.3%	25.5%	46.5%	78	129	64
Santa Rosa	18.6%	25.3%	19.7%	13	39	29
Sarasota	2.2%	3.3%	6.5%	106	1,000	27
Seminole	10.0%	11.1%	18.7%	175	436	44
Sumter	5.1%	9.3%	16.0%	55	274	13
Suwannee	7.7%	9.4%	18.0%	41	170	20
Taylor	9.4%	9.4%	19.1%	7	24	5
Union	6.5%	10.3%	18.9%	3	29	1
Volusia	10.1%	10.5%	24.0%	124	380	86
Wakulla	6.7%	8.5%	25.8%	9	17	5
Walton	6.9%	9.0%	20.7%	13	49	11
Washington	14.3%	10.1%	24.8%	9	21	4
Florida	10.1%	10.7%	22.2%	13,089	51,728	4,686

Source: Older American Act (OAA) Targeting, 2020 American Community Survey (ACS) 5-Year Survey Data, ACS Targeting Data 2020
Source for Community Nursing Home Beds Per 1,000 (75+): Agency for Health Care Administration [floridahealthfinder.gov](https://www.floridahealthfinder.gov)

Appendix 5

Acronyms and Abbreviations

AAA Area Agency on Aging

ACCESS Automated Community Connection to Economic Self-Sufficiency

ACFP Adult Care Food Program

ACL Administration for Community Living (U.S. Department of Health and Human Services)

ADI Alzheimer's Disease Initiative

ADL Activities of Daily Living

ADRC Aging and Disability Resource Center

ADRD Alzheimer's Disease and Related Disorders

AHCA Agency for Health Care Administration

ALF Assisted Living Facility

APS Adult Protective Services

CARES Comprehensive Assessment and Review for Long-Term Care Services

CCE Community Care for the Elderly

ECIRTS Enterprise Client Information and Registration Tracking System

CMS Centers for Medicare & Medicaid Services

COA County Council on Aging

DACS Department of Agriculture and Consumer Services

DCCI Dementia Care and Cure Initiative

DCF Department of Children and Families

DEO Department of Economic Opportunity

DOEA Department of Elder Affairs

DOH Department of Health

EHEAP Emergency Home Energy Assistance for the Elderly Program

FACE Florida Alzheimer Center of Excellence

FMMIS Florida Medicaid Management Information System

FPGC Florida Public Guardian Coalition

HCBS Home and Community-Based Services

HCE Home Care for the Elderly

HH Home Health

IADL Instrumental Activities of Daily Living

ICP Institutional Care Program

ICSP Independent Consumer Support Program

IFAS Institute of Food and Agricultural Science

LIHEAP Low-Income Home Energy Assistance Program

LSP Local Services Programs

LTCOP Long-Term Care Ombudsman Program

MCO Managed Care Organization

MDC Memory Disorder Clinic

MIPPA Medicare Improvements for Patients & Providers Act

MMA Managed Medical Assistance

NAPIS National Aging Program Information Systems

NSIP Nutrition Services Incentive Program

OAA Older Americans Act

OAAPS Older Americans Act Performance System

OPPG Office of Public and Professional Guardians

PCM Person-Centered Monitoring

PII Performance Improvement & Innovation

PSA Planning and Service Area

RELIEF Respite for Elders Living in Everyday Families

SCP Senior Companion Program

SCSEP Senior Community Service Employment Program

SFMNP Senior Farmers' Market Nutrition Program

SHINE Serving Health Insurance Needs of Elders

SHIP State Health Insurance Assistance Program

SMMC LTC Statewide Medicaid Managed Care Long-Term Care Program

SMP Senior Medicare Patrol

SSA Social Security Administration

USDA United States Department of Agriculture





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