

RICK SCOTT
Governor

SAMUEL P. VERGHESE
Secretary

SUMMARY OF PROGRAMS AND SERVICES

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SECRETARY

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ELDER SERVICES AT A GLANCE - STATE FISCAL YEAR 2014-2015

PROGRAM*	FUNDING	CLIENTS SERVED
Adult Care Food Program	\$5,423,853	132 Program Facilities 1,878,006 Meals and Snacks Served
Alzheimer's Disease Initiative (ADI) Respite/Special Projects	\$16,093,452	2,657
Alzheimer's Disease Initiative (ADI) Memory Disorder Clinics	\$3,463,683	6,638
AmeriCorps	\$226,173	200 Clients Served 60 Volunteer Members 27,000 Member Hours of Service
Community Care for the Elderly (CCE)	\$49,479,617	31,866
CARES (Comprehensive Assessment and Review for Long-Term Care Services)	\$18,358,055	88,075 Assessments 20.9% of Clients Assessed Diverted to Home and Community-Based Services
Emergency Home Energy Assistance for the Elderly Program (EHEAP)	\$4,235,981	12,743 Households Served
Home Care for the Elderly (HCE)	\$7,903,357	2,760
Local Services Programs (LSP)	\$12,745,811	12,316
Long-Term Care Ombudsman Program (LTCOP)	\$2,835,871	4,164 Administrative Assessments 5,751 Complaints Investigated
Nutrition Services Incentive Program (NSIP)	\$6,367,358	8,519,847 Meals Served
Older Americans Act Title III B Supportive Services	\$31,450,035	37,275
Older Americans Act Title III C1 Congregate Meals	\$20,316,758	31,036
Older Americans Act Title III C2 Home-Delivered Meals	\$20,195,703	17,481
Older Americans Act Title III D Preventive Health Services	\$1,461,605	18,730
Older Americans Act Title III E Caregiver Support	\$11,694,400	16,553
Older Americans Act Title V Senior Community Service Employment Program (SCSEP)	\$5,094,417	721
Program of All-Inclusive Care for the Elderly (PACE)	\$36,526,016	1,108 Clients Approved
Respite for Elders Living in Everyday Families (RELIEF)	\$993,670	300 Volunteers 120,000 Hours of Service
Senior Companion Program	\$342,607	235 Clients Served 68 Volunteer Companions 46,153 Hours of Service
Senior Farmers' Market Nutrition Program	\$98,752	41 Farmers' Markets 2,774 Clients
SHINE (Serving Health Insurance Needs of Elders)	\$4,251,813	579 Volunteers 169,565 Client Contacts
Statewide Medicaid Managed Care Long-term Care (SMMC LTC)	-	110,241 Clients Enrolled
Statewide Public Guardianship Office	\$6,489,345	3,329 Public Wards Provided Services

*Programs operate on different annual periods, for example, state fiscal year or calendar year. For the latter, the most recent final data available at the time of publication is for calendar year 2014 except as noted. Please refer to individual program listings for information on their respective program periods.

**Most recent available final data is for federal fiscal year 2014-2015

This document is produced by the Florida Department of Elder Affairs and updated periodically to provide the public and the Legislature with information about programs and services for Florida's elders. Services and programs for elders vary in relation to consumer needs, demographics, funding availability, and legislative directives. Most of the information and data in this *Summary of Programs and Services* were compiled as of September 2015.

For additional or updated information about any of the services or programs listed in this document, please contact the Department of Elder Affairs. See page 1 for contact information. Additional information is also available in the Department's Long-Range Program Plan, State Plan on Aging, and on the Department's website: www.elderaffairs.org.

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PREFACE

This 2016 Summary of Programs and Services contains comprehensive information about the activities of the Florida Department of Elder Affairs and those it serves. It is organized as follows:

Section A – General Overview describes the Department’s organizational structure, including the responsibilities of each division and bureau. It also has maps and contact information for the Department’s services network, including Area Agencies on Aging, CARES (Comprehensive Assessment and Review for Long-Term Care Services), and Long-Term Care Ombudsman Program (LTCOP) offices. Locations of the Offices of Public Guardian and Memory Disorder Clinics, as well as cities and counties participating in the Communities for a Lifetime Program are also included.

Section B – Services and Utilization provides a means to cross-reference a particular service with the program or programs that provide that service. This cross-reference defines each service, the program(s) providing the service, and the number of units of service provided for the last complete program year.

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

Section D – State General Revenue Programs is an alphabetical listing of state-funded programs, with information such as program administration, eligibility, statutory authority, appropriation history, and funding source.

Section E – Medicaid Programs provides detailed information about Medicaid-funded programs. Information about the CARES (Comprehensive Assessment and Review for Long-Term Care Services) Program is included in this section. Program information includes administration, eligibility, statutory authority, appropriation history, and funding source.

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

Appendices provide a variety of technical information about Department programs, including annualized program cost comparisons per customer served, budget by revenue source, elder population demographics and clients served by county, customer profiles by assessment priority level, definitions, and a list of acronyms and abbreviations.

Section A

General Overview

FLORIDA DEPARTMENT OF ELDER AFFAIRS

GENERAL OVERVIEW

Rick Scott, Governor
Samuel P. Verghese, Secretary

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

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

With approximately 4.9 million residents age 60 and older, Florida currently ranks first in the nation in the percentage of its citizens who are elders, and will continue to do so for the foreseeable future (23 percent in 2010 growing to 35 percent in 2030). More than 1.7 million Floridians are age 75 and older. The population age 100 and older is currently the state's fastest-growing age group by percentage. Florida is also rich in generational and cultural diversity, especially among individuals age 55 and older. Florida's future is linked to the financial health and physical security of its elder population.

The Department recognizes that individuals age differently. Some people have chronic conditions

that begin prior to age 60, while others live their entire lives without need of long-term medical or social services. In order to efficiently use its limited resources, the Department works with individuals and families to determine both frailty level and appropriate level of care, targeting services to individuals with the greatest relative risk of nursing home placement. A goal of many of the Department's programs is to help seniors continue to live in their homes or communities for as long as possible, rather than in less familiar and more costly nursing homes.

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

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

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

MISSION STATEMENT

To serve elders as they live, contribute, and build legacies in Florida.

VISION

All Floridians aging with dignity, purpose, and independence.

ELDER SERVICES NETWORK AND DEPARTMENT GOALS



Florida is home to a large number of seniors who bring vitality and a wealth of life experience to all generations of Floridians. For this reason, the Florida Department of Elder Affairs is firmly committed to serving elders as they live and contribute in the Sunshine State.

DEPARTMENT GOALS

In support of its mission and vision, the Department has established the following three goals to guide the programs and services of DOEA:

1) Strengthen Our Partnerships

The Department serves at the apex of Florida's aging services network and in conjunction with private and public organizations. The Department partners with community organizations, public and not-for-profit organizations, city and county officials, health network representatives, elder advocates, and others, as it strives to meet the needs of Florida's 4.9 million elders. In addition to strengthening existing partnerships and exploring new ways to collaborate, DOEA has joined with new partners to effect even greater results, reach elders and their families, and improve service and access to the Department's services.

2) Safeguard Our Resources

As a state agency, the Department is called to responsibly and efficiently use funding and other staff resources in service to Florida families. It is a goal of the Department to protect these investments and taxpayer dollars as we remain transparent and accountable.

3) Honor Our Elders

The Department is proud to celebrate the many contributions of Florida's seniors. These individuals have raised families, launched careers, and lived out their lives in Florida. Many have served in foreign wars, spreading democracy and helping us to accomplish civil rights changes across the nation. Nearly 800,000 elders are veterans over the age of 65, and Florida boasts the largest population of World War II veterans in the nation (164,000). As elders continue to step up in their communities, serving as volunteers, mentors, and examples to others, it is our goal to honor them. The Department accomplishes this through recognition in the bi-monthly newspaper, *Elder Update*, and through large events such as Florida Senior Day.

THE ELDER SERVICES NETWORK

- 11 Area Agencies on Aging
- 52 Community Care for the Elderly lead agencies
- 15 memory disorder clinics
- 3,080 assisted living facilities
- 389 adult family care homes
- 684 nursing homes
- 410 municipal governments and 67 county governments
- Nearly 176 million volunteer service hours
- 260+ senior centers
- Approximately 425 congregate meal sites

AGING AND DISABILITY RESOURCE CENTERS (ADRC)

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

With the support of the 2009 ADRC expansion grant funded by AoA, the Department partnered with the developmental disability community and the Agency for Persons with Disabilities. Through this partnership, ADRC services are offered to persons with developmental disabilities age 50 and older and their family caregivers age 55 and older. This grant supported the expansion of the ADRC located in St. Petersburg and the transition of the Fort Myers-based Aging Resource Center (ARC) to an ADRC.

STATEWIDE TRANSITION TO AGING AND DISABILITY RESOURCE CENTERS

Through the AoA-funded ADRC expansion grant, the Department assisted each of the ARCs in transitioning to an ADRC by developing partnerships with the disability community.

The transition of the remaining eight ARCs to ADRCs was completed in March 2012. All 11 ADRCs in Florida are now providing streamlined access to long-term care services. Florida's ADRCs provide information and referral not only to elders but also to adults with physical and intellectual disabilities. Each ADRC expanded its partnerships with the disability community. Information and referral specialists are trained to refer callers to resources that can help address their needs.

The development of ADRCs has increased the efficiency of long-term care service delivery, as identified by compliance and performance measure monitoring, and helped individuals navigate the long-term care system more easily.

AGING AND DISABILITY RESOURCE CENTERS (ADRC) FUNCTIONS

- Provide information and referral services;
- Assist clients with accessing publicly and non-publicly funded services;
- Assist clients with the Medicaid eligibility application process;
- Triage clients who require assistance;
- Maintain the client waitlists for long-term care programs and services; and
- Operate statewide toll-free Elder Helplines.

ADRCs build on the strengths of the current long-term care network and give Florida's citizens better opportunities to receive services in a seamless and highly responsive manner.

One measure of the effectiveness of ADRCs is how the eligibility determination process has been streamlined, reducing the time needed to collect the necessary paperwork to enroll a client in a Medicaid waiver program. By physically or electronically co-locating staff members from the ADRC, the CARES Program (DOEA) and the ACCESS Unit of the Department of Children and Families (DCF), applications are processed much more efficiently.

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

To ensure consistent access to aging and other long-term care resources, the ADRCs are using a common information and referral software system that is centralized and web-based.

Statewide information is now available to consumers regardless of their access location.

Aging and Disability Resource Centers and Implementation of Statewide Medicaid Managed Care Long-term Care (SMMC LTC)

With the transition of Medicaid recipients (including individuals ages 18 and older with disabilities) from Fee-For-Service Waivers to the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC), assuring a single point of entry and a “no wrong door” approach to long-term care services and supports (LTSS) is a role of the ADRCs. The ADRCs provide a single, coordinated method of access and assistance for all persons seeking long-term care support. The role of the ADRCs is to minimize confusion, enhance individual choice, and support informed decision-making.

The ADRCs have been trained and equipped to provide unbiased long-term care program education to elders, individuals with disabilities, family members, and caregivers when conducting person-centered intake and screening processes.

Silver Alert

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

Disability Resource Centers, implementation of standard protocols that assist caregivers and families to access resources and supportive services reduces the likelihood of repeat alerts. During 2015-2016, the Department is piloting a project to expand the Silver Alert initiative to include elders who become lost on foot.

SERVICES TO ELDERS IN STATE FISCAL YEAR 2014-2015 INCLUDED

- More than 8.2 million “Meals on Wheels” delivered to homebound elders;
- More than 5.8 million meals served at nutrition sites, preventing isolation and loneliness;
- More than 3.4 million hours of caregiver respite;
- More than 5.1 million hours of homemaker and personal care; and
- More than 1.2 million trips to or from doctors’ appointments, senior centers, and shopping.

DIVISION AND UNIT RESPONSIBILITIES WITHIN THE DEPARTMENT

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

The Department, one of the smallest of the Governor's executive agencies, implements a variety

ELDER VOLUNTEERS

In one year, 875,178 elder Floridians contributed more than 175 million volunteer hours. Calculated at a full 40 hours a week, this volunteer contribution is equivalent to 74,132 full-time positions. Using the Independent Sector's estimate of \$18.85 an hour, these volunteer hours have an estimated economic value of approximately \$3,303 per volunteer each year, which results in a total value of \$2,906,578,028 for the state.

At a per capita level across the population of elders in Florida, the estimate of elder volunteers is only 36 hours per elder in 2011, which is modest relative to other states. However, those seniors who do volunteer in Florida spend an estimated 175 hours of their time in service to others, which is far above the national average and ranks seventh against other states. These findings suggest that those Florida elders who are able and inclined to do so are highly committed to civic engagement.

Data compiled by Florida's Department of Elder Affairs, Bureau of Planning and Evaluation

of innovative programs such as Community Care for the Elderly, Home Care for the Elderly, and the Program of All-Inclusive Care for the Elderly. These programs result in significant cost savings for the State of Florida. Home and community-based services are provided at an average annual cost per client between \$3,214 and \$27,611, compared to an average annual cost of \$61,713 for care in a skilled nursing facility.

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

OFFICE OF THE SECRETARY

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

The Office of the Secretary includes the Offices of the General Counsel, Inspector General, Statewide Public Guardianship, and the Long-Term Care Ombudsman Program.

OFFICE OF THE SECRETARY

- General Counsel
- Inspector General
- Statewide Public Guardianship
- Long-Term Care Ombudsman Program

OFFICE OF THE GENERAL COUNSEL

The Office of the General Counsel provides legal services for the Department including: legal advice and review of contracts, grants, interagency, and other Department agreements, policies, and procurement documents; drafts specific Departmental policies; drafts and promulgates the Department's administrative rules; acts as lead on the fulfillment of public records requests; represents the Department in litigation and other legal matters; and assists in the review of legal aspects of proposed legislation and Level II background screening issues.

OFFICE OF INSPECTOR GENERAL

The Office of Inspector General provides independent, objective assurance and consulting activities designed to add value and improve the Department's operations. The office provides a central point to coordinate activities, including investigations, that promote accountability, integrity, and efficiency in government. The office helps the Department accomplish its objectives by providing a systematic, disciplined approach to evaluating risk management, internal controls, and Department performance.

LONG-TERM CARE OMBUDSMAN PROGRAM

The Long-Term Care Ombudsman Program (LTCOP) advocates on behalf of residents of long-term care facilities through a statewide system of 13 districts comprised of volunteer ombudsmen. Ombudsmen identify, investigate, and resolve complaints made by or on behalf of residents of nursing homes, assisted living facilities, adult family care homes, and continuing care retirement communities.

OFFICE OF THE DEPUTY SECRETARY AND CHIEF OF STAFF

The Office of the Deputy Secretary performs the Chief of Staff functions for the Department and oversees the Office of Strategic Initiatives, the Division of Statewide Community-Based Services, the Division of Internal and External Affairs, and the Division of Financial Administration.

OFFICE OF THE DEPUTY SECRETARY CHIEF OF STAFF

- Office of Strategic Initiatives
- Division of Statewide Community-Based Services
- Division of Internal and External Affairs
- Division of Financial Administration

OFFICE OF STRATEGIC INITIATIVES

The Office of Strategic Initiatives leads and manages strategic project initiatives, including the development of strategic plans. The office, which includes the Bureau of Planning and Evaluation, is also responsible for evaluating programs administered by the Department. The office provides internal consulting services on policy development and performance measurement and is responsible for analyzing organizational data and key departmental measures to evaluate and improve organizational performance, accountability, and sustainability. In addition, the office supports external research efforts by collaborating with research organizations to leverage the Department's data resources to support research in aging and long-term care service delivery and the role of elders in society.

Planning and Evaluation

The Bureau of Planning and Evaluation measures and evaluates the efficiency and cost-effectiveness of the Department's programs. It supports the Department's commitment to providing the highest quality services by regularly surveying clients to assess their satisfaction. The bureau provides the Department and its stakeholders with the following services:

PLANNING AND EVALUATION BUREAU PUBLICATIONS

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

- Strategic planning and needs assessment;
- Performance measurement;
- Program analysis and evaluation;
- Demographic analysis and forecasting;
- Program data gathering and dissemination; and
- Grant writing.

The bureau acts as a clearinghouse for demographic, economic, and social information about older Floridians; provides planning and other analytical support for the Department's partners within Florida's elder service delivery network; and prepares documents required by the federal Older Americans Act, the Florida Legislature, and the Governor.

HUMAN RESOURCES, GENERAL SERVICES AND EMERGENCY OPERATIONS, AND DISASTER PREPAREDNESS

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

DIVISION OF STATEWIDE COMMUNITY-BASED SERVICES

The Division of Statewide Community-Based Services consists of the Bureau of CARES (Comprehensive Assessment and Review for

Long-Term Care Services), Bureau of Long-Term Care and Support, and Bureau of Community and Support Services. Division-wide services provided by these units include the following:

Nursing home pre-admission screening – Federal regulations require pre-admission screening for mental illness or intellectual disabilities for all applicants entering nursing homes regardless of payer source. In order to establish the applicant's need for nursing facility services, the Medicaid Program has developed admission review policies and procedures. They are designed to evaluate the medical necessity for nursing facility care, the level of care required by the individual, and pre-admission screening of all nursing facility applicants to determine mental illness or intellectual disabilities.

Support and oversight for the Department's non-Medicaid home and community-based programs and services – Most of these services are provided by not-for-profit agencies and local governments under contract through the state's 11 Area Agencies on Aging. Contracted programs include the federally funded Older Americans Act (OAA), Emergency Home Energy Assistance for the Elderly Program (EHEAP), and food and nutrition services programs, as well as the state-funded Community Care for the Elderly, Alzheimer's Disease Initiative, Home Care for the Elderly, and Respite for Elders Living in Everyday Families (RELIEF) programs.

Programs administered by the Department and contracted to entities other than Area Agencies on Aging – These programs include the Adult Care Food Program, Senior Farmers' Market Nutrition Program, memory disorder clinics, brain bank, Americorps, and the Senior Companion Program. The Division also approves Alzheimer's disease and related disorders training providers and training curricula for specified staff of nursing homes, assisted living facilities, and other long-term care facilities.

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

CARES is Florida's federally mandated nursing home pre-admission assessment program. CARES staff members, including registered nurses and assessors, perform medical needs assessments of individuals. These assessments are part of the process to assist elders and individuals with disabilities in receiving appropriate services through local funding sources and/or Florida Medicaid. The CARES staff members identify a client's long-term care needs, determine the level of care required to meet those needs, and provide information to individuals on options available to receive their long-term care services.

Long-Term Care and Support

The Bureau of Long-Term Care and Support (LTCS) assists Agency for Health Care Administration with the administration of the Long-term Care Medicaid program. This program is designed to assist individuals that meet the level of care required by a nursing home to remain safely in their home by providing community-based services. The Bureau also manages and oversees all Medicaid contracts and functions for which the ADRCs are responsible.

Program of All-Inclusive Care for the Elderly (PACE)

The PACE Program is a unique model of care that combines both Medicaid and Medicare services and provides voluntary managed long-term care services to address the needs of enrolled clients. PACE targets eligible individuals, age 55 and older, that meet the level of care required by a nursing home. The program provides a comprehensive array of home and community-based services that are determined by an interdisciplinary team of health care professionals. In addition, PACE provides acute care services covered by Medicare. Both the acute and long-term care services are typically delivered in an adult day health care setting.

Community and Support Services

The Bureau of Community and Support Services consists of the following three teams: (1) Aging and Disability Resource

Center Oversight, Contract Management, and Technical Assistance; (2) Caregiver Support; and (3) Nutrition. Bureau functions include most non-Medicaid community-based programs to help elders remain in their own homes and avoid institutional care. Other functions of the Bureau include oversight of the Purple Ribbon Task Force (PRTF). The PRTF was created for one year in 2012 with the passing of House Bill 473. Its purpose was to mobilize a state response to Alzheimer's Disease and Related Disorders (ADRD). This included a study of state trends with respect to persons having ADRD and a description of the role of the state in providing care and support to persons with ADRD and family caregivers, as well as state policy regarding persons with ADRD. Through recommendations provided in the PRTF final report, the Bureau oversees for the state plan on Alzheimer's disease, support of the Alzheimer's Disease Advisory Committee, and oversight of the Silver Alert Initiative.

Aging and Disability Resource Center Oversight, Contract Management, and Technical Assistance Unit

– This unit assists Area Agencies on Aging (AAA) and other contracting organizations in administering programs and services at the regional and local levels. In addition to having primary responsibility for oversight of the Aging and Disability Resource Centers, this unit provides contract management and technical support for AAAs and service providers to help administer in-home and community-based services funded through federal or state General Revenue dollars. Programs, services, and funding sources include the following:

Older Americans Act (OAA) – Services funded through the Florida's federal OAA allotment include: Title III-B supportive services, i.e., shopping assistance, personal care, homemaker, information and referral assistance, adult day care, chore, and transportation; Title III-E caregiver training, support groups, and supplemental services, i.e., respite, housing improvement, chores, medical supplies and services, and legal

assistance, available to adults who are caregivers for elder relatives or for elders who serve as caregivers for children; Title III C1 and C2 congregate meals, home-delivered meals, nutrition education and nutrition counseling; and Title IIID, personal care, shopping assistance, and evidence-based health promotion programs.

Alzheimer's Disease Initiative (ADI) – This program utilizes state General Revenue funds to provide caregiver training and support including counseling, consumable medical supplies, and respite for caregiver relief; memory disorder clinics to provide diagnosis, research, treatment, and referral; model day care programs to test new care alternatives; and a research database and brain bank to support research. ADI services are provided in conjunction with the Alzheimer's Disease Advisory Committee, which helps the Department provide program services to foster an environment where persons with Alzheimer's disease can safely congregate during the day, socialize, or receive therapeutic treatment.

Silver Alert – This initiative began in 2008 by Executive Order and became law in the 2011 Legislative Session. Silver Alert helps law enforcement officers rescue elders with Alzheimer's disease or a related dementia who become lost while driving a car or on foot. Silver Alert allows widespread broadcast of information concerning missing elders and vehicle information to the public through highway message signs, media alerts, and neighborhood telephone alerts. Silver Alert training and media materials are disseminated in local communities through the aging network and law enforcement. Through the Department's partnerships with the Florida Department of Transportation, Department of Highway Safety and Motor Vehicles, Department of Law Enforcement, Memory Disorder Clinics, and Aging and Disability Resource Centers, implementation of standard protocols that

assist caregivers and families to access resources and supportive services reduces the likelihood of repeat alerts. During 2015-2016, the Department will pilot a project to expand the Silver Alert initiative to include elders who become lost on foot.

Community Care for the Elderly (CCE) – This program utilizes state General Revenue funds to provide case management and a variety of other services to frail elders age 60 and older. Other services include adult day health care, home health aide, counseling, home repair, medical therapeutic care, home nursing, emergency alert response, and information. Eligibility is based in part on a client's inability to perform certain daily tasks such as meal preparation, bathing, or grooming.

Home Care for the Elderly (HCE) – This program utilizes state General Revenue funds to provide a subsidy to caregivers to help them maintain low-income elders in their own home or in the home of a caregiver. Payment is made for support and health maintenance and to assist with food, housing, clothing, and medical care. A special subsidy is available to help with specialized health care needs.

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

Caregiver Support Unit – The Department administers non-traditional caregiver support the following caregiver support programs: through contracts and partnerships with AAAs, service providers and volunteer organizations. Programs, services, and funding sources include the following:

Older Americans Act Title III E – National Family Caregiver Support Program provides information and assistance for caregivers in

gaining access to services including individual counseling, support groups, training, respite care, and supplemental services. The latter include housing improvement, assistance with chores, medical supplies and services, and legal services. Services are available to adults who are caregivers for elder relatives or for elders who serve as caregivers for children.

Respite for Elders Living in Everyday Families (RELIEF) – This program utilizes state General Revenue funds to provide in-home respite care services for caregivers of frail elders and those with Alzheimer’s disease and related dementia through community volunteers.

AmeriCorps Program and Senior Companion Program – These two national and community service programs engage volunteers in service to elders, providing in-home respite services to care-givers of frail elders at risk of institutionalization and respite and companionship services to frail lonely elders at risk of self-neglect and nursing home placement.

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

Nutrition Unit – This unit provides technical assistance to AAAs and local providers of OAA nutrition programs in order to assist them with providing quality services. Programs, services, and funding sources include the following:

Adult Care Food Program – This program utilizes U.S. Department of Agriculture funds to provide subsidy payments in order to assist participating Adult Day Care Centers and Mental Health Day Centers with providing meals to elders.

Nutrition Services Incentive Program (NSIP) – This program utilizes U.S. Department of Health and Human Services funds to reimburse Area Agencies on Aging and service providers for a portion of the costs of qualifying congregate and home-delivered meals.

Senior Farmers’ Market Nutrition Program – This program utilizes USDA funds to improve the nutritional health of low-income elders by providing coupons redeemable at local farmers’ markets for locally grown fresh fruits and vegetables provided by Department of Agriculture approved farmers.

Supplemental Nutrition Assistance Program (SNAP) – This program utilizes USDA funds to provide low-income elders with assistance in acquiring nutritious food. The SNAP began in 2009 as a collaborative partnership between the Department of Elder Affairs and the Department of Children and Families Automated Community Connection to Economic Self-Sufficiency (ACCESS) program. The project began in Planning and Service Areas (PSAs) which were determined to have the most need but lowest program involvement. PSAs 3, 4, 5, 6, and 9 were able to assist elders with completing the SNAP application by telephone. In January 2014, the National Council on Aging awarded the Department the SNAP Enrollment Initiative grant project. With the grant, the project was extended to the remaining 6 PSA’s. While the grant concluded in January 2015, all 11 PSAs continue to have the capability to provide elders with telephone assistance when completing SNAP enrollment.

STATEWIDE PUBLIC GUARDIANSHIP OFFICE

Established in 1999 by Sections 744.701-709, Florida Statutes, the Statewide Public Guardianship Office (SPGO) is responsible for appointing and overseeing Florida’s public guardians. SPGO contracts with 17 local Offices of Public

Guardianship to provide services throughout Florida. In 2013, SPGO accomplished, for the first time, statewide coverage for public guardianship programs and in 2014 received an additional \$3,750,000 for public guardian programs.

A guardian serves as a surrogate decision maker for individuals who have been deemed incapacitated by the court and can no longer manage their personal and/or financial affairs. Public guardians specifically serve persons of limited means who lack the capacity to make their own decisions and have no willing or able family or friend to act as their guardian.

The Statewide Public Guardianship Office is responsible for the creation and administration of the 40-hour professional guardian training course and the professional guardian competency exam. The office is also responsible for the registration and education of professional guardians and the education of examining committee members.

DIVISION OF INTERNAL AND EXTERNAL AFFAIRS

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

INTERNAL AFFAIRS

Internal Affairs includes Human Resources and General Services; Information Technology; and Staff Development.

Information Technology

The Office of Information Technology provides valuable technical support to both the Department's employees and private non-profit partners statewide, specifically the Area Agencies on Aging information technology units. Dedicated to maintaining the appropriate level of information security, the office works to ensure compliance with current security industry standards and to provide the appropriate level of information security in accordance with the Health

Insurance Portability and Accountability Act (HIPAA) of 1996, Public Law 104-191. The office is divided into three functional groups as follows:

Applications Support Group – This group is responsible for maintaining all applications developed for the Department. It administers 18 application systems, including the Department's Client Information and Registration Tracking System (CIRTS), which is used by the aging network to manage client assessment data, register clients for services, plan client services, and maintain program waiting lists. CIRTS is also used by CARES staff to evaluate client eligibility for Medicaid services and to establish a level of care. In addition to providing technical assistance for supported applications, this group also actively works to develop web-based applications and websites.

Enterprise Support – This group is responsible for providing technology support to all Department employees throughout the state. This group maintains, supports, troubleshoots, and implements various software and hardware technologies for the Department, including, but not limited to, computers, software, and other wireless technologies.

Technical Support – This group is responsible for all system software and technical infrastructure including servers, networks, operating system software, email, databases, and database administration for applications. It troubleshoots malfunctioning equipment and software and is also responsible for information security and HIPAA compliance for information systems and file interchanges with other appropriate agencies and support providers.

Staff Development

The Office of the Staff Development Coordinator is responsible for the development function and delivery of training at the Department. The Training Manager takes a lead role in assisting employees and supervisors achieve higher levels of performance and attain professional and personal growth. This office also formulates training policy for all Department divisions and

programs and provides guidance to program training developers and trainers, ensuring quality employee development throughout the state. The office also coordinates external staff development opportunities for employees.

EXTERNAL AFFAIRS

External Affairs includes the Office of Legislative Affairs, the Office of Communications, and the Elder Rights Bureau, Communities for a Lifetime Unit, and Legal Services Development.

Legislative Affairs

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

Communications

The Office of Communications is responsible for educating the public about the Department's programs and services. Communications team members ensure that all Department materials present an appropriately positive image of aging. The office also promotes key highlights and achievements of the Department through media campaigns, opinion editorials, interviews, pamphlets and fliers, and special events.

Annual *Elder Update* Disaster Preparedness Special Issue

"I have been a subscriber to your paper for a few years, and I find it very helpful, especially in my role as co-leader of our Community Emergency Response Team. I think this is the best *Disaster Preparedness Guide* since I signed up. Thank you for this great resource!"

— C. Davey

The Department's audience includes Florida's elders, caregivers, the general public, media, aging network professionals, and other state and federal agencies. To communicate to this diverse audience, the office utilizes the Department's *Elder Update* newspaper, the Department website, and the mass media.

Elder Update – The Department's bi-monthly newspaper includes articles covering relevant topics important to Florida elders. Some 60,000 copies of *Elder Update* are distributed at no cost to individuals or groups within Florida, and the publication is also available on the Department's website.

Website – Internet users can directly access Department information on a broad range of elder-related subjects by visiting the website at www.elderaffairs.org.

Elder Rights

The Elder Rights Bureau helps elders to age with security through programs that ensure elders can access and maintain benefits. This includes protection from abuse, neglect, exploitation, and other crimes, whether at home, in the community, or in institutional care. Elder rights includes the following:

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

Senior Employment – In addition to administering the Older Americans Act's Senior Community Service Employment Program (SCSEP), the Employment Unit works to increase awareness among employers of the benefits of hiring older workers. Communities for a Lifetime also promotes inclusion of businesses

in local initiatives and support of the Silver Edition website to connect older workers with employment opportunities.

Communities for a Lifetime – The Communities for a Lifetime Unit administers programs that help communities create environments that embrace the life experience and valuable contributions of older adults and feature improvements to benefit all residents, youthful and elder alike.

Through public forums, summits, educational workshops (SAFE Homes), and collaborative networking, the Housing Unit promotes universal design features in new home construction and in the renovation of existing homes. Other aging-in-place considerations presented include rightsizing and repurposing the home to maximize the interest of the aging home owner, identifying local transportation options, and the availability and access of community resources and services. The goal is to remain in the home and community of choice with dignity and independence as one ages.

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

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

Housing – The Elder Housing Unit provides technical assistance and resources for housing for elders, including adult day care, adult family care homes, assisted living facilities, hospice, and independent affordable housing. The unit is responsible for certifying assisted living facility core trainers, monitoring core trainer programs, developing curriculum and competency tests in English and Spanish, and administering the exam in locations throughout Florida. The unit provides information to local governments, community organizations, providers, state agencies, and the general

public, working to address senior housing and supportive service needs. The unit promotes and represents elder interests on relevant committees and various work groups that address the needs of housing and assisted living facilities. In addition, the unit collaborates with providers, stakeholders, and consumer groups to support options for seniors to remain in their home as they age. The unit developed a SAFE Homes Program that provides a collection of home-related safety tips to help keep homes in the best shape for secure and mobile accessibility and comfort.

Transportation and Mobility – This unit works with communities to develop and support the implementation of a range of options designed to allow seniors to remain mobile and independently able to access needed services and activities with a focus on aging in the home and community of their choosing.

Office of Volunteer and Community Services – The Office of Volunteer and Community Services identifies, recognizes, promotes, and provides technical assistance for volunteer-based programs across the state of Florida. In addition, the office develops an intergenerational volunteer component that encourages interaction between youth and elders. Intergenerational activities encourage elders and youth to make connections to bridge the generation gap. The Department also works with other volunteer organizations to share information, identify funding opportunities, develop partnerships, and coordinate resources.

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

Faith-Based Initiative – The goal of this initiative is to develop partnerships with

faith organizations statewide and to provide technical assistance, education, and resources to support their congregants. In addition, the initiative encourages interfaith collaborations between faith organizations and the aging network.

Legal Services Development

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

DIVISION OF FINANCIAL ADMINISTRATION

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

Contract Administration and Purchasing

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

Budget

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

Accounting and Contract Payment

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

Revenue Management

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

Monitoring and Quality Assurance (MQA)

This unit acts on behalf of the Department in its oversight role, ensuring the integrity of programs and services funded through and by the Department. The MQA Unit performs periodic monitoring reviews of programs and services administered by Area Agencies on Aging and/or funded entities to ensure that they do the following:

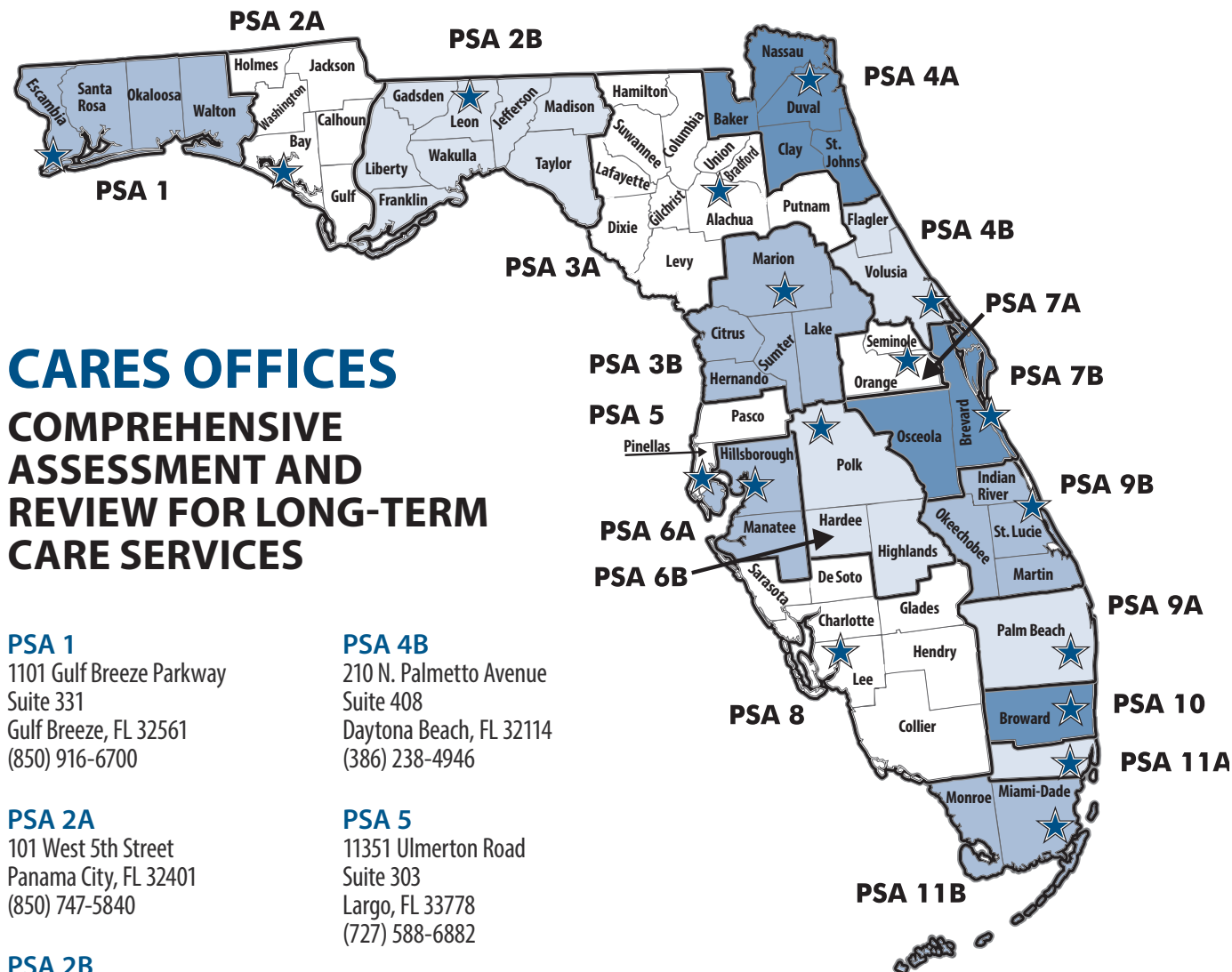
- Adhere to contract provisions and to state and federal laws;
- Comply with industry standards and best practices;
- Achieve legislatively mandated performance measures; and
- Align with the Department's statutory mission and focus.

The Department's monitoring function not only identifies operational weaknesses and related remedial controls associated with various programs but also focuses heavily on the evaluation and effectiveness of existing preventive measures and controls. These measures include: governance; identification and management of related business risks and, the establishment of an internal control and quality assurance environment to provide effective oversight of grantees. Additionally, MQA staff also perform client visits, meal site visits, and a variety of case file reviews to ensure contractor performance, and that elders are receiving the services that allow them to remain in the community and maintain independence.

ELDER SERVICES NETWORK COMPONENTS AND THEIR ROLES

1. **U.S. Department of Health and Human Services, Administration for Community Living, Administration on Aging**, led by the Assistant Secretary for Aging, funds home and community-based services for millions of older persons through Older Americans Act (OAA) allotments to the states and competitive grants.
2. **Florida Department of Elder Affairs** is the designated State Unit on Aging in accordance with the Older Americans Act and Chapter 430, Florida Statutes. The Department's role is to administer Florida's OAA allotment and grants and to advocate, coordinate, and plan services for elders provided by the State of Florida. The Older Americans Act requires the Department to fund a service-delivery system through designated Area Agencies on Aging in each of the state's 11 Planning and Service Areas. In addition, Chapter 430, Florida Statutes, requires that the Department fund service-delivery lead agencies that coordinate and deliver care at the consumer level in the counties comprising each Planning and Service Area.
3. **Area Agencies on Aging (AAAs)** are the designated private not-for-profit entities that advocate, plan, coordinate, and fund a system of elder support services in their respective Planning and Service Areas. The designation of AAA is in keeping with the Older Americans Act. Area Agencies on Aging operate Aging and Disability Resource Centers (ADRCs).
4. **Lead Agencies** provide and coordinate services for elders in the state's 11 Planning and Service Areas. There are 52 lead agencies serving all of Florida's 67 counties. Some lead agencies provide services in more than one county due to the scarcity of providers in some rural counties. Lead agency providers are either non-profit corporations or county government agencies. Among the non-profit corporations are senior centers and Councils on Aging (COA).
5. **Local service providers** include non-profit and for-profit corporations. Among non-profits are senior centers, county organizations, community action agencies, faith-based organizations, assisted-living facilities, and Alzheimer's disease clinics. Among for-profit entities are assisted living facilities, in-home service agencies, and managed care organizations (MCO).

AGING SERVICES NETWORK



CARES OFFICES COMPREHENSIVE ASSESSMENT AND REVIEW FOR LONG-TERM CARE SERVICES

PSA 1

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

PSA 2A

101 West 5th Street
Panama City, FL 32401
(850) 747-5840

PSA 2B

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

PSA 3A

3801 NW 40th Terrace
Suite A
Gainesville, FL 32606
(352) 955-6560

PSA 3B

1515 E. Silver Springs Boulevard
Suite 203
Ocala, FL 34470
(352) 620-3457

PSA 4A

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

PSA 4B

210 N. Palmetto Avenue
Suite 408
Daytona Beach, FL 32114
(386) 238-4946

PSA 5

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

PSA 6A

701 W. Fletcher Avenue
Suite D
Tampa, FL 33612
(813) 631-5300

PSA 6B

200 N. Kentucky Avenue
Suite 302
Lakeland, FL 33801
(863) 680-5584

PSA 7A

Hurston Building
400 West Robinson St.
Suite 709 South Tower
Orlando, FL 32801
(407) 540-3865

PSA 7B

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

PSA 8

Ft. Myers Regional
Service Center
2295 Victoria Ave.
Suite 153
Ft. Myers, FL 33901
(239) 338-2571

PSA 9A

4400 N. Congress Avenue
Suite 102
West Palm Beach, FL 33407
(561) 840-3150

PSA 9B

337 N. 4th Street
Suite E
Ft. Pierce, FL 34950
(772) 460-3692

PSA 10

8333 W. McNab Road
Suite 235
Tamarac, FL 33321
(954) 597-2240

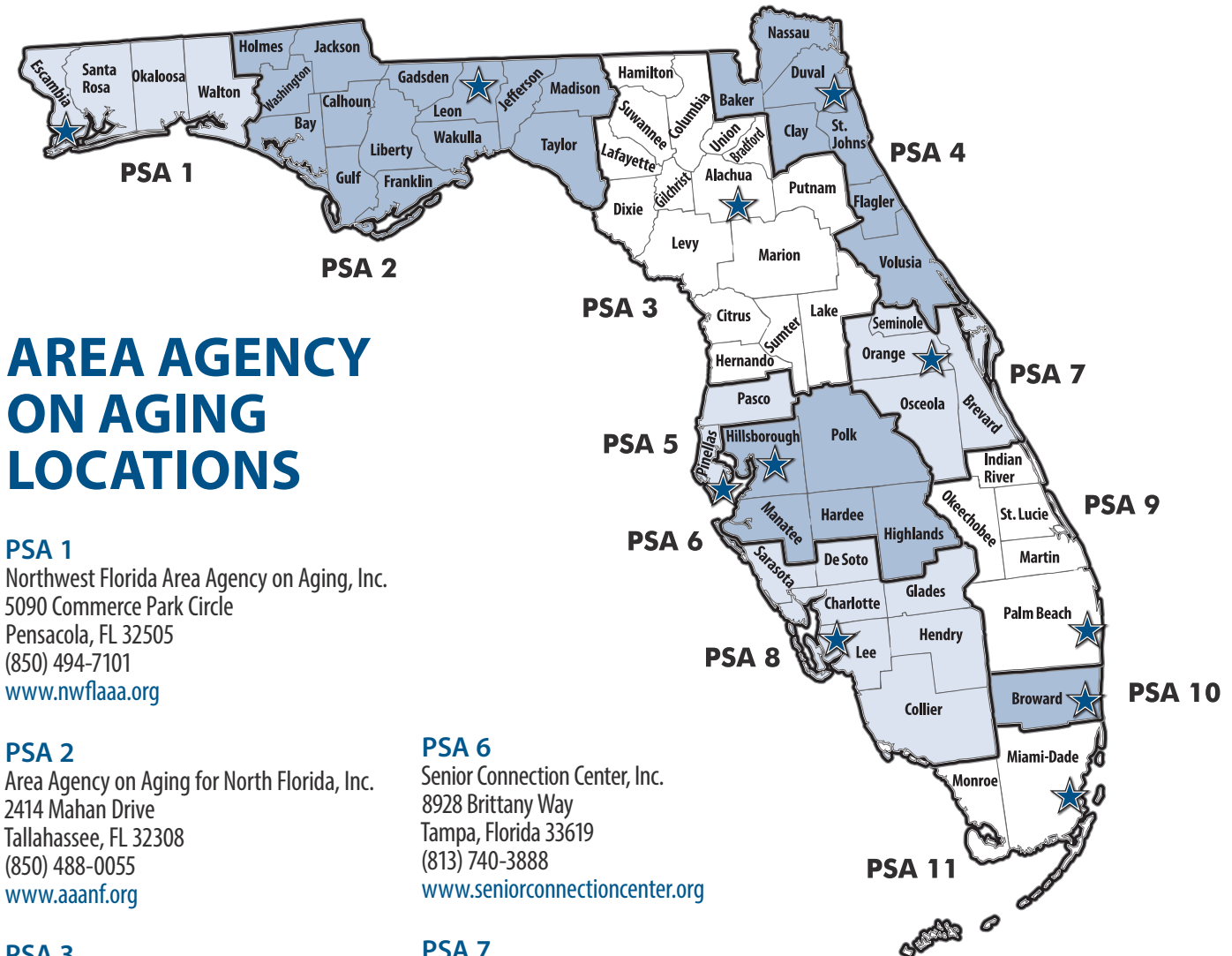
PSA 11A

7270 NW 12th Street
Suite 130
Airport Executive, Tower 2
Miami, FL 33126
(786) 336-1400

PSA 11B

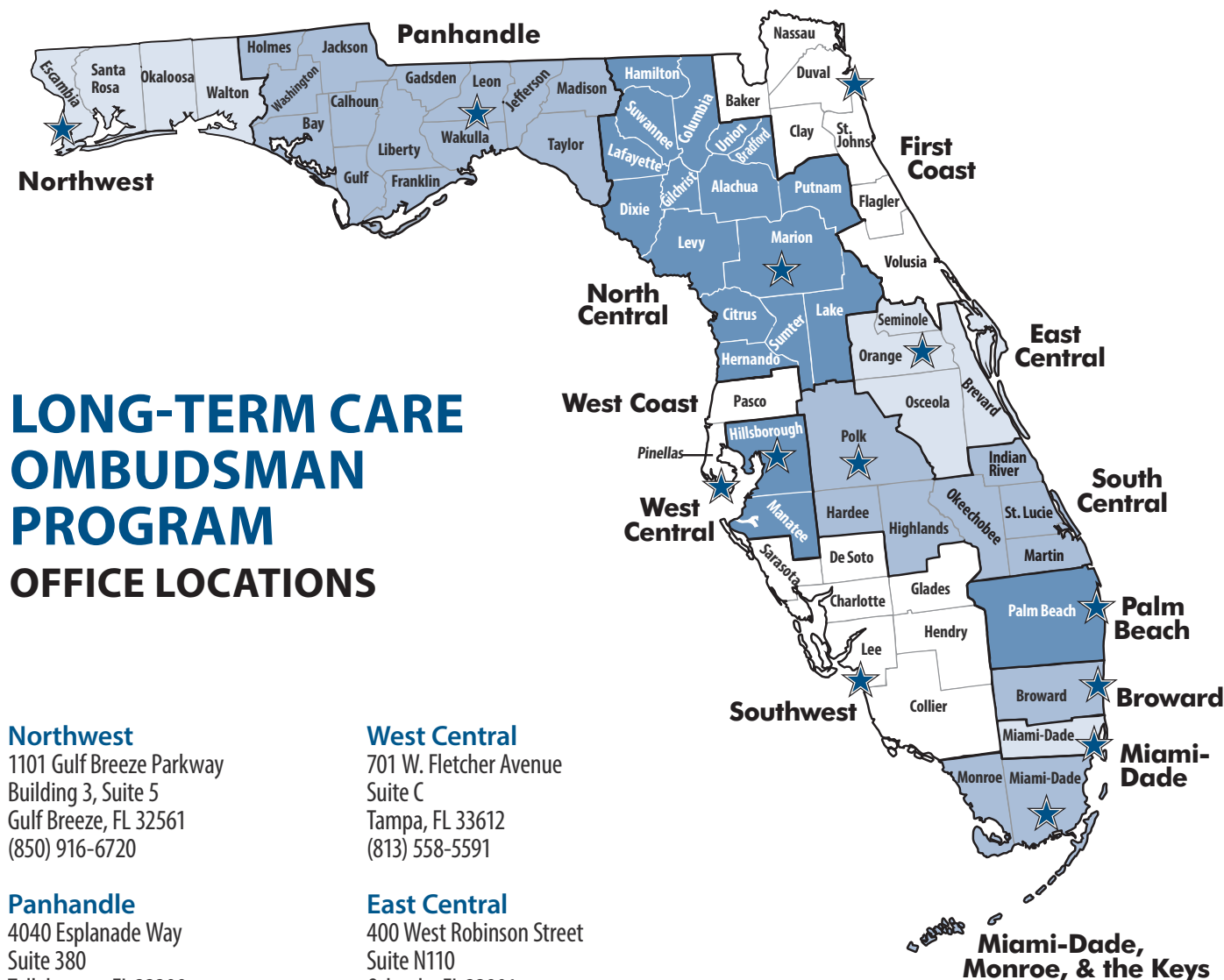
7270 NW 12th Street
Suite 130
Airport Executive, Tower 2
Miami, FL 33126
(305) 671-7200

PSA - Planning and Service Area



PSA - Planning and Service Area

AGING SERVICES NETWORK



LONG-TERM CARE OMBUDSMAN PROGRAM OFFICE LOCATIONS

Northwest

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

Panhandle

4040 Esplanade Way
Suite 380
Tallahassee, FL 32399
(850) 921-4703

North Central

1515 E. Silver Springs Boulevard
Suite 203
Ocala, FL 34470
(352) 620-3088

First Coast

210 N. Palmetto Ave.
Suite 403
Daytona Beach, FL 32114
(386) 226-7846

West Coast

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

West Central

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

East Central

400 West Robinson Street
Suite N110
Orlando, FL 32801
(407) 245-0651

South Central

200 N Kentucky Avenue
Suite 224
Lakeland, FL 33801
(863) 413-2764

Southwest

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

Palm Beach

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

Broward

8333 W. McNabb Road
Suite 231
Tamarac, FL 33321
(954) 597-2266

Miami-Dade

7270 NW 12th Street
Suite 520
Miami, FL 33126
(786) 336-1418

Miami-Dade, Monroe, and the Keys

7300 N. Kendall Drive
Suite 780
Miami, FL 33156
(305) 671-7245

COMMUNITIES FOR A LIFETIME

PARTICIPATING CITIES, TOWNS AND COUNTIES

Alachua County

City of Alachua
City of Gainesville
City of Hawthorne

Baker County

City of Macclenny

Bay County

City of Panama City
City of Panama City Beach

Bradford County

City of Starke

Brevard County

City of Cape Canaveral
City of Cocoa
City of Cocoa Beach
City of Indian Harbor Beach
Town of Malabar
Town of Melbourne Beach
City of Palm Bay
City of Rockledge
City of Satellite Beach
City of Titusville
Cape Canaveral

Broward County

City of Coral Springs
City of Lauderdale Lakes
City of Tamarac
City of Parkland
City of Coconut Creek
City of Hollywood
City of West Park
City of Miramar
City of Hallandale Beach
Town of Davie
City of Pembroke Pines
City of Deerfield Beach

Charlotte County**Citrus County****Clay County**

City of Green Cove Springs
City of Keystone Heights
Town of Penney Farms

Collier County

City of Marco Island

Columbia County

City of Lake City

Duval County

City of Jacksonville

Escambia County

City of Pensacola

Flagler County

City of Palm Coast

Gadsden County

City of Quincy
City of Chattahoochee
City of Midway

Hardee County**Hendry County****Highlands County**

City of Sebring

Hillsborough County

City of Tampa
City of Plant City

Jefferson County

City of Monticello

Lake County

City of Tavares

Lee County

City of Cape Coral

Leon County

City of Tallahassee

Madison County

City of Madison

Manatee County

City of Bradenton Beach
City of Anna Maria
City of Holmes Beach

Martin County**Miami-Dade County**

Town of Medley
Town of Miami Lakes
City of Miami Gardens
City of South Miami
City of Miami Beach
Town of Cutler Bay
North Bay Village

Okaloosa County

City of Destin
City of Crestview
City of Niceville
City of Fort Walton Beach

Orange County

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

Osceola County

City of St. Cloud

Palm Beach County

City of Delray Beach
Town of Jupiter
City of Lake Worth
North Palm Beach
Village of Palm Springs
City of Boynton Beach
City of West Palm Beach

Pinellas County

City of Clearwater
City of Dunedin
City of Gulfport
City of Oldsmar
City of Safety Harbor
City of St. Petersburg
City of Tarpon Springs

Polk County

City of Davenport
City of Fort Meade
City of Lakeland

Putnam County

City of Crescent City

Santa Rosa County

Town of Jay
City of Milton

Sarasota County

City of Sarasota

Seminole County

City of Lake Mary
City of Oviedo
City of Winter Springs
City of Sanford
City of Altamonte Springs
City of Longwood

St. Johns County**Volusia County**

City of Ormond Beach
City of DeLand

Wakulla County**Walton County**

City of DeFuniak Springs
City of Freeport
City of Paxton

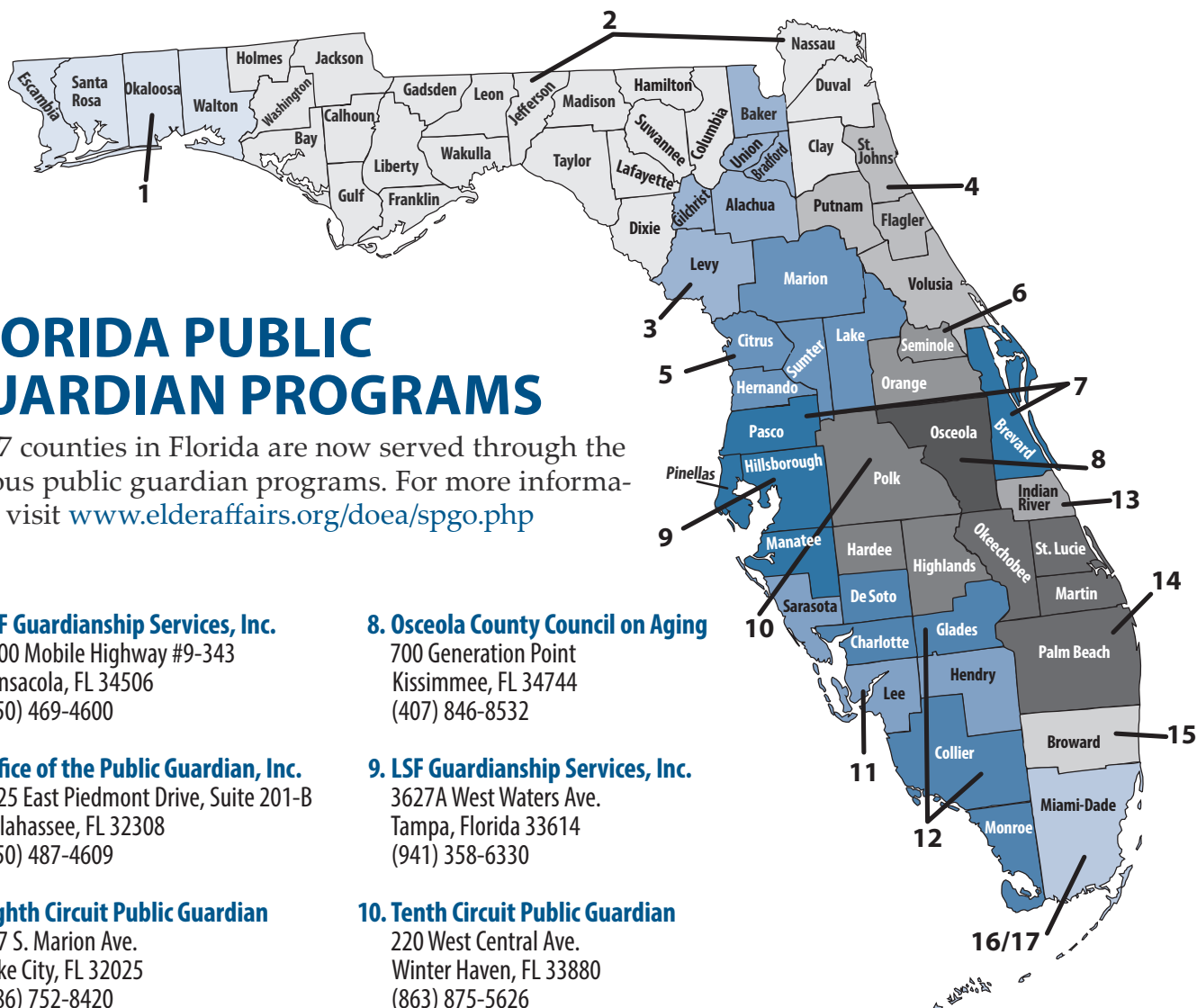
**Blue Indicates
a CFAL County**

As of 12/17/2015

AGING SERVICES NETWORK

FLORIDA PUBLIC GUARDIAN PROGRAMS

All 67 counties in Florida are now served through the various public guardian programs. For more information, visit www.elderaffairs.org/doea/spgo.php



1. LSF Guardianship Services, Inc.

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

2. Office of the Public Guardian, Inc.

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

3. Eighth Circuit Public Guardian

207 S. Marion Ave.
Lake City, FL 32025
(386) 752-8420

4. Council on Aging of Volusia County

160 N. Beach St.
Daytona Beach, FL 32114
(386) 253-4700

5. Fifth Circuit Public Guardian Corporation

110 NW 1st Ave., 4th Floor
Ocala, FL 34475
(352) 401-6753

6. Seniors First, Inc.

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

7. Aging Solutions

312 W. Lutz Lake Fern Rd.
Lutz, FL 33558
Hillsborough Phone: 813-949-1888
Brevard: (866) 92-Aging
Pasco and Pinellas: (727) 442-1188

8. Osceola County Council on Aging

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

9. LSF Guardianship Services, Inc.

3627A West Waters Ave.
Tampa, Florida 33614
(941) 358-6330

10. Tenth Circuit Public Guardian

220 West Central Ave.
Winter Haven, FL 33880
(863) 875-5626

11. Lee County Public Guardian

3613 Del Prado Blvd.
Cape Coral, FL 33904
(239) 549-2505

12. Charlotte and Collier County Public Guardians

4670 Cardinal Way, Suite 301
Naples, FL 34112
(239) 417-1040 Ext. 203

13. The Public Guardianship Program of Indian River, Inc.

2101 Indian River Blvd., Suite 200
Vero Beach, FL 32960
(772) 538-7101

14. Legal Aid Society of Palm Beach County, Inc.

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

15. Barry University School of Social Work

12401 Orange Dr., Suite 211
Davie, FL 33330
(954) 862-3655

16. Guardianship Care Group, Inc.

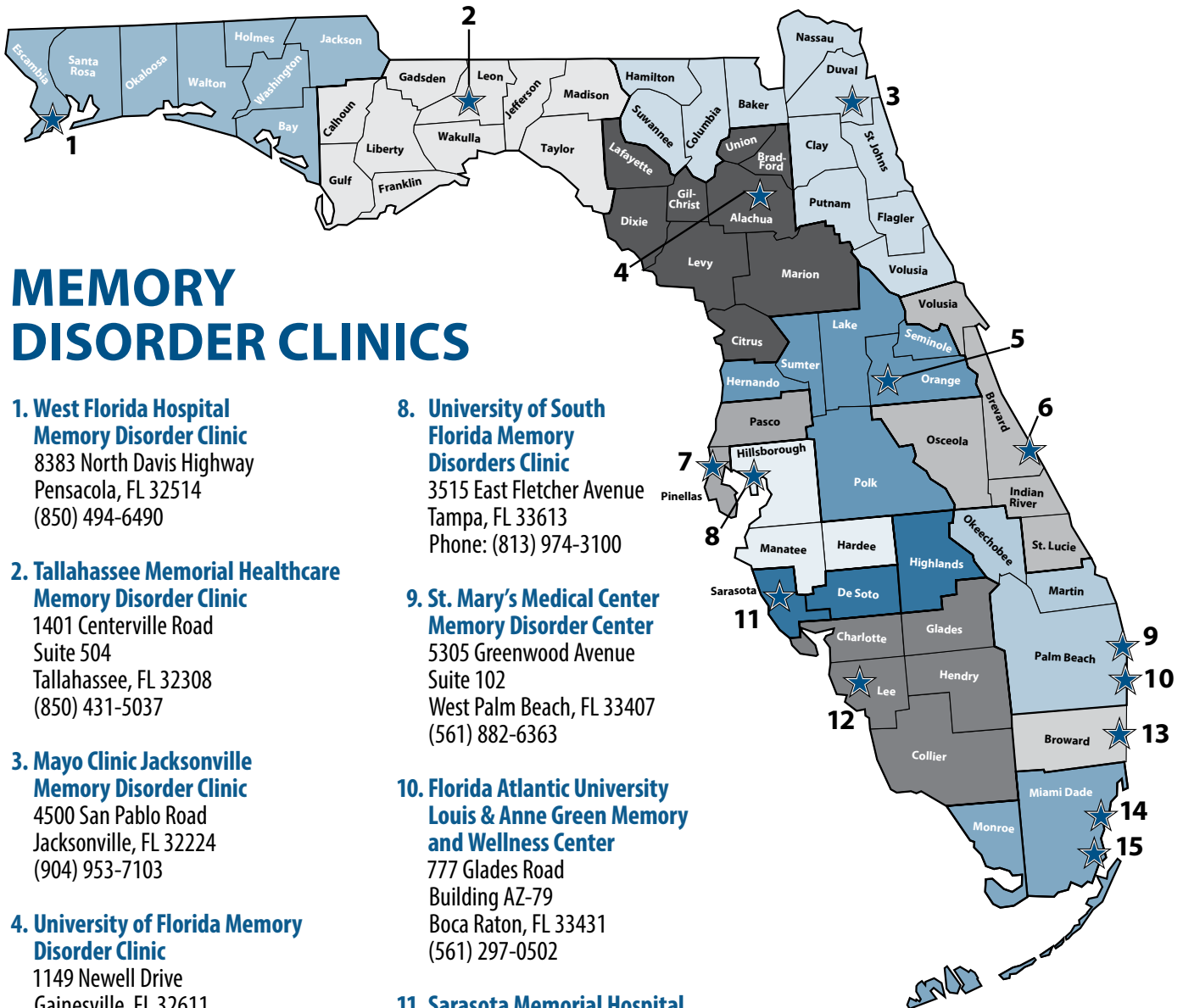
2199 Ponce de Leon Blvd., 5th Floor
Coral Gables, FL 33134
(305) 748-6111

17. Guardianship Program of Dade County, Inc.

8300 NW 53rd St., Ste. 402
Miami, FL 33166
(305) 482-3101

For additional information, please contact The Statewide Public Guardianship Office at:

Florida Department of Elder Affairs
4040 Esplanade Way
Tallahassee, Florida 32399
(850) 414-2381



MEMORY DISORDER CLINICS

1. West Florida Hospital Memory Disorder Clinic
8383 North Davis Highway
Pensacola, FL 32514
(850) 494-6490

2. Tallahassee Memorial Healthcare Memory Disorder Clinic
1401 Centerville Road
Suite 504
Tallahassee, FL 32308
(850) 431-5037

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

4. University of Florida Memory Disorder Clinic
1149 Newell Drive
Gainesville, FL 32611
(352) 273-5550

5. Orlando Health Center for Aging & Memory Disorder Clinic
21 West Columbia Street
Orlando, FL 32806
(321) 841-9700

6. East Central Florida Memory Disorder Clinic
3661 South Babcock Street
Melbourne, FL 32901
(321) 434-7612

7. Madonna Ptak Center for Memory Disorders at Morton Plant Mease
430 Morton Plant Street
Suite 402
Mail Stop 24
Clearwater, FL 33756
(727) 461-8635

8. University of South Florida Memory Disorders Clinic
3515 East Fletcher Avenue
Tampa, FL 33613
Phone: (813) 974-3100

9. St. Mary's Medical Center Memory Disorder Center
5305 Greenwood Avenue
Suite 102
West Palm Beach, FL 33407
(561) 882-6363

10. Florida Atlantic University Louis & Anne Green Memory and Wellness Center
777 Glades Road
Building AZ-79
Boca Raton, FL 33431
(561) 297-0502

11. Sarasota Memorial Hospital Memory Disorder Clinic
1515 So. Osprey Avenue
Suite A-1
Sarasota, FL 34239
(941) 917-7197

12. Lee Memorial Health System Lee Memory Care
12600 Creekside Lane
Suite 7
Fort Myers, FL 33919
(239) 343-9220

13. Broward Health North Memory Disorder Center
201 East Sample Road
Deerfield Beach, FL 33064
(954) 786-7392

14. The Wien Center for Alzheimer's Disease & Memory Disorders Mt. Sinai Medical Center
4300 Alton Road
Miami Beach, FL 33140
(305) 674-2543 ext. 54461

15. University of Miami Memory Disorders Center, Center on Aging Mental Health Hospital Center
1695 NW 9th Avenue
Suite 3202
Miami, FL 33136
(305) 355-9065

SENIOR CENTERS AND FLORIDA'S AGING NETWORK

Florida's aging services network encompasses a wide range of organizations and providers that help create a better life for Florida's 4.7 million seniors.

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

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

Senior centers are community facilities that provide a broad spectrum of services suited to the diverse needs and interests of independent older persons. Florida's 260-plus centers provide a wide range of activities that enhance the daily lives of seniors and extend beyond traditional programs and events. An estimated 380,000 seniors visit Florida's senior centers every year. These centers provide seniors the opportunity to participate in community-based activities within their own neighborhoods and among their friends.

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

Most Florida senior centers are open at least 30 hours each week, many on weekends, and they offer affordable programs at little or no cost. The services most commonly offered in the state's senior centers are information and referral, congregate meals, and transportation.

All senior centers in Florida are encouraged to seek national accreditation from the National Institute of Senior Centers. Currently the following eleven centers have attained this distinction*:

Brandon Senior Center

612 North Parsons Avenue
Brandon, FL 33510
Phone: 813-635-8064

Town 'N Country Senior Center

7606 Paula Drive
Tampa, FL 33615
Phone: 813-873-6336

Tallahassee Senior Center

1400 North Monroe Street
Tallahassee, FL 32303
Phone: 850-891-4000
Website: talgov.com/senior

Senior Friendship Centers, Inc.

1888 Brother Geenen Way
Sarasota, FL 34236
Phone: 941-955-2122
Website: seniorfriendship.com

River House/Coastal Community Services

180 Marine Street
St. Augustine, FL 32084
Phone: 904-209-3700
Website: stjohnscoa.com

The Volen Center

1515 West Palmetto Park Road
Boca Raton, FL 33486
Phone: 561-395-8920
Website: maevolen.com

Gulfport Multipurpose Center

5501 27th Avenue South
Gulfport, FL 33707
Phone: 727-893-1231
Website: www.gulfportseniorfoundation.org

Kathleen K. Catlin Friendship Center

2350 Scenic Drive
Venice, FL 34293
Phone: 941-493-3065
Website: seniorfriendship.com

Sunset Lakes Senior Center

2801 SW 186 Avenue
Miramar, FL 33029
Phone: 954-602-3347

Multi-Service Complex Senior Center

6700 Miramar Parkway
Miramar, FL 33023
Phone: 954-889-2707

Sunshine Center

330 5th Street North
St. Petersburg, FL
Miramar, FL 33701
Phone: 727-893-7101
Website: <http://www.stpeteparksrec.org/sunshine-senior-center.html>

** Source: Florida Association of Senior Centers (FASC)*

A full listing of Florida's senior centers is available online at www.elderaffairs.org/doea/senior_centers.php

Section B

Services and Utilization

INTRODUCTION TO SERVICES AND UTILIZATION

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

- State Fiscal Year 2014-2015 (July 1, 2014, through June 30, 2015); or
- Federal Fiscal Year 2014-2015 (October 1, 2014, through September 30, 2015); or
- In the case of programs operating on a calendar year, January 1 through December 31, 2014.

A review of the services table shows that in many instances more than one Department program may provide a specific service. This is because different programs often target different clientele, and eligibility criteria for an individual to participate in the various programs may vary. Please refer to Sections C through F of this document for detailed descriptions of all Department programs.

PROGRAM CODES USED IN THIS SECTION

Acronyms/abbreviations for programs with data captured by the Department's Client Information and Registration Tracking System (CIRTS) and Agency for Health Care Administration's Florida Medicaid Management Information System (FLMMIS).

AC	AmeriCorps
ACFP	Adult Care Food Program
ADI	Alzheimer's Disease Initiative
CARES	Comprehensive Assessment and Review for Long-Term Care Services
CCE	Community Care for the Elderly
DOEA	Department of Elder Affairs
EHEAP	Emergency Home Energy Assistance for the Elderly Program
HCE	Home Care for the Elderly
LSP	Local Services Programs
LTCOP	Long-Term Care Ombudsman Program
OAA	Older Americans Act
PACE	Program of All-Inclusive Care for the Elderly
PSA	Planning and Service Area
RELIEF	Respite for Elders Living in Everyday Families
SCP	Senior Companion Program
SCSEP	Senior Community Service Employment Program

SFMNP	Senior Farmers' Market Nutrition Program
SHINE	Serving Health Insurance Needs of Elders Program
SMMC LTC	Statewide Medicaid Managed Care Long-term Care
SPGO	Statewide Public Guardianship Office

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
A Matter of Balance	Adapted from Boston University's Roybal Center by Maine's Partnership for Healthy Aging, "A Matter of Balance" uses practical coping strategies to reduce fear of falling and to diminish the risk of falling including group discussions; mutual problem-solving exercises to improve strength, coordination, and balance; and home safety evaluation. Includes Asunto de Equilibrio (Spanish version of "A Matter of Balance," in which materials and videos are translated to Spanish).	Episodes	OAA	128
Active Living Every Day	Step-by-step behavior change program that helps individuals overcome their barriers to physical activity. As participants work through the course, they learn lifestyle management skills and build on small successes – methods that have proven effective in producing lasting change.	Episodes	OAA	6
Adult Care Food Program	USDA-funded program that reimburses the cost of meals and/or snacks for eligible centers including the following: <ul style="list-style-type: none"> • Licensed Adult Day Care Centers • Mental Health Day Treatment or Psychological Centers • In-Facility Respite Centers under contract with Department-funded programs • Tribal-operated centers 	Meals	ACFP	1,878,006
Adult Day Care	Therapeutic social and health activities and services provided to adults who have functional impairments in a protective environment as non-institutional as possible.	Hours	CCE, HCE, LSP, OAA	798,918
Adult Day Health Care	Services furnished four or more hours per day on a regularly scheduled basis for one or more days per week in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual.	Hours	CCE, OAA	7,708
	Services furnished in an outpatient setting which encompass both the health and social services needed to ensure optimal functioning of the individual, including social services to help with personal and family problems and planned group therapeutic activities, as well as nutritional meals.		SMMC LTC	4,541,887
Arthritis Foundation Exercise Program	Recreational exercise program designed specifically for people with arthritis and related diseases. The program uses gentle activities to help increase joint flexibility and range of motion, maintain muscle strength, and increase overall stamina.	Episodes	OAA	104
Assisted Living	Personal care services, homemaker services, chore services, attendant care, companion services, medication oversight, and therapeutic social and recreational programming provided in a home-like environment in an assisted living facility. This service does not include the cost of room and board furnished in conjunction with residing in the facility.	Hours	SMMC LTC	1,437,354

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Attendant Care	Hands-on supportive and health-related care specific to the needs of a medically stable, physically handicapped individual. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. This service may include skilled or nursing care to the extent permitted by state law. Housekeeping activities that are incidental to the performance of care may also be furnished as part of this activity.	Hours	SMMC LTC	353,257
		Episodes		8,248
Basic Subsidy	Fixed-sum cash payment made to an eligible caregiver each month to reimburse some of his/her expenses of caring for the client. A basic subsidy is provided for support and maintenance of the care recipient, including medical costs not covered by Medicaid, Medicare, or any other insurance.	Months of service	HCE	22,870
Behavioral Management	Behavioral health care services address mental health or substance abuse needs of members. Services are used to maximize reduction of the enrollee's disability and restoration to the best possible functional level and may include, but are not limited to, the following: an evaluation of the origin and trigger of the presenting behavior; development of strategies to address the behavior; implementation of an intervention by the provider; and assistance for the caregiver in being able to intervene and maintain the improved behavior.	Hours	SMMC LTC	35 Group 14,033 Individual
		Episodes		713 Group 167 Individual
Caregiver Training and Support	Training of caregivers, individually or in group settings, to reduce stress, increase coping skills, provide strategies for effective management of caregiving tasks, and enable them to provide high quality care to recipients within the home. Caregiver training and support may be provided through forums including community workshops, seminars, and other organized local, regional, or statewide events. Support may also be provided to caregivers through telecommunications media.	Hours	ADI, OAA	4,461 Group 2,533 Individual
Case Aide	Services that are an adjunct and supplemental to case management services and are provided by paraprofessionals under the direction of case managers or designated supervisory staff.	Hours	ADI, CCE, HCE, OAA	16,871
Case Management	Client-centered service that seeks to identify physical and emotional needs and problems through: an interview and assessment process; discussing and developing a plan for services that addresses these needs; arranging and coordinating agreed-upon services; and monitoring the quality and effectiveness of the services. Case management is a service for actively enrolled clients that provides continuing support and addresses the changing needs of clients.	Hours	ADI, CCE, HCE, LSP, OAA, SMMC LTC	402,431
		Episodes	SMMC LTC	520,862
		Months	SMMC LTC	9,586

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Child Day Care	Services provided to a minor child no older than 18 or a child with a disability who resides with a grandparent or other related caregiver age 55 or older.	Hours	OAA	5,595
Chore Assistance	Services include routine house or yard tasks, including seasonal cleaning; yard work; lifting and moving furniture, appliances, or heavy objects; household repairs that do not require a permit or specialist; and household maintenance. Pest control may be included when not performed as a distinct activity.	Hours	CCE, LSP, OAA	25,809
Chore-Enhanced	Performance of any house or yard task beyond the scope of regular chore services due to more demanding circumstances requiring more intensified, thorough cleaning.	Hours	CCE, HCE, OAA	7,341
Chronic Disease Self-Management Program	Developed by Stanford University, community setting workshops are provided for individuals with chronic health problems. Workshops cover: 1) Techniques to deal with problems such as frustration, fatigue, pain, and isolation; 2) Appropriate exercise for maintaining and improving strength, flexibility, and endurance; 3) Appropriate use of medications; 4) Communicating effectively with family, friends, and health professionals; 5) Nutrition; and 6) How to evaluate new treatments.	Episodes	OAA	57
Chronic Pain Self-Management Program	Developed by Stanford University for individuals living with chronic pain, participants receive information and practical skills for chronic pain management. This program is for people who have a primary or secondary diagnosis of chronic pain that lasts longer than 3-6 months or longer than the normal healing time of an injury.	Episodes	OAA	1
Companionship	Visiting a client who is socially and/or geographically isolated for the purpose of relieving loneliness and providing the client with continuing social contact with the community. It includes engaging in casual conversation; providing assistance with reading and writing letters; playing entertaining games; escorting a client to a doctor's appointment; and conducting diversion activities such as going to the movies, the mall, the library, or the grocery store. Companions may also assist the recipient with such tasks as meal preparation, laundry, and light housekeeping tasks that are incidental to the individual's care and supervision.	Hours	CCE, OAA, SCP	164,504

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Congregate Meals	Meals provided at a congregate meal site that comply with the Dietary Guidelines for Americans and provides one-third daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient) as established by the Food and Nutrition Board of National Academy of Sciences.	Meals	LSP, OAA	3,934,053
Congregate Meals Screening	Assessments for congregate meal applicants or recipients with referral and follow-up as needed.	Hours	OAA, LSP	15,291
Counseling – Cognitive Skills Development	Development of cognitive skills to improve attention, memory, and problem solving, which includes compensatory training.	Hours	SMMC LTC	7,784
Counseling – Gerontological	Emotional support, information, and guidance through a variety of modalities including mutual support groups for older adults who are having mental, emotional, or social adjustment problems as a result of the process of aging.	Hours	ADI, CCE, HCE, LSP, OAA	1,954 Group 11,033 Individual
Counseling – Medicare and Health Insurance	Medicare and health insurance education, counseling, and assistance to Medicare beneficiaries, their families, and caregivers.	Client Contacts	SHINE	169,566
Counseling – Mental Health Counseling and Screening	Services focus on the unique treatment of psychiatric disorders and rehabilitation for impairments for persons suffering from a mental illness, including depression and anxiety. These services include specialized individual, group, and family therapy provided to clients using techniques appropriate to this population. Specialized mental health services include information gathering and assessment, diagnosis, and development of a treatment plan in coordination with the client's care plan. This specialized treatment will integrate the mental health interventions with the overall service and supports to enhance emotional and behavioral functions. This may be done on a one-to-one or group basis.	Hours	ADI, CCE, LSP, OAA	292 Group 4,191 Individual
Counseling – Reintegration Training	Community/work reintegration training, which includes shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, and use of assistive technology device/adaptive equipment.	Hours	SMMC LTC	6

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Diabetes Self-Management Program	Diabetes self-management training services.	Hours	SMMC LTC	30
	Developed by Stanford University, individuals with Type 2 Diabetes attend workshops in a community setting. Subjects covered include the following: 1) techniques to deal with the symptoms of diabetes, fatigue, pain, hyper/hypoglycemia, stress, and emotional programs such as depression, anger, fear, and frustration; 2) appropriate exercise for maintaining and improving strength and endurance; 3) healthy eating; 4) appropriate use of medication; and 5) working more effectively with health care providers. Participants will make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program.	Episodes	OAA	29
Eat Better Move More	Congregate meal program providing basic activity and nutrition education that encourages participants to be physically active and eat a more healthy diet.	Episodes	OAA	1
Education	Speaking to groups or distributing materials to individuals at public gatherings about services and opportunities available to them within their communities. Providing formal or informal opportunities for individuals or groups to acquire knowledge, experience, or skills; increasing awareness in such areas as crime or accident prevention; promoting personal enrichment; and enhancing skills in a specific craft, trade, job, or occupation. Other options include training individuals or groups in guardianship proceedings for older individuals if other adequate representation is unavailable.	Hours	OAA	2,361
		Episodes	ADI, OAA	11,742 Group 1,073 Individual
Emergency Alert Response (EAR) – Installation	Community-based electronic surveillance service that monitors frail homebound elders at high risk of institutionalization. Monitors by means of an electronic communication link to a response center with an electronic device that enables the elder to secure help in an emergency. The recipient can also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated.	Episodes	CCE, OAA, SMMC LTC	1,085

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Emergency Alert Response – Maintenance	Maintenance of EAR system, as explained above.	Days	CCE, LSP, OAA	794,764
		Months	SMMC LTC	252,596
Employment and Job Training	Up to 20 hours a week of paid part-time community service work for unemployed low-income persons who are age 55 and older. Assists with placement in unsubsidized employment.	Clients served	SCSEP	735
Energy Assistance	Assistance to low-income households (with at least one individual age 60 or older in the home) experiencing a home energy emergency.	Households served	EHEAP	12,743
EnhanceFitness	Group exercise program developed by the University of Washington in collaboration with Senior Services that focuses on stretching, flexibility, balance, low-impact aerobics, and strength training exercises.	Hours	OAA	559
Escort	Personal accompaniment and assistance to a person who has physical or cognitive difficulties using regular vehicular transportation. The accompaniment and assistance is provided to individuals to or from service providers, medical appointments, or other destinations needed by the client. Escort is essential during travel to provide safety, security, and support.	Trips	CCE, OAA	1,121
Financial Risk Reduction – Assessment	Assessment of problem area(s) and guidance for managing income, assets, liabilities, and expenditures.	Hours	CCE	20
Financial Risk Reduction– Maintenance	Maintenance of problem area(s), and guidance for managing income, assets, liabilities, and expenditures.	Hours	CCE	458
Health Promotion	Individual and/or group sessions to help participants understand how lifestyle affects physical and mental health and develop personal practices that enhance total well-being. Services are provided at multipurpose senior centers, congregate meal sites, and other appropriate places that target elders who are low income, minorities, or medically underserved. Services related to health promotion include the following: health risk assessments; routine health screenings; physical activity; home injury control services; mental health screenings for prevention and diagnosis; medication management, screening and education; gerontological counseling; distribution of information concerning diagnosis, prevention, treatment, and rehabilitation of age-related diseases and chronic disabling conditions such as osteoporosis; and cardiovascular diseases.	Episodes	LSP, OAA	75

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Health Risk Assessment – Individual	Assessment utilizing one tool or a combination of tools to test older persons for certain risk factors that are known to be associated with a disease or condition. Many factors can be modified, including diet, risk-taking behaviors, coping styles, and lifestyle choices (such as smoking and overeating), and can be measured or identified through risk appraisal questionnaires. The health risk assessment helps the individual determine the addictive nature of many factors in a client's life. This can be done on a one-on-one or group basis.	Episodes	LSP	1,031
Health Risk Screening – Individual	Administration of assessment tools to screen large groups of people or clients for the presence of a particular disease or condition. This service is designed for early detection and intervention. Referral is required when screening results indicate professional services are needed or when a request is made by the client being served. Health risk screening procedures screen for diseases and ailments such as hypertension, glaucoma, cholesterol, cancer, vision or hearing loss, HIV/AIDS, sexually transmitted diseases, diabetes, osteoporosis, and nutrition deficiencies.	Episodes	OAA	4,305
Health Support	Helps individuals secure and utilize necessary medical treatment as well as preventive, emergency, and health maintenance services.	Hours	LSP, OAA	15,193 Group 15,576 Individual
		Episodes	OAA	225
Healthy Eating Every Day	This program helps individuals establish healthy eating habits. Participants will identify the reasons for their poor eating choices, learn management skills, and improve their eating habits. Healthy Eating Every Day follows the USDA Nutrition Guidelines.	Episodes	OAA	7
Healthy Eating for Successful Living in Older Adults	Education and support program to assist older adults in self-management of their nutritional health developed by the Lahey Clinic, in collaboration with other Boston-area organizations. Conducted over six weekly sessions, the primary components of the program include self-assessment, management of a dietary pattern, goal setting, problem solving, group support, and education. The target population is individuals age 60 and older.	Episodes	OAA	3

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Home Accessibility Adaptations Services	Physical adaptations to the home required by the enrollee's plan of care which are necessary to ensure the health, welfare, and safety of the enrollee or which enable the enrollee to function with greater independence in the home and without which the enrollee would require institutionalization. Such adaptations may include the installation of ramps and grab bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems to accommodate the medical equipment and supplies, which are necessary for the welfare of the enrollee. All services shall be provided in accordance with applicable state and local building codes.	Episodes	SMMC LTC	2,421
Home-Delivered Meals	Complies with the Dietary Guidelines for Americans and provides one-third daily Dietary Reference Intake (DRI) for a female age 70 or older (the predominant statewide demographic recipient), as established by the Food and Nutrition Board of National Academy of Sciences. May include hot, frozen, and/or emergency shelf meals.	Meals	CCE, HCE, LSP, OAA, SMMC LTC	8,294,672
Home Health Aide	Hands on personal care services, simple procedures as an extension of therapy or nursing services, assistance with ambulation or exercises, and assistance with self-administered medication. In-home services are performed by a trained home health aide or certified nursing assistant as assigned by and under the supervision of a registered nurse or licensed therapist.	Hours	CCE	423
Homemaker	Specific home management duties including housekeeping, laundry, cleaning refrigerators, clothing repair, minor home repairs, assistance with budgeting and paying bills, client transportation, meal planning and preparation, shopping assistance, and routine household activities conducted by a trained homemaker.	Hours	CCE, HCE, LSP, OAA	920,220
	General household activities such as meal preparation and routine household care provided by a trained homemaker when the individual regularly responsible for these activities is temporarily absent or unable to manage these activities. Chore services, including heavy chore services and pest control, may be included in this service.	Hours	SMMC LTC	5,198,035
HomeMeds	Previously known as Medication Management Improvement System (MMIS), the goal of the program is to identify, assess, and resolve medication problems that are common among frail older adults.	Hours	OAA	995

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Housing Improvement	Home repairs, environmental modifications, adaptive alterations, security device installation, or payments for households experiencing a home energy emergency.	Hours	CCE, OAA	13,460
Information	Response to inquiries from or on behalf of a person regarding public and private resources and available services.	Episodes	OAA, LSP	579,317
Intake	Completes standard intake and screening instruments in order to gather information about an applicant for services.	Hours	CCE, OAA	26,470
Intermittent and Skilled Nursing	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse, or advanced registered nurse practitioner in the client's place of residence, pursuant to a plan of care approved by a licensed physician.	Hours	SMMC LTC	2,281,212
		Episodes		179
Interpreting/Translating	Interpreting/translating is defined as explaining the meaning of oral and/or written communication to non-English speaking persons or persons with disabilities who require such assistance.	Hours	OAA	2
Legal Assistance	Legal advice and representation by an attorney (including, to the extent feasible, counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney) to older individuals with economic or social needs. Legal services include counseling or representation by a non-lawyer when permitted by law. Legal assistance protects against the loss of basic civil rights and ensures the autonomy and independence of older persons.	Hours	LSP, OAA	23,021
Long-Term Care Consumer Complaint Investigation	Investigation and resolution of complaints by or on behalf of residents of long-term care facilities. Maintains statewide reporting system and provides information regarding long-term care facilities.	Administrative assessments	LTCOP	4,164
		Investigations		5,751

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Material Aid	<ul style="list-style-type: none"> • Direct distribution of commodities, surplus food, clothing, smoke detectors, eyeglasses, hearing aids, security devices, etc. • Food item(s) necessary for health, safety, or welfare. This may include condiments or paper products necessary for food consumption, as well as delivery charges. Alcohol, drug, and tobacco products are excluded. • Repair, purchase, delivery, and installation of any household appliance necessary to maintain a home or assist with household tasks necessary for the health, safety, or welfare of the person. • Purchase of materials necessary to perform chore or enhanced chore services (see Chore Assistance and Enhanced Chore service descriptions above). • Purchase of construction materials necessary to perform housing improvements, alterations, and repairs (see Housing Improvement service descriptions above). 	Episodes	CCE, HCE, LSP, OAA	6,946
Medication Management	Screening, education, identification, and counseling regarding the medication regimes that clients are using, including prescription and over-the-counter medications, vitamins, and home remedies. These services also help to identify any dietary factors that may interact with the medication regime. This can be done on a one-on-one or group basis.	Hours	OAA	64 Group 208 Individual
		Episodes	CCE	20
Medical Equipment and Supplies	<p>Medical equipment and supplies specified in the plan of care, including devices, controls, or appliances that enable the enrollee to:</p> <ul style="list-style-type: none"> • Increase the ability to perform activities of daily living, including medical supplies not available under the State Plan such as adult disposable diapers; • Perceive, control, or communicate the environment in which he or she lives; • Address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items, including items necessary for life support; • Address enrollee functional limitations, such as other durable and non-durable medical equipment. 	Items	SMMC LTC	9,894,686
		Hours		9,617
		Episodes		117
Model Day Care	Therapeutic, social, and health activities specific to clients with memory disorders. Services and activities include, but are not limited to, active and quiet games, reminiscence, validation therapy, pet therapy, water therapy, and other failure-free activities appropriate to the client's level of functioning. Model day care centers also provide training for health care and social service personnel in the care of persons having Alzheimer's disease or related memory disorders.	Hours	ADI	33,038

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Nursing Home Applicant Assessment	Evaluation of the medical necessity for nursing facility care, the level of care required by the individual, and pre-admission screening of all nursing facility applicants to determine mental illness or intellectual disabilities.	Number of assessments	CARES	88,706
Nutrition Assistance	Bundled produce or coupons provided to low-income elders living in targeted service counties. Coupons can be exchanged for locally grown fresh produce at area farmers' markets.	Clients served	SFMNP	2,774
Nutrition Counseling – Individual	One-on-one individualized advice and guidance to persons who are at nutritional risk because of poor health, nutritional history, current dietary intake, medication use, or chronic illnesses. Nutrition counseling includes options and methods for improving a client's nutritional status.	Hours	CCE, OAA	1,530
Nutrition Education	Accurate, scientifically sound, practical, and culturally sensitive nutrition information and instruction to participants in a group or individual setting consistent with their needs and food resources. Nutrition education is the process by which individuals gain the understanding, skills, and motivation necessary to promote and protect their nutritional well-being through their food choices and food preparation methods.	Clients served	OAA	272,840
Nutritional Assessment/Risk Reduction Services	Assessment, hands-on care, and guidance to caregivers and enrollees with respect to nutrition. This service teaches caregivers and enrollees to follow dietary specifications that are essential to the enrollee's health and physical functioning, prepare and eat nutritionally appropriate meals, and promote better health through improved nutrition. This service may include instructions on shopping for quality food and food preparation.	Hours	SMMC LTC	1,028
		Episodes		12
Occupational Therapy	Treatment to restore, improve, or maintain impaired functions aimed at increasing or maintaining the enrollee's ability to perform tasks required for independent functioning when determined through a multidisciplinary assessment to improve an enrollee's capability to live safely in the home setting.	Episodes	SMMC LTC	42,973
		Hours		86,404
Other Services	Category for goods or services not defined elsewhere that are necessary for the health, safety, or welfare of the person.	Episodes	CCE, HCE, LSP	7,217
Outreach	An OAA-required access service making active efforts to reach target individuals face to face, either in a community setting or in neighborhoods with large numbers of low-income minority elderly, making one-on-one contact, identifying their service need, and encouraging their use of available resources.	Episodes	OAA	27,243

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Personal Care	Assistance with eating, dressing, personal hygiene, and other activities of daily living. This service may include assistance with meal preparation and housekeeping chores such as bed making, dusting, and vacuuming incidental to the care furnished or essential to the health and welfare of the individual.	Hours	CCE, HCE, LSP, OAA, SMMC LTC	12,501,223
		Items	SMMC LTC	7,610,926
Pest Control Initiation	Addresses insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients. Initiation covers start-up costs.	Episodes	CCE	136
Pest Control – Enhanced Initiation	Enhanced initial pest control services addressing insects and other potential carriers of disease and enhances the safety, sanitation, and cleanliness for recipients. Initiation covers start-up costs. This service is beyond the scope of pest control initiation due to the greater effort required.	Episodes	CCE	6
Pest Control Maintenance	Addresses insects and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients.	Episodes	CCE	1,622
Pest Control – Rodent	Addresses rodents and other potential carriers of disease and enhances safety, sanitation, and cleanliness for recipients. Rodent service consists of trapping, baiting, or other treatments or applications that result in the elimination of the rodent(s).	Episodes	CCE	5
		Hours	CCE	15
Physical Fitness	Activities for elders to improve their strength, flexibility, endurance, muscle tone, range of motion, reflexes, cardiovascular health, and/or other aspects of physical functioning.	Hours	OAA	250
Physical Therapy	Prescribed therapy necessary to produce specific functional outcomes in ambulation, muscle control, postural development, and prevent or reduce further physical disability.	Episodes	SMMC LTC	16,383
		Hours		22,544
Powerful Tools for Caregivers	Evidence-based education program using a train-the-trainer method of dissemination. It provides individuals strategies to handle unique caregiver challenges and develop a wealth of self-care tools to: reduce personal stress; change negative self-talk; communicate their needs to family members and health care or service providers; communicate more effectively in challenging situations; recognize the messages in their emotions; deal with difficult feelings; and make tough caregiving decisions.	Episodes	OAA	1
Programa de Manejo Personal de la Diabetes	Community workshops designed for Spanish-speaking individuals with Type 2 Diabetes. Participants make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program.	Episodes	OAA	1

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)	Intervention for relatively homebound seniors with moderate depression. The intervention is conducted in the home of subjects in eight sessions over a 19-week period. This intervention seeks to improve depression outcomes through a structured program of problem-solving therapy and pleasurable events scheduling. The PEARLS intervention also includes clinical supervision by a psychiatrist. PEARLS is designed to be delivered by staff typically available in an Area Agency on Aging or in senior centers.	Hours	OAA	29
Public Guardianship	Protection of the property and personal rights of individuals who lack the capacity to make decisions on their own behalf and in their own best interests.	Wards of limited financial means with no willing or able family or friend to serve	SPGO	3,329
Recreation	Planned leisure events such as games, sports, arts and crafts, theater, trips, and other relaxing social activities.	Hours	LSP, OAA	228,121
Referral and Assistance	Resources provided via telephone or face-to-face contact related to an individual's needs. Information is obtained about a person's needs; these needs are assessed; and the person is directed to the appropriate resources most able to meet the need. Contact with the resource is made for the person, as needed. Follow-up is a mandatory part of referral/assistance and is conducted with the referred person and/or the resource to determine the outcome.	Episodes	OAA, LSP	75,245
Respiratory Therapy	Treatment of conditions that interfere with respiratory functions or other deficiencies of the cardiopulmonary system. Services include evaluation and treatment related to pulmonary dysfunction.	Episodes	SMMC LTC	688
		Hours		1,487
Respite	Provision of relief or rest for a primary caregiver from the constant, continued supervision and care of functionally impaired individuals of all ages in an approved facility-based environment or in the home for a specified period of time.	Hours	SMMC LTC	1,423,918
Respite – In-Facility	Provision of relief or rest for a primary caregiver from the constant, continued supervision, and care of functionally impaired individuals of all ages by providing care in an approved facility-based environment for a specified period of time.	Hours	ADI, CCE, HCE, OAA	804,908

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Respite – In-Home	Provision of relief or rest for a primary caregiver from the constant, continued supervision and care of functionally impaired individuals of all ages by providing care in the home for a specified period of time.	Hours	ADI, CCE, HCE, LSP, OAA, RELIEF, SCP	1,206,438
Screening and Assessment	Administration of standard assessment instruments to gather information and prioritize clients at the time of active enrollment or to re-assess currently active clients to determine need and eligibility for services.	Hours	LSP, OAA	44,926
Shopping Assistance	Helps a client get to and from stores or shops on behalf of a client. Includes proper selection of items to purchase, as well as storing purchased items upon return to the client's home. A shopping aide may assist more than one client during a shopping trip.	Trips	OAA	17,209
Sitter	Services provided to a minor child no older than 18 or a child with a disability who resides with a grandparent age 55 and older or other related caregiver age 55 and older. Sitter services may be carried out in the home or in a facility during the day, at night, or on weekends.	Hours	OAA	4,812
Skilled Nursing Services	Part-time or intermittent nursing care administered to an individual by a licensed practical nurse, registered nurse, or advanced registered nurse practitioner in the client's place of residence, pursuant to a plan of care approved by a licensed physician.	Hours	CCE, LSP, OAA	6,005
Specialized Medical Equipment, Services, and Supplies	<ul style="list-style-type: none"> • Adaptive devices, controls, appliances, or services that enable individuals to increase their ability to perform activities of daily living. This service also includes repair of such items as well as replacement parts; • Dentures; walkers; reachers; bedside commodes; telephone amplifiers; touch lamps; adaptive eating equipment; glasses; hearing aids; and other mechanical or non-mechanical, electronic, and non-electronic adaptive devices; • Supplies such as adult briefs, bed pads, oxygen, or nutritional supplements; • Medical services paying for doctor or dental visits; and • Pharmaceutical services paying for needed prescriptions. 	Episodes	ADI, CCE, HCE, OAA	39,551
Speech Therapy	Identification and treatment of neurological deficiencies related to feeding problems, congenital or trauma-related maxillofacial anomalies, autism, or neurological conditions that affect oral motor functions. Therapy services include the evaluation and treatment of problems related to an oral motor dysfunction when determined through a multi-disciplinary assessment to improve an enrollee's capability to live safely in the home setting.	Episodes	SMMC LTC	26,817
		Hours		3,006

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Tai Chi: Moving for Better Balance	Developed by the Oregon Research Institute, this simplified, eight-form version of Tai Chi offered in community settings decreases the number of falls and risks associated with falling in older adults. Other benefits associated with this program include social and mental well-being, balance and daily physical functioning, self-confidence in performing daily activities, personal independence, and improved quality of life and overall health.	Episodes	OAA	84
Telephone Reassurance	Communications with designated clients by telephone on a mutually agreed schedule to determine that they are safe and to provide psychological reassurance or to implement special or emergency assistance.	Episodes	OAA	29,292
Tomando Control de su Salud	Skills education for the Spanish speaking population related to chronic disease management. The program is not a translation of the Chronic Disease Self-Management Program but was developed separately in Spanish. Subjects covered are similar, but they are presented in ways that are culturally appropriate.	Episodes	OAA	15
Transportation	Travel to or from community services and resources, health and medical care, shopping, social activities, or other life sustaining activities.	Trips	CCE, HCE, LSP, OAA	1,223,697
	Non-emergency transportation service offered in accordance with the enrollee's plan of care and coordinated with other service delivery systems. This non-emergency transportation service includes trips to and from services offered by the SMMC LTC Managed Care Plan and includes trips to and from the Managed Care Plan's expanded benefits.	Episodes	SMMC LTC	2,474,421
		Hours		1,239,632
		Miles		9,326
Un Asunto de Equilibrio	Adapted from Boston University Roybal Center by Maine's Partnership for Healthy Aging, this program uses practical coping strategies to reduce fear of falling and to diminish the risk of falling, including group discussions, mutual problem solving, exercises to improve strength, coordination and balance, and home safety evaluation. This is the Spanish version of A Matter of Balance. Materials and videos have been translated into Spanish.	Episodes	OAA	19

SERVICE	DEFINITION	UNIT TYPE	PROGRAM	UNITS OF SERVICE
Volunteer Recruitment, Training, and Placement – AmeriCorps	Engages members (volunteers) in intensive service to meet critical community needs and provides in-home respite to elders, caregivers, and families.	Members	AC	60
		Clients served		200
Volunteer Recruitment, Training, and Placement – Senior Companion Program	Engages elder volunteers to provide services to elders at risk of institutionalization, such as transportation to medical appointments, shopping assistance, meal preparation, companionship, respite, and advocacy.	Volunteers	SCP	78
		Clients served		235
Volunteer Training	Training for individuals interested in helping caregivers with respite services.	Hours	RELIEF	2,378
Walk with Ease	Developed by the Arthritis Foundation, this program provides services for individuals with arthritis and other ongoing health conditions to increase their level of physical activity. Research supporting this program has shown to reduce disability, pain, fatigue, and stiffness, as well as improve balance, strength, and walking pace. The program also helps build confidence to be physically active and manage ongoing health conditions.	Episodes	OAA	7

SERVICES TABLE DATA SOURCES

Service definitions and programs providing services:

- DOEA Programs and Services Handbook, July 2015
- Statewide Medicaid Managed Care Contract, Attachment II-B November 2015

Units of Service:

- DOEA CIRTS Report for Services 7/1/2014 - 6/30/2015
- AHCA/FLMMIS Medicaid Paid Claims for Medicaid Waiver Services 7/1/2014 - 6/30/2015
- DOEA Division of Internal and External Affairs report data
- DOEA Division of Statewide Community-Based Services report data

Section C

Older Americans Act Programs and Services

SUMMARY OF OLDER AMERICANS ACT PROGRAM SERVICES

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

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

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

OAA Title VII funding supports programs and services to protect elders from abuse and provides public education, training, and information regarding elder abuse prevention. The Department administers OAA Title VII elder abuse prevention programs through contracts with AAAs and local service providers.

OLDER AMERICANS ACT TITLE III

DESCRIPTION

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

SERVICES OR ACTIVITIES

Title III B: Provides supportive services to enhance the well-being of elders and to help them live independently in their home environment and the community.

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

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

Title III D: Provides disease prevention and health promotion evidence-based services. These services are designed to help individuals age 60 and older through education and implementation activities that support and promote healthy life-styles and behaviors. These programs may reduce the need for more costly medical interventions. Priority is given to serving elders living in medically underserved areas of the state or who are of greatest economic need. The disease prevention and health promotion programs help to attract younger seniors through innovative fitness programs, health technology, and healthy aging screenings.

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

Title III Nutrition Services Incentive Program: Reimburses AAAs and service providers for a portion of the costs of qualifying congregate and home-delivered meals.

ADMINISTRATION

The Department administers OAA Title III programs and services through contracts with Area Agencies on Aging, which in turn enter into contracts with local service providers to deliver services within their communities. Program services are provided by more than 250 contractors and subcontractors statewide.

ELIGIBILITY

Individuals age 60 and older are eligible for OAA Title III services. Spouses and adults with disabilities who are younger than 60 may be served meals under certain circumstances. There is no income test; however, preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, including low-income minority elders, individuals with Limited English Proficiency, and individuals residing in rural areas.

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

STATUTORY AUTHORITY

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

OAA Title III programs are 100-percent federally funded. A 10-percent match is required for services, and a 25-percent match is required for administration. The statewide funding distribution for services in Older American Act Titles III B, III C, and III E is based on the following formula:

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

The intrastate distribution of funds to be made available by Older Americans Act 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 Planning and Service Area.
- **50 percent weight** – Share of people 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 Planning and Service Area.

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

1. Base funding is equal to the higher of the following: 7 percent of OAA service allocation or \$230,000.
2. The balance of Area Agency administrative funding is allocated based on the following factors:
 - **50 percent weight** – Share of population age 60 and older in the Planning and Service Area.
 - **25 percent weight** – Number of counties in the Planning and Service Area.
 - **25 percent weight** – Community Care for the Elderly Core Services allocation.

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

OAA TITLE III FUNDING HISTORY AND NUMBERS SERVED:

FEDERAL FISCAL YEAR	FEDERAL FUNDING OAA TITLE III	CLIENTS SERVED*
1991-1992	\$44,068,537	341,687
1992-1993	\$47,768,315	328,235
1993-1994	\$45,691,633	367,099
1994-1995	\$47,673,802	359,481
1995-1996	\$47,636,129	74,144
1996-1997	\$45,419,240	81,695
1997-1998	\$45,522,319	107,074
1998-1999	\$47,148,432	94,929
1999-2000	\$47,240,735	91,173
2000-2001	\$49,299,486	89,058
2001-2002	\$61,339,936	112,613
2002-2003	\$72,368,906	96,901
2003-2004	\$71,197,508	90,895
2004-2005	\$73,160,794	87,848
2005-2006	\$74,503,185	86,613
2006-2007	\$80,169,479	84,642
2007-2008	\$82,011,444	80,326
2008-2009	\$87,263,090	77,319
2009-2010	\$88,837,557	95,087
2010-2011	\$87,327,622	99,648
2011-2012	\$87,183,439	74,777
2012-2013	\$81,494,422	72,957
2013-2014	\$85,089,248	98,616
2014-2015	\$85,118,501	71,491
2015-2016	#\$85,118,501	#71,491

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

Projection

Source for clients served: CIRTS

OLDER AMERICANS ACT TITLE III B

SUPPORTIVE SERVICES

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. Funds are allocated to Area Agencies on Aging, which contract with service providers to deliver supportive services such as transportation, outreach, information and referral/assistance, case management, homemaker, home health aide, telephone reassurance, chore assistance, legal services, escort, residential repair/renovation, and health support.

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

OAA TITLE III B FUNDING HISTORY AND NUMBERS SERVED

FEDERAL FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$26,208,251	54,541
2002-2003	\$26,095,184	56,877
2003-2004	\$25,756,732	52,010
2004-2005	\$25,750,864	52,323
2005-2006	\$25,261,848	51,759
2006-2007	*\$25,270,584	50,148
2007-2008	\$25,269,175	47,093
2008-2009	\$26,072,475	45,542
2009-2010	\$26,729,390	43,921
2010-2011	\$26,238,773	39,131
2011-2012	\$26,219,739	35,160
2012-2013	\$25,001,310	33,062
2013-2014	\$31,360,052	29,346
2014-2015	\$31,450,035	37,275
2015-2016	#\$31,450,035	#37,275

* Allotment plus carry forward dollars.

Projection

Source for clients served: CIRTS

See Information and Referral/Assistance Units of Service table on page 63 for data on services assisting elders, caregivers, and the general public with their information and referral needs.

INFORMATION AND REFERRAL/ASSISTANCE

DESCRIPTION

Information and Referral/Assistance (I&R/A) is a service for older individuals and persons with disabilities that provides current information on opportunities and services available within their communities, including information relating to assistive technology. I&R/A services are provided through a statewide network of 11 Elder Helplines. Individuals and community agencies seeking accurate, unbiased information about federal, state, or local social and health services can access Florida's Elder Helpline information and referral service by calling toll free 1-800-96-ELDER (1-800-963-5337).

SERVICES OR ACTIVITIES

Trained information and referral specialists provide I&R/A services in person or via telephone, mail, email, or social media. Information about programs and services is provided in response to an individual's request for information and assistance. The I&R/A specialist assesses the problems and capacities of the individual, links individuals to the opportunities and services that are available, and ensures that individuals receive the services needed by establishing follow-up procedures. The I&R/A serves the entire community of older individuals, particularly older individuals with greatest social needs, older individuals with greatest economic needs, and older individuals at risk of institutional placement.

The information and referral network consists of State Units on Aging (in Florida, the Department of Elder Affairs), Aging and Disability Resource Centers, and local Older Americans Act-funded providers. National information and referral standards are implemented to ensure that essential elements of I&R/A are provided. I&R/A is a primary function of the Aging and Disability Resource Centers and is key to connecting persons with information on services such as transportation, financial assistance, health insurance counseling, caregiver support, elder abuse prevention, housing, senior centers,

energy assistance, home-delivered meals, home health care, and long-term care.

The Department's functions include developing I&R/A policies and procedures; providing training resources and technical assistance; managing and maintaining the statewide toll-free 1-800 service; providing resource information to the Elder Helplines; and serving as state I&R/A liaison to the National Association of States United for Aging and Disabilities (NASUAD) and state I&R/A committees. Elder Helpline Information and Referral providers use a common I&R system, called ReferNet, for collecting, organizing, and reporting inquiry data. Through use of a common system, the helplines have coordinated resources to build a searchable, statewide, online resource database that is accessible by elders, their families, and caregivers.

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

INFORMATION AND REFERRAL/ASSISTANCE UNITS OF SERVICE

UNITS OF SERVICE			
STATE FISCAL YEAR	INFORMATION	REFERRALS	TOTAL
2001-2002	790,644	89,699	880,343
2002-2003	745,067	74,433	819,500
2003-2004	814,168	80,364	894,532
2004-2005	911,790	90,949	1,002,739
2005-2006	672,927	92,185	765,112
2006-2007	621,886	41,503	663,389
2007-2008	455,614	38,382	493,996
2008-2009	567,259	41,143	608,402
2009-2010	715,011	50,851	765,862
2010-2011	653,744	53,917	707,661
2011-2012	625,655	56,437	682,092
2012-2013	506,479	59,012	565,491
2013-2014	596,982	64,641	718,605
2014-2015	582,934	75,408	658,342
2015-2016	#582,934	#75,408	#658,342

Projection

Source: CIRTIS

PROGRAM HIGHLIGHT

Ms. P. had recently assumed the role of full-time caregiver for her 90-year-old mother. After a change in her mother's health condition, Ms. P's first call was to the Elder Helpline. From the beginning, the I&R specialist provided information, assisted with other social service applications, and continually followed-up. When the caregiver first spoke with the specialist, she stated that she was frazzled and "caught up in a whirlwind of questions, seemingly insurmountable paperwork, and decisions to be made." The specialist not only walked the caregiver through the process, but was also able to address several errors in the paperwork, leading Ms. P. to comment that the efforts of the specialist "kept my sanity intact." The caregiver was very grateful for the assistance provided by "tremendously valuable" specialist.

OLDER AMERICANS ACT TITLE III C1

CONGREGATE MEALS

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

PROGRAM HIGHLIGHT

Mr. B., age 86, has Parkinson's disease and dementia. He has limited ambulation and speech difficulties, communicating mostly through gestures. He also has vision problems and is reliant on his spouse for daily care. Until the couple began receiving respite services through another program, Mrs. B. was bringing Mr. B. to the local congregate meal site with her twice a week. Now that Mr. B. has assistance at home, Mrs. B. has been able to fully enjoy the activities of the congregate meal site, develop close relationships, and maintain a strong peer support network. For both Mr. and Mrs. B., the seniors who attend the congregate meal site have become their second family.

OAA TITLE III C1 FUNDING HISTORY AND NUMBERS SERVED

FEDERAL FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$26,723,715	40,228
2002-2003	\$25,840,559	40,432
2003-2004	\$25,718,968	38,584
2004-2005	\$25,790,674	36,822
2005-2006	\$25,239,065	34,424
2006-2007	*\$27,155,334	35,215
2007-2008	\$28,526,170	32,674
2008-2009	\$31,341,465	32,709
2009-2010	\$31,992,629	29,403
2010-2011	\$31,468,259	34,640
2011-2012	\$31,467,368	32,677
2012-2013	\$28,468,480	32,435
2013-2014	\$20,374,456	30,283
2014-2015	\$20,316,758	31,036
2015-2016	#\$20,316,758	#31,036

* Allotment plus carry-forward dollars.

Projection

Source for clients served: CIRTS

OLDER AMERICANS ACT TITLE III C2

HOME-DELIVERED MEALS

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

PROGRAM HIGHLIGHT

Mr. D. is an 85-year-old resident of Taylor County. One day on the way to his thrice-weekly dialysis appointment, he wrecked his truck. Following the accident, Mr. D was no longer able to drive, and he was terribly concerned about how he would obtain food. Arrangements were made for Mr. D. to receive home-delivered meals. Per Mr. D's physician, his nutrition status improved within one month of receiving home-delivered meals, as evidenced by weight gain and laboratory results. Mr. D. has expressed his gratitude on multiple occasions for the meals, the company, and the freedom from worry the home-delivered meal program provides.

OAA TITLE III C2 FUNDING HISTORY AND NUMBERS SERVED

FEDERAL FISCAL YEAR*	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$13,020,443	27,027
2002-2003	\$13,353,441	28,792
2003-2004	\$13,264,023	27,146
2004-2005	\$13,489,352	25,297
2005-2006	\$13,422,360	24,504
2006-2007	\$13,398,363	23,627
2007-2008	\$14,404,118	22,409
2008-2009	\$15,882,387	21,743
2009-2010	\$16,091,728	21,763
2010-2011	\$15,810,460	21,469
2011-2012	\$15,874,292	20,132
2012-2013	\$15,035,675	19,915
2013-2014	\$20,298,442	17,083
2014-2015	\$20,195,703	17,481
2015-2016	#\$20,195,703	#17,481

* Allotment plus carry-forward dollars.

Projection

Source for clients served: CIRTS

NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)

DESCRIPTION

The Nutrition Services Incentive Program (NSIP) provides supplemental funding for meals served under the Older Americans Act (OAA). From its authorization in 1978 until 2003, the program was administered by the U.S. Department of Agriculture. In 2003, the OAA was amended to transfer the program to the Administration on Aging, part of the U.S. Department of Health and Human Services. The NSIP provides additional funding to help providers adjust meal rates, improve meal quality, and increase the number of meals provided to needy clients.

SERVICES OR ACTIVITIES

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

ADMINISTRATION

The Department administers the program through fixed-rate contracts with Area Agencies on Aging (AAAs) and service providers.

ELIGIBILITY

To be eligible for NSIP assistance, individuals receiving congregate and home-delivered meals must be at least age 60 and qualified to receive services under the OAA. 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 100-percent federally funded. NSIP allotments by the Administration on Aging to State Units on Aging represent proportional shares of the annual program appropriation based on the number of meals served in the prior year. The Department allocates NSIP funding to Planning and Service Areas (PSAs) based on the total grant award and PSA expenditure rates.

PROGRAM HIGHLIGHT

For a 95-year-old client, Ms. A., the Friendship Center is more than a congregate meal site where she is able to obtain nutritious food; it is a lifeline. Ms. A. comes to the Friendship Center every day and helps wherever she can. She volunteers daily in the main senior center, setting up the bistro each morning, making coffee, and getting ready for the day ahead. She assists with setting up Bingo and volunteers in the café - portioning salads and desserts for the noon meal. She also welcomes and greets new clients to the meal program. She says, "I love helping people. It's a happy place. Without it I would be very lonely." Moreover, with the extra funding from the NSIP, the center is able to serve even more meals and more seniors.

NSIP FUNDING HISTORY AND NUMBERS SERVED

FEDERAL FISCAL YEAR	FUNDING ALLOCATED TO PSAS	NUMBER OF MEALS SERVED
1993-1994	\$6,878,452	Information not Available
1994-1995	\$6,634,928	
1995-1996	\$6,197,272	
1996-1997	\$6,584,425	
1997-1998	\$6,219,477	11,092,344
1998-1999	\$6,181,148	11,159,321
1999-2000	\$6,095,408	11,279,706
2000-2001	\$6,768,177	11,168,424
2001-2002	\$6,659,871	12,372,254
2002-2003	\$7,441,372	12,828,297
2003-2004	\$8,007,700	13,083,624
2004-2005	\$10,002,339	12,966,176
2005-2006	\$7,632,468	12,055,381
2006-2007	\$7,434,170	11,388,443
2007-2008	\$7,632,469	*10,940,795
2008-2009	\$7,528,758	*10,160,945
2009-2010	\$6,978,546	*11,473,075
2010-2011	\$7,752,196	*11,376,805
2011-2012	\$7,187,763	11,370,000
2012-2013	\$6,247,984	8,677,755
2013-2014	\$6,235,977	8,677,755
2014-2015	\$6,367,358	8,519,847
2015-2016	#\$6,367,358	#8,519,847

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

Projection

Source for meals served: Department program reports

OLDER AMERICANS ACT TITLE III D

PREVENTIVE HEALTH SERVICES

OAA Title III D funds are allocated to Area Agencies on Aging, which contract with service providers for preventive health services. This subsection contains a detailed description of Disease Prevention and Health Promotion initiatives.

OAA TITLE III D FUNDING HISTORY

FEDERAL FISCAL YEAR*	FUNDING
2001-2002	\$1,558,493
2002-2003	\$1,617,427
2003-2004	\$1,606,633
2004-2005	\$1,595,068
2005-2006	\$1,579,267
2006-2007	\$1,579,814
2007-2008	\$1,557,582
2008-2009	\$1,557,571
2009-2010	\$1,557,571
2010-2011	\$1,554,456
2011-2012	\$1,551,522
2012-2013	\$1,461,664
2013-2014	\$1,461,573
2014-2015	\$1,461,605
2015-2016	#\$1,461,605

* Federal Fiscal Year is October to September, but contract period is January to December. Therefore the dollar amounts are based on the contracts.

Projection

Health Promotion and Wellness Initiatives

DESCRIPTION

Disease Prevention and Health Promotion Evidence-Based Interventions are programs that have been researched and proven to be effective in the prevention and symptom management of chronic health conditions. There are many types of evidence-based interventions. These include chronic disease self-management programs, falls prevention programs, fitness programs, nutrition programs, strength and balance programs, and mental health programs, to name a few.

Some of the benefits of these programs include learning to overcome fatigue, positively managing symptoms/pain management, making healthier food choices and learning portion control, connecting with other individuals, managing medications, building strength, and maintaining balance. Initiatives are developed and conducted to educate seniors and their caregivers to deliver effective interventions, to make a noticeable difference in elders' health and well-being, and to increase the overall health of elder Floridians.

SERVICES OR ACTIVITIES

Disease Prevention and Health Promotion evidence-based services include Powerful Tools for Caregivers, Living Healthy – also known as the Chronic Disease Self-Management Program (CDSMP) – A Matter of Balance, EnhanceFitness, Un Asunto de Equilibrio, Tai Chi: Moving for Better Balance, Tomando Control de su Salud, and Diabetes Self-Management Program. Availability of services varies by Planning and Service Area.

These services must meet the Administration for Community Living's criteria for one of the three tiers of evidence-based interventions.

MINIMAL CRITERIA

- Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; and
- Ready for translation, implementation, and/or broad dissemination by community-based organizations using appropriately credentialed practitioners.

INTERMEDIATE CRITERIA

All of the above criteria, plus:

- Published in a peer-review journal;
- Proven effective with older adult population, using some form of a control condition (e.g. pre/post study, case control design, etc.); and
- Some basis in translation for implementation by community level organization.

HIGHEST-LEVEL CRITERIA

All of the above criteria, plus:

- Proven effective with older adult population, using Experimental or Quasi-Experimental Design;
- Fully translated in one or more community site(s); and
- Includes developed dissemination products that are available to the public.

OAA IIID NUMBERS SERVED

FEDERAL FISCAL YEAR (FFY)/CALENDAR YEAR (CY)	CLIENTS SERVED
FFY 1998-1999	Information not available
FFY 1999-2000	23,808
FFY 2000-2001	*472,764
FFY 2001-2002	97,461
**FFY 2002-2003	**39,925
CY 2003	91,247
CY 2004	78,902
CY 2005	73,797
CY 2006	52,084
CY 2007	61,781
CY 2008	71,514
CY 2009	44,140
CY 2010	94,634
CY 2011	95,471
CY 2012	52,621
CY 2013	***21,422
CY 2014	****18,730
CY 2015	*****11,875
CY 2016	#11,875

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

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

***Decreased CY 2012 performance and CY 2013 projection are due to increased emphasis on evidence-based programs requiring a longer duration of workshops and smaller class sizes targeting special or hard-to-serve populations including rural, low-income, and non-English-speaking individuals.

**** Decreased CY 2014 performance and CY 2015 projection is due to the implementation of ACL requirements for the highest level criteria in evidence-based programming.

*****State Fiscal Year - Number of clients served for CY 2015 will not be known until January 2016.

#Projection

Source: Contractor monthly reports

PROGRAM HIGHLIGHT

One of the Arthritis Foundation Exercise Program participants was nine months post-op hip surgery from a fall, and when the program first started, she used a walker full-time. She obtained permission from her physician and physical therapist to participate in the class before she enrolled in the program.

On the first day, she mentioned that her activities were very limited and that she wanted to use a cane instead of the walker, but her physician told her it would take her at least year after the hip surgery before she could use a cane. She regularly attended class, and as her legs strengthened, her confidence increased, her fear of falling decreased, and she eventually transitioned from the walker to a cane. She told her physician that she got more out of the Arthritis Foundation Exercise Program than she did physical therapy and he discontinued her physical therapy. When the program ended, she thanked the senior center manager and program instructor for the program, stating that her ability to walk with a cane and the improvement in her mobility and balance were due to her program participation and that we would never know how very much the program meant to her.

Wanting to increase her physical activity, she subsequently enrolled in the Active Living Every Day Program. Over the last four months, her balance has continued to improve, her activity level has increased, and at times, she walks without an assistive device. She said her improved communication skills gave her the self-confidence to speak-up for herself. She stated due to the increase in physical activity and stress management skills she learned in class, her quality of life has continued to improve. Last week, she walked the mall shopping with her granddaughter and started giving her grandson driving lessons. She attributes her continued success to the Arthritis Foundation Exercise Program and Active Living Every Day Programs. She recently completed the Active Living Every Day Program and said that it has helped her to continue to exercise, find new ways to stay active, and that it taught her communication skills. At the end of the Active Living Every Day Program, participants make a plan to accomplish something over the next three months and commit to themselves to accomplish it. Her plan is to continue to exercise and she is certain she can accomplish it; she took the first step by obtaining information on an advanced exercise class.

OLDER AMERICANS ACT TITLE III E

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

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

and grandparents or older individuals who are caregivers for relatives.

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

PROGRAM HIGHLIGHT

Mrs. R. is 95 years old and lives with her daughter. She has rheumatoid arthritis and other chronic health conditions that predisposes her to falls, including periods of dizziness. As the number of falls increased, her case manager identified that Mrs. R. would benefit from an emergency medical alert alarm. This past year Mrs. R. experienced a fall and fractured her hip. Her caregiver daughter scaled back her work hours but needed support to keep her mother safely at home. The case manager was able to establish Title III E respite services when Mrs. R. returned home, as well as III E consumable supplies to help Mrs. R. manage her newly diagnosed incontinence. Mrs. R. was at risk of nursing home placement, but the continued support of the III E program has enabled her to remain in her home safely and with dignity.

OAA TITLE III E FUNDING HISTORY AND NUMBERS SERVED

FEDERAL FISCAL YEAR	FEDERAL FUNDING	CLIENTS SERVED
2001-2002	\$10,083,438	3,778
2002-2003	\$11,046,746	5,541
2003-2004	\$11,924,721	3,533
2004-2005	\$12,199,251	5,512
2005-2006	\$12,179,170	Not Available
2006-2007	\$12,183,384	Not Available
2007-2008	\$12,254,399	9,081
2008-2009	\$12,409,192	*20,206
2009-2010	\$12,466,239	**18,674
2010-2011	\$12,255,674	17,169
2011-2012	\$12,070,518	18,333
2012-2013	\$11,527,293	16,329
2013-2014	\$11,594,573	15,250
2014-2015	\$11,694,400	16,553
2015-2016	#\$11,694,400	#16,553

* Increase reflects revised number as the result of an update to the 2009 National Aging Program Information Systems (NAPIS) Report in February 2011 to include caregivers receiving group services in one Planning and Service Area.

** Number adjusted to show 7.6 percent decline from previous year based on Area Agency on Aging reporting.

NOTE: Beginning in 2015, the number of caregivers reported includes caregivers receiving counseling/support groups, caregiver training, respite care, supplemental services, and access assistance.

#Projection

Source for clients served since 2007: NAPIS Reports

OLDER AMERICANS ACT TITLE V

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

DESCRIPTION

The Senior Community Service Employment Program (SCSEP) serves unemployed low-income Floridians who are age 55 and older and have poor employment prospects. Participants are placed in a part-time community service position with a public or private non-profit organization to assist them in developing skills and experience to facilitate their transition to unsubsidized employment. The program's goal is to help keep elders economically self-sufficient while enjoying the social and physical benefits of remaining a vital part of Florida's workforce.

SERVICES OR ACTIVITIES

Services provided by the program include outreach and recruitment, eligibility determination, assessments, preparation of an individual employment plan, program orientation, supportive services, annual free physical examinations, job training, personal and employment-related counseling, part-time paid work experience in community-service assignments, job development, job referrals, placement in unsubsidized employment, and follow-up activities.

Under the Workforce Investment Act, implemented by Florida on July 1, 1999, SCSEP is a mandated partner in regional one-stop centers operated under the auspices of Florida's 24 regional workforce development boards.

ADMINISTRATION

SCSEP is the only federally funded employment and training program focused exclusively on the needs of low-income older persons. The Department administers SCSEP state-share funds through contracts with local organizations.

ELIGIBILITY

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

Human Services). Statutory selection priorities focus on eligible persons who are age 60 and older, eligible veterans, and their qualified spouses (in accordance with the Jobs for Veterans Act). Other preferences for enrollment are incomes below poverty level, greatest social or economic need, minorities, and Limited English Proficiency.

STATUTORY AUTHORITY

Title V of the Older Americans Act, 42 United States Code 3001 et seq., as amended by Public Law 109-365.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

The program is funded under Title V of the Older Americans Act. Nationally, 78 percent of funds and related slots are contracted on a competitive basis by the U.S. Department of Labor to national sponsors. These sponsors operate programs directly or subcontract them to public or non-profit agencies. The remaining 22 percent of funds are allocated to each state.

The Department, as Florida's designated State Unit on Aging, is the grant recipient of state-share SCSEP funds. Funds are awarded through a competitive process to organizations in most of Florida's 11 Planning and Service Areas. The program requires a 10-percent match.

The Department hosts an annual meeting with national SCSEP sponsors to review existing slot placements by county and to assure that authorized positions apportioned to each county are distributed in an equitable manner. This meeting is also used to cooperatively develop the annual equitable distribution report to ensure that program funds are spent fairly, consistent with the distribution of eligible elders throughout the state.

OAA TITLE V NUMBER OF PROGRAM SLOTS

STATE FISCAL YEAR	STATE-SHARE PROGRAM SLOTS	FUNDING ALLOCATION	NATIONAL SPONSOR PROGRAM SLOTS
1995-1996	State share slots prior to SFY 2001-2002 are included in national sponsor slot allocations.	Not Available	3,783
1996-1997			3,510
1997-1998			3,528
1998-1999			3,512
1999-2000			3,547
2000-2001			3,547
2001-2002	723		2,824
2002-2003	837		2,827
2003-2004	821	\$5,869,211	2,287
2004-2005	724	\$5,171,937	2,824
2005-2006	718	\$5,146,318	2,813
2006-2007	712	\$5,094,851	2,785
2007-2008	712	\$5,661,826	2,785
2008-2009	692	\$6,088,015	2,707
2009-2010	695	\$6,436,237	2,719
2010-2011	727	\$6,781,930	2,825
2011-2012	543	\$5,031,981	2,124
2012-2013	540	\$5,235,172	2,111
2013-2014	516	\$5,006,353	2,124
2014-2015	721	\$5,094,417	2,063
2015-2016	#721	#\$5,094,417	# 2,063

Projection

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

PROGRAM HIGHLIGHT

Joseph S. attended a resume and interview workshop in November, which helped him to improve his methods for seeking work. He became motivated and began job searching regularly. Mr. S. came to the office frequently to use the computers to job search. He built two resumes with SCSEP's AARP subgrantee - one for customer service and the other for front desk. Mr. S. found a job in customer service and started in January, 2016. He was very happy and excited to start working his new job.

OLDER AMERICANS ACT TITLE VII

ELDER ABUSE PREVENTION

OAA Title VII funding supports programs and services to protect elders from abuse and provide public education, training, and information regarding elder abuse prevention. The Department administers OAA Title VII elder abuse prevention programs through contracts with Area Agencies on Aging and local service providers.

Elder Abuse Prevention Program

DESCRIPTION

The Elder Abuse Prevention program is designed to increase awareness of the problem of elder abuse, neglect, and exploitation (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 OR ACTIVITIES

The program provides for public education and outreach to identify and prevent elder abuse, neglect, and exploitation. The Department has developed Elder Abuse Prevention training modules, including modules for professionals, the general public (especially elders), law enforcement officers, financial institution employees, and case managers. Department staff and Area Agency on Aging coordinators provide free training on these modules and disseminate training materials to other professionals for use in their communities.

The program has developed, distributed, and made available online a fact sheet called "How to Minimize the Risk of Becoming a Victim" and the following brochures: "The Power to Prevent Elder Abuse Is in Your Hands," "Preventing

Financial Exploitation," "Preventing Home Repair Fraud," and "Prevent Identity Theft."

ADMINISTRATION

The Elder Abuse Prevention Program is administered by the Department's Communities for a Lifetime Unit through contracts with Area Agencies on Aging. The goal of the program is to develop, strengthen, and carry out programs to prevent elder abuse, neglect, and exploitation, including financial exploitation by frauds 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.; Section 430.101, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

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

OAA TITLE VII FUNDING HISTORY

FEDERAL FISCAL YEAR	FEDERAL FUNDING
1999-2000	\$169,537
2000-2001	\$172,259
2001-2002	\$344,252
2002-2003	\$383,366
2003-2004	\$380,874
2004-2005	\$378,726
2005-2006	\$378,779
2006-2007	\$377,396
2007-2008	\$382,298
2008-2009	\$372,498
2009-2010	\$373,679
2010-2011	\$367,419
2011-2012	\$361,264
2012-2013	\$344,252
2013-2014	\$344,252
2014-2015	\$344,252
2015-2016	#\$344,252

Projection

PROGRAM HIGHLIGHT

The World Elder Abuse Awareness Day (WEAAD) letter to the editor was published in the two largest newspapers in the Tampa area - *Tampa Bay Times* and *The Tampa Tribune*. Elder Abuse Prevention Program staff provided 1,000 elder abuse prevention stickers to a local financial institution to provide to staff and customers on WEAAD. Additionally, a local landmark in Hillsborough was lit purple in recognition of WEAAD.

Long-Term Care Ombudsman Program

DESCRIPTION

The Long-Term Care Ombudsman Program (LTCOP) is a statewide, volunteer-based system of district ombudsmen that works to protect, defend, and advocate on behalf of long-term care facility residents. Ombudsmen identify, investigate, and resolve complaints made by, or on behalf of, residents of nursing homes, assisted living facilities, adult family care homes, or continuing care retirement communities.

SERVICES OR ACTIVITIES

Ombudsmen investigate all 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 resolves the residents' concerns. 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 and 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, and welfare 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 13 districts, and paid staff at the state and local levels coordinate and support the work of certified volunteers.

ELIGIBILITY

Anyone – including friends, family members, facility staff, and residents themselves – may report a concern on behalf of a resident of a long-term care facility. There is no fee for the service, and there are no financial requirements to qualify for the program's services.

STATUTORY AUTHORITY

Title VII of the Older Americans Act, 42 United States Code 3001 et seq., as amended by Public Law 106-501; Part I, Chapter 400, Florida Statutes.

FUNDING SOURCE 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	FEDERAL	STATE	TOTAL*
1994-1995	\$722,597	\$112,387	\$834,984
1995-1996	\$720,872	\$143,001	\$863,873
1996-1997	\$723,359	\$138,530	\$861,889
1997-1998	\$724,095	\$147,749	\$871,844
1998-1999	\$945,993	\$159,634	\$1,105,627
1999-2000	\$1,011,559	\$259,634	\$1,271,193
2000-2001	\$1,011,559	\$339,634	\$1,351,193
2001-2002	\$1,082,358	\$1,205,102	\$2,287,460
2002-2003	\$1,316,838	\$1,285,102	\$2,601,940
2003-2004	\$1,394,945	\$1,361,593	\$2,756,538
2004-2005	\$1,450,999	\$1,351,432	\$2,802,431
2005-2006	\$1,205,727	\$1,267,764	\$2,473,491
2006-2007	\$1,505,485	\$1,447,583	\$2,953,068
2007-2008	\$1,115,096	\$1,401,870	\$2,516,966
2008-2009	\$1,153,739	\$1,370,388	\$2,524,127
2009-2010	\$1,618,461	\$1,337,849	\$2,956,310
2010-2011	\$1,239,282	\$1,329,103	\$2,568,385
2011-2012	\$2,639,270	\$1,312,938	\$3,952,208
2012-2013	*\$1,821,163	\$1,305,344	\$3,126,507
2013-2014	\$1,743,137	\$1,297,377	\$3,040,514
2014-2015	\$1,575,677	\$1,260,194	\$2,835,871
2014-2015	#\$1,575,677	#\$1,260,194	#\$2,835,871

* Beginning in 2012-13, the total does not include unallocated costs.

#Projection

LTCOP INSPECTIONS AND INVESTIGATIONS

FEDERAL REPORTING YEAR	FACILITIES	ASSESSMENTS	COMPLAINTS INVESTIGATED
1993-1994	1,677	1,953	5,206
1994-1995	3,016	2,235	6,295
1995-1996	2,925	2,082	5,455
1996-1997	3,053	2,097	6,635
1997-1998	3,237	2,474	10,071
1998-1999	3,378	2,761	7,969
1999-2000	3,661	2,886	8,040
2000-2001	3,567	2,832	7,664
2001-2002	3,470	2,240	7,643
2002-2003	3,653	3,120	8,667
2003-2004	3,702	2,894	9,035
2004-2005	3,500	2,944	7,963
2005-2006	3,585	2,582	7,905
2006-2007	3,585	2,582	7,905
2007-2008	3,932	3,932	7,715
2008-2009	3,932	3,932	8,302
2009-2010	4,016	4,016	8,651
2010-2011	4,039	3,347	7,534
2011-2012	4,039	4,269	8,600
2012-2013	4,074	4,091	7,336
2013-2014	N/A	4,120	6,624
2014-2015	N/A	4,164	5,751
2015-2016	N/A	#4,000	#5,700

Projection

Source: Data collected and reported from district ombudsman offices.

PROGRAM HIGHLIGHT

The mission of the Long-Term Care Ombudsman Program (LTCOP) is to improve the quality of life for all Florida long-term care residents by advocating for and protecting their health, safety, welfare, and rights. During the 2014-2015 federal fiscal year, the LTCOP had over 300 volunteer ombudsmen assist with this mission, completing approximately 6,000 assessments and visitations statewide.

The National Consumer Voice for Quality Long-Term Care has announced Joan R. was selected to receive the Howard Hinds Memorial Award. The Hinds Award was established in 2005 in memory of the late Howard Hinds, a Tennessee District Long-Term Care Ombudsman. Howard was a true champion for residents and for the ombudsman program, as well as a passionate advocate on national issues. The award honors an individual who has effectively advocated for long-term care consumers at the local level. The Awards Luncheon was held at the 39th Annual Conference in Arlington, Virginia, on November 6, 2015.

Joan shares why she became a volunteer. "I became an ombudsman because all of my life I have been associated with caring: as an older child, a mother, a nurse, a teacher of nursing, and an education director. When I retired, I realized I had a background that could be used to continue to provide caring, so I became an ombudsman. I can give what is most valuable to the elderly: time. I give them my time to listen, to help, to recognize past lives and experiences, to attest that the elderly have contributed more than they are usually credited with, and to give a sense of dignity."

Section D

State General Revenue Programs

INTRODUCTION TO STATE GENERAL REVENUE PROGRAMS

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

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

SERVICES OR ACTIVITIES

The ADRD program has two major components with respect to the approval process for:

- Alzheimer's disease and related disorder training providers and curricula for assisted living facilities that advertise that they provide special care for persons with Alzheimer's disease and related disorders; and
- Alzheimer's disease and related disorder training providers and training curricula for all licensed nursing homes, hospices, adult day care centers, and home health agencies in Florida.

In addition, the program is required to maintain a website informing the public of all approved Alzheimer's disease training providers (found at www.trainingonaging.usf.edu).

The approval process is designed to ensure that employees of nursing homes, assisted living facilities, hospices, home health agencies, adult day care centers, and specialized adult day care centers receive quality Alzheimer's disease training approved by the Department. Individuals seeking the Department's approval as Alzheimer's disease training providers and approval of their training curricula must submit the required documents to the Department's contractor.

Assisted Living Facility Alzheimer's Disease and Related Disorders Training Approval Process

The law requires that, within three months of employment, any assisted living facility employee who has regular contact with residents who have Alzheimer's disease and related disorders complete four hours of initial Alzheimer's disease training approved by the Department. The law also requires that any assisted living facility employee who provides direct care to residents who have Alzheimer's disease and

related disorders complete the initial four hours of training and four additional hours of training approved by the Department. The additional four-hour training for a direct caregiver employee is to be completed within nine months after he or she begins employment. Assisted living facility employees who provide direct care are required to complete four hours of continuing education annually. Training provider and curriculum requirements for assisted living facilities are outlined in Section 429.178, Florida Statutes, and Rules 58A-5.0191 (9), 5.0191(10), and 58A-5.0194, Florida Administrative Code.

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

The law requires that nursing home employees who have direct contact with residents who have Alzheimer's disease or related disorders complete one hour of approved Alzheimer's disease training within the first three months of employment. The law also requires that any individual who provides direct care must complete the required one-hour approved training and an additional three hours of approved training within nine months of beginning employment. Training provider and curriculum requirements for nursing homes are outlined in Section 400.1755, Florida Statutes, and Rules 58A-4.001 and .002, Florida Administrative Code.

Hospice Alzheimer's Disease and Related Disorders Training Approval Process

The law requires that hospice employees who have direct contact with residents who have Alzheimer's disease must complete one hour of approved training within the first three months of employment. The law also requires that any individual who provides direct care complete the required one-hour approved training and an additional three hours of approved training within nine months of beginning employment. Training provider and curriculum requirements

for hospices are outlined in Section 400.6045(1), Florida Statutes, and Rules 58A-2.027 and 2.028, Florida Administrative Code.

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

The law requires that adult day care center employees who have direct contact with residents who have Alzheimer's disease must complete one hour of approved training within the first three months of employment. The law also requires that any individual who provides direct care complete the required one-hour approved training and an additional three hours of approved training within nine months of beginning employment.

The Specialized Alzheimer's Services Adult Day Care law requires that adult day care center employees hired on or after July 1, 2012, who have direct contact with ADRD participants must complete four hours of dementia-specific training within three months of employment. Employees who provide direct care to ADRD participants must complete an additional four hours of dementia-specific training within six months of employment. Section 429.918(6) requires the Department to approve the Specialized Alzheimer's Services training and to develop administrative rules establishing training standards for adult day care center employees and trainers.

Training provider and curriculum requirements for adult day care are outlined in Section 429.917(1), Florida Statutes, and Rules 58A-6.015 and 6.016, Florida Administrative Code.

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

The law requires that home health agency personnel providing direct care to patients must complete two hours of Alzheimer's disease approved training within nine months of beginning employment with the agency. Training provider and curriculum requirements for home health agencies are outlined in Section 400.4785(1), Florida Statutes, and Rules 58A-8.001 and 8.002, Florida Administrative Code.

ADMINISTRATION

The Department is responsible for planning, budgeting, monitoring, and coordinating the ADRD process. The Department contracts with the University of South Florida's Training Academy on Aging within the Florida Policy Exchange Center on Aging to administer the program and to ensure that qualified clinical professionals review and approve the training providers and curricula. The University of South Florida also maintains the list of approved training providers, which can be accessed on the internet at www.trainingonaging.usf.edu.

ELIGIBILITY

Assisted Living Eligibility Alzheimer's Disease Training Provider

Individuals seeking the Department's approval as an Assisted Living Facility Alzheimer's disease training provider must submit and obtain approval of an Alzheimer's disease training curriculum, as well as documentation that the applicant has a bachelor's degree from an accredited college or university or is licensed as a registered nurse. The must also have:

- One year of teaching experience as an educator of caregivers for persons with Alzheimer's disease and related disorders;
- Three years of practical experience in a program providing care to persons with Alzheimer's disease and related disorders; or
- Completed a specialized training program in the subject matter of this program and a minimum of two years of practical experience in a program providing care to persons with Alzheimer's disease and related disorders.

A master's degree from an accredited college or university in a health care, human services, or gerontology-related field may substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-for-year basis for the required Bachelor's degree. The application

for Assisted Living training provider is DOEA Form ALF/ADRD-001.

Assisted Living Facility Alzheimer's Disease Training Curriculum

Approval of the initial four-hour training curriculum requires that an applicant submit a curriculum that addresses the following subject areas: understanding Alzheimer's disease and related disorders; characteristics of Alzheimer's disease; communicating with residents with Alzheimer's disease; and family issues, resident environment, and ethical issues.

Approval of the additional four-hour training curriculum requires that an applicant submit a curriculum that addresses the following subject areas: behavior management, assistance with activities of daily living, activities for residents, stress management for the caregiver, and medical information. The application for Assisted Living training curriculum is DOEA Form ALF/ADRD-002.

Nursing Home Alzheimer's Disease Training Provider

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

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

A master's degree from an accredited college or university in a subject related to health care, human service, or gerontology may substitute for the required teaching or training experience. Years of teaching experience or training as an educator of caregivers for persons with Alzheimer's disease and related disorders may substitute on a year-for-year basis for the required bachelor's degree.

Nursing Home Alzheimer's Disease Training Curriculum

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

Approval of the additional three-hour training curriculum requires an application (DOEA Form ADRD-002) that addresses the following subject areas: behavior management, assistance with activities of daily life, activities for residents, stress management for the caregiver; and family issues, resident environment, and ethical issues

Hospice Alzheimer's Disease Training Provider

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

- Possess teaching or training experience as an educator of caregivers for persons with Alzheimer's disease or related disorders; or
- Have one year of practical experience in a program providing care to persons with Alzheimer's disease or related disorders; or

- Have completed a specialized training program in Alzheimer's disease or related disorders from a university or an accredited health care, human service, or gerontology continuing education provider.

A master's degree from an accredited college or university in a subject related to health care, human service, or gerontology may substitute for the required teaching or training experience. Years of teaching experience or training as an educator of caregivers for persons with Alzheimer's disease and related disorders may substitute on a year-for-year basis for the required bachelor's degree.

Hospice Alzheimer's Disease Training Curriculum

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

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

Adult Day Care Training Provider

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

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

A master's degree from an accredited college or university in a subject related to health care, human service, or gerontology may substitute for the required teaching or training experience. Years of teaching experience or training as an educator of caregivers for persons with Alzheimer's disease and related disorders may substitute on a year-for-year basis for the required bachelor's degree.

Adult Day Care Training Curriculum

Approval of the initial one-hour training curriculum requires an application (DOEA Form ADC/ADRD-002) that addresses the following subject areas: understanding Alzheimer's disease or related disorders, characteristics of Alzheimer's disease or related disorders, and communicating with patients with Alzheimer's disease or related disorders. Approval of the additional three-hour training curriculum requires an application (DOEA Form ADC/ADRD-002) that addresses the following subject areas: behavior management, assistance with activities of daily life to promote the participant's independence, activities for participants, stress management for the caregiver, family issues, participant environment, and ethical issues.

Home Health Agency Alzheimer's Disease Training Provider

Approval as a Home Health Agency Alzheimer's disease training provider requires an application (DOEA Form HH/ADRD-001) and documentation

that the individual holds a bachelor's degree from an accredited college or university, or holds a license as a registered nurse. Approval also requires that the individual:

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

A master's degree from an accredited college or university in a subject related to the content of this training program may substitute for the required teaching or training experience. Years of teaching experience related to Alzheimer's disease and related disorders may substitute on a year-for-year basis for the required bachelor's degree.

Home Health Agency Alzheimer's Disease Training Curriculum Approval of the two-hour training curriculum requires an application (DOEA Form HH/ADRD- 002) that addresses the following subject areas: understanding Alzheimer's disease and related disorders, communicating with patients with these disorders, behavior management, promoting independence through assistance with activities of daily living, and developing skills for working with families and caregivers.

ADRD APPROVED TRAINERS, CURRICULUM, AND APPROPRIATION HISTORY

STATE FISCAL YEAR	2002- 03	2003- 04	2004- 05	2005- 06	2006- 07	2007- 08	2008- 09
State Funding	\$100,000	\$72,398	\$72,398	\$72,398	\$76,469	\$77,826	\$77,826
ALF Approved Trainers	285	318	173	89	88	151	87
ALF Approved Curriculum	86	95	26	19	23	29	24
NH Approved Trainers	1,246	1,475	174	138	131	122	119
NH Approved Curriculum	99	104	16	37	29	23	23
Hospice Approved Trainers	*	89	23	24	31	26	30
Hospice Approved Curriculum	*	8	9	10	8	14	10
Adult Day Care Approved Trainers	*	14	7	8	12	19	6
Adult Day Care Approved Curriculum	*	1	7	0	0	6	3
Home Health Agency Approved Trainers	**	**	**	347	184	146	167
Home Health Agency Approved Curriculum	**	**	**	40	17	9	24

STATE FISCAL YEAR	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-2016
State Funding	\$73,935	\$73,935	\$73,935	\$73,935	\$73,935	\$73,935	\$80,997
ALF Approved Trainers	96	87	99	105	85	65	#62
ALF Approved Curriculum	19	45	24	18	40	21	#22
NH Approved Trainers	122	122	82	70	68	54	#47
NH Approved Curriculum	21	33	18	15	23	19	#20
Hospice Approved Trainers	23	15	28	17	12	14	#21
Hospice Approved Curriculum	10	22	10	18	14	15	#12
Adult Day Care Approved Trainers	16	10	14	10	9	9	#7
Adult Day Care Approved Curriculum	3	4	6	6	6	6	#4
Home Health Agency Approved Trainers	103	104	63	90	75	67	#69
Home Health Agency Approved Curriculum	9	11	20	9	9	15	#12

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

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

Projection

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

ALZHEIMER'S DISEASE INITIATIVE (ADI)

DESCRIPTION

The Alzheimer's Disease Initiative (ADI) was legislatively created in 1985 to provide a continuum of services to meet the changing needs of individuals with, and families affected by, Alzheimer's disease and related disorders. In conjunction with a 10-member advisory committee appointed by the Governor, the program includes four 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; 3) model day care programs to test new care alternatives; and 4) brain bank to support research.

SERVICES OR ACTIVITIES

Respite Services for Caregiver Relief

Alzheimer's Respite Care programs are established in all of Florida's 67 counties, with many counties having multiple service sites.

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 neurocognitive disorders.

In addition to respite care services, caregivers and consumers may receive supportive services essential to maintaining persons with Alzheimer's disease or related dementia in their own homes. The supportive services may include caregiver training and support groups, counseling, consumable medical supplies, and nutritional supplements. Services are authorized by a case manager based on a comprehensive assessment and unmet needs identified during that assessment.

Memory Disorder Clinics

The Legislature has authorized 15 Memory Disorder Clinics to provide comprehensive diagnostic and referral services for persons with Alzheimer's disease and related dementia. The 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 suspected of having Alzheimer's disease or other related dementia. Services include accepting referrals from all respite and model day care service providers and conducting subsequent diagnostic work-ups 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 all ADI respite and model day care service providers in the designated service area and develop and disseminate training models to service providers and the Department of Elder Affairs. A staff member of the Memory Disorder Clinic is to be designated to act as a liaison for training and service providers.
- Develop training materials and educational opportunities for lay and professional caregivers who serve individuals with Alzheimer's disease or related dementia and provide specialized training for caregivers and caregiver groups/organizations in the designated service area.
- Conduct service-related applied research. This research may address, but is not limited to, therapeutic interventions and support services for persons suffering from Alzheimer's disease and related disorders.
- Establish a minimum of one annual contact with each respite care and model day care service provider to discuss, plan, develop, and conduct service-related research projects.
- Plan for the public dissemination of research findings through professional papers and, for key information, to the public.

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. Memory Disorder Clinic sites include: Mayo Clinic, Jacksonville; University of Florida, Gainesville; East Central Florida Memory Clinic, Melbourne; Orlando Regional Healthcare System, Orlando; University of South Florida, Tampa; North Broward Medical Center, Pompano Beach; University of Miami, Miami; Mount Sinai Medical Center, Miami Beach; West Florida Regional Medical Center, Pensacola; St. Mary's Medical Center, West Palm Beach; Tallahassee Memorial Healthcare, Tallahassee; Lee Memorial Memory Disorder Clinic, Fort Myers; Sarasota Memorial Hospital, Sarasota; Morton Plant Hospital, Clearwater; and Florida Atlantic University, Boca Raton.

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

Research: The State of Florida Alzheimer's Disease 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 by collecting and studying the brains of deceased patients who in life were clinically diagnosed with dementia. Mt. Sinai Medical Center contracts annually with the State of Florida to operate the primary brain bank. Coordinators at regional brain bank sites in Orlando and Miami help recruit participants and act as liaisons between the brain bank and participants' families. Alzheimer's disease respite care program providers, Memory Disorder Clinics, and model day care programs also recruit brain bank participants. Families of Alzheimer's patients obtain two significant service benefits from the brain bank: 1) a diagnostic confirmation

of the disease written in clear, understandable terms, and 2) involvement in various research activities both inside and outside of Florida.

ADMINISTRATION

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

The Alzheimer's Disease Advisory Committee, composed of 10 members selected by the Governor, advises the Department regarding legislative, programmatic, and administrative matters that relate to individuals with Alzheimer's disease and their caregivers.

ELIGIBILITY

- ADI respite care is available for caregivers of adults age 18 and older who have been diagnosed as having probable Alzheimer's disease or other related memory disorders.
- ADI respite care is available for individuals who have been diagnosed with or suspected of having a memory loss where mental changes appear and interfere with the activities of daily living.
- To be eligible for model day care, a consumer must be diagnosed by a Memory Disorder Clinic, or have been diagnosed using standards adopted by Memory Disorder Clinics, as having a memory loss where mental changes appear and interfere with activities of daily living.
- Caregivers of eligible consumers can receive training and other ADI support services in addition to respite care. Individuals of any age suspected of having a memory disorder may request that a Memory Disorder Clinic conduct diagnostic evaluations to determine probable Alzheimer's disease or related dementia.
- Individuals of any age, regardless of a diagnosis of Alzheimer's disease or other related memory disorder, are eligible to sign up with the Alzheimer's disease Brain Bank. Medical records documenting a general physical examination, neurological examination,

hematological and biochemical studies, and a scan of the brain must be available.

Consumers receiving ADI services are given an opportunity to participate in the cost of their care through a co-payment that is based on a sliding co-payment schedule developed by the Department. Co-payments are used to support and expand services.

STATUTORY AUTHORITY

Sections 430.501-430.504, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

The Alzheimer’s Disease Initiative is funded by General Revenue. There is no match requirement. The Department allocates General Revenue funding to each of the Area Agencies on Aging, which then fund providers of model day care and respite care programs in designated counties. The allocation for ADI respite funding is based on each county’s population age 75 and older (50 percent weight) and probable number of Alzheimer’s cases (50 percent weight). Additional Alzheimer’s disease services are administered by Department staff through contracts with designated Memory Disorder Clinics and the Florida Brain Bank.

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

MODEL DAY CARE APPROPRIATION HISTORY AND NUMBERS SERVED

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
2006-2007	\$376,530	101
2007-2008	\$376,530	108
2008-2009	\$372,879	142
2009-2010	\$340,065	130
2010-2011	\$340,065	110
2011-2012	\$340,065	113
2012-2013	\$340,065	115
2013-2014	\$340,065	84
2014-2015	\$340,065	68
2015-2016	\$340,065	#76

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

Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHT

Ms. L., age 27, was diagnosed with Multiple Sclerosis at the age of 18 and was later diagnosed with Alzheimer's disease. She resides with her parents who both have health issues and her caregiver/mother stated she had been trying to find help for her daughter for years without success. Her mother described her life as very stressful in trying to provide full-time care and supervision for her wheelchair bound husband, as well as her daughter, while managing her own health issues. Although of legal age, Ms. L. is child-like and has oppositional defiance disorder. She also suffers from anemia, dizziness, incontinence, thyroid problems, and hand tremors. Prior to the case manager's visit from Marion Senior Services, Ms. L. had no social life. After implementation of in-home respite through the ADI Program, both Ms. L. and her caregivers' lives have changed. Earlier this year, Ms. L.'s caregiver had to receive life-threatening emergency surgery, and Marion Senior Services was able to provide additional in-home respite so that Ms. L. was able to remain in her home with her father and the companionship of her home health aide. Her caregiver was able to go to her other daughter's home in Tampa to recuperate. Through caring staff and ADI funding, this family was assisted further during a very challenging and trying time.

RESPITE/SPECIAL PROJECTS APPROPRIATION HISTORY AND NUMBERS SERVED

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$2,260,618	1,613
1993-1994	\$2,260,618	1,773
1994-1995	\$2,810,618	2,272
1995-1996	\$3,797,301	2,566
1996-1997	\$4,701,939	2,816
1997-1998	\$6,301,939	3,209
1998-1999	\$7,301,939	3,590
1999-2000	\$7,801,939	3,468
2000-2001	\$7,801,939	3,305
2001-2002	\$7,801,939	3,101
2002-2003	\$7,401,454	2,647
2003-2004	\$7,401,454	2,749
2004-2005	\$10,302,855	2,730
2005-2006	\$9,971,754	2,429
2006-2007	\$10,546,754	2,446
2007-2008	\$10,291,005	2,379
2008-2009	\$9,621,935	2,174
2009-2010	\$8,050,666	1,999
2010-2011	\$8,362,200	2,300
2011-2012	\$9,404,262	3,348
2012-2013	\$9,554,262	*1,808
2013-2014	\$10,412,201	1,832
2014-2015	\$16,093,452	2,657
2015-2016	\$16,811,514	#2,776

*Unduplicated count of clients. Beginning 2012-2013.

Projection

Source for clients served: CIRTS

MEMORY DISORDER CLINICS APPROPRIATION HISTORY AND NUMBERS SERVED

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$1,864,765	2,561
1993-1994	\$2,169,676	2,534
1994-1995	\$2,978,373	3,140
1995-1996	\$2,964,266	3,579
1996-1997	\$3,078,824	4,203
1997-1998	\$3,078,824	3,794
1998-1999	\$3,645,824	4,920
1999-2000	\$3,834,824	4,832
2000-2001	\$4,223,824	4,900
2001-2002	\$4,223,824	6,314
2002-2003	\$2,912,881	6,134
2003-2004	\$2,912,881	7,328
2004-2005	\$3,793,016	6,884
2005-2006	\$4,039,411	6,103
2006-2007	\$3,286,351	4,872
2007-2008	\$3,416,490	4,745
2008-2009	\$3,254,474	4,761
2009-2010	\$2,968,081	5,116
2010-2011	\$2,968,081	7,096
2011-2012	\$2,968,081	6,732
2012-2013	\$2,968,081	6,886
2013-2014	\$3,413,603	6,560
2014-2015	\$3,463,683	6,638
2015-2016	\$3,463,683	#6,967

Note: The definition of unduplicated persons served was revised effective SFY 2006-2007. The revised definition is: total new patients seen plus registered persons who had at least one clinic visit during the annual contract. New and registered persons are counted only once each contract year for an unduplicated count.

Projection

Source for clients served: Manual reports from Memory Disorder Clinics

BRAIN BANK APPROPRIATION HISTORY AND CLIENT SERVED

STATE FISCAL YEAR	STATE FUNDING	PERSONS REGISTERED	AUTOPSIES
1993-1994	\$138,859	82	67
1994-1995	\$138,859	80	84
1995-1996	\$138,201	82	67
1996-1997	\$130,139	100	87
1997-1998	\$130,139	44	66
1998-1999	\$130,139	54	67
1999-2000	\$137,139	82	59
2000-2001	\$130,139	130	90
2001-2002	\$130,139	56	47
2002-2003	\$130,139	56	47
2003-2004	\$130,139	83	74
2004-2005	\$130,139	61	40
2005-2006	\$155,139	55	48
2006-2007	\$130,139	76	72
2007-2008	\$130,139	118	75
2008-2009	\$128,876	159	79
2009-2010	\$117,535	135	80
2010-2011	\$117,535	120	87
2011-2012	\$117,535	129	119
2012-2013	\$117,535	89	69
2013-2014	\$117,535	83	92
2014-2015	\$117,535	88	75
2015-2016	\$117,535	#87	#79

Projection

Source for persons registered and autopsies: Brain Bank reports

COMMUNITY CARE FOR THE ELDERLY (CCE)

DESCRIPTION

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

SERVICES OR 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 assistance, companionship, consumable medical supplies, counseling, escort, emergency alert response, emergency home repair, home-delivered meals, home health aide, homemaker, home nursing, legal assistance, material aid, medical therapeutic services, personal care, respite, shopping assistance, transportation, and other community-based services.

ADMINISTRATION

The Department administers the program through contracts with Area Agencies on Aging (AAAs), which subcontract with Community Care for the Elderly lead agencies. Service delivery is provided by 52 lead agencies and their subcontractors.

ELIGIBILITY

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

STATUTORY AUTHORITY

Sections 430.201-430.207, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

The program is funded by General Revenue funds. A 10-percent match is required of service providers. Clients are assessed a co-payment based on a sliding scale developed by the Department. Co-pay collections help expand the availability of client services.

Non-weighted factors:

- A. Area Agency on Aging (AAA) administration - \$35,000 per AAA up to \$70,000 if negotiated with the Department to competitively procure CCE services through a Request for Proposals (RFP).
- B. County base - \$45,000 per county
- C. In addition to the base per county, counties receive the following:

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

Weighted factors:

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

CCE APPROPRIATION HISTORY AND NUMBERS SERVED

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$36,082,001	36,462
1993-1994	\$36,270,000	27,700
1994-1995	\$38,660,000	30,990
1995-1996	\$41,471,224	38,827
1996-1997	\$41,158,448	41,990
1997-1998	\$38,818,253	38,564
1998-1999	*\$33,891,064	35,580
1999-2000	**\$45,038,164	40,338
2000-2001	\$46,933,055	40,804
2001-2002	\$43,451,823	37,296
2002-2003	\$43,451,823	34,476
2003-2004	\$43,446,823	34,986
2004-2005	\$43,446,823	33,909
2005-2006	\$44,106,823	32,470
2006-2007	\$47,106,823	28,485
2007-2008	\$43,364,370	19,232
2008-2009	\$41,521,133	15,773
2009-2010	\$40,578,617	16,165
2010-2011	\$40,479,617	16,015
2011-2012	\$40,479,617	13,459
2012-2013	\$41,479,617	14,244
2013-2014	\$45,229,617	12,423
2014-2015	\$49,479,617	***31,866
2015-2016	\$50,479,617	#32,510

Note: In SFY 1993-1994, the formerly combined CCE and Medicaid waiver programs (and reported data) were separated. Beginning in SFY 1996-97, the number of clients served reflects increasingly more accurate data collection, clients served with short-term case management, and co-pay collections used to make services available to more clients.

*Balance reflects \$3,007,562 transferred to the home and community-based waiver program, creating \$6,807,519 in Federal and General Revenue funds available for waiver-eligible clients.

**Reflects \$1,761,646 transferred to the home and community-based waiver.

***Increase reflects an increase in the number of individuals receiving intake and case management services while waiting for Medicaid Waiver Services.

#Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHT

An 89-year-old client living alone in a small apartment began receiving CCE services earlier in the year. He has multiple physical issues, primarily debilitating arthritis. He was initially provided homemaking services and home-delivered meals and was overjoyed. He told his service provider, the Washington County Council on Aging, "I just can't believe how much you do for me. It's wonderful!" His ability to ambulate has continued to decline and he has had numerous falls. He is now being assisted with his baths. The case manager identified some safety issues in his apartment and was instrumental in getting grab bars placed in his bathroom. The services provided not only offer a helping hand around the house and assist the client with resolving safety issues, but field staff enjoy the time spent with him. He often calls the provider to tell them how thankful he is for all that they do.

HOME CARE FOR THE ELDERLY (HCE)

DESCRIPTION

The Home Care for the Elderly (HCE) program supports care for Floridians age 60 and older in family-type living arrangements within private homes as an alternative to institutional or nursing facility care. A basic subsidy is provided for support and maintenance of the elder, including some medical costs. A special subsidy may also be provided for services and/or supplies.

SERVICES OR ACTIVITIES

A basic subsidy averaging \$106 per month is provided for all program participants. Special subsidies are authorized for some participants and can be used for the following: incontinence supplies, medications, medical supplies, wheelchairs, assistive devices, ramps and home accessibility modifications, nutritional supplements, home health aide, home nursing, and other services to help maintain the individual at home. Formal case management is provided when needed.

ADMINISTRATION

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

ELIGIBILITY

Individuals must be age 60 or older, have income less than the Institutional Care Program (ICP) standard, meet the ICP asset limitation, be at risk of nursing home placement, and have an approved adult caregiver living with them who is willing and able to provide or help arrange for care.

STATUTORY AUTHORITY

Sections 430.601-430.608, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

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
1995-1996	*\$11,650,180	7,603
1996-1997	\$13,458,403	8,901
1997-1998	\$13,458,403	9,114
1998-1999	\$13,458,403	9,381
1999-2000	\$13,458,403	9,020
2000-2001	\$13,458,403	8,813
2001-2002	\$9,529,461	6,934
2002-2003	\$9,529,461	5,599
2003-2004	\$9,529,461	5,269
2004-2005	\$9,529,461	5,414
2005-2006	\$9,529,461	5,538
2006-2007	\$9,529,461	5,420
2007-2008	\$9,529,461	5,240
2008-2009	\$8,319,323	**4,204
2009-2010	\$7,903,357	2,620
2010-2011	\$7,903,357	2,624
2011-2012	\$7,903,357	2,628
2012-2013	\$7,903,357	2,877
2013-2014	\$7,903,357	2,831
2014-2015	\$7,903,357	2,760
2015-2016	\$7,903,357	#2,760

* From its creation in 1977 through December 1995, the Home Care for the Elderly program was managed by the Department of Health and Rehabilitative Services. The second half of SFY 1995-96 was the first period for funding appropriated through the Department of Elder Affairs.

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

Projection

Source for clients served: CIRTS

PROGRAM HIGHLIGHT

An 88-year-old female lives with her daughter and granddaughter in a single-family home in St. Petersburg. The client is from Laos and only speaks Laotian. The family requested help because the client has dementia. Both daughter and granddaughter want to care for the client themselves since they believe the language barrier and cultural differences would cause the client to be upset if a stranger came into the home to care for her. They feel the same situation would cause the client to become frightened if she was admitted to a facility. It is also part of their culture to care for the elders of the family.

Before enrollment in the Home Care for the Elderly Program, the family was struggling with these decisions. Having respite care through HCE allows the daughter to be the respite worker. The basic subsidy and reimbursement for medical supplies has been helpful. The entire family is grateful for the program that allows them to care for their loved one themselves.

LOCAL SERVICES PROGRAMS (LSP)

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 OR ACTIVITIES

The table on the right identifies those Planning and Service Areas (PSAs) that offer specific services funded through LSP. PSAs 2, 3, 4, 5, 6, 9, 10, and 11 offer at least one of these services.

ADMINISTRATION

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

ELIGIBILITY

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

STATUTORY AUTHORITY

General Appropriations Act, State of Florida.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

The program is 100-percent 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.

SERVICE	PLANNING AND SERVICE AREA(S)
Adult Day Care	2, 3, 5, 10, 11
Case Management	2
Chore	5
Congregate Meals	5, 10, 11
Counseling	5
Emergency Alert Response	5
Health Promotion, Health Support, Health Risk	11
Home-Delivered Meals	4, 5, 11
Homemaker	5, 6, 9, 11
Information	5
Legal Assistance	5
Material Aid	10
Nursing	11
Personal Care	9, 11
Recreation	10, 11
Referral	5
Respite	11
Screening and Assessment	11
Transportation	5, 9, 10, 11

LSP APPROPRIATION HISTORY AND NUMBERS SERVED

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
1992-1993	\$3,145,479	Information not available
1993-1994	\$3,395,479	
1994-1995	\$3,012,479	
1995-1996	\$3,198,210	
1996-1997	\$3,648,210	
1997-1998	\$3,333,433	
1998-1999	\$3,464,443	
1999-2000	\$3,351,313	
2000-2001	\$3,828,443	5,570
2001-2002	\$3,206,255	6,460
2002-2003	\$2,906,434	5,551
2003-2004	*\$6,231,434	* 6,413
2004-2005	\$6,331,434	6,478
2005-2006	\$6,710,183	**37,191
2006-2007	\$8,019,183	33,772
2007-2008	\$8,764,833	33,634
2008-2009	\$7,032,833	21,613
2009-2010	\$7,015,811	15,389
2010-2011	\$7,465,811	23,763
2011-2012	\$7,465,811	6,305
2012-2013	\$7,465,811	5,766
2013-2014	\$8,915,811	8,776
2014-2015	\$12,745,811	12,316
2015-2016	\$7,465,811	#7,214

* Funding increase was due in part to transfer of funding from Community Care Programs for the Elderly (CCPE). Increased funding permitted additional or augmented services for clients most in need of these services.

** Increased number for 2006-2007 reflects new contractor reporting duplicated counts for clients who receive more than one service.

Projection

Source for clients served: CIRTS and Manual Reports

PROGRAM HIGHLIGHT

A Florida LSP agency received a referral for a couple in need of home-delivered meals. The case manager visited the couple to conduct an assessment. Mr. R., age 96, is forgetful and was leaving the stove on after using it, and Mrs. R., age 87, is partially blind. The couple was not able to prepare nutritional hot meals at home. After receiving the service of home-delivered meals, their quality of life has improved. The couple is very thankful for the assistance that has been provided through LSP services.

RESPIRE FOR ELDERS LIVING IN EVERYDAY FAMILIES (RELIEF)

DESCRIPTION

The RELIEF program offers respite services to caregivers of frail elders and those with Alzheimer's disease and related dementia. The intent is to provide respite to family caregivers in order to increase their ability to continue caring for a homebound elder, thus avoiding the need to institutionalize the elder. Individuals who do not currently receive other Department services are given first priority.

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

SERVICES OR ACTIVITIES

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

ADMINISTRATION

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

ELIGIBILITY

This program serves frail homebound elders, age 60 and older, who live with a full-time caregiver who would benefit from up to four hours of respite, especially during evenings and weekends.

STATUTORY AUTHORITY

Section 430.071, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

The RELIEF program is 100-percent funded by state General Revenue. Area Agencies on Aging 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, and supervised. Contracts are granted to agencies based on their ability to recruit and retain the necessary number of volunteers. The RELIEF program is currently administered in PSAs 1, 4, 7, 8, 9, 10, and 11.

PROGRAM HIGHLIGHT

A World War II veteran, Mr. M., and his wife Barbara retired to Pompano Beach after 28 years with the Heinz Ketchup Company. Mr. M. had Parkinson's disease along with other medical issues that significantly impaired his ability to function daily. Mr. M. and his wife began receiving weekly respite services from the RELIEF program. The RELIEF program provided them with the extra support they needed in the community. Before receiving RELIEF services, daily chores were extremely difficult for Barbara. She would worry about her husband while he accompanied her shopping, especially when he was ill.

Mr. M. looked forward to the weekly visits. He could always depend on his assigned volunteer for a good laugh, funny story, or a song. He also enjoyed their routine walks around the neighborhood. Mr. and Mrs. M. are very pleased with the respite services, and feel that the assigned volunteer is like an addition to their family.

RELIEF APPROPRIATION HISTORY AND NUMBERS SERVED

STATE FISCAL YEAR	STATE FUNDING	NUMBER OF CLIENTS SERVED	NUMBER OF VOLUNTEERS	UNITS (HOURS)
*1997-1998	\$727,772	334	202	89,552
**1998-1999	\$930,044	371	235	141,366
1999-2000	\$1,330,044	609	467	121,162
2000-2001	\$1,330,044	449	396	193,597
2001-2002	\$1,330,044	484	323	144,229
2002-2003	\$1,294,530	369	242	151,715
2003-2004	\$994,530	382	274	116,938
2004-2005	\$1,044,530	586	393	132,134
2005-2006	\$1,044,530	577	356	136,182
2006-2007	\$1,044,530	554	332	132,156
2007-2008	\$1,044,530	512	324	138,600
2008-2009	\$1,044,530	510	303	121,326
2009-2010	\$909,034	498	464	131,384
2010-2011	\$909,034	499	410	153,575
2011-2012	\$909,034	400	300	120,000
2012-2013	\$909,034	486	336	69,213
2013-2014	\$993,672	492	369	110,267
2014-2015	\$993,670	402	300	120,000
2015-2016	\$993,670	#402	#300	#120,000

* Report period is from September 1997-September 1998

** Report period is from October 1998-June 1999

Projection

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

STATEWIDE PUBLIC GUARDIANSHIP OFFICE

DESCRIPTION

The Statewide Public Guardianship Office (SPGO), created by the Florida Legislature in 1999, helps provide services to meet the needs of vulnerable persons who lack the capacity to make decisions on their own behalf. Guardians protect the property and personal rights of incapacitated individuals. SPGO is responsible for appointing and overseeing Florida's public guardians, as well as for the registration and education of Florida's professional guardians.

SERVICES OR ACTIVITIES

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

ADMINISTRATION

Currently, 17 public guardian programs serve all 67 counties across Florida. Local public guardian offices are mandated by statute to provide guardianship services to incapacitated persons of limited financial means in instances where no family member or friend is able to provide these services.

ELIGIBILITY

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

- Be a resident of Florida, be at least 18 years old, and have full legal rights and capacity (be "Sui Juris");
- Have knowledge of the legal process and social services available to meet the needs of incapacitated persons;
- Maintain a staff or contract with professionally qualified individuals to carry out the guardianship functions, including an attorney who has experience in probate areas and another person who has a master's degree in social work or a gerontologist, psychologist, registered nurse, or nurse practitioner;
- Submit an annual registration form and related licensing fees;
- Complete the 40-hour guardianship course, pass the state exam, and maintain continuing education credits;
- Undergo a criminal background check by the Federal Bureau of Investigation (FBI) and the Florida Department of Law Enforcement (FDLE);
- Submit to a credit history check;
- Hold no position that would create a conflict of interest;
- Maintain a current blanket bond; and
- Be best qualified to serve as a public guardian.

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

Unlike public guardians, professional guardians receive compensation for services rendered to wards those who have adequate income or assets to pay for these services. To become a registered professional guardian, an applicant must pass the professional guardian competency examination and submit the following:

- Annual registration form and related registration fees;
- Criminal history report from the FBI and FDLE;
- Credit history;
- Proof of professional guardian bond; and
- Proof of professional guardian training, including passage of the state exam and compliance with continuing education requirements.

STATUTORY AUTHORITY

Chapter 744, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

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

SPGO APPROPRIATION HISTORY AND NUMBERS SERVED

STATE FISCAL YEAR	STATE FUNDING	CLIENTS SERVED
2000-2001	\$1,252,858	1,098
2001-2002	\$1,302,858	1,405
2002-2003	\$1,067,921	1,654
2003-2004	\$1,188,344	1,714
2004-2005	\$2,355,579	2,214
2005-2006	\$2,380,003	2,486
2006-2007	\$2,383,242	*2,342
2007-2008	\$2,279,718	2,544
2008-2009	\$2,308,146	2,598
2009-2010	\$2,498,558	2,622
2010-2011	\$2,755,400	2,667
2011-2012	\$2,963,687	2,650
2012-2013	\$2,592,051	3,156
2013-2014	\$2,769,851	2,931
2014-2015	\$6,489,345	3,329
2015-2016	\$6,491,500	#3,526

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

Projection

Source for clients served: Statewide Public Guardianship Office reports and data

PROGRAM HIGHLIGHT

The 2014-2015 Fiscal Year marked the first year of the statewide implementation of the public guardian programs. By the end of 2014, the Statewide Public Guardianship Office (SPGO) expanded from 27 counties to all 67 counties in Florida and began contracting with four additional public guardian offices. With increased funding from the Legislature and Governor Rick Scott, the public guardian programs were able to serve an additional 400 Floridians in need of services. During the year, focus was given to training and community outreach, and SPGO staff also assisted in the development of statewide training on the Baker Act and civil rights for incapacitated persons.

Section E

Medicaid Programs

INTRODUCTION TO MEDICAID PROGRAMS

Section E of this Summary of Programs and Services provides detailed information about the Department's Medicaid programs. The Department 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 qualified elders with a choice of care settings that promotes increased independence.

As of March 1, 2014, all Medicaid waiver program participants transitioned into the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC). Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult (ADA), Consumer Directed Care Plus (CDC+), Assisted Living (AL), Channeling, and Long-term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). The Program of All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by the Department.

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

DESCRIPTION

CARES is Florida's federally mandated pre-admission screening program for nursing home applicants. A registered nurse and/or assessor performs face-to-face client assessments. A physician or registered nurse reviews each application to determine the medical level of care for the applicant. By identifying long-term care needs and establishing appropriate levels of care through the use of the assessment form, 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. A pre-admission screening is also mandatory for all applicants (including private-pay) prior to admission to a Medicaid-certified nursing facility to screen for intellectual disabilities or serious mental illness. 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 OR ACTIVITIES

- Determine medical eligibility for the Medicaid Institutional Care Program (ICP).
- Determine medical eligibility for Medicaid programs that provide home and community-based services.
- Conduct screenings for serious mental illness and intellectual disability for individuals prior to nursing facility admittance to determine if further evaluation is needed.

- Conduct medical assessments for residents in nursing facilities entering court-ordered receivership.

ADMINISTRATION

The Department of Elder Affairs is responsible for the federal program in partnership with the Agency for Health Care Administration. There are 18 CARES field offices located throughout the state. CARES personnel include physicians, registered nurses, assessors, administrative support staff, office supervisors, and regional program supervisors. CARES management structure also includes central office 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. The CARES Program is responsible for performing a comprehensive assessment of all Medicaid long-term care applicants to determine if they 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.

STATUTORY AUTHORITY

Title XIX of the Social Security Act of 1965; 42 Code of Federal Regulations 456; 42 Code of Federal Regulations 483.100-483.138 (Subpart C); Sections 409.912(14)a-f, 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 18 CARES 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.

PROGRAM HIGHLIGHT

An assessment for the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) program was completed at the home of a 68-year old woman with end-stage renal disease (ENRD) who lived alone and needed in-home services to prevent nursing home placement. The assessor observed that the woman's pantry, refrigerator, and freezer were almost bare. In addition, the client stated that she did not have disposable briefs to manage her incontinence and had not bathed in over a month due to her inability to get in and out of the bathtub.

Concerned for the client's immediate welfare, the assessor immediately contacted Adult Protective Services to evaluate the situation for emergency services and ensured that the woman obtained more food supplies and was served a meal. The assessor remained with the client until a nurse from a home health agency arrived, took the client's vital signs, and determined that she was stable. Adult Protective Services arranged with the Council on Aging of West Florida for emergency services, which included personal care to assist with bathing, homemaking, companion, incontinence supplies, an emergency response unit, and meals.

While the goal of the visit was to determine if the client met the medical criteria for the SMMC LTC program; the compassion and actions taken by the assessor to address the immediate and critical needs of the individual in this situation, was not only exemplary but indicative of similar responses by the CARES team when assisting the population they serve.

CARES APPROPRIATION HISTORY AND NUMBERS SERVED

STATE FISCAL YEAR	FEDERAL FUNDING = 75% STATE FUNDING = 25%	TOTAL NUMBER OF ASSESSMENTS	% DIVERTED**
1992-1993	\$4,498,250	41,568	Baseline data collection on this measure began in 1998-1999
1993-1994	\$4,498,250	43,513	
1994-1995	\$4,498,250	44,899	
1995-1996	\$6,914,062	46,475	
1996-1997	\$8,060,115	50,068	
1997-1998	\$8,289,228	61,618	
1998-1999	\$8,448,930	*54,926	15.3%
1999-2000	\$9,361,546	62,341	17.8%
2000-2001	\$10,971,736	69,482	22.7%
2001-2002	\$11,095,299	80,157	24.3%
2002-2003	\$11,297,587	*78,267	26.4%
2003-2004	\$10,967,368	*74,229	26.1%
2004-2005	\$11,918,712	87,987	30%
2005-2006	\$13,694,333	87,218	31%
2006-2007	\$15,440,712	88,078	32%
2007-2008	\$16,311,511	88,316	30.1%
2008-2009	\$16,269,207	97,643	36.3%
2009-2010	\$16,135,481	105,217	34.3%
2010-2011	\$17,815,669	108,119	39.2%
2011-2012	\$17,643,458	120,603	38.7%
2012-2013	\$17,183,815	122,894	36.1%
2013-2014	\$17,300,580	80,706	20.9%
2014-2015	\$18,358,055	88,075	n/a+
2015-2016	\$18,316,195	#88,075	n/a+

* Numbers are smaller than in the previous year due to decrease in Continued Residency Reviews based on filled Medicaid nursing facility beds in some areas of the state and an increase in the number of Medicare dedicated beds.

** Percent Diverted is the percentage of initial CARES assessments where the person continues to reside in the community for 30 days or more after assessment. Percent Diverted is not based on the total number of assessments.

+ CARES is no longer responsible for diversion to community alternative programs due to implementation of the Statewide Medicaid Managed Care Program.

Projection is based on legislatively approved output standard as indicated in the Department's Long-Range Program Plan. With the implementation of the Statewide Medicaid Managed Care Long-term Care Program in SFY 2013-2014, on-site assessment workloads will increase significantly with the introduction of new populations, such as individuals with disabilities, to receive CARES assessments.

Source for assessments and % diverted: CIRTS

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

DESCRIPTION

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

SERVICES OR ACTIVITIES

In addition to services covered under Medicaid, PACE includes all services covered by Medicare. PACE is unique in several respects. PACE providers receive both Medicare and Medicaid capitated payments and are responsible for providing the full continuum of medical and long-term care services. In addition, PACE sites receive an enhanced capitation payment from Medicare beyond that of a traditional Medicare health maintenance organization. PACE also has a unique service delivery system, with many services being delivered through adult day care centers and case management provided by interdisciplinary teams.

ADMINISTRATION

PACE is administered by the Department of Elder Affairs in partnership with the Agency for Health Care Administration and the federal Centers for Medicare & Medicaid Services (CMS).

ELIGIBILITY

To be eligible for PACE, an individual must be age 55 or older, be eligible for Medicare or Medicaid with income and assets up to the Institutional Care Program (ICP) level, meet medical eligibility, and live in proximity to a PACE Center.

STATUTORY AUTHORITY

42 Code of Federal Regulations 460; Balanced Budget Act of 1997; Chapters 409 and 430, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

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

APPROPRIATION HISTORY AND NUMBERS SERVED

The total number of individuals that may be served for FY 2015-2016 is 1,775 (funded). Each state and federally approved site has a maximum number of individuals that may receive services through PACE as noted below:

PACE SITE AND COUNTIES FUNDED	FUNDED SLOTS
Florida PACE Broward County (funded but not yet operational)	125
Florida PACE Miami-Dade County	575
Hope Select Care PACE Lee, Charlotte, and Collier Counties	450
Palm Beach PACE Palm Beach County Broward County (funded but not yet operational)	456
Suncoast PACE Pinellas County	325
PROGRAM TOTAL	1,931

Source: General Appropriations Act

The total appropriation to serve these individuals in FY 2015-16 is \$40,525,725.

PACE FUNDING HISTORY AND NUMBERS SERVED

STATE FISCAL YEAR	COMBINED FEDERAL AND STATE FUNDING	CLIENTS SERVED
2006-2007	\$7,100,490	550
2007-2008	\$9,055,012	550
2008-2009	\$10,278,683	550
2009-2010	\$10,278,683	550
2010-2011	\$9,960,079	900
2011-2012	\$14,269,333	795
2012-2013	\$25,207,786	1,018
2013-2014	\$28,330,951	1,100
2014-2015	\$36,526,016	1,108
2015-2016	\$39,550,155	#1,321

Projection

Source for clients served: Monthly enrollment reports from PACE Organizations

PROGRAM HIGHLIGHT

A participant who has been enrolled at Florida PACE center since Oct 2010 was hit by a car late at night on December 31, 2014. The participant has several behavioral health conditions. When taken to the hospital after the accident, the participant declined treatment. PACE doctors evaluated the participant's condition and recommended hospitalization and surgery. After multiple surgical procedures and long intensive rehab, the participant is able to walk again and has not had a behavioral episode in the last six months. Managing the participant while addressing all of the medical conditions was challenging given the participant's behavioral issues, but the interdisciplinary team came together to engage family, participant, and support services. The efforts made by the PACE social worker, clinic team, physical therapist, day center staff, and behavioral health counselor contributed towards making a difference in the life of this participant.

STATEWIDE MEDICAID MANAGED CARE LONG-TERM CARE PROGRAM (SMMC LTC)

DESCRIPTION

SMMC LTC was authorized by the 2011 Florida Legislature through House Bill 7107 creating Part IV of Chapter 409, Florida Statutes, to establish the Florida Medicaid program as a statewide, integrated managed care program for all covered services, including long-term care services.

Medicaid recipients who qualify and become enrolled in the Long-term Care (LTC) Program 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 OR ACTIVITIES

SMMC LTC enrollees receive long-term care and acute services. Long-term care services provided include a choice of providers for homemaker, companionship, assisted living services, case management, adult day care, home accessibility adaptation, escort, hospice, assistive care, assisted living facility services, behavioral management, personal care, personal emergency response systems, medical equipment and supplies, intermittent and skilled nursing, medication administration and management, caregiver training, home-delivered meals, respiratory therapy, respite care, occupational therapy, physical therapy, speech therapy, nursing facility services, and non-emergency transportation. Acute care

services are covered by the enrollment in an SMMC LTC comprehensive managed care plan and through Medicare enrollment.

ADMINISTRATION

The Agency for Health Care Administration (AHCA) (Florida's Medicaid agency) administers this program. The Department of Elder Affairs monitors the health plans in coordination with the Medicaid agency and administers the Independent Consumer Support Program (ICSP).

ELIGIBILITY

SMMC LTC enrollees must be age 18 or older and determined disabled by the Social Security Administration, or 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 facility level of care.

STATUTORY AUTHORITY

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

Funds are allocated from the federal Medicaid Trust Fund and General Revenue to the Agency for Health Care Administration.

SMMC LTC NUMBERS SERVED

STATE FISCAL YEAR	CLIENTS ENROLLED
2013-2014*	97,364
2014-2015	110,241
2015-2016	#110,241

*August 2013 - June 2014

Projection

Source: Agency for Healthcare Administration

PROGRAM HIGHLIGHT

In 2015, the Department of Elder Affairs launched the Person-Centered Monitoring (PCM) program for all Statewide Medicaid Managed Care Long-term Care (SMMC LTC) enrollees. PCM is a national initiative led by the Centers for Medicare and Medicaid Services geared towards improving quality of care and, ultimately, resulting in better outcomes for SMMC LTC enrollees.

The PCM program consists of three main elements: case file reviews, home-like environment surveys, and face-to-face visits. A statistically significant random sample of case files are requested quarterly from each SMMC LTC managed care plan and are reviewed by DOEA staff to ensure each case management requirement is met. Elements reviewed include timeliness and appropriateness of monthly contacts, involvement of the enrollee and/or their representative in the decision-making process, and whether or not authorized services meet the assessed need of the enrollee, among many others.

Home-like environment surveys are conducted at assisted living facilities throughout the state to ensure that enrollees are being provided quality care in an appropriate, non-institutional setting. The survey includes observing ease of access, freedom of choice (roommate, daily routine, food, etc.), and access to information (newspaper, television, radio, complaint outlets, etc.).

Face-to-face visits are conducted monthly with enrollees and/or their representative to determine enrollee satisfaction and ensure quality care is being provided by the managed care plans. Visiting enrollees in their communities allows DOEA staff to interact with enrollees on a more intimate and personal level and provides the enrollees a valuable outlet to voice their opinion on the program and their provider. PCM allows DOEA to more adequately evaluate the SMMC LTC program through the eyes of the elders we serve and ensure they are receiving the quality of care expected.

Section F

Other Department Programs

INTRODUCTION TO OTHER DEPARTMENT PROGRAMS

Section F of this Summary of Programs and Services provides descriptions of Department programs that do not fall strictly into Older Americans Act (OAA), General Revenue, or Medicaid categories. These programs are largely funded by the U.S. Department of Health and Human Services (USHHS), U.S. Department of Agriculture (USDA), Centers for Medicare and Medicaid Services (CMS), or other federal sources. However, the AmeriCorps and Senior Companion Programs (SCP) receive General Revenue matching funds to supplement federal grants awarded by the Corporation for National and Community Service. Also, the Nutrition Services Incentive Program (NSIP) is authorized by the Older Americans Act and is currently administered by the Administration for Community Living (ACL), part of the U.S. Department of Health and Human Services. Section F programs are listed alphabetically.

ADULT CARE FOOD PROGRAM (ACFP)

DESCRIPTION

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

SERVICES OR ACTIVITIES

Participating centers may serve up to two reimbursable meals (breakfast, lunch, or 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 the Adult Care Food Program (ACFP).

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 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.
- Be enrolled in a participating center.

STATUTORY AUTHORITY

7 Code of Federal Regulations 226.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

The program is funded through a grant from the U.S. Department of Agriculture as part of the Child and Adult Care Food Program. Funds are distributed to eligible centers on a reimbursement basis. No state or local match is required.

PROGRAM HIGHLIGHT

Ms. R. is an 89-year-old Hispanic elder who lives at home with her family. She suffers from dementia and is unable to stay at home alone while her family is at work. During the work week, Ms. R. goes to an Adult Day Care Center in her neighborhood where she receives breakfast, lunch, and a snack. Her family has expressed their gratitude to have a place that speaks her language and serves foods from her culture with which she is familiar.

ACFP FUNDING HISTORY AND NUMBERS SERVED

FEDERAL FISCAL YEAR	FEDERAL FUNDING	ADULT DAY CARE SITES	AVERAGE MEALS OR SNACKS SERVED
1997-1998	\$1,522,310	43	1,426
1998-1999	\$1,620,215	74	1,537
1999-2000	\$1,758,186	83	1,800
2000-2001	\$2,107,620	104	2,110
2001-2002	\$2,213,000	114	2,146
2002-2003	\$2,436,975	125	*7,177
2003-2004	\$2,721,000	113	7,327
2004-2005	\$2,573,404	107	7,664
2005-2006	\$2,526,004	106	8,338
2006-2007	\$2,735,702	94	8,238
2007-2008	\$3,509,380	94	8,942
2008-2009	\$2,999,431	99	9,455
2009-2010	\$3,433,882	116	8,006
2010-2011	\$3,922,519	130	**2,207,541
2011-2012	\$4,093,720	131	2,319,931
2012-2013	\$4,806,225	86	1,809,708
2013-2014	\$5,493,853	91	1,822,981
2014-2015	\$5,423,853	132	1,878,006
2015-2016	#\$5,423,853	#132	#1,878,006

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

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

** From Federal Fiscal Years (FFY) 1997-2010, meals and snacks served were calculated using a daily participant average. The data collection methodology changed in 2010-2011 FFY to reflect a total number of meals or snacks served annually.

Projection

Source for sites and meals or snacks served: DOEA program records

AMERICORPS

DESCRIPTION

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

SERVICES OR ACTIVITIES

The Department operates a Legacy Corps for Veterans and Military Families (Easter Seals South Florida Respite Program) project in Miami-Dade and Broward counties, one of 16 projects administered in 11 states around the nation by the University of Maryland Department of Health Services Administration. The Department partners with AmeriCorps members and community volunteers to provide respite care services to multicultural caregivers of frail elders at risk of nursing home placement. In addition, caregivers receive information regarding available community services and support to help relieve the stress of caring for an elderly loved one.

ADMINISTRATION

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

ELIGIBILITY

All caregivers of frail homebound elders (except those already receiving paid respite services) who reside in Miami-Dade 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; Section 430.07(8), Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

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

PROGRAM HIGHLIGHT

Ms. S., age 91, has been attending an adult day care center in South Florida since 2006. Born in Germany, Ms. S. learned English as a second language. However, as her memory disorder has progressed, Ms. S. has forgotten how to speak English. The AmeriCorps staff that provides therapeutic activities, professional care, and nutrition are able to anticipate her needs and wishes. With the care Ms. S. receives from the Americorps staff, her son and caregiver now knows that his mom will be happy, safe, and secure until he returns to pick her up in the afternoon.

AMERICORPS FUNDING HISTORY AND NUMBERS SERVED

CALENDAR YEAR	FEDERAL FUNDING	STATE FUNDING	CLIENTS SERVED	MEMBERS	MEMBER HOURS OF SERVICE
*1997-1998	\$530,866	\$30,000	530	40	56,847
1998-1999	\$834,711	\$165,175	654	75	93,935
1999-2000	\$826,447	\$103,275	611	83	93,830
2000-2001	\$695,765	\$130,000	2,653	55	82,276
2001-2002	\$111,377	\$18,000	291	13	10,622
2002-2003	\$242,000	\$30,000	550	57	40,000
2003-2004	\$841,769	\$108,000	800	80	100,000
2004-2005	\$626,404	\$118,163	1,200	75	**46,009
2005-2006	\$695,287	\$130,928	2,500	78	50,000
2006-2007	\$230,000	\$80,000	1,500	43	***20,030
2007-2008	\$115,313	\$36,921	300	51	22,000
2008-2009	\$121,970	\$36,921	300	49	22,050
2009-2010	\$121,000	\$41,506	320	464	21,000
2010-2011	****\$0	\$41,602	315	52	22,050
2011-2012	\$165,000	\$60,000	400	60	27,000
2012-2013	\$220,000	\$65,530	100	83	36,000
2013-2014	\$163,800	\$67,133	250	67	30,150
2014-2015	\$165,000	\$61,173	200	60	27,000
2015-2016	#165,000	#61,173	#200	#60	#27,000

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

* Report period for calendar year 1997 was February - December 1997.

** Reduction in 2004 hours due to predominance of part-time members and member attrition during 2004 hurricane season.

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

**** University of Maryland received award late in fiscal year and did not distribute to the Department.

Program period is April through March; data are projections

Source for clients served, members, and hours: Data from monthly progress reports, contracts and web-based reporting system

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM (EHEAP)

DESCRIPTION

The Emergency Home Energy Assistance for the Elderly Program (EHEAP) assists low-income households that include at least one person age 60 or older when the households experience a home energy emergency.

SERVICES OR ACTIVITIES

Payments are for home heating or cooling and other emergency energy-related costs during the heating (October-March) and cooling (April-September) seasons. Eligible households may be provided one benefit per season. The maximum crisis benefit is \$600 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. Additional funds with increased benefits may be issued by the President of the United States during seasonal emergencies.

ADMINISTRATION

The Department manages the program through a contract with the Florida Department of Economic Opportunity and through 11 Area Agencies on Aging (AAA). Monitoring, training, and technical assistance are performed by Department of Elder Affairs staff, and the Department contracts with AAAs 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 in the home; and

- A gross household annual income of no more than 150 percent of the federal poverty guidelines.

STATUTORY AUTHORITY

Low-Income Home Energy Assistance Act of 1981; 42 United States Code 8621 et seq.; Title XXVI of Public Law 97-35, as amended; 45 Code of Federal Regulations 96; Section 409.508, Florida Statutes; Chapter 91-115, Laws of Florida, Section 10; Chapter 9B-65, Florida Administrative Code.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

This program is 100-percent federally funded by the U.S. Department of Health and Human Services. There is no match requirement. EHEAP is a component of the federally funded Low-Income Home Energy Assistance Program (LIHEAP), which is administered by the Florida Department of Economic Opportunity. The amount of funds available varies each year, and Presidential awards for crisis funding may be made available to provide assistance during extreme weather conditions.

Allocation of EHEAP funding is based on the following:

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

EHEAP FUNDING HISTORY AND NUMBERS SERVED

EHEAP FISCAL YEAR (APRIL 1 - MARCH 31)	FEDERAL FUNDING	HOUSEHOLDS SERVED	
		HEATING SEASON	COOLING SEASON
1994-1995	\$1,150,406	6,006	6,275
1995-1996	\$1,049,631	5,839	6,665
1996-1997	\$995,347	5,971	2,959
1997-1998	\$794,506	4,555	3,898
1998-1999	*\$2,823,751	3,278	6,157
1999-2000	\$873,649	2,793	3,434
2000-2001	** \$1,013,152	3,965	2,894
2001-2002	** \$1,369,942	3,547	3,636
2002-2003	** \$1,479,529	3,844	3,433
2003-2004	\$1,343,391	3,710	3,575
2004-2005	\$1,468,578	3,489	3,291
2005-2006	\$1,751,721	4,278	4,120
2006-2007	*** \$2,987,094	3,841	4,978
2007-2008	\$1,892,884	1,931	3,949
2008-2009	\$1,761,778	3,854	3,696
2009-2010	\$6,609,824	5,671	6,130
****2010-2011	\$7,697,784	9,779	10,991
2011-2012	\$6,024,004	9,283	6,556
2012-2013	\$4,681,212	7,476	9,052
2013-2014	\$4,727,416	5,795	6,825
2014-2015	\$4,235,981	6,033	6,710
2015-2016	#\$4,235,981	#5,956	#6,146

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

** Includes Winter Contingency Funds (2000-2001 \$139,215; 2001-2002 \$251,479; 2002-2003 \$116,540).

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

****Contract period was extended through August 2011.

Projection

Source for households served: Contractor reports (prior to 2011-12); CIRTIS (beginning in 2011-12)

PROGRAM HIGHLIGHT

Mrs. T. is a 64-year-old woman who lives alone and has no local support. Mrs. T. has partial paralysis on the left side due to spinal cord injuries resulting from an automobile accident several years ago. Mrs. T. also is an insulin-dependent diabetic and has severe kidney problems. She requires regular nebulizer treatments due to a progressive respiratory disorder and relies on having access to electricity for these treatments.

Mrs. T. has an income of just over \$1,000 a month, which barely covers her most basic needs. Due to her level of frailty, she is unable to use community transportation due to the length of the ride. Instead, she pays private individuals for rides when needed. Additional expenses such as these transportation costs, needed household repairs, changes in her medication, or increases in her utility bills cause her to be chronically behind on payments.

By October of 2015, Mrs. T. had become so far behind on her bills that she was unable to pay her electric bill and was at risk of losing access to her life-sustaining nebulizer treatments. Through the Emergency Home Energy Assistance for the Elderly Program, Mrs. T. was able to have her electric bill of \$104.14 paid. As a result, she was able to continue her nebulizer treatments without interruption and was able to maintain her home at appropriate temperatures.

SENIOR COMPANION PROGRAM

DESCRIPTION

The Senior Companion Program is a national service peer-volunteer program that provides services to elders at risk of nursing home placement due to chronic illnesses, disabilities, or isolation. Volunteers receive pre-service and monthly training, a modest tax-free stipend to help defray expenses, local transportation reimbursement, accident and liability insurance while on duty, and an annual medical checkup.

SERVICES OR ACTIVITIES

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

ADMINISTRATION

The Department partners with six local provider that act as volunteer stations; administer program services; and recruit, train, and assign Senior Companions. The Department provides ongoing program supervision and technical support to local volunteer stations.

ELIGIBILITY

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

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

STATUTORY AUTHORITY

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

The Corporation for National and Community Service awards the Senior Companion grant to the Department of Elder Affairs. Service providers are selected based on their ability to recruit and retain volunteers. The program is administered through providers in Palm Beach, Duval, Citrus, and Marion Counties.

PROGRAM HIGHLIGHT

As part of the efforts to reduce health care costs and support families caring for aging loved ones at home, Seniors in Service of Tampa, Inc. has been able to provide respite care through the Senior Companion Program (SCP). A 96-year-old client was living in a nursing home when her family decided to bring her home and received the services of a SCP volunteer. The SCP volunteer helps preserve the client's dexterity and mental well-being through a series of physical and communication exercises. The client is now 103 years old, and the family acknowledges that without the SCP volunteer they would have to place the client in a nursing home.

SENIOR COMPANION FUNDING HISTORY AND NUMBERS SERVED

STATE FISCAL YEAR	FEDERAL FUNDING	STATE FUNDING	CLIENTS SERVED	VOLUNTEER COMPANIONS	HOURS OF SERVICE
1994-1995	\$174,359	\$83,155	475	75	78,300
1995-1996	\$174,359	\$85,438	525	95	99,180
1996-1997	\$174,359	\$84,264	614	141	80,716
1997-1998	\$188,100	\$85,878	801	140	125,919
1998-1999	\$227,964	\$95,882	600	153	121,456
1999-2000	\$232,457	\$73,645	738	125	99,790
2000-2001	\$301,106	\$80,076	725	214	93,355
2001-2002	\$351,328	\$93,908	701	201	109,043
2002-2003	\$366,967	\$89,607	521	146	109,515
2003-2004	\$353,363	\$90,530	678	180	121,760
2004-2005	\$352,363	\$90,530	759	181	119,548
2005-2006	\$352,363	\$90,656	845	178	126,919
2006-2007	\$357,860	\$117,764	873	161	93,967
2007-2008	\$277,928	\$117,764	600	179	89,400
2008-2009	\$351,608	\$117,764	481	158	82,151
2009-2010	\$351,608	\$117,764	308	121	80,000
2010-2011	\$356,882	\$58,328	324	102	72,000
2011-2012	\$356,882	\$58,328	347	100	66,692
2012-2013	\$356,882	\$58,328	255	84	60,031
2013-2014	\$342,607	\$58,328	300	84	64,500
2014-2015	\$342,607	\$58,328	235	68	46,153
2015-2016	#\$342,607	#\$58,328	#235	#68	#46,153

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

Source for clients served, companions, and hours: Department records and manual reports submitted by program sites (client and companion data)

SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)

DESCRIPTION

The Senior Farmers' Market Nutrition Program (SFMNP) provides coupons to low-income elders to purchase fresh fruits and vegetables, promoting health and 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 Alachua, Bay, Escambia, Gadsden, Hernando, Jackson, Leon, Liberty, Sumter, Suwannee, Union, and Washington counties. The coupon program typically begins April 1 and ends July 31 of each year. Funds remaining after the coupon program has ended may be reallocated to contract for additional coupons, which are subsequently distributed in the fall, with an expiration date of no later than November 15 for bundles of fresh produce valued at \$40.00 per bundle.

SERVICES OR 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 two coupon booklets per season. Each booklet contains five \$4.00 coupons that can be used to purchase fresh fruits and vegetables from participating farmers' markets. In order to take advantage of Florida's fall growing season and reach more seniors, the Department expended unused funds from the summer coupon distribution to provide a produce bundle program in the fall of 2014. With this program, farmers distributed produce valued at \$40 per bundle to each eligible low-income elder who had not previously received coupons in participating counties. Along with bundles of produce, elders received nutrition education about locally grown fresh fruits and vegetables.

ADMINISTRATION

The Department coordinates with the Florida Department of Agriculture and Consumer Services (DACS), which operates the Women,

Infants, and Children (WIC) Farmers' Market Nutrition Program, to simplify administration of the Senior Farmers' Market Nutrition Program and reduce administrative expenses. A Memorandum of Agreement gives DACS primary responsibility to recruit, authorize, train, and monitor participating farmers. DACS is also responsible for providing participating farmers with vendor stamps, program manuals, and program participation signs to display at farmers' markets. The Department operates the program in cooperation with Elder Care of Alachua County, Suwannee River Economic Council, Mid-Florida Community Services, Bay County Council on Aging, Jackson County Senior Citizens Organization, Elder Care Services, Tallahassee Senior Citizens Foundation, Washington County Council on Aging, Gadsden County Senior Center, Liberty County Senior Citizens Association, and the Council on Aging of West Florida. Family and Consumer Science agents from the University of Florida Institute of Food and Agricultural Science (IFAS) Extension Service provide nutrition education for program participants.

ELIGIBILITY

Participants must be age 60 or older and have an annual income of less than 185 percent of federal poverty income levels. Participants must redeem coupons for approved produce at authorized farmers' markets sold by authorized farmers at designated 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 federal funds from a grant award from the U.S. Department of Agriculture Commodity Credit Corporation. No state or local match is required. Although considerable administrative time is involved in overseeing the program, all program funds go to food value.

SFMNP FUNDING HISTORY AND NUMBERS SERVED

CALENDAR YEAR	FEDERAL FUNDING	STATE FUNDING	PARTICIPATING FARMERS	FARMERS' MARKETS	PARTICIPANTS RECEIVING COUPONS	PARTICIPANTS RECEIVING BUNDLED PRODUCE
2001	\$200,000	\$0	59	5	1,440	N/A
2002	\$163,136	\$0	60	10	1,850	N/A
2003	\$96,604	\$0	48	6	1,749	N/A
2004	\$96,576	**\$83,316	153	15	3,092	N/A
2005	\$87,964	**\$76,000	205	18	3,300	N/A
2006	\$92,911	**\$128,684	194	16	3,954	N/A
2007	\$94,903	\$31,335	233	17	3,274	N/A
2008	\$104,903	\$0	186	17	2,194	253
2009	\$108,436	\$0	203	17/2	2,714	272
2010	\$107,132	\$0	203	34/4	2,680	N/A
2011	\$106,577	\$0	202	24/2	2,448	N/A
2012	\$106,577	\$0	203	34	2,467	401
2013	\$101,458	\$0	158	28	1,953	550
2014	\$98,752	\$0	174	43	1,891	450
2015	#\$98,752	\$0	124	41	2,375	*399

* SFMNP Grant year March through November

** State Vitamin Settlement Grant

Projected

Source for farmers, markets, and participants: Department program data and reports

PROGRAM HIGHLIGHT

The residents of Jamestown Woods Apartment Complex received a special treat right before Thanksgiving. Unspent funds from the Senior Farmers' Market Nutrition Program coupon distribution were used to bundle produce that was then distributed to eligible seniors who did not receive coupons in the spring. The bundles included a variety of fresh fall produce. The manager of Jamestown Woods stated how pleased the seniors were. Not only would they have fresh vegetables to cook for their family Thanksgiving meal, but they would also have something to share at the annual holiday potluck. The smiles on the faces of the seniors at the distribution also showed how much they appreciated the much-needed nutritious produce.

SHINE (SERVING HEALTH INSURANCE NEEDS OF ELDERS) PROGRAM

DESCRIPTION

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

SERVICES OR ACTIVITIES

Trained volunteers of the state's 11 Aging and Disability Resource Centers 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. Counseling and other services are provided at counseling sites, via telephone, and over the internet.

In addition to counseling, SHINE has a strong community education and outreach component. Volunteers make educational presentations on Medicare and health insurance issues to a variety of community groups and disseminate information at numerous health and senior fairs throughout the state. Education and outreach efforts focus on health promotion, consumer protection, and beneficiary rights.

ADMINISTRATION

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

ELIGIBILITY

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

STATUTORY AUTHORITY

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

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

SHINE began providing services in 1993 is funded through a federal grant from the Administration for Community Living. Funding allocations are based on the number of beneficiaries in the state, with adjustments based on concentrations of low-income or rurally located beneficiaries.

PROGRAM HIGHLIGHT

An elder living in Delray Beach recently faced a difficult situation in regards to the cost of the two drugs his doctors prescribed him to treat his Parkinson's Disease symptoms. He simply could not afford them and did not know where to turn. Thanks to the SHINE Program staff and volunteers, the gentleman is now receiving his medication. SHINE worked with a group called NeedyMeds to identify an organization who wanted to help, contributing \$16,000 to help cover the costs. The elder has expressed great appreciations for SHINE's life changing-assistance.

SHINE FUNDING HISTORY AND NUMBERS SERVED

GRANT YEAR*	FEDERAL FUNDING	NUMBER OF VOLUNTEERS	NUMBER OF CLIENT CONTACTS
1993-1994	\$774,814	430	8,270
1994-1995	\$556,386	496	12,404
1995-1996	\$684,386	575	19,226
1996-1997	\$598,543	600	29,000
1997-1998	\$591,637	600	30,000
1998-1999	\$1,036,679	600	80,457
1999-2001	\$4,186,952	500	142,647
2001-2002	\$989,837	425	94,315
2002-2003	\$734,740	480	89,887
2003-2004	\$1,050,689	450	96,149
2004-2005	\$1,316,875	440	**33,000/93,740
2005-2006	\$1,946,387	400	55,000/200,249
2006-2007	\$1,963,474	400	49,000/222,435
2007-2008	\$2,267,337	425	47,000/260,424
2008-2009	\$2,349,987	391	51,000/505,700
2009-2010	\$2,349,987	400	65,887/550,000
2010-2011	\$3,407,745	400	***92,511
2011-2012	\$3,452,321	475	106,052
2012-2013	\$3,494,146	481	148,296
2013-2014	\$3,522,766	523	161,205
2014-2015	****\$4,251,813	579	169,565
2015-2016	#****\$4,251,813	#700	#190,000

* SHINE Grant Year runs April - March. Funding and clients contacted reflect this grant year period.

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

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

**** Federal funding amounts above consist of the following: (Serving the Health Needs of Elders (SHINE) Grant, Performance Improvement & Innovation (PII) Grant, and Medicare Improvements for Patients & Providers Act (MIPPA).

Projection

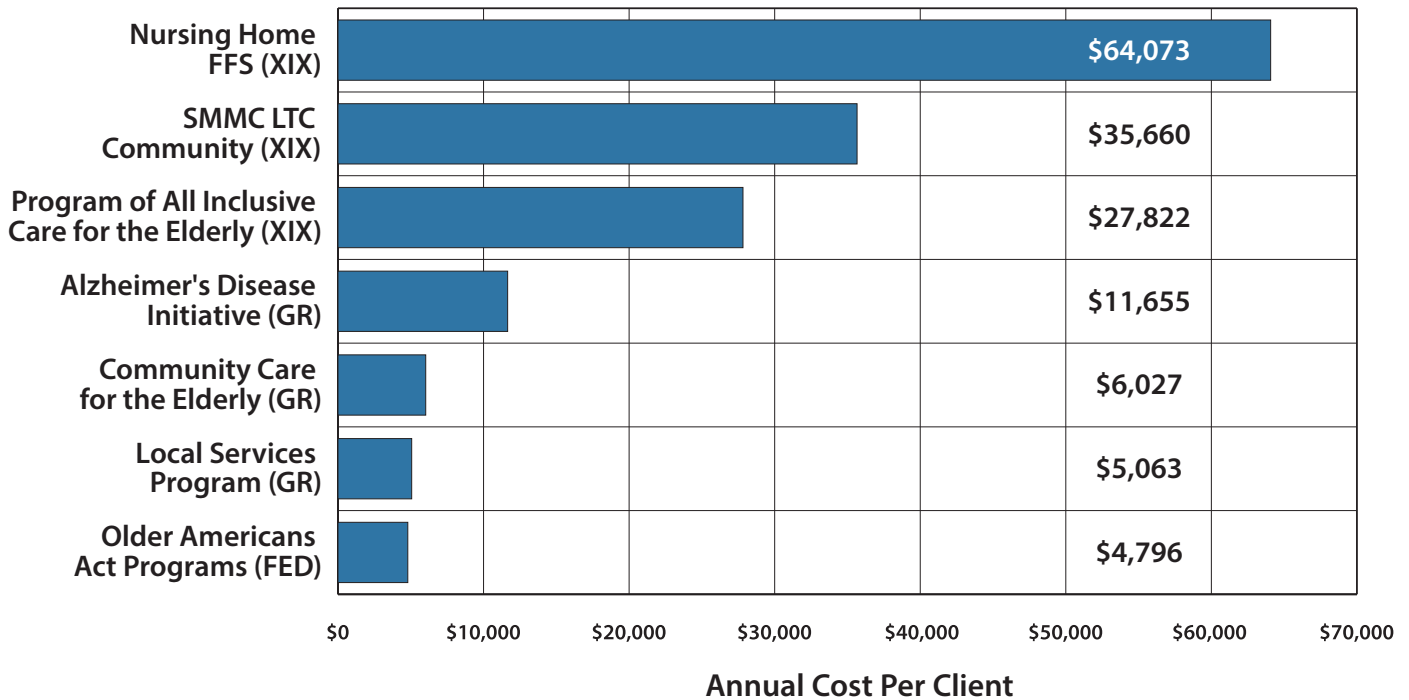
Source for volunteers and clients contacted: SHIP National Performance Reporting System

Appendices

APPENDIX 1

COST COMPARISONS SFY 2014-2015

COMPARISON OF ANNUAL COST PER CLIENT OF PROGRAMS SERVING FLORIDA'S ELDERS, STATE FISCAL YEAR 2014-2015

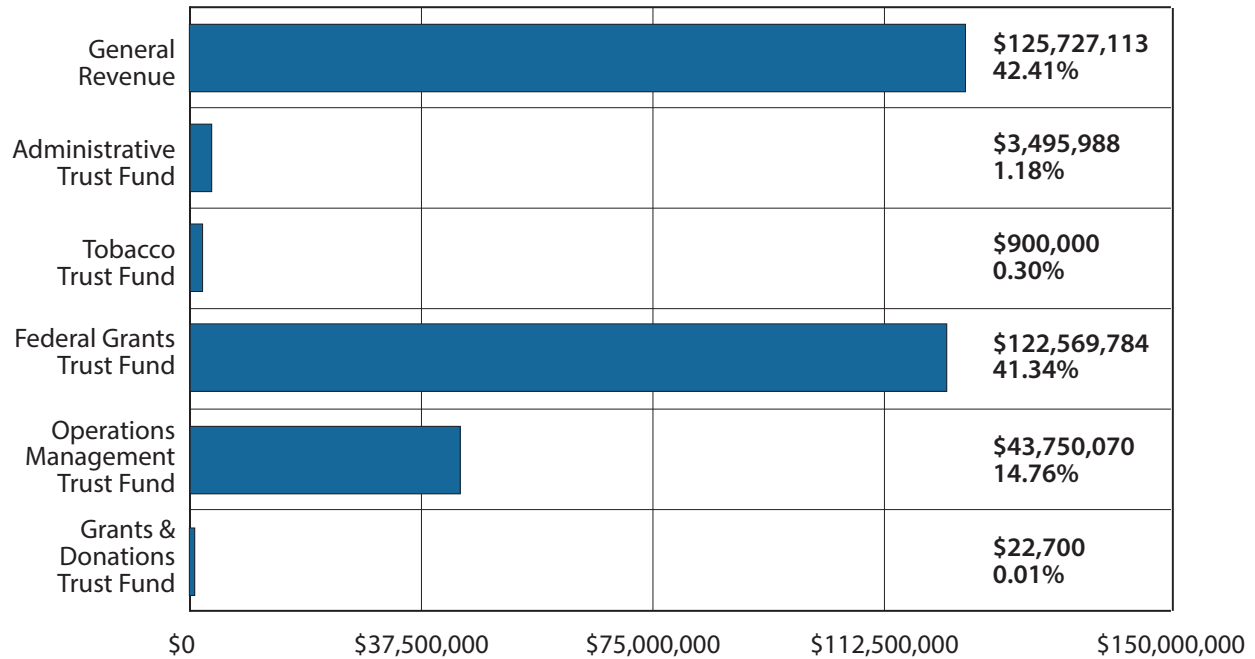


APPROPRIATIONS - STATE FISCAL YEAR 2015-2016

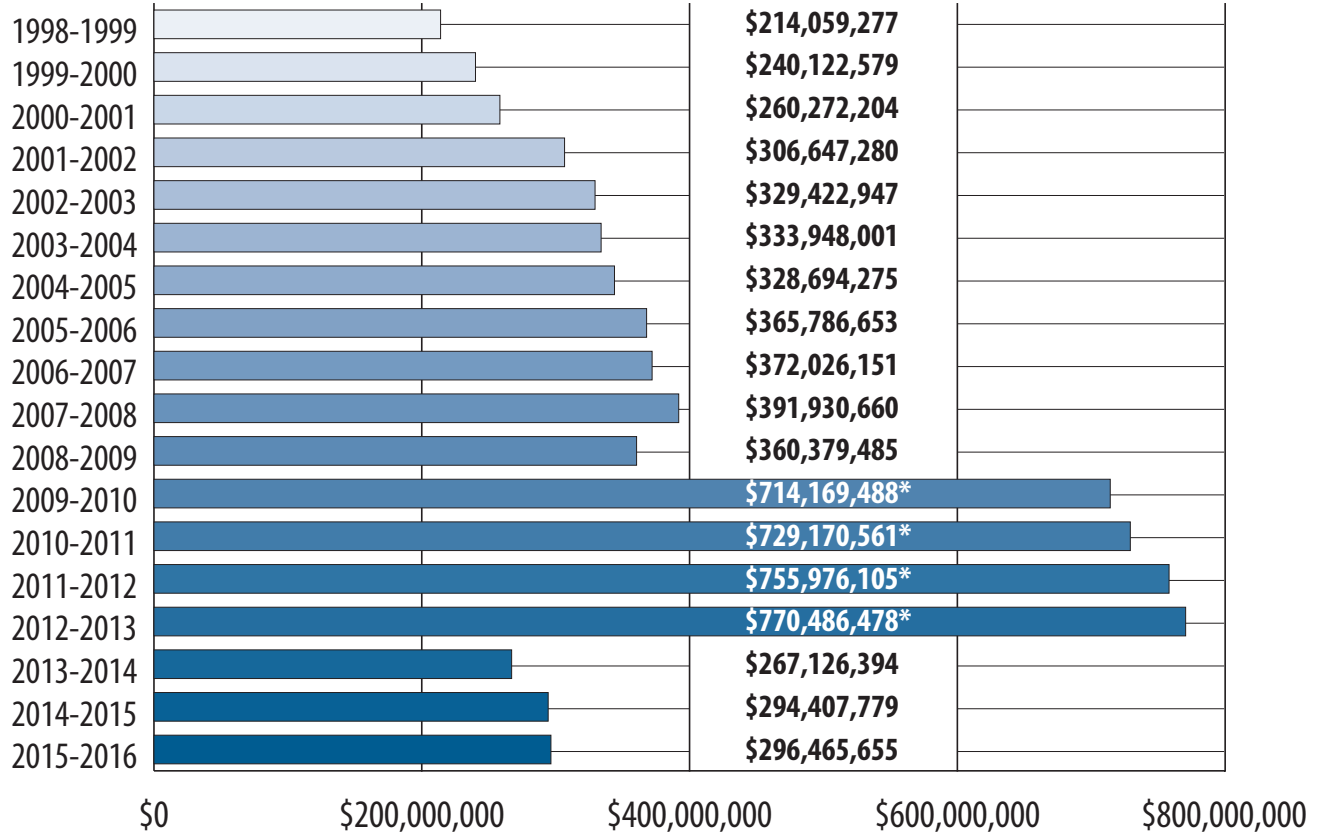
General Revenue.	..\$125,727,113
Legislative Appropriation	
Administrative Trust Fund.	..\$3,495,988
Public Guardianship Services	
Assisted Living Facility Licensure Fees	
Tobacco Trust Fund	..\$900,000
Legislative Appropriation	
Federal Grants Trust Fund	.. \$122,569,784
Title III and Title VII, Older Americans Act	
Title V Senior Community Services Employment Program	
HHS Nutrition Services Incentive Program	
USDA Adult Day Care Food Program	
Emergency Home Energy Assistance Program	
Serving Health Insurance Needs of Elders (SHINE)	
Senior Farmers' Market Nutrition Program	
Operations and Maintenance Trust Fund	.. \$43,750,070
CARES (Comprehensive Assessment and Review for Long-Term Care Services)	
Medicaid Administration	
Grants and Donations Trust Fund.	.. \$22,700
Donations	
Total	.. \$296,465,655

Source: 2015-2016 General Appropriations Act less vetoed amounts and Department of Elder Affairs' electronic Approved Operating Budget 2015-2016

TOTAL APPROPRIATIONS: \$296,465,655



BUDGET OVERVIEW



NOTE: Department programs and services are 95.5 percent privatized through contracts with Area Agencies on Aging and other providers. Executive Direction and Support Services represents 0.98 percent of the Department's expenditures.

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

Source: 2015-2016 General Appropriations Act less vetoed amounts and Department of Elder Affairs' electronic Approved Operating Budget 2015-2016

APPENDIX 2

GENERAL ELIGIBILITY REQUIREMENTS FOR MAJOR PROGRAMS AND SERVICES

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

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

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

PROGRAM	AGE	INCOME	OTHER REQUIREMENTS/ FRAILTY LEVELS
Adult Care Food Program (ACFP)	60 and older, or 18 and older and with a functional disability	Level of reimbursement per client to center is based on participants' assessed level of need in accordance with USDA's annual adjustments to Income Eligibility Guidelines.	Must reside in the home or in a "community-based" care facility. Must be enrolled in an Adult Care Center. Center's reimbursement based on participant's assessed level of need.
Alzheimer's Disease Initiative (ADI)	Caregivers for adults 18 and older; no requirement for Memory Disorder Clinics	No income test; consumers are given opportunity to co-pay based on a sliding scale.	Diagnosed as having probable Alzheimer's disease or other memory disorder.
Community Care for the Elderly (CCE)	60 and older	Co-payment is assessed based on sliding schedule.	Must be assessed as functionally impaired. Primary consideration to persons referred by Adult Protective Services.
Emergency Home Energy Assistance for the Elderly (EHEAP)	At least one household member age 60 and older	Total gross household income of not more than 150 percent of the current OMB Federal Poverty Level for their household size.	Must have a heating or cooling emergency. Energy benefits will be made on behalf of those consumers with the highest home energy needs, the lowest household income, and having household members of vulnerable populations.
Home Care for the Elderly (HCE)	60 and older	Less than Institutional Care Program (ICP) standard for income and assets.	Must be at risk of nursing home placement and have approved adult caregiver willing and able to provide or assist in arranging for care.

PROGRAM	AGE	INCOME	OTHER REQUIREMENTS/ FRAILTY LEVELS
Older Americans Act (OAA) Programs (except Title V and VII)	60 and older; spouse under 60 and adults with disabilities may be served meals under some circumstances	No income test.	Preference to persons with greatest economic or social needs, with particular attention to low-income, minority, and rural individuals.
Senior Community Service Employment Program (SCSEP), OAA Title V	55 and older	Household income 125% of Federal Poverty Guidelines or less; certain exclusions apply.	Targets persons with poor employment prospects and greatest economic need.
Senior Companion (SC) Program	Volunteer: 55 and older	Household income 200% of Federal Poverty Guidelines or less as set forth in 42 U.S.C. 9902.	Volunteers serve clients at risk of institutionalization due to chronic illness, disability, or isolation.
Senior Farmers' Market Nutrition Program (SFMNP)	60 and older	Household income 185% of Federal Poverty Guidelines or less.	Must live in a participating county.

APPENDIX 3

ELDER DEMOGRAPHICS/CLIENTS SERVED BY COUNTY

COUNTY	TOTAL POPULATION					PERCENT OF POPULATION WHO ARE ELDERS				
	ALL AGES	60+	65+	75+	85+	60+	65+	75+	85+	MINORITY 60+
Alachua	254,893	47,782	33,449	13,917	4,288	18.7%	13.1%	5.5%	1.7%	22.1%
Baker	27,017	4,931	3,398	1,320	301	18.3%	12.6%	4.9%	1.1%	9.9%
Bay	173,310	38,839	28,432	12,581	3,588	22.4%	16.4%	7.3%	2.1%	12.0%
Bradford	27,310	6,403	4,708	2,018	612	23.4%	17.2%	7.4%	2.2%	11.6%
Brevard	561,714	164,087	124,042	59,461	17,854	29.2%	22.1%	10.6%	3.2%	14.0%
Broward	1,827,367	401,201	292,198	135,635	47,067	22.0%	16.0%	7.4%	2.6%	38.7%
Calhoun	14,549	3,356	2,479	1,090	288	23.1%	17.0%	7.5%	2.0%	11.2%
Charlotte	167,141	74,935	60,394	29,040	8,406	44.8%	36.1%	17.4%	5.0%	7.8%
Citrus	141,501	59,672	47,638	22,593	6,342	42.2%	33.7%	16.0%	4.5%	5.3%
Clay	201,277	39,671	28,104	10,850	2,767	19.7%	14.0%	5.4%	1.4%	13.2%
Collier	343,802	118,778	95,655	46,059	12,103	34.5%	27.8%	13.4%	3.5%	11.0%
Columbia	68,163	16,299	11,867	4,936	1,347	23.9%	17.4%	7.2%	2.0%	14.2%
De Soto	34,777	8,286	6,360	2,908	745	23.8%	18.3%	8.4%	2.1%	17.0%
Dixie	16,468	4,786	3,520	1,365	313	29.1%	21.4%	8.3%	1.9%	4.3%
Duval	905,574	170,906	119,508	49,485	15,232	18.9%	13.2%	5.5%	1.7%	30.6%
Escambia	306,944	69,356	50,543	22,244	6,494	22.6%	16.5%	7.2%	2.1%	22.3%
Flagler	101,353	34,213	26,551	11,261	2,870	33.8%	26.2%	11.1%	2.8%	16.3%
Franklin	11,840	3,190	2,337	930	226	26.9%	19.7%	7.9%	1.9%	7.8%
Gadsden	48,315	10,725	7,383	2,981	813	22.2%	15.3%	6.2%	1.7%	47.2%
Gilchrist	16,839	4,511	3,319	1,397	445	26.8%	19.7%	8.3%	2.6%	3.7%
Glades	12,853	3,883	3,026	1,348	248	30.2%	23.5%	10.5%	1.9%	12.7%
Gulf	16,346	4,153	3,020	1,268	334	25.4%	18.5%	7.8%	2.0%	10.0%
Hamilton	14,630	3,351	2,367	884	245	22.9%	16.2%	6.0%	1.7%	26.8%
Hardee	27,645	5,142	3,797	1,663	452	18.6%	13.7%	6.0%	1.6%	21.8%
Hendry	38,096	6,691	4,967	2,174	592	17.6%	13.0%	5.7%	1.6%	40.2%
Hernando	176,819	60,152	47,674	22,894	6,729	34.0%	27.0%	12.9%	3.8%	9.8%
Highlands	100,748	40,711	33,205	16,797	4,926	40.4%	33.0%	16.7%	4.9%	12.0%
Hillsborough	1,325,563	245,059	175,664	74,758	22,054	18.5%	13.3%	5.6%	1.7%	31.5%
Holmes	19,902	5,109	3,801	1,639	397	25.7%	19.1%	8.2%	2.0%	4.0%
Indian River	143,326	51,979	40,790	20,538	6,668	36.3%	28.5%	14.3%	4.7%	8.4%
Jackson	50,458	12,181	8,886	3,951	1,140	24.1%	17.6%	7.8%	2.3%	22.7%
Jefferson	14,519	4,037	2,850	1,078	320	27.8%	19.6%	7.4%	2.2%	28.0%
Lafayette	8,664	1,671	1,212	522	136	19.3%	14.0%	6.0%	1.6%	6.1%
Lake	316,569	100,800	78,465	36,286	10,073	31.8%	24.8%	11.5%	3.2%	11.5%

COUNTY	TOTAL POPULATION					PERCENT OF POPULATION WHO ARE ELDERS				
	ALL AGES	60+	65+	75+	85+	60+	65+	75+	85+	MINORITY 60+
Lee	665,845	211,237	162,820	71,704	19,579	31.7%	24.5%	10.8%	2.9%	10.1%
Leon	284,443	48,547	33,562	13,087	3,946	17.1%	11.8%	4.6%	1.4%	24.7%
Levy	40,448	11,851	8,715	3,584	802	29.3%	21.5%	8.9%	2.0%	10.2%
Liberty	8,698	1,474	1,028	421	96	16.9%	11.8%	4.8%	1.1%	11.5%
Madison	19,200	4,792	3,473	1,478	431	25.0%	18.1%	7.7%	2.2%	30.0%
Manatee	349,334	112,056	86,850	40,252	12,222	32.1%	24.9%	11.5%	3.5%	10.0%
Marion	341,205	118,407	93,675	43,091	11,433	34.7%	27.5%	12.6%	3.4%	12.8%
Martin	150,062	55,085	43,319	21,962	7,117	36.7%	28.9%	14.6%	4.7%	5.8%
Miami-Dade	2,653,934	549,917	407,072	194,832	56,602	20.7%	15.3%	7.3%	2.1%	82.5%
Monroe	74,206	22,092	15,483	5,742	1,404	29.8%	20.9%	7.7%	1.9%	15.5%
Nassau	76,536	20,646	14,832	5,600	1,359	27.0%	19.4%	7.3%	1.8%	7.2%
Okaloosa	191,898	41,149	30,038	13,403	3,610	21.4%	15.7%	7.0%	1.9%	12.3%
Okeechobee	40,052	9,498	7,246	3,336	811	23.7%	18.1%	8.3%	2.0%	11.1%
Orange	1,252,396	195,977	136,281	56,811	16,921	15.6%	10.9%	4.5%	1.4%	43.0%
Osceola	308,327	53,720	37,759	14,887	3,904	17.4%	12.2%	4.8%	1.3%	47.6%
Palm Beach	1,378,417	401,486	314,784	163,630	57,325	29.1%	22.8%	11.9%	4.2%	18.4%
Pasco	487,588	137,425	105,677	48,614	14,840	28.2%	21.7%	10.0%	3.0%	8.7%
Pinellas	944,971	291,805	220,921	105,966	36,395	30.9%	23.4%	11.2%	3.9%	11.6%
Polk	633,052	163,319	123,313	54,537	14,422	25.8%	19.5%	8.6%	2.3%	17.6%
Putnam	72,756	20,370	15,093	6,636	1,798	28.0%	20.7%	9.1%	2.5%	13.9%
St Johns	213,566	52,556	38,096	15,388	4,601	24.6%	17.8%	7.2%	2.2%	7.6%
St Lucie	287,749	78,861	60,565	28,334	8,011	27.4%	21.0%	9.8%	2.8%	20.3%
Santa Rosa	162,925	33,120	23,428	9,293	2,165	20.3%	14.4%	5.7%	1.3%	7.3%
Sarasota	392,090	161,616	129,597	64,777	20,471	41.2%	33.1%	16.5%	5.2%	5.8%
Seminole	442,903	88,878	63,031	26,399	8,551	20.1%	14.2%	6.0%	1.9%	22.7%
Sumter	115,657	67,609	57,341	22,042	3,353	58.5%	49.6%	19.1%	2.9%	3.1%
Suwannee	44,452	11,738	8,878	3,949	1,114	26.4%	20.0%	8.9%	2.5%	10.7%
Taylor	22,824	5,746	4,185	1,715	377	25.2%	18.3%	7.5%	1.7%	14.1%
Union	15,918	2,972	1,851	627	143	18.7%	11.6%	3.9%	0.9%	20.4%
Volusia	510,494	154,880	117,046	54,989	17,367	30.3%	22.9%	10.8%	3.4%	13.1%
Wakulla	31,283	5,902	4,071	1,478	331	18.9%	13.0%	4.7%	1.1%	10.5%
Walton	60,687	14,887	10,706	4,238	1,096	24.5%	17.6%	7.0%	1.8%	6.2%
Washington	24,975	5,690	4,196	1,688	449	22.8%	16.8%	6.8%	1.8%	10.5%
Florida	19,815,183	4,982,155	3,746,544	1,722,359	519,459	25.1%	18.9%	8.7%	2.6%	25.9%

Source: Department of Elder Affairs calculations based on Florida Demographic Database, August 2015 provided by Florida Legislature, Office of Economic and Demographic Research projections, November 2015

COUNTY	PERCENT OF POPULATION WHO ARE ELDERS				CLIENTS SERVED			
	BELOW POVERTY LEVEL 60+	ALZHEIMER'S DISEASE 65+	LIVING ALONE 60+	60+ WITH SELF-CARE DISABILITIES	ADI	CCE	HCE	COMMUNITY NURSING HOME BEDS PER 1,000 (75+)
Alachua	10.4%	12.2%	26.5%	7.3%	94	216	51	67.1
Baker	9.2%	10.8%	18.6%	5.5%	6	100	4	142.4
Bay	9.0%	12.5%	24.6%	7.1%	28	143	43	67.9
Bradford	15.9%	12.4%	24.4%	9.2%	8	37	4	118.9
Brevard	8.0%	13.4%	24.4%	6.0%	70	1129	73	44.2
Broward	12.7%	13.7%	26.9%	7.8%	282	2,138	300	31.2
Calhoun	14.1%	12.2%	25.4%	15.8%	8	38	4	225.7
Charlotte	6.8%	13.3%	20.5%	5.0%	36	326	19	38.2
Citrus	8.8%	13.1%	21.7%	5.5%	53	322	19	47.8
Clay	7.0%	11.0%	18.8%	6.3%	17	203	37	95.2
Collier	7.2%	13.0%	19.7%	4.0%	42	331	15	16.4
Columbia	9.1%	11.8%	22.6%	8.2%	9	123	40	61.8
De Soto	14.3%	12.5%	20.0%	8.8%	4	88	10	40.6
Dixie	10.5%	10.8%	24.9%	12.6%	5	49	8	44.0
Duval	9.9%	12.2%	26.4%	7.8%	48	1,511	21	79.1
Escambia	9.2%	12.5%	25.9%	7.3%	22	985	12	75.9
Flagler	8.8%	11.8%	17.5%	4.1%	21	218	12	21.3
Franklin	13.5%	11.2%	23.0%	11.6%	1	18	6	96.8
Gadsden	16.3%	11.6%	26.5%	7.5%	9	35	16	40.3
Gilchrist	15.2%	12.4%	22.7%	12.0%	8	49	6	143.9
Glades	11.6%	11.4%	18.3%	3.2%	2	63	14	0.0
Gulf	10.2%	11.8%	20.0%	9.8%	1	28	3	94.7
Hamilton	14.0%	11.0%	26.3%	10.8%	6	51	19	67.9
Hardee	20.8%	12.3%	19.4%	10.2%	2	62	13	62.5
Hendry	17.0%	12.3%	24.2%	7.4%	13	138	23	114.1
Hernando	7.1%	13.4%	21.8%	6.2%	19	274	22	28.8
Highlands	11.7%	13.9%	22.0%	6.3%	17	373	24	35.6
Hillsborough	11.3%	12.3%	24.3%	8.0%	73	2,031	213	50.1
Holmes	15.4%	11.8%	24.1%	12.0%	4	23	5	109.8
Indian River	7.8%	14.3%	25.1%	6.0%	9	396	9	26.5
Jackson	13.7%	12.6%	26.6%	9.9%	7	38	11	136.7
Jefferson	7.5%	11.3%	23.2%	5.9%	6	25	4	145.7
Lafayette	14.3%	12.0%	30.2%	13.4%	6	19	2	115.0
Lake	7.2%	12.8%	20.4%	5.4%	18	326	43	41.0
Lee	7.5%	12.3%	20.8%	5.4%	56	897	63	28.1
Leon	7.2%	11.6%	25.4%	5.3%	74	51	26	56.8
Levy	10.9%	11.2%	23.7%	9.0%	11	82	23	33.5

COUNTY	PERCENT OF POPULATION WHO ARE ELDER				CLIENTS SERVED			
	BELOW POVERTY LEVEL 60+	ALZHEIMER'S DISEASE 65+	LIVING ALONE 60+	60+ WITH SELF-CARE DISABILITIES	ADI	CCE	HCE	COMMUNITY NURSING HOME BEDS PER 1,000 (75+)
Liberty	13.2%	11.2%	27.5%	10.9%	2	22	5	0.0
Madison	13.7%	12.2%	21.5%	9.3%	6	18	5	161.0
Manatee	7.9%	13.2%	23.3%	4.8%	51	560	33	34.3
Marion	9.3%	12.6%	20.9%	6.5%	28	437	46	31.8
Martin	6.6%	14.3%	25.4%	4.6%	52	346	15	36.2
Miami-Dade	20.6%	13.3%	19.8%	9.3%	286	2,841	706	43.3
Monroe	10.2%	10.6%	22.8%	4.9%	26	86	27	41.8
Nassau	9.2%	10.8%	20.0%	7.0%	9	103	14	42.9
Okaloosa	6.0%	12.4%	21.7%	6.8%	14	212	19	67.1
Okeechobee	14.8%	12.4%	22.5%	9.2%	2	135	16	54.0
Orange	10.5%	12.1%	21.4%	6.5%	155	2,101	29	71.7
Osceola	11.3%	11.3%	17.5%	8.9%	11	672	5	72.5
Palm Beach	9.0%	15.0%	26.8%	6.3%	447	3,068	112	36.8
Pasco	9.2%	13.1%	24.0%	5.7%	48	947	28	39.9
Pinellas	9.8%	14.0%	31.1%	6.6%	91	1,952	38	73.4
Polk	9.7%	12.3%	21.5%	6.0%	29	1,326	167	54.0
Putnam	13.4%	12.3%	23.9%	6.2%	7	121	19	50.8
St Johns	7.7%	11.9%	23.2%	5.0%	19	261	10	34.9
St Lucie	9.4%	13.0%	21.4%	6.2%	86	737	55	37.1
Santa Rosa	7.1%	11.0%	19.4%	6.1%	9	292	6	44.1
Sarasota	7.1%	14.1%	25.5%	4.3%	51	548	32	46.0
Seminole	7.7%	12.4%	21.1%	6.7%	48	541	18	44.4
Sumter	5.7%	10.0%	16.6%	3.4%	14	124	15	10.9
Suwannee	15.4%	12.5%	24.8%	8.0%	17	109	15	101.6
Taylor	10.3%	11.1%	21.4%	11.0%	1	20	6	70.0
Union	15.1%	9.9%	26.6%	12.9%	6	33	6	0.0
Volusia	9.1%	13.4%	24.9%	6.8%	40	1,141	68	58.2
Wakulla	7.7%	10.3%	23.5%	9.0%	5	25	4	81.2
Walton	9.9%	11.3%	25.8%	7.9%	11	116	13	65.4
Washington	11.5%	11.5%	24.3%	10.3%	3	35	11	106.6
Florida	10.6%	13.1%	23.6%	6.7%	2,669	31,865	2,760	46.5

Source: Client Information and Registration Tracking System for clients served; Department of Elder Affairs calculations based on Florida Demographic Database, August 2015 provided by Florida Legislature, Office of Economic and Demographic Research projections, November 2015; and 2009-2013 American Community Survey, Special Tabulation on Aging, retrieved from <http://www.agid.acl.gov/DataFiles/ACS2013/>; Alzheimer's Disease 65+ : Department of Elder Affairs calculations based on Florida Population data and Alzheimer's by Age in 2015 Alzheimer's Disease Facts and Figures report, retrieved from http://www.alz.org/documents_custom/facts_2015/alz_ff_florida.pdf?type=interior_map&facts=undefined&facts=facts

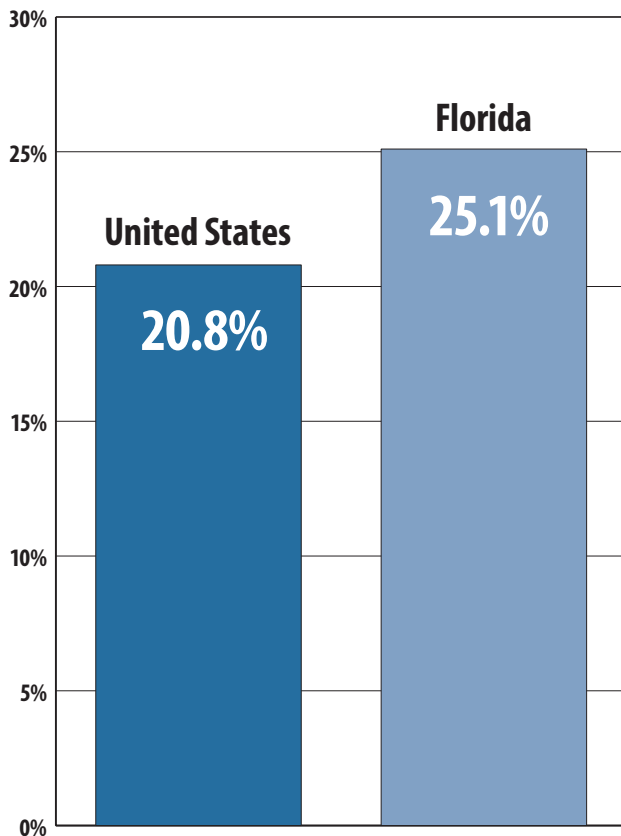
AGE DISTRIBUTION

Florida is the third most populous state with 19,815,183 citizens. Among the 50 states, Florida has the highest percentage of elders age 60 and older (25.1 percent) compared with a national percentage of 20.8 percent. Of Florida's 4,982,155 elders age 60 and older, 519,459 are age 85 and older.

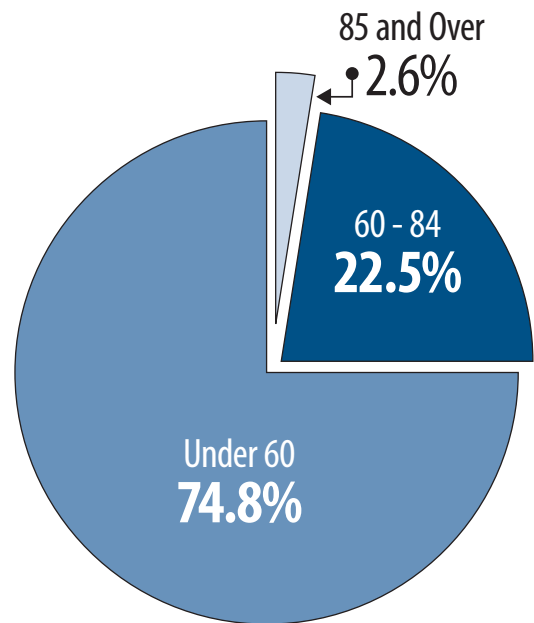
Most Florida elders age 60 and older reside in urban areas, and are concentrated in Miami-Dade, Palm Beach, Broward, Pinellas and Hillsborough counties. These five counties account for 37.9 percent of the total state population age 60 and older, and 42.2 percent of the population 85 and older.

In terms of density, Florida's population 60 and older comprises at least 30 percent of the total residents in 17 counties.

*Source: 1) Department of Elder Affairs calculations based on Florida Demographic Database, August 2015 provided by Florida Legislature, Office of Economic and Demographic Research projections, November 2015
2) NP2014_D1: Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2014 to 2060 by U.S. Census Bureau, retrieved from <http://www.census.gov/population/projections/data/national/2014/downloadablefiles.html>
3) Annual Estimates of the Resident Population for the United States, Regions, States, and Puerto Rico: April 1, 2010 to July 1, 2015 (NST-EST2015-01) by U.S. Census Bureau, retrieved from <http://www.census.gov/popest/data/state/totals/2015/index.html>*

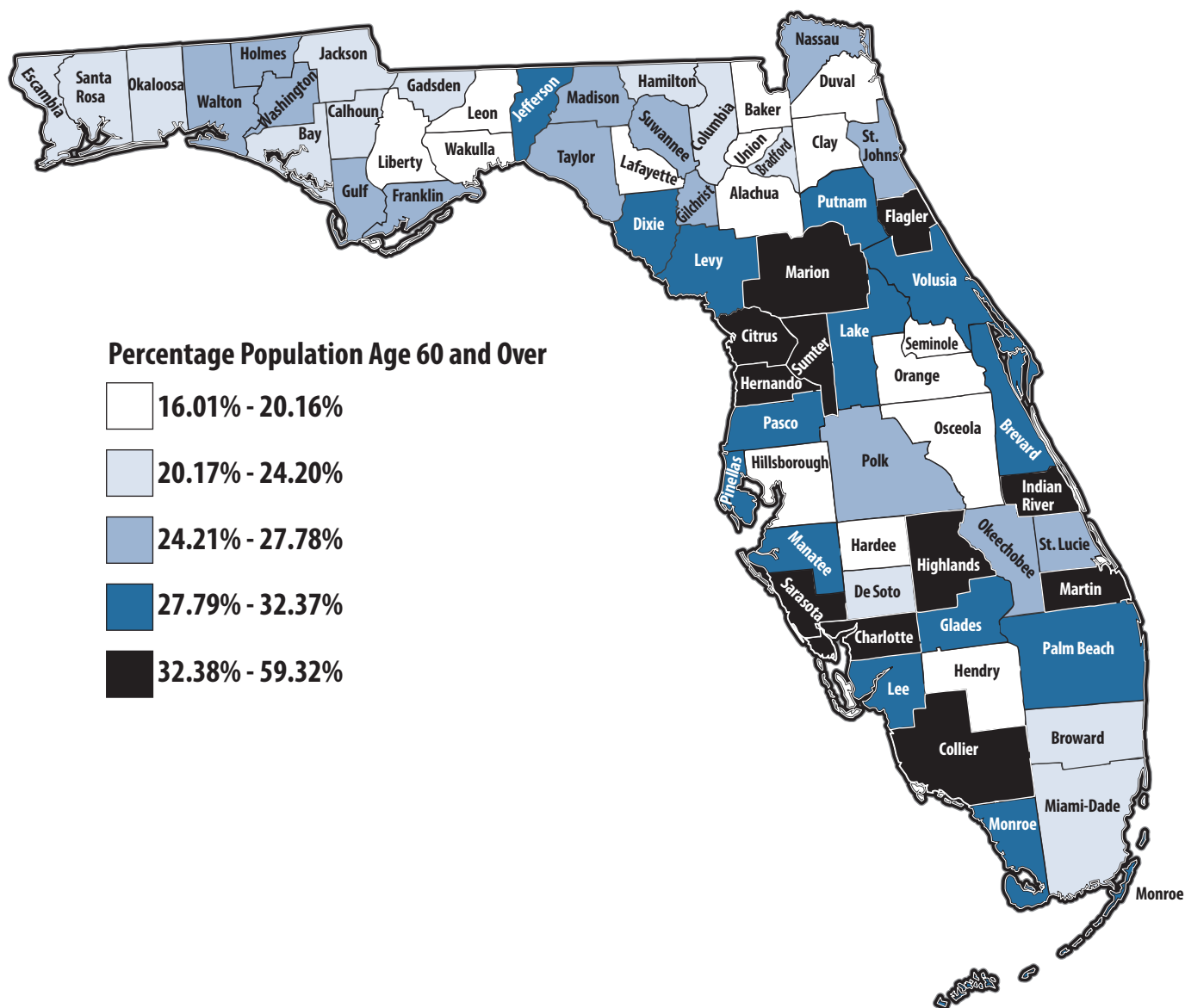


**60+ PERCENTAGE:
FLORIDA VS. UNITED STATES**



**FLORIDA'S AGE
DISTRIBUTION**

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



The five counties with the densest population of elders age 60 and older are Sumter (58.46 percent), Charlotte (44.83 percent), Citrus (42.17 percent), Sarasota (41.22 percent), and Highlands (40.41 percent). Two areas of the state, West Central and Southwest Florida, consist of counties with 30 percent or more of the population age 60 and older. West Central Florida is located north of Tampa, west of Orlando, and south of Gainesville. Southwest Florida is on the Gulf of Mexico south of Tampa.

Source: Department of Elder Affairs calculations based on Florida Demographic Database, August 2015 provided by Florida Legislature, Office of Economic and Demographic Research projections, November 2015

MINORITY DISTRIBUTION

As the age of Florida population groups increases, their racial and ethnic diversity decreases. This decrease in diversity can be attributed to the migration of elders into Florida and the life span of minorities within the state. While almost two in five (43.5 percent) Floridians are minority, this percentage declines to about one in four (25.9 percent) of all elders age 60 and older, and about one in five (19.6 percent) of all elders age 85 and older.

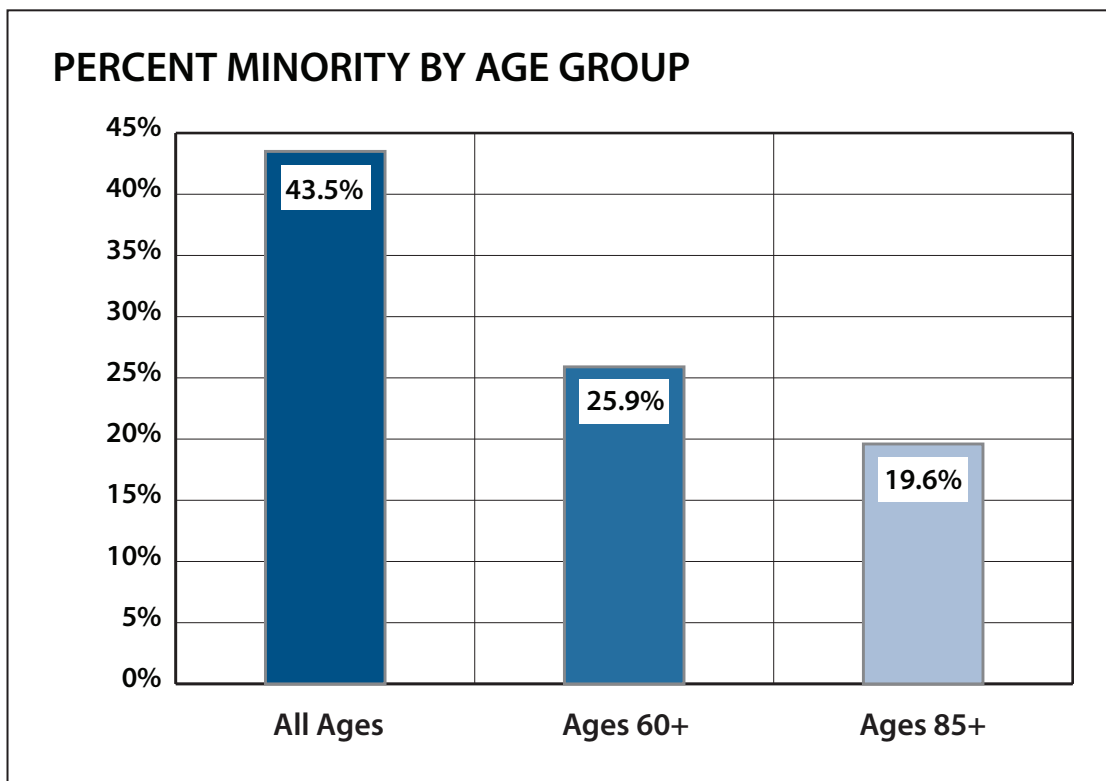
In Florida, 74.1 percent of total 60 and older population is white non-Hispanic population. In comparison, minorities generally constitute a smaller percentage of elders among their respective populations. Statewide, 14.6 percent of total 60 and older population is Hispanics and 10.0 percent of total 60 and older population is African-Americans.

Counties with the highest percentages of residents age 60 and older also show differences between white non-Hispanics and minorities. The top five counties with white non-Hispanics elders (60+)

representing 46 percent or more of their white non-Hispanics populations (all age) are Sumter (66.0 percent), Highlands (50.9 percent), Charlotte (48.7 percent), Collier (48.2 percent), and Sarasota (46.2 percent). One of these counties are in West Central Florida, and four are in Southwest Florida.

The top sixteen counties with minority elders (60+) representing 15 percent or more of their minority populations(all age) are Citrus (23.3 percent), Charlotte (23.0 percent), Flagler (23.0 percent), Miami-Dade (20.0 percent), Jefferson (19.4 percent), Hernando (18.4 percent), Brevard (17.4 percent), Nassau (17.1 percent), Madison (16.8 percent), Levy (16.7 percent), Marion (16.7 percent), Jackson (16.2 percent), Highlands (16.0 percent), Monroe (16.0 percent), Gadsden (15.9 percent) and Volusia (15.6 percent). These counties do not appear to exhibit any geographical grouping patterns.

Source: Department of Elder Affairs calculations based on Florida Demographic Database, August 2015 provided by Florida Legislature, Office of Economic and Demographic Research projections, November 2015



CUSTOMER ASSESSMENT PROFILES BY PRIORITY LEVEL

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

home placement, and individuals aging out of the Department of Children and Families (DCF) services. The Department’s prioritization policy requires service agencies to provide services in the following order of priority: APS high-risk, imminent-risk, aging out, priority level 5, level 4, level 3, level 2, and then level 1.

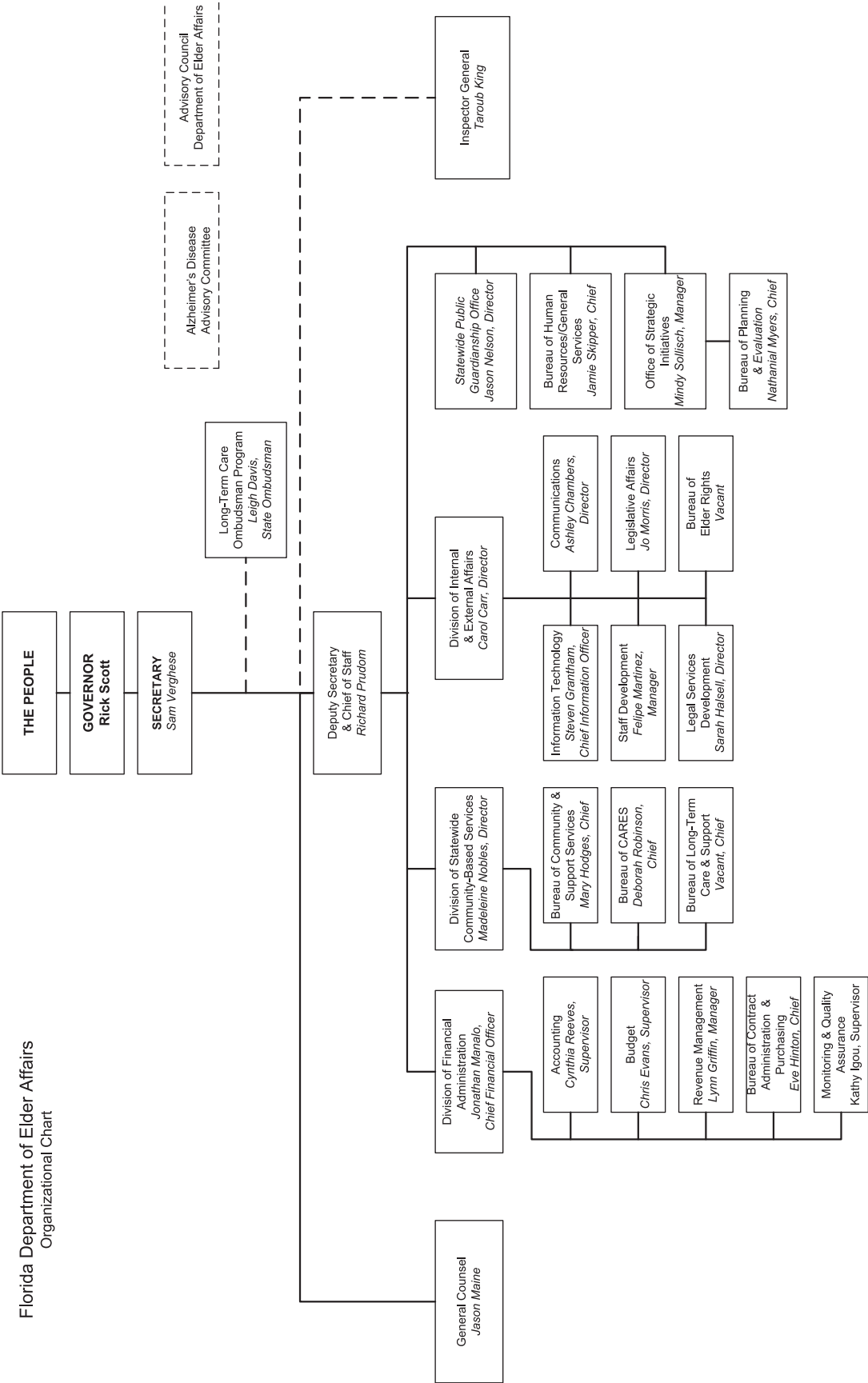
CLIENT ASSESSMENT PROFILES BY PRIORITY RANK

	Priority Rank 1 and 2	Priority Rank 3	Priority Rank 4 and 5
Number of ADLs with which help is required	2 - 3	4	4-5
Number of IADLs with which help is required	6-7	7	7-8
Self-assessed health	Fair-Poor	Fair-Poor	Fair-Poor
Percent of caregivers in good or excellent health	56-67%	50%	40-45%
Percent of caregivers in crisis	24-32%	51%	70-74%

NOTE: ADLs include bathing, dressing, eating, toileting, transferring, and walking. IADLs include heavy chores, light housekeeping, using the telephone, managing money, preparing meals, shopping, managing medication, and using transportation.

Source: CIRTS (Client Information and Registration Tracking System)

FLORIDA DEPARTMENT OF ELDER AFFAIRS ORGANIZATIONAL CHART



APPENDIX 4

PREVIOUS MEDICAID PROGRAMS

In 2011, the Florida Legislature created the Statewide Medicaid Managed Care Program, effectively reforming how the current Medicaid program was operated in Florida. Following a competitive procurement, the Agency for Health Care Administration (AHCA) and the Department of Elder Affairs (DOEA) implemented the Statewide Medicaid Managed Care Long-term Care Program.

As of March 1, 2014, all Medicaid waiver program participants transitioned into the new Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC). Effective February 28, 2014, the following Medicaid waivers were terminated: Aged and Disabled Adult (ADA), Consumer Directed Care Plus (CDC+), Assisted Living (AL), Channeling, and Long-term Care Community Diversion Pilot Project (also referred to as Nursing Home Diversion or NHD). The Program of All-Inclusive Care for the Elderly (PACE) is the only Medicaid program serving the elderly that continues to be administered by DOEA.

AGED AND DISABLED ADULT (ADA) WAIVER

DESCRIPTION

Medicaid waiver home and community-based services were provided to older individuals, as well as individuals with disabilities who were assessed as being frail, functionally impaired, and at risk of nursing home placement. Services included attendant care, case aide, case management, chore assistance, companionship, consumable medical supplies, counseling, emergency alert response, environmental modifications, escort, family training and support, financial assessment, home-delivered meals, homemaker assistance, personal care, pest control, rehabilitative engineering evaluation, respite care, risk reduction, skilled nursing, specialized medical equipment and supplies, and therapies.

ADMINISTRATION

Through February 28, 2014, the Department administered the waiver program in partnership with the Agency for Health Care Administration (Florida's Medicaid agency) for the age-60-and-older population, and the Department of Children and Families administered the program for the age-18-to-59 population. All individuals served in ADA transitioned to Statewide Medicaid Managed Care Long-term Care (SMMC LTC) effective March 1, 2014.

STATUTORY AUTHORITY

Section 1915(c)(1) of the Social Security Act of 1965; 42 Code of Federal regulations; Section 409, Part III, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

Funding was allocated from the federal Medicaid Trust Fund, as well as General Revenue dollars. In 2013, the ADA waiver received \$126,013,600 in funding and served 10,289 clients.

ASSISTED LIVING (AL) WAIVER

DESCRIPTION

Assisted Living Medicaid Waiver services were for individuals age 60 and older who were at risk of nursing home placement and who met additional specific criteria. Recipients needed additional support and services, which were made available in assisted living facilities with Extended Congregate Care or Limited Nursing Services licenses. The program included three broad services: assisted living, case management, and incontinence supplies. The components of these services included attendant call system, attendant care, behavior management, case management, chore assistance, companion services, homemaker assistance, incontinence supplies, intermittent nursing, medication management, occupational therapy, personal care, physical therapy, specialized medical equipment and supplies, speech therapy, and therapeutic social and recreational services.

ADMINISTRATION

Through February 28, 2014, the Department administered the waiver program in partnership with the Agency for Health Care Administration (Florida's Medicaid agency). All individuals served in AL transitioned to Statewide Medicaid Managed Care Long-term Care (SMMC LTC) effective March 1, 2014.

STATUTORY AUTHORITY

Section 1915(c) of the Social Security Act of 1965; 42 Code of Federal Regulations 441.302; General Appropriations Act, State of Florida; Section 409, Part III, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

Funding was allocated from the federal Medicaid Trust Fund and state General Revenue. In 2013, the AL waiver received \$37,257,303 in funding and served 3,210 clients.

CHANNELING WAIVER

DESCRIPTION

The Channeling Waiver, a home and community-based services program that began in 1985, was operated through an annual contract with an organized health care delivery system in Miami-Dade and Broward counties. Through contracts with the Department, the organization received a per-diem payment to provide, manage, and coordinate enrollees' long-term care service needs. Services included case management, chore assistance, companion services, counseling, environmental accessibility adaptations, family training, financial education and protection services, home health aide services, occupational therapy, personal care services, personal emergency response systems, physical therapy, respite care, skilled nursing, special home-delivered meals, special drug and nutritional assessments, special medical supplies, and speech therapy.

ADMINISTRATION

Through November 30, 2013, the Department administered this waiver program in partnership with the Agency for Health Care Administration (Florida's Medicaid agency). All individuals served in this program transitioned to Statewide Medicaid Managed Care Long-term Care (SMMC LTC) effective December 1, 2013.

STATUTORY AUTHORITY

Sections 1915(c) of the Social Security Act of 1965; 42 Code of Federal Regulations; Section 409.21, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

Channeling was a national demonstration project through the Health Care Financing Administration from 1982-1985. After the demonstration project ended in 1985, the Florida Legislature continued the Channeling Waiver program by authorizing the appropriate agency (then the Department of Health and Rehabilitative Services) to seek a 1915(c) waiver for the program. The Channeling Program was administered by the Department of Health and Rehabilitative Services and then the Agency for Health Care Administration before being transferred to the Department of Elder Affairs effective July 1, 2009. Funding was allocated from the Medicaid Trust Fund and state General Revenue. In 2013, the Channeling waiver received \$14,700,762 in funding and served 1,444 clients.

CONSUMER-DIRECTED CARE PLUS (CDC+) PROGRAM

DESCRIPTION

CDC+ was a self-directed option for seniors participating in the Aged and Disabled Adult Waiver. The CDC+ Program allowed participants to hire workers and vendors of their own choosing, including family members or friends, to help with daily needs such as house cleaning, cooking, and getting dressed. The program provided trained consultants to help consumers manage their budgets and make decisions. With the coaching of a consultant, program participants managed their own care or they elected

to have a friend or family member represent them in making decisions about their services.

The objectives of the CDC+ Program included the following:

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

Consumers were given a monthly budget to purchase the amounts and types of long-term care services and supplies they needed from providers they chose. Providers included family members, friends, and neighbors, as well as home care agencies and contractors. Consultants trained, coached, and provided technical assistance to consumers or their representatives as needed. The Department, in conjunction with a contracted sub-agent, provided fiscal employer agent services including payroll, tax withholding, and a toll-free customer service line for program participants. The Department also provided fiscal employer agent services for individuals served through the Florida Department of Health's Traumatic Brain and Spinal Cord Injury Waiver, as well as for adults with disabilities under the age of 60 served through the Department of Children and Families.

ADMINISTRATION

Through February 28, 2014, the Department of Elder Affairs administered the Consumer-Directed Care Plus Program in partnership with the Agency for Health Care Administration, the Department of Children and Families, and the Florida Department of Health. Florida implemented the CDC+ Program under the authority of an Independence Plus 1115 waiver amendment approved by the Centers for Medicare &

Medicaid Services in May 2003, and in March 2008, the CDC+ Program began operating under the 1915(j) State Plan Amendment. All individuals served in this program transitioned to Statewide Medicaid Managed Care Long-term Care (SMMC LTC) effective March 1, 2014.

STATUTORY AUTHORITY

Section 1915(c) of the Social Security Act of 1965; 42 Code of Federal Regulations 441; General Appropriations Act, State of Florida; Section 409.21, Florida Statutes.

**FUNDING SOURCE AND ALLOCATION
METHODOLOGIES**

The CDC+ Program was a self-directed option under the 1915(j) Medicaid Waivers listed above. Because self-directing participants were funded through their respective 1915 waiver, the program did not have a separate allocation from the Legislature.

**LONG-TERM CARE COMMUNITY
DIVERSION PILOT PROJECT**

DESCRIPTION

The Long-term Care Community Diversion Pilot Project, also known as the Nursing Home Diversion (NHD) Program, was designed to target the frailest individuals who would otherwise qualify for Medicaid nursing home placement, instead offering them community-based alternatives. The project used a managed care delivery system to provide comprehensive long-term care services and acute care (Medicare) service case management and coordination to individuals who were dually eligible for Medicare and Medicaid. Specifically, clients chose to receive care in a managed care delivery setting intended to increase the coordination of their care between service providers and Medicare. The state, through a monthly capitated rate, covered all home and community-based services and nursing home care. The rate also paid for Medicare co-insurance and deductibles. By receiving integrated acute and long-term services, such as home-delivered meals, coordination of health services, and intensive case management, clients were able to avoid nursing home placement.

Beginning in August 2013, the Long-term Care program began, on a regional basis, to replace the NHD program and other Medicaid waiver programs operated by the Department. Those individuals enrolled with NHD plans were seamlessly transitioned to the new Long-term Care managed care plans.

SERVICES OR ACTIVITIES

Project participants received long-term care and acute services. Long-term care services provided to project participants included a choice of providers for companionship, assisted living services, case management, chore services, consumable medical supplies, environmental accessibility adaptation, escort, family training, financial assessment/risk reduction, home-delivered meals, homemaker assistance, nutritional assessment/risk reduction, personal care, personal emergency response systems, respiratory therapy, respite care, occupational therapy, physical therapy, speech therapy, and nursing facility services. Acute-care services were covered for Medicaid recipients based on the Medicaid State Plan approved by the federal Centers for Medicare & Medicaid Services. These services were covered in the project to the extent that they were not covered by Medicare or were reimbursed by Medicaid pursuant to Medicaid-Medicare cost-sharing policies and included in the capitation rate. Managed care organizations contracting with the Department under the Diversion Pilot Project were responsible for Medicare co-payments and deductibles.

ADMINISTRATION

Through February 28, 2014, the Department administered the Long-term Care Community Diversion Pilot Project in partnership with the Agency for Health Care Administration (Florida's Medicaid agency) through a cooperative agreement. All individuals served in this program transitioned to Statewide Medicaid Managed Care Long-term Care (SMMC LTC) effective March 1, 2014.

STATUTORY AUTHORITY

Section 1915(c), Social Security Act; Sections 430.701-430.709 and 409.912, Florida Statutes.

FUNDING SOURCE AND ALLOCATION METHODOLOGIES

Funds were allocated from the federal Medicaid Trust Fund and state General Revenue. In 2013, the diversion project received \$364,530,717 in funding and served 20,253 clients.

APPENDIX 5

DEFINITIONS

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

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

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

Area Agency on Aging – A public or non-profit private agency or office designated by the Department of Elder Affairs to coordinate and administer the Department's programs and to provide, through contracting agencies, services within a Planning and Service Area.

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

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

CIRTS (Client Information and Registration Tracking System) – The Department of Elder Affairs' centralized client database holding information about clients who have received services from Area Agencies on Aging since 1997. CIRTS is a dynamic database that is updated on a real-time basis every time a new client enrolls or an existing client receives a service.

Instrumental Activities of Daily Living (IADL) – Functions and tasks associated with management of care, such as preparing meals, taking medications, light housekeeping, shopping, and other similar tasks.

Level of Care – A term used to define medical eligibility for nursing home care under Medicaid and Medicaid waiver community-based non-medical services. (To qualify for Medicaid waiver services, the applicant must meet the nursing home level of care.) Level of care is also a term used to describe the frailty level of a consumer seeking Department of Elder Affairs services, as determined by the frailty level prioritization assessment tool.

Long-Range Program Plan – A plan developed annually by each state government agency. Each plan is developed by examining the needs of agency customers and clients and proposing programs and associated costs to address those needs based on state priorities as established by law, by the agency mission, and by legislative authorization. The plan provides the framework and context for preparing the Legislative Budget Request and includes performance indicators for evaluating the impact of programs and agency performance.

Medicaid – A medical assistance program funded with federal matching funds that serves low-income families, those age 65 and older, people who are blind, and people with disabilities. A person must apply and qualify before being eligible for Medicaid coverage. The Department of Children and Families' Medicaid Economic Services office determines financial eligibility for Medicaid services. Financial eligibility is based on assets and income. The requirements are not universal for all Medicaid services; therefore, individuals may qualify for some Medicaid services but not others.

Medicaid Waivers – Programs for which certain federal requirements have been waived to allow states to provide home and community-based services to individuals who otherwise would require institutionalization.

Medicare – A federal health insurance program that serves people 65 and older and those with certain disabilities, regardless of income. Medicare has three parts: Part A (hospital insurance), Part B (medical insurance), and Part D (prescription assistance). Qualified individuals are automatically enrolled in Medicare Part A, but must apply to become eligible for Part B and Part D coverage.

Older Americans Act Programs – Programs funded by the Older Americans Act (OAA) that provide a variety of in-home and community-based services to persons age 60 and older. Local service providers deliver services through contracts with Area Agencies on Aging.

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

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

APPENDIX 6

ACRONYMS/ABBREVIATIONS

AAA	Area Agency on Aging	FLMMIS	Florida Medicaid Management Information System
ACCESS	Automated Community Connection to Economic Self-Sufficiency	HCBS	Home and Community-Based Services
ACFP	Adult Care Food Program	HCE	Home Care for the Elderly
ACL	Administration for Community Living (U.S. Department of Health and Human Services)	HIPAA	Health Insurance Portability and Accessibility Act
ADI	Alzheimer's Disease Initiative	IADL	Instrumental Activities of Daily Living
ADL	Activities of Daily Living	ICP	Institutional Care Program
ADRC	Aging and Disability Resource Center	ICSP	Independent Consumer Support Program
ADRD	Alzheimer's Disease and Related Disorders	LSP	Local Services Programs
AFCH	Adult Family Care Home	LTCOP	Long-Term Care Ombudsman Program
AHCA	Agency for Health Care Administration	NASUAD	National Association of States United for Aging and Disability
ALF	Assisted Living Facility	NSIP	Nutrition Services Incentive Program
AoA	Administration on Aging (in the Administration for Community Living)	OAA	Older Americans Act
APS	Adult Protective Services	PACE	Program of All-Inclusive Care for the Elderly
ARC	Aging Resource Center	PSA	Planning and Service Area
CARES	Comprehensive Assessment and Review for Long-Term Care Services	RELIEF	Respite for Elders Living in Everyday Families
CCE	Community Care for the Elderly	SCSEP	Senior Community Service Employment Program
CFAL	Communities for a Lifetime	SFMNP	Senior Farmers' Market Nutrition Program
CIRTS	Client Information and Registration Tracking System	SHINE	Serving Health Insurance Needs of Elders
CMS	Centers for Medicare & Medicaid Services	SMMC LTC	Statewide Medicaid Managed Care Long-term Care
COLA	Cost of Living Adjustment	SPGO	Statewide Public Guardianship Office
DCF	Department of Children and Families		
DOEA	Department of Elder Affairs		
EHEAP	Emergency Home Energy Assistance for the Elderly Program		

APPENDIX 7

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SUMMARY OF PROGRAMS AND SERVICES



This 2015 edition of the Summary of Programs & Services provides comprehensive information about the Florida Department of Elder Affairs and the programs it administers. Specifically, the 2015 Summary of Programs & Services contains the following information for each of the programs the Department administers:

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

The 2015 Summary of Programs & Services also includes an appendix with demographic and budget information. Unless otherwise noted, this publication contains information and data compiled as of January 2015.

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

