



State Plan on Aging
Federal Fiscal Years 2017-2020

SAMUEL P. VERGHESE, SECRETARY


RICK SCOTT, GOVERNOR

July 2016

Verification of Intent

The Florida State Plan on Aging, FFY 2017 - 2020, is hereby submitted by the State of Florida for the period of October 1, 2016, through September 30, 2020, to the Assistant Secretary on Aging of the U.S. Department of Health and Human Services. This plan includes assurances that it will be implemented under the provisions of the Older Americans Act of 1965, as amended, by the Florida Department of Elder Affairs, the State Unit on Aging, during the period identified.

The state agency named above has been given the authority to develop and administer the Florida State Plan on Aging in accordance with all requirements of the Act. The Florida State Plan on Aging is hereby approved by the Governor of the State of Florida and constitutes authorization to proceed upon approval of the Plan by the U.S. Department of Health and Human Services Assistant Secretary for Aging. The Florida State Plan on Aging herewith submitted has been developed in accordance with all federal statutory and regulatory requirements.



Governor Rick Scott or Governor's
authorized designee



Date

Executive Summary

The Florida Department of Elder Affairs (DOEA) prepares a State Plan on Aging (State Plan) every three or four years as required by the Administration on Aging (AoA), part of the Administration for Community Living (ACL) under the U.S. Department of Health and Human Services. The State Plan provides strategic direction to the Florida elder services network and complies with instructions provided by AoA.

Beyond the minimum required information, the State Plan addresses the following: key socio-demographic factors that will shape funding needs; priorities, unmet needs and promising practices identified by DOEA and the Area Agencies Aging (AAAs); and the Department's objectives in working with the aging network to provide cost-effective, high quality services to Florida's older adults, adults with disabilities, and their caregivers.

Florida has the highest proportion of residents age 60 and older in the nation, comprising a quarter of the state population (25.1%). More than 1.7 million Floridians are age 75 and older, and 100 and older is the fastest growing age group by percentage. Florida is also the state with the highest median age (39.3) and the highest old-age dependency ratio, which measures the number of elders as a share of those of working age. Growth among elder Floridians is expected to continue, with those age 60 and older comprising 30 percent of the state population by 2030.

Florida has shown leadership and innovation in aging services that permit all Floridians to age with dignity, purpose, and independence. More than 1.1 million Floridians received services from the Department in fiscal year 2014-2015 and over 95 percent of the Department's \$296 million budget is spent providing direct services to elders. All of Florida's Area Agencies on Aging (AAAs) were transitioned to Aging and Disability Resource Centers (ADRCs) in March 2012 and now provide information and referrals not only to elders but also to adults with physical and intellectual disabilities. Additionally, in 2013, the State transitioned most Medicaid waiver recipients (including individuals age 18 and older with disabilities) from multiple fee-for-service Medicaid programs to the Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC). The involvement of the ADRCs in the enrollment process and the change to predominantly one Medicaid waiver program assures a single point of entry and a "no wrong door" approach to long-term care services and supports for Florida's elders.

Other significant milestones in the Department's programs have occurred recently, most notably the creation of the Department's Dementia Care and Cure Initiative (DCCI). This initiative will enhance the current services in place by establishing Dementia-Caring Communities that assist individuals with Alzheimer's disease and other dementias and their caregivers. In addition, the Long-Term Care Ombudsman Program (LTCOP) recently had its appointment, training, and compliance requirements updated by both state and federal laws. Recent legislation also renamed the Statewide Public Guardianship Office as the Office of Public and Professional Guardians (OPPG) and assigned the additional responsibility of administering the regulation of professional guardians who were not previously regulated by the State.

Florida's elder population continues to present unique challenges on which the Department and its aging network partners will continue to focus. More than 10 percent of individuals age 60 and over residing in Florida live in poverty, and 23 percent live alone. Efforts in place to target these individuals have been successful; 39 percent of the clients served by the aging network last year were below the poverty level and 31 percent were living alone. Another population of interest are low-income minority elders. Seven percent of Florida's elders age 60 and older are considered low-income minority residents. The Department's service population far exceeded this target last year, with 26 percent of our clients identifying as low-income minority. The Department is also aware that the four percent of elder Floridians who live in rural areas are likely to experience greater challenges when accessing services. The aging network's targeting efforts resulted in six percent of their clients residing in rural areas. The Department and its partner agencies will continue to target these groups for home and community-based services, as well as the estimated 510,000 Floridians living with Alzheimer's disease.

To focus the Department's efforts to serve Florida's aging population, the following goals are established in the State Plan:

Goal 1: Information and Access – Enable older Floridians, individuals with disabilities, their families, and other consumers to choose and easily access options for existing mental and physical health, as well as long-term and end-of-life care

Goal 2: Provide medical and home and community-based services to enable individuals to maintain a high quality of life for as long as possible, including supports for family caregivers

Goal 3: Health and Wellness – Empower older Floridians and their caregivers to live active, healthy lives to improve their mental, behavioral, and physical health status

Goal 4: Ensure that the legal rights of older Floridians are protected and prevent their abuse, neglect, and exploitation

Goal 5: Promote planning and collaboration at the community level that recognize the benefit and needs of its aging population

Goal 6: Maintain effective and responsive management

The Department also provides written assurances in this State Plan as guided by the Administration for Community Living that address the identification of economic and social need among the state's elder population. Included is a description of the Department's recent activities to improve the Area Plan Program Module Template and Instructions. These efforts were complemented by the Department's training of AAA planning staff to use new methodologies and data tools to better identify unmet needs and service opportunities as well as measure performance. Other assurances address disaster preparedness across the aging network and highlight recently updated Department policies concerning the Comprehensive Emergency Management Plan and Continuity of Operations Plan for both the Department and AAAs.

Florida State Plan on Aging 2017 - 2020

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About The Plan

The Florida State Plan on Aging 2017-2020 (State Plan) provides strategic direction to the Florida elder services network and complies with guidance provided by the Administration for Community Living (ACL) in program instruction AoA-PI-14-01. The State Plan is a contract with ACL and allows Florida to receive funds under Title III and Title VII of the Older Americans Act.

The State Plan was prepared as a collaborative project under the direction of Samuel P. Verghese, Secretary of the Florida Department of Elder Affairs (DOEA). The State Plan Advisory Group was formed in January 2016 to develop recommendations for the plan. The advisory group was comprised of 19 member organizations of the aging network in Florida (see Appendix 8 for the list of participants).

The Advisory Group, supported by the staff of the Department's Bureau of Planning and Evaluation, held two meetings over a period of two months to develop and finalize the State Plan's goals, objectives, and strategies. The Department's earlier work with the Area Agencies on Aging and DOEA staff served as a starting point for the Advisory Group's further development of the goals, objectives, and strategies included in this plan.

Context

Overview of Elder Services Network

The Administration for Community Living (ACL), located within the U.S. Department of Health & Human Services, led by the Assistant Secretary for Aging, funds home and community-based services for millions of older Floridians through OAA allotments to the states and competitive grants.

The Florida Department of Elder Affairs (DOEA) is the designated State Unit on Aging in accordance with the OAA and Chapter 430, Florida Statutes. The Department, created in 1991, is 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 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 OAA 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 (PSAs). In addition, Chapter 430, F.S., requires that the Department fund service delivery lead agencies that coordinate and deliver care at the consumer level in the counties



comprising each PSA. Florida's comprehensive service delivery system for elders and their caregivers was designed to assist clients to live as independently as possible in the least restrictive setting. A large number of volunteers participate at all levels of the service delivery system. DOEA clients who receive case management services are provided choices of services based on their assessed needs, preferences, and choices of providers when more than one provider is available. Consumer choice is an underlying principle as programs and services are administered. The Department continues to pursue innovations to improve care and offer options for greater individual choice.

The Department delivers Medicaid long-term care services through the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program. The Florida Legislature created Part IV of Chapter 409, Florida Statutes, directing Florida's Agency for Health Care Administration (AHCA) to create the SMMC Program in 2011. In February 2013, AHCA received waiver approval from the federal Centers for Medicare & Medicaid Services (CMS) to implement the long-term care component of the SMMC Program for individuals who are age 65 and older, as well as individuals with physical disabilities ages 18 through 64. As such, the home and community-based services Medicaid waivers that were administered by the Department of Elder Affairs and the portion of the Aged and Disabled Adult Medicaid Waiver that was administered by the Department of Children and Families were transitioned to managed care organizations before November 1, 2013. The Department of Elder Affairs is responsible for determining clinical eligibility for SMMC LTC services, managing the program wait list, monitoring long-term care plan performance, and assisting enrollees and their families to address complaints with the managed care long-term care plans.

Area Agencies on Aging (AAAs) are the designated private, not-for-profit entities that receive federal and state funds to advocate, plan, and coordinate a system of elder support services in their respective Planning and Service Areas. In Florida, AAAs also operate as Aging and Disability Resource Centers (ADRCs).

The principal responsibility of ADRCs is to provide a locally integrated service for information, referral, and eligibility determination of state and federally funded long-term care programs for older adults, individuals with disabilities, and their caregivers. In addition, ADRCs serve to coordinate a system of multiple entry points to ensure streamlined access to long-term-care services and supports in a given area, including referrals to private-pay resources. Consumer choice is incorporated throughout the ADRC intake process. Consumers can indicate which services are most desired and, when possible, select their service providers. When a referral is made to the DOEA Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program for SMMC LTC eligibility, long-term care program options are provided during the CARES interview.

Lead Agencies provide and coordinate services for elders in the state's 11 PSAs. There are 52 lead agencies in the Community Care for the Elderly (CCE) program 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).

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 adult day care centers. Among for-profit entities are assisted living facilities, in-home service agencies, and managed care organizations.

Programs and Services

The Department of Elder Affairs administers a wide variety of assistance programs funded by both the federal government and the State of Florida. Applicants are prioritized for services based on their needs and service availability. Appendix 2 includes descriptions of the programs the Department administers.

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

In addition to the implementation of SMMC LTC beginning in 2013, other initiatives and legislation have affected or enhanced the Department's activities in recent years, include the following:

Alzheimer's Disease and Related Dementias (ADRD)

Florida is home to more than 510,000 individuals who have been diagnosed with Alzheimer's disease, the most well-known and common type of dementia. In addition, the Alzheimer's Association estimates that there are more than 1.1 million caregivers providing care for these individuals. In an effort to promote better care for Floridians affected by dementia and their caregivers and to support research efforts to find a cure, in 2015 the Department announced the Dementia Care and Cure Initiative (DCCI). This initiative will enhance the current services in place that assist individuals with Alzheimer's disease and other dementias and their caregivers. The Department will be engaging communities across the state to be more dementia friendly, promote better care for Floridians affected by dementia, and support research efforts to find a cure. Each Dementia-Caring Community will work together to increase awareness of dementia, services, and supports, and develop individualized community work plans. Along with DOEA, the Dementia-Caring Communities will also advocate for programs that provide care and promote research efforts toward a cure.

In April 2016, Leon County and the City of Tallahassee were named as the first Dementia-Caring Community in Florida through the Department's Dementia Care and Cure Initiative. The city

and county made a commitment to work together to address some of the major challenges faced by Tallahassee's aging population and to find innovative solutions to make a difference in the lives of those affected by dementia.

Long-Term Care Ombudsman Program (LTCOP)

The Long-Term Care Ombudsman Program is charged with recommending policy and regulatory changes designed to improve the quality of life of residents of long-term care facilities. As part of this function, the LTCOP was affected by the recent passage of SB 7018 at the conclusion of the 2015 Florida legislative session. This bill revises part 1 of Chapter 400, Florida Statutes, to achieve the following:

- Provide the State Ombudsman with final authority to appoint district ombudsmen;
- Revise the duties of and the appointment process for at-large positions to the State Long-Term Care Ombudsman Council;
- Revise and clarify the application and training requirements for appointment as an ombudsman, including a level 2 background screening;
- Expand the duties of ombudsmen in the local districts to comply with the Older American Act to include the authority to establish resident and family councils within long-term care facilities;
- Clarify that the complaint investigation process and the administrative assessment process are separate processes;
- Conform the complaint investigation and resolution processes to the requirements of the Older American Act;
- Require information to be provided to a resident of a long-term care facility upon first entering the facility to confirm that retaliatory action against a resident for filing a grievance or exercising a resident's rights is prohibited.

Office of Public and Professional Guardians (OPPG)

The Statewide Public Guardianship Office (SPGO) within the Department of Elder Affairs was recently affected by SB 232 during the 2016 Florida legislative session. The bill renamed SPGO as the Office of Public and Professional Guardians (OPPG) and assigned the additional responsibility of administering the regulation of professional guardians who were not previously regulated by the State. The newly titled office remains housed within DOEA, and the executive director remains an appointee of the Secretary of DOEA.

The bill established the additional duties and responsibilities of the executive director and the office, including disciplinary and enforcement powers. The bill also requires the annual registration of professional guardians and directs OPPG to adopt rules to establish standards of practice for public and professional guardians, receive and investigate complaints, establish procedures for disciplinary oversight, conduct hearings, specify penalties, and take administrative action pursuant to Chapter 120, Florida Statutes.

Communities for a Lifetime

The Communities for a Lifetime (CFAL) initiative administers programs that help communities create environments that embrace the life experience and valuable contributions of older adults and feature improvements to benefit all residents. Using technical assistance, CFAL allows elders the opportunity to continue aging in their homes and communities by offering presentations of awareness and prevention, as well as serving them with outreach material, updated information, and resources available in their communities, including the following:

Housing & Assisted Living – The Department’s Elder Housing Program was established with the mission of providing information, referrals, and technical assistance to elders and community leaders in need of affordable housing and assisted living choices. The program also seeks to ensure those in need of assistance receive the best care possible by ensure that assisted living staff are equipped with the training and tools they need, so that Florida’s elders can age in place with dignity.

Transportation and Mobility – The Department’s Transportation Program seeks to connect individuals with local and state resources that meet their transportation needs. The program accomplishes this through its ongoing efforts to build partnerships and collaborate with other state agencies including the Department of Transportation and the Department of Highway Safety and Motor Vehicles.

Elder Abuse, Neglect and Exploitation – The Department’s Elder Abuse Prevention Program supports programs and services to protect elders from abuse in all its forms – physical, emotional, financial and more. The program is designed to increase awareness of the problem of elder abuse, neglect and exploitation. The program includes training and dissemination of elder abuse prevention materials and funds special projects to provide training and prevention activities.

Falls Prevention and Partnerships and Collaborations – The Department has developed a Falls Prevention Program to provide technical assistance to the public on how to reduce the risk of falls and prevent falls from occurring within homes and communities. The program presents a collection of home and outdoor safety information and precautions that help keep homes fall proof, accessible, and safe. The partnerships developed allow the chance to link up with other agencies or networks to provide this assistance and other services provided in the community. This workshop supports the Department’s mission.

Status of Elders in Florida

Individuals age 60 and older are a significant component of the state's economy. Floridians age 60 and older are more likely than those nationwide¹ to own the home in which they live, making up 31.3 percent of the owner-occupied housing in Florida even though they constitute just 24.8 percent of the total population.²

Florida elders also remain vibrant contributors to the community: of those 60 and older, 28.6 percent have a Florida driver's license and 34.5 percent are registered voters. Moreover, Florida voters age 65 and older made up over one quarter of the state's electorate (26 percent) in the 2012 presidential election.³ ⁴ Florida elders also remain committed to their families, increasingly stepping in to raise their grandchildren when a parent cannot. Over 69,000 elders raised their grandchildren in 2015, an increase of 3.2 percent since 2006.⁵

Approximately one in 10 (10.4 percent) individuals age 60 and older live below the poverty line, and almost 900,000 are medically underserved.⁶ In 2013, disabilities among Florida's elder population affected 23.1 percent of people between ages 65 and 74 and 47.9 percent of elders age 75 and older.⁷ Though almost half (47 percent) of Florida's elders do not have a disability,⁸ older adults with lower incomes are more likely to experience disabilities and physical limitations. Moreover, individuals who do not have an adequate diet are more prone to chronic conditions (for more information, see Florida State Profile in Appendix 4).

¹ 24.9% of elders nationwide live in an owner occupied housing unit.

² U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

³ Nationwide, 21.3% of elders age 65 and older were registered to vote.

⁴ U.S. Census Bureau, Current Population Survey, November 2012, Table 4c. Reported Voting and Registration of the Total Voting-Age Population, by Age, for States: November 2012

⁵ The Department of Elder Affairs 2006 and 2015 County Profiles.

⁶ Source: Florida Department of Health, Office of Workforce Recruitment and Retention, which extrapolated data on people 65 and older from the Health Resources and Services Administration Data Warehouse. The data in the 2015 Florida State Profile is the 65 and older population that are medically underserved. Medically Underserved includes two factors, medically underserved populations (MUPs) and medically underserved areas (MUAs). MUPs may include groups of persons who face economic, cultural, or linguistic barriers to health care. MUAs are areas in which residents have a shortage of personal health services.

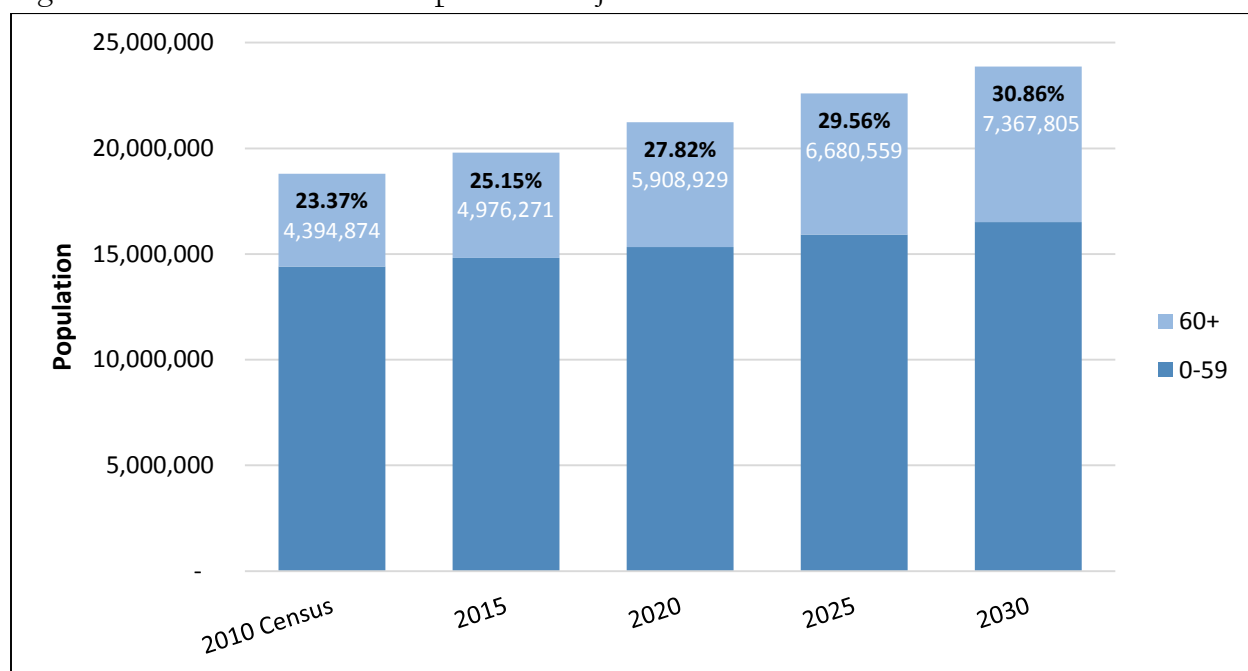
⁷ 2013 Disability Status Report. Cornell University (2015).

⁸ Department of Elder Affairs calculations based on Florida Population data and 2008-2012 American Community Survey Data

Demographic Projections

Florida is the third most populous state in the United States with 19.5 million residents. With more than 4.9 million individuals age 60 and older in 2015, Florida continues to have the highest percentage of elder residents and is second only to California in the actual number of citizens age 60 and older residing in the state. As illustrated in the graph below, Florida will continue to see a considerable number of residents becoming elders in the years and decades ahead as a result of net migration and the cohort of baby boomers continuing to age into retirement. Because of this large proportion of elders, Florida's future is linked to the financial security and physical health of its senior population.

Figure 1: Florida 0-59 and 60+ Population Projections: 2010-2030



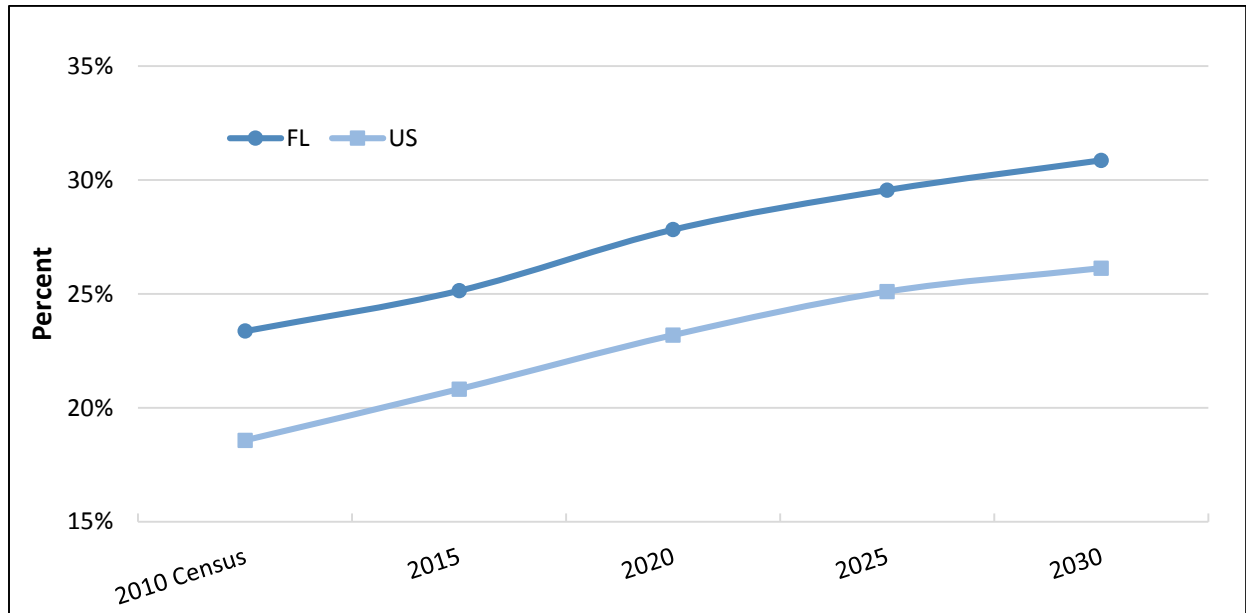
Source: Bureau of Economic and Business Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2014 Estimates (Release Date: July 7, 2015)

In several counties the proportion of elders is over 30 percent, and three of the top five counties in the U.S. with the greatest percentage of the population age 65 and older are located in Florida: Sumter County (57.4 percent), Charlotte County (44.1 percent), and Citrus County (41.6 percent).⁹ The graph below illustrates the expected increase in the 60 and older population

⁹ Department of Elder Affairs calculations based on Florida Demographic Database, August 2014 provided by Florida Legislature, Office of Economic and Demographic Research projections, November 2014, and U.S. Census Bureau 2014 Population Estimates.

between 2010 and 2030 when the number of Floridians age 60 and older is expected to rise faster than the United States as a whole. This will result in the 60 and older population encompassing an estimated 30 percent of the state's total population in 2030.¹⁰

Figure 2: 2010 to 2030 Population Projections for Florida and the United States: 60 and Older



Source: Bureau of Economic and Business Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2013 Estimates (Released July 7, 2015) and The Census Bureau's International Data Base, Mid-year Population by Older Five Year Age Groups and Sex (Release Date: July 7, 2015)

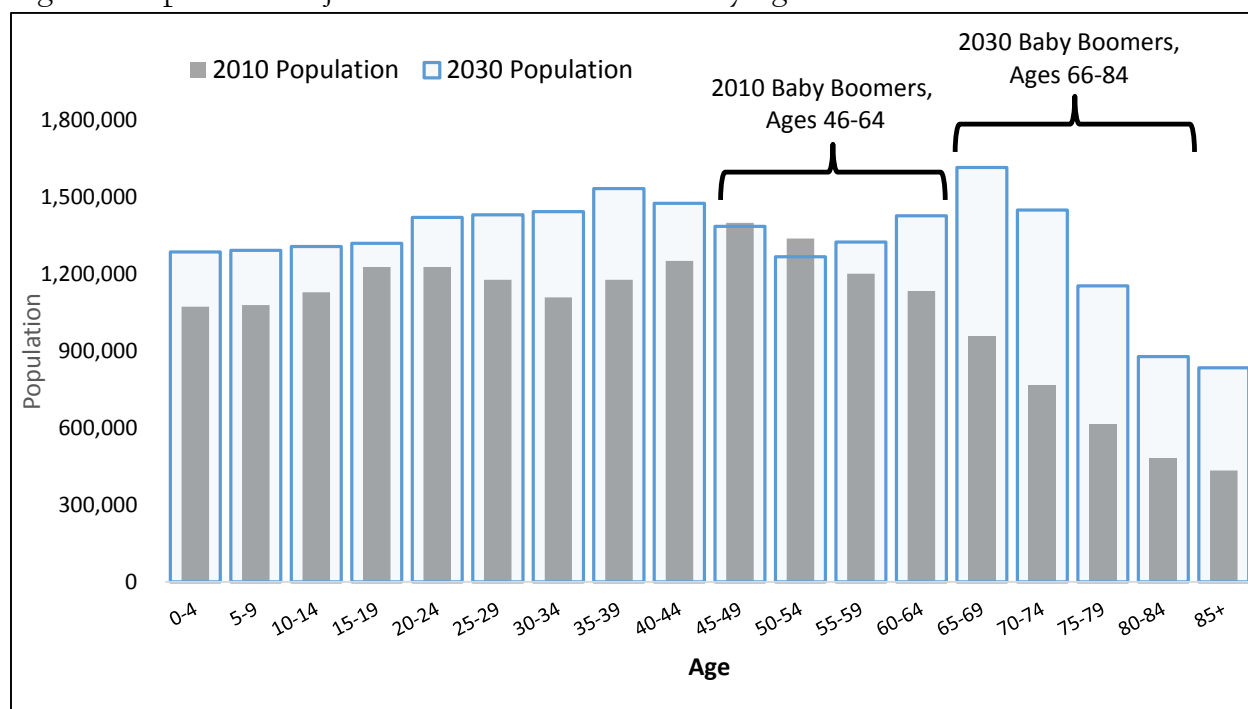
More than 1.7 million Floridians are age 75 and older. In addition, the percentage of state residents age 85 and older grew from 2.1 percent to 2.3 percent over the last decade. These are important statistics considering that individuals age 85 and older are the most likely to need long-term care services. In line with these trends, Florida is also among the top ten states with the highest median age (39.3) and a high old-age dependency ratio.¹¹ The population of individuals age 100 and older is currently the state's fastest-growing age group by percentage.

Roughly one-quarter of Florida's current population is composed of baby boomers who will continue to age into retirement over the next ten years. The population projections below illustrate that in 2010, Florida's population age 45 to 64 will greatly increase the retirement-age population by 2030. These graphs show that, despite attrition and out-migration, Florida can expect to see an increase of elders over the next two decades.

¹⁰ 2016 Fact Sheet, DOEA (<http://elderaffairs.state.fl.us/doea/about.php>)

¹¹ The nationwide average age is 37.4. Florida's age-dependency ratio is 63.8 and old-age dependency ratio is 29.3, U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates.

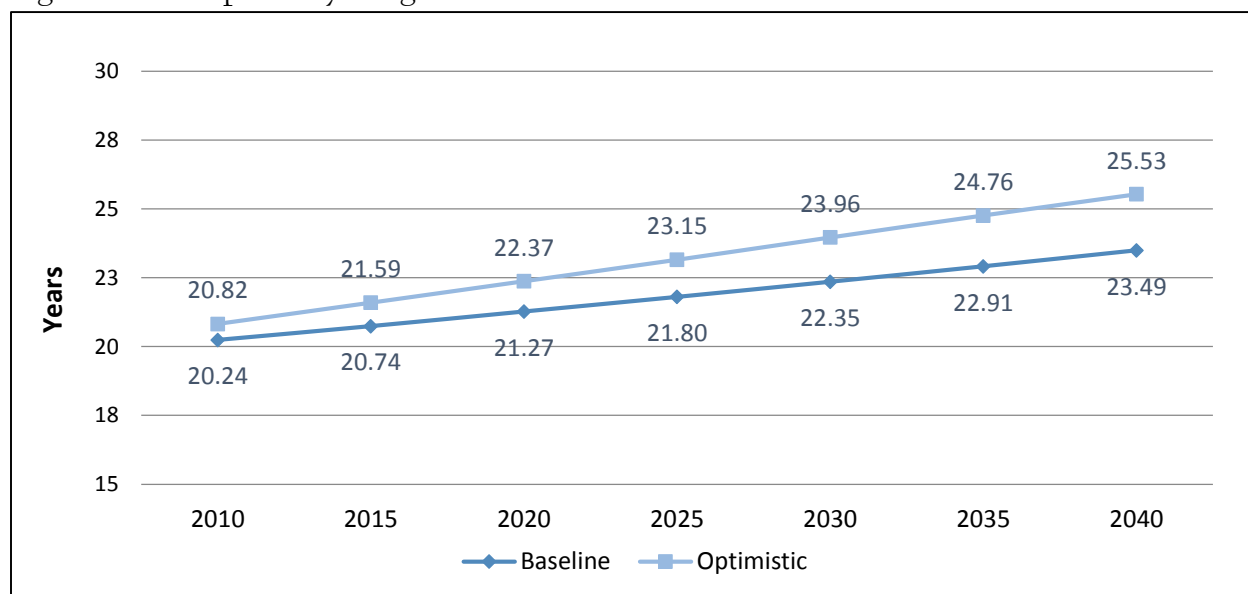
Figure 3: Population Projections for Florida Residents by Age: 2010 and 2030



Source: Bureau of Economic and Business Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2014 Estimates (Release Date: July 7, 2015)

In addition to the number and percentage of elders projected to increase in the coming years, today's seniors are also living longer. As the graph below illustrates, by 2040, life expectancy at age 65 is estimated to be between 23 and 26 years. An expected result is that the need for long-term care services will similarly rise. Public health and long-term care programs must be well-managed and well-funded to maintain the care and services available to elders in need.

Figure 4: Life Expectancy at Age 65: 2010 to 2040

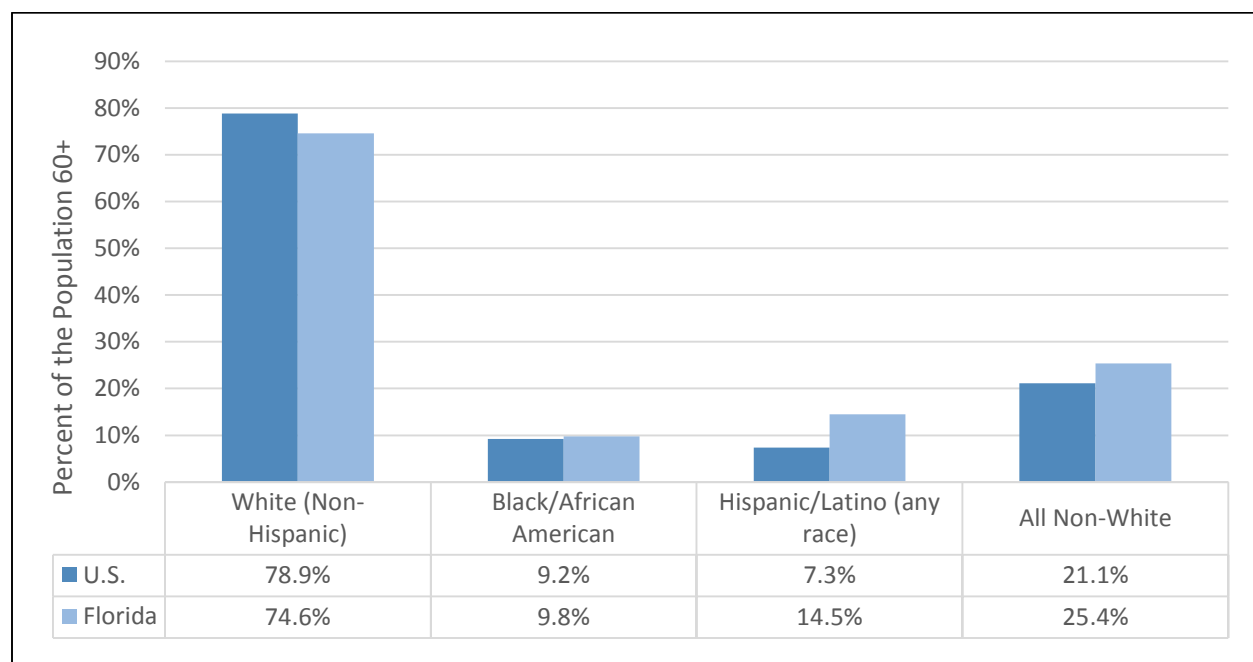


Source: Milken Institute analysis based on MEPS and NHIS, 2010

Diversity

Florida benefits from a rich cultural diversity. Approximately 43 percent of Floridians of all ages identify as a racial or ethnic minority. Among people age 60 and older, this percentage is smaller at 25.6 percent and 19.2 percent for elders age 85 and older; however, the percentage of minority elders in Florida continues to exceed that of the nation. The variation in diversity of these age groups can be attributed in part to the migration of Caucasian elders into Florida and in part to the shorter average life span of Hispanic and African American minority groups. The chart below shows the breakdown of the elder population by race and ethnicity for Florida contrasted with that of the United States.

Figure 5: U.S. and Florida Percent of Persons Age 60 and Older by Race and Hispanic Ethnicity, 2014



Source: Bureau of Economic and Business Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2014 Estimates (Release Date: July 7, 2015) and Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2014, U.S. Census Bureau, Population Division (Release Date: June 2015)

Density

More people age 60 and older live within Florida's borders than the populations of 17 other states and the District of Columbia combined. Most Floridians age 60 and older reside in urban areas concentrated in Miami-Dade, Palm Beach, Broward, Pinellas, and Hillsborough Counties. These five counties account for 37.7 percent of the total state population age 60 and older and 42.6 percent of the state population age 85 and older. In terms of density, Floridians age 60 and older comprise at least 30 percent of the total number of residents in 15 counties as shown in the table below. More than 40 percent of the population in five counties – Sumter, Charlotte, Citrus, Sarasota, and Highlands – are age 60 or older.

Table 1: Counties in Florida Where 30 Percent or More of the Total Population Is 60 or Older, 2015

County		Total Population (All Ages)	Number Residents Age 60+	Percent Age 60+
1	Sumter	111,125	64,486	58.0
2	Charlotte	164,647	73,328	44.6
3	Citrus	140,798	59,054	41.9
4	Sarasota	387,140	158,074	40.8
5	Highlands	99,818	40,181	40.8
6	Martin	158,585	53,920	36.3
7	Indian River	140,955	40,688	36.0
8	Marion	337,455	116,063	34.4
9	Collier	336,783	115,681	34.3
10	Hernando	174,955	59,254	33.9
11	Flagler	99,121	33,258	33.6
12	Manatee	339,545	107,990	31.8
13	Lake	309,736	98,301	31.7
14	Lee	653,485	206,536	31.6
15	Pinellas	933,258	284,861	30.5

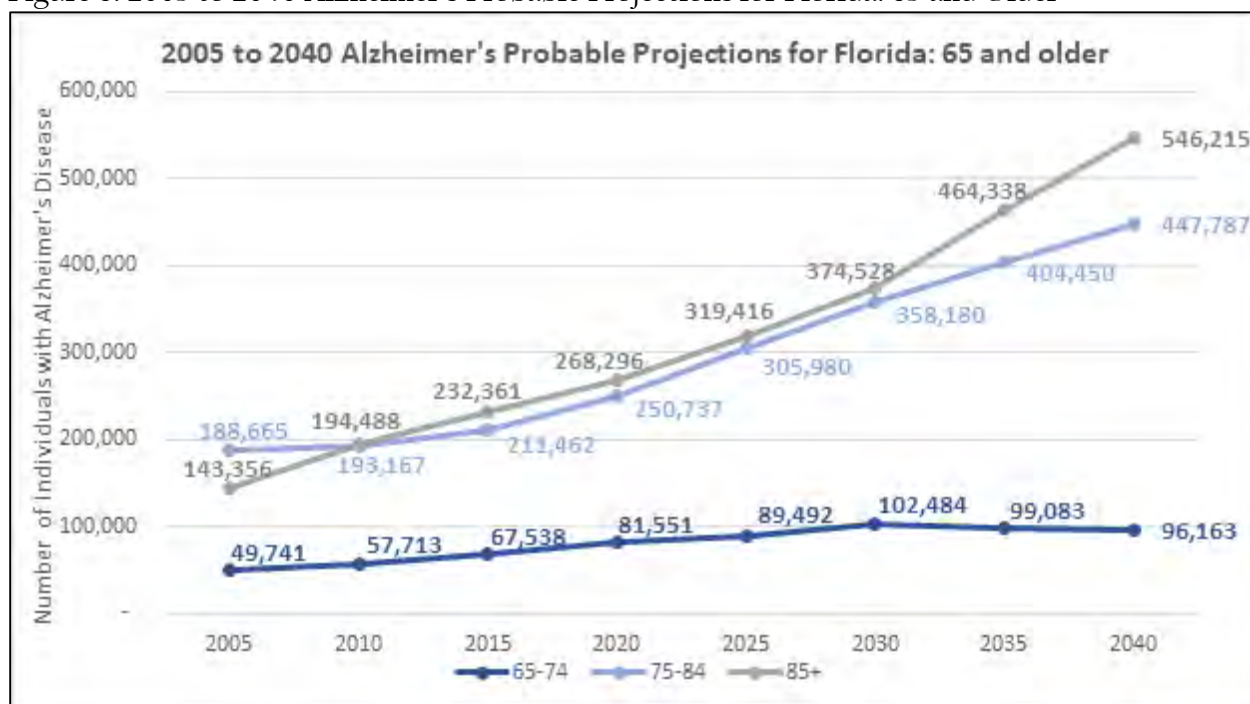
Source: Bureau of Economic and Business Research, 2010 Census Counts and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2015-2040, 2013 Estimates (Released 7/07/2015)

Special Considerations

Currently, there are approximately 510,000 Floridians living with an Alzheimer's disease diagnosis. This number is projected to increase to 720,000 in the next 10 years. This number does not include the various other forms of dementia, nor does it include the hundreds of thousands of family members and friends who serve as caregivers. The graph below represents the estimated number of Floridians age 65 and older with Alzheimer's disease along with projections to the year 2040.

In 2015 through 2040, those age 85 and older represent the largest population of Floridians with Alzheimer's disease. This is attributed to the fact that individuals age 85 and older are the most likely age group to be diagnosed with Alzheimer's disease. The increase can also be attributed to individuals living longer as well as increased migration to Florida after retirement. The most significant increase in population of individuals age 85 years and older with Alzheimer's disease is expected to occur between the year 2030 and 2035, representing a 24 percent increase or an additional 89,810 individuals. The estimated number of individuals age 65 to 74 with Alzheimer's disease is projected to peak at 102,484 individuals in 2030 and is expected to decrease to 96,163 individuals in 2040, a 6 percent decrease within the 10-year span. However, the estimated number of individuals over age 75 with Alzheimer's disease is expected to consistently rise over the next two to three decades

Figure 6: 2005 to 2040 Alzheimer's Probable Projections for Florida: 65 and Older



Source: Probable Alzheimer's Cases: Department of Elder Affairs calculations based on Florida Population data and Alzheimer's by Age in 2014 Alzheimer's Disease Facts and Figures report

Rural Considerations

The Older Americans Act requires the state to spend in each fiscal year, for services to older individuals residing in rural areas of the state, an amount not less than the amount expended for such services in federal fiscal year 2000. To meet the requirements of Section 307(a)(3)(B), this State Plan defines rural elders as persons age 60 and older residing in areas defined as rural by the U.S. Bureau of the Census in 2010. An exception is made for services provided under Title V of the Older Americans Act, as amended, where rural elders are defined as persons age 55 and older residing in such areas.

Nearly four-fifths of all rural elders live in counties that are primarily urban (see Table 2 below). Providers are instructed to make special efforts to serve rural elders in all counties by addressing program development, advocacy, and outreach efforts to benefit rural elders. To ensure that rural elders are targeted for services, DOEA monitors the number and percent of clients living in rural areas who are in need of home and community-based services. Table 2 includes the percent of rural service recipients receiving services in each county compared to the overall percentage of the rural 60 and older population in that county. Table 3 below shows the estimated expenditures for rural residents in specific programs by PSA.

Table 2: Rural Population 60 and Older, 2014

County	Total 60+ Urban	Total 60+ Rural	Total 60+ Population	Percent Rural
Alachua	37,622	7,388	45,010	16
Baker	3,229	1,508	4,738	32
Bay	34,700	2,326	37,026	6
Bradford	3,954	2,236	6,190	36
Brevard	154,327	2,167	156,494	1
Broward	385,377	0	385,377	0
Calhoun	1,786	1,458	3,243	45
Charlotte	71,950	294	72,245	0
Citrus	55,419	2,849	58,268	5
Clay	35,263	2,230	37,493	6
Collier	113,269	858	114,127	1
Columbia	9,218	6,477	15,694	41
De Soto	6,275	2,057	8,332	25
Dixie	1,034	3,650	4,684	78
Duval	161,082	767	161,849	0
Escambia	63,812	2,423	66,235	4
Flagler	32,372	351	32,723	1
Franklin	1,746	1,336	3,082	43
Gadsden	7,160	3,104	10,264	30
Gilchrist	1,107	3,206	4,313	74
Glades	1,889	1,904	3,793	50
Gulf	2,250	1,774	4,024	44
Hamilton	1,366	1,793	3,159	57
Hardee	3,454	1,565	5,019	31
Hendry	5,352	1,087	6,439	17
Hernando	54,742	3,631	58,372	6
Highlands	38,710	1,135	39,845	3
Hillsborough	231,426	2,133	233,559	1
Holmes	1,522	3,447	4,969	69
Indian River	49,999	0	49,999	0
Jackson	4,099	7,597	11,696	65

County	Total 60+ Urban	Total 60+ Rural	Total 60+ Population	Percent Rural
Jefferson	0	3,906	3,906	100
Lafayette	0	1,616	1,616	100
Lake	93,238	3,691	96,929	4
Lee	196,247	8,077	204,325	4
Leon	44,239	1,632	45,871	4
Levy	1,364	10,139	11,503	88
Liberty	0	1,414	1,414	100
Madison	1,759	2,877	4,636	62
Manatee	104,314	1,741	106,055	2
Marion	101,780	12,552	114,332	11
Martin	53,070	190	53,260	0
Miami-Dade	524,489	308	524,798	0
Monroe	19,577	1,613	21,190	8
Nassau	16,140	3,325	19,464	17
Okaloosa	36,655	2,901	39,556	7
Okeechobee	7,796	1,402	9,199	15
Orange	185,718	147	185,865	0
Osceola	48,905	949	49,853	2
Palm Beach	386,419	205	386,625	0
Pasco	130,585	1,800	132,385	1
Pinellas	281,346	0	281,346	0
Polk	151,023	5,521	156,545	4
Putnam	12,023	7,703	19,726	39
St. Johns	45,938	3,548	49,487	7
St. Lucie	72,913	2,518	75,431	3
Santa Rosa	28,029	3,450	31,479	11
Sarasota	155,714	371	156,084	0
Seminole	83,194	1,036	84,230	1
Sumter	58,627	4,646	63,274	7
Suwannee	3,741	7,610	11,351	67
Taylor	3,382	2,107	5,489	38
Union	1,249	1,572	2,822	56

County	Total 60+ Urban	Total 60+ Rural	Total 60+ Population	Percent Rural
Volusia	146,606	2,127	148,733	1
Wakulla	3,848	1,805	5,653	32
Walton	9,504	4,810	14,314	34
Washington	1,785	3,790	5,575	68
Florida	4,585,690	186,892.22	4,772,582	4

Source: Calculations based on Florida Demographic Database, August 2015; Office of Economic and Demographic Research, November 2015; American Community Survey 2009-13 5-Year Estimates at the Census Block Group level; and U.S. Census Bureau TIGER/Line® Shapefiles and TIGER/Line® Files with 2014 Urban Areas.

Table 3: Projected Expenditures for OAA Titles B, C and E Services for Rural Service Recipients by PSA 2017-2020*

Contract Year				
PSA	2017	2018	2019	2020
1	55,036	55,036	55,036	55,036
2	56,075	56,075	56,075	56,075
3	620,482	620,482	620,482	620,482
4	348,785	348,785	348,785	348,785
5	9,861	9,861	9,861	9,861
6	204,506	204,506	204,506	204,506
7	6,002	6,002	6,002	6,002
8	258,242	258,242	258,242	258,242
9	269,168	269,168	269,168	269,168
10	2,721	2,721	2,721	2,721
11	9,472	9,472	9,472	9,472
Total	\$1,780,335	\$1,780,335	\$1,780,335	\$1,780,335

* The projected expenditures for rural service recipients receiving Title B & C services are based on State Fiscal Year (SFY) 2014-15 client address data and the Services Reported table in CIRTS. Florida's state fiscal year begins July 1 and ends June 30. Clients with addresses within a 2010 non-urban census block groups are counted as rural. To calculate the projected cost of services, OAA Title B & C, expenditures from the Services Reported All Units Rate table in CIRTS for clients deemed rural were summed and a 3 percent per year adjustment rate for inflation was applied (an annual 3 percent inflation rate is the U.S. historical average). The projected expenditures for rural clients receiving Title E services are based on FFY 2014-15 NAPIS data, as reported to the Department by the AAAs, and FFY 2014-15 expenditures data from the Services Reported All Units Rate table in CIRTS. The percentages of clients that were deemed rural by the AAAs were applied to each PSAs aggregated service cost to get an estimated cost for rural clients. To project the cost of rural clients, a 3 percent per year adjustment rate for inflation was applied.

Description of Current Service Population

The Department works to improve the well-being of Florida's elders through the provision of appropriate and cost-effective home and community-based services. More than 1.1 million Floridians age 60 and older received services from the Department in fiscal year 2014-2015 and

over 95 percent of the Department's \$296 million budget is spent providing direct services to elders.

The Older Americans Act requires that states emphasize serving older individuals with the greatest economic and social needs and give particular attention to low-income minority individuals and older individuals residing in rural areas. The Department uses Federal Poverty Level as a measure of economic need. Of the clients served by the Department, 39 percent were below the poverty level compared to ten percent in the general 60-and-older population. The client's living situation is used to measure social need. Thirty-one percent of the service population lived alone, compared to only 23 percent in the general 60-and-older population. The service population was 26 percent low-income minority, compared to seven percent in the general population of people age 60 and older. The rural area designation is used to measure access to services. Six percent of the clients DOEA serves lived in rural areas, compared to 4 percent in the general 60-and-older population (see Table 4 below).

Table 4: Targeting, 2016

Characteristic 60+	Florida 60+ Population [^]	Percent 60+	Number of Service Recipients*	Percent Receiving Services
Total	4,772,582	100	92,251	100
Below 100% of the Poverty Level	495,433	10	36,404	39
Living Alone	1,105,774	23	28,625	31
Minority	1,205,626	25	45,132	49
Minority Below 125% of the Poverty Level	324,198	7	24,136	26
Rural Areas	185,851	4	5,741	6

*Service Recipients includes all individuals served or screened during SFY 14-15. The count of service recipients does not include individuals that received solely OAA Title III E services. Calculations based on Florida Demographic Database, August 2015; Office of Economic and Demographic Research projections, November 2015

Caregivers

A caregiver is someone who provides paid or unpaid assistance to another person. DOEA recognizes the importance of the care and support caregivers provide to Florida's elders. The Department also understands the need to support caregivers and continues to focus on meeting their needs through the administration of several programs. Florida's Alzheimer's Disease Initiative (ADI) is a state-funded program that provides services to meet the changing needs of individuals and families affected by Alzheimer's disease and other dementias. The ADI provides caregiver respite services and support, including in-home, facility-based (usually at adult day care centers), emergency, and extended care (up to 30 days) for caregivers who serve patients

with memory disorders. During state fiscal year 2014-2015, 2,652 individuals received respite and support services, including case management; specialized medical equipment, services, and supplies; and caregiver counseling, support groups, and training. More than 3.4 million hours of caregiver respite were provided to the Department's clients across all programs and services.

The Department also administers non-traditional caregiver support through contracts and partnerships with AAAs, service providers, and volunteer organizations. They 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 and for elders who serve as caregivers for children.

Respite for Elders Living in Everyday Families (RELIEF) – This program utilizes state funds to provide in-home respite care services for caregivers of frail elders and those with Alzheimer's disease and related dementias 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 caregivers of frail elders at risk of institutionalization and respite and companionship services to frail, lonely elders who are at risk of self-neglect or 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 for Community Living.

Determining the Needs of Clients – Revisions to Assessment Instruments

DOEA utilizes a set of assessment instruments to determine the needs of clients, including the following: Comprehensive Assessment (701B), Condensed Assessment (701A), Congregate Meals Assessment (701C), and Non-Community Placement Assessment (701T). These forms are employed by various entities in the aging network to collect data for a variety of purposes, such as reporting demographic and asset information to federal partners, determining level of care, identifying the needs and resources of individuals seeking publicly funded supports and services, and annually reassessing clients to maintain their eligibility for services. The Department uses the Screening Form (701S) to identify individuals' frailty and needs, as well as generate a priority score that is used for individuals put on a waitlist for services, with the goal of serving those with the greatest need first. These instruments are used by DOEA and the aging services network. More than 216,000 assessments were conducted in 2015.

Prior to 2013, these instruments and instruction materials were last updated in 2000. A review was considered necessary to ensure that the needs of Florida's changing elder population

continued to be met, as well as the population of adults with disabilities age 18 to 59 population that DOEA now screens for enrollment in the Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program. In 2010, DOEA began the process of evaluating its assessment instruments, which resulted in amended assessment instruments, an updated instruction manual, and a new web-based training and certification process. The updated instruments allow DOEA to collect more precise information regarding its clients by including validated questions and provide more information and training to CARES (Comprehensive Assessment and Review for Long-Term Care Services) and aging network staff, resulting in more accurate and effective service delivery.

At the outset of the evaluation, DOEA conducted a statewide survey to identify needed areas of improvement, as well as necessary aspects of the forms that were important to keep. To determine what revisions were needed to correct the issues identified in the survey, DOEA solicited input from state and nationally recognized researchers, practitioners, and advocates in the fields of health, aging, and disability. They were asked to collaborate in 14 subject area workgroups with the CARES staff and aging network representatives to review the survey results, identify reliable and validated instruments and questions to use in updating the forms, and submit recommendations to DOEA for consideration.

A leadership team comprised of division directors, program managers, and experienced DOEA staff met over a period of several months to systematically review the recommended changes, consider the requirements of each program, and compile the revised draft comprehensive assessment. This draft was then pilot tested with 100 clients in each of the 11 PSAs. The results from this pilot were used to further refine the final questions on the comprehensive form. Highlights of the changes include early detection measures for dementia; a screening tool for depression; and other questions addressing topics such as limitations in reading, writing, or speaking English; short list recall for memory assessment; unmet need for sensory aids; detail differentiation necessary for medications management; and validated measures of caregiver strain.

Department staff also reviewed the instruments to ensure that they could effectively be used to assess the needs of adults with disabilities age 18 to 59 for the SMMC LTC Program. As a result, questions were added and amended. The instruments also were also modified to address more common needs of the population of adults with disabilities under 60 years of age and “young seniors” who are part of the baby boomer generation. These topics include driving or access to a vehicle, history and fear of falls, detailed measures of sensory impairments and aids, fluid intake and restrictions, diagnosis of sexually transmitted diseases, psychiatric diagnoses, behavioral issues, expanded measures of substance abuse, problems with medication misuse, and an expanded list of health conditions and therapies. The instruments were then posted on DOEA’s website for public comment and rule workshops and public hearings were held in accordance with Florida Administrative Rules. With approval from Florida’s Department of State, the forms were released through a formal Notice of Instruction for use beginning July 16, 2013.

The magnitude of changes to the assessment instruments prompted the creation of new and standardized training materials that could expediently and uniformly prepare assessors to use the new instruments. To accomplish this, DOEA created a web-based comprehensive training package for all current and new assessors and case managers who administer these forms. After completion of the training, DOEA requires assessors and case managers to take a certification exam and score 90 percent or better to demonstrate they have mastery of the material before they are permitted to assess a client.

After using these new tools and processes for two years, DOEA began conducting systematic reviews and analysis of assessment data to ensure the validity and reliability of the instruments. Potential adjustments are currently being identified with the goal of improving form efficiency. These new data will also allow DOEA to assess the prevalence of problems in the state service population that previously we were unable to estimate.

As the population in Florida changes and our clients develop different needs for supports and services, so too must the instruments used to assess them and the training used to prepare our staff change. These revised tools will help DOEA and our network partners identify the needs of elders and adults with disabilities and be more prepared for serving these populations as they change in the coming years.

The revised instruments and instructions can be found on DOEA's website:
<http://elderaffairs.state.fl.us/doea/publications.php#assessments>

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

As a part of the strategic planning process, the Department conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. The analysis helped staff to identify critical topics on which to focus efforts and contributed to the development of the goals, objectives, and strategies listed in this plan. The SWOT analysis can be found in Appendix 6.

Goals, Objectives, and Strategies

Goal I: Information and Access – Enable older Floridians, individuals with disabilities, their families, and other consumers to choose and easily access options for existing physical health, as well as long-term and end-of-life care.

The Department and partner agencies and organizations include information of particular relevance to people over the age of 60 and adults with disabilities on their websites and in their resource guides, such as information about elder housing, Medicare, and retirement options. The 11 Aging and Disability Resource Centers each have internet sites and Elder Helplines, newsletters, and public outreach activities that offer a wealth of information. Additional efforts,

such as coordination with libraries, local newspapers, and senior centers ensure that additional resources are available to the public.

Ready access to relevant and accurate information about health and long-term care services is essential for elders, their families, and caregivers. Obtaining health care, from preventive and acute care to mental health services, can involve a complex array of service options and payment sources. When long-term care services are factored in, consumers can quickly become overwhelmed. Misinformation or lack of information about health and long-term care can have serious implications. To address this need, a Department-sponsored Elder Helpline operates in each of the 11 PSAs, along with a central switchboard, that ensures all calls get directed to the appropriate location. Each Elder Helpline provides elders and their families with objective information needed to make informed health and long-term care decisions.

The following objectives and strategies were developed to respond to the identified needs for information and access to services by elders, their families, and caregivers.

Goal 1 Objectives and Strategies

Objective 1.1. Increase streamlined access to health and long-term care options

Strategies:

- Provide access to information about health and long-term care options
- Develop innovative ways to get information to elders on how to access health and long-term care services, including mental, cognitive, and behavioral health services
- Utilize websites to educate older adults about long-term care options
- Ensure that state and local agency websites are ADA compliant, with accessible features for elders and individuals with disabilities
- Assist individuals with care transitions between settings and types of care

Objective 1.2. Ensure that complete and accurate information about resources that facilitate disease prevention/early detection is available and accessible

Strategies:

- Provide current, accurate information about disease prevention/early detection resources on websites, in newsletters, and through other relevant media
- Provide resource updates to case managers on a periodic or as-needed basis
- Continue to identify new disease prevention/early detection resources through outreach, marketing, and community connections

Objective 1.3. Ensure that elders have access to free, unbiased, and comprehensive health insurance counseling

Strategies:

- Continue to recruit and train SHINE (Serving Health Insurance Needs of Elders) Program volunteers
- Continue to retain volunteers through in-service training and frequent contact
- Maintain or increase the number of SHINE counseling sites, especially in rural and low-income areas
- Conduct targeted publicity through multiple media sources to promote public awareness of SHINE counseling availability, outreach events, and volunteer opportunities
- Offer bilingual SHINE assistance and counseling and increase the availability of multi-language printed material regarding health insurance counseling
- Utilize websites to educate older adults about health insurance
- Target caregivers and family members of elders for health insurance access and information

Objective 1.4. Encourage individuals, including people under 60, to plan for future long-term care needs by providing access to information

Strategies:

- Make information available to professions that help elders with estate, health, and long-term care planning
- Increase education/public awareness about long-term care options
- Encourage incorporating transportation planning as a part of individual retirement plans for when one is no longer able to drive
- Explore alternative solutions such as transportation vouchers to augment existing transportation options
- Promote public awareness of aging and long-term care options to individuals under the age of 60

Objective 1.5. Increase public awareness of existing resources for long-term care and mental, cognitive, behavioral, and physical health

Strategies:

- Promote awareness of mental health needs and resources
- Promote awareness of cognitive health needs and resources
- Promote awareness of behavioral health needs and resources
- Include specific information on health insurance and planning for long-term care in outreach presentation materials to increase public awareness
- Support services that provide mental health screening and counseling for elders

- Promote ADRCs as the key resource for older adults, individuals with disabilities, and caregivers to gain information and access to community-based services
- Develop long-term care planning messages to help educate elders and their families about the need to prepare in advance for long-term care

Objective 1.6. Identify and serve AoA-designated target populations in need of information and referral services

Strategies:

- Identify areas where underserved populations reside to provide outreach services, including those who might be isolated in rural areas or living alone, as well as low-income and/or minority individuals
- Provide information and referral services to underserved individuals
- Continuously provide information and referral services to the aging disabled population
- Continuously provide information and referral services to caregivers
- Continuously provide information and referral services to individuals with Alzheimer's disease and related dementias as well as their caregivers
- Provide education and information to individuals, families, and caregivers regarding Alzheimer's disease and related dementias before cognitive and/or behavioral problems occur to prevent premature facility placement

Objective 1.7. Provide streamlined access to Medicaid managed care

Strategies:

- Continue to assist individuals in being evaluated for eligibility for enrollment in Medicaid services through ADRCs
- Provide enrollment and coverage information through ADRCs to enrollees as qualified Medicaid managed care plans become available in each PSA

Objective 1.8. Provide information about end-of-life options

Strategies:

- Encourage pilot projects to explore implementation of advance directives
- Provide education and promote training and awareness aimed at health care providers about being able to honor individuals' end-of-life wishes
- Educate and inform caregivers, family members, and the general public about being able to honor individuals' end-of-life wishes
- Educate elders on guardianship and alternatives to guardianship, including pre-planning for incapacity
- Educate legal professionals, social service professionals, health care professionals, and information and referral specialists on planning for incapacity

- Partner with legal services staff and the Florida Bar Elder Law Section to provide pro bono assistance to seniors in need of planning for incapacity and advanced directives

Objective 1.9. Honor patient choice

Strategies:

- Advocate for honoring individuals' end-of-life wishes
- Increase education about end-of-life experiences to reduce the likelihood of civil suits and other conflicts against an individual's end-of-life decisions
- Increase awareness about end-of-life "realities" facing elders, their families, and caregivers

Objective 1.10. Provide culturally appropriate information in a variety of formats to elders, their families, and other caregivers taking into account linguistic and cultural differences

Strategies:

- Provide information and referral assistance in a culturally and linguistically appropriate manner regardless of elders' ethnicity, race, gender, religion, sexual orientation, gender identity, or socioeconomic status
- Develop information and resources for clients and the public that are written at the appropriate literacy level and targeted to the language and cultural norms of minority populations
- Encourage individuals who identify with the lesbian, gay, bisexual, and transgender (LGBT) community to plan for their elder years through education about long-term care options
- Educate in-home and institutional care service providers about the unique needs of diverse elders, especially elders with the greatest economic need, elders with physical or mental limitations, elders with Limited English Proficiency, elders facing cultural or social isolation including LGBT individuals, and elders in rural communities

Goal 2: Provide medical and home and community-based services to enable individuals to maintain the highest level of independence for as long as possible, including supports for caregivers

The Department's services support elders and adults with disabilities and help meet their daily long-term care needs. These services can be provided at home, in the community, in assisted living facilities, or in nursing homes.

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 AAAs. 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 \$3,386 and \$35,660, compared to an average annual cost of \$64,073 for care in a skilled nursing facility.

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.

The following objectives and strategies were developed for DOEA and the aging network to respond to the identified needs for medical and home and community-based services.

Goal 2 Objectives and Strategies

Objective 2.1. Identify and serve target populations in need of home and community-based services

Strategies:

- Identify target populations through the use of technology and conduct outreach to underserved communities
- Explore novel and flexible solutions to address needs of target populations
- Provide specialized mental, cognitive, and behavioral services for elders

Objective 2.2. Address unmet needs while serving as many clients as possible using all available resources

Strategies:

- Continue to pursue creative partnerships, such as with universities and other local entities, as ways to expand resources
- Develop, expand, and strengthen resources to address mental, cognitive, and behavioral health needs
- Enhance existing partnership with the Department of Children and Families to strengthen resources addressing mental, cognitive, and behavioral health needs
- Enhance resources to address long-term care needs
- Maximize the responsiveness of Elder Helplines
- Develop practices to efficiently identify and address client hunger
- Refer clients with tooth or mouth problems for reduced-cost dental services when there are known options available
- Raise awareness of elders' oral health needs and seek affordable dental services on their behalf

Objective 2.3. Collaborate with universities and professional training programs to address the needs of elders

Strategies:

- Identify best practices for training and/or the best sources of information for each discipline and establish training standards or guidelines
- Reduce overuse of prescription drugs through enhanced training for health professionals
- Encourage (or facilitate) appropriate pain management through enhanced training for health professionals
- Increase training on elder care issues in assisted living facilities and nursing homes/rehabilitations facilities
- Identify and make available a resource that identifies existing training programs and educational opportunities
- Explore opportunities to provide continuing education to all health care professionals and social services providers regarding the needs of elders

Objective 2.4. Improve the quality of home and community-based services

Strategies:

- Continue to expand methods to assess consumer satisfaction with home and community-based services
- Promote person-centered care that address individual needs and preferences
- Develop unique care models utilizing modern technology, including telehealth
- Incorporate person-centered care principles into long-term care supports and services
- Serve as the unbiased third party for informally resolving Statewide Medicaid-Managed Care Long-term Care grievance issues through the ADRCs
- Promote quality practices in the recruitment and employment of direct-service workers

Objective 2.5. Increase integration of services to reduce fragmented care

Strategies:

- Facilitate improved coordination between health disciplines and care settings to facilitate care transitions
- Educate families about what to expect while receiving care and their role in care integration

Objective 2.6. Provide services, education, and referrals to meet the needs of individuals with Alzheimer's disease and related dementias

Strategies:

- Prevent premature facility placement of individuals with ADRD
- Continue to offer services, education, and referrals through the Alzheimer's Disease Initiative program
- Improve access to, and affordability of, early detection of Alzheimer's disease and related dementias (ADRD)
- Continue to make ADRD screening available
- Improve diagnostic techniques for early ADRD detection
- Research and identify sources of additional revenue for ADRD care in all care settings
- Work with providers of ADRD care in all care settings to identify ways to control costs and create greater fiscal efficiencies
- Explore the need for crisis intervention protocols for seniors in crisis to reduce the number of people with ADRD who are subjected to Baker Act proceedings
- Develop additional training guidelines for ADRD care
- Provide education for the general public, law enforcement, and emergency response personnel on how to communicate with clients with ADRD
- Determine whether managed care programs provide appropriate service options for Alzheimer's disease and dementia-related care
- Promote early education about brain health through public awareness and corporate wellness programs

Objective 2.7. Improve caregiver supports and services

Strategies:

- Increase availability of affordable respite care through public/private partnerships
- Address the unique circumstances of aging caregivers, especially aging caregivers of aging and/or individuals with disabilities
- Study the issues grandparents who provide housing for their grandchildren face when residing in retirement communities
- Increase caregiver education and public education of caregiver needs through ADRCs and Alzheimer's Disease Initiative providers
- Reduce caregiver stress through specialized training and respite services
- Provide federal, state, and local services to caregivers who are employed outside the home
- Explore ways to better support caregivers who are employed outside the home
- Connect grandparents to social resources through coordination with the public schools
- Develop and connect individuals to caregiver support groups

- Seek grant opportunities addressing caregivers' needs

Objective 2.8. Facilitate the voluntary transition of identified nursing home residents who can be safely served in a community setting

Strategy:

- Establish policies and procedures for coordination of care to help clients transition from a nursing facility to a community care setting

Objective 2.9. Ensure the provision of culturally appropriate services and supports to elders and individuals with disabilities

Strategies:

- Provide services in a culturally and linguistically appropriate manner across ethnicity, race, gender, religion, sexual orientation, gender identity, and socioeconomic status
- Promote multicultural and multilingual hiring and volunteer recruitment practices
- Ensure that the unique needs of diverse elders are met, especially elders with the greatest economic need, elders with physical or mental limitations, elders with Limited English Proficiency, elders facing cultural or social isolation including LGBT individuals, and elders in rural communities

Goal 3: Health and Wellness – Empower older Floridians, individuals with disabilities, and their caregivers to live active, healthy lives to improve their overall health status

Nutrition and physical activity play significant roles in the health of elders. In an effort to help older adults maintain and improve their health status, DOEA offers varied evidence-based health and wellness (HW) services. 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.

All 11 AAAs currently offer evidenced-based HW programs based on research that indicates they are effective at changing participants' behavior and result in positive consumer health outcomes. These are programs that have been researched and proven to be effective in the prevention and symptom management of chronic health conditions. The programs currently being offered address chronic disease self-management, falls prevention, fitness, nutrition, strength and balance, and mental health.

The following objectives and strategies were developed to respond to the identified needs for health and wellness services.

Goal 3 Objectives and Strategies

Objective 3.1. Increase the use of health and wellness evidence-based programs at the community level

Strategies:

- Manage and coordinate programs that empower older Floridians to control their own health through community level interventions
- Develop a clearinghouse for evidence-based programs for elders in Florida
- Explore new opportunities to expand health and wellness services through grants and billable services

Objective 3.2. Promote good nutrition and physical activity to encourage or maintain healthy lifestyles and mitigate negative health outcomes

Strategies:

- Offer physical fitness activities and nutrition education
- Encourage the Area Health Education Centers to provide education about the connection between good nutrition and physical activity to overall health
- Continue to survey meal recipients for satisfaction, and utilize the results to make improvements
- Sponsor educational programs about the important role that nutrition and physical activity play in overall health
- Partner with state and local organizations to increase the physical fitness and nutrition education opportunities of seniors
- Conduct provider nutrition training and outreach events for nutrition-related services
- Maintain nutrition education information on the DOEA and AAA websites, and offer links to additional resources
- Develop a coordinated and comprehensive nutrition and physical activity program by engaging stakeholders and partners
- Encourage state and community programs that build societal support for physical activity by improving access to places where people can be active
- Provide health and wellness options specifically for homebound elders and their caregivers
- Conduct state- and community-wide campaigns that combine highly visible messages to the public, community events, and support groups that encourage older Floridians to become or remain active

- Recruit older adults to participate in the promotion of healthy behaviors through advertising and marketing to community partners
- Encourage and promote individual oral hygiene practices and affordable dental care

Objective 3.3. Encourage social connectivity, community service, and lifelong learning to promote positive mental, behavioral, and cognitive health

Strategies:

- Facilitate the ability of elders to adapt to changes of independence
- Increase opportunities for meaningful engagement and socialization for elders
- Reduce social isolation by training and educating elders on how to seek and accept help
- Increase access to and encourage use of computers and technologies through classes at convenient locations for seniors
- Promote senior centers as an entry point for lifelong learning, volunteering, community-based services, and other services such as faith-based opportunities

Objective 3.4. Support at-risk individuals with prevention and early intervention of mental health and behavioral health services

Strategies:

- Increase options for case management to address behavioral needs
- Increase identification of need for treatment of elders and individuals with disabilities who are in need of mental health services
- Ensure that elders with mental, behavioral, and cognitive disorders receive appropriate care, including those exhibiting signs of substance abuse, depression, or suicidal ideation
- Educate caregivers and family members of elders about substance abuse, depression, and suicidal ideation
- Address and develop methods to decrease prescription drug abuse among elders
- Reduce the stigma associated with mental health disorders to remove barriers to diagnosis and treatment

Goal 4: Ensure that the legal rights of older Floridians are protected and prevent their abuse, neglect, and exploitation

For elders in social and economic need, the Older Americans Act (OAA) is a major funding source for senior legal assistance, which is essential to protect the rights and financial security of older Floridians and enhance their ability to exercise choice. Legal services also help to address

critical threats to independence, such as loss of one's home through predatory lending and consumer scams, and protect and enhance essential public assistance benefits such as the Supplemental Nutrition Assistance Program (SNAP) and Supplemental Security Income.

The Department is home to the State Legal Services Developer who 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.

The Department also coordinates OAA Title VII programs through the Bureau of Elder Rights and actively engages in coordinating statewide public education and outreach for the identification and prevention of elder abuse, neglect, and exploitation (to include fraud and scams/identity theft). Contracts with local AAAs require a designated local abuse prevention coordinator to conduct local activities of education and outreach. Reports are received of elder abuse, neglect, and exploitation from the Florida Department of Children and Families (DCF), which administers the abuse hotline and the Adult Protective Services (APS) program. Statewide community engagement allows for referrals to local resources of social service agencies and/or appropriate agencies to provide for autonomy, empowerment, and independence of the individual. Engagement varies from presentations, trainings, and seminars for seniors, family members, caregivers, and professionals who come into contact with seniors. Collaborations with various organizations for outreach in the local communities involve various government entities (federal, state, municipal, and county), financial institutions, and law enforcement. Referrals are made as appropriate to APS or local law enforcement. All reports to the abuse hotline are kept confidential.

The following objectives and strategies were developed to respond to the identified needs for legal rights assistance.

Goal 4 Objectives and Strategies

Objective 4.1. Improve access to and quality of legal services

Strategies:

- Ensure the state's capacity to assist elders in understanding rights, exercising choices, and benefitting from services and opportunities authorized by law
- Evaluate the need of elders for legal assistance and the capacity of legal programs to meet that need
- Educate seniors and interested persons regarding guardianship and guardianship complaints
- Establish mechanisms for utilizing available data to improve awareness of the importance of legal assistance, as well as improving access to and quality of needed services

- Develop creative partnerships to disseminate elder law information to underserved areas

Objective 4.2. Facilitate the integration of OAA elder rights programs into aging services through improved coordination between law and aging programs

Strategies:

- Engage in joint planning between the aging network and legal assistance providers
- Raise awareness of elder rights through training, educational events, and the use of technology
- Improve coordination between the aging network and legal assistance providers

Objective 4.3. Improve the identification and utilization of measurable consumer outcomes for elder rights programs

Strategy:

- Participate in statewide efforts to develop a uniform statewide reporting system that captures legal services and client outcomes

Objective 4.4. Promote primary prevention of elder abuse, neglect, and exploitation and reduce the rate of abuse, neglect, and exploitation recidivism

Strategies:

- Facilitate expansion of the Elder Justice Act to the community through education, outreach, and the provision of services
- Expand existing education/outreach/awareness efforts such as websites, newsletters, presentations, etc., to include prevention of abuse, neglect, and exploitation
- Educate the public about the needs of elders and about the risk factors for abuse in vulnerable adults
- Raise awareness of elder abuse through training and educational events
- Maintain established local protocols with DCF and the CCE lead agencies relating to handling of abuse, neglect, and exploitation referrals

Objective 4.5. Increase the awareness of elder fraud and other elder rights issues

Strategies:

- Continue to partner with other agencies to develop resources and programs to strengthen education and improve the quality and accessibility of information on consumer protection
- Encourage media coverage of crimes against the elderly
- Utilize websites to educate the public on reporting suspicious activity to Adult Protective Services

- Provide technical assistance and training to programs that provide or have the potential to provide services for victims of elder abuse, neglect, and exploitation and for family members of victims
- Seek funding to promote and work with experts in telemarketing fraud, identity theft, contractor fraud, and general consumer fraud
- Develop methods to increase knowledge and awareness of residents' rights to be secure, protected from abuse, and aware of their legal rights in adult family homes, assisted living facilities, and nursing homes
- Develop methods to increase knowledge and awareness of participants of adult day care centers to be secure, protected from abuse, and aware of their legal rights

Objective 4.6. Increase the accountability and oversight of individuals serving as professional guardians

Strategies:

- Develop administrative rules containing standards of practice and disciplinary guidelines for professional guardians
- Continue operating a toll-free hotline and other reporting mechanisms that can be used by the public to directly report allegations of abuse, neglect, and exploitation of wards to the Office of Public and Professional Guardians
- Develop complaint intake procedures and investigative practices that can be utilized to review allegations of abuse, neglect, and exploitation made against public guardians
- Take disciplinary action against professional guardians when appropriate

Objective 4.7. Increase advocacy for residents of long-term care facilities through the Long-Term Care Ombudsman Program (LTCOP)

Strategies:

- Adopt a standardized training manual for ombudsmen throughout Florida within one year
- Ensure that certification training for ombudsmen will occur within six months of hire by 2018 and have the training streamlined for completion within four months of hire by 2019
- Increase facility visitations by long-term care ombudsmen by 3% annually
- Implement a three-phase recruitment campaign: develop and pilot a recruitment campaign for a single council; implement the recruitment campaign in five additional councils; and, after refinement, utilize the recruiting campaign statewide

Goal 5: Promote planning and collaboration at the community level that recognize the benefits and needs of its aging population

In 2013, over 31 million Americans age 55 and older were employed, and 1.7 million were actively seeking work. Older workers represented 21.8 percent of the U.S. workforce, a significant increase from 1999 when they accounted for just 12 percent.

Mature workers made up 10.7 percent of the unemployed population in the U.S. in 2013. Although the rate of unemployment among mature workers is lower than younger populations (4.4 percent in June 2014), older workers who do become unemployed spend more time searching for work. The average duration of unemployment for older jobseekers in June 2014 was 48.1 weeks, compared to 28.5 weeks for those under age 55.

Part-time work is appealing to many older workers who want to scale back but still remain in the workplace; however, many older workers work part-time because they cannot find full-time work. In 2013, just over one million adults age 55 and older said they took a part-time job "for economic reasons."¹²

Many elders also remain active and derive a sense of worth by contributing to their communities through volunteer work. Evidence suggests that older adults who have more education, income, health, social integration, and religious involvement tend to volunteer and feel good as a result of volunteering.¹³ Elders also volunteer at higher rates than their younger counterparts, with rates of volunteering not declining until elders are in their mid-70s.¹⁴

The following objectives and strategies were developed to respond to the identified needs for recognizing the benefits and needs of the aging population.

¹² Fact Sheet: Mature Workers. National Council on Aging (2015)

¹³ Morrow-Howell, N. (2010). Volunteering in later life: research frontiers. *Journal of Gerontology: Social Sciences*, 65B(4), 461–469, doi:10.1093/geronb/gbq024. Advance Access published on April 16, 2010.

¹⁴ S Linda K. George. (2010). Still Happy After All These Years: Research Frontiers on Subjective Well-being in Later Life. *Journal of Gerontology, Series B, Volume 65B(4)*: 461-9.

Goal 5 Objectives and Strategies

Objective 5.1. Foster opportunities for elders to be an active part of the community

Strategies:

- Promote issues important to elders and help ensure elder representation in state and local decision-making groups
- Promote and encourage lifelong learning, volunteerism, and other pursuits that help seniors to remain actively engaged in their community
- Seek collaborative opportunities with community and faith-based organizations to enhance the resources and services of the aging network
- Promote volunteer services by and for older Floridians, including the use of intergenerational activities that allow elders to “give back” while exposing younger generations to the value elders offer
- Facilitate efforts to create a supportive community for elders to remain safely in their homes and actively participate in, contribute to, and enjoy community life
- Hold recognition events and pursue other approaches to increase community awareness of the contributions that elders make to their communities
- Address the needs of the many elders re-entering the workforce, especially those seeking job-matching services and job training
- Raise awareness of and combat ageism in the workplace

Objective 5.2. Promote safe and affordable communities for elders that will benefit people of all ages

Strategies:

- Promote aging in place, universal design, and refurbishing home options for individuals to consider as they age
- Promote the development and preservation of affordable housing with access to services and affordable assisted living facilities in urban and rural areas
- Advocate for and promote the growth of affordable housing incentives
- Collaborate with academic and research institutions such as the Shimberg Center at the University of Florida to promote safe and affordable housing for elders and people living with disabilities
- Collaborate with realtor groups and bank associations/organizations to promote the sale or use of available foreclosed homes to elders
- Enhance housing options by increasing education and marketing strategies to promote development of new Naturally Occurring Retirement Communities (NORCS) and options for services in NORCS
- Develop options to make transportation more easily accessible and responsive to elders’ needs by piloting projects such as transportation voucher systems, reduced fare plans, and other innovations

- Increase transportation and funding options in rural areas by working with local transportation providers and developing other public/private partnerships
- Increase collaboration with the coordinated transportation system
- Inform communities of local needs to promote the development of new provider opportunities
- Educate and support communities to be Communities for a Lifetime
- Encourage counties and municipalities to become Dementia Caring Communities through DOEA's Dementia Care and Cure Initiative
- Pursue aging network representation on the Council of Homelessness
- Address the issue of elder homelessness, affordable housing options, and other unmet housing needs as community issues by participating in housing boards and advisory groups

Objective 5.3. Promote volunteerism to maximize resources and facilitate community engagement of elders

Strategies:

- Collaborate with secondary educational institutions and school districts to create volunteer opportunities with the aging network for students seeking community service credits towards scholarships, including the Florida Bright Futures Scholarship
- Promote education and positive views on aging to middle school and high school students by offering intergenerational interactions
- Increase community involvement through volunteer initiatives
- Help elders continue to find purpose through matching them with relevant and meaningful volunteer activities
- Identify well elders in independent, assisted living, and Continuing Care Retirement Communities (CCRCs) who are able and want to do community work
- Identify and replicate best-practices volunteer programs that enhance local services

Goal 6: Maintain effective and responsive management

The Department seeks opportunities to increase resources and create greater efficiencies to effectively manage its available funding. Additional funding for elder services and supports is pursued through approaches such as writing grants and increasing public/private partnerships. In-kind contributions of staff time, space, equipment, etc., are other benefits of the public/private partnerships and result in additional resources even if no funds are provided. The Department also implements program innovations and continues to identify ways to create efficiencies that will help maximize existing resources.

In an effort to measure the activities that indicate how well services are provided to elders in Florida, the Department has developed performance measures at the PSA level. These measures address effectiveness, accountability, cost efficiency, and targeting. The measures are described in more detail in Tables 5 and 6 in the Outcomes and Output Measures section. In addition, new performance measures that focus on the SMMC LTC Program activities for which the AAAs are responsible are under development. DOEA also has a monitoring unit to ensure that the AAAs implement programs as intended, abide by applicable laws and regulations, and maintain quality of care.

The following objectives and strategies were developed to respond to the identified needs for effective and responsive management.

Goal 6 Objectives and Strategies

Objective 6.1. Identify and implement management practices that increase efficiency

Strategies:

- Utilize internal monitoring, quality assurance, and performance-based standards and outcomes
- Identify alternate resources for funding
- Develop an infrastructure for collaborative research by coordinating with universities' aging-related research centers and experts
- Support the increased use of electronic records and electronic data management by initiating pilot projects
- Increase access to assistive devices and technology through education about sources for assistance and developing collaborations
- Improve coordination of services such as through medical homes
- Advocate for and work toward increasing the quality of care through better coordination of acute and long-term care
- Advocate for improved effectiveness of medical care through development and implementation of measurable outcomes

Objective 6.2. Maximize the effective and efficient use of federal and state funds

Strategies:

- Advocate for adequate funding for long-term care
- Continue to identify and pursue other funding sources for serving individuals with dementia
- Minimize waste through improved management of resources
- Continue to increase the visibility of existing resources
- Pursue alternative resource development to improve elder service provision
- Ensure that funds are spent on those populations for which the funds were intended
- Promote person-centered client monitoring

Objective 6.3. Ensure that the AAAs and home and community-based service providers continue to strengthen their disaster preparedness, responsiveness, and recovery plans to address the specific needs of elders

Strategies:

- Review and analyze the disaster preparedness plans at the PSA and provider level to ensure that they are realistic and implementable
- Develop and implement flexible and responsive procedures for continuing or discontinuing services in the event of a significant disaster
- Ensure that AAAs and providers collaborate with county and municipal resources to coordinate and provide disaster preparedness services for aging network clients
- Plan holistically for disaster relief, including preparedness, response and recovery

Objective 6.4. Ensure that data in the Client Information and Registration Tracking System (CIRTS) is accurately maintained

Strategies:

- Monitor AAAs on the client file reviews they conducted as part of the AAA program monitoring
- Provide technical assistance to AAAs to ensure data errors are corrected and steps are taken to prevent similar errors from reoccurring
- Encourage provider utilization of supervisory and peer file review processes to help ensure data integrity, client satisfaction, and correct implementation of program requirements
- Continue to provide CIRTS exception reports for the AAAs and providers to check for data accuracy

Definitions

Goals – Visionary statements that describe the strategic direction in which the state is moving

Objectives – The attainable, specific, and measurable steps the state will take to achieve its goals

Strategies – Actions that outline how goals and objectives will be achieved

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

Cognitive Health – The ability to perform all the mental processes that are collectively known as cognitive, including the ability to learn new things, intuition, judgment, language, and remembering (Centers for Disease Control and Prevention, or CDC)

Mental Health – A state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (CDC)

Behavioral Health – A state of mental and emotional being and/or choices and actions that affect wellness (Substance Abuse and Mental Health Services Administration)

Cultural Competence –

- “A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professions to work effectively in cross-cultural situations” (National Center for Cultural Competence)
- Ensures an understanding, appreciation, and respect of cultural differences and similarities within, among, and between groups (NASUAD).

Outcomes and Performance Measures

The Department began operating under performance-based program budgeting in 1999 as a result of legislation enacted in 1994 for state budgeting. The metrics assess performance over a wide cross-section of programs, as well as measure specific programs and services. The Department's current legislatively approved performance measures include 13 outcome measures and 11 output measures, listed in Tables 5 and 6 below. The measurements support AoA and DOEA goals and objectives and cover a wide cross-section of programs. DOEA and the aging network continue to work on ways to strengthen and improve performance measurements.

Table 5: DOEA Performance-Based Program Budgeting Outcome Measures and Corresponding State Plan Goal(s) (standards are in parenthesis)

Outcome Measures	Goal
Percent of customers who are at imminent risk of nursing home placement who are served with community-based services (90 percent)	2
Percent of Adult Protective Services referrals who are in need of immediate services to prevent further harm who are served within 72 hours (97 percent)	2
Percent of most frail elders who remain at home or in the community instead of going into a nursing home (97 percent)	1, 2, 5
Percent of new service recipients with high risk nutrition scores whose nutritional status improved (66 percent)	2
Percent of new service recipients whose Activities of Daily Living (ADLs) assessment score has been maintained or improved (65 percent)	2
Percent of new service recipients whose Instrumental Activities of Daily Living (IADLs) assessment score has been maintained or improved (62.3 percent)	2
Percent of family and family-assisted caregivers who self-report they are very likely to provide care (89 percent)	2,3
Percent of elders assessed with high or moderate risk environments who improved their environment score (79.3 percent)	2
Percent of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor) (90 percent)	2,3
Department administration costs as a percent of total Department costs/Department administrative positions as a percent of total Department positions (1.8 percent/22.2 percent)	6
Percent of complaint investigations initiated by LTC ombudsmen within five working days	4

Outcome Measures	Goal
Percent of service activities on behalf of frail or incapacitated elders initiated by public guardianship within five days of receipt of request	4
Number of elders served with registered long-term care services (186,495)	1, 2
Number of days for determination of medical eligibility (CARES)	2
Percentage of active clients eating two or more meals a day	2
After service intervention, the percentage of caregivers who self-report being confident in their ability to continue to provide care	2, 3
Percentage of clients surveyed who believe services help them remain in their home or in the community	2, 3
Percentage of clients surveyed who are satisfied with the services they received	2, 3
Number of elders with Alzheimer's disease or cognitive impairment served	1, 2
Number of elders served with community-based long-term care services	1, 2
Number of home-delivered meals provided	2
Percent of complaint investigations initiated by ombudsmen within seven (7) calendar days	4
Percent of complaint investigations completed by ombudsmen within 90 calendar days	4
Number of Community for a Lifetime communities	3, 5

The Department also has measures for specific programs and services. These programs and services are organized under 10 activities and are detailed below:

Table 6: Activities, Programs, and Output Measures with Standards

Activity	Programs Associated with the Activity	Output Measure/Standard
Universal Frailty Assessment	Comprehensive Assessment and Review for Long-Term Care (CARES)	Number of CARES assessments Standard: 85,000
Caregiver Support	Alzheimer's Disease Medicaid Waiver	Number of Elders Served Standard: 54,450
	Alzheimer's Disease Initiative	

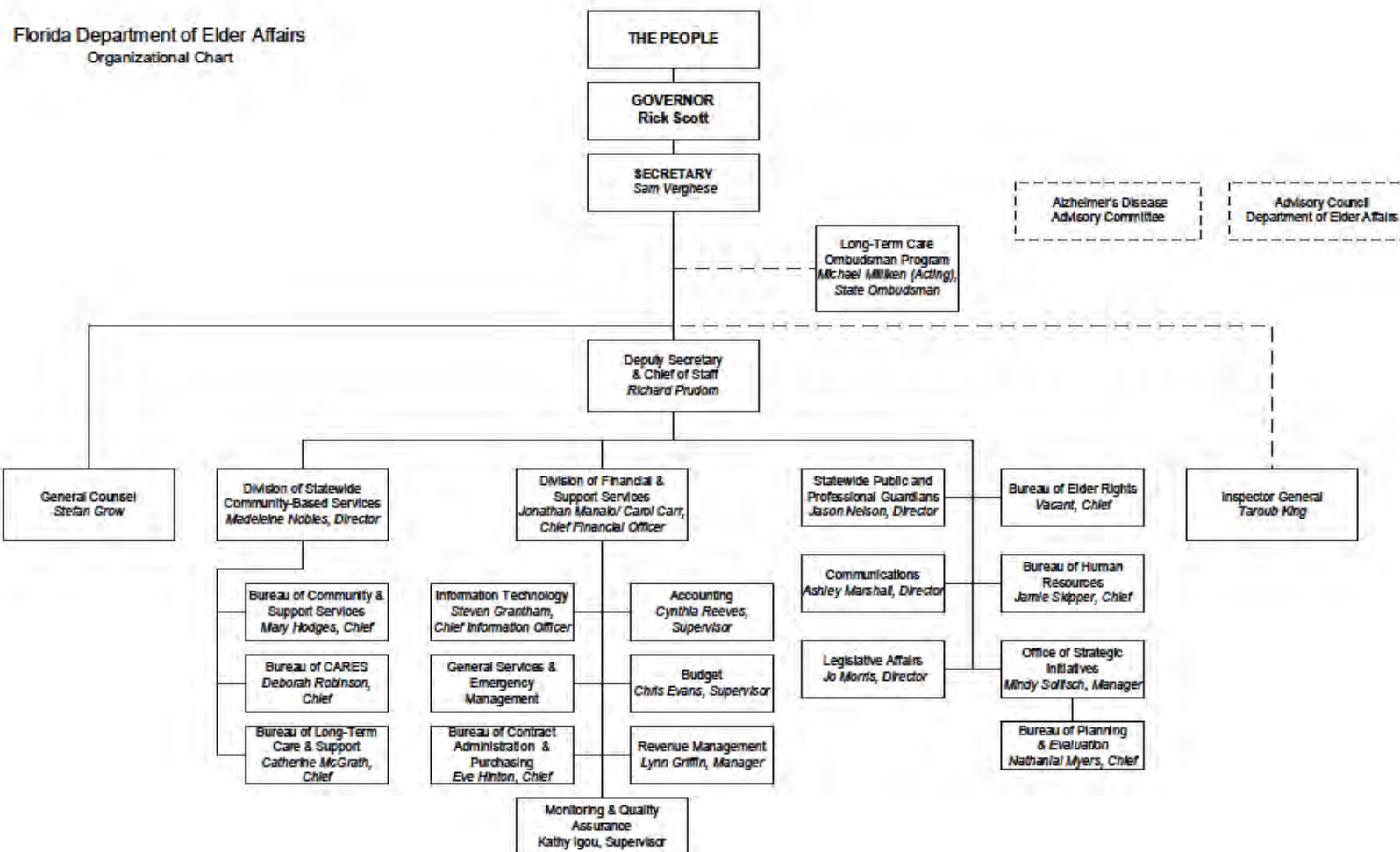
Activity	Programs Associated with the Activity	Output Measure/Standard
	AmeriCorps	
	Home Care for the Elderly (HCE)	
	Older Americans Act III E (National Family Caregiver Support Program)	
	Respite for Elders Living in Everyday Families (RELIEF)	
	Senior Companion Program	
Early Intervention/ Prevention	Elder Abuse Prevention Program (OAA Title VII)	Number of Elders Served Standard: 355,908
	Emergency Home Energy Assistance for the Elderly	
	Health Promotion and Wellness Initiatives	
	Intergenerational Connections	
	Senior Community Service Employment Program (OAA Title V)	
	Serving Health Insurance Needs of Elders (SHINE)	
Supportive Community Care	Contracted Services (except meals)	Number of Elders Served Standard: 56,631
	Local Services Programs (except meals)	
	Older Americans Act Programs (Title III B)	
Residential Assisted Living Support and Elder Housing Issues	Medicaid Assisted Living for the Frail Elderly	Number of Elders Served Standard: 3,997
Nutritional Services for the Elderly	Adult Care Food Program	Number of Elders Served Standard: 81,903
	Contracted Services (meals only)	
	Elder Farmers' Market Nutrition Program	
	Local Services Programs (meals only)	
	Nutrition Services Incentive Program (NSIP)	
	Older Americans Act Programs (Title III C1, C2)	
	Congregate Meals	Number of congregate meals provided: 5,300,535
Long-Term Care Initiatives	Long-Term Care Community Diversion Pilot Project	Number of Elders Served Standard: 12,150

Activity	Programs Associated with the Activity	Output Measure/Standard
	Program of All-Inclusive Care (PACE)	
	Channeling	
Home and Community Services Diversions	Community Care for the Elderly (CCE)	Number of Elders Served Standard: 51,272
	Consumer Directed Care Plus (CDC+) Program	
	Medicaid Adult Day Health Care Waiver	
	Medicaid Aged and Disabled Adult Waiver	
Long-Term Care Ombudsman Council	Long-Term Care Ombudsman Program	Number of Complaints Investigations Completed Standard: 8,226
Public Guardianship Program	Statewide Public Guardianship Office	Number of Judicially Approved Guardianship Plans Standard: 2,000

Appendices

- Appendix 1: Department of Elder Affairs, Organizational Chart, June 2016
- Appendix 2: Intrastate Funding Formula
- Appendix 3: DOEA Programs and Services
- Appendix 4: Florida State Profile
- Appendix 5: Florida's Area Agencies on Aging
- Appendix 6: Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis
- Appendix 7: Disaster Preparedness
- Appendix 8: State Plan Advisory Group
- Appendix 9: Assurances

Appendix I: Department of Elder Affairs, Organizational Chart, June 2016



Appendix 2: Florida's Intrastate Funding Formula (IFF) for Distribution of Older Americans Act (OAA) Funds

Florida's IFF meets the requirements set forth in the OAA, Section 305(a)(2)(C). Specifically, it takes into account the geographical distribution of older individuals in the state and the distribution among Planning and Service Areas (PSAs) of older individuals with the greatest economic and social need, with particular attention to low-income minority older individuals.

The same funding formulae have been in place since 2003-2004, except for a number of technical adjustments. The edits proposed for this submission (2013-2016 State Plan on Aging) include technical adjustments to change the order in which the formulae elements are discussed so that programmatic elements are discussed first, followed by the administration formula. The IIID targeting factor for people with lower access to health services is changed to match available data. Edits are made to the descriptions of purpose in the administration formula for clarity. Also, the American Community Survey is added as a data source in relevant places. Minor formatting changes are being made as well.

OAA funds are distributed intrastate according to three different formulas:

Services

1. The first formula sets the methodology for establishing the amounts to be made available for support services and multi-purpose senior centers (Title III B), congregate nutrition (Title III C1), home-delivered nutrition (Title III C2), and national family caregiver services (Title III E) for each PSA.

2. The second formula describes the methodology for amounts to be made available for disease prevention and health promotion (Title III D) and elder abuse prevention (part of Title VII).

Administration

3. The third formula indicates the methodology for apportioning the amounts to be made available for Area Agency on Aging (AAA) administration in each area.

In addition to the IFF, the OAA, as amended, prescribes minimum funding requirements for rural areas as described in the Rural Considerations section of the plan.

1. Intrastate Distribution Formula for Services Under OAA Titles III B, III C1, III C2 and III E

Provided that Florida's total allocation of OAA appropriations under Titles III B, III C1, III C2, and III E is equal to, or larger than, its total allocation under the same titles for the 2003 year, the distribution of the share of such funds that corresponds to Florida's Area Agencies on Aging (AAA), shall be made by doing the following:

- (a) Allocating to each AAA a sum of funds equal to its 2003-year allocation and
- (b) Allocating among Area Agencies on Aging any remaining funds using the factors, weights and data sources specified in Table 1 to determine their corresponding share of such funds.

If Florida's total allocation of Older Americans Act appropriations under Titles III B, III C1, III C2 and III E is less than its total allocation under the same titles for the 2003 year, the distribution of the share of such funding that corresponds to Florida's Area Agencies on Aging, shall be made by doing the following:

- (c) Allocating to each AAA an amount that is proportional to the share of the state's allocation it received in 2003 for each title.

2. Intrastate Distribution Formula for Services Under OAA Title III D and Elder Abuse Prevention (part of Title VII)

Intrastate distribution of funds to be made available for disease prevention and health promotion (Title III D) and elder abuse prevention (part of Title VII):

Title III D funds are distributed by first allocating all funding based on a formula of 50 percent age 65 and older and medically underserved and 50 percent of the population below poverty age 60 and older, and then applying a "hold harmless" principle to the previous year's total funding enabling each area to receive at least the funding it had in the prior year.

If Florida's total allocation of OAA appropriations under Titles III D is less than its total allocation for the prior year, the distribution of the share of such funding that corresponds to Florida's Area Agencies on Aging, shall be made by allocating to each AAA an amount that is proportional to the share of the state's allocation it received in the prior year.

Note: Title VII funds for elder abuse prevention are awarded in equal amounts to each area. The remaining Title VII funds are for the Ombudsman Program, which is administered from the Department with no funds allocated to the AAAs.

3. Intrastate Distribution Formula for Area Agency Administration Under OAA Titles III B, III C1, III C2 and III E

Administrative funding to be distributed to Area Agencies on Aging under the Older Americans Act shall be distributed through the following means:

(a) Providing a base allocation to each AAA of seven percent of Title III services with a minimum of \$230,000.

(b) Apportioning the balance of the funds according to the factors, weights, and data sources listed in Table 2.

Table 1: Florida Intrastate Funding Formula for Services, Older Americans Act Titles III B, III C and III E.*

Florida Intrastate Funding Formula for Services			
AAA Funding = Base Funding + Funding in Excess of Base			
Base Funding:			
Factors	Weight	Data Source	Purpose
Allocate base funding at 2003 funding level.	N.A.	Florida Department of Elder Affairs Operating Budget	Acknowledge funding level needed to avoid discontinuation of services to elders in rural areas and areas in economic distress that have not grown as fast. This is in keeping with OAA Section 305(a)(2)(E).
Funding in Excess of Base: remainder of funding allocated according to the following formula factors, weights, and data sources.			
Share of population 60 and older	35 percent	Florida Legislature: Most Recent Florida Demographic Estimating Conference (FDEC) and American Community Survey (ACS) Estimates	Reflect the proportion of the state's population 60 and older as required by OAA Section 305(a)(2)(C)(ii)
Share of population 60 and older below poverty	35 percent	Florida Legislature: Most Recent FDEC and ACS Estimates	Reflect the proportion of the state's population 60 and older at highest economic need as required by OAA Section 305(a)(2)(C)(ii)

Share of minority population 60 and older below 125% of poverty	15 percent	Florida Legislature: Most Recent FDEC and ACS Estimates	Reflect the proportion of elders culturally or linguistically isolated who also have high economic need; as required by OAA Section 305(a)(2)(C)(ii)
Share of population 65 and older with two or more disabilities	15 percent	Florida Legislature: Most Recent FDEC and ACS Estimates	Reflect the proportion of elders at greatest need for services; as required by OAA Section 305(a)(2)(C)(ii)

*Factors are in keeping with OAA, as amended. Weights were set in Meek v. Martinez (1987).

Table 2: Florida Intrastate Funding Formula for Services, Older Americans Act Title III D

Florida Intrastate Funding Formula for OAA Title IIID Services			
Area Funding = Apply Formula Factors, then Hold Harmless principle to Base Funding Base Funding: Hold Harmless to Previous Year			
Factors	Weight	Data Source	Purpose
Share of population 60 and older with income below poverty	50 percent	American Community Survey Estimates	Target those with lower incomes
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”	50 percent	Florida Department of Health	Target those with lower access to health services

Table 3: Florida Intrastate Funding Formula for Administration, Older Americans Act Titles III B, III C and III E.

Florida Intrastate Funding Formula for Administration			
Area Funding = Base Funding + Funding in Excess of Base			
Base Funding:			
Factors	Weight	Data Source	Purpose
Base funding is equal to the higher of the following: 7% of OAA services allocation or \$230,000	N.A.	Florida Department of Elder Affairs Operating Budget	Reflect the cost of the minimum needed to perform AAA functions, which is fixed
Florida Factors for Funding in Excess of Base			
Share of population 60 and older	50 percent	Florida Legislature: Most Recent Florida Demographic Estimating Conference	Reflect the proportion of administrative costs to size of population served
Number of counties in PSAs*	25 percent	Section 58-A-1.001 (44), Florida Administrative Code*	Reflect the proportion of administrative cost to number of counties served
Community Care for the Elderly Core Services allocation	25 percent	Florida Department of Elder Affairs Operating Budget	Reflect the cost of supporting the administration on non-OAA funded elder services

*Denotes correction to Planning and Service Area reference and citation.

Table 4: Older Americans Act Awards: Titles III and VII Grant Award

Grant Award: 2016 Older Americans Act Allocation								
Grant Award Titles III and VII		Florida's Allotments Under the Older American Act						
Allotment/Modification	Total Amount III and VII	III B Supportive Services	III C1 Congregate Meals	III C2 Home Delivered Meals	III D5 Preventive Health	III E National Family Caregiver	VII Ombudsman Activity	VII Elder Abuse Prevention
Florida's 2016 Allotment ¹	88,668,631	24,898,663	32,045,414	16,615,026	1,455,604	12,143,606	1,166,066	344,252
Florida's 2015 Allotment ^{1,7}	86,633,770	25,001,315	31,088,385	15,872,796	1,461,605	11,694,400	1,171,0177	344,252
Increase (Decrease) in 2016 Allotment	2,045,480	(102,652)	957,029	742,230	(6,001)	449,206	5,668	0
State Agency Administration ²	4,357,916	10,711	1,232,492	790,889	30,635	2,293,189		
Long Term Care Ombudsman Program ³	1,570,726	404,660					1,166,066	
Elder Abuse Prevention	344,252							344,252
AAA's - Balance of the Grant Award	82,395,737	24,483,292	30,812,922	15,824,137	1,424,969	9,850,417		
AAAs Administration ⁴	8,239,574	2,590,826	3,081,292	1,582,414		985,042		
AAAs Service Allocation – 2016	74,156,163	21,892,466	27,731,630	14,241,723	1,424,969	8,865,375		

Assumptions for Above Allocation:

1. Original Award, except where noted.
2. State Administration computed using the original grant award balance for programs III B, III C1, III C2, III D, and III E.
3. Ombudsman Allocation for III B must be same as 2000 (\$404,660).
4. Area Agency Administration computed using 10% of the original grant award balance for programs III B, III C1, III C2, and III E (III D amount is included for calculation purposes only).
5. For III D, award must be evidence based according to AOA Award.

6. Contract Period: January 1, 2016, through December 31, 2016.
7. Ombudsman Activity received an additional \$10,619 in 2015
8. Allotments do not include transfers of titles.

Table 5: 2016 Older Americans Act Grant Award - Allocations, III B, III C, III D, III E Contracts

PSA	Title III B Supportive Services	Title III C1 Congregate Meals	Title III C2 Home Delivered Meals	Title III D Preventive Health	Title III E National Family Caregiver	OAA Formula Admin Allocation	GR Formula Admin Allocation	OAA Contract Amount Including GR
1	\$708,143	\$864,931	\$445,721	\$84,180	\$285,160	\$345,962	\$14,570	\$2,748,667
2	\$816,746	\$990,094	\$510,590	\$73,565	\$328,518	\$462,134	\$19,462	\$3,201,109
3	\$2,153,938	\$2,685,792	\$1,381,336	\$231,850	\$870,108	\$909,605	\$38,307	\$8,270,936
4	\$1,915,309	\$2,412,944	\$1,239,810	\$113,582	\$774,946	\$742,082	\$31,252	\$7,229,925
5	\$1,770,881	\$2,207,420	\$1,135,339	\$130,092	\$715,331	\$657,508	\$27,690	\$6,644,261
6	\$2,465,240	\$3,107,001	\$1,596,368	\$123,513	\$997,514	\$878,968	\$37,016	\$9,205,620
7	\$1,818,618	\$2,387,142	\$1,221,950	\$172,657	\$740,622	\$692,606	\$29,168	\$7,062,763
8	\$1,867,297	\$2,398,689	\$1,230,270	\$79,462	\$757,831	\$765,383	\$32,233	\$7,131,165
9	\$2,243,381	\$2,849,457	\$1,462,985	\$92,469	\$908,845	\$830,546	\$34,977	\$8,422,660
10	\$1,853,342	\$2,392,218	\$1,226,411	\$107,083	\$752,739	\$660,409	\$27,812	\$7,020,014
11	\$4,279,571	\$5,435,942	\$2,790,943	\$216,516	\$1,733,761	\$1,294,371	\$54,511	\$15,805,615
Total	\$21,892,466	\$27,731,630	\$14,241,723	\$1,424,969	\$8,865,375	\$8,239,574	\$346,998	\$82,742,735

Table 6: 2016 Older Americans Act Grant Allocations for VII Elder Abuse Prevention

PSA	VII Elder Abuse Prevention
1	\$21,266.91
2	\$21,266.91
3	\$21,266.91
4	\$21,266.91
5	\$21,266.91
6	\$21,266.91
7	\$21,266.91
8	\$21,266.91
9	\$21,266.91
10	\$21,266.91
11	\$21,266.91
Total	\$ 233,936.01

Table 7: State Funded and SSMC and LTC Programs, State Fiscal Year 2015-2016

PSA	Community Care for the Elderly		Alzheimer's Disease Initiative	Home Care for the Elderly	SMC LTC*	Total
	Admin	Services				
1	\$68,071	\$1,468,396	\$516,044	\$426,393		\$2,478,904
2	\$68,071	\$1,755,850	\$737,292	\$570,600		\$3,131,813
3	\$68,071	\$4,464,127	\$1,479,220	\$719,629		\$6,731,047
4	\$68,071	\$4,806,122	\$1,114,288	\$553,592		\$6,542,073
5	\$68,071	\$6,303,146	\$1,339,723	\$669,306		\$8,380,246
6	\$68,071	\$5,131,842	\$1,484,193	\$823,741		\$7,507,847
7	\$68,071	\$4,094,635	\$1,177,247	\$531,632		\$5,871,585
8	\$68,071	\$4,592,750	\$1,517,958	\$518,365		\$6,697,144
9	\$68,071	\$4,564,687	\$3,712,708	\$586,622		\$8,932,088
10	\$34,035	\$5,979,167	\$1,938,397	\$651,029		\$8,602,628
11	\$68,071	\$6,604,150	\$1,662,447	\$1,852,448		\$10,187,116
Total	\$714,745	\$49,764,872	\$16,679,517	\$7,903,357		\$75,062,491

* Waiver programs transferred to AHCA prior to FY 2013-14

Appendix 3: Programs and Services

The Department of Elder Affairs administers a wide variety of assistance programs funded by both the federal government and the State of Florida. Applicants are prioritized for services based on their needs and service availability. The following is a brief descriptive overview of Department programs:

Program	Description
Older Americans Act	Most Older Americans Act services are delivered by service providers. A few services are provided directly by Area Agencies on Aging (AAAs) on the basis of service availability, economy, or relationship to administrative function. Services that may be provided directly by all AAAs in Florida include outreach, information, and referral/assistance. Any other services to be provided directly by AAAs require submission of a waiver request to DOEA fully justifying why the waiver is needed.
Title III B Supportive Services & Information and Referral/Assistance	A wide array of services to help elders live independently in their home environment or community.
	Statewide network of 12 Elder Helplines. Each PSA has at least one Elder Helpline. Florida's Elder Helpline toll free number: 1-800-96-ELDER (1-800-963-5337).
Title III C1 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.
Title III C2 Home-Delivered Meals	Meals 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. May include hot, frozen, and/or emergency shelf meals.

Program	Description
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.
Title III D Preventive Health Services	<p>Provides disease prevention seminars, physical activity sessions, nutrition counseling, mental health counseling, falls prevention workshops, and evidence-based (EB) programs.</p> <p>EB Programs in Florida include: Chronic Disease Self-Management Program (CDSMP) A Matter of Balance EnhanceFitness Eat Better Move More Fit & Strong! Healthy Ideas Tai Chi: Moving for Better Balance Tomando Control de su Salud Diabetes Self-Management Program</p> <p>The disease prevention and health promotion programs help to attract younger seniors through innovative fitness programs, health technology, and healthy aging screenings.</p>
Title III E National Family Caregiver Support Program	Program funds 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.

Program	Description
Title V Senior Community Service Employment Program (SCSEP)	Serves unemployed low-income Floridians who are at least age 55 and have poor employment prospects. Participants are placed in a part-time community service position with a public or private non-profit organization, to assist them in developing skills and experience to facilitate their transition to unsubsidized employment. The program's goal is to help keep elders economically self-sufficient while enjoying the social and physical benefits of remaining a vital part of Florida's workforce.
Title VII Elder Abuse Prevention	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.
Long-Term Care Ombudsman Program (LTCOP)	A statewide, volunteer-based system of district councils that work to protect, defend, and advocate on behalf of long-term care facility residents. Ombudsmen identify, investigate, and resolve complaints made by, or on behalf of, residents of nursing homes, assisted living facilities, adult family-care homes, or continuing care retirement communities
State General Revenue Programs	
Alzheimer's Disease & Related Dementias (ADRD) Training Provider & Curriculum Approval	Provides review and approval of training providers and training curricula for specified employees of nursing homes, assisted living facilities, hospices, home health agencies, and adult day care centers. In addition, the program maintains a website informing the public of all approved Alzheimer's disease training providers (found at www.trainingonaging.usf.edu).

Program	Description
Alzheimer's Disease Initiative (ADI)	This program provides 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.
Community Care for the Elderly (CCE)	Provides community-based services organized in a continuum of care to help functionally impaired older people live in the least restrictive yet most cost-effective environment suitable to their needs.
Home Care for the Elderly (HCE)	This program provides 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.
Local Services Programs (LSP)	Provide additional funding to expand long-term care alternatives that enable elders to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement.

Program	Description
Respite for Elders Living in Everyday Families (RELIEF)	<p>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.</p> <p>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.</p>
Office of Public and Professional Guardianship (OPPG)	<p>Provides 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. OPPG is responsible for the registration, education, and oversight of professional guardians and the appointment and oversight of public guardians.</p>
Medicaid Programs	
Comprehensive Assessment and Review for Long-Term Care Services (CARES)	<p>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.</p>

Program	Description
Program of All-Inclusive Care For The Elderly (PACE)	A project within the Diversion Program (see above program listing) that targets individuals who would otherwise qualify for Medicaid nursing home placement and provides them with a comprehensive array of home and community-based services at a cost less than nursing home care. Individuals who choose to enroll in PACE have both their medical and long-term care needs managed through a single provider.
Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC)	Statewide, integrated managed care program for all covered services, including long-term care services. Medicaid recipients who qualify and become enrolled in the 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.
Other Department Programs	
Adult Care Food Program (ACFP)	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.
AmeriCorps	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.

Program	Description
Communities for a Lifetime	<p>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 homeowner, 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.</p>
Senior Farmers' Market Nutrition Program (SFMNP)	<p>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.</p>
Emergency Home Energy Assistance for the Elderly Program (EHEAP)	<p>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. 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.</p>

Program	Description
Senior Companion Program	National service peer-volunteer program funded by a grant from the Corporation for National and Community Service 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.
Serving Health Insurance Needs of Elders (SHINE) Program	Through a statewide network of trained volunteer counselors, the SHINE 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).

Appendix 4: Florida State Profile



2015 Florida State Profile

Florida

Population by Age Category		
All Ages	19,747,233	100.0%
Under 60	14,844,054	75.2%
60+	4,903,179	24.8%
65+	3,661,812	18.5%
70+	2,541,292	12.9%
75+	1,657,075	8.4%
80+	1,025,352	5.2%
85+	507,461	2.6%

Population by Race (60+)		
White	4,314,472	88.0%
Non-White	588,707	12.0%
Black	486,081	9.9%
Other Minorities	102,626	2.1%

Population by Ethnicity (60+)		
Total Hispanic	712,501	14.5%
White	666,346	13.6%
Non-White	46,155	0.9%
Total Non-Hispanic	4,190,678	85.5%
Total Minorities ¹	1,255,053	25.6%

Population by Gender (60+)		
Population 60+	4,903,179	24.8%
Male	2,217,442	45.2%
Female	2,685,737	54.8%

Financial Status (60+, % 60+)		
Below Poverty Guideline	508,265	10.4%
Below 125% of Poverty Guideline	751,606	15.3%
Minorities Below Poverty Guideline	242,696	4.9%
Minorities Below 125% of Poverty Guideline	337,121	6.9%

Medically Underserved (65+)		
Total Medically Underserved	878,154	
Medically Underserved Populations - Living in Areas Defined as Having Medically Underserved Populations	718,350	
Medically Underserved Areas - Living in Medically Underserved Areas	159,804	

Living Situation (60+)		
Living Alone	1,135,308	
Male	354,254	
Female	781,055	

Grandparents (60+)	
Total 60+ Living With Own Grandchildren (Under Age 18)	254,466
Grandparent Responsible for Own Grandchildren (Under Age 18)	69,363
Grandparent Not Responsible for Own Grandchildren (Under Age 18)	185,092
60+ Not Living With Own Grandchildren (Under Age 18)	4,648,718

Skilled Nursing Facility Utilization	
SNF Beds	83,395
Community Beds	80,050
Sheltered Beds	2,560
Veterans Administration Beds	720
Other Beds	65
SNFs With Beds	716
Community Beds	657
Sheltered Beds	51
Veterans Administration Beds	6
Other Beds	2
SNFs With Community Beds	657
Community Bed Days	29,195,720
Community Patient Days	25,521,792
Medicaid Patient Days	15,837,261
Occupancy Rate	87.4%
Percent Medicaid	62.1%

Adult Day Care	
Facilities	261
Capacity	13,878

Adult Family Care Homes	
Homes	374
Beds	1,682

Home Health Agencies	
Agencies	2,026
Medicaid Certified Agencies	535
Medicare Certified Agencies	1,318

Homemaker & Companion Service Companies	
Companies	1,641

Ambulatory Surgical Centers	
Facilities	439
Operating Rooms	1,132
Recovery Beds	3,303

2015 Florida State Profile

Florida (Continued)

Rural Designation	
Rural (Yes/No)	N/A

Assisted Living Facilities	
Total Beds	84,638
OSS Beds ²	19,431
Non-OSS Beds	65,207
Total Facilities	2,902
Facilities With ECC License ³	319
Facilities With LMH License ⁴	818
Facilities With LNS License ⁵	635

Hospitals	
Hospitals	305
Hospitals With Skilled Nursing Units	10
Hospital Beds	65,309
Skilled Nursing Unit Beds	372

Medical Professionals	
Medical Doctors	
Licensed	48,457
Limited License	173
Critical Need Area License	344
Restricted	1
Medical Faculty Certificate	36
Public Health Certificate	2
Specialties	
Licensed Podiatric Physicians	1,384
Licensed Osteopathic Physicians	5,304
Licensed Chiropractic Physicians	5,173
Registered Nurses	
Licensed Registered Nurses	237,432

Driver's License	
Drivers With Florida Driver's License - All Ages	15,683,851
Drivers With Florida Driver's License - Age 60+	4,480,063
Percent of Drivers With Florida Driver's License - Age 60+	28.6%

Food Stamps (60+)	
Participants (60+)	486,011
Potentially Eligible	751,606
Food Stamp Participation Rate (60+)	64.7%

Registered Voters	
Registered to Vote in Florida - All Ages	11,960,365
Registered to Vote in Florida - Age 60+	4,127,495
Percent of Population Registered to Vote in Florida - Age 60+	34.5%

Households With Cost Burden Above 30% and Income Below 50% Area Median Income (65+) (2010)	
Elder Households	2,191,753
Percent of All Households	21.4%

Median Household Income (All Ages)	
2008-2012	\$43,876

Medicaid & Medicare Eligibility	
Medicaid Eligible - All Ages	3,722,652
Medicaid Eligible - 60+	577,246
Dual Eligible - All Ages	712,170
Dual Eligible - 60+	506,436

Veterans	
Total	1,313,228
Age 45-64	519,320
Age 65-84	659,657
Age 85+	134,250

Disability Status (60+)	
With One Type of Disability ⁶	698,274
Hearing	570,591
Vision	269,478
Cognitive	396,836
Ambulatory	960,206
Self-Care	333,132
Independent Living	608,536
With Two or More Disabilities	321,615
With No Disabilities	3,412,813
Probable Alzheimer's Cases ⁷	496,013

English Proficiency (60+)	
With Limited English Proficiency	407,603

Cost of Living	
	Annual Expenses ^s
Single Elders	
Owner without Mortgage	\$19,568
Renter, one bedroom	\$23,646
Owner with Mortgage	\$28,785
Elder Couple	
Owner without Mortgage	\$30,990
Renter, one bedroom	\$35,068
Owner with Mortgage	\$40,208
Note: Wider Opportunities for Women Elder Economic Security Standard™ Index (Elder Index) measures how much income retired older adults require to meet their basic needs—without public or private assistance. The Elder Index measures basic expenses for elders age 65+ living in the community, not in institutions.	

The Department maintains current statewide and PSA-level elder-specific demographic data on its website for use by the AAAs, Department staff, and the general public. Key statewide demographic data are shown on the previous pages. Visit the Department's website at http://elderaffairs.state.fl.us/doea/info_stats.php for additional statewide and PSA-specific data, including information about the sources used.

Appendix 5: Florida's Area Agencies on Aging



Appendix 6: Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

The Department's senior leadership convened a planning meeting in 2015 to identify the agency priorities and assess the strengths and weaknesses within the Department, and the opportunities and threats in the external environment. Following this assessment, the Department assembled representatives of its major programs to advise them of the results of this analysis and secure their support for the Department's future direction.

Through these efforts and ongoing policy research, the Department identified the following strengths, weaknesses, opportunities, and threats (SWOT):

Strengths:

- ❖ The Department's highly privatized structure, which limits excessive administrative costs;
- ❖ The Department's culture, which fosters innovation and productivity;
- ❖ The Department's and the aging network's experience with and willingness to explore and implement innovative and cost-effective solutions to serve the long-term care needs of elders;
- ❖ The Department's ability to efficiently and effectively administer a variety of innovative home and community-based programs that result in significant cost savings for the State of Florida;
- ❖ The Department's leadership in emergency management/disaster preparedness planning in partnership with federal and state agencies and the aging network;
- ❖ The Department's strong established partnerships that allow for collaborative planning and advocacy for the needs and issues of elders;
- ❖ The Department's ability to cultivate and maximize the number of volunteers and hours of volunteer time through the aging network;
- ❖ The Department's existing infrastructure of evidence-based programming, including disease prevention, health promotion, Alzheimer's disease initiatives, and services to caregivers, with the capacity to expand programming as resources become available;
- ❖ The Department's internally created and modifiable data systems designed for our specific business requirements;
- ❖ The Department's ability to promote and foster intergenerational opportunities to meet community needs;
- ❖ The Department's provision of statewide leadership in the protection of elder rights; and
- ❖ The Department's involvement in the monitoring, performance measurement, and future adjustments of the Program of All-Inclusive Care for the Elderly (PACE) and the Statewide Medicaid Managed Care Long-term Care (SMMC LTC) Program to ensure quality of care.

Weaknesses:

- ❖ High rate of staff turnover due to non-competitive salaries/compensation and a high number of Other Personal Services (OPS) staff who leave for jobs with additional benefits;
- ❖ Lack of widespread public awareness of the Department's programs and services; and
- ❖ Difficulty in keeping up with technological advancements.

Opportunities:

- ❖ Florida's abundance and growing number of retirees and elders who could provide even more contributions to the State and are potentially available to volunteer and advocate on behalf of elders;
- ❖ Number of retired health care professionals who could be enlisted to provide preventive care and screening;
- ❖ Increased collaboration with faith-based and community organizations to promote services for, and provide services to elders;
- ❖ Increased number of dedicated and committed caregivers who provide informal support;
- ❖ Improved care coordination between acute and long-term care services;
- ❖ Potential to increase partnerships with colleges and universities to increase the workforce trained in geriatric care, research efforts to benefit elders, and lifelong learning opportunities;
- ❖ Accessible emerging technology and online options to enhance the availability of training and outreach programs to educate the public on elder issues and services;
- ❖ Availability of online resources for legal services to elders;
- ❖ Potential for increased funding through insurance reimbursement for evidence-based health promotion/disease prevention programming;
- ❖ Involvement with the Medicaid managed long-term care initiatives;
- ❖ Further development of the Direct-Support Organization (DSO) to provide assistance, funding, and support to the Department;
- ❖ New developments that target the prevention and treatment of chronic conditions which limit the independence of elders;
- ❖ Potential to promote public and private ventures to increase aging-in-place initiatives;
- ❖ Potential to improve and increase access to long-term care information, and public and private services for elders, families, and caregivers through the Aging and Disability Resource Centers (ADRCs);
- ❖ Increased coordination between the aging network and legal services;
- ❖ Increased coordination between the ADRCs and DCF; and
- ❖ Potential for expanding the aging network infrastructure for adults with disabilities.

Threats:

- ❖ Lack of suitable and affordable housing for elders;
- ❖ Inadequate transportation alternatives which limit elder mobility and access to services;
- ❖ Ageist viewpoints and practices in the workplace and other environments;
- ❖ Difficulty faced by elders wanting to find jobs or pursue employment;
- ❖ Lack of early intervention services resulting in greater numbers of individuals becoming Medicaid eligible;
- ❖ Fewer home and community-based service options available to elders in rural areas;
- ❖ Service demands for home and community-based services growing faster than current funding;
- ❖ Increased risk of abuse, neglect, and exploitation of elders;
- ❖ Societal/public perception that elder abuse rarely occurs;
- ❖ Lack of awareness of the benefits and services offered at senior centers;
- ❖ Lack of adequate retirement savings by Florida's pre-retirees, which accelerates reliance on publicly funded services;
- ❖ Current shortfall of medical and mental health service providers with geriatric training;
- ❖ Florida's geographic vulnerability to hurricanes and tropical storms which can disproportionately impact elders; and
- ❖ Lack of communication across agencies that provide services.

Appendix 7: Disaster Preparedness

Florida must remain diligent in maintaining a culture of preparedness even though there has been a significant decrease in hurricane activity involving our state in recent hurricane seasons. Disaster preparedness continues to be a significant issue for the elder population. Lessons learned from the previous hurricane seasons have revealed the need for improved planning and coordination in each community.

As demonstrated by the 2005 hurricane season and the 2011 earthquake and tsunami in Japan, older adults may be at greater risk of unfavorable health outcomes and loss of independence if there is a disruption to their support network and continuity of care. Many older adults rely upon assistance from their family, friends, and caregivers to assist with their daily activities, such as bathing, preparing meals, transportation, and taking medications. Factors such as impaired mobility, diminished sensory awareness, chronic health conditions, and social and economic limitations may impair their ability to prepare for, respond to, and recover from a disaster.

Floridians face the potential for a wide range of disasters, ranging from tornadoes and lightning storms to wildfires and floods, in addition to hurricanes and tropical storms. Elders may also be impacted by extreme changes in weather conditions, such as freezes and heat waves. The potential for these events make it essential for elders and their caregivers to prepare an emergency plan in advance. This includes ensuring that necessary supplies and medications are available to last for at least seven days and to know where to go if evacuation orders are issued. Every effort should be made to plan ahead. Without a plan, elders may be more reluctant to evacuate and may risk their lives by remaining in their homes, due to their fear of losing their spouse, family, friends, and pets, along with their valued possessions.

The Department of Elder Affairs performs a key role in disaster preparedness and response for elders. Through partnerships with other state agencies, the agency coordinates resources and services available to elders throughout Florida during hurricanes and other disasters. Other agencies involved in preparations, response, and recovery efforts for Florida seniors include the Agency for Health Care Administration, Department of Health, Department of Veterans' Affairs, Agency for Persons with Disabilities, Department of Children and Families, Department of Economic Opportunity, Department of Education, and Department of Military Affairs.

The Department of Financial Services/Office of Insurance Regulation and the Department of Business and Professional Regulation play a key role in assisting Florida residents in the event of a disaster. Issues such as insurance fraud and regulation, post-disaster construction, and damage recovery are all concerns that arise following disasters. The financial impacts of hurricanes and other events are regulated and overseen by these agencies.

Objective 1 - Encourage the integration of a coordinated federal, state, and local emergency response plan for elders through the state's Comprehensive Emergency Plan (CEMP) in the event of public health emergencies, catastrophic events, or disasters.

Objective 2 - Provide education, demographic information, training, and technical assistance on disaster planning and emergency response for elders to increase public awareness, create a culture of preparedness, and provide expertise to local, state, and federal officials.

Objective 3 - Support efforts to improve access and transportation to special needs shelters, including improvements to the special needs registry, and ensure the appropriateness of services available at special needs shelters.

Objective 4 - Support efforts to improve and standardize special needs shelter procedures for discharge planning and transition assistance for elders in the event of a public health emergency, catastrophic event, or disaster.

Objective 5 - Develop a comprehensive planning template and sample plan for communities to use in preparing to address unique needs of elders to mitigate the effects of public health emergencies, catastrophic events, and disasters.

Objective 6 - Seek support to identify resources available to locate and contact elders in the general population who are not currently receiving assistance or services from the aging network but may require assistance during a public health emergency, catastrophic event, power outage, or disaster.

Objective 7 - Work with local emergency response agencies and county emergency operations centers to maximize their ability to plan for and meet the needs of elders in the event of public health emergencies, catastrophic events, or disasters.

Key Implementation Strategies, Roles, and Responsibilities:

It is essential that the State of Florida develop and implement reliable communication, coordination, and delivery of services across government agencies, the aging network, and care provider systems as the foundation of emergency plans. The Department of Elder Affairs, other agencies whose charters require services to elders, and, in particular, the Division of Emergency Management should assist local governments to facilitate emergency preparedness and disaster planning at federal, state, and local levels.

Government should be sensitive to the unique needs and resources of elders. Some elders will require assistance with increased physical, mental, and emotional needs during emergencies. Those in institutions and with limited mobility may require transportation and other assistance. Actively involved elders can serve as useful resources supporting emergency response efforts as they bring their expertise to bear on disaster preparedness. The Department, through

collaboration with its state partners, has identified the following strategies in addressing Florida's needs with respect to disaster preparedness:

- Continue on-going collaboration with state and local emergency operations centers to increase awareness and understanding of special needs of elders (Objectives 1-7)
- Provide updated demographic information and statistics on elder populations for each county to state and county emergency operation centers (Objectives 2,3,5,6,7)
- Champion the development and designation of emergency operations center liaisons/teams at the local level to coordinate and assist in responding to the specific needs of elders (Objectives 1-7)
- Recommend minimum standards and critical elements to be included in state, agency, and county Comprehensive Emergency Management Plans (CEMP) to address the needs of elders. Examples include redundancy plans for essential services and transportation needs during evacuations (Objectives 1-7)
- Review the State of Florida Comprehensive Plan, State of Florida Comprehensive Emergency Management Plan, and state agency and county plans to ensure each addresses the needs of elders (Objectives 1-7)
- Review the state CEMP and regional, county, local, and agency plans to identify “best practices for elders” to be used as a template for regional, county, local, and agency plans (Objectives 1-5, 7)
- Collect and share best practices by gathering input from the aging network on “what worked and why” and “what didn’t work and why” from past experiences in preparing for, responding to, and recovering from a disaster (Objectives 1-7)
- Make recommendations on levels of care needed and services to be provided to address the differences between the emergency needs of elders who reside in urban and rural areas (Objectives 1-7)
- Encourage more comprehensive emergency and disaster pre-planning in communities with significant special needs and elder populations at the local level (Objectives 1-7)
- Support the efforts of the Communities for a Lifetime initiative to create elder-ready communities (Objectives 1-7)
- Collaborate on interagency efforts and proposed legislation to improve access to special needs shelters, services, and discharge planning for persons with special needs (Objectives 1-5, 7)
- Ensure that multi-agency response teams are ready to assemble and deploy rapidly upon a determination by state emergency management officials that a disaster area requires additional assistance (Objectives 1-5, 7)
- Support efforts to ensure that local and facility evacuation plans identify where elders go if the event impacts facilities (e.g., nursing homes, assisted living facilities, hospices, and hospitals) (Objectives 1-5, 7)

- Encourage counties and municipalities to develop mutual aid agreements and establish a communication structure to coordinate efforts in providing services to elders during catastrophic events (Objectives 1-7)
- Identify regional care centers, and plan with other agencies to have response options in place for catastrophic events when local operations may become overwhelmed and shelters may become compromised due to the event or additional unforeseen circumstances (e.g., extended power outages, lack of fuel) (Objectives 1,3,4,7)
- Encourage health officials and members of the medical community to enable easier access to medical records, prescriptions, and medications during declared disasters (Objectives 1-7)
- Determine the appropriate level of medical expertise (asset management) needed for staffing at general population shelters and special needs shelters, and support the development of uniform consistent standards statewide to ensure that the needs of the elder population are met (Objectives 1-5, 7)
- Encourage counties and municipalities to plan for the care of elder populations with special needs following disaster events. Special needs shelters must have adequate infrastructure to provide continuity of care that may be dependent upon durable (life sustaining or life supporting) medical equipment such as oxygen, respirators, wheelchairs, etc., and provide meals that meet dietary restrictions and nutritional requirements (Objectives 1-3,5-7)
- Work to ensure reimbursement issues are resolved for health care facilities that receive discharged special needs shelter clients, and that a funding mechanism is put in place in advance of a disaster (Objectives 1, 3-5, 7) (homes, assisted living facilities, hospices, and hospitals) (Objectives 1-5, 7)
- Ensure that special needs shelter discharge planning procedures are standardized throughout the state (Objectives 1, 3-5, 7)
- Ensure that special needs shelters are open to caregivers (Objectives 1-5,7)
- Encourage the establishment of more “pet friendly” general population shelters and special needs shelters. Support efforts to educate and train emergency shelter staff regarding regulations pertaining to service animals (Objectives 1,3,5,7)
- Encourage local and county emergency officials to plan for and provide appropriate security at shelters (Objectives 3,5,7)
- Continue to work with FEMA to adopt a standardized rapid needs assessment tool that can be used in general population shelters, special needs shelters, or disaster recovery centers to prioritize elders needing housing, transportation, medications, placement assistance, food, and water (Objectives 4,5,7)
- Encourage local emergency operations to review the potential need of elders for sheltering due to extreme emergency conditions (e.g., long-term power outages, extensive numbers of damaged or condemned structures, flooding, damaged roofs, shortages of tarps, continuing rain storms, etc.) (Objectives 1-7)

- Communicate the necessity of planning at the state and local level for the effect of long-term power outages and lack of fuel on otherwise independent and self-sufficient elders. Support efforts to ensure adequate fuel supply is available for emergency responders and service providers within the aging network (Objectives 1,2,5-7)
- Support efforts to improve the efficiency and accuracy of information contained in the emergency status database of available beds (Objectives 1-5,7)
- Consider requiring elder residential communities, condominiums, and long-term care facilities (e.g., assisted living facilities, nursing homes, etc.) to ensure their ability to maintain care and provide safe housing
- Encourage county and local emergency officials to establish contact networks in their response plans to ensure that elders have been checked on to determine their needs and status after a disaster (e.g., 72-hour check, eight-day check, buddy system, call tree, etc.) (Objectives 1,2, 5-7) post event (e.g., a requirement for generators at such facilities to insure the continuation of power and ability to operate elevators) (Objectives 2,5,7)
- Communicate the need for state, county, and local officials to prioritize the allocation of resources, assistance, and distribution of emergency supplies to meet the needs of the state's most vulnerable populations following a disaster, including elders, children, and persons with special needs or disabilities, etc. (Objectives 1,2,4-7)
- Encourage state, county, and local emergency officials to develop procedures for delivery of supplies to elders in residential communities and persons with special needs who, for safety and health reasons, should not attempt to travel to established points of distribution (PODs) sites designated for the general population (Objectives 1,2,4-7)
- Support efforts to coordinate the distribution of food, water, ice, and supplies to the general population at major food stores or supply chain stores once these outlets open or become operational with the use of generators. This practice will allow resources to become available to meet the needs of vulnerable and elder populations (Objectives 1,2,5,7)
- Provide training and technical assistance to county Emergency Operation Centers (EOCs) and local communities in developing plans for disaster preparedness and response, to ensure that procedures for coordinating efforts, acquiring supplies, and obtaining assistance for elders are in place and understood (Objectives 2, 5, 7)
- Support the training of county EOCs and local communities in understanding how to escalate issues to and communicate with the state EOC in the event that local resources are unable to meet the needs of the elder or special needs populations (Objectives 1, 5, 7)
- Develop a training guide template and/or disaster kit related to emergency preparedness and post-event survival that local communities and agencies can use for outreach, education, and communication with elders and special needs clients to create a culture of preparedness prior to disaster events (Objectives 2, 3, 5 -7)
- Collaborate in the publicity and distribution of the Department of Financial Services (DFS) financial emergency preparation kit and legal survival kit (Objectives 2,5-7)

- Promote opportunities for professionals and emergency officials to increase their awareness of and education on the special needs of elders during emergency situations (e.g., conferences, best practice sessions, workshops, publications, etc.) (Objectives 2-7)
- Support the establishment of one-stop service centers in partnership with other response agencies (e.g., DFS insurance villages) to streamline the delivery of services and increase the efficiency and effectiveness of post disaster assistance and community outreach efforts (Objectives 2, 5-7)
- Participate in State Hazard Mitigation Planning Advisory Council (Objectives 2, 5-7)
- Provide staffing at Disaster Recovery Centers to conduct rapid needs assessments, identify local resources and champion the needs of elders to ensure that housing and medical needs are prioritized and services are provided (Objectives 1,2,5-7)
- Provide information to emergency officials regarding the unique nutritional requirements of elder populations to ensure the appropriateness and elder-friendliness of post disaster meals distributed to elders (e.g., low sodium, diabetic, restricted caloric diets, etc.) (Objectives 2-7)
- Support efforts to develop community education and outreach regarding registration and special needs shelters and general information regarding shelter stays (Objectives 2,3,6, 7)
- Ensure that each county EOC and community has a pre-designated location for a special needs shelter(s). Information on the pre-designated location, services available, and access to transportation to the special need shelter(s) must be announced to the public prior to the event to assist special needs clients in pre-planning (Objectives 2,3,5-7)
- Educate the emergency community regarding the unique mental health issues and potential changes in behavior experienced among elder populations during times of stress and disorientation. Include specialized information on Alzheimer's and dementia, along with effective strategies for communicating with older adults to minimize the emotional impact of the event. Ensure that emotional support and counseling are available to elders (pre-event, during the immediate aftermath, and during long-term recovery) (Objectives 1-5, 7)
- Support efforts of service agencies and community-based service providers, including home health care providers, and hospices to collect registration information for elders with special needs as part of their program intake process. Establish programs to increase the awareness of the registration process, plan for continuity of care, minimize disruption of services, and educate clients about procedures that may be necessary for their safety during disasters (Objectives 2-7).

Appendix 8: State Plan Advisory Group

The State Plan Advisory Group and staff of Department of Elder Affairs prepared this plan.

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Appendix 9: State Plan Assurances, Required Activities, and Information Requirements, Older Americans Act, As Amended in 2006

FY 2016 State Plan Guidance
Attachment A

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or

other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on aging, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided

with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(17) Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for

fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (A) public education to identify and prevent abuse of older individuals; receipt of reports of abuse of older individuals;
- (C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
- (D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

- (A) identify individuals eligible for assistance under this Act, with special emphasis on—
 - (i) older individuals residing in rural areas;
 - (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
 - (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
 - (iv) older individuals with severe disabilities;
 - (v) older individuals with limited English-speaking ability; and
 - (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A) The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

Signature, Title and Date of Authorized Official



7/6/16

Samuel P. Verghese, Secretary

Date

FY 2016 State Plan Guidance
Attachment B
INFORMATION REQUIREMENTS

States must provide all applicable information following each OAA citation listed below. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Response:

In February 2016, the Department conducted a training of all Area Agencies on Aging (AAAs) in the state of Florida concerning the development and quality of their Area Plans. Notably, the Department developed a new methodology for the AAAs to measure their performance of serving older individuals with greatest economic and/or social need. For each of the counties in their Planning and Service Areas (PSAs), AAAs received spreadsheets listing the number and percentage proportions for the population age 60 and over for the following indicators: those living below 100% of the poverty level, those considered a racial or ethnic minority, those living alone, those living in rural areas, those with Limited English Proficiency, those considered both a racial or ethnic minority and having a low income (below 125% of the poverty threshold), and those with a probable Alzheimer's diagnosis.

AAAs were trained to compare the proportions of the indicators listed above for all counties contained in their PSAs to the proportions of those that were screened and served in a given year in the Department's OAA and General Revenue programs. If the indicator's proportion of screened and served clients is equal to or greater than that of the population indicator, that county is considered as "meeting or exceeding" the standard of performance. For example, if a county's proportion of residents age 60 and older who live alone is 20 percent and those screened and served who also live alone is 45 percent, the county is considered to have met or exceeded the standard. Had the county's screened and served clients who were living alone been below 20 percent, the standard would not have been met.

In the example above, the performance percentage of 45 percent also twice exceeds the population indicator of 20 percent; 45 percent also exceeds the indicator if 10 percentage points had been added to it. These standards of "super" exceeding the indicator are also used by the AAAs to demonstrate where they are exceling at serving individuals with the greatest social and/or economic need. AAAs were also trained to use these "meet or exceed" and "super" exceeding standards to determine their priorities and strategies for future planning:

- Where resources and targeting efforts can be reallocated across counties and population indicators so that all standards are met,
- Where margins between population and screened/served indicators are narrow or not meeting the performance standard and what will be done to meet or exceed the standard, and
- Which actions, conditions or circumstances result in achieving a “super” exceeded standard.

In addition to being trained in this performance analysis, AAAs were provided detailed instruction in using PSA and county-specific mapping tools developed by DOEA to identify neighborhoods in communities where high concentrations of seniors in disadvantaged groups are clustered so as to empower their targeting and outreach planning with population data. To facilitate their targeting and outreach efforts, mapping tools provided to the AAAs included a map layer identifying where their past outreach efforts had resulted in screened and served OAA clients, as well as a suite of base-maps that ranked census tracts by their density in certain attributes of the broader senior population. Specifically, each AAA received maps depicting within its respective PSA:

- Point locations of their OAA clients’ home addresses with personal health information removed;
- Point locations of their AAA office, the CARES office, VA Centers, acute hospitals, and Memory Disorder Clinics;
- Urbanized area (including urban and suburban areas by population density);
- Population percentage of those age 60 and over;
- Percentage of those age 85 and over (within the proportion of those 60 and over);
- Population percentage of those 60 and older with a physical disability;
- Population percentage of those 55 and older that are below 125% of the Federal Poverty Level;
- Population percentage of those 55 and older who are in racial/ethnic minority groups;
- Population percentage of those 60 and older with Limited English Proficiency;
- Population percentage of those 65 and older with probable Alzheimer’s disease;
- Population percentage of all seniors who are both low-income and racial/ethnic minority; and
- Population percentages of all seniors who are either low-income, racial/ethnic minorities, age 85 and older, or physically disabled.

These tools, when used in combination with each other, allow the AAAs to identify at the neighborhood level where there are concentrations of at-risk elders who they have yet to reach in their outreach and targeting efforts.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Response:

The AAAs currently submit their Disaster/Emergency Response Plan to the Emergency Coordinating Officer of the Department of Elder Affairs annually, on or before May 1st, for review. The Department is refining its process to collect and review the AAAs' emergency preparedness plans by incorporating the process through the existing Area Plan review. The Department is currently piloting this process with several AAAs to potentially incorporate the process statewide.

The Department requires that AAAs work with municipal and county emergency management to ensure that the aging network is represented within the municipal and county emergency operations centers. The Department uses a Provider Handbook that instructs the AAAs concerning the details of their emergency management and preparedness, including the requirements that AAAs designate emergency personnel and develop written disaster/emergency plans that outline the response process when a disaster/emergency is reported. The AAAs must designate an Emergency Coordinating Officer and an Alternate Emergency Coordinating Officer. The Emergency Coordinating Officer is responsible for formulating a written Disaster/Emergency Response Plan, which includes a Comprehensive Emergency Management Plan (CEMP), a Continuity of Operations Plan (COOP), and a Pandemic Annex:

- A Comprehensive Emergency Management Plan (CEMP) establishes a framework for an effective system of comprehensive emergency management. The Plan describes the basic strategies, assumptions, operational goals and objectives, and mechanisms through which a jurisdiction will mobilize resources and conduct activities to guide and support emergency management efforts through preparedness, response, recovery and mitigation.
- A Continuity of Operations (COOP) Plan establishes policy and guidance to ensure the execution of an agency or organization's mission essential functions in the event that the agency or organization is threatened or incapacitated, as well as the relocation of selected personnel and functions is required.
- Each AAA needs to develop a Pandemic Annex to their Continuity of Operations Plan. A pandemic event will result in widespread illness and associated absenteeism from the workplace. This annex should include plans on how the AAA would continue mission-essential operations. The agency should develop a list of "mission-essential functions" performed by agency staff. Mission-essential functions are those duties and tasks that are of immediate importance to the agency's mission and the health and welfare of elder Floridians in the event of disaster or other crisis. Mission-essential functions include all duties and tasks directly associated with the delivery of life-sustaining services and/or

the continued operations of critical agency infrastructure. Emergency staffing and backfill of existing positions will be of primary concern in order to provide essential services to the public.

The Emergency Coordinating Officer fulfills his/her duties by coordinating with local emergency management officials on emergency preparedness issues to accomplish the following:

- Establish working relationships prior to disaster/emergency events with local emergency officials (county emergency operations staff, county sheriff, county health department special needs shelter unit managers, local fire and police departments, and other key team members on the community response teams);
- Participate in local emergency disaster planning;
- Ensure local emergency officials understand the role of the AAA and the AAA Emergency Coordinating Officer in emergency/disaster response;
- Provide local emergency officials with an inventory of community resources for the elderly; and
- Educate local emergency officials regarding the unique needs of the elderly, including special dietary requirements.

The Emergency Coordinating Officer also acts as a liaison with other elements of local emergency management, local representatives of the aging network, and the Emergency Coordinating Officer of DOEA.

Section 307(a)(2)

The plan shall provide that the State agency will:

(C) Specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service.

Response:

All AAAs must complete a Contract Module as part of their Area Plan submission. The Contract Module includes the elements of the plan relating to funding sources and allocations, as well as other administrative/contractual requirements, and otherwise substantiates the means through which planned activities will be accomplished. Current guidance as provided by the Area Plan Contract Module specifies that funds allocated for Access Services, In-Home Services, and Legal Assistance must be equal to or greater than the following percentages of the total Title III B Priority Services: Access services (20 percent), In-Home (8 percent), and Legal Assistance (1 percent).

Section (307(a)(3)

The plan shall:

...

(B) with respect to services for older individuals residing in rural areas:

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Response:

In the year 2000, Florida's allotment for Title III and VII services totaled \$54,889,385. When applying the Department's estimate of 4 percent of elders age 60 and over who reside in rural areas to the total allotment, approximately \$2,195,575 were expended on elders residing in rural areas. Florida's allotment in 2016 for Title III and VII services totaled \$88,668,361 and, when factoring the same four percent, the Department calculates that \$3,546,745 will have been expended on elders residing in rural areas.

The projected expenditures for rural service recipients receiving Title B and C services are based on SFY 2014-15 client address data and the Services Reported table in the Department's Client Information and Registration Tracking System (CIRTS). Clients with addresses within a 2010 non-urban census block groups are counted as rural. To calculate the projected cost of services, OAA Title III B and III C, expenditures from the Services Reported All Units Rate table in CIRTS for clients deemed rural were summed and a 3-percent-per-year adjustment rate for inflation was applied. The projected expenditures for rural clients receiving Title III E services are based on FFY 2014-15 NAPIS data, as reported to the Department by the AAAs and FFY 2014-15 expenditures data from the Services Reported All Units Rate table in CIRTS. The percentages of clients that were deemed rural by the AAAs were applied to each PSA's aggregated service cost to get an estimated cost for rural clients. To project the cost of rural clients, a 3 percent per year adjustment rate for inflation was applied. The total projected expenditures for all OAA Title III programs were then summed by PSA and inserted into a table located in the Rural Considerations section of this State Plan.

Previous to this Plan, the projected expenditures for rural clients were based on 2011 client data from CIRTS Services Reported table. Clients with addresses with a rural ZIP code were counted. The percentages that were deemed to be rural were applied to the aggregated services counts to get an estimate of the clients that are reported in the aggregate. The service costs were estimated from average service costs in 2006 and multiplied by 1.15 as a 3-percent-per-year adjustment for inflation.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Response:

Please see *Rural Considerations* on page 12 of this State Plan that addresses special needs of older individuals residing in rural areas and the allocation of funds to meet those needs.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

- (A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and
- (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

Response:

The Florida State Profile in Appendix 3 identifies the number and percentage of elders who are considered low-income by financial status as well as individuals with Limited English Proficiency. The Department also adapts the State Profile to the county and PSA levels so that AAAs may also have current or projected figures for low-income and/or minority individuals, as well as those with Limited English Proficiency.

Additionally, the Department developed the Elders Needs Index (ENI) to help aging network partners strategically plan for targeting and serving areas with concentrations of vulnerable elders. The ENI is a composite index of population characteristics, presented in map format to denote the location and proportion of elders in vulnerable groups throughout Florida. Each of the factors included in the ENI relies upon the percentage of occurrence in the older adult population in that area. The selection of variables used to build the ENI is in keeping with the expressed intent of the Older Americans Act, as amended in 2006, to target elder populations that are isolated, either racially or culturally, in poverty, or individuals with disabilities. Specifically, the ENI is a composite measure that includes the following:

- Percent of age 60 and older population who are age 85 and older,
- Percent of age 55 and older population who are members of racial or ethnic minority groups,
- Percent of age 65 and older population with one or more disabilities, and
- Percent of age 55 and older population living below 125 percent of the Federal Poverty Level.

The state's AAAs were also trained in 2016 to develop targeting plans that discuss the AAAs' methods for ensuring the provision of outreach and education to populations most in need of services and for directing services to older individuals with greatest economic and/or social need (with particular attention to low-income older individuals; including low-income minority older individuals, older individuals with Limited English Proficiency, and older individuals residing in rural areas).

Section 307(a)(21)

The plan shall:

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (Title III), if applicable, and specify the ways in which the State agency intends to implement the activities.

Response:

The Department's Area Plan Template and Instructions requires AAAs to ensure that they will provide information and assurances concerning services to older individuals who are Native Americans including:

- Information concerning whether there is a significant population of older Native Americans in the Planning and Service Area and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
- An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI; and
- An assurance that the AAA will make services under the Area Plan available to the same extent, as such services are available to older individuals within the Planning and Service Area, whom are older Native Americans.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Response:

Government agencies are required to prepare disaster preparedness plans under Section 252.365, Florida Statutes, through their designated Emergency Coordination Officer (ECO). These plans assist the Department in ensuring the continuation of essential functions in the event of a disaster or significant disruption to Departmental operations, in response to natural or man-made disasters (i.e., wildfires, floods, hurricanes, tornadoes, or severe weather events, domestic

terrorism, terrorism, bioterrorism, mass migration, tsunamis, nuclear incidences, chemical spills, etc.).

The Department of Elder Affairs' (DOEA) Comprehensive Emergency Management Plan (CEMP) addresses the four phases of emergency management (preparedness, response, recovery, and mitigation) and describes DOEA's responsibilities to the AAAs and local service providers. It encompasses Department responsibilities and can be implemented as a result of any natural or manmade disaster and assists the AAAs and local service providers in preparing for and recovering from a disaster. The Department's role in disaster response and recovery is described in the Florida Comprehensive Emergency Management Plan. The Comprehensive Emergency Management Plan developed by the Department of Community Affairs patterns the FEMA system of Emergency Support Functions (ESF).

The Comprehensive Emergency Management Plan consists of 17 Emergency Support Functions. The Department is a support agency to six of these Emergency Support Functions, which are ESF 6 - Mass Care, ESF 8 - Health and Medical, ESF 9 - Urban Search and Rescue, ESF 11 - Food and Water, ESF 14 - Public Information, and ESF 15 - Volunteers and Donations. Following a disaster, the burden placed on the aging services network becomes larger as older adults, who ordinarily are self-sufficient, turn to local agencies for assistance and guidance. DOEA's CEMP is updated annually. The AAA CEMP will be reviewed on an annual basis by DOEA's ECO. Local service provider plans will be annually reviewed by the appropriate AAA.

The DOEA COOP Plan was developed to ensure that DOEA can continue to provide its mission essential functions and to ensure critical services to its clients continue in an all-hazards environment. COOP planning is simply a "good business practice" - part of the fundamental mission of all government agencies as responsible and reliable public institutions. DOEA's COOP Plan is updated annually. The AAA COOP Plan will be reviewed on an annual basis by DOEA's ECO. Local service providers' COOP Plans will be reviewed annually by the appropriate AAA.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Response:

On April 12, 2016, Secretary Samuel P. Verghese signed DOEA Policy 555.15 Disaster Plans – CEMP and COOP Plans – Revised April 2016, as outlined above. In addition to rules governing Department roles and operations during disaster and emergency situations, the Secretary can issue an Emergency Memorandum for either Preparation to Implement Emergency Relief Measures or for the Implementation of Emergency Relief Measures.

The Preparation to Implement Emergency Relief Measures directs AAAs to instruct lead agencies in the counties under their jurisdiction to contact the appropriate Local County Emergency Management Officer to determine the evacuation status of their county. In addition, AAAs are to complete the following tasks:

- Report to the Department's Emergency Coordinating Officer or Alternate the status of the counties at the earliest possible time;
- Instruct local service providers to be ready to implement a call-down of at-risk and special needs clients;
- Both AAAs and local service providers monitor local weather reports and activity and keep DOEA informed of storm activity in the local area;
- Both AAAs and local service providers prepare hard-copy reports and client lists to ensure their ability to contact clients to determine their status and identify any unmet needs. Electronic records may not be available after impact due to loss of power, damage to equipment or facilities, or inability to access databases or files;
- Review Continuity of Operations Plans to address steps to be taken before, during, and after an event to maintain operations and functionality of Elder Helplines and Information and Referral services.

An Implementation of Emergency Relief Measures is issued by the Department Secretary when a disaster is declared either by the President of the United States or the Governor of Florida. In doing so, the Secretary of the Department of Elder Affairs has the authority to direct AAAs and, in turn, local service providers to implement their Emergency Relief measures. The AAAs are instructed to contact and coordinate levels of activation with County Offices of Emergency Management and place call-downs to all local service providers.

Relief measures outlined in the Department's guidelines for local service providers include the following:

- Pre- and post-event call down of at-risk clients;
- Evaluation of the ability of the AAA and local service providers to continue service delivery and report status to DOEA ECO or Alternate;
- After-hour staff coverage of Elder Helplines;
- Delivery of services to all elders in need after the storm, if necessary and possible;
- Dispatch of designated Emergency Service Directors from the local service provider and AAA to shelters within and outside the disaster area to help elderly evacuees;
- Distribution of meals before or after the event, if possible; and
- Assignment of staff to Local Emergency Operations Centers within the disaster area and field assistance offices set up by the state and federal emergency agencies per agreements with local County Emergency Management officials.

The above measures are required minimums in local service provider disaster plans. Any other

measures above and beyond should also be taken as necessary. The AAAs are to assist as necessary with the local service providers' implementation of emergency measures.

Section 705(a)(7)

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307:*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307:

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

- (i) if all parties to such complaint consent in writing to the release of such information;*
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
- (iii) upon court order.*

INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

Each State IFF submittal must demonstrate that the requirements in Sections 305(a)(2)(C) have been met:

OAA, Sec. 305(a)(2)

“States shall,

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account--

(i) the geographical distribution of older individuals in the State; and
(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”

For purposes of the IFF, “best available data” is the most recent census data (year 2010). More recent data of equivalent quality available in the State may be considered.

As required by Section 305(d) of the OAA, the IFF revision request includes: a descriptive Statement; a numerical Statement; and a list of the data used (by planning and service area).

The request also includes information on how the proposed formula will affect funding to each planning and service area.

States may use a base amount in their IFFs to ensure viable funding across the entire state.