



Live Well and Age Well

2024 Department Overview



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MISSION

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

VISION

For all Floridians to live well and age well.

ELDER HELPLINE

1-800-96-ELDER (1-800-963-5337)

How We Serve Florida Seniors

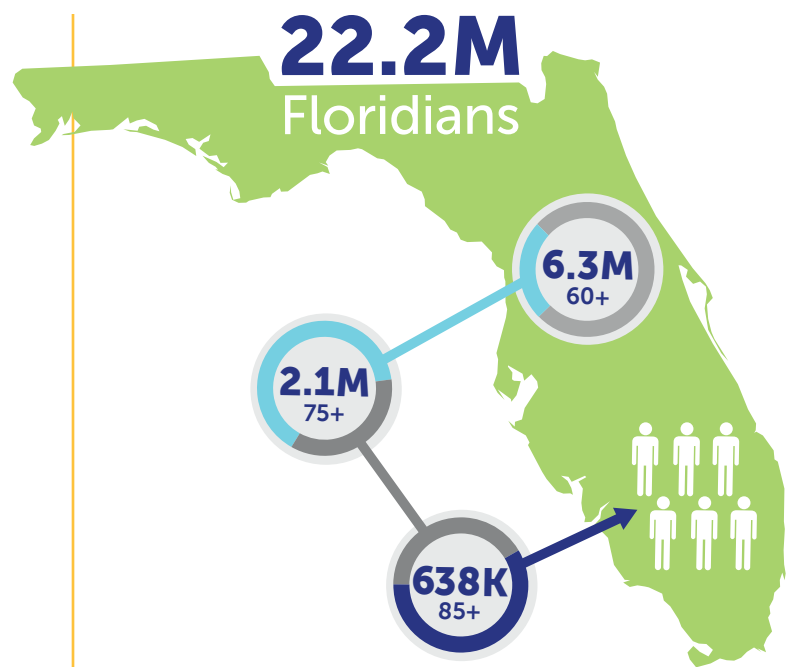
General Overview

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

DOEA was constitutionally designated by Florida voters to "serve as the primary state agency responsible for administering human services programs for the elderly" (section 430.03, *Florida Statutes*).

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

DOEA is the designated State Unit on Aging, in accordance with the federal Older Americans Act and Chapter 430, *Florida Statutes*. DOEA works in concert with federal, state, local, and community-based public & private agencies to represent the interests of older Floridians, their caregivers, and elder advocates. The organizations and providers that help create a better life for Florida's 6.3 million seniors make up Florida's Aging Network. Important to the Aging Network are the 11 Area Agencies on Aging (AAAs), also called Aging and Disability Resource Centers (ADRCs), that provide a wide range of programs and assistance. Each AAA is managed at the local level and is responsible for selecting the services and providers to assist elders within each county. Through partnerships with the AAAs, DOEA provides



community-based care to help seniors safely age with dignity, purpose, and independence.

Florida's Older Adults

By the Numbers

Florida boasts the third largest population in the nation, with over 22 million residents, and over 28 percent (6.3 million) of those residents are over the age of 60. Florida's elder population on its own would rank within the top 30 of total population among states¹.

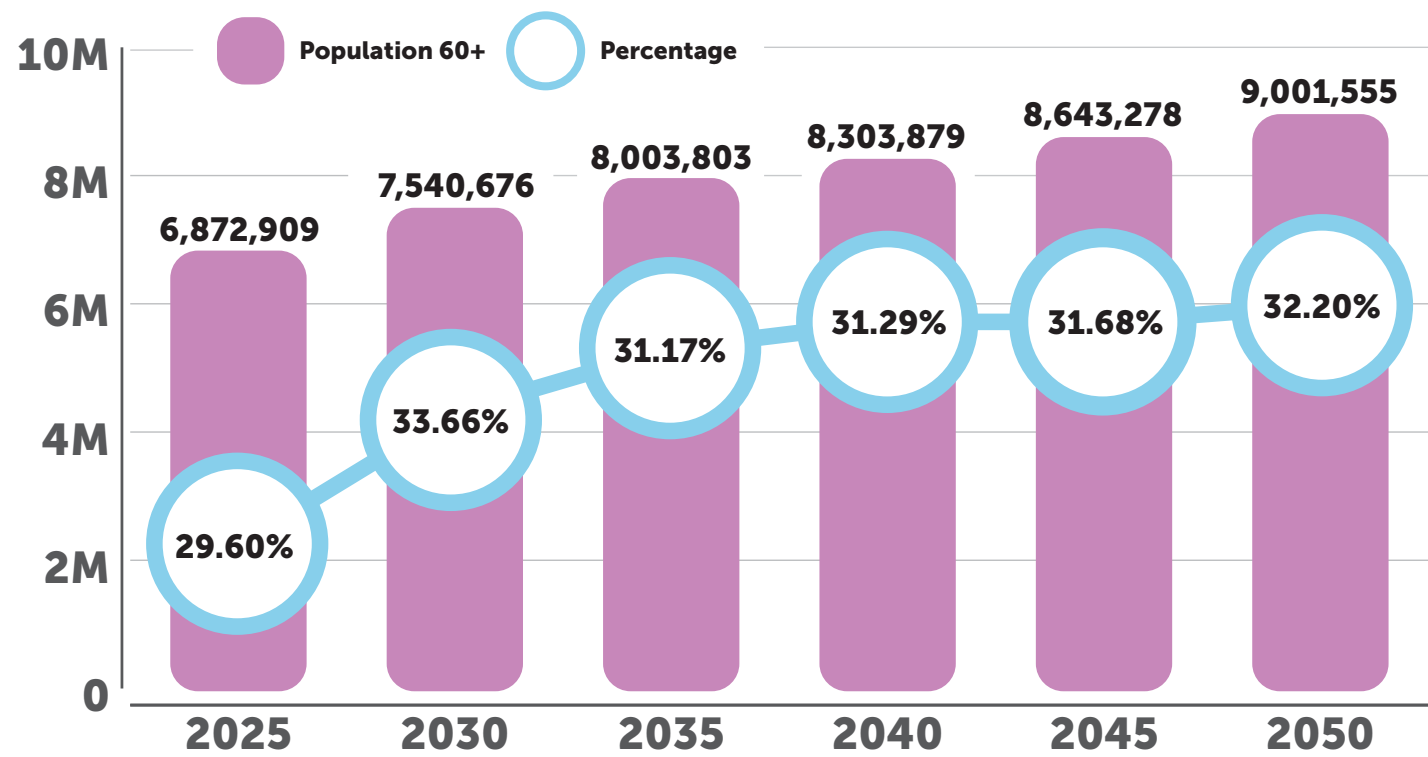
Older adults 100+ are the fastest growing age group in Florida², emphasizing the need for a statewide focus on healthy aging. Florida is projected to continue to experience increases in the number of older residents over the next 10 years as a result of migration and baby boomers who continue to age into retirement.

Disabilities among Florida's elder population varied by type, with 7 percent reporting cognitive impairments and 13 percent likely to be suffering from Alzheimer's or other related dementias, 17 percent reporting

¹ U.S. Census Bureau. (2023). S0201: Selected Population Profile in the United States Table. Accessed December 6, 2024.

² U.S. Census Bureau. (2023). 2023 National Population Projections Tables: Main Series. census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html.

2025-2050 Projections for Florida Population 60+*



*2025 to 2050 Population Projections for Florida: Actual and Percent, 60 and Older Source: Bureau of Economic and Business Research, 2020 Census Counts, and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2025-2050 With 2021 Estimates (Released October, 2023)

ambulatory disabilities, and 12 percent reporting two or more types of disability.

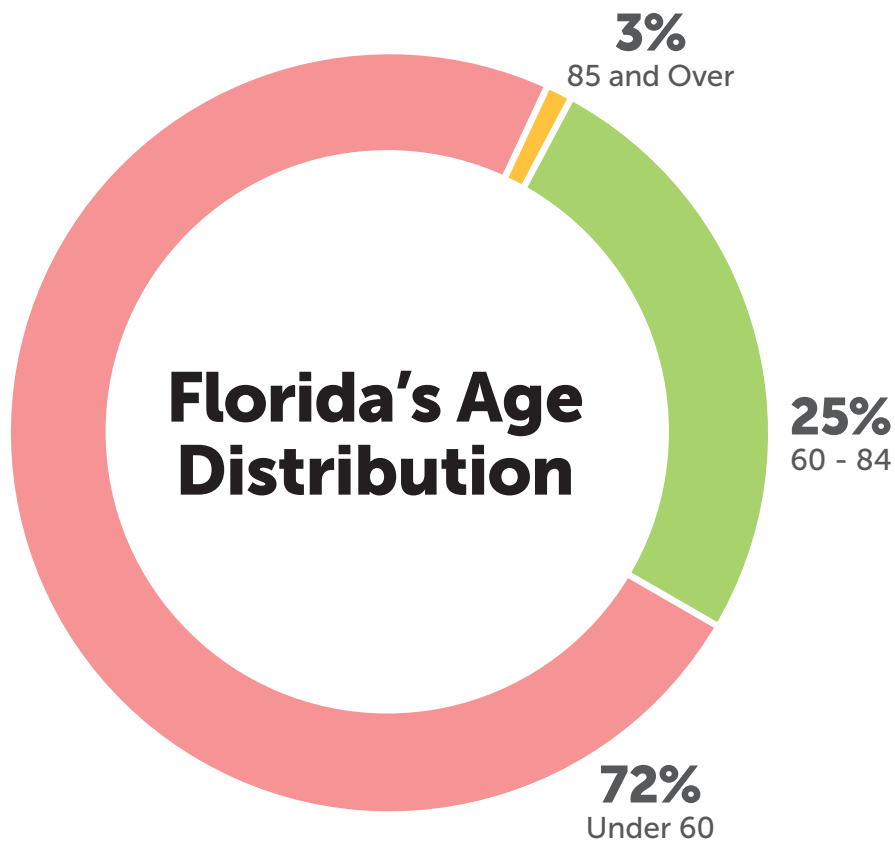
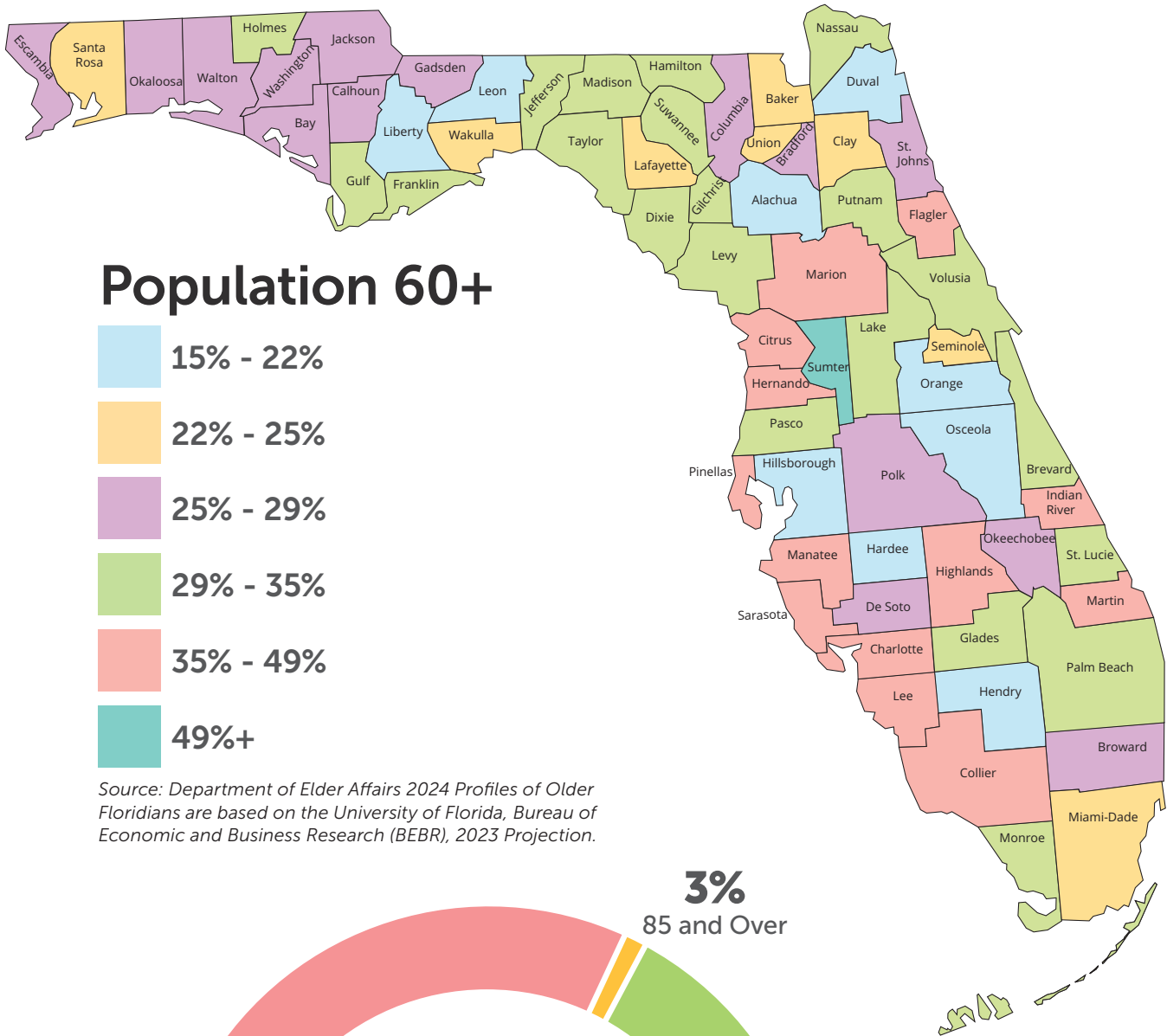
As our elder population grows, our state will be faced with increased demands on infrastructure and services. By 2030, Florida’s population of older adults will increase by 30 percent from what it is today (see figure on page 3), which may present new challenges to the state’s economic and healthcare systems for older adults.

Geographic Concentration

According to the U.S. Census Bureau, Florida led the nation as the fastest growing state in 2022 and older adults age 60-to-69 were the largest share of people moving to Florida from other states. These migration trends are largely reflected in urban areas and are concentrated in the central and southern counties, namely Miami-Dade (653,263), Broward (497,917), Palm Beach (483,000), Pinellas (343,360),

Counties with Populations Over 40 Percent 60+

COUNTY	POPULATION		
	TOTAL	60+	% 60+
Sumter	141,420	87,786	62%
Charlotte	196,742	96,106	49%
Citrus	158,009	71,994	46%
Sarasota	452,378	202,730	45%
Highlands	103,102	44,826	43%
Indian River	165,559	67,499	41%
Martin	161,655	66,362	41%



Hillsborough (311,931), and Lee (278,868) counties (see Appendix 3). These six counties account for 40 percent of our state's total population of persons age 60 and older.

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

Diversity

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

Among people age 60 and older, the percentage of minorities in Florida continues to exceed the national average. The two largest minority groups of older adults are those who are Black or of African descent at 11 percent, and Hispanic or Latin ethnicity at

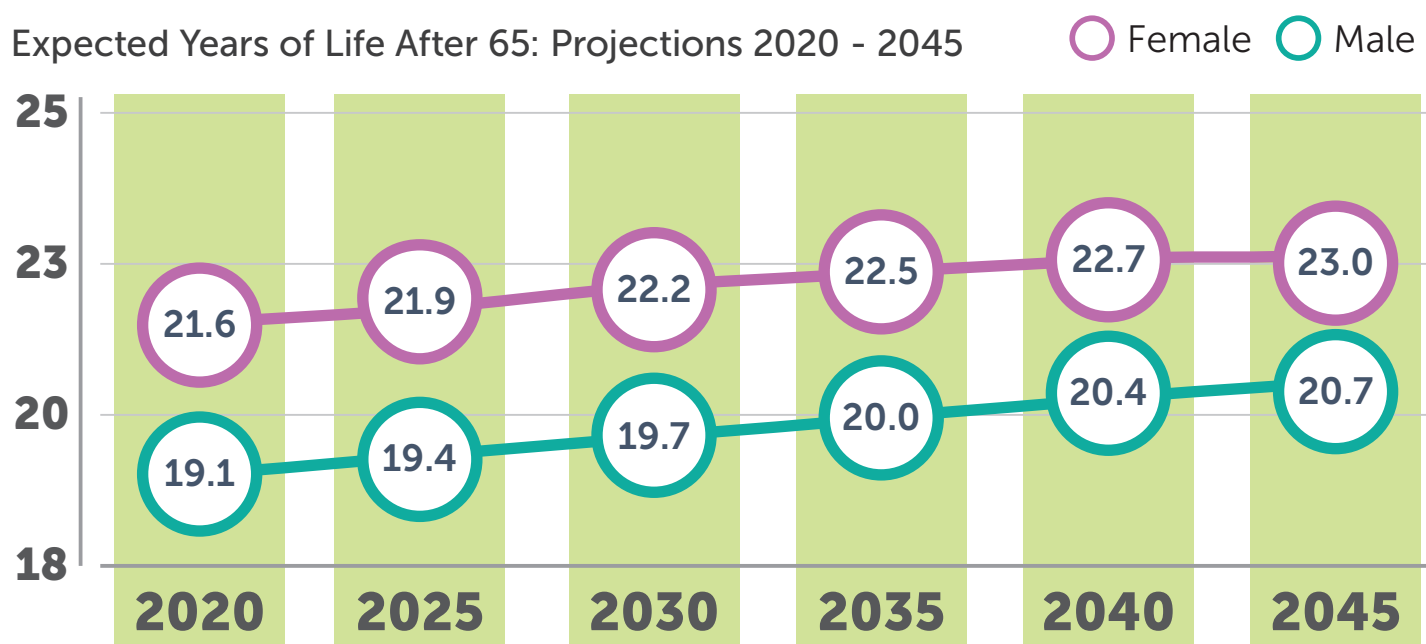
17 percent. Additionally, Florida is home to more than 1.5 million foreign-born older adults who contribute to the cultural, religious, and linguistic diversity of the state, with a resulting 22 percent of older adults who are able to speak in a language other than English, and 7 percent who are unable to speak English well.³

Disabilities among Florida's elder population varied by type, with 7 percent reporting cognitive impairments and 13 percent likely to be suffering from Alzheimer's or other related dementias, 17 percent reporting ambulatory disabilities, and 12 percent reporting two or more types of disability. Though 64 percent of Florida's older adults do not have any type of disability,⁴ those older adults age 85 and older, as well as those with lower incomes, are more likely to experience disabilities and physical limitations.

Life Expectancy

The projected increase of older adults in the population is in part due to the improved health and well-being of Floridians, which allows them to live longer lives. This is already apparent

Expected Years of Life After 65: Projections 2020 - 2045



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

3 Florida Department of Elder Affairs. (2023). County Profiles. elderaffairs.org/publications-reports/demographic-profiles-statistics/florida-county-profiles.

4 Florida Department of Elder Affairs. (2023). County Profiles. elderaffairs.org/publications-reports/demographic-profiles-statistics/florida-county-profiles.

with the population of individuals age 100 and older, currently the nation's fastest-growing age group by percentage. Many favorable trends are occurring simultaneously among individuals age 60 and older that continue to decrease the likelihood of morbidity (illness) and mortality (death). These include the following:

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

Contributions of Older Adults

Older adults are an important part of Florida's economic engine. The average retiree in Florida contributes \$2,900 more to the state and local economy than they consume in public services. These older adults, along with all adults over the age of 50 are fueling a significant, fast-growing and often overlooked "longevity economy" — the sum of all economic activity driven by these individuals including both the products and services they purchase directly and the further economic activity this spending generates. People over 50 contribute to the economy in a positive, outsized proportion to their share of the population. Despite being 40 percent of Florida's population in 2017, the total economic contribution of the longevity economy accounted for 54 percent of Florida's GDP (\$478 billion).⁵

In addition to being significant contributors to the state's economy, older adults are often very active in their local communities. As a result those communities with a high proportion of older adults enjoy numerous advantages. Older adults donate to charitable causes at a larger



rate than younger generations. High levels of volunteerism in this group continuously enhance communities throughout Florida which is evident in local programs and services such as libraries, schools, community-services organizations, museums, theater groups, and art galleries. Older adults also remain committed to their families with many providing care to another family member, including raising grandchildren when a parent is unable to do so.

- Approximately 68.7% of older Floridians are registered voters.⁶
- There has been a nearly 22% increase in the number of grandparents responsible for their grandchildren since 2010.⁷
- In 2017, older adults volunteered more than 130 million hours, valued at more than \$3 billion in cost savings to the state for their services.⁸

⁵ Study prepared by the University of Florida's Bureau of Economic and Business Research titled *An Update to the Net Impact of Retirees on Florida's State and Local Budgets (2018)*

⁶ U.S. Census Bureau; 2022 Voting and Registration tables, released April 2023

⁷ Florida Department of Elder Affairs. (2010–2023). County Profiles. elderaffairs.org/publications-reports/demographic-profiles-statistics/florida-county-profiles

⁸ Current Population Survey Volunteering and Civic Life Supplement, 2017 provided by Corporation for National and Community Service (CNCS)

Florida's Aging Network

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

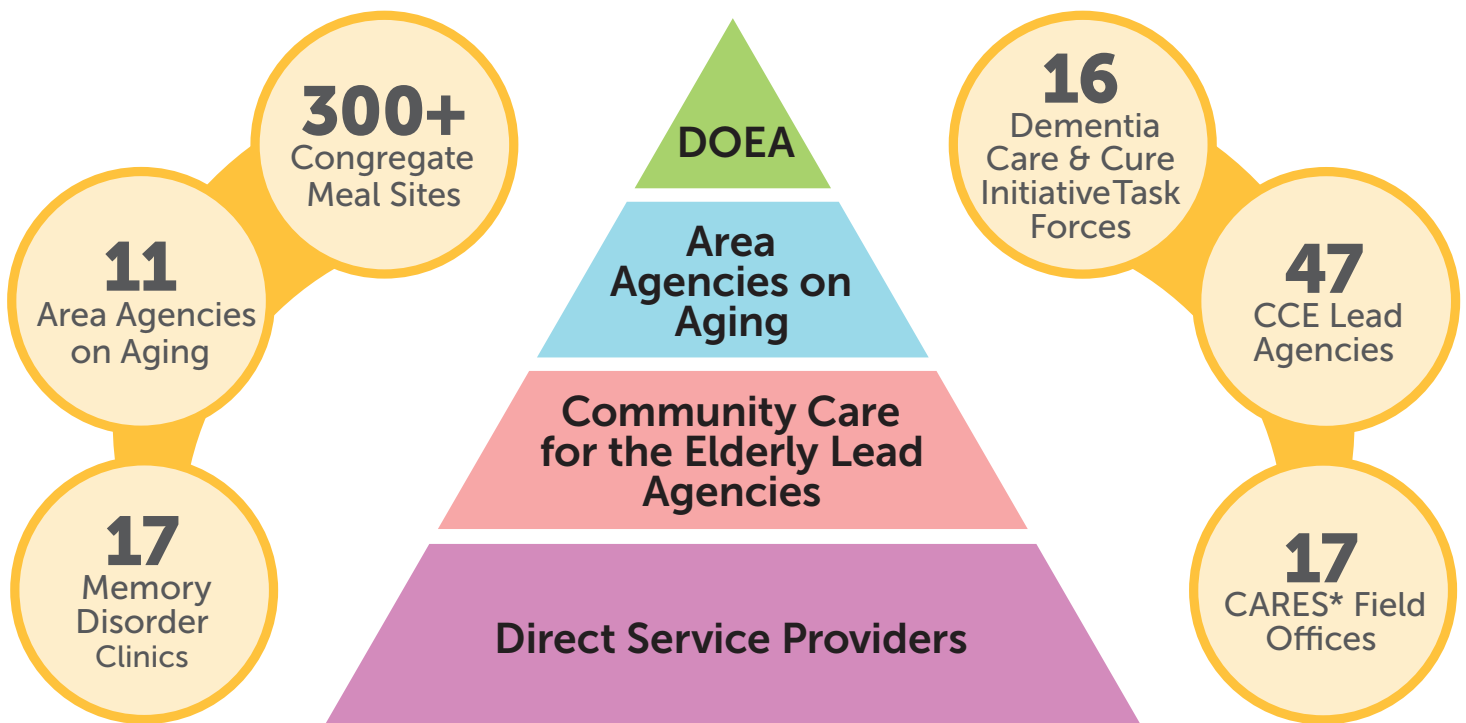
Each of the 11 Area Agencies on Aging also operate as Aging and Disability Resource Centers (ADRCs). ADRCs are designed to streamline access to long-term care to make it easier for older adults and individuals with disabilities to learn about and quickly access the long-term services that best meet their needs.

ADRC programs provide information and assistance to individuals needing either public or private resources, professionals seeking assistance on behalf of their clients, and individuals planning for their future long-term care needs. ADRC programs also serve as the entry point to publicly administered long term supports including those funded under Medicaid, the Older Americans Act, and state revenue programs. ADRCs support consumer-friendly entry points into long-term care at the community level."

There are 47 Community Care for the Elderly (CCE) Lead Agencies serving Florida. Lead agency providers are either non-profit corporations or county government agencies. Among the non-profit corporations are senior centers and Councils on Aging. Lead agencies contract with local service providers, which include non-profit and for-profit corporations. Among non-profits are senior centers, county organizations, community action agencies, faith-based organizations, adult day care centers, and Alzheimer's disease clinics.

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

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



* Comprehensive Assessment and Review for Long-Term Care Services

Description of Current Service Population

The Department works to improve the well-being of Florida’s older adults through the provision of appropriate and cost-effective home and community-based services. More than 1.2 million Floridians age 60 and older received services from the Department in fiscal year 2022-2023, and over 97 percent of the Department’s \$432.2 million budget (state and federal) is spent providing direct services.

The Department uses the Federal Poverty Level as a measure of economic need. Of the clients screened and served by the Department, 46 percent were below the poverty level compared to approximately 11 percent in the general 60-and-older population. Furthermore, low-income minority clients were 31 percent of the service population compared to four percent in the general population of people age 60 and older.

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

percent of the service population lived alone, compared to only 23 percent in the general 60-and-older population. Approximately eight percent of the Florida 60+ population has limited English proficiency compared with 24 percent of the clients served.

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

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

Florida 60+ Population Compared To Screened And Served Clients

Characteristic 60+	Population		Services *	
	60+	% 60+	Recipients	%
Below 100% of Poverty Level	650,718	11%	59,892	43%
Living Alone	1,432,168	24%	54,251	39%
Minority	1,444,977	24%	68,108	49%
Minority Below 100% of Poverty Level	178,000	3%	40,437	29%
Rural Areas	270,109	4%	4,675	3%
Limited English Proficiency	485,944	8%	53,421	39%
Probable Alzheimer’s	506,069	8%	22,904	17%
85+	573,014	9%	43,459	31%

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

Area Agencies on Aging

1 PSA 1

Northwest Florida Area Agency on Aging

5090 Commerce Park Cir.

Pensacola, FL 32505

Phone: (850) 494-7101

Elder Helpline: (866) 531-8011

nwflaaa.org

2 PSA 2

Advantage Aging Solutions

2414 Mahan Dr.

Tallahassee, FL 32308

Phone: (850) 488-0055

Elder Helpline: (866) 467-4624

advantageaging.org

3 PSA 3

Elder Options

100 S.W. 75th St., Ste. 301

Gainesville, FL 32607

Phone: (352) 378-6649

Elder Helpline: (800) 262-2243

agingresources.org

4 PSA 4

ElderSource

10688 Old St. Augustine Rd.

Jacksonville, FL 32257

Phone: (904) 391-6600

Elder Helpline: (888) 242-4464

myeldersource.org

5 PSA 5

Area Agency on Aging of Pasco-Pinellas

9549 Koger Blvd.

Gadsden Bldg., Ste. 100

St. Petersburg, FL 33702

Phone: (727) 570-9696

Elder Helpline: (727) 217-8111

agingcarefl.org

6 PSA 6

Senior Connection Center

8928 Brittany Way

Tampa, FL 33619

Phone: (813) 740-3888

Elder Helpline: (800) 336-2226

seniorconnectioncenter.org

7 PSA 7

Senior Resource Alliance

3319 Maguire Blvd., Ste. 100

Orlando, FL 32803

Phone: (407) 514-1800

Elder Helpline: (407) 514-0019

seniorresourcealliance.org

8 PSA 8

Area Agency on Aging for Southwest Florida

2830 Winkler Ave., Ste. 112

Fort Myers, FL 33916

Phone: (239) 652-6900

Elder Helpline: (866) 413-5337

aaaswfl.org

9 PSA 9

Area Agency on Aging of Palm Beach/Treasure Coast, Inc.

4400 N. Congress Ave.

West Palm Beach, FL 33407

Phone: (561) 684-5885

Elder Helpline: (866) 684-5885

aaapbtc.org

10 PSA 10

Area Agency on Aging of Broward County

5300 Hiatus Rd.

Sunrise, FL 33351

Phone: (954) 745-9567

Elder Helpline: (954) 745-9779

adrcbroward.org

11 PSA 11

Alliance for Aging

760 Northwest 107th Avenue

Suite 214, 2nd Floor

Miami, FL 33172

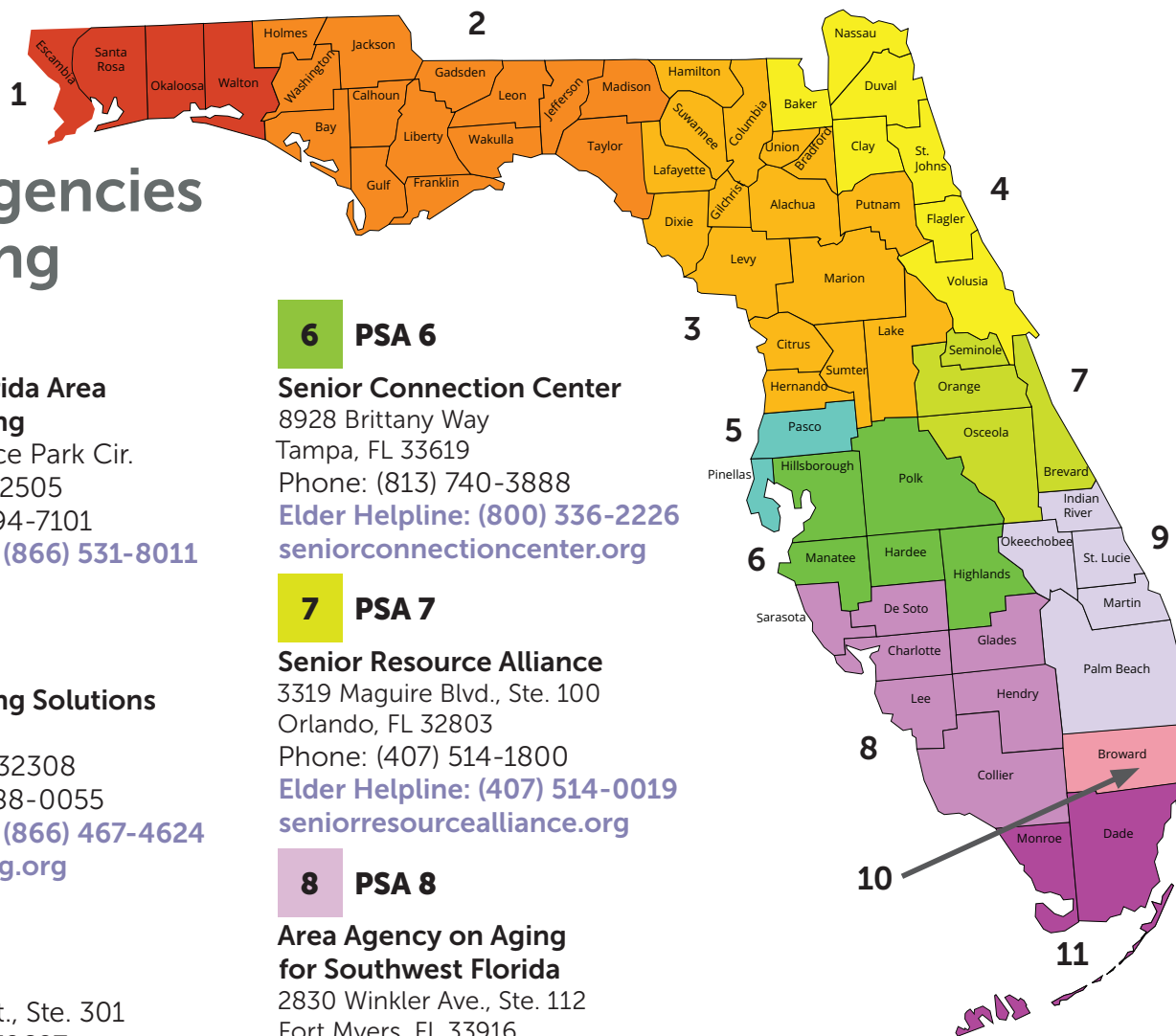
Phone: (305) 670-6500

Elder Helpline: (305) 670-4357

allianceforaging.org

County coloring represents area served by the corresponding Area Agency on Aging.

PSA - Planning and Service Area



First Lady DeSantis' Hope Florida – A Pathway to Purpose

In the fall of 2022, the Department of Elder Affairs joined First Lady Casey DeSantis' Hope Florida initiative.

Hope Heroes

Hope Florida – A Pathway to Purpose offers a special volunteer program called Hope Heroes, providing a way for retirees and seniors to volunteer their time and connect with their community.

Hope Heroes are matched with volunteer opportunities across Florida, offering support to our seniors, mentoring youth transitioning from foster care, and assisting with disaster preparedness for elders.

Hope Hero volunteers take pride in being part of Hope Florida, and they're committed to making a lasting, positive impact in their communities.

If you're ready to join this dedicated team or partner with the Department on these meaningful initiatives, sign up today at helpcreatehope.com.

Hope Navigators

Hope Florida utilizes Hope Navigators to guide Floridians on an individualized path to success by focusing on community collaboration and breaking down traditional community silos to maximize support and uncover opportunities.

Hope Navigators at the Department of Elder Affairs play a crucial role in supporting Florida seniors aged 60 and older, as well as their caregivers. They help overcome barriers so that clients may have a better quality of life while aging in a place of their preference. By guiding seniors through local resources, Navigators promote independence and significantly enhance their client's well-being.

The program has served 2,676 seniors since its inception and 1,190 seniors served this year (January 1-September 16, 2024) with many of those seniors facing similar challenges.

Common Barriers

- Housing
- Transportation
- Food Insecurity
- Bill Payment
- Medical Treatment
- Legal Assistance
- Caregiver Respite
- Companionship
- Employment
- Disaster Recovery
- Activities of Daily Living

Hope Navigators are dedicated to delivering effective and efficient community resources that bring hope to seniors. Their compassion and unwavering commitment to serving those in need are reflected in the inspiring success stories received each week. Through personalized support and innovative programs, Navigators foster a sense of dignity and connection for older adults, making a meaningful difference in their lives.

To get connected to a Hope Navigator, call [833-Get-Hope \(833-438-4619\)](tel:833-438-4619) or email the Department at information@elderaffairs.org.

Prioritizing Floridians and Caregivers Affected by Dementia

Governor DeSantis' Five-Point Dementia Action Plan

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

1 Directed the Department of Health to add Alzheimer's and related dementias as a priority within the State Health Improvement Plan. It was added to the State Health Improvement Plan in 2019 and continues as a priority area in the 2022-2026 cycle.

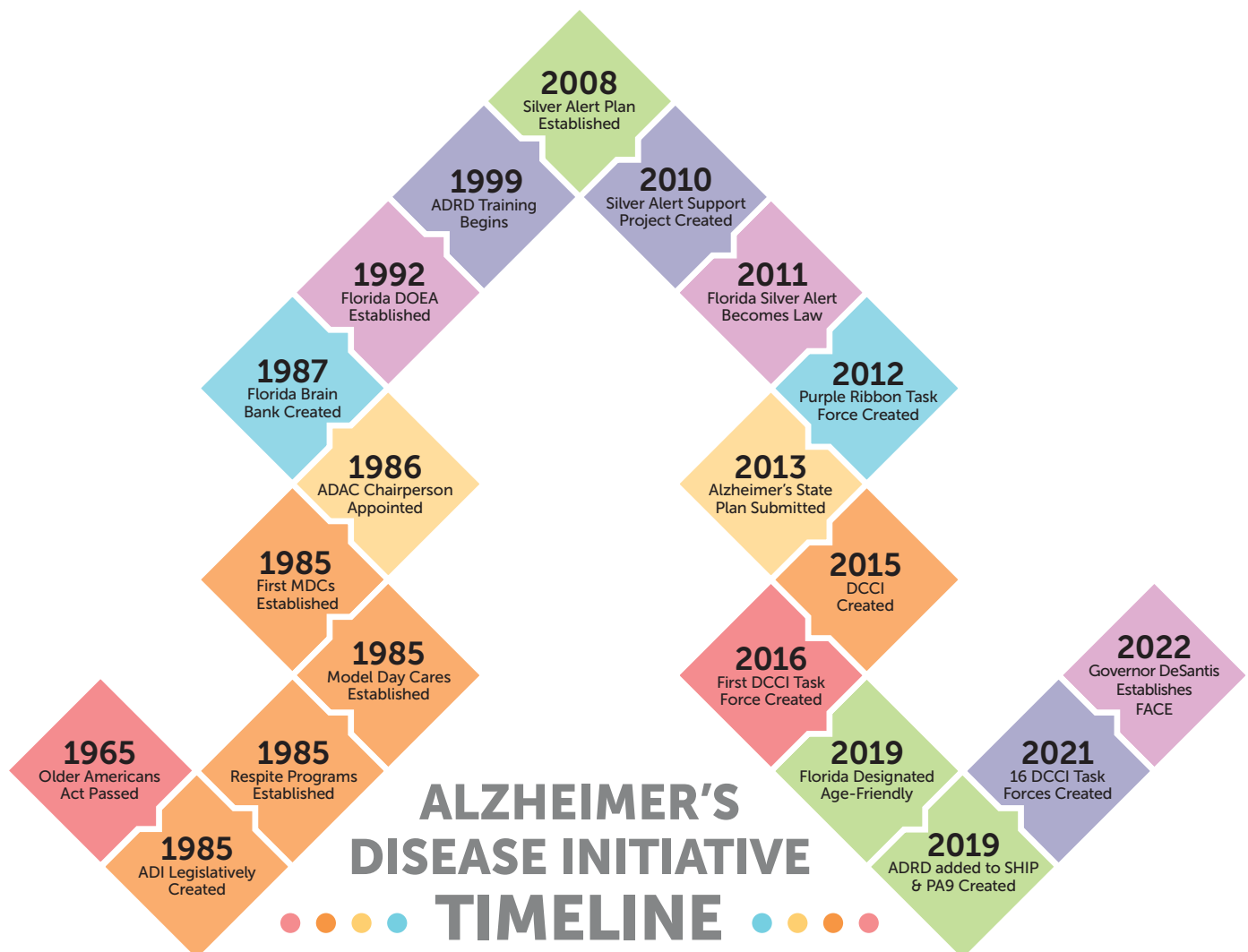
2 Challenged institutions that house Florida Memory Disorder Clinics to provide matching funding to the clinics to allow for an increase in the number of individuals they serve with evaluation and diagnostic testing for dementia. Currently, the State of Florida has designated and funded 17 Memory Disorder Clinics which are established at medical schools, teaching hospitals, and similar institutions. For SFY 2022-2023, each Memory Disorder Clinic received \$222,801 and \$777,801 for SFY 2023-2024.

3 Encouraged local communities to expand the Dementia Care and Cure Initiative in their areas. The Dementia Care and Cure Initiative Task Force network has grown to 16 communities across Florida that are working toward common goals to make their local areas more dementia-friendly, promote better care for Floridians affected by dementia, and support research efforts to find a cure.



4 Released budgets each year that included financial backing to help those with this disease. This funding also serves similar memory disorders as well as their families. The supportive services include counseling, consumable medical supplies, and respite for caregiver.

5 Established the Florida Alzheimer's Center of Excellence, the first Alzheimer's Center of Excellence developed exclusively by a state government agency. Governor DeSantis announced the establishment and first phase of this innovative effort in June 2022 as the final pillar of his five-point Dementia Action Plan.



1965

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

1985

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

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

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

1986

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

1987

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

1992

Department of Elder Affairs (DOEA) established.

1999

ADRD training program established.

2008

Florida Silver Alert Plan was established through Executive Order 08-211 by Governor Charlie Crist.

2010

Silver Alert coordination and support project started.

2011

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

2012

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

2013

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

2015

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

2016

Tallahassee announced as the first DCCI pilot task force.

2019

Florida became the 4th designated Age-Friendly State.

ADRD placed into the State Health Improvement Plan and Priority Area 9 created.

2021

16th DCCI task force created.

2022

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

Florida Alzheimer's Center of Excellence

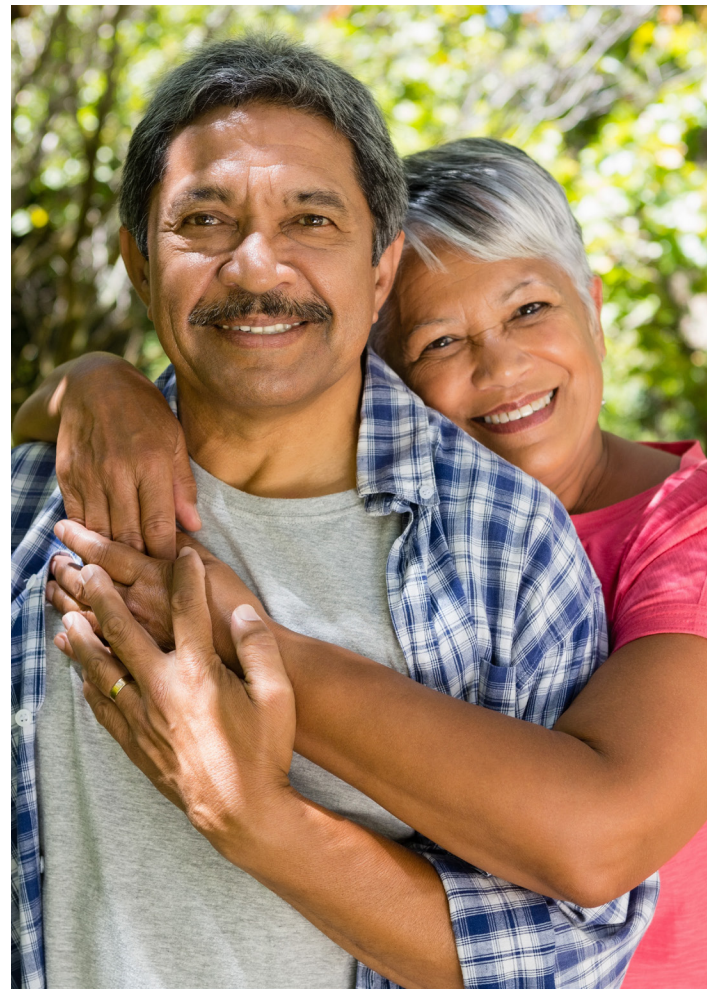
Florida Alzheimer's Center of Excellence (FACE) was announced in 2022 to support caregivers and people with Alzheimer's and related dementias in the community using evidence-based and no-wrong-door strategies. The creation of FACE marked the final pillar of Governor DeSantis' five-point dementia action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

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

Services and Activities

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

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



research. The model follows the framework developed by the Department of Health's Cancer Centers of Excellence by creating benchmarks and best-practice standards. The recognition as a FACE Partner will allow families to seek the best professionals in the field and raises the bar of care standards.

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

Older Americans Act Programs

The federal Older Americans Act (OAA) provides assistance in the development of new or improved programs to help older persons by awarding grants to the states for community planning and services.

OAA Title III, Title V, and Title VII allotments to the states are calculated by using a statutory formula based on the state's population and prior funding history.

OAA Title III B *Supportive Services* Description

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

Services and Activities

Supportive services consist of the following:

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



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

Administration

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

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

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

OAA Title III B Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
2019-2020	\$32,571,250	33,188
2020-2021	\$34,171,554	29,921
2021-2022	\$34,171,554	23,818
2022-2023	\$29,634,157	28,1056
2023-2024	\$43,577,592	26,105

Note: The number of clients served under OAA Title III B does not include clients who are served with information and referral/assistance.

Source for clients served: eCIRTS

OAA Title III C1

Congregate Meals

Description

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

Services and Activities

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

Administration

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

Eligibility

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

- Individuals age 60 or older;
- Spouses who attend the dining center with individuals age 60 or older;
- Individuals with a disability, regardless of age, who reside in a housing facility occupied primarily by older individuals where congregate nutrition services are provided;



- Individuals with a disability who reside at home with and accompany an eligible person to the dining center; and
- Volunteers, regardless of age, who provide essential services on a regular basis during meal hours.

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

Statutory Authority

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

Funding Source and Allocation Methodologies

OAA Title III C1 is 100 percent federally funded. A 10-percent match is required for services, and a 25-percent match is required for administration. The statewide funding distribution for services in OAA Title III C1 is based on the following formula:

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

OAA Title III C1 Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
2019-2020	\$26,299,358	32,558
2020-2021	\$26,793,122	30,291
2021-2022	\$26,299,358	25,185
2022-2023	\$38,092,264	24,654
2023-2024	\$37,279,591	27,051

Source for clients served: eCIRTS

OAA Title III C2

Home-Delivered Meals

Description

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

Services and Activities

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

Administration

The Department administers OAA Title III C2 programs and services through contracts with Area Agencies on Aging (AAAs), which enter into agreements with local service

providers to deliver services within their communities. Program services are provided statewide by contractors and subcontractors.

Eligibility

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

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



- Individuals at nutritional risk who have physical, emotional, or behavioral conditions that would make their presence at the congregate site inappropriate; and persons at nutritional risk who are socially or otherwise isolated and unable to attend a congregate nutrition site.

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

Statutory Authority

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

Funding Source and Allocation Methodologies

OAA Title III C2 is 100 percent federally funded. A 10-percent match is required for services, and a 25-percent match is required for administration. The statewide funding distribution for services in OAA Title III C2 is based on the following formula:

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

OAA Title III C2 Funding History and Numbers Served

Federal Fiscal Year*	Federal Funding	Clients Served
2019-2020	\$27,160,170	31,384
2020-2021	\$26,914,784	30,665
2021-2022	\$26,914,784	24,573
2022-2023	\$21,860,773	22,013
2023-2024	\$41,727,513	21,015

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

OAA Title III

Nutrition Service Incentive Program

Description

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

Services and Activities

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

Administration

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

Eligibility

Individuals eligible for NSIP assistance include the following:

- Individuals age 60 or older;
- Individuals qualified to receive services under the OAA; and
- Spouses, adults with disabilities, and volunteers younger than 60 may be served meals under some circumstances.

Statutory Authority

Older Americans Act, 42 *United States Code* 3001 et seq., as amended by Public Law 106-501; sections 20.41 and 430.101, *Florida Statutes*.

Funding Source and Allocation Methodologies

The Nutrition Services Incentive Program is wholly federally funded. NSIP allotments by the U.S. Administration on Aging to State Units on Aging represent proportional shares of the annual program appropriation based on the number of meals served in the previous year. The Department allocates NSIP funding to Planning and Service Areas (PSAs) based on the total grant award and PSA expenditure rates.

NSIP Funding History and Numbers Served

Federal Fiscal Year	Allocated Funding	Eligible Meals
2019-2020	\$6,323,772	12,949,785
2020-2021	\$6,272,944	12,768,421
2021-2022	\$6,292,520	8,552,109
2022-2023	\$6,290,598	9,080,022
2023-2024	\$7,945,375	9,804,702

Source for meals served: eCIRTS

OAA Title III D

Disease Prevention and Health Promotion Services

Description

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

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

Services and Activities

OAA Title III D services include the following programs:

CAREGIVER SUPPORT: Powerful Tools for Caregivers; Savvy Caregiver.

DIABETES: Diabetes Empowerment Education Program; Diabetes Self-Management; and Tomando Control de Su Salud.

FALLS PREVENTION: A Matter of Balance; Arthritis Foundation Exercise Program, Activity Living Everyday, Bingocize; Enhance Wellness; Tai Chi for Arthritis and Falls Prevention; Tai Ji Quan: Moving for Better Balance; and Un Asunto de Equilibrio.

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



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

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

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

Administration

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

Eligibility

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

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

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

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

OAA Title III D Funding History and Numbers Served

Federal Fiscal Year	Funding	Clients Served
2019-2020	\$1,867,767	8,493
2020-2021	\$1,867,767	6,188
2021-2022	\$1,872,570	9,199
2022-2023	\$1,883,883	9,820
2023-2024	\$3,146,016	9,818

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

Source: Contractor monthly reports

OAA Title III E

National Family Caregiver Support Program

Description

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

Services and Activities

National Family Caregiver Support services include the following categories:

CAREGIVER SUPPORT SERVICES

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

CAREGIVER SUPPLEMENTAL SERVICES

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



GRANDPARENT OR NON-PARENT RELATIVE SUPPORT SERVICES

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

Administration

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

Eligibility

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

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

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

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

OAA Title III E Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Clients Served
2019-2020	\$15,381,708	90,597
2020-2021	\$15,381,708	94,634
2021-2022	\$15,653,230	3,793*
2022-2023	\$16,114,261	4,464*
2023-2024	\$18,106,206	5,257*

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

OAA Title V

Senior Community Service Employment Program

Description

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

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

Services and Activities

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

Under the Workforce Innovation and Opportunity Act of 2014, SCSEP is a mandated partner in regional one-stop centers operated under the auspices of Florida's 24 regional workforce development boards.

Administration

SCSEP is the only federally funded employment and training program focused exclusively on the needs of low-income older persons. The Department administers

SCSEP state-share funds through contracts with local organizations.

Eligibility

Individuals eligible for OAA Title V services include the following:

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

Preference is given to older persons with the greatest economic or social needs. Particular attention is given to low-income older individuals, low-income minority elders,

individuals with limited English proficiency, and individuals residing in rural areas.

Statutory Authority

Older Americans Act Reauthorization Act of 2024, b. Public Law 114-144.

Funding Source and Allocation Methodologies

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

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

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

OAA Title V Number of Program Slots

State Fiscal Year	Funding Allocation	Program Slots	
		State-Share	National Sponsor
2019-2020	\$4,681,926	513	1,888
2020-2021	\$4,718,350	434	1,902
2021-2022	\$4,507,253	483	1,902
2022-2023	\$4,704,077	485	1,902
2023-2024	\$4,712,961	486	1,900

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

OAA Title VII

Section 712

Long-Term Care Ombudsman Program

Description

The Long-Term Care Ombudsman Program (LTCOP) is a statewide, volunteer-based program that works to improve the quality of life for all Florida long-term care residents by advocating for and protecting their health, safety, welfare, and rights. Program staff and volunteers receive specialized training to become state-certified ombudsmen who identify, investigate, and resolve complaints made by, or on behalf of residents of nursing homes, assisted living facilities, adult family care homes, or continuing care retirement communities.

Services and Activities

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

- Provides information, assistance, and other resources regarding residents' rights in all long-term care facilities;
- Helps develop and support resident and family councils to protect the well-being of residents;
- Conducts quarterly routine access visits that focus on quality-of-life issues in each long-term care facility;

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

Administration

The Long-Term Care Ombudsman Program is administered by the Department of Elder Affairs. The program operates through the Office of the State Long-Term Care Ombudsman and 14 local offices that coordinate and support the service of 250 certified volunteer ombudsmen and ombudsman trainees. A map of the LTCOP office locations with contact information can be found on page 30 of this publication.

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

LTCOP Appropriation History

State Fiscal Year	Funding			
	Federal	State	Total	Per Resident
2019-2020	\$1,755,727	\$1,260,194	\$3,025,921	\$15.26
2020-2021	\$1,173,802	\$1,260,194	\$2,433,996	\$12.00
2021-2022	\$3,247,059	\$1,260,194	\$4,507,253	\$22.67
2022-2023	\$4,138,848	\$1,260,194	\$5,399,042	\$26.92
2023-2024	\$1,668,036	\$1,260,194	\$2,928,230	\$14.36

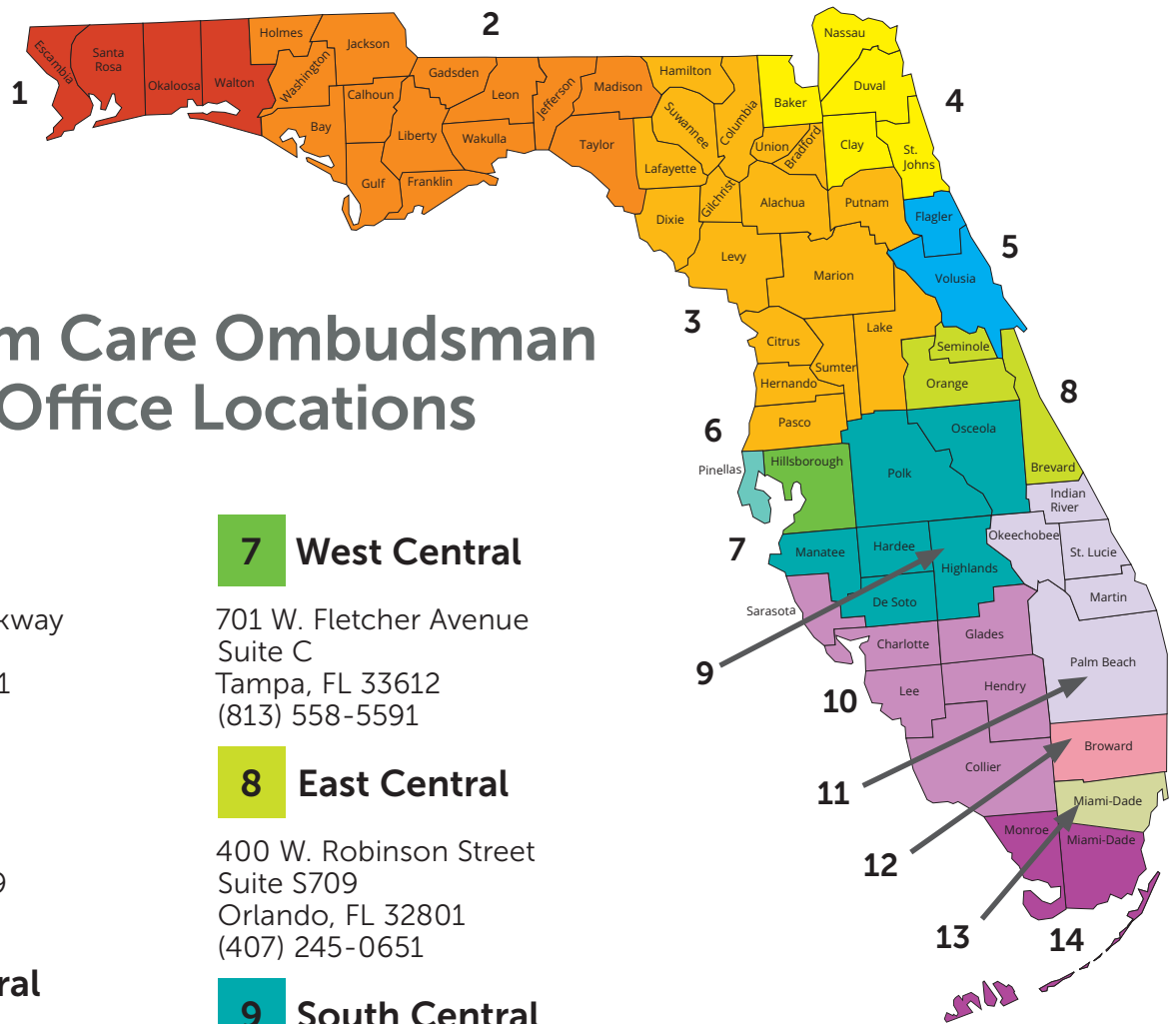
LTCOP Visits and Investigations

Federal Fiscal Year	Facilities	Routine Access Visits*	Complaint Investigations	Residents Served
2019-2020	4,108	2,942	3,994	198,242
2020-2021	4,161	756*	2,511	202,716
2021-2022	3,978	3,084	2,815	198,805
2022-2023	3,887	3,435	2,028	200,516
2023-2024	3,888	9,866	3,079	203,886

Source: District Ombudsman Offices Reports

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

**Starting in 2024, Assessments are now known as Routine Access Visits.



Long-Term Care Ombudsman Program Office Locations

1 Northwest

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

2 Panhandle

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

3 North Central

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

4 First Coast

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

5 First Coast South

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

6 West Coast

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

7 West Central

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

8 East Central

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

9 South Central

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

10 South West

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

11 Palm Beach

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

12 Broward

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

13 North Dade

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

14 South Dade

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

OAA Title VII

Section 720

Elder Abuse Prevention

Description

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

Services and Activities

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

The program also distributes and publishes online educational resources.

Administration

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

Eligibility

The program serves anyone in need of information on the signs, symptoms, and prevention of elder abuse, neglect, and exploitation, including information on how to report suspected abuse.

Statutory Authority

Older Americans Act; 42 *United States Code* 3001 et seq.; and section 430.101, *Florida Statutes*.

Funding Source and Allocation Methodologies

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

OAA Title VII Funding History

Federal Fiscal Year	Federal Funding
2019-2020	\$344,252
2020-2021	\$344,252
2021-2022	\$344,252
2022-2023	\$344,252
2023-2024	\$343,068*

* ACL reduced the GEA23 award to \$343,068

State-Funded Programs

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

Alzheimer's Disease Initiative

Description

The Alzheimer's Disease Initiative (ADI) was legislatively created in 1985 to provide a continuum of services to meet the changing needs of individuals and families affected by Alzheimer's disease and related dementias (ADRD). In conjunction with a 15-member advisory committee, of which 11 members are appointed by the Governor, the program includes three components: 1) Supportive services such as counseling, consumable medical supplies, and respite for caregiver; 2) Memory Disorder Clinics to provide diagnosis, education, training, research, treatment, and referral; and 3) the Florida Brain Bank to support research.

Administration

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



Eligibility

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

Statutory Authority

Sections 430.501-430.504, *Florida Statutes*.

Funding Source and Allocation Methodologies

The Alzheimer’s Disease Initiative is wholly funded by General Revenue. There is no match requirement. The Department allocates General Revenue funding to each of the Area Agencies on Aging, which then fund providers of respite care programs in designated counties. The allocation for ADI respite funding is based on each county’s population age 75 and older (50 percent weight) and probable number of Alzheimer’s cases (50 percent weight). Additional Alzheimer’s disease services are administered by Department staff through contracts with designated Memory Disorder Clinics and the Florida Brain Bank. Remaining funds are allocated to special projects per proviso language and legislative intent in the General Appropriations Act. Clients are assessed a co-payment based on a sliding scale developed by the Department. Co-pay collections help expand the availability of client services.

ADI Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2019-2020	\$28,484,254	10,889
2020-2021	\$32,381,826	9,357
2021-2022	\$39,273,224	15,777
2022-2023	\$52,297,179	22,139
2023-2024	\$59,291,924	23,240

Source for clients served: eCIRTS

Services and Activities

RESPITE SERVICES FOR CAREGIVERS

Alzheimer’s respite care programs are established in all of Florida’s 67 counties, with many counties having multiple service sites.

Many individuals with Alzheimer’s disease require care 24 hours a day, especially in the late stages of the disease. ADI respite includes in-home, facility-based (usually at adult day care centers), emergency, and extended care (up to 30 days) respite for caregivers who serve individuals with ADRD.

In addition to respite care services, caregivers and consumers may receive supportive services essential to maintaining persons with ADRD in their own homes. The supportive services may include caregiver training and support groups, counseling, consumable medical supplies, and nutritional supplements. Services are authorized by a case manager based on a comprehensive assessment including unmet needs.

MEMORY DISORDER CLINICS

The Legislature has authorized 17 Memory Disorder Clinics to provide comprehensive diagnostic and referral services for persons with ADRD. The clinics, all of which receive funding from the State, also conduct service-related research and develop caregiver training materials and educational opportunities. Memory Disorder Clinics are required to:

- Provide services to persons who are suspected of being afflicted with ADRD. Services include accepting referrals from all respite and service providers and conducting subsequent diagnostic evaluations for all referred consumers and the public within the Memory Disorder Clinic’s designated service area.
- Provide four hours of in-service training during the contract year to ADI respite service providers in the designated service area and develop and disseminate training models to service providers and the Department of Elder Affairs. A staff member of the Memory Disorder Clinic is to be designated to act as a training liaison for service providers.

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

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

RESEARCH

The Alzheimer's Disease Initiative Brain Bank is a service, education, and research-oriented network of statewide regional sites. The intent of the brain bank program is to ultimately find a cure for Alzheimer's disease by collecting and studying the brains of deceased patients who were clinically diagnosed with dementia. Mt. Sinai Medical Center contracts annually with the State of Florida to operate the primary Brain Bank. Coordinators at regional brain bank sites in Orlando and Miami help recruit participants and act as liaisons between the Brain Bank and participants' families. Alzheimer's disease respite care program providers and memory disorder clinics also recruit participants. Families of Alzheimer's patients obtain two significant service benefits from the Brain Bank, including: 1) A diagnostic confirmation of the disease written in clear, understandable terms; and 2) Involvement in various research activities both inside and outside of Florida.

Memory Disorder Clinics Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2019-2020	\$3,686,484	13,738
2020-2021	\$3,909,285	13,249
2021-2022	\$3,909,285	18,533
2022-2023	\$3,909,285	14,748
2023-2024	\$12,409,285	20,776

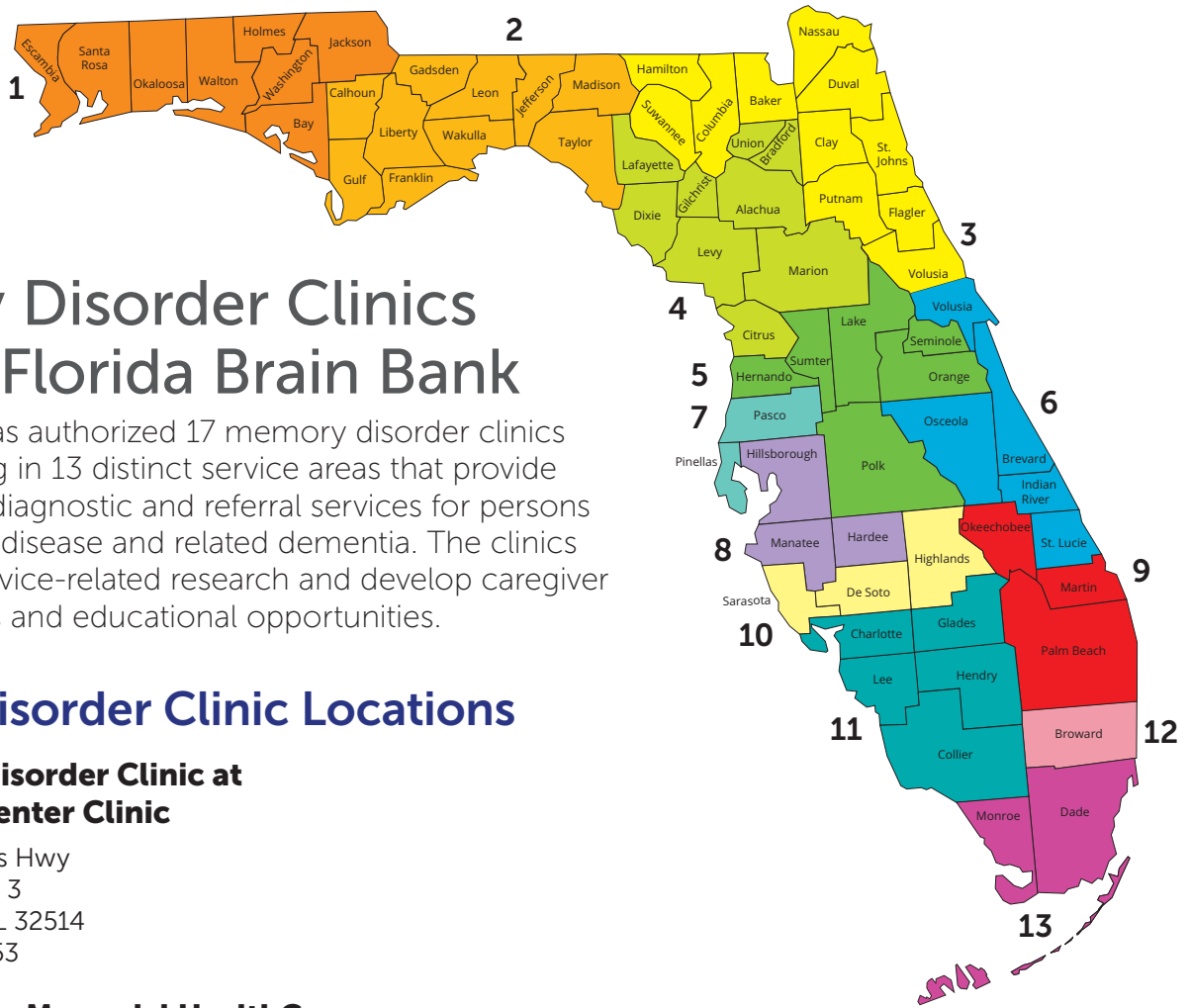
Note: The definition of unduplicated persons served is total new patients seen plus registered persons who had at least one clinic visit during the annual contract. New and registered persons are counted only once each contract year for an unduplicated count.

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

Brain Bank Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served	Autopsies
2019-2020	\$117,535	62	59
2020-2021	\$217,535	41	36
2021-2022	\$617,535	49	34
2022-2023	\$117,535	38	27
2023-2024	\$117,535	42	30

Source for persons registered and autopsies: Brain Bank reports



Memory Disorder Clinics and the Florida Brain Bank

The legislature has authorized 17 memory disorder clinics (MDCs) operating in 13 distinct service areas that provide comprehensive diagnostic and referral services for persons with Alzheimer’s disease and related dementia. The clinics also conduct service-related research and develop caregiver training materials and educational opportunities.

Memory Disorder Clinic Locations

1	Memory Disorder Clinic at Medical Center Clinic 8333 N. Davis Hwy Bldg. 1, Floor 3 Pensacola, FL 32514 850-474-8353	5	AdventHealth Memory Disorder Clinic 1573 W. Fairbanks Ave, Ste. 210 Winter Park, FL 32789 (407) 392-9237
2	Tallahassee Memorial HealthCare Memory Disorder Clinic 1401 Centerville Rd., Ste. 504 Tallahassee, FL 32308 (850) 431-5001	6	Health First Memory Disorder Clinic 3661 S. Babcock St. Melbourne, FL 32901 (321) 434-7612
3	Mayo Clinic Jacksonville Memory Disorder Clinic 4500 San Pablo Rd. Jacksonville, FL 32224 (904) 953-7103	7	Morton Plant Madonna Ptk Center for Alzheimer’s Research and Memory Disorders Clinic 430 Morton Plant St., Ste. 401 Clearwater, FL 33756 (727) 298-6025
4	University of Florida Memory Disorder Clinic 3009 SW Williston Rd. Gainesville, FL 32608 (352) 294-5400	8	University of South Florida Memory Disorder Clinic 3515 E. Fletcher Ave. Tampa, FL 33613 Phone: (813) 974-3100
5	Orlando Health Center for Aging and Memory Disorder Clinic 32 West Gore Street Orlando, FL 32806 (321) 841-9700		

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

9

901 Village Blvd., Ste. 702
West Palm Beach, FL 33409
(561) 990-2135
8756 Boynton Beach Blvd., Ste. 2500
Boynton Beach, FL 33472
(561) 990-2135

Florida Atlantic University Louis and Anne Green Memory and Wellness Center

9

777 Glades Rd., Bldg. AZ-79
Boca Raton, FL 33431
(561) 297-0502

Sarasota Memorial Memory Disorder Clinic

10

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

Lee Memorial LPG Memory Care

11

12600 Creekside Ln., Ste. 7
Fort Myers, FL 33919
(239) 343-9220

Broward Health North Memory Disorder Center

12

201 E. Sample Rd.
Deerfield Beach, FL 33064
(954) 786-7392

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

13

4302 Alton Rd., Ste. 650
Miami Beach, FL 33140
(305) 674-2543 ext. 55725

University of Miami Center for Cognitive Neuroscience and Aging

13

1695 N.W. 9th Ave., Ste. 3202
Miami, FL 33136
(305) 355-9065

The MIND Institute at Miami Jewish Health

13

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



Brain Bank Locations

5

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

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

13

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

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

NOTE: County coloring represents area served by the corresponding Memory Disorder Clinic.

Alzheimer’s Disease and Related Dementias Training

Description

ADRD training is an important component of the FACE program. It equips licensed residential and in-home caregivers with the necessary skills to meet the unique needs of individuals living with ADRD. This program prepares professional caregivers to understand the basics of ADRD, communication and daily support strategies, safety, and other relevant topics.

Services and Activities

This program sets education standards for professional caregivers, certifies training providers and curricula, and evaluates training providers to ensure high-quality care in licensed settings, as mandated by s. 430.5025 F.S., for the following entities licensed in Florida:

- Adult day care centers,
- Adult family-care home,
- Assisted living facilities that provide special care for persons with ADRD,
- Home health agencies,
- Hospices,
- Nurse registry,
- Nursing homes; and
- Specialized Alzheimer’s adult day care facilities.

Administration

The training program is overseen by a small, dedicated team of professionals with clinical and academic industry expertise. This ensures that the training content remains aligned with

the latest ADRD research and is effectively delivered by training providers in the field.

The team maintains a database of approved training providers and curricula so that facilities can connect with a provider in their area. This information is available at elderaffairs.org/adrd-training.

Eligibility

The specific eligibility requirements for trainers and curricula, as documented in the Florida Statutes and Florida Administrative Code, are currently under revision.

Funding Source and Allocation Methodologies

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

ADRD Appropriation History

State Fiscal Year	State Funding
2019-2020	\$80,997
2020-2021	\$80,997
2021-2022	\$80,997
2022-2023	\$80,997
2023-2024	\$80,997

Community Care for the Elderly

Description

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

Services and Activities

Eligible individuals may receive a wide range of goods and services, including adult day care, adult day health care, case management, case aide, chore, companionship, consumable medical supplies, counseling, escort services, emergency alert response, housing improvement, home-delivered meals, home health aide, homemaker, skilled nursing services, legal assistance, material aid, medical therapeutic services, personal care, pest control, respite, shopping assistance, transportation, and other community-based services.

Administration

The Department administers the program through contracts with Area Agencies on Aging (AAAs), which subcontract with CCE Lead Agencies. Service delivery is provided by 48 Lead Agencies and their subcontractors.

Eligibility

Individuals must be age 60 or older and functionally impaired, as determined by an initial comprehensive assessment and annual reassessments. Primary consideration for services is given to elders referred to Department of Children and Families' Adult Protective Services (APS) and determined by APS to be victims of abuse, neglect, or exploitation and in need of immediate services to prevent further harm.

Statutory Authority

Sections 430.201-430.207, *Florida Statutes*.

Funding Source and Allocation Methodologies

The CCE program is funded by General Revenue. A 10-percent match is required of service providers. Clients are assessed a co-payment based on a sliding scale developed by the Department. Co-pay collections help expand the availability of client services. No co-payments will be assessed on any CCE client whose income is at, or below, the federal poverty level as established by the U.S. Department of Health and Human Services. Additionally, no CCE client may have their services terminated for inability to pay their assessed co-payment.

CCE Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2019-2020	\$57,338,170	46,939
2020-2021	\$61,557,614	49,429
2021-2022	\$68,850,206	50,783
2022-2023	\$77,850,206	59,162
2023-2024	\$86,628,033	70,103

Source for clients served: eCIRTS

Home Care for the Elderly

Description

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

Services and Activities

Most HCE participants receive a monthly subsidy. Special subsidies are authorized for some participants and can be used for the following: incontinence supplies, medications, medical supplies, wheelchairs, assistive devices, ramps and home accessibility modifications, nutritional supplements, home health aides, skilled nursing services, and other services to help maintain the individual at home. Formal case management is provided when needed or necessary.

Administration

The Department is responsible for planning, monitoring, training, and technical assistance. Unit rate contracts are established by Area Agencies on Aging for local administration of the program within each Planning and Service Area.

Eligibility

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

Statutory Authority

Sections 430.601-430.608, *Florida Statutes*.

Funding Source and Allocation Methodologies

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

HCE Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2019-2020	\$9,703,357	3,375
2020-2021	\$10,303,357	4,797
2021-2022	\$10,303,357	4,603
2022-2023	\$10,303,357	4,655
2023-2024	\$18,303,357	6,090

Source for clients served: eCIRTS

Local Services Programs

Description

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

Services and Activities

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

Administration

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

Eligibility

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

Statutory Authority

General Appropriations Act, State of Florida.

Funding Source and Allocation Methodologies

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

LSP Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
2019-2020	\$9,691,534	12,095
2020-2021	\$9,549,398	9,884
2021-2022	\$10,028,454	9,240
2022-2023	\$13,724,635	11,665
2023-2024	\$14,701,899	12,268

Source for clients served: eCIRTS and manual reports

Office of Public and Professional Guardians

Description

The Office of Public and Professional Guardians (OPPG) provides statewide oversight for professional guardians in Florida and is one of the few programs in the Department that serves all adults in addition to seniors.

Guardianship

Guardianship is the process created to protect the legal rights of individuals with functional limitations that prevent them from being able to make their own decisions. Those individuals in need of guardianship may have dementia, Alzheimer's disease, a developmental disability, chronic mental illness, or other conditions that may limit the ability to make personal decisions. In such instances, a court may then determine whether the individual is incapacitated. If found incapacitated, the court will appoint a guardian to manage some or all the affairs of the incapacitated individual (ward).

Before someone can be found incapacitated, Florida law requires an examining committee of three independent experts to conduct comprehensive examinations of the individual and submit reports to the court. This process is unlike many other states where a determination of incapacity can be based on only one doctor's recommendation. Additionally, guardians in Florida are required to submit reports to the court and annually evaluate whether any or all of the ward's rights can be restored. The goal of guardianship under Florida law is to establish the least restrictive form of guardianship and, when feasible, maximize the ward's participation in decision making.

Registration and Education

To further oversight responsibilities, OPPG developed a rigorous process to become a registered professional guardian. This requires taking a 40-hour training course

and successfully passing a state certification examination. After passing the examination, the prospective professional guardian must pass a Level II background screening, provide a complete credit report, and post a bond.

On July 1, 2023, the required continuing education requirements increased from 16 to 30 hours every 2 years. Specialized courses are now required in Fiduciary Responsibilities (2 Hours), Professional Ethics (2 Hours), Advance Directives (1 Hour), Abuse, Neglect, and Exploitation (3 Hours), and Guardianship Law (4 Hours).

Complaints and Discipline

The OPPG established by rule the standards of practice for professional guardians. In order to hold professional guardians accountable, the OPPG has developed a comprehensive complaints process which makes an initial determination of whether a complaint is legally sufficient and, if so, whether it needs to be referred to another state agency, law enforcement, or the Ombudsman. Once the complaint has been thoroughly investigated, the OPPG decides whether to pursue discipline pursuant to Chapter 120, Florida Statutes. The OPPG can impose penalties up to and including the permanent revocation of a professional guardian's registration.

Public Guardianship

In consultation with the Chief Judge of each Judicial Circuit, the OPPG appoints and contracts with 15 Offices of Public Guardians (OPG) to serve all 67 counties. As part of the statutory and contractual obligations, the OPPG's oversight requires each OPG to provide reports to assess the program. OPPG also conducts an in-person monitoring for each Office once every two years. This ensures they meet the highest standards while serving the needs of some of our most vulnerable Floridians. OPGs positively impact the lives of wards being served, including social, financial, medical, and emotional aspects of life. Many of the key domains for

Age Friendly Communities are met within the Florida public guardian programs. They provide better access to key decisions for individuals adjudicated without capacity and requiring services under guardianship such as safe and reliable living areas, medical needs, financial aspects, respect and social inclusion, and transportation. When last studied in 2020, the annual cost savings to the state’s taxpayers by investing in the public guardian programs was determined to be \$23 million annually.

A map of the OPG offices with contact information can be found on page 44 of this publication.

Eligibility

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

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

Statutory Authority

Chapter 744, Florida Statutes; Chapter 120, Florida Statutes; and 58M-2 .001- 2 .011, Florida Administrative Code.

Funding Source and Allocation Methodologies

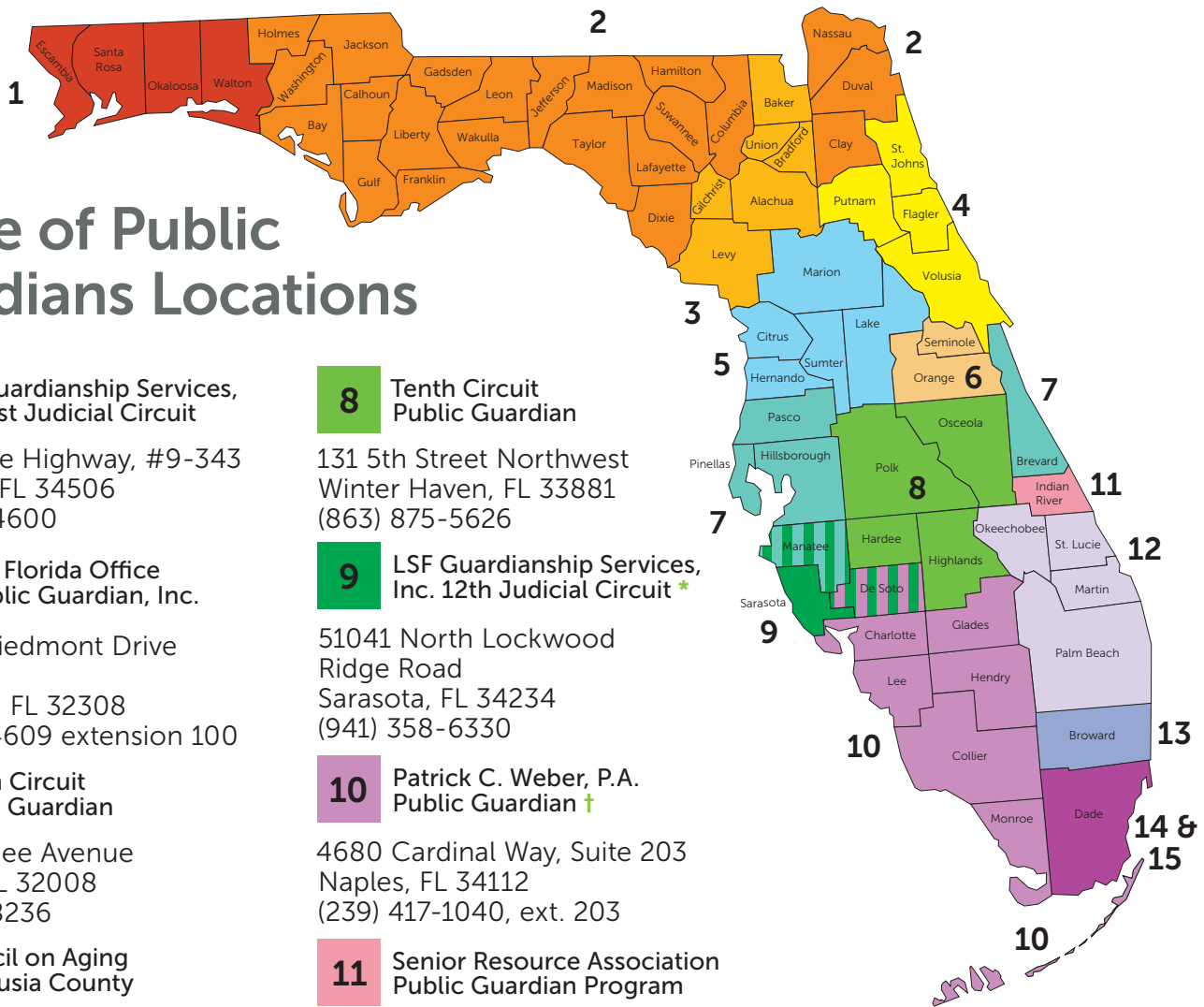
Funding appropriation is from General Revenue and Administrative Trust Fund dollars. The OPGs receive funding from the State that are reallocated annually by contract to meet local needs. Additional funding sources for individual programs include counties and grants.



OPPG Appropriation History and Numbers Served

State Fiscal Year	State Funding	Public Wards Served
2019-2020	\$9,703,357	3,890
2020-2021	\$18,152,629	3,806
2021-2022	\$18,024,853	3,741
2022-2023	\$18,625,791	4,285
2023-2024	\$18,627,139	4,220

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



Office of Public Guardians Locations

- 1** LSF Guardianship Services, Inc., 1st Judicial Circuit
 4600 Mobile Highway, #9-343
 Pensacola, FL 34506
 (850) 469-4600
- 2** North Florida Office of Public Guardian, Inc.
 1425 East Piedmont Drive
 Suite 201-B
 Tallahassee, FL 32308
 (850) 487-4609 extension 100
- 3** Eighth Circuit Public Guardian
 111 Suwannee Avenue
 Branford, FL 32008
 (386) 438-8236
- 4** Council on Aging of Volusia County
 420 Fentress Boulevard
 Daytona Beach, FL 32114
 (386) 253-4700
- 5** Fifth Circuit Public Guardian Corporation
 110 Northwest 1st Avenue
 4th Floor
 Ocala, FL 34475
 (352) 401-6753
- 6** Seniors First, Inc.
 5395 L.B. McLeod Road
 Orlando, FL 32811
 (407) 297-9980
- 7** Aging Solutions
 19001 Sunlake Boulevard
 Lutz, FL 33558
 Central Intake: (866) 244-2764
 Brevard: (866) 92-AGING
 Hillsborough: (813) 949-1888
 Pasco/Pinellas: (727) 442-1188
- 8** Tenth Circuit Public Guardian
 131 5th Street Northwest
 Winter Haven, FL 33881
 (863) 875-5626
- 9** LSF Guardianship Services, Inc. 12th Judicial Circuit *
 51041 North Lockwood Ridge Road
 Sarasota, FL 34234
 (941) 358-6330
- 10** Patrick C. Weber, P.A. Public Guardian †
 4680 Cardinal Way, Suite 203
 Naples, FL 34112
 (239) 417-1040, ext. 203
- 11** Senior Resource Association Public Guardian Program
 694 14th Street
 Vero Beach, FL 32960
 Phone: 772-907-5460
- 12** Legal Aid Society of Palm Beach County, Inc.
 423 Fern Street, Suite 200
 West Palm Beach, FL 33401
 (561) 655-8944
- 13** St. Thomas University College of Law
 12401 Orange Drive
 Suite 214
 Davie, FL 33330
 (954) 862-3655
- 14** Guardianship Care Group, Inc.
 113 Almeria Avenue
 2nd Floor
 Coral Gables, FL 33134
 (786) 452-8059
- 15** Guardianship Program of Dade County, Inc.
 8300 Northwest 53rd Street
 Suite 402
 Miami, FL 33166
 (305) 482-3101

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

RELIEF Program

Description

The Respite for Elders Living in Everyday Families (RELIEF) Program offers respite services to family caregivers of frail elders and those with Alzheimer's disease and related dementias so that they can continue caring for a homebound elder, thus delaying or avoiding the need to institutionalize the elder. Individuals who do not currently receive other Department services are given first priority.

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

Services and Activities

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

Administration

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

Eligibility

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

Statutory Authority

Section 430.071, *Florida Statutes*.

Funding Source and Allocation Methodologies

The RELIEF program is wholly funded by General Revenue.

RELIEF Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served	Volunteers	Units (Hours)
2019-2020	\$959,000	353	228	66,065
2020-2021	\$959,000	415	151	68,352
2021-2022	\$959,000	338	340	88,248
2022-2023	\$933,784	134	104	52,097
2023-2024	\$932,083.00	141	109	49,960

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

Medicaid Programs

The Department supports and operates Medicaid programs in partnership with the Agency for Health Care Administration (AHCA), Florida's designated Medicaid agency. Medicaid programs provide alternative, less restrictive, long-term care options for elders who qualify for skilled nursing home care. These options include care in the home or in a community setting, such as an assisted living facility or adult day care center, or in an institutional setting, such as a nursing facility. Medicaid programs provide eligible elders with a choice of care settings that promotes increased independence.

CARES

Description

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



Federal law mandates that the CARES Program perform an assessment or review of each individual who requests Medicaid reimbursement for nursing facility placement or home and community-based services. Any person or family member can initiate a CARES assessment by applying for the Medicaid Institutional Care Program (ICP). Assessments are completed at no cost to the clients.

Services and Activities

- Determine medical eligibility for the Medicaid ICP; and
- Determine medical eligibility for Medicaid programs that provide home and community-based services.

Administration

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

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

CARES Appropriation History and Numbers Served

State Fiscal Year	Funding Federal & State*	Number of Assessments
2019-2020	\$17,577,493	110,764
2020-2021	\$17,725,744	112,871
2021-2022	\$18,396,055	112,265
2022-2023	\$19,169,556	125,402
2023-2024	\$19,954,875	145,603

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

Source for assessments: CIRTS

CARES Office Locations

PSA — Planning and Service Area

1 PSA 1

160 West Government Street
Suite 515
Pensacola, FL 32501
(850) 595-0505

2A PSA 2A

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

2B PSA 2B

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

3A PSA 3A

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

3B PSA 3B

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

4A PSA 4A

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

4B PSA 4B

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

5 PSA 5

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

6A PSA 6A

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

6B PSA 6B

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

7A PSA 7A

400 West Robinson Street
South Tower, Suite 709
Orlando, FL 32801
(407) 540-3865

7B PSA 7B

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

8 PSA 8

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

9A PSA 9A

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

9B PSA 9B

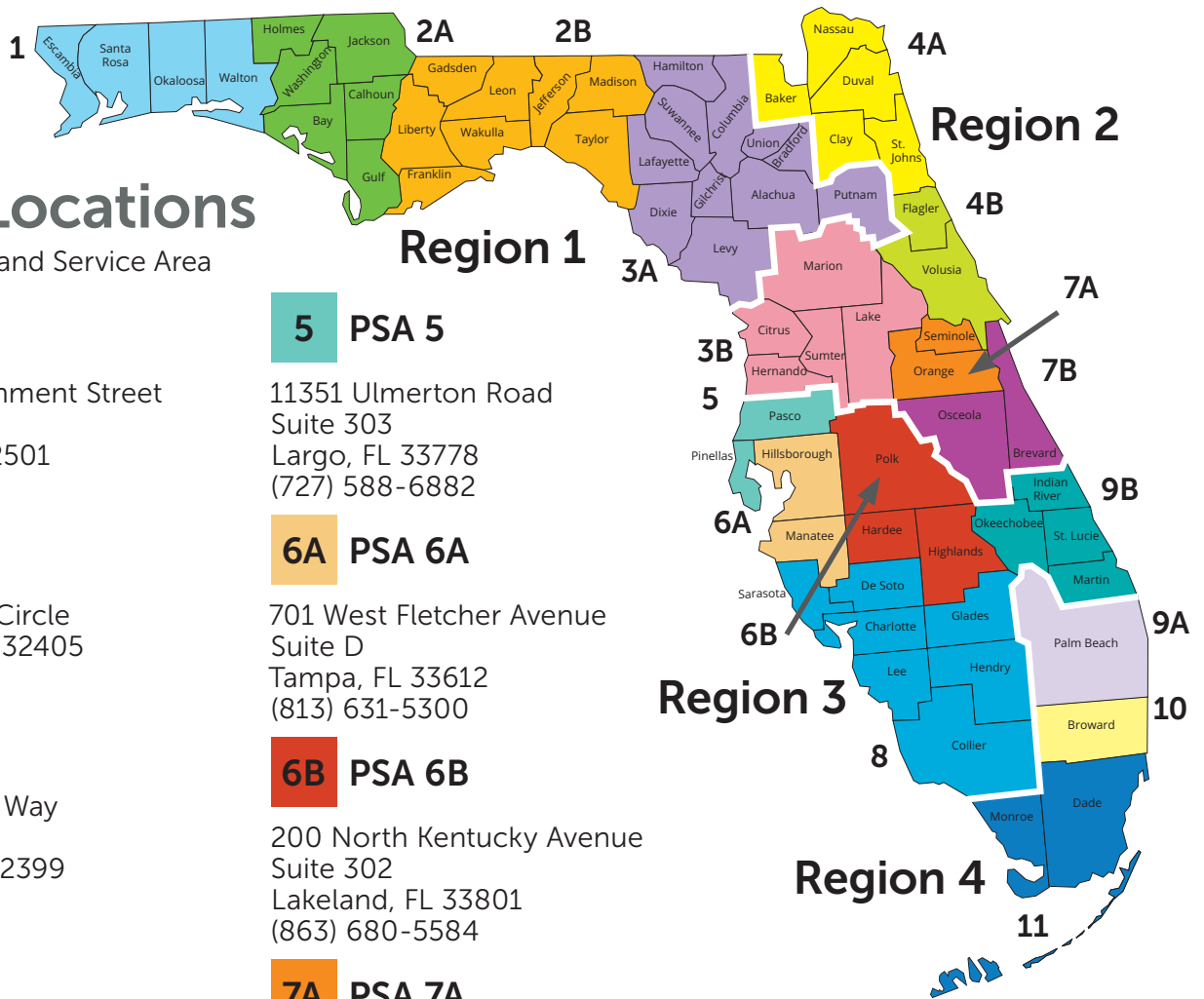
337 North 4th Street
Suite E
Fort Pierce, FL 34950
(772) 460-3692

10 PSA 10

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

11 PSA 11

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



Statewide Medicaid Managed Care Long-Term Care

Description

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

Medicaid recipients who qualify and become enrolled in SMMC LTC receive long-term care services from a managed care plan. The program uses a managed care delivery system to provide long-term care services and acute care services, including case management and coordination, to individuals who are dually eligible for Medicare and Medicaid or to Medicaid-eligible adults with a disability.



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

Services and Activities

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

Administration

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

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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

Numbers Served

State Fiscal Year	Clients Enrolled
2018-2019	137,157
2019-2020	146,352
2020-2021	122,332
2021-2022	120,567
2022-2023	99,777
2023-2024	155,201

Source: Agency for Health Care Administration

Statewide Medicaid Managed Care Long-term Care Program Pre-enrollment Process Map

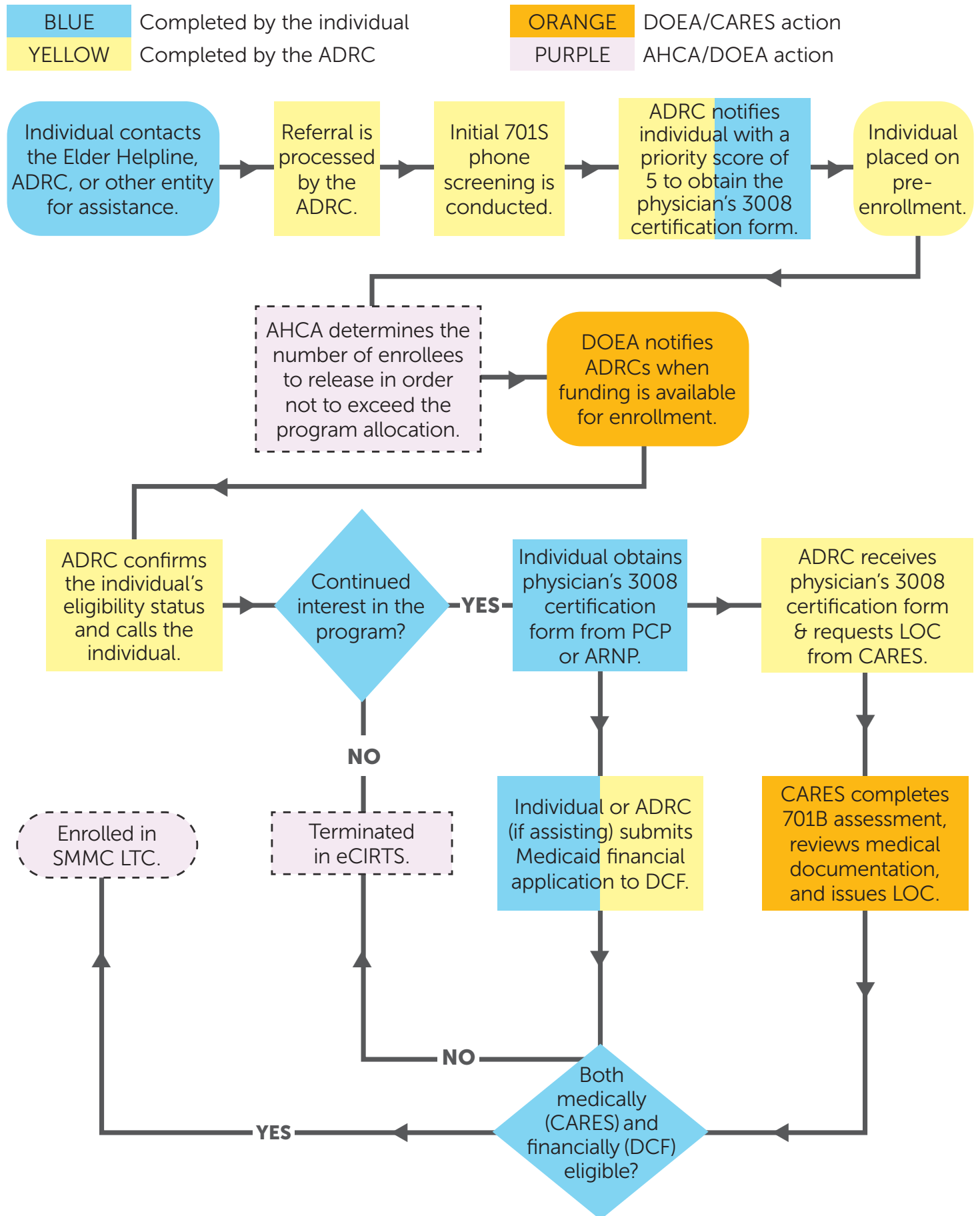
The Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) Pre-enrollment Process Map found on the following page provides an overview of the process for an individual to be enrolled in SMMC LTC. The process map demonstrates the interaction between an individual and DOEA from the beginning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

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

ACRONYMS USED IN PRE-ENROLLMENT PROCESS MAP

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

Long-term Care Program Pre-enrollment Process Map



Other Department Programs

There are some Department programs that do not fall strictly into Older Americans Act, state-funded, or Medicaid categories. These programs are largely funded by the U.S. Department of Health and Human Services, U.S. Department of Agriculture, Centers for Medicare and Medicaid Services, or other federal sources. However, the AmeriCorps received General Revenue matching funds to supplement federal grants awarded by the Corporation for National and Community Service.

Adult Care Food Program

Description

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

Services and Activities

Participating centers may serve up to two reimbursable meals (breakfast, lunch, or dinner) and one snack or two snacks and one meal to each eligible participant each day. Centers may seek reimbursement for up to three meals/



snacks per day. The level of reimbursement for meals is determined by assessing the economic need of each participant.

Administration

The Department of Elder Affairs directly administers this program.

Eligibility

Centers eligible to receive meal reimbursement include the following:

- Licensed Adult Day Care Centers and public or proprietary centers (proprietary centers must receive Medicaid Title XIX funding for at least 25 percent of their participants);
- Mental Health Day Treatment or Psychosocial Centers;

- In-Facility Respite Centers under contract with Department-funded programs; and
- Habilitation Centers approved by the Florida Department of Children and Families.

To be eligible for the program, an individual must:

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

Statutory Authority

Title 7 Code of Federal Regulations Part 226.

Funding Source and Allocation Methodologies

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

ACFP Funding History and Numbers Served

Federal Fiscal Year	Federal Funding	Adult Care Program Sites	Average Meals or Snacks Served
2019-2020	\$6,890,469	206	2,257,200
2020-2021	\$6,990,469	223	2,421,108
2021-2022	\$7,661,047	223	2,421,341
2022-2023	\$9,574,738	232	3,598,671
2023-2024	\$11,981,207.07	243	4,122,210

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

Emergency Home Energy Assistance for the Elderly Program

Description

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

Services and Activities

Services provided include payments for home heating or cooling and other emergency energy-related costs during those respective seasons. The maximum crisis benefit per eligible household is \$5,000. Payments are made directly to the vendor for electricity, natural gas, propane, fuel oil, kerosene, or wood.

Program beneficiaries may receive vouchers to purchase blankets, portable heaters, and fans. The program can also help pay for repairs

to existing heating or cooling equipment or for energy-related utility reconnection fees.

Administration

The Department manages EHEAP through a contract with Florida Commerce. Monitoring, training, and technical assistance are performed by Department of Elder Affairs staff. The Department contracts with the AAAs statewide to administer the program locally and monitor local service providers.

Eligibility

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

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



Statutory Authority

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

Funding Source and Allocation Methodologies

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

Allocation of EHEAP funding is based on the following:

- The Planning and Service Area population age 60 or older that is at or below 150 percent of the poverty level, divided by the statewide population age 60 or older that is at or below 150 percent of the poverty level; and
- Allocation of direct client assistance dollars take into account a base allocation and the heating and cooling days combined. Costs are determined after the state has been divided into three climatic regions (North, Central, and South) based on the average number of heating and cooling days over the most recent 10-year period.

EHEAP Funding History and Numbers Served

Grant Year*	Federal Funding	Households Served	
		Heating Season	Cooling Season
2019-2020	\$5,805,675	5,011	5,068
2020-2021**	\$5,848,537	6,155	10,175
2021-2022	\$5,963,764	4,833	12,316
2022-2023	\$5,963,764	4,591	16,965
2023-2024	\$6,400,000	2,558	8,870

*EHEAP Grant Year runs April to March.

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

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

Senior Farmers' Market Nutrition Program

Description

The Senior Farmers' Market Nutrition Program (SFMNP) provides fresh produce bundles to low-income elders to support their health and promote good nutrition. The program also supports local farmers by increasing their sales through bundle distributions. All bundles must be distributed by November 30.

Services and Activities

Low-income elders who live in participating counties may apply for the program through the local elder services Local Lead Agency. Eligible elders are able to receive up to \$40 in produce each year. Bundles may be valued at \$20 (twice per year benefits) or \$40.

Administration

The Department of Elder Affairs (DOEA) coordinates with the Florida Department of Agriculture and Consumer Services (FDACS), which operates the Women, Infants, and Children (WIC) Farmers' Market Nutrition Program, to simplify administration of SFMNP and reduce administrative expenses. A Memorandum of Agreement gives DACS primary responsibility to recruit and authorize. DOEA operates the program in cooperation with local agencies in the participating counties previously mentioned. DOEA works with partners to provide nutrition education for program participants.

Eligibility

Participants must be age 60 or older and have an annual income of less than 185 percent of federal poverty level. Participants must pick up fresh produce bundles at distribution events held by DOEA's authorized local agencies.

Statutory Authority

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

Funding Source and Allocation Methodologies

Funding consists of a federal grant award from the U.S. Department of Agriculture Commodity Credit Corporation. No state or local match is required. Although considerable administrative time is involved in overseeing the program, all program funds go to food value.



SFMNP Funding History and Numbers Served

Grant Year	Federal Funding	Farmers	Farmers' Markets	Roadside Stands	Participants Receiving:	
					Coupons	Bundled Produce
2018	\$120,662	149	50	0	2,750	678
2019	\$119,979	340	51	0	3,250	567
2020	\$122,464	152	54	0	3,250	789
2021	\$300,000	152	54	0	3,250	935
2022	\$300,000	123	55	0	2,249	5,573
2023	\$272,061	114	80	17	3,392	3,918

SHINE, SMP, and MIPPA Programs

Description

Through a statewide network, the SHINE Program provides Medicare-related counseling assistance for Florida's Medicare beneficiaries, their families, and caregivers. SHINE is part of the national State Health Insurance Assistance Program (SHIP).

Services and Activities

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

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

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

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

Administration

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

Eligibility

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

Statutory Authority

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

Funding Source and Allocation Methodologies

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



Funding History and Numbers Served

Grant Year	Volunteers	Federal Grant Funding and Contacts					
		SHINE		SMP		MIPPA	
		Funding	Beneficiary Contacts	Funding	Beneficiary Contacts	Funding	Beneficiary Contacts
2019-20	413	\$2,885,957.84	53,706	\$460,557.00	33,681	\$1,552,891.50	37,755
2020-21	383	\$2,914,883.00	40,798	\$460,557.00	27,887	\$1,548,068.00	33,824
2021-22	384	\$2,926,303.00	38,221	\$460,557.00	27,819	\$1,880,352.24	31,485
2022-23	379	\$2,990,547.00	34,914	\$1,244,408.00	25,617	\$1,949,679.00	30,605
2023-24	360	\$3,255,366.98	38,050	\$1,610,893.00	26,556	\$1,828,908.00	34,386

Appendices

Appendix 1

Funding

State Appropriations—Fiscal Year 2024-2025

General Revenue	\$256,974,106
Community Care for the Elderly	\$86,628,033
Alzheimer’s Disease Initiative	\$71,818,744
Office of Public & Professional Guardians (OPPG)	\$19,107,332
Home Care for the Elderly	\$18,449,702
Older Americans Act	\$15,152,965
CARES (50% GR/50% OMTF)	\$10,010,185
Aging & Disability Resource Centers (ADRCs) (50% GR/50% OMTF)	\$4,401,506
Long-Term Care Ombudsman Program	\$1,388,613
Florida Alzheimer’s Center of Excellence (FACE)	\$1,118,658
HOPE	\$536,970
Federal Grants Trust Fund	\$218,629,319
Older Americans Act	\$173,326,690
Adult Care Food Program	\$9,834,388
Emergency Home Energy Assistance Program (EHEAP)	\$6,400,000
Long-Term Care Ombudsman Program	\$3,105,033
Operations and Maintenance Trust Fund	\$19,084,194
CARES (50% GR/50% OMTF)	\$10,368,244
Aging & Disability Resource Centers (ADRCs) (50% GR/50% OMTF)	\$4,401,506
Administrative Trust Fund	\$3,888,600
Office of Public & Professional Guardians (OPPG)	\$712,308
Grants and Donations Trust Fund.	\$22,700
Total DOEA Budget Authority	\$498,598,919

Source: 2024-2025 General Appropriation Act plus Administered Funds as of 9/9/2024.

Appendix 2

General Eligibility Requirements

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

PROGRAM	AGE	INCOME	OTHER
Adult Care Food Program	60+, or 18+ with a functional disability	Level of reimbursement per client to center is based on participant's assessed level of need in accordance with USDA's annual adjustments to Income Eligibility Guidelines.	Must reside in the home or in a "community-based" care facility. Must be enrolled in an adult care center. Center's reimbursement is based on participant's assessed level of need.
Alzheimer's Disease Initiative	Caregivers of adults 18+*	No income test; consumers are assessed a co-pay amount based on a sliding scale.	Diagnosed as having probable Alzheimer's disease or related dementias.
AmeriCorps	60+, caregivers, caregiving veterans	N/A	Volunteers serve clients at risk of institutionalization due to chronic illness, disability, or isolation and persons with Alzheimer's disease.
Community Care for the Elderly	60+	No income test; consumers are assessed a co-pay amount based on sliding scale.	Must be assessed as functionally impaired. Primary consideration is given to persons referred by Adult Protective Services as high risk.
Emergency Home Energy Assistance for the Elderly Program	One household member 60+	Total gross household income of no more than 100 percent of the Max Income Value under the State Median Income Guidelines for household size of 1-8. Total gross household income of no more than 150 percent of the federal poverty level for household size of 9 or more.	Must have a heating or cooling emergency. Energy benefits will be made on behalf of household members of vulnerable populations with the highest home energy needs and the lowest household income.

*No age requirements for Memory Disorder Clinics.

PROGRAM	AGE	INCOME	OTHER
Home Care for the Elderly	60+	Less than Institutional Care Program (ICP) standard for income and assets.	Must be at risk of nursing home placement and have approved adult caregiver willing and able to provide or assist in arranging for care.
Older Americans Act*	60+**	No income test.	Preference to persons with greatest economic or social needs, with particular attention to low-income, minority, and rural individuals.
Respite for Elders Living in Everyday Families	60+***	N/A	Volunteers serve clients at risk of institutionalization due to chronic illness, disability, or isolation and persons with Alzheimer's disease.
Senior Community Service Employment Program	55+	Household income 125 percent of federal poverty level or less; certain exclusions apply.	Targets persons with poor employment prospects and greatest economic need.
Senior Farmers' Market Nutrition Program	60+	Household income 185 percent of federal poverty level or less.	Individuals must live in a participating county.
SHINE Program	Medicare Recipients	N/A	N/A

* Except OAA Titles V and VII

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

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

Appendix 3

Elder Demographics

County	Total Population					Percent of Population Who Are Elders				
	All Ages	60+	65+	75+	85+	60+	65+	75+	85+	Minority 60+
Alachua	287,872	60,412	45,488	19,274	5,464	21.0%	15.8%	6.7%	1.9%	26.7%
Baker	27,881	6,208	4,428	1,726	390	22.3%	15.9%	6.2%	1.4%	13.7%
Bay	184,002	46,491	33,874	14,958	4,599	25.3%	18.4%	8.1%	2.5%	14.5%
Bradford	27,013	7,389	5,550	2,551	752	27.4%	20.5%	9.4%	2.8%	13.7%
Brevard	627,544	214,341	160,001	73,703	22,545	34.2%	25.5%	11.7%	3.6%	16.3%
Broward	1,969,099	497,917	363,356	157,948	49,882	25.3%	18.5%	8.0%	2.5%	48.4%
Calhoun	13,740	3,794	2,860	1,282	329	27.6%	20.8%	9.3%	2.4%	12.1%
Charlotte	196,742	96,106	76,684	38,040	11,226	48.8%	39.0%	19.3%	5.7%	8.3%
Citrus	158,009	71,994	56,645	27,758	8,040	45.6%	35.8%	17.6%	5.1%	8.0%
Clay	225,553	51,557	37,342	15,745	3,893	22.9%	16.6%	7.0%	1.7%	19.3%
Collier	390,912	150,693	120,302	61,844	18,291	38.5%	30.8%	15.8%	4.7%	13.2%
Columbia	71,525	20,026	14,838	6,313	1,622	28.0%	20.7%	8.8%	2.3%	17.5%
De Soto	34,748	9,582	7,301	3,289	799	27.6%	21.0%	9.5%	2.3%	18.0%
Dixie	16,988	5,794	4,296	1,732	380	34.1%	25.3%	10.2%	2.2%	8.0%
Duval	1,033,533	228,824	164,724	67,455	19,517	22.1%	15.9%	6.5%	1.9%	34.4%
Escambia	329,583	86,051	64,000	28,002	7,987	26.1%	19.4%	8.5%	2.4%	24.0%
Flagler	124,202	45,847	36,297	16,943	4,233	36.9%	29.2%	13.6%	3.4%	17.3%
Franklin	12,729	4,028	3,071	1,375	347	31.6%	24.1%	10.8%	2.7%	10.8%
Gadsden	43,967	11,599	8,536	3,341	808	26.4%	19.4%	7.6%	1.8%	47.8%
Gilchrist	18,841	5,851	4,400	1,975	617	31.1%	23.4%	10.5%	3.3%	5.5%
Glades	12,273	4,014	3,153	1,517	352	32.7%	25.7%	12.4%	2.9%	15.8%
Gulf	15,938	5,106	3,860	1,703	434	32.0%	24.2%	10.7%	2.7%	11.7%
Hamilton	13,395	4,001	2,984	1,204	273	29.9%	22.3%	9.0%	2.0%	27.4%
Hardee	25,544	5,391	4,012	1,709	464	21.1%	15.7%	6.7%	1.8%	25.2%
Hendry	40,633	8,530	6,259	2,839	827	21.0%	15.4%	7.0%	2.0%	44.5%
Hernando	199,207	73,071	57,739	28,258	8,201	36.7%	29.0%	14.2%	4.1%	15.0%
Highlands	103,102	44,826	36,249	18,513	5,443	43.5%	35.2%	18.0%	5.3%	16.5%
Hillsborough	1,520,529	311,931	225,539	95,505	26,582	20.5%	14.8%	6.3%	1.7%	37.3%
Holmes	19,784	5,831	4,432	2,000	461	29.5%	22.4%	10.1%	2.3%	7.6%
Indian River	165,559	67,499	53,608	26,389	8,428	40.8%	32.4%	15.9%	5.1%	10.0%
Jackson	48,395	13,717	10,406	4,830	1,381	28.3%	21.5%	10.0%	2.9%	23.1%
Jefferson	14,923	4,950	3,663	1,376	324	33.2%	24.5%	9.2%	2.2%	26.9%
Lafayette	7,808	1,914	1,440	629	166	24.5%	18.4%	8.1%	2.1%	7.2%
Lake	403,857	138,540	106,805	49,933	13,326	34.3%	26.4%	12.4%	3.3%	17.3%

	Total Population					Percent of Population Who Are Elders				
County	All Ages	60+	65+	75+	85+	60+	65+	75+	85+	Minority 60+
Lee	802,178	278,868	217,167	99,911	24,832	34.8%	27.1%	12.5%	3.1%	13.9%
Leon	299,130	59,099	43,934	18,077	4,743	19.8%	14.7%	6.0%	1.6%	28.6%
Levy	44,288	14,677	10,962	4,631	982	33.1%	24.8%	10.5%	2.2%	13.2%
Liberty	7,831	1,541	1,074	419	106	19.7%	13.7%	5.4%	1.4%	13.6%
Madison	18,438	5,466	4,126	1,777	485	29.6%	22.4%	9.6%	2.6%	28.9%
Manatee	421,768	152,951	119,244	55,701	15,433	36.3%	28.3%	13.2%	3.7%	11.9%
Marion	391,983	149,897	117,989	56,340	14,919	38.2%	30.1%	14.4%	3.8%	16.2%
Martin	161,655	66,362	52,141	26,043	8,457	41.1%	32.3%	16.1%	5.2%	7.5%
Miami-Dade	2,757,592	653,263	484,106	225,648	70,208	23.7%	17.6%	8.2%	2.5%	83.3%
Monroe	83,961	28,399	21,233	8,406	1,806	33.8%	25.3%	10.0%	2.2%	17.1%
Nassau	95,809	30,704	23,023	9,797	2,383	32.0%	24.0%	10.2%	2.5%	9.1%
Okaloosa	215,751	54,132	39,211	17,127	5,111	25.1%	18.2%	7.9%	2.4%	16.2%
Okeechobee	39,385	10,554	8,002	3,693	988	26.8%	20.3%	9.4%	2.5%	13.0%
Orange	1,481,321	275,027	195,145	78,816	22,345	18.6%	13.2%	5.3%	1.5%	48.2%
Osceola	424,946	87,234	62,142	25,224	6,571	20.5%	14.6%	5.9%	1.5%	57.0%
Palm Beach	1,518,152	483,000	378,295	189,485	63,723	31.8%	24.9%	12.5%	4.2%	23.5%
Pasco	592,669	181,200	139,226	64,319	18,237	30.6%	23.5%	10.9%	3.1%	14.5%
Pinellas	972,852	343,360	262,854	121,892	36,692	35.3%	27.0%	12.5%	3.8%	12.8%
Polk	770,019	214,394	163,157	72,773	18,399	27.8%	21.2%	9.5%	2.4%	25.4%
Putnam	74,249	23,494	17,572	7,591	2,096	31.6%	23.7%	10.2%	2.8%	15.6%
St Johns	296,919	82,104	61,217	26,787	7,513	27.7%	20.6%	9.0%	2.5%	12.2%
St Lucie	350,518	105,125	79,707	35,841	10,384	30.0%	22.7%	10.2%	3.0%	26.2%
Santa Rosa	196,834	47,214	33,586	13,689	3,370	24.0%	17.1%	7.0%	1.7%	10.3%
Sarasota	452,378	202,730	164,905	85,987	26,478	44.8%	36.5%	19.0%	5.9%	6.8%
Seminole	484,054	109,552	79,746	34,835	10,756	22.6%	16.5%	7.2%	2.2%	28.8%
Sumter	141,420	87,786	75,506	39,109	8,071	62.1%	53.4%	27.7%	5.7%	4.8%
Suwannee	44,688	13,468	10,349	4,960	1,417	30.1%	23.2%	11.1%	3.2%	12.1%
Taylor	21,375	6,760	5,182	2,232	477	31.6%	24.2%	10.4%	2.2%	16.2%
Union	15,550	3,479	2,315	834	183	22.4%	14.9%	5.4%	1.2%	17.5%
Volusia	572,815	195,337	148,382	66,327	20,006	34.1%	25.9%	11.6%	3.5%	16.9%
Wakulla	35,169	7,841	5,526	2,083	471	22.3%	15.7%	5.9%	1.3%	12.2%
Walton	79,544	22,219	16,073	6,458	1,616	27.9%	20.2%	8.1%	2.0%	9.0%
Washington	25,461	6,808	4,980	2,109	464	26.7%	19.6%	8.3%	1.8%	12.4%
Florida	22,276,132	6,317,870	4,782,219	2,190,580	638,105	28.4%	21.5%	9.8%	2.9%	29.6%

BEBR (Bureau of Economic and Business Research, University of Florida), 2023 (Circa 2022).

Appendix 4

Program Enrollment

County	Percent of Population Who Are Elders			Clients Served		
	Below Poverty Level 60+	Alzheimer's Disease 65+	Living Alone 60+	ADI	CCE	HCE
Alachua	11.1%	11.0%	29.4%	318	854	67
Baker	6.9%	10.3%	21.7%	41	102	11
Bay	9.0%	10.4%	23.6%	50	161	39
Bradford	14.7%	10.3%	29.4%	19	112	1
Brevard	8.2%	11.2%	25.6%	254	1,022	55
Broward	13.0%	11.3%	27.1%	470	6,842	476
Calhoun	12.3%	12.0%	31.5%	5	12	5
Charlotte	8.4%	11.1%	21.7%	43	546	28
Citrus	12.1%	11.0%	24.2%	230	1,122	56
Clay	6.9%	10.1%	18.3%	244	552	33
Collier	7.3%	11.8%	21.6%	28	829	19
Columbia	11.1%	10.3%	24.0%	84	412	31
De Soto	18.5%	10.9%	21.6%	6	94	5
Dixie	11.6%	9.7%	24.8%	15	85	3
Duval	12.0%	10.4%	27.1%	1,705	3,989	94
Escambia	10.8%	10.7%	26.3%	48	87	17
Flagler	6.6%	10.7%	17.0%	240	650	12
Franklin	11.2%	9.6%	25.8%	6	16	3
Gadsden	15.3%	9.9%	27.9%	1	0	0
Gilchrist	11.4%	10.7%	19.6%	8	64	6
Glades	15.9%	11.4%	18.8%	2	35	5
Gulf	7.3%	9.7%	21.0%	3	22	6
Hamilton	17.1%	9.6%	19.2%	10	62	10
Hardee	17.2%	11.8%	15.2%	93	110	6
Hendry	18.2%	10.6%	18.5%	11	164	12
Hernando	11.3%	11.1%	22.6%	188	714	22
Highlands	11.7%	12.1%	23.2%	572	808	16
Hillsborough	12.5%	10.6%	23.8%	4,358	7,941	300
Holmes	17.5%	11.1%	31.6%	7	32	10
Indian River	9.4%	11.8%	23.8%	137	441	15
Jackson	12.3%	11.3%	29.5%	16	31	6
Jefferson	13.5%	10.3%	19.0%	1	10	2
Lafayette	18.6%	10.1%	30.5%	6	48	3
Lake	7.7%	11.2%	20.8%	295	1,174	39

County	Percent of Population Who Are Elders			Clients Served		
	Below Poverty Level 60+	Alzheimer's Disease 65+	Living Alone 60+	ADI	CCE	HCE
Lee	10.0%	11.2%	21.7%	133	2,438	62
Leon	10.0%	10.1%	27.4%	28	46	34
Levy	11.9%	10.0%	28.1%	49	186	25
Liberty	17.0%	10.4%	23.7%	2	25	1
Madison	13.7%	10.2%	24.9%	3	11	5
Manatee	7.9%	11.2%	23.2%	885	1,325	97
Marion	10.7%	11.1%	24.1%	412	1,509	73
Martin	8.0%	11.9%	25.3%	96	277	18
Miami-Dade	17.2%	11.7%	21.6%	3,417	11,465	3,242
Monroe	10.7%	9.9%	23.9%	20	98	13
Nassau	7.9%	9.8%	19.0%	155	380	11
Okaloosa	7.6%	10.2%	24.5%	36	80	27
Okeechobee	10.9%	11.2%	26.1%	41	123	18
Orange	11.1%	10.5%	19.0%	899	2,403	111
Osceola	13.7%	10.4%	16.3%	273	882	34
Palm Beach	9.8%	12.5%	27.5%	944	3,540	148
Pasco	10.8%	11.0%	25.5%	728	2,282	117
Pinellas	10.9%	11.6%	30.5%	1,046	3,203	150
Polk	11.5%	10.9%	22.9%	2,054	3,582	85
Putnam	17.4%	10.1%	28.7%	67	280	24
St Johns	5.8%	5.8%	18.7%	246	543	30
St Lucie	9.6%	9.6%	20.8%	327	820	50
Santa Rosa	7.5%	7.5%	21.4%	10	38	10
Sarasota	6.8%	6.8%	23.7%	146	1,037	36
Seminole	7.9%	7.9%	22.8%	294	792	27
Sumter	5.3%	5.3%	20.5%	93	340	13
Suwannee	10.7%	10.7%	20.2%	53	246	19
Taylor	9.3%	9.3%	25.4%	5	16	4
Union	5.7%	5.7%	14.1%	6	44	2
Volusia	10.7%	10.7%	26.0%	1,163	2,635	126
Wakulla	6.3%	6.3%	26.0%	9	14	8
Walton	7.3%	7.3%	21.5%	8	27	7
Washington	19.6%	19.6%	28.9%	3	22	3
Florida	10.9%	11.2%	24.0%	23,240	70,103	6,090

Source: American Community Survey (ACS) 5-Year Survey 2018-2022, 2022 ALZHEIMER'S DISEASE FACTS AND FIGURES, eCIRTS.

Appendix 5

Acronyms and Abbreviations

AAA Area Agency on Aging

ACCESS Automated Community Connection to Economic Self-Sufficiency

ACFP Adult Care Food Program

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

ADI Alzheimer's Disease Initiative

ADL Activities of Daily Living

ADRC Aging and Disability Resource Center

ADRD Alzheimer's Disease and Related Disorders

AHCA Agency for Health Care Administration

ALF Assisted Living Facility

APS Adult Protective Services

CARES Comprehensive Assessment and Review for Long-Term Care Services

CCE Community Care for the Elderly

eCIRTS Enterprise Client Information and Registration Tracking System

CMS Centers for Medicare & Medicaid Services

COA County Council on Aging

DACS Department of Agriculture and Consumer Services

DCCI Dementia Care and Cure Initiative

DCF Department of Children and Families

DEO Department of Economic Opportunity

DOEA Department of Elder Affairs

DOH Department of Health

EHEAP Emergency Home Energy Assistance for the Elderly Program

FACE Florida Alzheimer Center of Excellence

FMMIS Florida Medicaid Management Information System

FPGC Florida Public Guardian Coalition

HCBS Home and Community-Based Services

HCE Home Care for the Elderly

HH Home Health

IADL Instrumental Activities of Daily Living

ICP Institutional Care Program

ICSP Independent Consumer Support Program

IFAS Institute of Food and Agricultural Science

LIHEAP Low-Income Home Energy Assistance Program

LSP Local Services Programs

LTCOP Long-Term Care Ombudsman Program

MCO Managed Care Organization

MDC Memory Disorder Clinic

MIPPA Medicare Improvements for Patients & Providers Act

MMA Managed Medical Assistance

NAPIS National Aging Program Information Systems

NSIP Nutrition Services Incentive Program

OAA Older Americans Act

OAAPS Older Americans Act Performance System

OPPG Office of Public and Professional Guardians

PCM Person-Centered Monitoring

PII Performance Improvement & Innovation

PSA Planning and Service Area

RELIEF Respite for Elders Living in Everyday Families

SCSEP Senior Community Service Employment Program

SFMNP Senior Farmers' Market Nutrition Program

SHINE Serving Health Insurance Needs of Elders

SHIP State Health Insurance Assistance Program

SMMC LTC Statewide Medicaid Managed Care Long-Term Care Program

SMP Senior Medicare Patrol

SSA Social Security Administration

USDA United States Department of Agriculture

Appendix 6 Programs at a Glance

Note: Programs operate on different annual periods. (calendar year, fiscal year, etc.)

PG	DEPARTMENT PROGRAM	FUNDING		UNITS OF SERVICE
		2023-2024	2024-2025	2023-2024
50	Adult Care Food Program	\$8,388,489	\$11,872,043	4,122,210 meals 243 sites
32	ADI - Alzheimer's Disease Initiative	\$64,971,293	\$59,291,924	23,240 clients
33	ADI - Memory Disorder Clinics	\$12,409,285	\$12,409,285	20,776 clients
33	ADI - Brain Bank	\$117,535	\$117,535	42 clients 30 autopsies
37	Community Care for the Elderly	\$80,628,033	\$86,628,033	70,103 clients
45	CARES	\$20,246,702	\$19,954,875	145,603 assessments
53	Emergency Home Energy Assistance for the Elderly Program	\$5,963,764	\$6,400,000	11,428 households
30	Elder Abuse Prevention	\$344,252	\$343,447	275 events 88 trainings
38	Home Care for the Elderly	\$13,303,357	\$18,303,357	6,090 clients
39	Local Services Programs	\$15,743,679	\$14,701,899	12,268 clients
28	Long-Term Care Ombudsman Program	\$5,738,446	\$4,214,921	9,866 visits 3,079 complaints
57	Medicare Improvements for Patients & Providers Act	\$1,788,808	\$1,788,808	34,386 clients
20	Nutrition Services Incentive Program	\$7,449,039	\$7,945,375	51,442 clients
41	Office of Public and Professional Guardians	\$19,416,449	\$18,627,139	4,220 public wards served
15	OAA Title III B - Supportive Services	\$47,775,230	\$43,577,592	26,105 clients
17	OAA Title III C1 - Congregate Meals	\$31,174,463	\$37,279,591	27,051 clients
19	OAA Title III C2 - Home-Delivered Meals	\$43,602,600	\$41,727,513	21,015 clients
22	OAA Title III D - Disease Prevention and Health Promotion Services	\$2,965,439	\$3,146,016	9,818 clients
24	OAA Title III E - Caregiver Support	\$19,644,986	\$18,106,206	5,257 clients
26	OAA Title V - Senior Community Service Employment Program	\$4,407,596	\$4,692,249	486 positions
43	Respite for Elders Living in Everyday Families	\$932,083	\$936,083	109 volunteers 49,960 hours
55	Senior Farmers' Market Nutrition Program	\$335,078	\$272,061.00	3,918 bundles
57	Senior Medicare Patrol	\$896,116	\$954,676	26,556 clients
57	SHINE	\$2,497,532	\$2,497,532	38,050 clients



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