



2025

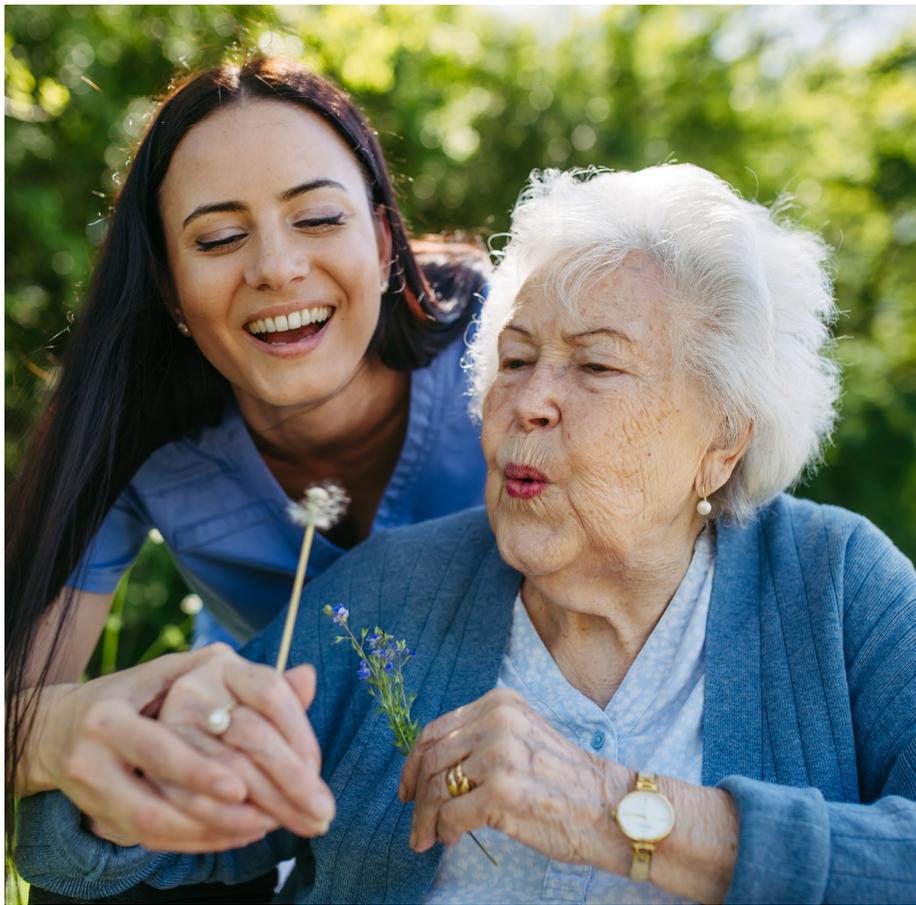
DEPARTMENT OVERVIEW

Elder 
Affairs
FLORIDA

RON DESANTIS
Governor

MICHELLE BRANHAM
Secretary

LIVE WELL & AGE WELL



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)

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How We Serve Florida Seniors

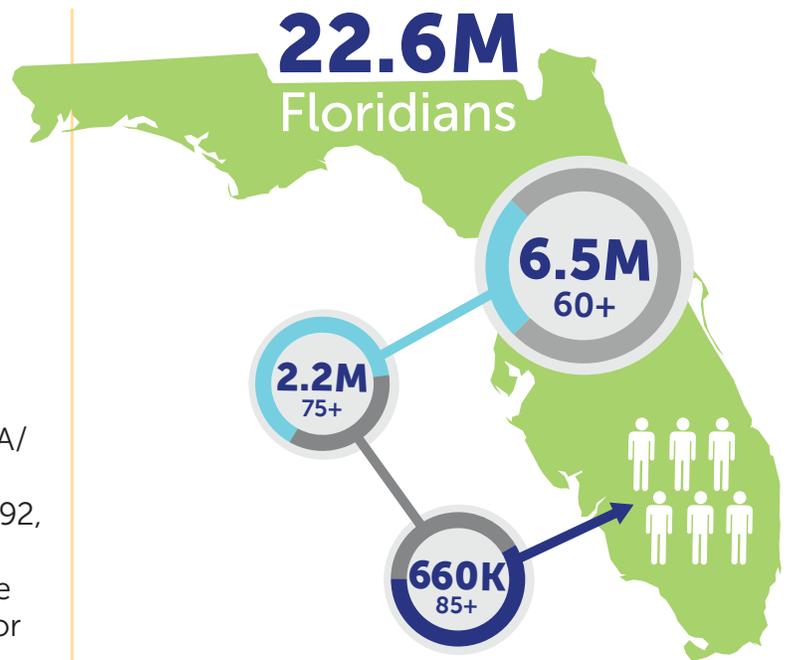
General Overview

The Florida Department of Elder Affairs (DOEA/ the Department) helps Florida’s elders remain healthy, safe, and independent. As such, in 1992, Florida voters constitutionally designated it 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.

As the designated State Unit on Aging (SUA), in accordance with the federal Older Americans Act and Chapter 430, Florida Statutes, DOEA works 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 6.5 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.



Source: Bureau of Economic and Business Research Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2025-2050 With 2023 Estimates (Released November 2024).

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 (6.5 million)—ranking second in the nation—of residents over the age of 60.¹ Additionally, older adults aged 100+ are the fastest growing age group in Florida.²

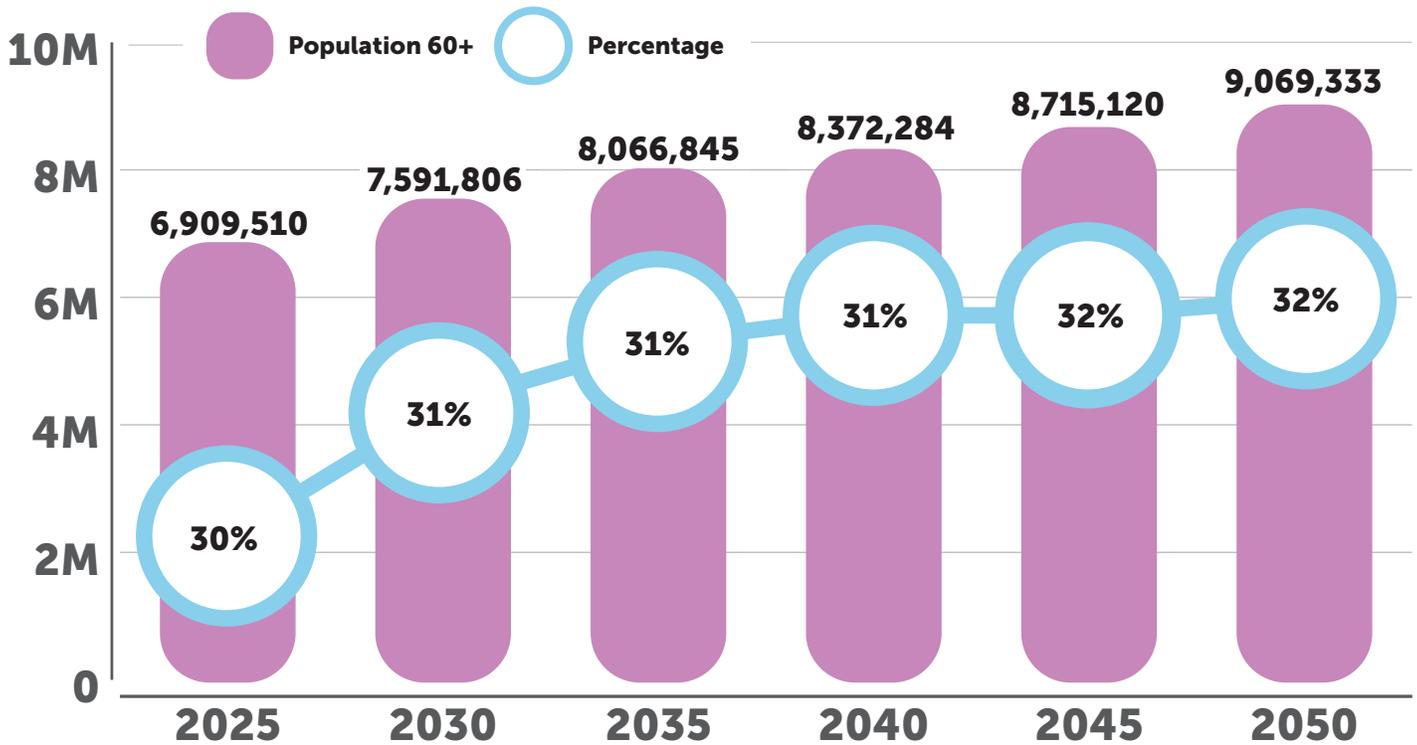
Florida is projected to continue to experience increases in the number of older residents over the next 10 years as a result of migration and baby boomers who continue to age into retirement. As our senior population continues to increase, Florida’s future is linked to the financial, health, and physical security of our elder population.

Disabilities among Florida’s elder population vary by type, with 7 percent reporting cognitive impairments and 10 percent likely to be suffering from Alzheimer’s or other related dementias. Additionally, 18 percent report ambulatory disabilities, and 15 percent report two or more types of disabilities.

1 U.S. Census Bureau; ACS 2023.

2 U.S. Census Bureau. (2023). 2023 National Population

2025-2050 Projections for Florida Population 60+



Source: Projections Tables: Main Series. census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html.

As our elder population grows, our state will experience 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. DOEA's ongoing dedication to exceptional services, evaluating Florida's programs for seniors, and providing support to the AAAs will continue to accommodate the increasing needs due to increasing population demands.

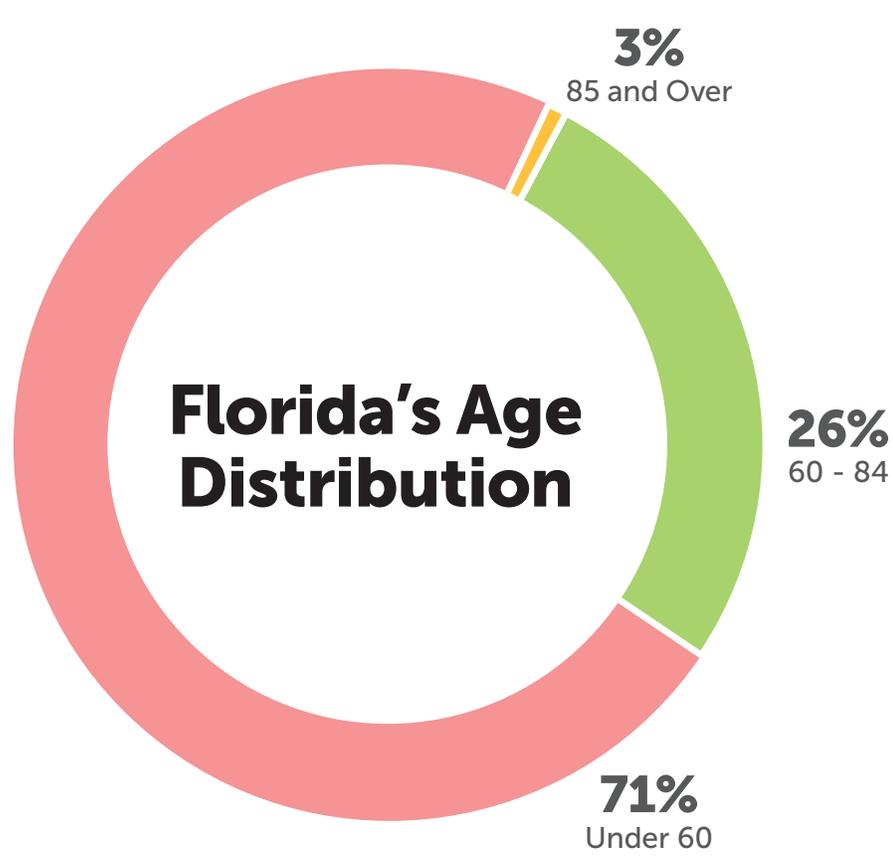
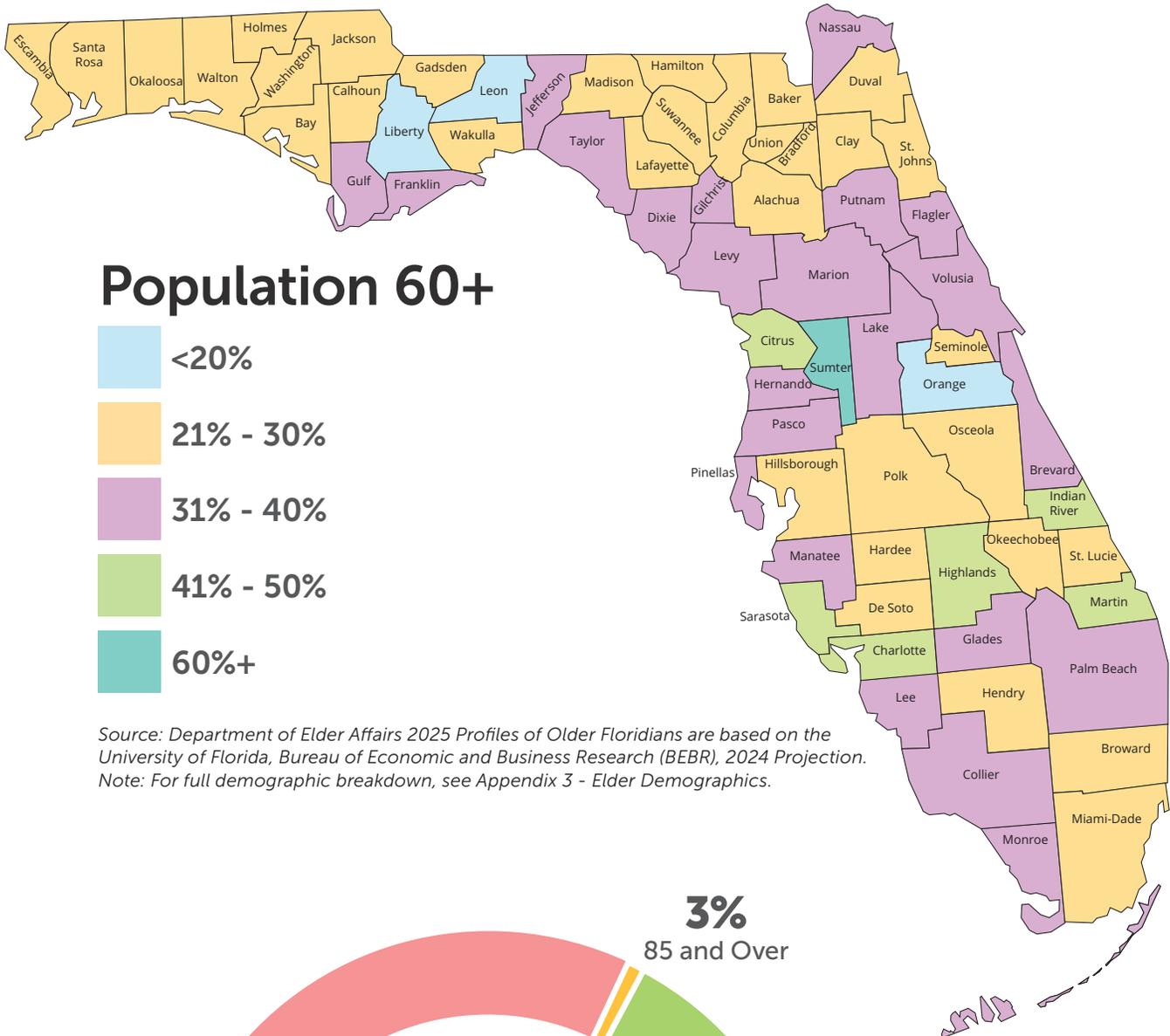
Geographic Concentration

According to the U.S. Census Bureau, Florida led the nation as the fastest growing state in 2022 and older adults aged 60-69 were the largest share of people moving to Florida from other states. These migration trends are largest reflected in urban areas and are concentrated in the central and southern counties, namely Miami-Dade (669,468), Broward (510,632), Palm Beach (494,178), Pinellas (349,681), and Orange

Counties with Populations Over 40 Percent 60+

COUNTY	POPULATION		
	TOTAL	60+	% 60+
Sumter	155,318	96,725	62%
Charlotte	204,126	100,839	49%
Citrus	162,240	74,680	46%
Sarasota	464,223	210,012	45%
Highlands	104,385	45,810	44%
Martin	162,847	67,753	42%
Indian River	167,781	69,272	41%

Source: Bureau of Economic and Business Research Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2025-2050 With 2023 Estimates (Released November, 2024).



(282,670) counties (see Appendix 3). These six counties account for 40% of our state's total population of people aged 60 and older.

Examining population data and migration trends at the county level allow DOEA to allocate additional resources and direct services to areas of the state with the greatest concentrations of older adults. In Florida there are at least seven counties where more than 40 percent of the population is over the age of 60. DOEA prioritizes the needs of all older Floridians; gathering data to understand the areas with the greatest need allows the Department to get the services where they are needed.

A Cultural Mosaic

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

Among people aged 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

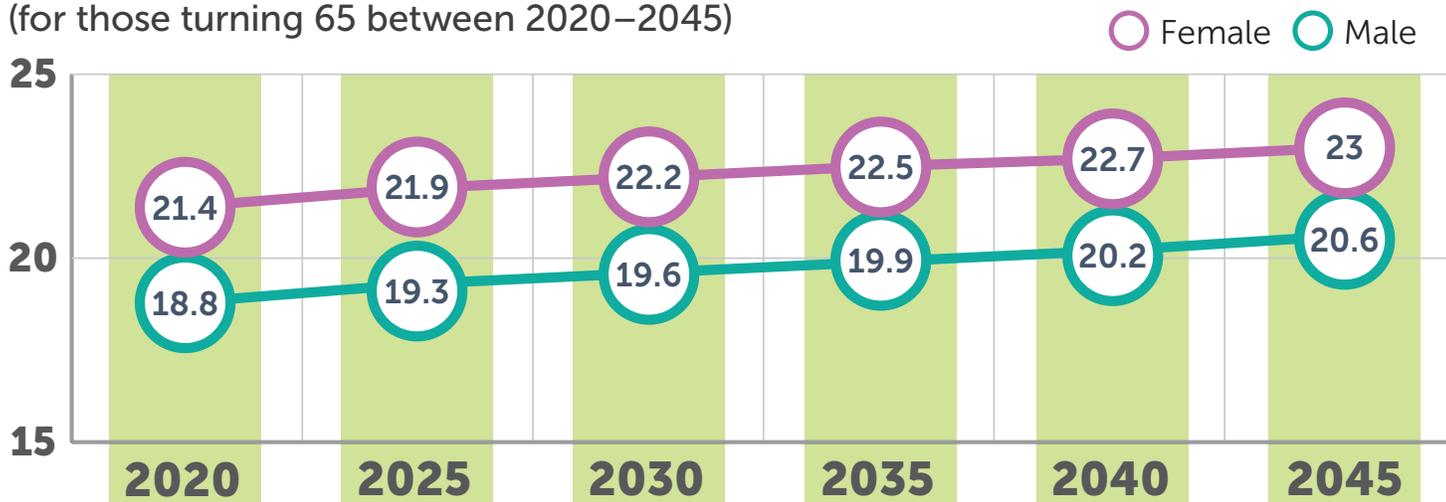
17 percent. Additionally, Florida is home to more than 1.5 million foreign-born older adults who contribute to the cultural, religious, and linguistic diversity of the state, with a resulting 22 percent of older adults who are able to speak in a language other than English, and 7 percent who are unable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

Disabilities among Florida's elder population varied by type, with 7 percent reporting cognitive impairments and 13 percent reporting living with Alzheimer's or other related dementias, 17 percent reporting ambulatory disabilities, and 15 percent reporting two or more types of disability. Though 65 percent of Florida's older adults do not have any type of disability,⁴ those older adults aged 85 and older, as well as those with lower incomes, are more likely to experience disabilities and physical limitations.

Life Expectancy

The projected increase of older adults in the population is in part due to the improved health and well-being of Floridians, which allows them to live longer lives. This is already apparent with the population of individuals aged 100 and

Life Expectancy Beyond Age 65 (for those turning 65 between 2020–2045)



Social Security Administration 2022 OASDI Trustees Report. Table V.A5. Cohort Life Expectancy—Intermediate Projections. <https://www.ssa.gov/oact/TR/2022/lr5a5.html>

³ Florida Department of Elder Affairs. (2025). County Profiles.

⁴ Florida Department of Elder Affairs. (2025). County Profiles.

older, currently the nation's fastest-growing age group by percentage. Many favorable trends are occurring simultaneously among individuals aged 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 economy, with the average retiree in Florida contributing 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 part of 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 are known to have the largest rate of donations to charitable causes, and



high levels of volunteerism in this group continuously enhance communities throughout Florida. This is evident in local programs and services they contribute to 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 72.4% of older Floridians are registered voters.⁶
- One in three adults aged 60 and older provides care to another elder, and more than 70,000 grandparents were responsible for their grandchildren in 2021—a 15% increase since 2006.⁷
- In 2025, older adults volunteered more than 130 million hours, valued at more than \$3.5 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; Voting and Registration in the Election of November 2024.

⁷ US Census, ACS 5-year survey, AGID 2017-2021.

⁸ US Census bureau, 2023 CPS-Volunteer Supplemental and Civic Life; Independent Sector, 2025 Value of Volunteer Time Report.

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).

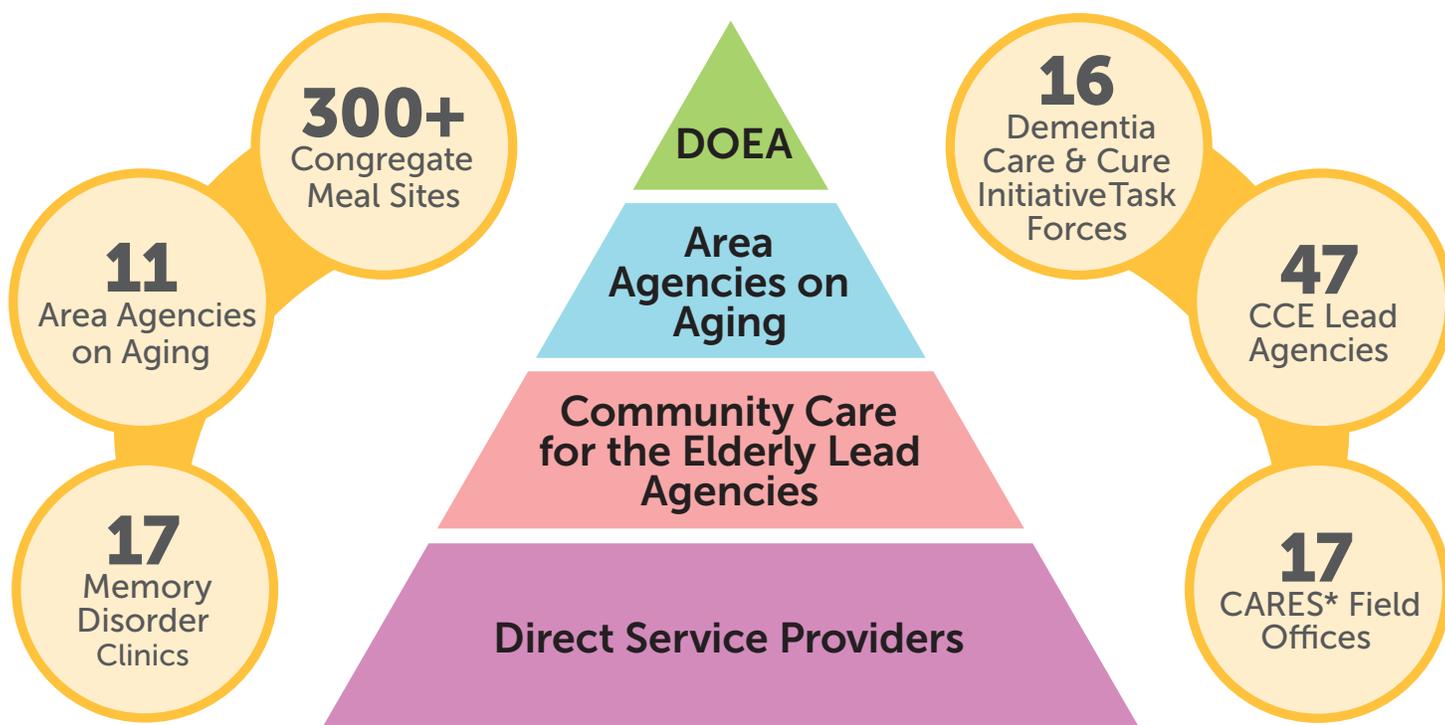
Each of the 11 Area Agencies on Aging also operate as Aging and Disability Resource Centers (ADRCs). ADRCs are designed to streamline access to long-term care to make it easier for older adults and individuals with disabilities to learn about and quickly access the long-term services that best meet their 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 (COA). 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. Serving Floridians age 60 and older, and their caregivers, nearly 97 percent of the Department’s \$506.9 million budget (state and federal) is spent providing direct services.

The Department uses the Federal Poverty Level as a measure of economic need. Of the clients screened and served by the Department, 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.

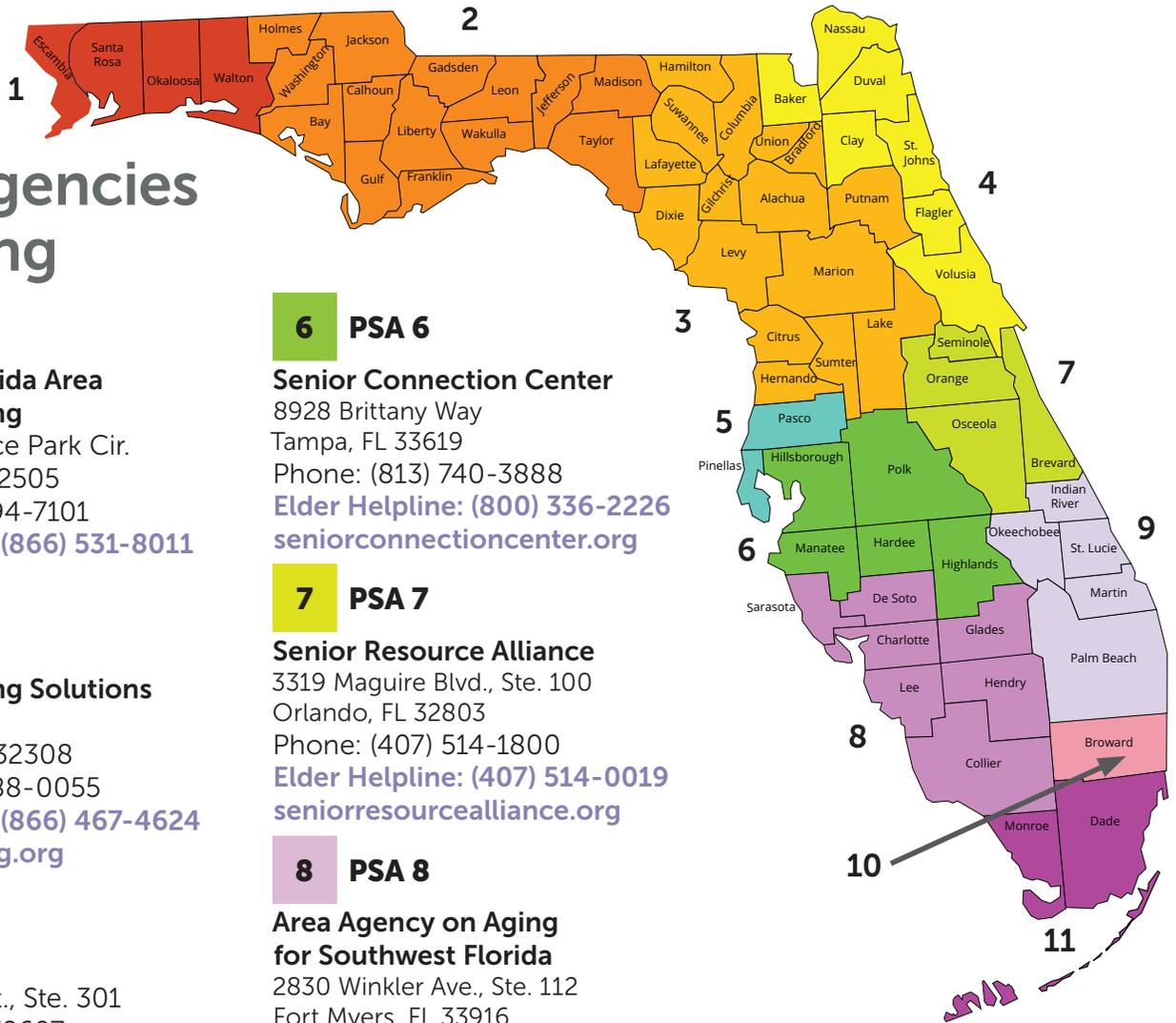
Providers are instructed to make special efforts to target and serve older adults with the greatest economic and social needs in all counties by addressing program development, advocacy, and outreach efforts. Furthermore, DOEA clients who receive case management services are provided service options 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, 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 7,465 seniors since its inception and 2,612 seniors served this year (January 1-August 25, 2025) 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.

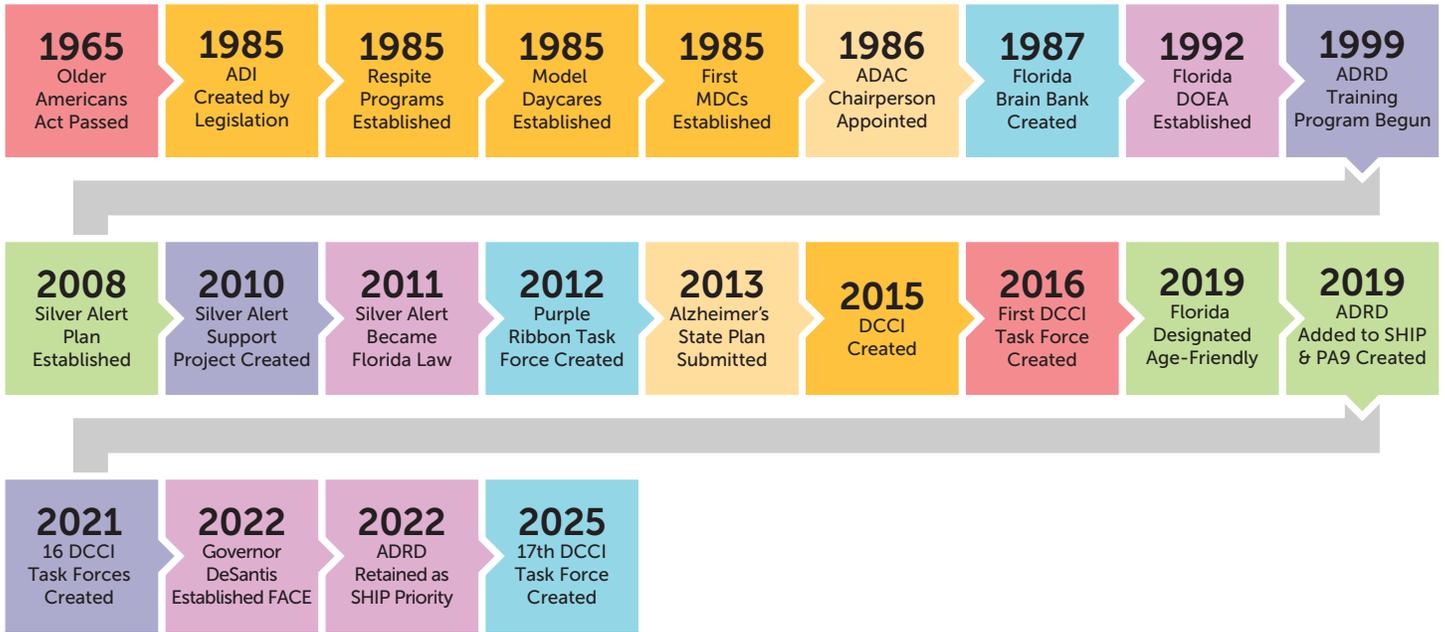
3 Encouraged local communities to expand the Dementia Care and Cure Initiative in their areas. The Dementia Care and Cure Initiative Task Force network has grown to 16 communities across Florida that are working toward common goals to make their local areas more dementia-friendly, promote better care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

ALZHEIMER'S DISEASE INITIATIVE TIMELINE



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).

2025
17th DCCI task force created.

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 the FACE program, Care Navigators across Florida empower caregivers and individuals living with dementia through virtual, one-on-one support. These professionals provide ongoing care planning, expert referrals, compassionate guidance, and vital emotional support. This connection becomes a powerful source of encouragement and education for caregivers, helping them navigate the challenges of dementia care.

Support is delivered and outcomes are tracked across four key areas:

- Medical
- Financial
- Legal
- Emotional



This program serves not only as a trusted lifeline for family caregivers but also delivers measurable improvements in health outcomes – most notably, reduced falls and fewer hospital admissions. These results translate into significant cost savings for the state and healthcare systems.

As FACE continues to evolve, future phases of the program will include recognizing direct care settings that demonstrate excellence in staff training and support. Additionally, FACE will establish criteria to acknowledge industry leaders in Alzheimer's disease and related dementias, both in clinical care and research. The model emphasizes benchmarks and best practices across the spectrum of Alzheimer's and Related Dementia care.

Earning recognition as a FACE Partner will help families identify top-tier professionals and raise the overall standard of dementia care in Florida.

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

Target Audience

- Dyad of dedicated family caregiver + loved one living with dementia
- Florida residents
- Families with desire for loved one with dementia to age in place at home/family residence

Eligibility

- The person living with dementia (PLWD) has Alzheimer’s disease and related dementias (ADRD) diagnosis/intent to seek diagnosis
- PLWD must have a designated unpaid/family caregiver over age 18 to serve as the primary point of contact with FACE Care Navigator
- PLWD must be a Florida resident/intent to establish Florida residency within 30 days

- PLWD does not currently reside in a long-term care facility and/or not seeking immediate placement
- Caregiver must be willing to actively participate in the FACE Care Navigator Program

ADI Cost Saving and Numbers Served

The program represents an annual average cost savings of \$13,870 related to hospital admissions.

The program represents an annual average cost savings of \$27,077 related to falls.

Outcomes

State Fiscal Year	Reduction in Falls	Reduction in Hospitalization	Zarit Burden Score Change*
2022-2023 (Year 1)	75%	68%	No remarkable change
2023-2024 (Year 2)	86%	81%	43%
2024-2025 (Year 3)	86%	81%	43%

***No remarkable change* in Zarit burden score (measure of caregiver stress and burnout risk) is considered a positive outcome, as it remains steady despite disease progression.*

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
2020-2021	\$34,171,554	29,921
2021-2022	\$34,171,554	23,818
2022-2023	\$29,634,157	28,105
2023-2024	\$47,775,230	26,105
2024-2025	\$43,577,592	28,977

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
2020-2021	\$26,793,122	30,291
2021-2022	\$26,299,358	25,185
2022-2023	\$38,092,264	24,654
2023-2024	\$31,174,463	27,051
2024-2025	\$37,279,591	29,668

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
2020-2021	\$26,914,784	30,665
2021-2022	\$26,914,784	24,573
2022-2023	\$21,860,773	22,013
2023-2024	\$43,602,600	21,015
2024-2025	\$41,727,514	20,053

*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
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	\$7,449,039	9,804,702
2024-2025	\$7,945,375	8,756,900

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: Tailored Caregiver Assessment & Referral (TCARE); 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, Active Living Every Day, 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
2020-2021	\$1,867,767	6,188
2021-2022	\$1,872,570	9,199
2022-2023	\$1,883,883	9,820
2023-2024	\$2,965,439	9,989
2024-2025	\$3,146,016	10,455

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
2020-2021	\$15,381,708	94,634
2021-2022	\$15,653,230	3,793*
2022-2023	\$16,114,261	4,464*
2023-2024	\$19,644,986	5,257
2024-2025	\$18,106,206	5,054

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
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	\$4,407,596	486	1,900
2024-2025	\$4,692,249	484	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

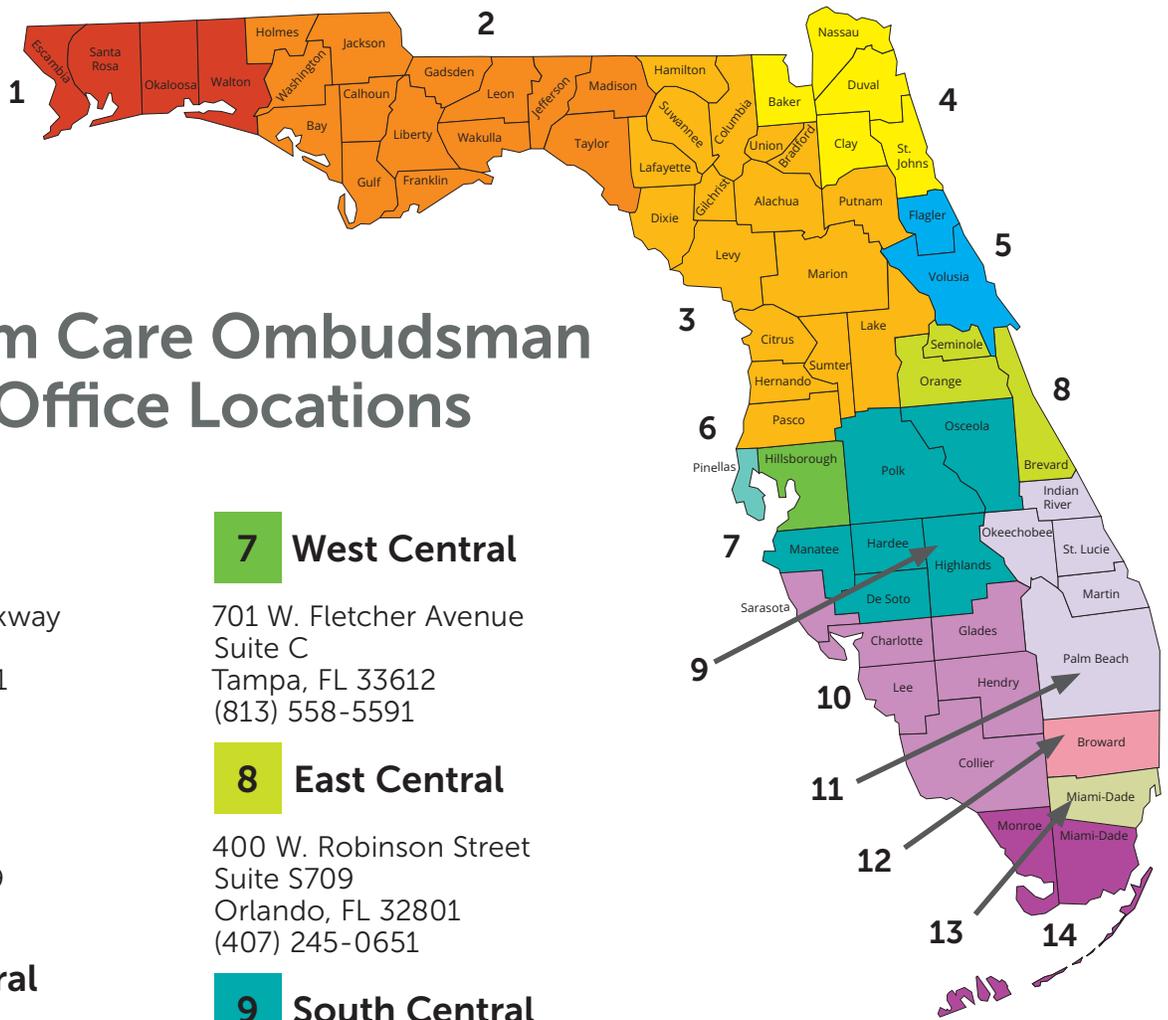
State Fiscal Year	Funding			
	Federal	State	Total	Per Resident
2020-2021	\$1,173,802	\$1,260,194	\$2,433,996	\$12.00
2021-2022	\$3,247,059	\$1,260,194	\$4,507,253	\$22.67
2022-2023	\$4,138,848	\$1,260,194	\$5,399,042	\$26.92
2023-2024	\$1,668,036	\$1,260,194	\$2,928,230	\$14.36
2024-2025	\$2,316,018	\$1,260,194	\$3,576,212	\$17.45

LTCOP Visits and Investigations

Federal Fiscal Year	Facilities	Routine Access Visits*	Complaint Investigations	Residents Served
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
2024-2025	3,855	3,793	3,871	204,977

Source: District Ombudsman Offices Reports

*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	\$344,252
2024-2025	\$343,447

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.

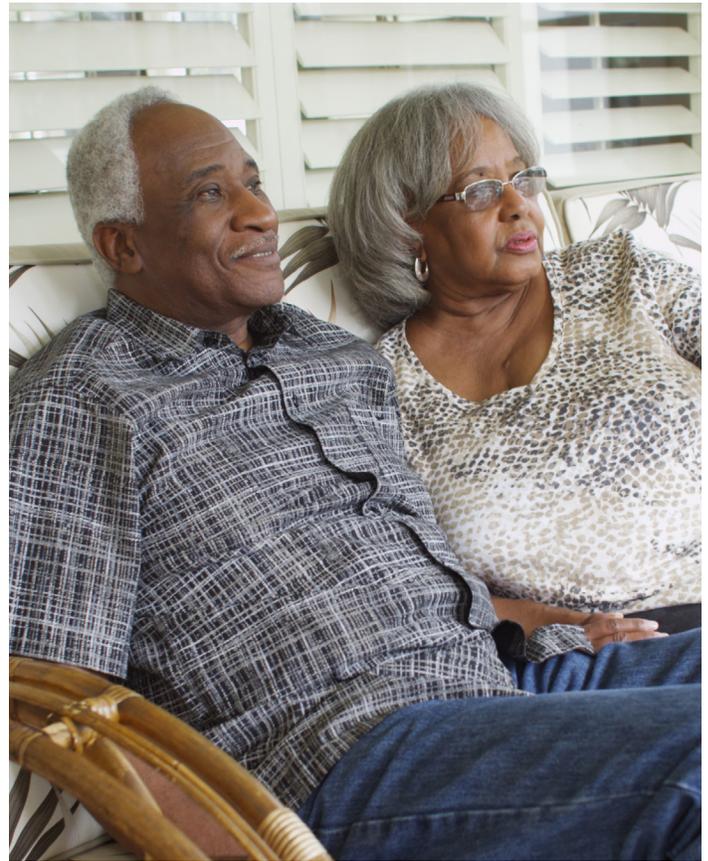
Alzheimer's Disease Initiative

Description

The Alzheimer's Disease Initiative (ADI) was established by the Florida Legislature in 1985 to provide a continuum of services that address the evolving needs of individuals and families affected by Alzheimer's disease and related dementias (ADRD). The Department is responsible for planning, budgeting, coordinating, and developing statewide policies to fulfill the statutory requirements of the ADI.

The program includes three key components:

- **SUPPORTIVE SERVICES** including counseling, respite care for caregivers, and consumable medical supplies.
- **MEMORY DISORDER CLINICS** offering diagnosis, education, training, research, treatment, and referrals.
- **THE FLORIDA BRAIN BANK** supporting ongoing research into Alzheimer's disease and related disorders.



The program receives guidance from a 15-member advisory committee. Of these members, 11 are appointed by the Governor, two by the President of the Senate, and two by the Speaker of the House. The committee provides recommendations for the annual report on the status of Alzheimer's disease and the needs of affected individuals and families throughout Florida.

Eligibility

- ADI respite care is available to caregivers of adults aged 18 and older who have been diagnosed with Alzheimer's disease or a related dementia (ADRD).
- Respite care is also available for individuals diagnosed with, or suspected of having, memory loss accompanied by mental changes that interfere with Activities of Daily Living (ADLs).
- Caregivers of eligible individuals may also receive training and other supportive services provided through the ADI program.

- Individuals of any age who are suspected of having a memory disorder may request a diagnostic evaluation from a Memory Disorder Clinic to determine the likelihood of Alzheimer’s disease or a related dementia.
- Individuals of any age—regardless of an ADRD diagnosis—are eligible to enroll in the Alzheimer’s Disease Initiative Brain Bank. Enrollment requires access to medical records documenting a general physical examination, neurological evaluation, hematological and biochemical tests, and a brain scan.

Funding Source and Allocation Methodologies

The Alzheimer’s Disease Initiative (ADI) is fully funded through General Revenue, with no matching funds required. The Department allocates these funds to each Area Agency on Aging, which in turn distributes them to local providers of respite care services in designated counties.

The allocation of ADI respite care funding is determined using a formula based on two equally weighted factors:

- 50% – the county’s population aged 75 and older
- 50% – the estimated number of individuals with Alzheimer’s disease in the county

In addition to respite services, the Department administers other Alzheimer’s-related services through contracts with designated Memory Disorder Clinics and the Florida Brain Bank.

Any remaining funds are directed toward special projects, as outlined by proviso language and legislative intent in the General Appropriations Act.

Clients are assessed co-payments based on a sliding fee scale developed by the Department. These co-payments help expand the availability of services to more individuals.

ADI Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
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
2024-2025	\$71,818,744	25,023

Source for clients served: eCIRTS

Services and Activities

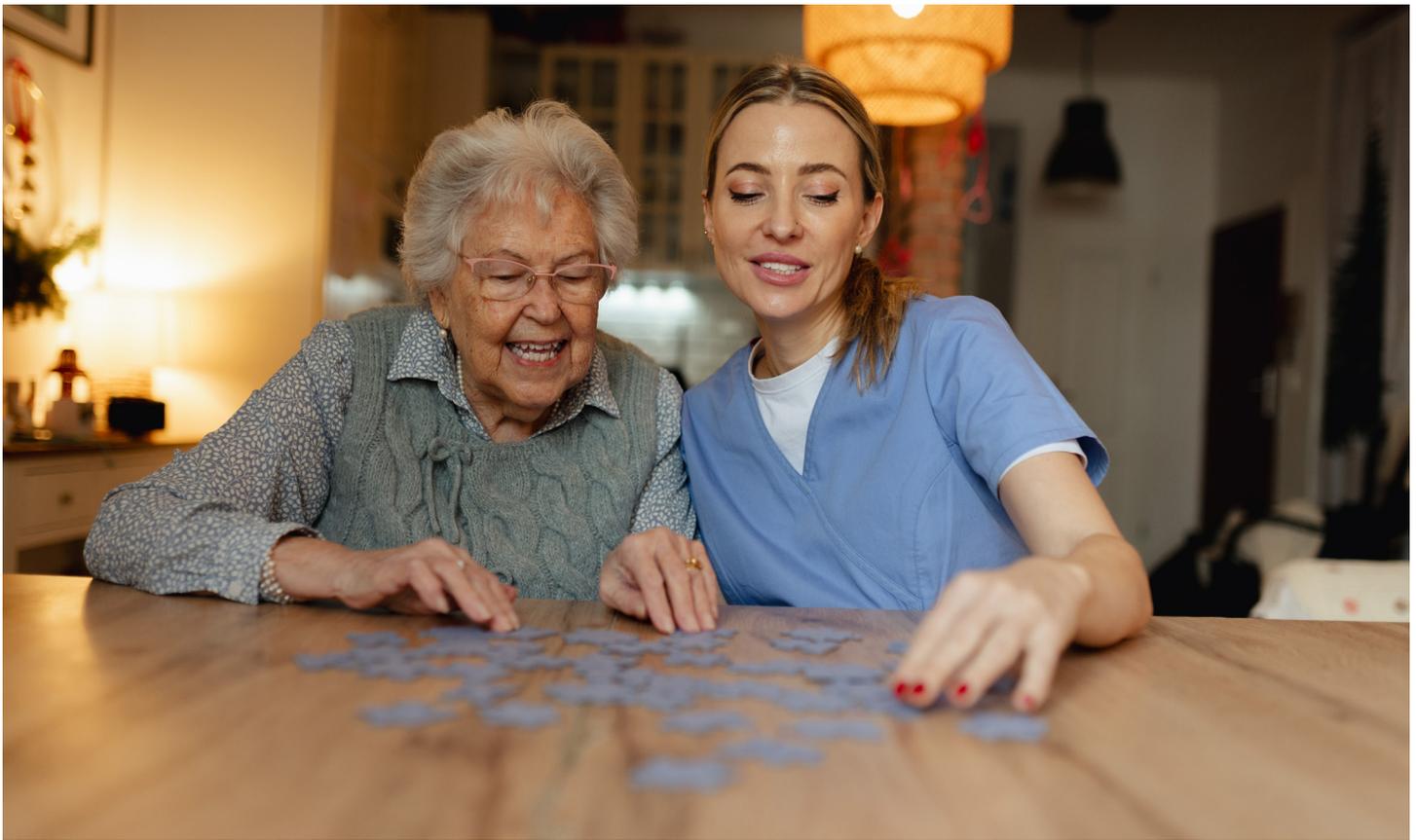
RESPITE SERVICES FOR CAREGIVERS

Alzheimer’s respite care programs are available in all 67 Florida counties, with many counties offering multiple service sites. As Alzheimer’s disease progresses, especially in its later stage – individuals will require care 24 hours a day.

The Alzheimer’s Disease Initiative (ADI) provides a range of respite care options for caregivers of individuals with Alzheimer’s disease and related dementias (ADRD), including:

- In-home respite care
- Facility-based respite (typically at adult day care centers)
- Emergency respite
- Extended respite care, available for up to 30 consecutive days

In addition to respite services, both caregivers and individuals living with dementia may receive supportive services that are essential for helping individuals with cognitive decline remain in their homes—often a personal preference and financial necessity for many people living with dementia (PLWD).



These supportive services may include:

- Caregiver training and support groups
- Counseling
- Consumable medical supplies
- Nutritional supplements

All services are authorized by a case manager, based on a comprehensive assessment that identifies each individual's unmet needs.

MEMORY DISORDER CLINICS

The Florida Legislature has authorized 17 Memory Disorder Clinics to provide comprehensive diagnostic and referral services for individuals with Alzheimer's disease and related dementias (ADRD). All clinics receive state funding and are also tasked with conducting service-related research, developing caregiver training materials, and offering educational opportunities.

Memory Disorder Clinics are required to:

- **PROVIDE DIAGNOSTIC SERVICES** to individuals suspected of having ADRD. This includes accepting referrals from all ADI respite and service providers and conducting evaluations for referred individuals, as well as the general public, within the clinic's designated service area.
- **DELIVER AT LEAST FOUR HOURS OF IN-SERVICE TRAINING ANNUALLY** to ADI-funded respite care providers in their service area. Clinics must also develop and distribute training models to service providers and the Florida Department of Elder Affairs. A designated staff member at each clinic will serve as a training liaison for service providers.
- **CREATE TRAINING MATERIALS AND EDUCATIONAL OPPORTUNITIES** for both family and professional caregivers. This includes offering specialized training to caregivers, caregiver groups, and relevant organizations in the service area.
- **CONDUCT APPLIED SERVICE-RELATED RESEARCH**, which may include studies on

therapeutic interventions, caregiver support, and services for persons living with ADRD.

- **COLLABORATE WITH RESPITE AND SERVICE PROVIDERS** by establishing at least one annual contact with each provider. These meetings aim to plan, develop, and conduct service-related research projects.

Memory Disorder Clinic services are available to individuals diagnosed with, or suspected of having, memory loss that includes cognitive changes interfering with Activities of Daily Living (ADLs).

A map and contact information for all Memory Disorder Clinics can be found on page 36 and 37 of this publication.

RESEARCH: THE ALZHEIMER'S DISEASE INITIATIVE BRAIN BANK

The Alzheimer's Disease Initiative Brain Bank is a statewide network focused on service, education, and research. Its primary mission is to help find a cure for Alzheimer's disease by collecting and studying the brains of individuals who were clinically diagnosed with dementia.

The Brain Bank is operated under an annual contract between the State of Florida and Mount Sinai Medical Center, which oversees the central repository. Regional coordinators in Orlando and Miami assist with participant recruitment and serve as liaisons between the Brain Bank and participants' families.

Participants are also recruited through Alzheimer's respite care providers and Memory Disorder Clinics across the state.

Families who participate in the Brain Bank program receive two primary benefits:

1. Diagnostic confirmation of Alzheimer's disease, provided in clear, understandable language.
2. Opportunities to engage in research activities, both within Florida and through national collaborations.

Memory Disorder Clinics Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served
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
2024-2025	\$12,409,285	21,053

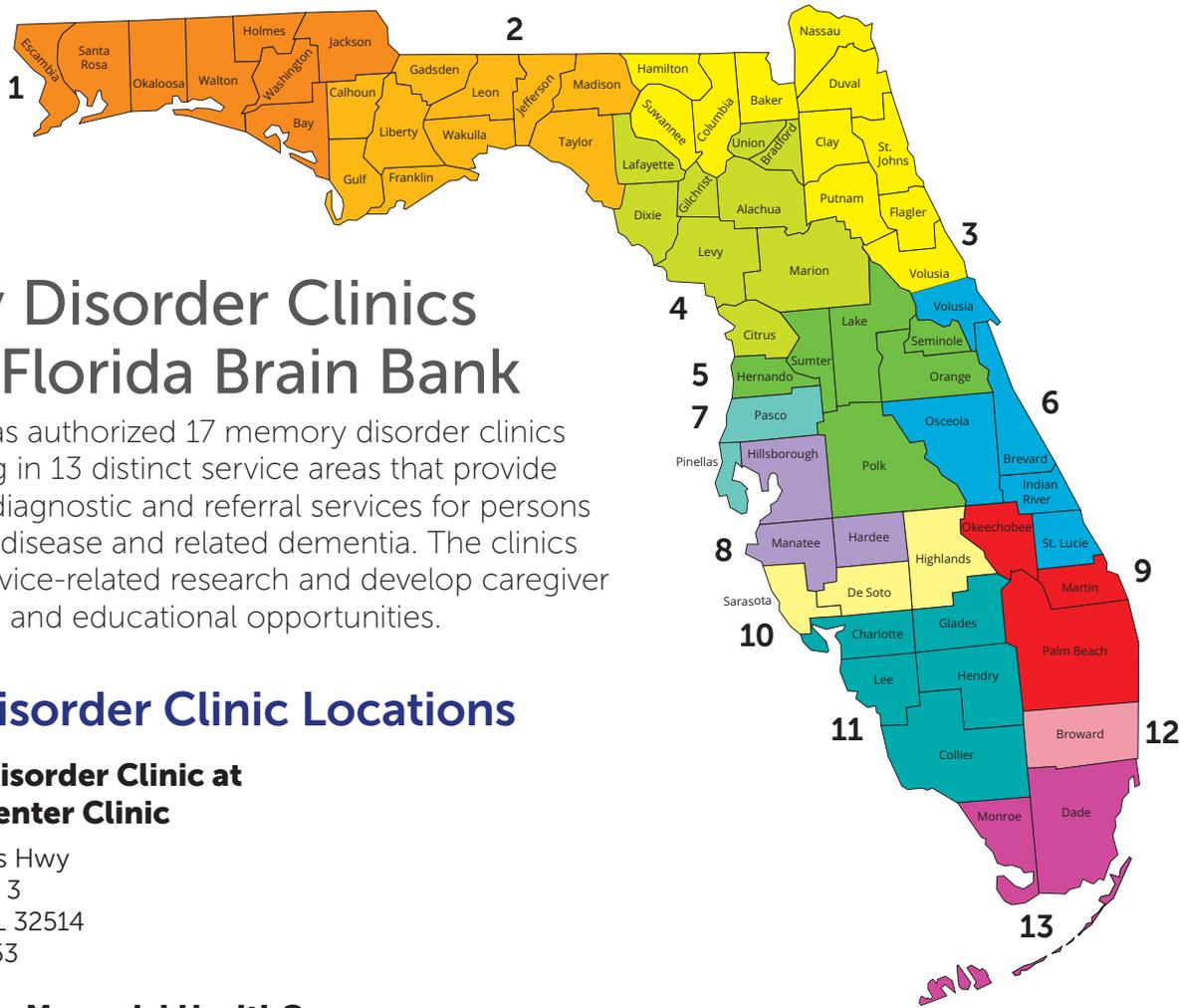
Note: The definition of unduplicated persons served is total new patients seen plus registered persons who had at least one clinic visit during the annual contract. New and registered persons are counted only once each contract year for an unduplicated count.

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
2020-2021	\$217,535	41	36
2021-2022	\$617,535	49	34
2022-2023	\$117,535	38	27
2023-2024	\$117,535	42	30
2024-2025	\$117,535	40	32

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
- 2

Tallahassee Memorial HealthCare Memory Disorder Clinic

2473 Care Drive, Ste. 102
Tallahassee, FL 32308
(850) 431-5001
- 3

Mayo Clinic Jacksonville Memory Disorder Clinic

4500 San Pablo Rd.
Jacksonville, FL 32224
(904) 953-7103
- 4

University of Florida Memory Disorder Clinic

3009 SW Williston Rd.
Gainesville, FL 32608
(352) 294-5400
- 5

Orlando Health Neuroscience Institute’s Center for Aging and Memory Disorder Clinic

76 W. Underwood St. 2nd Floor
Orlando, FL 32806
(321) 841-2800
- 5

AdventHealth Memory Disorder Clinic

265 E. Rollins Street, 6th Floor
Orlando, FL 32803
(407) 392-9237
- 6

Health First Memory Disorder Clinic

3661 S. Babcock St.
Melbourne, FL 32901
(321) 434-7612
- 7

Madonna Ptak Center for Alzheimer’s Research and Memory Disorders Clinic

430 Morton Plant St., Ste. 401
Clearwater, FL 33756
(727) 298-6025
- 8

University of South Florida Memory Disorder Clinic

3515 E. Fletcher Ave.
Tampa, FL 33613
Phone: (813) 974-3100

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 Physicians Group Memory Care Clinic

11

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

Broward Health 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



Frank C. & Lynn Scaduto MIND Institute at Miami Jewish Health

13

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

Brain Bank Locations

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

5

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

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

13

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 a key component of the FACE program, designed to equip licensed residential and in-home caregivers with the skills needed to support individuals living with Alzheimer's Disease and Related Dementias (ADRD). The training prepares professional caregivers to understand the fundamentals of ADRD, including communication techniques, daily care strategies, safety considerations, and other essential topics.

In Florida, all licensed care settings that serve adults and seniors must comply with strict ADRD training requirements for staff members. Section 430.5025, Florida Statutes (F.S.), establishes universal training standards for a broad range of providers, including nursing homes, home health agencies, nurse registries, companion or homemaker service providers, health care service pools, assisted living facilities (ALFs), adult family-care homes (AFCHs), adult day care centers (ADCCs), and any care setting offering specialized Alzheimer's services.

Under this statute, employees who have regular contact with or provide personal care to participants or residents must complete the Department's one-hour ADRD training within 30 days of hire. In addition, those providing personal care must complete further Department-approved training tailored to their specific care setting. Detailed guidelines are available in the ADRD Training Requirements for New Hires chart.

Furthermore, all employees in these settings are required to receive basic written information about interacting with individuals living with ADRD at the start of their employment. The Department of Elder Affairs has created standardized materials that may be used free of charge. Employers opting to use

their own content must ensure it aligns with the provisions of section 430.5025, F.S.

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 types of care providers licensed in Florida:

- Assisted Living Facilities and Adult Family-Care Homes (including additional requirements for ALFs that provide memory care)
- Skilled Nursing Facilities
- Hospice Providers
- Adult Day Care and Specialized Adult Day Care
- Home Health Providers (including companion, homemaker services and nurse registries)

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 all curricula so that facilities can connect with a provider in their area. This information is available at elderaffairs.org/adrd-training.



Funding Source and Allocation Methodologies

ADRD Training is funded by General Revenue. There is no match requirement.

ADRD Appropriation History

State Fiscal Year	State Funding
2020-2021	\$80,997
2021-2022	\$80,997
2022-2023	\$80,997
2023-2024	\$80,997
2024-2025	\$80,997

To date, more than 242,000 individuals have taken the Department's 1-hour training.

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 47 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
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
2024-2025	\$86,628,033	83,366

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
2020-2021	\$10,303,357	4,797
2021-2022	\$10,303,357	4,603
2022-2023	\$10,303,357	4,655
2023-2024	\$13,303,357	6,090
2024-2025	\$18,303,357	9,641

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
2020-2021	\$9,549,398	9,884
2021-2022	\$10,028,454	9,240
2022-2023	\$13,724,635	11,665
2023-2024	\$15,743,679	12,268
2024-2025	\$14,701,899	12,323

Source for clients served: eCIRTS and manual reports

Office of Public and Professional Guardians

Description

The Office of Public and Professional Guardians (OPPG) has oversight for all public and professional guardians throughout Florida. Guardians who do not meet the statutory definition of professional guardians under Chapter 744, Florida Statutes, are not regulated by OPPG.

Guardianship

Guardianship is a legal process created to protect the rights of individuals determined by the courts to be incapacitated, at least to some degree. The law recognizes that everyone has unique needs and differing abilities, so the goal of the guardianship process is to ensure the health, safety and wellbeing of individuals in the least restrictive manner. Individuals requiring a guardian's assistance may have Alzheimer's disease or related dementia, a developmental disability, severe and persistent mental illness, or any number of medical conditions that may limit their ability to make personal decisions, either temporarily or permanently. In all instances, the matter will be brought before a court to determine whether the individual lacks capacity, and if determined to be incapacitated, the court will then consider the degree to which the individual may require the assistance of a guardian to manage the affairs of daily life.

Before any determination of incapacity is made, Florida law requires the court to appoint an examining committee of three independent experts to conduct comprehensive examinations of the individual and to submit reports of their findings to the court. The court will also appoint an attorney to represent the alleged incapacitated person and then hold a hearing following review of these reports. Based upon the findings of these experts, the court may issue letters appointing a guardian and those letters contain specific instructions on what rights remain with the individual and what

matters should be decided by the guardian. The goal of guardianship law in Florida anticipates the wards' continued participation, as fully as possible, in all matters that affect them.

Registration and Education

The OPPG's regulatory responsibilities require a rigorous process to become a registered professional guardian. This process begins by taking a 40-hour training course and successfully passing a standardized state certification examination. After passing the examination, the prospective professional guardian must also pass a Level II criminal background screening, as well as a credit investigation, in addition to posting a required bond.

The required continuing education requirements increased in 2023 from 16 to 30 credit hours, every 2 years after completing the initial 40-hour guardianship course. Specialized courses are currently required in the following topics: 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

In addition to the powers and duties required by Florida Statutes, OPPG established by rule the standards of practice for professional guardians. The OPPG has also developed a comprehensive process for members of the public to file a complaint if they experience problems with a professional guardian. This process allows OPPG the opportunity to investigate legally sufficient, potential violations of the standards of practice or review whether the complaint requires referral to another state agency such as DCF Adult Protective Services, law enforcement, or the Ombudsman. OPPG has the authority to pursue discipline pursuant to the administrative procedures in Chapter 120, Florida Statutes. OPPG has the statutory authority to impose discipline with penalties up to and including the permanent revocation of a professional guardian's registration.

Public Guardianship

The OPPG, in consultation with the state circuit courts and related advocacy and professional organizations, appoints and contracts with regional Offices of Public Guardians (OPG) to serve the need for guardians in all 67 counties.

These public guardians serve the circuit court's needs to provide guardianship services for those unable to afford private professional guardians or who have no family or friends available to serve as guardians. As part of its contractual responsibility, OPPG regularly conducts audits in addition to regular monitoring of each Office. This ensures each OPG meets the highest standards while serving the needs of some of our most vulnerable Floridians.

The OPGs provide access to decision-making for individuals adjudicated incapacitated who require guardianship services to obtain safe and reliable living arrangements, medical services, benefit information, transportation and, most importantly, respect and social inclusion. When last studied in 2020, the annual cost savings to the state's taxpayers through state investment in the public guardian programs was determined to be \$23 million annually. The OPG programs serve all adults in need of guardianship services and are not limited to seniors.

A map of the OPG offices with contact information can be found on page 45 of this publication.

Eligibility

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

Be incapacitated pursuant to Chapter 744, Florida Statutes, or be eligible for a guardian advocate under section 393.12, Florida Statutes; be of limited economic means (indigent); and have no friends or family willing or able to serve. The OPG is expected to seek out family or friends who may qualify as a successor guardian.

Statutory Authority

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

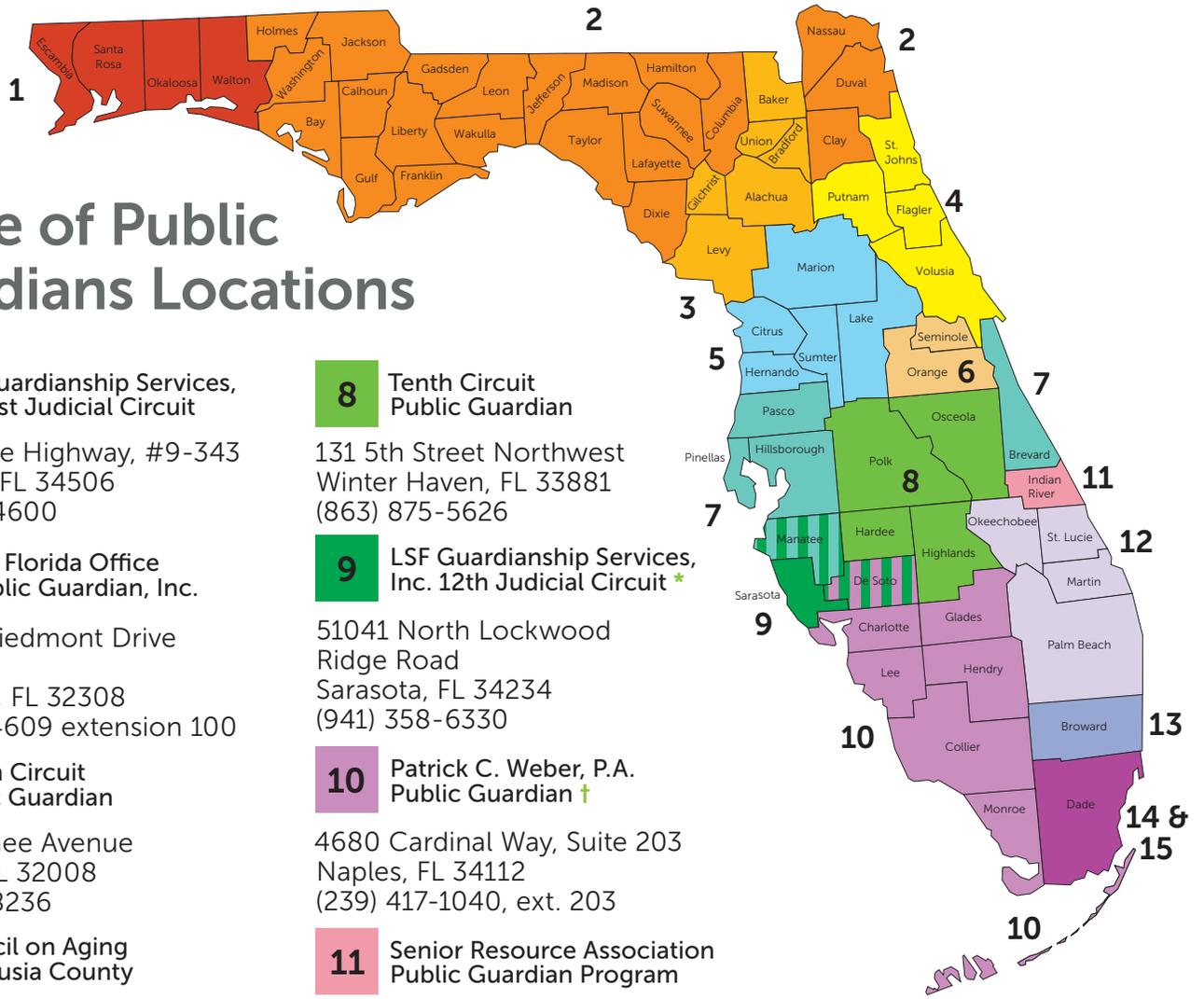
Funding Sources and Allocation Methodologies

Funding appropriation is from General Revenue and Administrative Trust Fund dollars. The OPGs receive funding from the State that is reallocated annually by contract to meet local needs. Some individual programs receive additional funding from local sources or grants.

OPPG Appropriation History and Numbers Served

State Fiscal Year	State Funding	Public Wards Served
2020-2021	\$18,152,629	3,806
2021-2022	\$18,024,853	3,741
2022-2023	\$18,625,791	4,285
2023-2024	\$19,416,449	4,174
2024-2025	\$18,627,139	4,395

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 provides essential respite services to family caregivers of frail elders and individuals living with Alzheimer’s disease or related dementias (ADRD). By supporting caregivers, the program helps delay or prevent institutional placement of homebound elders. Priority is given to individuals who are not currently receiving other services through the Department.

RELIEF relies on a multi-generational cohort of trained volunteers who are carefully matched with clients based on personality, skills, interests, and abilities to ensure compatibility and meaningful engagement. Some volunteers may receive stipends for their service.

Services and Activities

The RELIEF Program focuses on providing respite care during evenings and weekends—time periods often not covered by other programs. Volunteers may visit for up to four hours, offering companionship to frail, homebound elders and giving caregivers a valuable opportunity to rest or attend to personal needs.

Activities during visits may include conversation, reading, playing games, or preparing a light snack. The emphasis is on social interaction and emotional support for the senior, while offering a short break for the caregiver.

Administration

RELIEF services are administered through the AAAs, with contract management and technical assistance provided by the Department. AAAs are selected for RELIEF contracts in Planning and Service Areas (PSAs) where there is the capacity to recruit, screen, train, match, and supervise volunteers effectively.

Each AAA is responsible for submitting monthly reports detailing program activities and expenditures. As of now, the RELIEF Program operates in PSAs 4, 7, 8, and 11.

Eligibility

The program serves frail, homebound individuals aged 60 or older who reside with a full-time caregiver. Eligible caregivers may benefit from up to four hours of volunteer-provided respite care, especially during evenings and weekends when other services may not be available.

RELIEF Appropriation History and Numbers Served

State Fiscal Year	State Funding	Clients Served	Volunteers	Units (Hours)
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	\$936,083	141	109	49,960
2024-2025	\$936,083	127	66	47,918

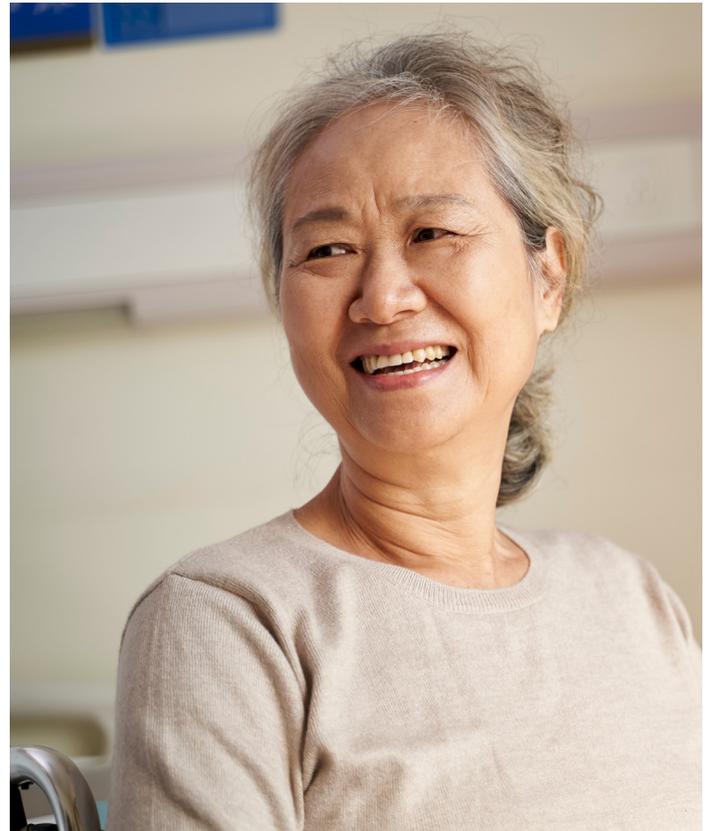
Source for clients served, volunteers, and hours: Monthly program progress reports and contracts

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, DOEA's 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 DOEA CARES field offices located throughout the state. DOEA CARES personnel include administrative support staff, assessors, office supervisors as well as 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 DOEA CARES personnel in each office.

CARES Appropriation History and Numbers Served

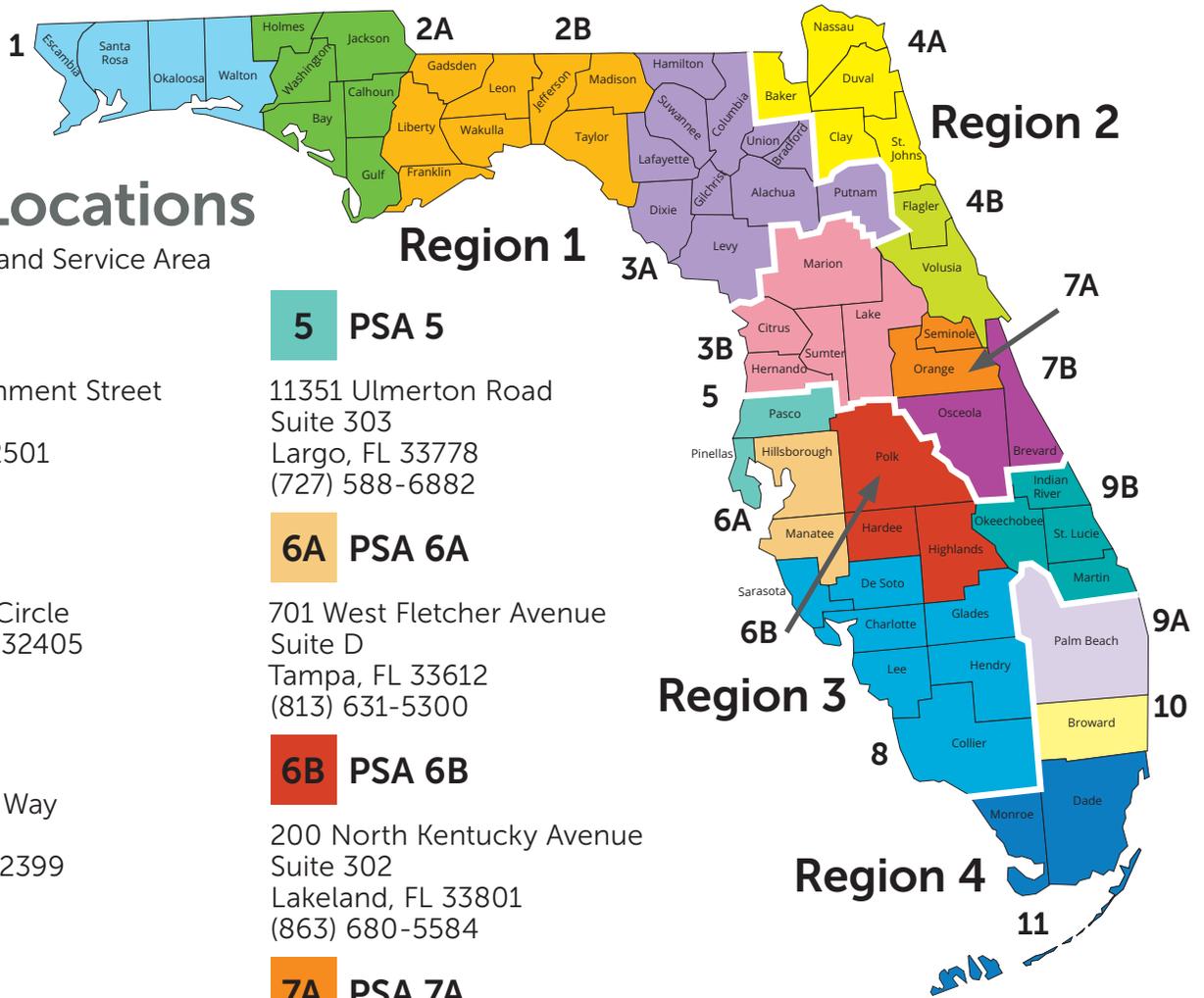
State Fiscal Year	Funding Federal & State*	Number of Assessments
2020-2021	\$17,725,744	112,871
2021-2022	\$18,396,055	112,265
2022-2023	\$19,169,556	125,402
2023-2024	\$20,246,702	145,603
2024-2025	\$19,954,875	153,765

**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
2019-2020	146,352
2020-2021	122,332
2021-2022	120,567
2022-2023	99,777
2023-2024	155,201
2024-2025	168,838

Source: eCIRTS

Statewide Medicaid Managed Care Long-term Care Program EMS Release Timeline

The Statewide Medicaid Managed Care Long-term Care Program (SMMC LTC) EMS Release Timeline 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 EMS RELEASE TIMELINE

- 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
- DCF:** Department of Children and Families
- DOEA:** Department of Elder Affairs
- eCIRTS:** Enterprise Client Information and Registration Tracking System
- LOC:** Level of Care
- PCP:** Primary Care Physician
- SMMC LTC:** Statewide Medicaid Managed Care Long-term Care Program

EMS RELEASE TIMELINE

INTAKE AND SCREENING

An individual is screened and placed on the SMMC LTC Pre-enrollment list.

PRE-RELEASE ASSESSMENT

AAAs have 14 calendar days to contact everyone released to discuss their interest in the SMMC LTC Program.

3008

Client has 30 days to return the provided physician verification form (3008) to the AAA.

CARES REFERRAL

AAA sends referral to CARES the day the complete and correct 3008 form is received from the client.

DCF FORM 2515

AAA sends 2515 to DCF to attest the person has applied for SMMC LTC and meets Medical Eligibility.

EMS RELEASE

The AHCA approves release request from the DOEA who then notifies the AAA of who is released.

CONTINUED ELIGIBILITY

Those who confirm interest will receive a letter with next steps from the AAA.

ACCESS APPLICATION

Client has 30 days to submit a Medicaid application to the DCF.

CARES

CARES completes the 701B assessment, staffing, and issues the LOC.

ENROLLMENT

Once Medicaid is approved and the LOC is complete, enrollment broker sends welcome letter and offers choice counseling.



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
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	\$8,388,489	243	4,122,210
2024-2025	\$9,834,388	273	4,915,814

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
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***	\$5,963,764	2,558	8,870
2024-2025***	\$6,400,000	4,061	7,402

*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.

***Contract period runs from July to June. Source for households served: CIRTS (beginning in 2011-2012), eCIRTS (beginning 2024 - 2025)

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) implements the U.S. Department of Agriculture's (USDA) SFMNP by collaborating with local agencies and farmers. The Florida Department of Agriculture and Consumer Services (FDACS) recruits and authorizes farmers and provides DOEA with an approved farmers list. This list is shared with local agencies to coordinate bundle distributions. DOEA is responsible for training and monitoring the local agencies and farmers on the SFMNP. 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
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
2024	\$335,078	95	80	17	0*	6,200

*Coupons are no longer offered as of this year

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 Medicare Improvements for Patients and Providers Act (MIPPA) Program, which helps identify low-income Medicare beneficiaries who are eligible but not enrolled in available programs that will assist them with their out-of-pocket medical expenses, such as copays, premiums, and deductibles.

The statewide Senior Medicare Patrol (SMP) Program empowers seniors to prevent Medicare fraud. The SMP provides education and outreach to Medicare beneficiaries, their families, and caregivers on ways to prevent Medicare fraud through a dedicated

network of volunteers. The SHINE and SMP Programs assist beneficiaries with protecting, detecting, and reporting suspected Medicare waste and abuse to Health and Human Services (HHS) and the Office of the Inspector General (OIG) for investigation.

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
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
2024-25	324	\$3,225,366.98	41,556	\$1,610,893.00	27,902	\$1,828,908.00	21,910

Appendices

Appendix 1

Funding

State Appropriations—Fiscal Year 2025-2026

General Revenue	\$268,484,062
Community Care for the Elderly	\$94,625,533
Alzheimer’s Disease Initiative	\$73,758,088
Office of Public & Professional Guardians (OPPG)	\$19,252,186
Local Service Programs	\$16,792,495
Home Care for the Elderly	\$21,803,357
Older Americans Act	\$16,431,060
CARES (50% GR/50% OMTF)	\$9,811,054
Aging & Disability Resource Centers (ADRCs) (50% GR/50% OMTF)	\$4,401,506
Long-Term Care Ombudsman Program	\$1,686,099
Florida Alzheimer’s Center of Excellence (FACE)	\$1,167,970
HOPE	\$497,869
Federal Grants Trust Fund	\$216,883,718
Older Americans Act	\$174,728,343
Adult Care Food Program	\$15,696,850
Emergency Home Energy Assistance Program (EHEAP)	\$6,400,000
Long-Term Care Ombudsman Program	\$3,069,995
Operations and Maintenance Trust Fund	\$17,671,312
CARES (50% GR/50% OMTF)	\$10,146,382
Aging & Disability Resource Centers (ADRCs) (50% GR/50% OMTF)	\$4,401,506
Administrative Trust Fund	\$3,857,648
Office of Public & Professional Guardians (OPPG)	\$676,466
Grants and Donations Trust Fund.	\$22,700
Total DOEA Budget Authority	\$506,919,440

Source: 2025-2026 General Appropriation Act plus Administered Funds and any revert and reappropriate funding.

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.	Suspected Alzheimer's disease or related dementia.
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.
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.

*No age requirements for Memory Disorder Clinics.

PROGRAM	AGE	INCOME	OTHER
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	293,040	64,115	48,837	21,144	5,848	21.9%	16.7%	7.2%	2.0%	27.3%
Baker	28,339	6,401	4,592	1,809	405	22.6%	16.2%	6.4%	1.4%	13.9%
Bay	187,545	48,117	35,238	15,650	4,784	25.7%	18.8%	8.3%	2.6%	14.8%
Bradford	27,389	7,629	5,772	2,677	783	27.9%	21.1%	9.8%	2.9%	13.6%
Brevard	640,773	223,115	167,691	76,954	23,447	34.8%	26.2%	12.0%	3.7%	16.7%
Broward	1,973,579	510,632	374,786	163,483	50,556	25.9%	19.0%	8.3%	2.6%	49.2%
Calhoun	13,816	3,866	2,942	1,323	342	28.0%	21.3%	9.6%	2.5%	12.3%
Charlotte	204,126	100,839	80,631	40,288	11,880	49.4%	39.5%	19.7%	5.8%	8.5%
Citrus	162,240	74,680	58,878	28,960	8,428	46.0%	36.3%	17.9%	5.2%	8.2%
Clay	231,042	53,860	39,166	16,803	4,135	23.3%	17.0%	7.3%	1.8%	19.9%
Collier	399,480	156,260	124,835	64,552	19,287	39.1%	31.2%	16.2%	4.8%	13.5%
Columbia	72,191	20,496	15,357	6,584	1,680	28.4%	21.3%	9.1%	2.3%	17.8%
De Soto	34,974	9,793	7,484	3,374	827	28.0%	21.4%	9.6%	2.4%	18.1%
Dixie	17,271	5,986	4,459	1,819	402	34.7%	25.8%	10.5%	2.3%	8.2%
Duval	1,051,278	237,228	172,237	71,425	20,232	22.6%	16.4%	6.8%	1.9%	35.0%
Escambia	333,452	88,362	66,326	29,283	8,250	26.5%	19.9%	8.8%	2.5%	24.2%
Flagler	130,756	48,492	38,596	18,292	4,582	37.1%	29.5%	14.0%	3.5%	17.4%
Franklin	12,971	4,157	3,179	1,448	374	32.0%	24.5%	11.2%	2.9%	11.0%
Gadsden	44,421	11,841	8,810	3,486	832	26.7%	19.8%	7.8%	1.9%	47.9%
Gilchrist	19,123	6,037	4,578	2,071	645	31.6%	23.9%	10.8%	3.4%	5.7%
Glades	12,591	4,162	3,260	1,575	380	33.1%	25.9%	12.5%	3.0%	16.2%
Gulf	16,323	5,313	4,021	1,800	457	32.5%	24.6%	11.0%	2.8%	11.7%
Hamilton	13,671	4,118	3,109	1,278	285	30.1%	22.7%	9.3%	2.1%	27.2%
Hardee	25,645	5,517	4,109	1,764	480	21.5%	16.0%	6.9%	1.9%	25.3%
Hendry	40,895	8,783	6,483	2,950	868	21.5%	15.9%	7.2%	2.1%	45.0%
Hernando	204,265	75,577	59,833	29,496	8,503	37.0%	29.3%	14.4%	4.2%	15.6%
Highlands	104,385	45,810	37,151	18,937	5,602	43.9%	35.6%	18.1%	5.4%	17.0%
Hillsborough	1,541,531	321,094	233,203	99,633	27,259	20.8%	15.1%	6.5%	1.8%	37.8%
Holmes	19,910	5,928	4,532	2,065	480	29.8%	22.8%	10.4%	2.4%	7.9%
Indian River	167,781	69,272	55,293	27,325	8,615	41.3%	33.0%	16.3%	5.1%	10.3%
Jackson	48,982	14,093	10,779	5,050	1,445	28.8%	22.0%	10.3%	3.0%	23.2%
Jefferson	15,402	5,189	3,880	1,485	339	33.7%	25.2%	9.6%	2.2%	26.6%
Lafayette	8,074	1,997	1,507	666	177	24.7%	18.7%	8.2%	2.2%	7.1%
Lake	414,749	143,829	110,974	51,945	13,855	34.7%	26.8%	12.5%	3.3%	17.9%

County	Total Population					Percent of Population Who Are Elders				
	All Ages	60+	65+	75+	85+	60+	65+	75+	85+	Minority 60+
Lee	800,989	281,130	219,576	101,955	25,170	35.1%	27.4%	12.7%	3.1%	14.4%
Leon	301,724	60,746	45,669	19,320	4,921	20.1%	15.1%	6.4%	1.6%	29.0%
Levy	45,283	15,215	11,400	4,868	1,034	33.6%	25.2%	10.8%	2.3%	13.4%
Liberty	7,977	1,591	1,117	436	111	19.9%	14.0%	5.5%	1.4%	14.0%
Madison	18,698	5,606	4,249	1,862	505	30.0%	22.7%	10.0%	2.7%	28.9%
Manatee	439,566	161,655	126,633	59,603	16,275	36.8%	28.8%	13.6%	3.7%	12.2%
Marion	403,966	156,198	123,419	59,197	15,717	38.7%	30.6%	14.7%	3.9%	16.7%
Martin	162,847	67,753	53,499	26,718	8,608	41.6%	32.9%	16.4%	5.3%	7.7%
Miami-Dade	2,768,954	669,468	495,573	231,279	72,096	24.2%	17.9%	8.4%	2.6%	83.5%
Monroe	84,511	29,049	21,922	8,914	1,885	34.4%	25.9%	10.5%	2.2%	17.2%
Nassau	100,763	32,884	24,836	10,785	2,616	32.6%	24.6%	10.7%	2.6%	9.2%
Okaloosa	219,260	56,060	40,877	17,894	5,330	25.6%	18.6%	8.2%	2.4%	16.6%
Okeechobee	39,591	10,775	8,210	3,791	1,029	27.2%	20.7%	9.6%	2.6%	13.1%
Orange	1,492,951	282,670	201,878	82,223	22,921	18.9%	13.5%	5.5%	1.5%	48.7%
Osceola	439,225	92,176	65,858	26,948	6,979	21.0%	15.0%	6.1%	1.6%	57.8%
Palm Beach	1,532,718	494,178	388,694	195,133	64,557	32.2%	25.4%	12.7%	4.2%	24.0%
Pasco	610,743	188,496	145,131	67,506	18,908	30.9%	23.8%	11.1%	3.1%	15.2%
Pinellas	974,689	349,681	269,430	125,915	37,067	35.9%	27.6%	12.9%	3.8%	13.1%
Polk	797,616	224,412	171,382	76,980	19,402	28.1%	21.5%	9.7%	2.4%	26.3%
Putnam	75,906	24,344	18,326	7,968	2,186	32.1%	24.1%	10.5%	2.9%	15.8%
St Johns	315,317	88,300	66,223	29,482	8,113	28.0%	21.0%	9.3%	2.6%	12.5%
St Lucie	368,628	111,790	85,096	38,268	10,989	30.3%	23.1%	10.4%	3.0%	27.0%
Santa Rosa	202,772	49,541	35,408	14,525	3,600	24.4%	17.5%	7.2%	1.8%	10.5%
Sarasota	464,223	210,012	171,515	90,126	27,638	45.2%	36.9%	19.4%	6.0%	7.0%
Seminole	486,839	111,996	82,061	36,356	11,013	23.0%	16.9%	7.5%	2.3%	29.4%
Sumter	155,318	96,725	82,905	44,475	9,535	62.3%	53.4%	28.6%	6.1%	4.9%
Suwannee	45,448	13,855	10,709	5,188	1,491	30.5%	23.6%	11.4%	3.3%	12.3%
Taylor	21,686	6,953	5,365	2,354	506	32.1%	24.7%	10.9%	2.3%	16.4%
Union	16,137	3,656	2,430	885	192	22.7%	15.1%	5.5%	1.2%	17.8%
Volusia	583,505	202,052	154,371	69,374	20,560	34.6%	26.5%	11.9%	3.5%	17.3%
Wakulla	36,168	8,200	5,828	2,233	500	22.7%	16.1%	6.2%	1.4%	12.5%
Walton	83,342	23,528	17,138	6,938	1,729	28.2%	20.6%	8.3%	2.1%	9.3%
Washington	25,497	6,932	5,100	2,171	476	27.2%	20.0%	8.5%	1.9%	12.4%
Florida	22,634,867	6,530,215	4,964,356	2,289,064	660,123	28.9%	21.9%	10.1%	2.9%	29.9%

Source: BEBR (Bureau of Economic and Business Research, University of Florida), 2024 (Circa 2023)

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	11.7%	10.8%	29.7%	324	939	96
Baker	7.0%	9.9%	21.4%	25	107	12
Bay	9.2%	10.2%	24.4%	78	153	70
Bradford	16.0%	10.1%	30.1%	23	104	8
Brevard	8.3%	11.0%	25.9%	288	1144	81
Broward	13.1%	11.2%	27.3%	670	7920	463
Calhoun	14.6%	11.9%	25.7%	4	13	6
Charlotte	8.4%	11.0%	21.3%	41	712	24
Citrus	12.8%	10.9%	23.7%	241	1124	93
Clay	7.4%	10.2%	18.4%	184	690	55
Collier	7.8%	11.8%	21.4%	26	1033	14
Columbia	12.1%	9.7%	24.0%	99	410	64
De Soto	18.2%	10.9%	20.6%	4	100	6
Dixie	13.1%	9.7%	25.5%	23	84	14
Duval	13.0%	10.3%	27.5%	970	4545	107
Escambia	11.1%	10.6%	26.7%	45	93	23
Flagler	6.4%	10.5%	17.8%	129	682	12
Franklin	11.1%	9.2%	24.0%	7	13	4
Gadsden	17.9%	9.4%	26.5%	7	18	20
Gilchrist	11.0%	10.9%	21.7%	11	77	12
Glades	16.3%	11.1%	19.0%	2	67	3
Gulf	6.8%	9.1%	19.2%	3	23	5
Hamilton	17.3%	9.6%	20.9%	6	57	15
Hardee	16.8%	11.2%	17.1%	72	100	12
Hendry	18.5%	10.3%	22.9%	14	250	15
Hernando	10.6%	10.9%	23.2%	210	756	29
Highlands	12.6%	11.9%	23.6%	713	844	47
Hillsborough	12.8%	10.5%	23.9%	5517	8822	278
Holmes	16.1%	11.0%	32.4%	13	36	15
Indian River	8.9%	11.8%	23.9%	149	794	21
Jackson	12.4%	10.8%	29.5%	15	44	5
Jefferson	18.2%	9.7%	24.0%	7	18	4
Lafayette	18.0%	10.4%	33.1%	10	63	5
Lake	8.6%	11.1%	21.9%	341	1222	41

County	Percent of Population Who Are Elders			Clients Served		
	Below Poverty Level 60+	Alzheimer's Disease 65+	Living Alone 60+	ADI	CCE	HCE
Lee	9.8%	11.1%	21.6%	139	3294	84
Leon	10.2%	10.2%	27.4%	43	46	36
Levy	15.0%	10.1%	27.0%	49	187	27
Liberty	15.2%	10.5%	24.6%	2	26	3
Madison	13.3%	10.1%	24.2%	6	25	6
Manatee	8.8%	11.1%	23.5%	1085	1413	86
Marion	10.9%	11.1%	23.9%	453	1469	87
Martin	8.6%	11.8%	25.4%	107	435	33
Miami-Dade	16.7%	11.5%	21.7%	3398	15224	6039
Monroe	10.7%	10.0%	24.5%	20	105	42
Nassau	7.1%	9.7%	18.9%	75	381	13
Okaloosa	7.5%	10.2%	23.1%	38	76	42
Okeechobee	12.64%	10.9%	28.1%	61	225	35
Orange	11.05%	10.4%	19.7%	969	2706	132
Osceola	13.66%	10.3%	16.5%	300	928	47
Palm Beach	9.74%	12.3%	26.9%	984	5630	344
Pasco	11.08%	10.8%	25.4%	956	2472	133
Pinellas	11.20%	11.4%	30.5%	1271	3202	138
Polk	11.95%	10.9%	23.2%	2764	3850	144
Putnam	17.06%	10.1%	29.2%	66	274	35
St Johns	6.1%	10.2%	19.1%	166	623	23
St Lucie	10.1%	10.6%	21.4%	327	1478	63
Santa Rosa	7.5%	10.0%	22.4%	9	30	9
Sarasota	7.2%	11.8%	23.8%	182	1281	43
Seminole	8.0%	10.7%	22.5%	336	935	44
Sumter	5.3%	10.5%	19.5%	97	309	14
Suwannee	11.2%	10.9%	20.2%	54	246	30
Taylor	11.1%	12.3%	28.3%	5	17	5
Union	6.6%	9.2%	16.2%	7	51	10
Volusia	10.5%	10.8%	25.6%	581	2838	120
Wakulla	6.4%	9.1%	27.0%	9	22	11
Walton	8.0%	9.8%	22.8%	9	34	7
Washington	16.2%	10.7%	28.4%	12	24	7
Florida	11.1%	11.1%	24.1%	24923	83366	9641

Source: American Community Survey (ACS) 5-Year Survey 2019-2023, 2023 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

CMS Centers for Medicare & Medicaid Services

COA Council on Aging

DACS Department of Agriculture and Consumer Services

DCCI Dementia Care and Cure Initiative

DCF Department of Children and Families

DOEA Department of Elder Affairs

DOH Department of Health

eCIRTS Enterprise Client Information and Registration Tracking System

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
		2024-2025	2025-2026	2024-2025
53	Adult Care Food Program	\$11,872,043	\$15,696,850	4,915,814 meals 273 sites
32	ADI - Alzheimer's Disease Initiative	\$59,291,924	\$61,231,268	24,923 clients
34	ADI - Memory Disorder Clinics	\$12,409,285	\$12,409,285	21,053 clients
35	ADI - Brain Bank	\$117,535	\$117,535	40 clients
40	Community Care for the Elderly	\$86,628,033	\$94,625,533	83,336 clients
47	CARES	\$19,954,875	\$19,957,435	153,765 assessments
55	Emergency Home Energy Assistance for the Elderly Program	\$6,400,000	\$6,400,000	11,463 households
31	Elder Abuse Prevention	\$343,447	\$331,862	392 events and 98 trainings
41	Home Care for the Elderly	\$18,303,357	\$21,803,357	9,641 clients
42	Local Services Programs	\$14,701,899	\$16,742,495	12,323 clients
28	Long-Term Care Ombudsman Program	\$4,214,921	\$4,772,424	7,664 assessments and complaints
59	Medicare Improvements for Patients & Providers Act	\$1,788,808	\$2,585,860	21,910 contacts
21	Nutrition Services Incentive Program	\$7,945,375	\$4,390,915	49,556 clients
43	Office of Public and Professional Guardians	\$18,627,139	\$19,912,322	4,395 public wards served
15	OAA Title III B - Supportive Services	\$43,577,592	\$30,937,689	28,977 clients
17	OAA Title III C1 - Congregate Meals	\$37,279,591	\$42,445,164	29,668 clients
19	OAA Title III C2 - Home-Delivered Meals	\$41,727,513	\$28,831,535	20,053 clients
22	OAA Title III D - Disease Prevention and Health Promotion Services	\$3,146,016	\$1,998,176	10,345 clients
24	OAA Title III E - Caregiver Support	\$18,106,206	\$16,201,443	5,054 clients
26	OAA Title V - Senior Community Service Employment Program	\$4,692,249	\$4,472,586	484 positions
46	Respite for Elders Living in Everyday Families	\$936,083	\$932,083	66 volunteers 47,918 hours
57	Senior Farmers' Market Nutrition Program	\$335,078	\$282,000	6,200 bundles
59	Senior Medicare Patrol	\$954,676	\$1,082,086	27,902 contacts
59	SHINE	\$2,497,532	\$2,566,107	41,556 contacts

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