

FLORIDA STATE PLAN ON AGING 2022-2025



RON DESANTIS
Governor

RICHARD PRUDOM
Secretary

ELDERAFFAIRS.ORG



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Verification of Intent

The Florida State Plan for Aging, 2022-2025, is hereby submitted by the State of Florida for the period of for the period of October 1, 2021, through September 30, 2025, to the Assistant Secretary for Aging of the U.S. Department of Health and Human Services. This plan includes assurances that it will be implemented under the provisions of the Older Americans Act of 1965, as amended, by the Florida Department of Elder Affairs, the State Unit on Aging, during the period identified. The state agency named above has been given the authority to develop and administer the Florida State Plan on Aging in accordance with all requirements of the Act. The Florida State Plan on Aging is hereby approved by the Governor of the State of Florida and constitutes authorization to proceed upon approval of the Plan by the U.S. Department of Health and Human Services Assistant Secretary for Aging. The Florida State Plan on Aging here with submitted has been developed in accordance with all federal statutory and regulatory requirements.



Governor Ron DeSantis or Governor's authorized designee

August 5, 2021

Date

Executive Summary

The Florida Department of Elder Affairs (DOEA/Department) is the designated State Unit on Aging, in accordance with the federal Older Americans Act and Chapter 430, *Florida Statutes*. The Department works in concert with federal, state, local, and community-based public and private agencies and organizations to represent the interests of older Floridians, their caregivers, and elder advocates. The organizations and providers that help create a better life for Florida's older adults make up Florida's Aging Network.

The Department prepares a State Plan on Aging (State Plan) as required by the Administration for Community Living (ACL) under the U.S. Department of Health and Human Services. The State Plan provides strategic direction to Florida's Aging Network for the federal fiscal years 2021/22 through 2024/25, and complies with instructions provided by ACL.

Beyond the minimum required information, the State Plan addresses the following: key socio-demographic factors that will shape funding needs; priorities, unmet needs, and promising practices; and information about the Aging Network's cost-effective, high quality services to Florida's older adults, adults with disabilities, and their caregivers.

With more than 5.5 million residents age 60 and older, Florida outnumbers the state senior populations of 20 other states combined. By 2045, the older adult population is estimated to increase to 8.4 million, or over 30 percent of the state's population. Florida is expected to experience continued increases in the number of older residents over the next 10 years as a result of migration and baby boomers who will continue to age into retirement.

The latest estimates show that more than 900 people move to Florida every day, and a large number of those are age 60 and older. These migration trends are largely reflected in urban areas and are concentrated in the central and southern counties. These six counties account for 41.7 percent of the total state population age 60 and older. Another twenty-two counties have high-density older adult populations with at least 30 percent of the county's population age 60 and older, and five of these counties (Sumter, Charlotte, Citrus, Sarasota, and Highlands) have an older adult population of more than 40 percent.

Florida also benefits from a rich cultural diversity. Approximately 29 percent of people age 60 and older identify as a racial or ethnic minority. Among people age 60 and older, the percentage of minority older adults in Florida continues to exceed that of the nation. Disabilities among Florida's elder population varied by type, with 13 percent reporting

cognitive impairments or problems with memory, 17 percent reporting ambulatory disabilities, and 14 percent reporting two or more types of impairment.

Florida's older adults are significant contributors to the state's economy and are very active in their local communities. People age 50 and over are staying employed longer, producing economic value for an extended period of time. They also donate to charitable causes at a larger rate than younger generations and contribute greatly to their communities by volunteering. Older adults also remain committed to their families, with many providing care for another family member, including raising grand-children when a parent is not able to do so.

While there are challenges in promoting the health and well-being of the growing and diverse older adult population in Florida, the changing demographics also present numerous opportunities. In response to Florida's rapidly aging society, diversity, and special considerations, the Department has shifted emphasis to working with local leaders to tackle the challenges and embrace the positive possibilities an aging population creates – essentially becoming livable communities. These emerging trends and conditions require a holistic approach.

In April of 2019, Florida became the 4th state in the nation, and the 1st state in the Sun Belt, to receive the Age-Friendly state designation from AARP's Network

of Age-Friendly States and Communities. The age-friendly initiative in Florida, called Livable Florida, seeks to establish a state where people may live well and age well, regardless of age or ability, and is creating a Florida all people want to call home. As of December 2019, 35 communities – 21 cities, 3 villages, 2 towns, and 9 counties – have joined the Age-Friendly Network.

The amenities of a livable community help to maximize the independence and quality of life of older adults, and also promote active, engaged, and healthy living for people of all ages. The AARP Network of Age-Friendly States and Communities is an affiliate of the World Health Organization's (WHO) international Age-Friendly Cities and Communities Program. The age-friendly framework, which was developed by WHO, is divided into "Domains of Livability" which help to organize and prioritize work.

The domains of a Livable Community are both place-based and characteristic-based. Social and supportive characteristics such as information, communication, and transportation, facilitate access to the place-based features of the built environment, such as housing and public spaces. A Livable Community has strong linkages across these different domains, which continuously interact with each other. This allows a strength in one area to improve others, so the domains work together.

As part of the planning process, the Department used a variety of methods to assess needs and collect feedback from a diverse body of stakeholders, which included the AAAs, Lead Agencies, local service providers, Florida's older adults, and the public. A review of DOEA's history, priorities, initiatives, and resources was completed, and surveys were conducted to further explore other internal and external factors. The intent of the broad environmental scanning was to help inform potential decisions regarding the 2022-2025 State Plan on Aging.

Utilizing domains of livability as a basis, along with information gleaned from statewide needs assessment activities, the Department developed seven areas of focus, on which to concentrate for the State Plan. The *Areas of Focus* are as follows: Create a Livable Florida; Build Quality Places; Promote Community Engagement; Maintain Health and Wellness; Support Caregivers and Families; Stop Abuse, Neglect, and Exploitation of Seniors; and Increase Disaster Preparation and Resiliency. Goals and objectives were formed within the seven areas of focus based on the needs assessment activities and in alignment with other state and national priorities, including ACL's required focus areas.

Florida's State Plan Advisory Group, along with Department leadership and program staff, contributed to the actionable strategies supporting the goals and

objectives of the plan. Critical elements are embedded in each of the areas of focus through strategies, designed to strengthen and enhance communication and information, innovation and technology, and partnerships and sustainability. Legislatively approved performance measures support the plan's goals and objectives by assessing a wide cross-section of programs and outcomes.

Two important events occurred in Spring of 2020 – the reauthorization of the Older Americans Act (OAA) through the Supporting Older Americans Act of 2020, and the beginning of the SARS-CoV-2, 2019 Novel Coronavirus (COVID-19) pandemic. As further guidance is provided by ACL regarding the reauthorization of OAA, DOEA will incorporate that guidance into the daily means of promoting the well-being, safety, and independence of Florida's seniors, their families, and caregivers, and future updates to the State Plan.

Additionally, DOEA recognizes the disruption created by the COVID-19 pandemic, especially to communities and the lives of older adults. DOEA will develop a special report on COVID-19 as an addendum to the State Plan on Aging, outlining impacts to older adults, steps that were taken to respond to critical needs, and the strategies still needed to address the long-term societal, emotional, and economic impacts of the pandemic.

NOTE: All data and research compiled as of December 2019, unless otherwise noted.

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.

BOLD

Better Well-Being for Seniors & Caregivers

Older Floridians' Protection from Abuse, Neglect, & Exploitation

Livable Communities

Dementia Care and Cure Initiative

Introduction

The Florida Department of Elder Affairs

The Florida Department of Elder Affairs (DOEA/Department) is proud to promote the well-being, safety, and independence of Florida's seniors, their families, and caregivers.

The Department is the designated State Unit on Aging, in accordance with the federal Older Americans Act and Chapter 430, *Florida Statutes*. The Department works in concert with federal, state, local, and community-based public and private agencies and organizations to represent the interests of older Floridians, their caregivers, and elder advocates. The organizations and providers that help create a better life for Florida's 5.5 million seniors make up Florida's Aging Network.

The State Plan on Aging

The Department prepares a State Plan on Aging (State Plan) every three or four years as required by the Administration for Community Living (ACL) under the U.S. Department of Health and Human Services. The State Plan provides strategic direction to Florida's Aging Network and complies with instructions provided by ACL.

Beyond the minimum required information, the State Plan addresses the following: key socio-demographic



factors shaping funding needs; priorities, unmet needs, and promising practices; and the Department's objectives in working with Florida's Aging Network to provide cost-effective, high quality services to Florida's older adults, adults with disabilities, and their caregivers.

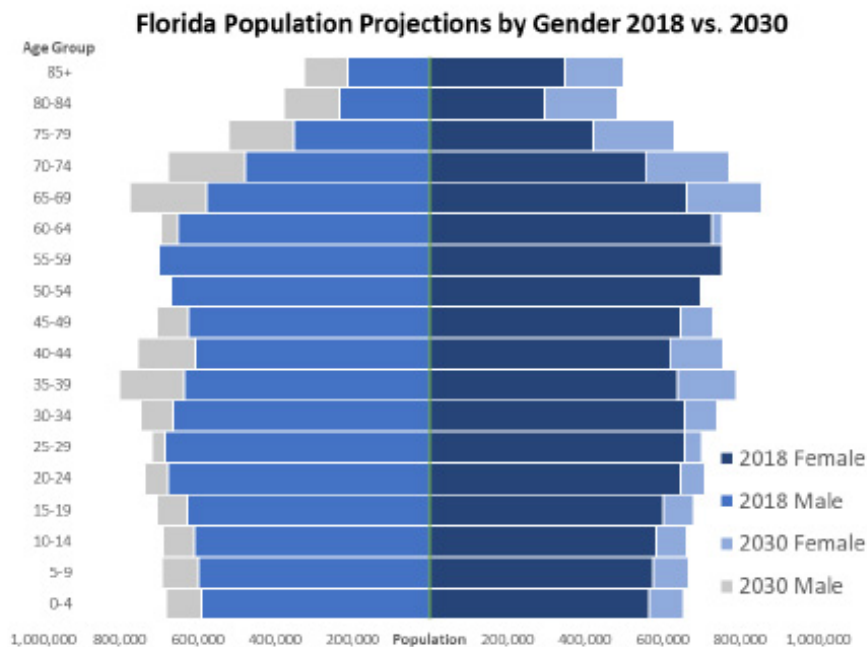
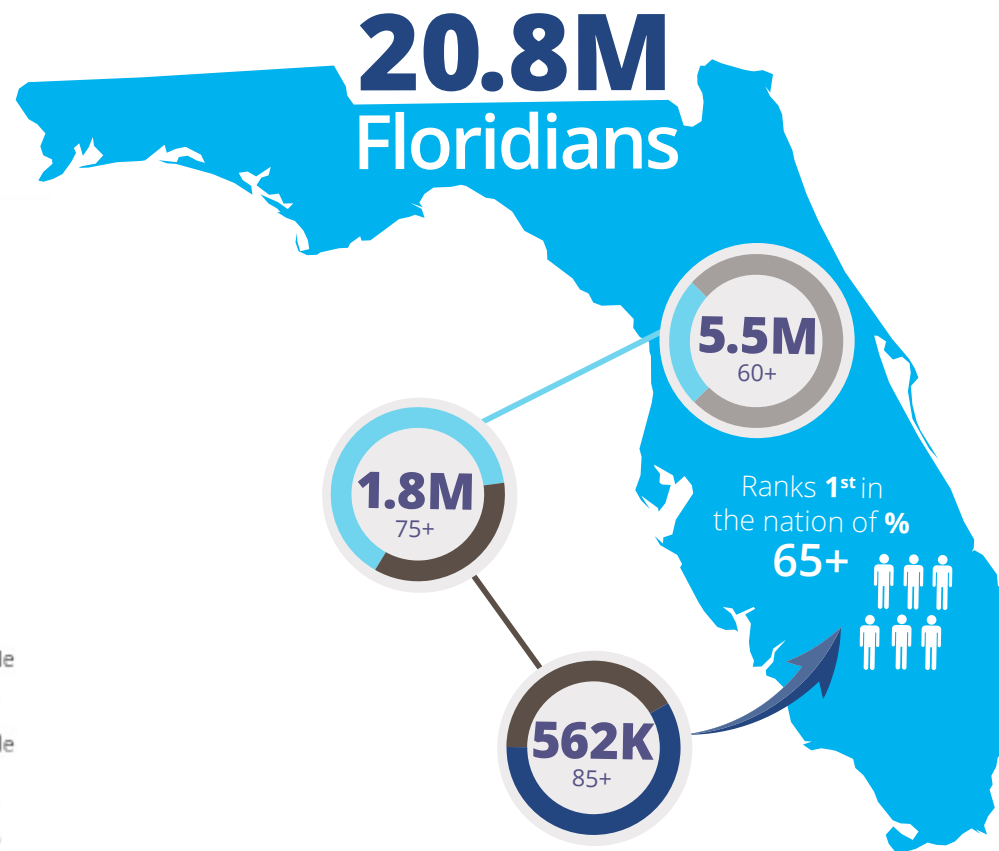
Florida's Older Adults

Current and Projected Demographic Conditions

Florida is the third most populous state in the United States with approximately 20.8 million residents. With more than 5.5 million residents age 60 and older, Florida outnumbers the state senior populations of 20 other states combined.

With the highest percentage of older residents age 65 and older in the nation (20%), Florida is second only to California in the actual number of citizens age 60 and older.¹ Because of this large proportion of older adults, Florida's future is linked to the financial security and physical health of its older population.

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. The proportion of older adults relative to younger populations is projected to increase through the year 2045.



Florida Population Projections by Gender 2018 vs. 2030 Source: Bureau of Economic and Business Research, 2010 Census Counts, and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2020-2045, With 2018 Estimates (Released June 27, 2019)

1 Annual Estimates of the Civilian Population by Single Year of Age and Sex for the United States and States: April 1, 2010 to July 1, 2017, U.S. Census Bureau, Population Division (Released June 2018)

Despite modest projections of attrition and out-migration, Florida can expect to see a significant increase in older adults over the next two decades. By 2045, the older adult population is estimated to increase to 8.4 million, or over 30 percent of the state's population.

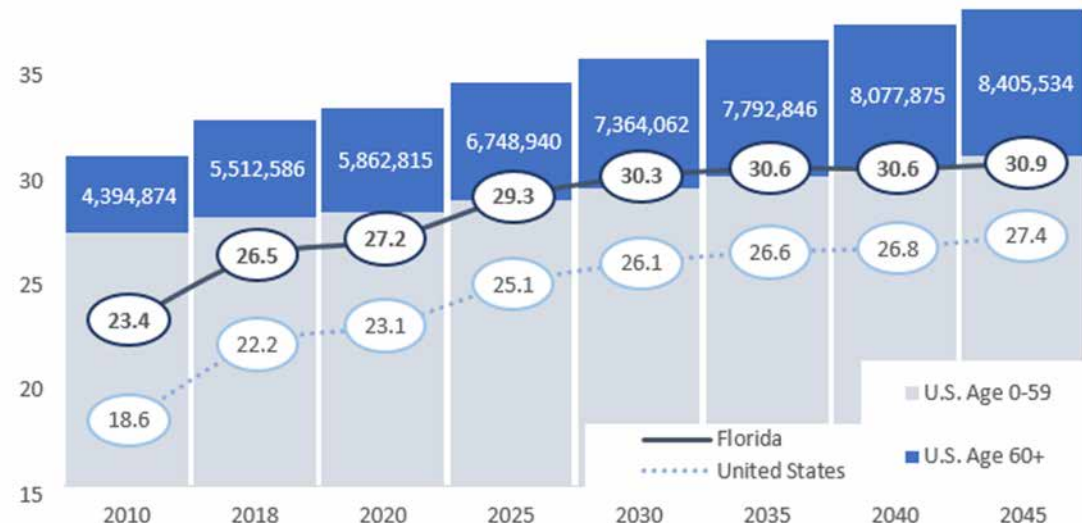


2010 to 2045 Population Projections for United States and Florida: Actual and Percent, 60 and Older Source: Bureau of Economic and Business Research, 2010 Census Counts, and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2020-2045 With 2018 Estimates (Released June 27, 2019)

Population Projections for Florida Residents by Age: 2010 and 2035 Source: Bureau of Economic and Business Research, 2010 Census Counts, and Projections of Florida Population by County and Age, Race, Sex, and Hispanic Origin, 2020-2045 With 2018 Estimates (Released June 27, 2019) and The Census Bureau's International Data Base, Mid-year Population by Older Five-Year Age Groups and Sex (Updated September 2018)

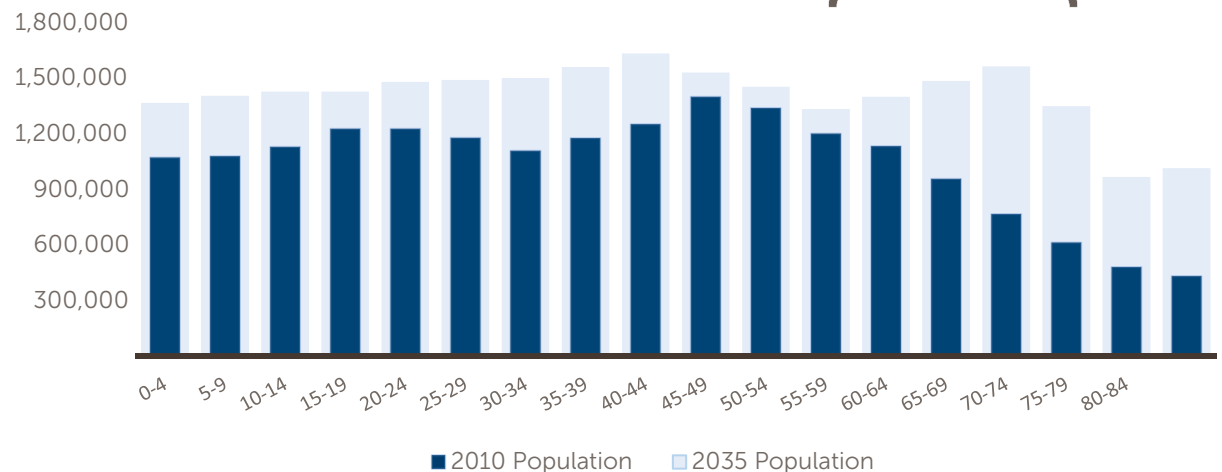
2010-2045 POPULATION PROJECTIONS FOR THE UNITED STATES AND FLORIDA

Actual and Percent, 60 and Older



POPULATION PROJECTIONS FOR FLORIDA RESIDENTS BY AGE: 2010 AND 2035

**BABY BOOMERS
AGES 56-76**



Geographic Concentration Areas

The latest estimates from state economists show more than 900 people move to Florida every day, and a large number of those are age 60 and older. These migration trends are largely reflected in the urban areas and are concentrated in the central and southern counties, namely Miami-Dade (605,468), Broward (437,838), Palm Beach (432,939), Pinellas (317,594), Hillsborough (270,523), and Lee (235,375) counties. These six counties account for 41.7 percent of the total state population age 60 and older.

Another way to determine where geographic concentrations of older adults in Florida may be located is to consider the proportion of older adults relative to the size and age of populations by county.

COUNTIES IN FLORIDA WHERE 40 PERCENT OR MORE OF THE TOTAL POPULATION IS 60 OR OLDER, 2018

| County | Total Population (All) | Total Population 60+ | Percent 60+ |
|-----------|------------------------|----------------------|-------------|
| Sumter | 124,935 | 76,168 | 61.0% |
| Charlotte | 177,987 | 82,860 | 46.6% |
| Citrus | 145,721 | 63,747 | 43.7% |
| Sarasota | 417,442 | 178,361 | 42.7% |
| Highlands | 102,525 | 43,032 | 42.0% |

Source: Office of Economic and Demographic Research (2019). Demographic Estimating Conference Florida Demographic Forecast. Tallahassee, FL. Retrieved from edr.state.fl.us/content/conferences/population/ComponentsofChange.pdf

In Florida, 22 counties have an older population of at least 30 percent, and five counties are more than 40 percent.

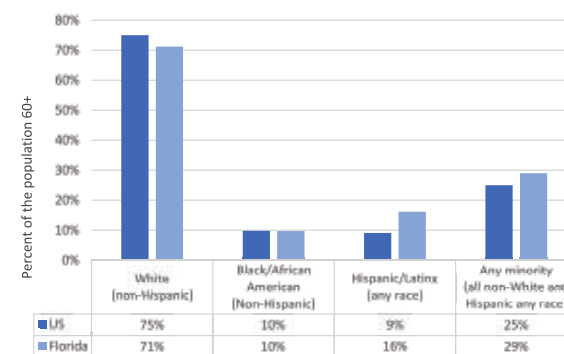
Diversity

The percentage of minority older adults in Florida continues to exceed that of the nation. Of adults age 60 and over, 29 percent identify as a racial or ethnic minority, and comprise 22 percent of those age 85 and older. The two largest minority groups of older adults are those who are Black or African descent at 10 percent, and Hispanic or Latinx ethnicity at 16 percent. Florida is also home to more than 1.3 million foreign born older adults who contribute to the cultural, religious, and linguistic diversity of the state, with a resulting 22 percent of older adults who are able to speak in a language

other than English, and 13 percent who are unable to speak English well.²

Disabilities among Florida's elder population varied by type, with 13 percent reporting cognitive impairments or problems with memory, 17 percent reporting ambulatory disabilities, and 14 percent reporting two or more types of impairment. Though 37 percent of Florida's older adults do not have any type of disability,³ those older adults aged 85 and older, as well as those with lower incomes are more likely to experience disabilities and physical limitations.

U.S. AND FLORIDA PERCENT OF PERSONS AGE 60 AND OLDER BY RACE AND HISPANIC ETHNICITY, 2018



Source: Annual Estimates of the Resident Population by Sex, Age, Race Alone or in Combination, and Hispanic Origin for the United States and States: April 1, 2010 to July 1, 2018, U.S. Census Bureau, Population Division <https://www.census.gov/data/tables/time-series/demo/popest/2010s-national-detail.html>

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

3 Department of Elder Affairs calculations based on Florida Population Data and 2012-2016 American Community Survey Data provided by AGID agid.acl.gov/customtables/acs/year

Life Expectancy

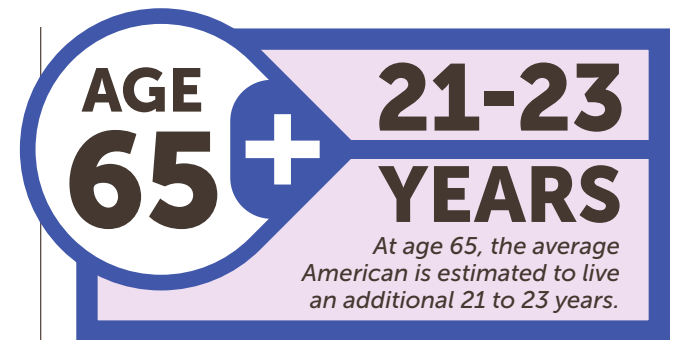
The projected increase of older adults in the population is in part due to the improved health and well-being of Floridians, allowing them to live longer lives. This is already apparent with the population of individuals age 100 and older, currently the nation's fastest-growing age group by percentage.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

- A declining disability rate among people age 60 and older;
- Delayed retirement and increased labor force participation in older age groups; and

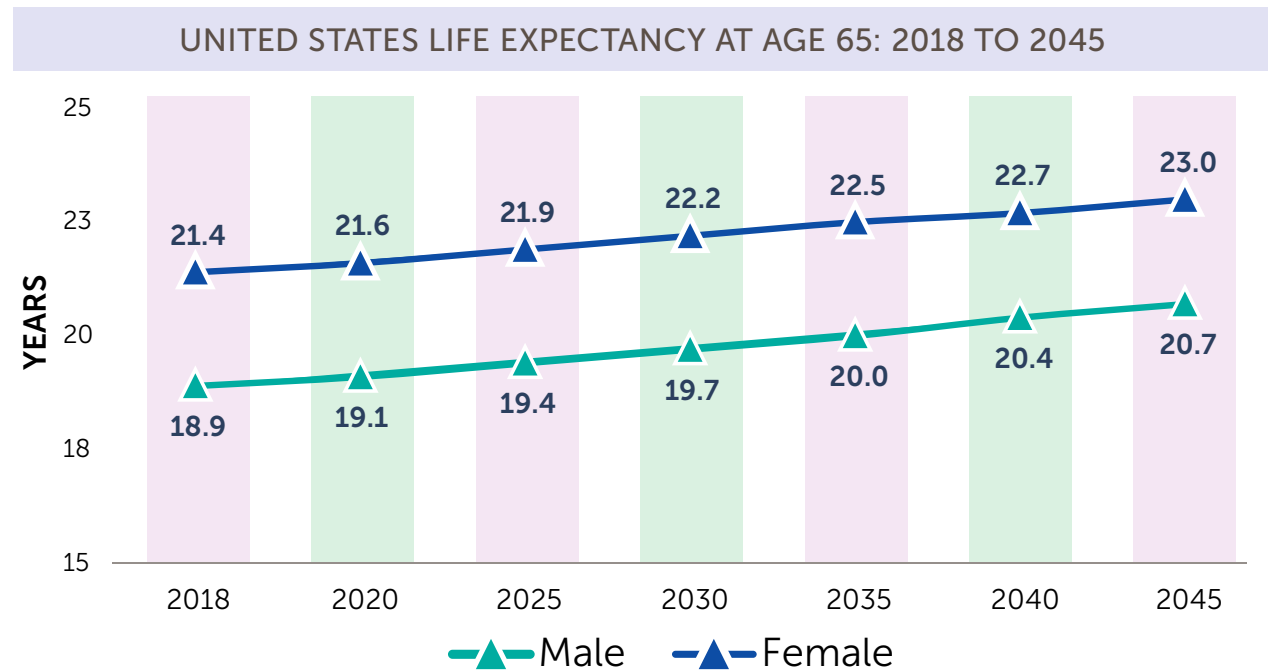


- Increases in education and a focus on healthy aging.

Long-term care and public health programs must be prepared and adequately funded to increase their staffing and operation capacity to prevent shortages in the care and services available to those in need. This may be particularly important as these demographic trends begin to impact other trends such as the ratio of available caregivers which is expected to drop from 4.4 to 2.8 by 2030.⁴



The expected changes in national **life expectancy** show **increases** projected **through the year 2045**.



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


Contribution of Older Adults

Florida's older adults are significant contributors to the state's economy and are very active in their local communities, and those communities with a high proportion of older adults enjoy numerous advantages. Economists have noted civic and economic factors are part of a broader and fast-growing "Longevity Economy" in Florida fueled by retirees and adults over age 50. This is due to a noted trend of people age 50 and over staying employed for longer, earning wages, spending more money, generating tax revenue, and producing economic value for an extended period of time.

Older adults also donate to charitable causes at a larger rate than younger generations and contribute greatly to their communities by volunteering. Volunteerism in this group continuously enhances communities throughout Florida and is evident in local programs and services such as libraries, schools, community-services organizations, museums, theater groups, and art galleries. Older adults also remain committed to their families with many providing care to another family

member, including raising grandchildren when a parent is unable to do so.

The following indicators show the stability older adults provide to their communities:

- Despite being more than a quarter of Florida's population, adults age 60 and older positively contribute to the economy at both the state and local level at a higher rate in proportion to the rest of the population.
 - Older adults' total economic contribution accounts for more than half (54%) of Florida's Gross Domestic Product (GDP) (\$478 billion).⁵
 - An average retiree in Florida contributes \$2,899 more to state and local budgets than they consume in public services.⁵
 - Approximately 83% of older Floridians vote.
 - In 2017, older adults volunteered more than 130 million hours, worth more than 3 billion dollars in cost savings to the state for their services.⁶
 - One in three adults over age 60 provides care to another elder.⁷
- 
- More than 76,475 older adults raised their grandchildren in 2018.
 - There has been a 16% increase in the number of grandparents responsible for their own grandchildren since 2006 (56,664).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 Current Population Survey Volunteering and Civic Life Supplement, 2017 provided by Corporation for National and Community Service (CNCS)

7 The Department of Elder Affairs, 2018 Profile of Older Floridians

8 The Department of Elder Affairs, 2006 Profile of Older Floridians and 2018 Profile of Older Floridians

Description of Current Service Population

The Department works to improve the well-being of Florida's older adults through the provision of appropriate and cost-effective home and community-based services. More than 1.2 million Floridians age 60 and older received services from the Department in fiscal year 2018-2019 and over 95 percent of the Department's \$345 million budget is spent providing direct services. The Older Americans Act (OAA) requires states to emphasize serving older individuals with the greatest economic and social needs, while underscoring livability and prevention.

The Department uses Federal Poverty Level as a measure of economic need. Of the clients screened and served by the Department, 43 percent were below the poverty level compared to approximately 11 percent in the general 60-and-older population. Furthermore, clients who were low-income minorities were 30 percent of the service population compared to 5 percent in the general population of people age 60 and older.

The client's living situation is used to measure social needs among other factors. Thirty-six percent of the service population lived alone, compared to only 18 percent in the general 60-and-older population. Approximately 6 percent

FLORIDA 60+ POPULATION COMPARED TO SCREENED AND SERVED CLIENTS

| Characteristic 60+ | Florida 60+ Population | Percent 60+ | Number of Service Recipients* | Receiving or Screened for Services* |
|--------------------------------------|------------------------|-------------|-------------------------------|-------------------------------------|
| Below 100% of Poverty Level | 576,867 | 11% | 52,472 | 43% |
| Living Alone | 972,146 | 18% | 43,804 | 36% |
| Minority | 1,545,786 | 29% | 61,972 | 51% |
| Minority Below 100% of Poverty Level | 268,408 | 5% | 36,242 | 30% |
| Rural Areas | 505,588 | 9% | 6,804 | 6% |
| Limited English Proficiency | 347,573 | 6% | 28,930 | 24% |

Source: U.S. Census Bureau American Community Survey, 2018, 1-year and 5-Year Estimates and CIRT State Fiscal Year 2018-19; Calculated using DOEA's 2019 Targeting Report.

*Includes individuals screened and served in OAA programs and individuals served in General Revenue programs

of the Florida 60+ population had 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 lived in counties that are primarily urban. Six percent of the clients DOEA served lived in rural areas, compared to 9 percent in the general 60-and-older population.

Providers are instructed to make special efforts to target and serve older adults with the greatest economic and social needs in all counties by addressing program development, advocacy, and outreach efforts. Further, DOEA clients

who receive case management services are provided choices of services 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.



Needs Assessment

Through strong partnerships, the Department helps older adults live well and age well and maintain their independence for as long as it is possible. Important partners in Florida's Aging Network are the 11 Area Agencies on Aging (AAAs), which are also called Aging and Disability Resource Centers (ADRCs). AAAs are the designated private non-profit entities that plan and coordinate services for older adults in their respective Planning and Service Areas (PSAs). (See Appendix 2 for a map.) AAAs are funded with federal, state, and local resources. Within their PSAs, AAAs contract with Community Care for the Elderly (CCE) Lead Agencies and OAA providers. There are 52 CCE Lead Agencies serving Florida. The Lead Agencies, OAA providers, and contracted local service providers deliver services for older adults throughout the state.

As part of the planning process, the Department used a variety of methods to assess needs and collect feedback from a diverse body of stakeholders which included the AAAs, Lead Agencies, local service providers, Florida's older adults, and the public. A review of DOE's history, priorities, initiatives, and resources was completed and surveys were conducted to further explore other internal and external factors.

The intent of the broad environmental scanning exercise was to help inform potential decisions regarding the goals, objectives, and strategies for the 2022-2025 State Plan on Aging. Highlights of the needs assessment activities undertaken by the Department are as follows:

AAA Area Plans

The Department reviewed and analyzed the 2020-2022 Area Plans from the 11 AAAs with a focus on local and detailed information about AAA operations, funding, staff, partnerships, and other PSA or county-level topics. Five themes emerged from the review of Area Plans as follows: 1) PSAs have a generally broad array of programs and services; 2) there is a heavy emphasis on strong local partners; 3) challenges exist in outreach and services to individuals with Limited English Proficiency or living in rural areas; 4) there are concerns about sufficient housing and transportation options for older adults; and 5) the AAAs are fostering support for livable communities as a common framework for bettering the lives of older adults.

Aging Network Survey

To gain additional insight, the Department invited the AAAs and Lead Agencies to participate in a survey and reflect on factors influencing and impacting the work of the Aging Network. These issues included internal factors such as resources, capabilities, advantages,

competencies, infrastructure, and internal operations, as well as external factors such as social, cultural, political, and economic considerations.

The following four themes emerged from the responses:

- 1)** Respondents are aware of trends in Florida's long-term elder population growth and they appear to be considering their needs in this context, but they are also concerned about Florida's readiness for the future.
- 2)** Staffing and funding challenges were the two most cited long-term concerns and were often considered together. Common issues included lack of staff, wages, staff training, turnover, and morale.
- 3)** Partnerships, both between AAAs and with outside agencies, are highly valued and an often-proposed solution to problems, including relationships with community-based organizations.
- 4)** The reauthorization of the Older Americans Act, along with other state and national policy changes, provides the opportunity to further advance the Aging Network's mission and raise awareness of the needs of older adults.

Client Satisfaction Surveys

Annually, the Department conducts telephone surveys of clients who receive services in two of the General Revenue programs. The following four themes emerged in the 2018 and 2019 surveys as follows: 1) 96% of clients were either satisfied or very satisfied with the services they receive and 93% reported the services they receive help them remain at home in the community; 2) many respondents reported they needed additional types and quantities of services including additional times for respite (evenings and weekends) and additional types of services (transportation and home repairs); 3) additional or new kinds of services provided to clients were reported as most valuable were in-home respite care, transportation assistance, housekeeping, and assistance with personal care tasks; and 4) enhancement opportunities for workers included the need for more training and a reduced turnover rate.

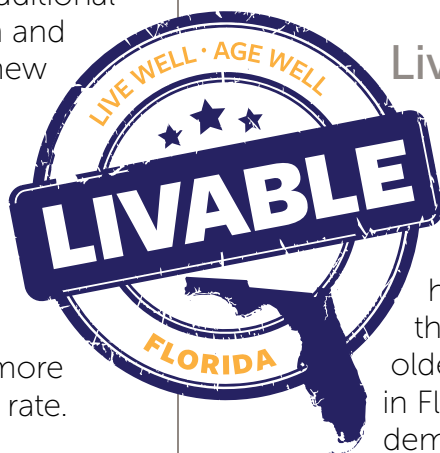
Public Input Survey

The Department conducted an online public input survey. The survey sought information about the Department's mission and vision and asked for specific suggestions and input for state planning purposes.

Most respondents reported they were either very familiar or some-what

familiar with the activities of the Department, felt the Department's activities would allow Florida to reach its defined vision, and believed the Department's activities promote the components of its defined mission.

Feedback regarding the Department's opportunities to improve included five broad themes as follows: 1) more communication and outreach; 2) increased funding and service availability; 3) expanded program and service array; 4) additional affordability of housing; and 5) more transportation options.



Livable Florida

Preparing for the Future of Aging

While there are challenges in promoting the health and well-being of the growing and diverse older adult population in Florida, the changing demographics also present numerous opportunities. In

response to Florida's rapidly aging society and special considerations, the Department has placed an emphasis on working with local leaders to both tackle the challenges and embrace the positive possibilities that an aging population creates – essentially becoming livable communities.

Livable Communities

In April 2019, Florida became the 4th state in the nation, and the 1st state in the Sun Belt, to receive the Age-Friendly state designation from AARP's Network of Age-Friendly States and Communities. The age-friendly initiative in Florida, called Livable Florida, seeks to establish a state where people may live well and age well, regardless of age or ability and is creating a Florida all people want to call home. As of December 2019, 35 communities – 21 cities, 3 villages, 2 towns, and 9 counties – had joined the Age-Friendly Network with more communities anticipated to join in 2020.

Domains of Livability

The amenities of a livable community help to maximize the independence and quality of life of older adults and also promote active, engaged, and healthy living for people of all ages. The AARP Network of Age-Friendly States and Communities is an affiliate of the World Health Organization's (WHO) international Age-Friendly Cities and Communities Program. The Age-Friendly framework, which was developed by WHO, is divided into "Domains of Livability" which help to organize and prioritize work.

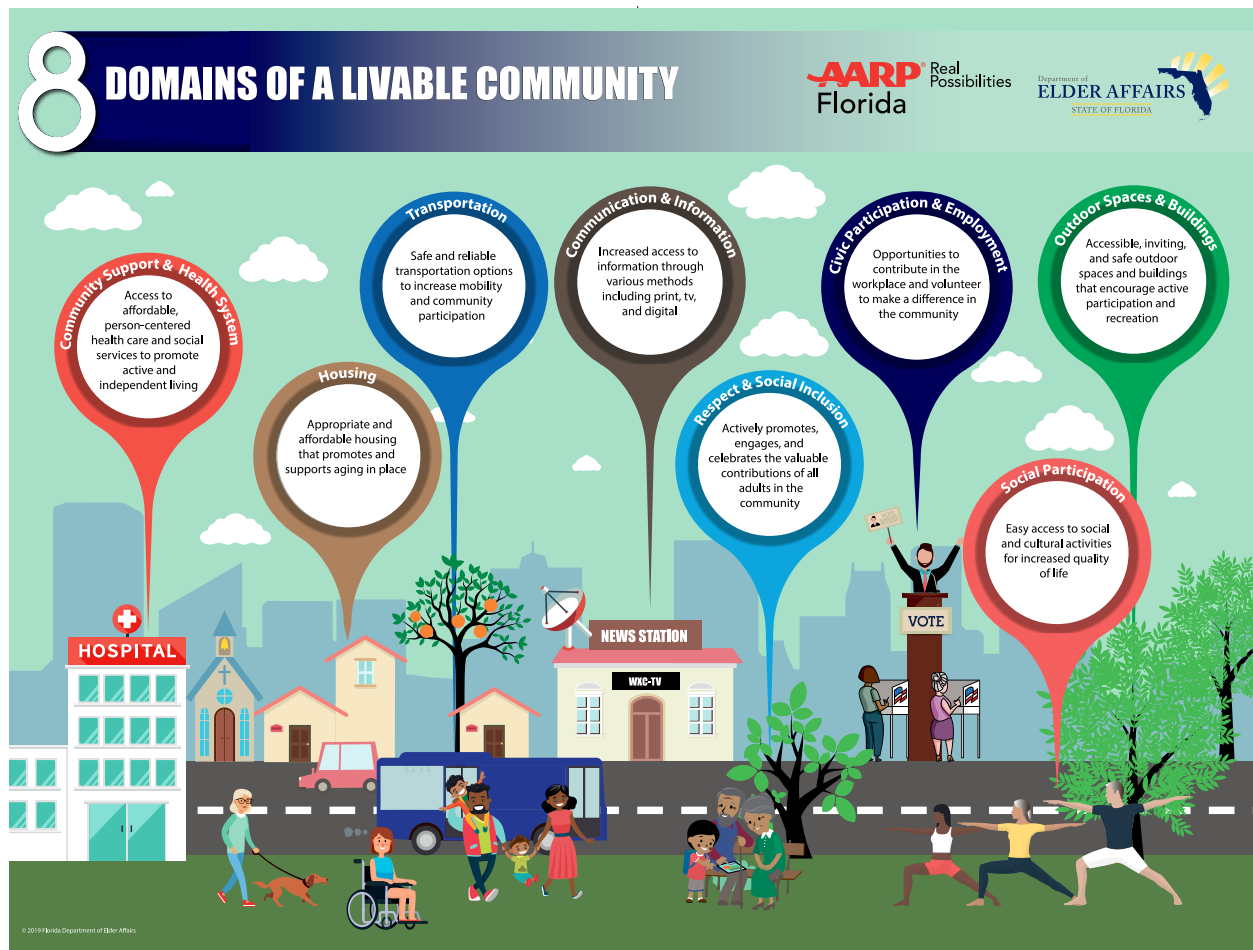
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communication, and transportation facilitate access to

the place-based features of the built environment, such as housing and public spaces. A Livable Community has strong linkages across these different domains which continuously interact with each other. This allows a strength in one area to improve others, so the domains work together.

Areas of Focus

AARP's eight domains are suggested measures; some states and communities define other domains to adjust for local priorities. Utilizing domains of livability as a basis, the Department developed seven areas of focus on



which to concentrate for the State Plan on Aging to enable older Floridians to understand, reach, and use the full breadth of their community features.

Serving as a foundation for the goals and objectives in the 2022-2025 State Plan on Aging, these *Areas of Focus* are: Create a Livable Florida; Build Quality Places; Promote Community Engagement; Maintain Health and Wellness; Support Caregivers and

Families; Stop Abuse, Neglect, and Exploitation of Seniors; and Increase Disaster Preparation and Resiliency.

Critical elements are embedded in each of the areas of focus through strategies designed to strengthen and enhance communication and information, innovation and technology, and partnerships and sustainability.

Goals, Objectives, and Strategies

State Plan Advisory Group

Florida's State Plan on Aging Advisory Group is a multidisciplinary group comprised of representatives from Florida's Aging Network and from non-profit organizations, community-based organizations, other state agencies, universities, professional associations, and private providers. (See Appendix 1 for a list of participants). The Advisory Group, along with Department leadership and program staff, contributed to the actionable strategies supporting the goals and objectives of the 2022-2025 State Plan on Aging.

Area of Focus 1: Create a Livable Florida

Goal 1.1 Increase the number of communities in AARP's Network of Age-Friendly States and Communities.

Objective: Increase awareness of Livable Florida.

Strategies:

- Collaborate with partners in the Aging Network to promote Livable Florida.
- Support Age-Friendly communities.

- Identify opportunities to collaborate with entities outside the Aging Network to promote Livable Florida.
- Increase the Department's presence at conferences, symposia, and summits.
- Increase awareness of and efforts to address the social determinants of health and the domains of a Livable Community.

Objective: Communicate the benefits of joining the AARP Network of Age-Friendly States and Communities.

Strategy:

- Increase distribution of the Livable Florida e-newsletter to new recipients.

Objective: Develop the Livable Florida webpage as a resource for all Floridians.

Strategies:

- Increase the number of grant and funding opportunities posted to the site.
- Post best practices of communities throughout the state under each of the domains.
- Build and continuously update an intuitive and interactive map that displays statewide and local resources to help communities become and remain Age-Friendly.

Goal 1.2 Identify and form partnerships with private and public entities to create and sustain Livable Florida.

Objective: Facilitate inter-agency and other partnerships and relationships to increase collaboration on initiatives.

Strategies:

- Establish a Livable Florida Liaison at each State Agency.
- Form partnerships with other states that have joined the AARP Network of Age-Friendly States and Communities.
- Form a Livable Florida Advisory Council.

Objective: Increase the number of businesses and employers that earn the Florida Age-Friendly Business and Age-Friendly Employer designation.

Strategies:

- Develop an Age-Friendly Business and Employer designation application.
- Promote DOEA's Age-Friendly Business and Employer designation.

Objective: Increase the number of Florida universities and colleges participating in the Age-Friendly University initiative that is managed by the Academy for Gerontology in Higher Education.

Strategy:

- Increase the number of Age-Friendly Universities.

Objective: Identify and secure funding to support the Livable Florida initiative.

Strategies:

- Research grant opportunities available to support the Livable Florida initiative.
- Apply for and be awarded grants to support the Livable Florida initiative.
- Increase the number of funding opportunities listed on the Livable Florida webpage that are available to local communities.

Area of Focus 2: Build Quality Places

Quality places include appropriate and affordable housing, safe and reliable transportation, community and outdoor spaces, and public safety. Accessible and affordable housing options allow

residents to age in their own community. About half of older adults own their home (55%)⁹ which serves as a financial safety net, protects them from the rising prices of rent, and helps maintain stable monthly housing expenses.¹⁰ However, more than a quarter of older Floridians are renters and may be vulnerable to market conditions.¹¹ Further, access to home modification and repair programs are essential for older Floridians to age in place.

Transportation is also crucial for Florida as the population grows and ages, due to its role in ensuring older adults can access health care and remain independent in their homes and communities safely. Currently, between 70-95%¹² of 65+ households in Florida drive or have access to a car; however, 67% of road users who are 65 years of age or older are outliving their ability to drive by an average of 7-10 years.¹³ Diverse transportation options are needed to enable adults to age in place and ensure they can engage,



shop, volunteer, and contribute daily to enrich the areas in which they live.

Universal design of commercial and public spaces ensures better accessibility for all people. Access promotes senior engagement in the community and erodes risks from social isolation. Senior centers and community centers provide opportunities for older adults such as connecting with peers, participating in activities and arts, and engaging in lifetime learning classes.

The Department proposes to build quality places through the following goals, objectives, and strategies:

9 U.S. Census Bureau; American Community Survey, 2017 American Community Survey 5-Year Estimates, Table B25007; using American FactFinder, factfinder2.census.gov; (5 August 2019)

10 George, Taz and Seidman, Ellen. (2015). Is the homeownership safety net unraveling for seniors. Urban Institute. Retrieved from urban.org/urban-wire/homeownership-safety-net-unraveling-seniors

11 U.S. Census Bureau; American Community Survey, 2017 American Community Survey 5-Year Estimates, Table B25007; using American FactFinder, factfinder2.census.gov; (5 August 2019)

12 Florida Housing Data Clearinghouse. (2018). Households with householder age 65 and older, Cost burden by tenure and income [Data file]. Retrieved from flhousingdata.shimberg.ufl.edu/affordability/results?nid=100000

13 Department of Elder Affairs (DOEA) 2018 Profiles of Older Floridians, Vehicle Access for 65+

Goal 2.1 Promote resources that address appropriate, affordable, and accessible housing and support aging in place.

Objective: Encourage a wide range of housing options available for residents.

Strategies:

- Conduct a review of housing-related factors at the local level to identify current housing options.
- Integrate wrap-around services in housing solutions for older adults.
- Encourage local planning for transit-accessible housing.
- Promote high school technical training to increase housing industry workforce.
- Examine financial incentives available and provide recommendations.
- Promote senior Realtor expert designation and educate Realtors on the importance of universal design.

Objective: Increase access to home modification and repair programs.

Strategies:

- Encourage Sadowski Funds to be used for its specific purposes.
- Educate builders on universal design.

- Leverage federally funded programs by increasing community awareness and applications for such funds.
- Integrate stakeholders to build a joint Livable Community Plan.
- Increase the resources for AAAs and Centers for Independent Living (CILs) through the National Association of Home Builders, the Florida Home Builders Association, and the Certified Aging-in-Place Specialist designation.
- Identify services for pre- and post-disaster preparedness.

Objective: Support community efforts, including housing boards and advisory groups, to address issues such as elder homelessness, affordable housing, and other unmet housing needs.

Strategies:

- Encourage the integration of community land trusts in more cities and towns.
- Facilitate partnerships between AAAs, managed care plans, Housing and Urban Development (HUD), housing authorities, the Florida Council on Homelessness, Homeless Continuums of Care, Corporation for Supportive Housing (CSH), and CILs.
- Increase education of resident legal protections and landlord tenant laws and low-income housing.

- Develop a more thoughtful post-disaster housing plan by coordinating with HUD and Homeless Continuums of Care prior to disasters occurring.

Goal 2.2 Support the expansion of safe, reliable, and accessible transportation options that increase mobility.

Objective: Promote and coordinate transportation options that increase access to health care, shopping, social engagement programs, civic participation, employment, etc.

Strategies:

- Promote training on the safe use of transportation options.
- Increase transit access by supporting the Florida Department of Transportation's Aging Road User Strategic Plan.
- Promote the Life-Long Community Checklist to Florida's counties, cities, towns, and villages.
- Compile a list of accessible transportation resources, including those related to modification and re-sale, that are currently available.

Objective: Develop alternative options and support pilot projects such as transportation voucher systems, reduced fare plans, ride sharing, and other innovations.



Strategies:

- Develop training for car dealerships that informs consumers of age-friendly vehicles.
- Promote the findings of studies on autonomous vehicles.
- Identify resources for vehicle retrofitting.
- Promote community volunteerism with ridesharing.

Objective: Increase transportation and funding options in rural areas by working with local transportation providers and developing other public/private partnerships.

Strategy:

- Increase access to inter-county transport services by collaborating with innovative and established partners in rural areas, including outreach to the private sector to include UBER, LYFT and other businesses.

Goal 2.3 Work with community partners to promote accessible, inviting, and safe outdoor spaces and buildings that encourage active participation and recreation.

Objective: Encourage universal design through community public forums, summits, educational workshops, and collaborative networking.

Strategies:

- Encourage a universal design requirement for community development and state funding.
- Develop a uniform statewide marketing strategy to ensure message consistency.
- Promote Age-Friendly parks and showcase current best practices.

Objective: Promote promising or emerging public safety strategies that integrate public safety into both large-scale and small-scale design choices.

Strategies:

- Promote resources such as Florida's Guide to Safe Mobility for Life and AARP's Walk Audit Toolkit.
- Review the implementation of Complete Streets policies and educate the public.
- Improve connectivity between neighborhood infrastructure with community centers and services.
- Encourage bus stops to be covered, well-lit, and safe.

Objective: Increase coordination between local community gathering spaces such as senior centers, congregate meal sites, and parks and recreation facilities.

Strategies:

- Identify community grants programs to meet capacity needs.
- Initiate partnerships with parks and recreation centers to become more age-friendly.

Area of Focus 3: Promote Community Engagement

The ability to connect with others within a community is integral to health, wellness, and aging in place. Creating, encouraging, and supporting opportunities to participate will help older adults live independently as they age, increase their quality of life, and promote engagement while decreasing isolation.

Social isolation in America's older population is associated with numerous public health concerns. Researchers conducting studies on social isolation found loneliness in seniors to have as many profound health consequences as smoking 15 cigarettes a day.¹⁴ Without a supportive community that fosters aging well and in place, older adults cannot thrive and may become socially isolated and vulnerable.¹⁵

Promising research suggests communities can alleviate social isolation in seniors by promoting hobbies and passions and providing opportunities for civic-minded older adults to positively contribute to their communities in a variety of ways. It is important

to ensure access to community engagement opportunities by reshaping Florida's communities to be more welcoming and inclusive of older adults.

One way the Department engages older adults and communities is through the annual Florida Senior Day event. In 2019, DOEA expanded programming to include a new Senior Day Forum with a panel led by Secretary Prudom to discuss issues facing Florida's older adults, their families, and the Aging Network. Also new to the enhanced program this year was the Florida Senior Day dinner during which Lance Robertson, U.S. Assistant Secretary for Aging and Administrator for ACL, provided the keynote address.

The Department will continue to promote older adults' engagement in their communities through the following goals, objectives, and strategies:

Goal 3.1 Encourage older adults' participation and inclusion in social and cultural activities for increased quality of life.

Objective: Encourage facilitation and participation in community events that appeal to the older adult population.



Strategies:

- Work collaboratively with urban and rural partners and organizations to support local events.
- Increase technological proficiency and access to promote online, virtual connectedness.

Objective: Work collaboratively with local partners, senior centers, congregate meals sites, and other organizations to increase engagement and prevent isolation.

Strategies:

- Increase the capacity of senior centers by developing a socialization toolkit.
- Identify and secure new grants and develop new partnerships.

14 Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227–237

15 Buffel, T., Verste, D., De Donder, L., De Witte, N., Dury, S., Vanwing, T., et al. (2012). Theorizing the relationship between older people and their immediate social living environment. *International Journal of Lifelong Education*, 31(1), 13–32

- Improve uniformity of the AAAs/ ADRCs by having one staff person appointed to manage REFER.

Objective: Increase awareness of, promote easy access to, and encourage individuals of all ages to participate in social and cultural activities in their communities.

Strategies:

- Increase awareness of social and cultural activities through DOEA's *Elder Update*, DOEA and AAA websites, in the Livable Florida newsletter, and social media.
- Find alternative age-friendly transportation options and programs which provide affordable door-to-door transportation services.
- Increase collaboration with faith-based networks to offer shuttle services to community activities.

Goal 3.2 Promote and support positive intergenerational opportunities and interactions.

Objective: Establish statewide intergenerational activities through partnerships and sustainable grant opportunities.

Strategies:

- Identify and secure grants focused on intergenerational activities.

- Increase collaboration with child-centered organizations.
- Develop and expand partnerships between senior centers and schools.

Objective: Work collaboratively with local partners, senior centers, and other organizations to promote local intergenerational activities.

Strategies:

- Initiate communication with charter schools, school boards and other resources.
- Develop a partnership with the Department of Education, other state agencies, and non-profit organizations to support local intergenerational activities.
- Promote September as Intergenerational Awareness Month.

Objective: Increase awareness of intergenerational activities via local media outlets, social media, and word-of-mouth.

Strategies:

- Provide social media recognition of local initiatives and events.
- Promote local initiatives from the statewide level.

Goal 3.3 Increase awareness of, promote opportunities for, and celebrate the valuable contributions of older adults in the community.

Objective: Expand employment opportunities and improve coordination between the Senior Community Service Employment Program (SCSEP) and other Older Americans Act (OAA) programs.

Strategies:

- Increase collaboration with national SCSEP sponsors.
- Collaborate with AAAs/ADRCs on a host survey and needs assessment.
- Promote awareness of SCSEP and other OAA programs through participant testimonials and success stories.
- Create a SCSEP workgroup and include AAAs and OAA and national grantees on calls and in meetings.

Objective: Encourage individuals of all ages to participate in civic activities in their communities.

Strategies:

- Develop partnerships with other state agencies, non-profit organizations, clubs, and local communities to support civic activities.

- Host a Civics Day with partners including local county and city governments designed to educate communities about local and state government.

Objective: Educate policymakers, businesses, and local communities on the vital role and experience of older adults, including their economic, civic, and other contributions.

Strategies:

- Explore and develop a data sharing agreement among state and local governments.
- Utilize data sharing for targeted outreach.

Goal 3.4 Promote and support volunteerism for and by older adults.

Objective: Encourage and support community volunteer recognition events and programs.

Strategies:

- Centralize and capture volunteer service statistics.
- Promote local service volunteer recognition efforts and events.

Objective: Work collaboratively with local partners to increase awareness of the availability of volunteer programs and increase the number of older Floridians who volunteer in their local communities.

Strategies:

- Educate the public and other stakeholders about the benefits of volunteering.
- Promote the advertising of volunteer opportunities in each community.
- Promote awareness of volunteerism through testimonials and success stories by utilizing social media and other platforms.

Objective: Establish DOE's Office of Volunteer Community Service as the clearinghouse for reporting volunteer efforts.

Strategies:

- Collect data from local partners on volunteer efforts.
- Organize data from local partners on volunteer efforts.
- Disseminate data from local partners on volunteer efforts.



Area of Focus 4: Maintain Health and Wellness

An estimated 23% or 1.3 million older Floridians are either medically underserved or live in medically underserved areas.¹⁶ To maintain or improve health and wellness, older Floridians must have access to medical care and support. This includes access to affordable person-centered health care and social services to promote active and independent living. It is also essential to address specific areas of health and wellness such as nutrition and Alzheimer's disease and related dementias because problems in these areas can hinder the ability to live an active, healthy life.

¹⁶ Calculated using U.S. Health Resources & Services Administration and AGID

Unfortunately, an estimated 12.7% of Floridians age 60 years and older experienced food insecurity in 2017.¹⁷ In Florida, food insecurity is estimated to cost \$2 billion annually, or more than \$200 per person, in health care (all ages).¹⁸ Food insecurity among those 55+ are associated with greater risks for diabetes, obesity, cardiovascular and lung disease, and high blood pressure.¹⁹ In 2019, DOEA partnered with Feeding Florida, the Florida Department of Health (DOH), the Florida Department of Agriculture, the U.S. Department of Agriculture, and other stakeholders to establish a long-term feeding task force. This initiative functions as an information sharing network and facilitates collaboration.

Approximately 580,000 people in Florida age 65 and older live with Alzheimer's disease or related dementias (ADRD), which is the second highest total number in the nation. Further, while the rates of death from heart attacks and cancer have fallen in the past 20 years in Florida, Alzheimer's disease rates have more than doubled and the number of Floridians with ADRD is projected to increase by 24.1% by 2025 (720,000).^{20, 21} DOEA has multiple initiatives to help combat ADRD,

including the Dementia Care and Cure Initiative (DCCI). DCCI task forces work in collaboration with Florida's 11 AAAs and 17 Memory Disorder Clinics, with the purpose of engaging communities across the state to be more dementia caring.

The Department will continue to support person-centered health and wellness, including furthering existing efforts to address nutrition and ADRD, through the following goals, objectives, and strategies:

Goal 4.1 Encourage healthy aging and promote access to health care and social services options.

Objective: Support participant-directed and person-centered services for older adults and their caregivers across the spectrum of long-term care.

Strategies:

- Educate caregivers about the availability of services.
- Educate agencies on the Framework of Age-Friendly Health Systems and the "4 M's" - What Matters, Medication, Mentation, and Mobility - and best

practices for implementation and integration.

- Collect more information on the viability of self-directed care programs in Florida and educate individuals on "what is self-directed care".
- Inventory of non-profits, initiatives, and organizations and determine overlaps and gaps at a "regional needs" level.
- Expand utilization of telehealth and the "internet of things".

Objective: Work towards the integration of health, health care, and social services systems including through contractual arrangements.

Strategies:

- Educate the public about social services referrals from providers to continuum of care partners in a manner inclusive of various communication and language needs.
- Encourage age-friendly health and public health systems.

17 Feeding America. (2019). The State of Senior Hunger in America in 2017. Retrieved from http://feedingamerica.org/sites/default/files/2019-06/The%20State%20of%20Senior%20Hunger%20in%202017_F2.pdf

18 CDC. 2019. State-Level and County-Level Estimates of Health Care Costs Associated with Food Insecurity. *Prev Chronic Dis* 2019;16:180549

19 Vaccaro, J. A., & Huffman, F. G. (2017). Sex and race/ethnic disparities in food security and chronic diseases in US older adults. *Gerontology and Geriatric Medicine*, 3

20 Analysis from: Florida Health Charts. Death Query System

21 Alzheimer's Association. (2020). 2020 Alzheimer's Disease facts and figures. Retrieved from alz.org/media/Documents/alzheimers-facts-and-figures.pdf

- Educate the public on the Program of All-Inclusive Care for the Elderly (PACE) model of care.
- Strengthen engagement of primary care providers and health systems through simplified messages of advocacy and incentive referrals from primary care providers.
- Partner with DOH to create a public health campaign targeting PSAs and supported by a multidisciplinary council.
- Raise concern and awareness about healthy aging and benefits at a cultural level by encouraging care for older adults and combating ageism.

Objective: Integrate ACL Discretionary grants and incorporate Aging Network services with OAA core programs and other home and community-based programs.

Strategies:

- Ensure Serving the Health Insurance Needs of Elders programs are well integrated into Aging Network services to ensure older adults have access to free, unbiased, and comprehensive health insurance counseling.
- Develop capacity for, deliver, and build sustainability for evidence-based disease and disability prevention programs.

Objective: Support efforts to ensure complete and accurate information about resources is available and accessible.

Strategies:

- Develop strategies for education on planning to age and encourage individuals of all ages to plan for future long-term care needs.
- Ensure older adults have access to free, unbiased, and comprehensive health insurance counseling.
- Improve the integration and modernization of online client and referral sites and systems.

Goal 4.2 Enable individuals to maintain a high quality of life through the provision, integration, and sustainability of home and community-based core programs.

Objective: Strengthen and expand OAA Title III programs to encourage older adults and their caregivers to live active, healthy lives and to improve their physical, mental, and emotional well-being.

Strategies:

- Increase the use of evidence-based programs in communities.
- Advocate for prevention and early intervention of mental health and substance abuse services.

- Develop worker availability and capacity in the fields of health, home health, and social services.
- Work to coordinate OAA Title III programs with OAA Title VI Native American programs.

Objective: Build sustainability for services provided through the Aging Network by increasing the business acumen of Aging Network partners and diversifying funding streams.

Strategies:

- Promote business acumen training within Florida's Aging Network.
- Identify private funding opportunities.
- Follow proposed legislation and advocate for local projects.

Objective: Streamline access to health, home and community-based services, and long-term care options through partnerships and Aging and Disability Resource Centers.

Strategies:

- Strengthen communication with providers and non-traditional partners assisting clients outside of the Florida Aging Network.
- Identify a road map of touch points to "follow the client."

- Identify opportunities to provide education on planning to age.

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

Strategies:

- Identify reasons why older adults have gaps in services and work to close the gaps.
- Identify barriers for older adults who are not being served.
- Target and educate those 55 and older about aging and services.
- Evaluate capacity of current services and providers.

Goal 4.3 Promote good nutrition to maintain healthy lifestyles and enhance healthy behaviors.

Objective: Educate the public and partners on existing nutrition programs.

Strategies:

- Establish a state level publication of all federal & private programs.
- Identify technology to support dissemination.
- Foster and expand partner relationships.

Objective: Collaborate with public and private entities to coordinate efforts.

Strategies:

- Maintain and strengthen the coordinated efforts of a multi-agency food safety group.
- Maintain and strengthen long-term feeding taskforce group.
- Explore private industry linkages to supply chain food dissemination delivery/access.
- Create intergenerational education and messaging.

Objective: Expand the quality and availability of feeding and nutrition options through innovative approaches.

Strategies:

- Expand delivery/dissemination systems by collaborating with new partners and faith-based organizations in rural settings.
- Develop innovative health and preparation of options by collaborating with Nutrition and Food Science departments at Florida Universities.
- Expand multimedia options to include telephone, texting, social media, and television.

- Develop non-traditional infrastructure through schools, child-care providers, and mixed purpose events to reduce stigma.

Objective: Increase participation in nutrition-related programs.

Strategies:

- Establish a baseline of nutrition-related programs' breadth and process.
- Identify and erode barriers to nutrition program participation.
- Improve existing models to increase choice and positive evaluation of participants.

Objective: Promote and empower older adults to maintain or enhance behaviors for a healthy lifestyle.

Strategies:

- Support nutrition education including resources from various programs including: My Plate, American and Florida Dietetic Association, and the Dietary Reference from the U.S. Department of Agriculture.
- Cross-coordinate with existing programs such as farmer's markets, chronic disease self-management education programs, and SNAP-Ed.



- Provide education on food intake, caloric needs, and variety at cross-coordinated program locations such as congregate meal sites and senior centers.

Goal 4.4 Strengthen Florida's capacity to address Alzheimer's disease and related dementias.

Objective: Identify a statewide system of resources and support to formalize the Alzheimer's Disease and Related Dementias (ADRD) network.

Strategies:

- Expand and support the Dementia Care and Cure Initiatives (DCCI) Task Forces.
- Collaborate with the Alzheimer's Disease Advisory Committee and

propose recommendations for the ADRD State Plan.

Objective: Strengthen the capacity of care organizations to assess, diagnose, and treat individuals with ADRD and expand support for their caregivers.

Strategies:

- Conduct research on best practices related to billing for Medicare codes.
- Incorporate ADRD emphasis in education at medical universities and in residency programs; expand to all health professions such as social work & public health.
- Create an ADRD-friendly health system by developing an ADRD specialty plan for health insurers to adopt.

Objective: Protect individuals with ADRD from further vulnerability.

Strategies:

- Educate and train law enforcement, legal professionals, and financial industry professionals on issues of abuse, neglect, and exploitation of individuals living with ADRD.

- Provide ADRD resources such as training or toolkits and education to faith-based communities.
- Provide ADRD resources and education in public libraries and other community centers.

Area of Focus 5: Support Caregivers and Families

Providing caregiver support is essential to maintaining the well-being of older adults in a livable community. As the population ages, the support available for caregivers will come into sharper focus. Connections between family members are important for increasing supports available to caregivers of older Floridians.

A caregiver—sometimes called an informal caregiver—is an unpaid individual (for example, a spouse, partner, family member, friend, or neighbor) involved in assisting others with activities of daily living and/or medical tasks.²² Studies consistently report higher levels of depressive symptoms and mental health problems among caregivers. Three in 10 caregivers struggle to manage their health due to caregiving.²³ More than half of caregivers (56%) experienced

22 Family Caregiver Alliance. (2019). Caregiver statistics: Demographics. Retrieved from: caregiver.org/caregiver-statistics-demographics

23 National Opinion Research Center. (2018). Long-Term Care Poll. Retrieved from: longtermcarepoll.org

at least one work-related strain. This may take the form of working different hours, fewer/more hours, and taking time off (whether paid or unpaid).²⁴

Older adults raising grandchildren also face unique challenges and are in need of additional supports and connections to child centered resources to alleviate the tremendous physical, emotional, and financial strains related to self-care, family care, and childcare. Supporting older adults and their families to serve as informal caregivers helps to alleviate physical and emotional stress and the financial burdens they carry.

In 2019, Secretary Prudom updated the mission and vision of the Department of Elder Affairs to increase awareness of the importance of Florida's caregivers. The new mission is to promote the health, safety, and independence of Florida's seniors, their families, and caregivers. The updated vision is for all Floridians to live well and age well. The intention of this change was to more formally declare DOE's commitment to supporting the millions of important and selfless caregivers and care partners across Florida.

The Department will continue to support caregivers and families through the following goals, objectives, and strategies:

Goal 5.1 Increase the resources and support available to caregivers of older adults.

Objective: Increase education, training, and resources for caregivers.

Strategies:

- Identify and promote caregiver training currently available, including training for caregivers when someone has been diagnosed with ADRD.
- Provide disaster preparedness information to caregivers.
- Identify, pursue, and secure grant funding to support caregivers.
- Promote the early identification of caregivers by encouraging as a part of baseline wellness checks with providers.
- Educate businesses and private entities on the need to subsidize or otherwise support onsite or "worker" respite.
- Inventory, promote, and educate caregivers on the availability of technology that can ease caregiver burden.

Objective: Increase the availability of flexible respite care.

Strategies:

- Inventory local respite options available and promote them as resources.
- Establish or expand direct pay vouchers and associated training.
- Develop policy and incentives to create and build up the respite industry.
- Seek additional funding for facility-based respite on nights and weekends.

Objective: Work to decrease overall caregiver stress and emotional, financial, and physical crises.

Strategies:

- Conduct evaluations and research to understand and identify opportunities to better support caregivers and reduce crises.
- Encourage the connection of caregivers to local support groups.
- Create an awareness campaign to educate caregivers on burnout to alleviate stigma or hesitation.
- Work with businesses to host caregiver training for employees.

24 AARP Public Policy Institute and the National Alliance for Caregiving. (2015). Caregiving in the United States 2015. Retrieved from: aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf; AARP and National Alliance for Caregiving. Caregiving in the United States 2020. Retrieved from: aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf

Goal 5.2 Improve and expand supports for older adults raising grandchildren.

Objective: Work to connect grandparents to social resources through coordination with local partners such as public schools, pediatricians, and faith-based institutions.

Strategies:

- Increase the availability of resources at community-based organizations and connect grandparents to resources and support groups.
- Identify, pursue, and secure funding for training programs or connect grandparents to existing funding for children.
- Inventory “children-centered” interagency resources and partners and establish a central repository of information.

Objective: Increase the level of understanding and awareness of the challenges faced by older adults raising grandchildren.

Strategies:

- Study the issues grandparents face when providing care for their grandchildren.
- Disseminate new information and ideas within the Aging Network.

Area of Focus 6: Stop Abuse, Neglect, and Exploitation of Seniors

One of the Department’s priorities is to stop the abuse, neglect, and exploitation (ANE) of older Floridians through public awareness, services, education, and training for both older adults and their caregivers. Identifying older adult abuse has been a critical issue both in the community and within health care settings. It is estimated that only 1 in 14 cases of older adult abuse are ever reported.²⁵

Social isolation, changes in cognition, and a lack of recognition of signs are risk factors for abuse, among others. One in 10 older adults have experienced abuse.²⁶ Older adults who experience abuse have double the rates of hospitalization²⁷



of other older adults. Abused and neglected older adults have a 300% higher risk of death²⁸ when compared to those who have not been mistreated.

The Department is working with communities to reduce ANE. Over the last two years, DOEA expanded its focus on World Elder Abuse Awareness Day, recognized internationally each year on June 15. Further, the Department’s Serving Health Insurance Needs of Elders (SHINE) Program was awarded the five-year Senior Medicare Patrol (SMP) grant from ACL in June 2018. The mission of SMP is to help prevent, detect, and report suspected Medicare fraud, waste, and abuse. A statewide SMP Task Force was created and SHINE leadership increased marketing efforts

25 New England Center for Investigative Reporting and National Adult Maltreatment Reporting System (2017)

26 Acierno, R., Hernandez, M.A., Amstadter, A.B., Resnick, H.S., Steve, K., Muzzy, W., et al. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The national elder mistreatment study. *American Journal of Public Health*, 100(2), 292-297

27 Dong, X., & Simon, M. (2013). Elder abuse as a risk factor for hospitalization in older persons. *JAMA Intern Med.* 173(10), 911–917

28 Dong, Simon, Mendes de Leon, Fulmer, Beck, Hebert, Dyer, Paveza, & Evans. (2009). Elder self-neglect and abuse and mortality risk in a community dwelling population. *Journal of American Medicine*, 6, p.517. Retrieved from: ncbi.nlm.nih.gov/pmc/articles/PMC2965589

to spread the word about SMP and to educate the public about ANE.

The Department will continue to work to stop the abuse, neglect and exploitation of seniors through the following goals, objectives, and strategies:

Goal 6.1 Establish the Department as the lead on efforts to stop ANE of older adults and vulnerable populations.

Objective: Support and facilitate multi-disciplinary responses to ANE of older adults by leading and increasing collaboration among essential and specific federal, state, and private partners across the state.

Strategies:

- Host a sharing symposium with partners at the state level, including options for virtual participation.
- Draft high-level Memoranda of Understanding or other formal agreements to outline the responsibilities of each partnership and program in collaborative efforts.
- Develop a document that outlines important concepts as a centralized and common source of definitions.
- Create a triage or tip sheet to educate the public and partners about who to contact to enhance local efforts.

Objective: Establish the Department as the clearinghouse of efforts to stop ANE by centralizing available resources and facilitating public awareness of all programs.

Strategies:

- Create Florida Fraud alerts.
- Research and catalog current listservs to receive fraud alerts and disseminate information quickly to as large an audience as possible.
- Enhance DOEA's website to catalog and communicate current fraud trends.

Objective: Educate the public on how to stop ANE.

Strategies:

- Raise awareness of ANE, prevention, and the needs of older adults and vulnerable populations through increased training and educational events.
- Launch a Public Awareness Campaign utilizing various media forms to educate the public on how to detect, protect, and report suspected ANE.
- Develop innovative partnerships to disseminate information to underserved areas and populations.

Goal 6.2 Encourage prosecution of offenders to the fullest extent of the law and support legislative efforts to increase penalties.

Objective: Educate prosecutors and elected officials on the need to prosecute every offender.

Strategies:

- Identify opportunities to present "a year-in-review" to local law enforcement, prosecutors, judges, etc.
- Enhance partnerships with local law enforcement community and associations by facilitating/developing regional task force groups.
- Compile testimonies that include success stories highlighting restorative justice.

Objective: Educate constituents and local communities on the need to prosecute every offender.

Strategies:

- Identify opportunities to present "a year-in-review" to constituents.
- Enhance partnerships with local constituents through civic organizations.
- Compile testimonies that include success stories highlighting restorative justice.

Objective: Collaborate with victim and consumer advocates and victim rights groups.

Strategies:

- Identify victim advocates, consumer advocates, and victim rights groups in Florida.
- Initiate communication and compile a list of groups, mutual concerns, and similar issues to expand resources and develop creative partnerships.
- Provide technical assistance and education to group participants on issues related to stopping abuse, neglect, and exploitation of older adults and vulnerable populations.

Goal 6.3 Strengthen and expand elder rights programs and services.

Objective: Collaborate with the Aging Network and other federal, state, and local partners to promote awareness campaigns.

Strategies:

- Build upon recognition days for World Elder Abuse Awareness Day.
- Identify other potential partners and opportunities to promote awareness campaigns, such as with gerontology programs at universities and with faith-based options.

- Work with new and existing partners on a collaborative to utilize combined media resources to reach older adults with additional efforts to reach rural populations.

Objective: Enhance and coordinate communication about elder rights programs and services with other state agencies, constituents in the general public, and professionals.

Strategies:

- Host regional ANE symposiums and include options for virtual participation.
- Enhance partnerships with local groups such as faith-based organizations, service clubs, and provider associations to maximize outreach.

Objective: Identify, pursue, secure, and incorporate new grants and other funding sources to enhance ANE initiatives.

Strategy:

- Research new funding opportunities for ANE, including self-neglect.

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

Strategies:

- Develop administrative rules containing standards of practice and disciplinary guidelines for professional guardians.
- Expand the Department's role in assuring public and professional guardians have the core competencies needed for standard of practice by instituting policies and procedures to confirm and track training.
- Establish a mechanism to identify training gaps in core competencies and implement targeted training to address gaps and strengthen practice.
- Strengthen and expand investigative practices that will be used to review allegations of abuse, neglect, and exploitation made against public guardians and take appropriate administrative action.
- Develop a more robust and comprehensive monitoring system.

Objective: Increase the ability of the Long-Term Care Ombudsman Program to provide services to residents of long-term care facilities.

Strategies:

- Promote the number of Family and Resident Councils in facilities through educating residents and families, distributing Resident Council Handbooks, and increased presence in facilities.
- Increase the number of volunteer ombudsmen.
- Increase facility visitations by long-term care ombudsmen annually.

Area of Focus 7: Increase Disaster Preparation and Resiliency

The Department of Elder Affairs performs a key role in disaster preparedness, response, and recovery, including assisting with discharge planning at Special Needs Shelters. Relative to other states, Florida is more vulnerable to natural, human-caused, and technological hazards²⁹ and older adults are often disproportionately impacted by disasters especially if they have one or more chronic illnesses, functional limitations, or dementia. In the last 15 years, Florida has borne the brunt of seven major hurricanes ranked a category 3 or above.

Most recently, Florida faced the SARS-CoV-2, 2019 Novel Coronavirus (COVID-19) pandemic that had global impact. As of July 1, 2020, 158,997 people were diagnosed with COVID-19 and 3,550 deaths occurred as a result of infection. The Department, along with AAAs, Lead Agencies, providers, and community partners are responding, continuously, and vigorously to serve older adults in Florida during the pandemic. The Department coordinated with the Aging Network to deploy multiple innovative response strategies and interventions including a restaurant feeding initiative, technologies to support individuals with Alzheimer's disease and related dementias and socially isolated older adults, and an action plan to address mental health issues. These are uncertain times and efforts to respond creatively continue as the pandemic unfolds.

In 2018, in consultation with ACL, DOEA launched a Disaster Recovery Reserve (DRR), which obligates the state's AAAs to designate a predetermined amount of federal funds for serving older adults impacted by a disaster. When Hurricane Michael struck the Florida Panhandle as an unprecedented category five hurricane, the DRR innovation allowed DOEA to transfer designated funds to the AAA within a



service area that was destroyed by the hurricane. In 2019, DOEA was awarded a TaxWatch Productivity Team Award for disaster-related mapping activities.

The Department will continue to increase disaster preparation and resiliency through the following goals, objectives, and strategies:

Goal 7.1 Strengthen emergency preparedness through comprehensive planning, partnerships, and education.

Objective: Evaluate, document, and make refinements to the Department's DRR fund and process.

Strategies:

- Discuss the strengths and weaknesses of the DRR process with any AAA which utilizes it during the State Planning period 2022-2025.

29 Florida Division of Emergency Management. (2018). State Hazard Mitigation Plan, Appendix D. Retrieved from: floridadisaster.org/dem/mitigation/statemitigationstrategy/state-hazard-mitigation-plan/

- Using OAA guidelines, determine, on a continual basis, throughout the state planning period 2022-2025 how the DRR can most benefit a AAA in disaster recovery.
- Explore the benefits and impacts of changing the current funding percentages used from each title.
- Implement changes to the DRR, if/as determined, in future OAA contracts.

Objective: Ensure that organizations in Florida's Aging Network continue to strengthen their disaster plans to address specific needs of older adults.

Strategies:

- Explore options for discussing statewide disaster preparedness issues at existing meetings. Thereafter, explore future options as needed.
- Conduct annual or as-needed regional or PSA-level disaster preparedness technical assistance. Thereafter, explore future options as needed.
- Key Department and AAA staff participate, at a minimum, in annual state disaster exercise and other Department-sponsored exercises to improve disaster response and emergency management competency.

- Work annually with the Aging Network to simplify the AAA Emergency Preparedness Plan.

Goal 7.2 Ensure communication and collaboration between the Department, emergency partners, and the Aging Network, before and during emergency and epidemic events.

Objective: Ensure dissemination of accurate and timely disaster information.

Strategies:

- Department Emergency Coordinating Officer (ECO) and/or Alternate ECO ensure AAA Emergency Preparedness Plans meet standards set by Department and include the dissemination of Emergency Operation Center (EOC) updates and host calls with staff in impacted areas.
- Explore options or resources to enhance emergency communication with partners.

Objective: Conduct outreach to state and local partners to increase awareness of older adult vulnerability to disasters.

Strategies:

- Increase interagency communication and collaboration on issues specific to the needs of older adults.
- Research older adult confidence and readiness for emergencies.
- Increase efforts to mitigate disasters and emergencies.
- Support AAAs with obtaining and sharing with providers county-level disaster mitigation strategies for areas with high concentrations of older adults.
- By the 2022 AAA Emergency Preparedness Plan update, work with counties to understand their local mitigation strategies and create partnerships to increase disaster mitigation for Florida's older adults.
- Research funding sources for mitigation against known personal hazards for DOEA clients. Mitigation services shall be related to heavy chores, home modification, etc.
- Explore statewide funding opportunities to assist older adults in Florida with mitigating against known disaster risks.

Goal 7.3 Provide support to communities and partners after a disaster.

Objective: Assess disaster-affected areas and identify opportunities to assist with recovery.

Strategies:

- Research existing behavioral health and psychological first aid training and share with DOEA staff and Aging Network team who work with disaster survivors.
- Explore the addition of behavioral health and psychological first aid training to enhance discharge planning efforts for DOEA clients who have gone to a shelter or facility.
- Compile current disaster-related information and messaging and partner with emergency partners, Aging Network and providers to disseminate to clients and community partners that serve older adults.

Objective: Identify, connect, secure, and support recovery-related funding and other resources.

Strategies:

- Encourage Aging Network partners to develop mutual aid agreements with counties and municipalities, and partner with long-term relief organizations.



- Research and disseminate funding opportunities to support recovery efforts to meet older adult needs after events.
- Identify program and service opportunities to support recovery efforts to meet Department client needs after events.

Objective: Increase and improve the documentation of lessons learned and actively incorporate best practices into future planning efforts.

Strategies:

- Initiate hot-wash protocol after training, exercises, or actual events, which collects and shares information from staff and partners throughout the Aging Network.

- Within a reasonable amount of time after an event, AAAs each generate an after-action report following training, exercises, or actual events, which communicates the experience, challenges, and lessons learned from the event in their region, and will provide this information to the Department.
- Within a reasonable amount of time after an event, DOEA compiles AAA-level after-action reports and generate a single statewide after-action report following training, exercises, or actual events, which collects and shares the general experiences, best practices and lessons-learned from the event throughout the Aging Network.



Performance Measures and Standards

The Department operates under legislatively approved performance measures. The metrics support ACL and DOEA goals and objectives by assessing a wide cross-section of performance and programs.

For example, in fiscal year 2018-2019:

- 77.5% of older adults assessed with high or moderate risk environments had improved environment scores
- 95.6% of the most frail older adults remained at home or in the community instead of going into a nursing home
- 98.9% of Adult Protective Services (APS) referrals who needed immediate services to prevent further harm were served within 72 hours
- 73.5% of new service recipients had Activities of Daily Living (ADL) assessment scores that were maintained or improved
- 90.5% caregivers self-reported being very confident about their ability to continue to provide care after service intervention

PERFORMANCE MEASURES & STANDARDS

FISCAL YEAR
2018-2019

- 98.3% of clients surveyed believed services helped them remain in their home or in the community
- 94% of active clients were eating two or more meals a day

A full list of DOEA's outcome and output measures is found in Appendix 4. DOEA and Florida's Aging Network continue to work on ways to strengthen and improve performance measurements.

Quality Assurance

The Department's Bureau of Monitoring and Quality Assurance ensures the integrity of programs and services funded through and by the Department. The bureau performs periodic monitoring reviews of programs and services administered by area agencies and/or funded entities for: 1) adherence to contract provisions, and state and federal laws; 2) compliance with industry standards and best practices; 3) achievement of legislatively mandated performance measures; and 4) alignment with the Department's statutory mission and focus.

OVER
77% of elders assessed had improved environments

OVER
95% of frail elders remained in their homes or communities

OVER
98% of urgent APS referrals were served within 72 hours

OVER
73% of new recipients' ADL scores were maintained or improved

OVER
90% caregivers self-reported improvements after service intervention

OVER
98% of clients surveyed believed services helped them remain in their home or in the community

94% of active clients were eating two or more meals a day

APPENDICES & ATTACHMENTS

Appendices

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Appendix 1:

State Plan Advisory Group

The State Plan Advisory Group was originally created in 2016 to work with DOEA to develop recommendations for the 2017-2020 State Plan on Aging. The original group was comprised of representatives from 19 member organizations and associations in Florida's Aging Network.

In 2019, for the 2022-2025 State Plan on Aging, the advisory group was expanded to include 37 member organizations and increase representation from other state agencies and non-profit partners.

The State Plan Advisory Group and staff of the Department of Elder Affairs contributed to this plan. State Plan Advisory Group members are also an important part of the Department's approach to implementation.

Bill Aldinger

*Director of Policy and Special Programs
Florida Housing Finance Corporation*

Susan Alexander, CPM

*Chief, Bureau of Education,
Advocacy and Research
Florida Department of
Financial Services (DFS)*

Steve Bahmer

*President and CEO
Leading Age Florida*

Robert Beck

*Consultant, Florida Association of Area
Agencies on Aging (F4A)
PinPoint Results*

Sabah Bissainthe, RN, BSN

*Registered Nursing Consultant
Florida Agency for Persons
with Disabilities (APD)*

Kathy Black, PhD, MPH

*Professor
University of South Florida -
School of Aging Studies*

Michelle Branham

*Vice President of Public Policy
Alzheimer's Association of Florida*

Lisa Bretz, MSW

*Executive Director
Advantage Aging Solutions*

Kim Broom, RN

*Director of Clinical & Regulatory Affairs
Florida Health Care Association (FHCA)*

Richardean Bruce, RN, MPH

*Program Administrator
for Clinical Services
Florida Department of
Veterans Affairs (DVA)*

Andrea Busada

*President
Florida Association of Aging
Services Providers (FASP)*

Laura Cantwell

*Associate State Director of Advocacy
AARP Florida*

Veronica Catoe

*Chief Executive Officer
Florida Assisted Living Association (FALA)*

Christine Cauffield, PsyD

*Professor/Committee Member
Florida Council on Aging
(FCOA) Member-At-Large*

Blaise Denton

*Research Manager
Florida Housing Coalition*

Scott Dudley

*Director of Legislative Affairs
Florida League of Cities*

Yoniel Gonzalez, BSHSA, CDP, CADDCT

*Board of Directors
Florida Adult Day Services
Association (FADSA)*

Christie Grant

*Policy Coordinator
Florida Hospice and Palliative Care*

Kristen Griffis

*Executive Director and President of F4A
Elder Options*

Amber Gum, PhD

*Professor
University of South Florida-
Florida Mental Health Institute*

Gail Holley

Safe Mobility for Life Program Manager
Florida Department of
Transportation (DOT)

Matt Hudson

Executive Director
Florida PACE Providers Association

Pam Hughes

Human Services, Branch Director
Florida Division of Emergency
Management (DEM)

Kathryn Hyer, PhD, MPP

Director
University of South Florida-
Florida Policy Exchange Center on Aging

Jane Johnson

Executive Director
Florida Association of Centers for
Independent Living (FACIL)

Jennifer Johnson, MPH

*Director, Division of Public Health
Statistics and Performance Management*
Florida Department of Health (DOH)

Lee Ann Kelly-Christenson

Deputy Director
Florida Department of Children
and Families (DCF)

Susan Langston

Vice President of Advocacy
Leading Age Florida

Paul A. Ledford

President and CEO
Florida Hospice &
Palliative Care Association

Charlotte McHenry

President and CEO
Senior Connection Center, Inc.

Bennett Napier, CAE

Executive Director
Florida Life Care Resident Association

Peter Newman

Emergency Coordination Officer
ESF 6 Mass Care, Florida State
Emergency Response Team

Rick Owen

President
United Way of Florida

D.D. Pickle, LMHC, NCC, FCCM

*AHC Administrator for Managed Care
Policy and Contract Development*
Florida Agency for Health Care
Administration (AHCA)

Eric Reed

Deputy Director
Florida Alliance for Assistive Services
& Technology, Inc. (FAAST)

Cesar Rivera

Division Disaster State Relations Director
American Red Cross

Shamarial Roberson, DrPH, MPH

Deputy Secretary for Health
Florida Department of Health (DOH)

Vicky Rose, MSW

Memory Disorder Clinic Coordinator
Tallahassee Memorial Hospital

Robin Safley

Executive Director
Feeding Florida

Sheila Salyer

Manager/Executive Committee
Tallahassee Senior Services
Florida Association of
Senior Centers (FASC)

Steven von Bodungen

Director, Division of Hotels & Restaurants
Florida Department of Business and
Professional Regulation (DBPR)

Grant Wagner

Special Agent Supervisor
Florida Department of Law
Enforcement (FDLE)

Appendix 2:

Florida's Area Agencies on Aging

PSA - Planning and Service Area

1 PSA 1

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

2 PSA 2

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

3 PSA 3

Elder Options
100 S.W. 75th St., Ste. 301
Gainesville, FL 32607
(352) 378-6649
agingresources.org

4 PSA 4

ElderSource, The Area Agency
on Aging of Northeast Florida
10688 Old St. Augustine Rd.
Jacksonville, FL 32257
(904) 391-6600
myeldersource.org

5 PSA 5

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

6 PSA 6

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

7 PSA 7

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

8 PSA 8

Area Agency on Aging for
Southwest Florida, Inc.
15201 N. Cleveland Ave.
Ste. 1100
North Fort Myers, FL 33903
(239) 652-6900
aaaswfl.org

9 PSA 9

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

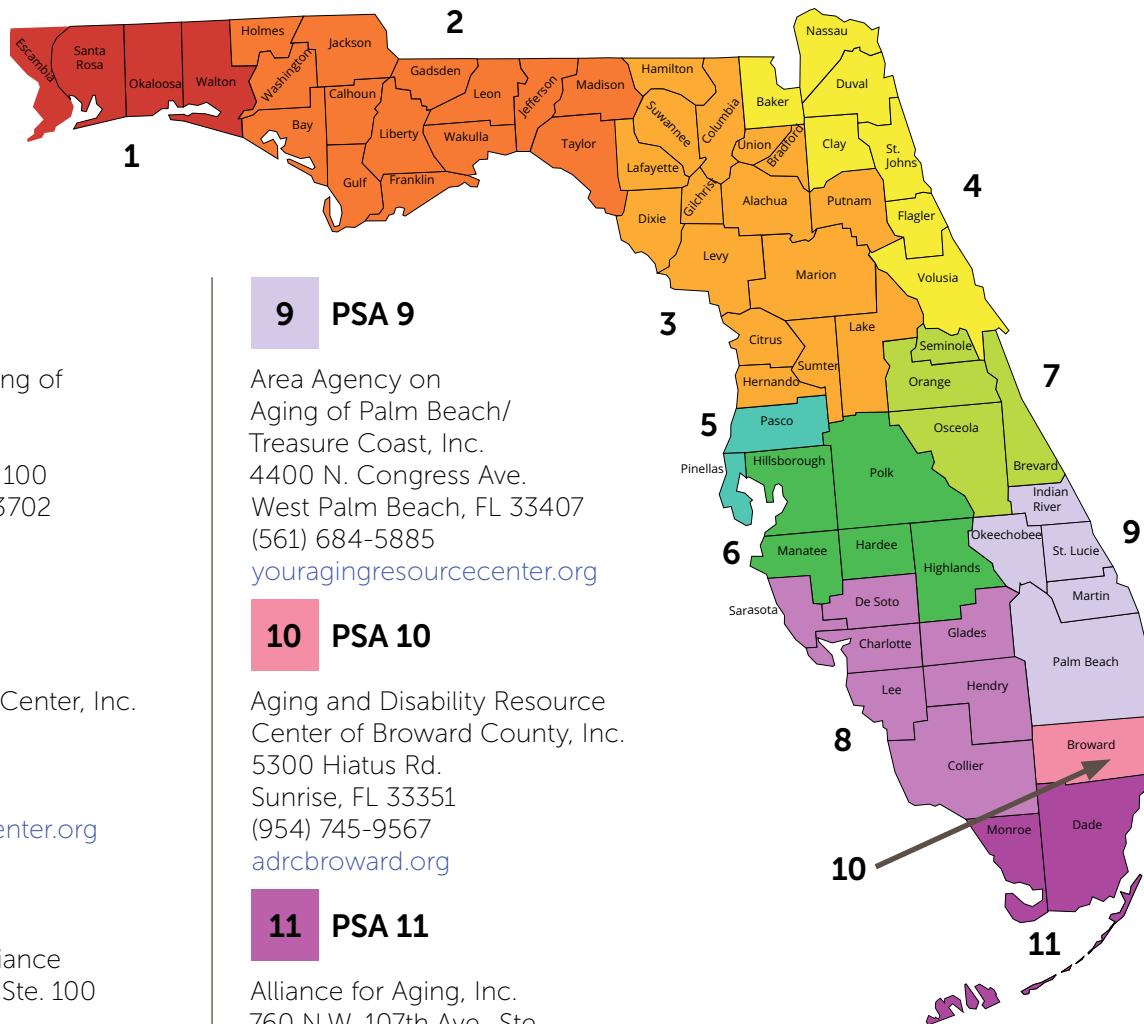
10 PSA 10

Aging and Disability Resource
Center of Broward County, Inc.
5300 Hiatus Rd.
Sunrise, FL 33351
(954) 745-9567
adrcbroward.org

11 PSA 11

Alliance for Aging, Inc.
760 N.W. 107th Ave., Ste.
214, 2nd Floor
Miami, FL 33172
(305) 670-6500
allianceforaging.org

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



Appendix 3:

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

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

The same funding formulae have been in place since 2003 – 2004, except for minor technical adjustments introduced in the 2013-2016 State Plan on Aging.

OAA funds are distributed intrastate according to three different formulas:

Services

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

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

Administration

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

In addition to the IFF, the OAA prescribes minimum funding requirements for rural areas which are described in Attachment B of the plan.

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

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

- a. Allocating to each AAA a sum of funds equal to its 2003-year allocation, and
- b. Allocating among AAAs any remaining funds using the factors, weights and data sources specified in

Table 1 (page 40) to determine their corresponding share of such funds.

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

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

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

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

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



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

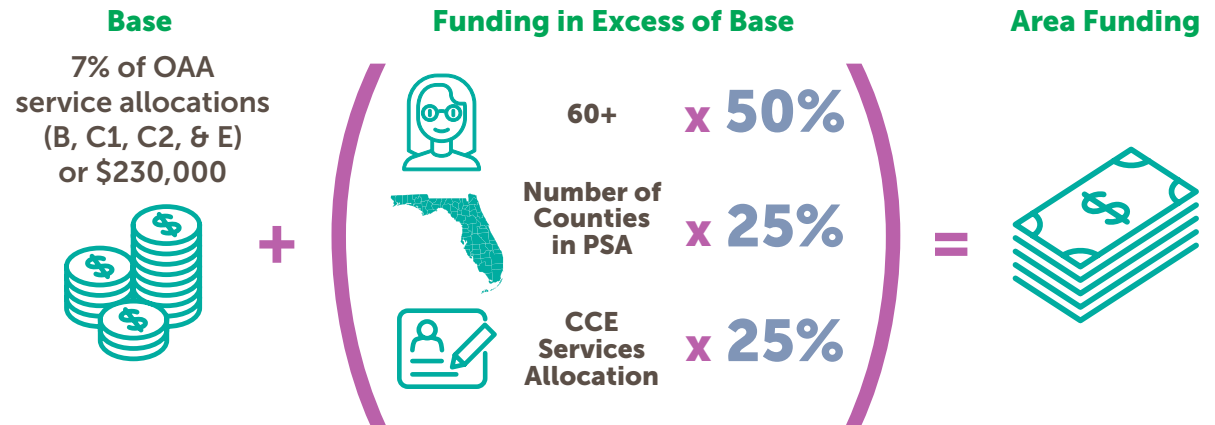
Note: Title VII funds for elder abuse prevention are awarded in equal amounts to each area. The remaining Title VII funds are for the Ombudsman Program, which is administered from the Department with no funds allocated to the AAAs.

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

Administrative funding to be distributed to AAAs under OAA shall be distributed through the following means:

- a. Providing a base allocation to each AAA of seven percent of Title III services with a minimum of \$230,000.
- b. Apportioning the balance of the funds according to the factors, weights, and data sources listed in Table 2 (page 41).

CURRENT FORMULA FOR OAA ADMINISTRATIVE FUNDS



CURRENT FORMULA FOR TILE B, C, AND E OAA SERVICES

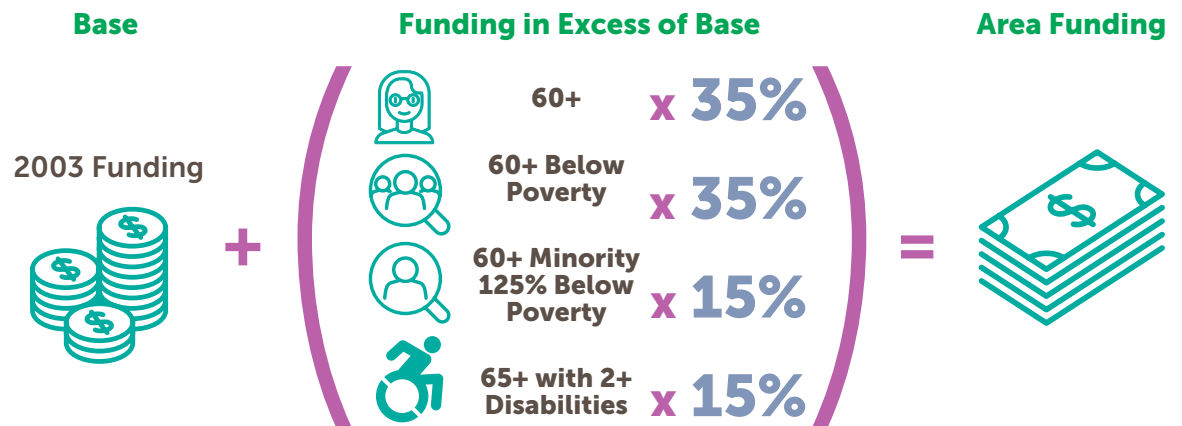


Table 1: Florida Intrastate Funding Formula for Services, Older Americans Act Titles III B, C and E*

AAA Funding = Base Funding + Funding in Excess of Base

| BASE FUNDING: | | | |
|---|--------|---|--|
| Factors | Weight | Data Source | Purpose |
| Allocate base funding at 2003 funding level. | N.A. | Florida Department of Elder Affairs Operating Budget | Acknowledge funding level needed to avoid discontinuation of services to elders in rural areas and areas in economic distress that have not grown as fast. This is in keeping with OAA Section 305(a)(2)(E). |
| FUNDING IN EXCESS OF BASE: Remainder of funding allocated according to the following formula factors, weights, and data sources. | | | |
| Factors | Weight | Data Source | Purpose |
| Share of population 60 and older | 35% | Florida Legislature: Most Recent Florida Demographic Estimating Conference (FDEC) and American Community Survey (ACS) Estimates | Reflect the proportion of the state's population 60 and older as required by OAA Section 305(a)(2)(C)(ii) |
| Share of population 60 and older below poverty | 35% | Florida Legislature: Most Recent FDEC and ACS Estimates | Reflect the proportion of the state's population 60 and older at highest economic need as required by OAA Section 305(a)(2)(C)(ii) |
| Share of minority population 60 and older below 125% of poverty | 15% | Florida Legislature: Most Recent FDEC and ACS Estimates | Reflect the proportion of elders culturally or linguistically isolated who also have high economic need; as required by OAA Section 305(a)(2)(C)(ii) |
| Share of population 65 and older with two or more disabilities | 15% | Florida Legislature: Most Recent FDEC and ACS Estimates | Reflect the proportion of elders at greatest need for services; as required by OAA Section 305(a)(2)(C)(ii) |

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

Table 2: Florida Intrastate Funding Formula for Services, Older Americans Act Title III D**Area Funding = Apply Formula Factors, then Hold Harmless principle to Base Funding**

| Base Funding: Hold Harmless to Previous Year | | | |
|---|--------|-------------------------------------|---|
| Factors | Weight | Data Source | Purpose |
| Share of population 60 and older with income below poverty | 50% | American Community Survey Estimates | Target those with lower incomes |
| Share of people 65 and older living in “Medically Underserved Areas” plus the number of people age 65 and older who live in areas defined as having “Medically Underserved Populations” | 50% | Florida Department of Health | Target those with lower access to health services |

Table 3: Florida Intrastate Funding Formula for Administration, Older Americans Act Titles III B, C and E**Area Funding = Base Funding + Funding in Excess of Base**

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

Table 4: Older Americans Act Awards: Titles III and VII Grant Award**Grant Award: 2019 Older Americans Act Allocation**

| Grant Award Titles III and VII | | Florida's Allotments Under the Older American Act | | | | | | |
|---|-----------------------------|---|-------------------------------|-----------------------------------|-------------------------------|---------------------------------------|------------------------------|----------------------------------|
| Allotment/ Modification | Total Amount III and VII | III B Supportive Services | III C1 Congregate Meals | III C2 Home Delivered Meals | III D Preventive Health | III E National Family Caregiver | VII Ombudsman Activity | VII Elder Abuse Prevention |
| Florida's 2019 Allotment ¹ | \$102,120,279 | \$36,462,810 | \$23,871,232 | \$23,407,329 | \$1,856,225 | \$14,911,192 | \$1,267,239 | \$344,252 |
| Florida's 2018 Allotment ¹ | \$101,741,530 | \$36,875,965 | \$23,471,840 | \$23,031,943 | \$1,854,009 | \$14,897,648 | \$1,265,873 | \$344,252 |
| Increase (Decrease) in 2019 Allotment | \$378,749 | (\$413,155) | \$399,392 | \$375,386 | \$2,216 | \$13,544 | \$1,366 | 0 |
| State Agency Administration ² | \$4,357,916 | \$12,352 | \$1,421,279 | \$912,033 | \$35,327 | \$2,644,448 | | |
| Long Term Care Ombudsman Program ³ | \$1,671,899 | \$404,660 | | | | | \$1,267,239 | |
| Elder Abuse Prevention | \$344,252 | | | | | | | \$344,252 |
| AAA's - Balance of the Grant Award | \$95,078,689 | \$36,045,798 | \$22,449,953 | \$22,495,296 | \$1,820,898 | \$12,266,744 | | |
| AAAs Administration ⁴ | \$9,507,869 | \$3,786,670 | \$2,244,995 | \$2,249,530 | | \$1,226,674 | | |
| AAAs Service Allocation – 2019 | \$85,570,820 | \$32,259,128 | \$20,204,958 | \$20,245,766 | \$1,820,898 | \$11,040,070 | | |

Assumptions for Above Allocation:

1 Original Award, except where noted.

2 State Administration computed using the original grant award balance for programs III B, III C1, III C2, III D, and III E.

3 Ombudsman Allocation for III B must be same as 2000 (\$404,660).

4 Area Agency Administration computed using 10% of the original grant award balance for programs III B, III C1, III C2, and III E (III D amount is included for calculation purposes only).

5 For III D, award must be evidence-based.

6 Contract Period: January 1, 2019, through December 31, 2019.

7 Allotments do not include transfers of titles.

Table 4: 2019 Older Americans Act Grant Award - Allocations, III B, III C, III D, III E Contracts

| PSA | III B Supportive Services | III C1 Congregate Meals | III C2 Home Delivered Meals | III D Preventive Health | III E National Family Caregiver | OAA Formula Admin Allocation | GR Formula Admin Allocation | OAA Contract Amount Including GR |
|-------|---------------------------------|-------------------------------|-----------------------------------|-------------------------------|---------------------------------------|------------------------------------|-----------------------------------|--|
| 1 | \$790,246 | \$976,036 | \$492,223 | \$101,908 | \$344,416 | \$367,492 | \$14,570 | \$3,438,990 |
| 2 | \$908,319 | \$1,111,771 | \$561,477 | \$82,864 | \$393,834 | \$504,081 | \$19,462 | \$3,813,317 |
| 3 | \$2,425,271 | \$3,065,349 | \$1,540,337 | \$281,458 | \$1,071,153 | \$1,058,728 | \$38,307 | \$10,318,305 |
| 4 | \$2,164,361 | \$2,760,523 | \$1,385,229 | \$145,509 | \$960,964 | \$861,783 | \$31,252 | \$8,630,442 |
| 5 | \$1,991,382 | \$2,508,680 | \$1,261,252 | \$157,491 | \$877,847 | \$757,056 | \$27,690 | \$8,460,195 |
| 6 | \$2,787,044 | \$3,558,690 | \$1,785,443 | \$168,882 | \$1,238,235 | \$1,020,457 | \$37,016 | \$11,247,745 |
| 7 | \$2,092,644 | \$2,789,000 | \$1,390,304 | \$217,777 | \$953,384 | \$816,547 | \$29,168 | \$8,811,874 |
| 8 | \$2,127,343 | \$2,768,374 | \$1,384,938 | \$116,512 | \$955,667 | \$896,238 | \$32,233 | \$8,849,560 |
| 9 | \$2,542,525 | \$3,266,590 | \$1,637,348 | \$126,020 | \$1,133,668 | \$967,161 | \$34,977 | \$9,820,012 |
| 10 | \$2,114,172 | \$2,759,874 | \$1,380,034 | \$134,257 | \$951,497 | \$766,261 | \$27,812 | \$10,102,241 |
| 11 | \$4,847,269 | \$6,218,246 | \$3,117,557 | \$288,220 | \$2,159,405 | \$1,492,063 | \$54,511 | \$19,245,388 |
| Total | \$24,790,576 | \$31,783,133 | \$15,936,142 | \$1,820,898 | \$11,040,070 | \$9,507,867 | \$346,998 | \$102,738,069 |

Table 6: 2019 Older Americans Act Grant Allocations for VII Elder Abuse Prevention

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

Table 7: State Funded Programs, State Fiscal Year 2019-2020

| PSA | Community Care for the Elderly | | Alzheimer's Disease Initiative | Home Care for the Elderly | Total |
|--------------|---------------------------------------|---------------------|---|--------------------------------------|---------------------|
| | Admin | Services | | | |
| 1 | \$68,071 | \$1,676,465 | \$715,742 | \$469,530 | \$2,929,808 |
| 2 | \$68,071 | \$1,958,815 | \$772,442 | \$593,657 | \$3,392,985 |
| 3 | \$68,071 | \$5,187,392 | \$2,211,876 | \$741,542 | \$8,208,881 |
| 4 | \$68,071 | \$5,442,813 | \$1,729,280 | \$746,823 | \$7,986,987 |
| 5 | \$68,071 | \$6,968,183 | \$1,986,304 | \$682,827 | \$9,705,385 |
| 6 | \$68,071 | \$5,886,689 | \$2,171,591 | \$923,028 | \$9,049,379 |
| 7 | \$68,071 | \$4,741,945 | \$1,832,830 | \$955,142 | \$7,597,988 |
| 8 | \$68,071 | \$5,408,023 | \$2,319,135 | \$542,254 | \$8,337,483 |
| 9 | \$68,071 | \$5,473,650 | \$3,423,814 | \$791,222 | \$9,756,757 |
| 10 | \$34,035 | \$6,544,671 | \$1,901,336 | \$696,654 | \$9,176,696 |
| 11 | \$68,071 | \$7,334,779 | \$2,209,298 | \$2,560,678 | \$12,172,826 |
| Total | \$714,745 | \$56,623,425 | \$21,273,648 | \$9,703,357 | \$88,315,175 |

Appendix 4:

Department of Elder Affairs Performance Measures

| Outcome/Output Measure | Current Standard | 2018-19 Performance |
|--|------------------|---------------------|
| Number of CARES assessments | 85,000 | 103,734 |
| Number of days for determination of medical eligibility (CARES) ¹ | 12 days | 9.9 days |
| Percentage of individuals new to the Aging Network who are put on the waitlist for the Statewide Medicaid Managed Care Long-Term Care Program within one (1) business day of being screened ¹ | 85% | 89% |
| Percent of most frail elders who remain at home or in the community instead of going into a nursing home | 97% | 95.6% |
| Percent of Adult Protective Services (APS) referrals who need immediate services to prevent further harm who are served within 72 hours | 97% | 98.9% |
| Percent of elders assessed with high or moderate risk environments who improved their environment score | 79.3% | 77.5% |
| Percent of new service recipients with high-risk nutrition scores whose nutritional status improved ² | 66% | 51% |
| Percentage of active clients eating two or more meals per day ¹ | 95% | 94% |
| Percent of new service recipients whose ADL assessment score has been maintained or improved | 65% | 73.5% |
| Percent of new service recipients whose IADL assessment score has been maintained or improved | 62.3% | 67.7% |
| After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care ¹ | 86% | 90.5% |
| Average time in the Community Care for the Elderly Program for Medicaid Waiver probable customers ² | 2.8 months | 3.6 months |

| Outcome/Output Measure | Current Standard | 2018-19 Performance |
|---|------------------|---------------------|
| Percent of customers who are at imminent risk of nursing home placement who are served with community-based services | 90% | 93.3% |
| Percentage of clients surveyed who believe services help them remain in their home or in the community ¹ | 97% | 98.3% |
| Percentage of clients surveyed who are satisfied with the services they receive ¹ | 95% | 94.2% |
| Number of elders with Alzheimer's disease or cognitive impairment served ¹ | 30,000 | 73,152 |
| Number of elders served with registered long-term care services | 186,495 | 400,926 |
| Number of congregate meals provided | 5,330,535 | 6,357,617 |
| Number of home-delivered meals provided ¹ | 6,000,000 | 9,413,880 |
| Number of elders served (meals, nutrition education, and nutrition counseling) | 81,903 | 88,415 |
| Number of elders served (caregiver support) | 54,450 | 128,756 |
| Number of elders served (early intervention/prevention) | 355,908 | 430,712 |
| Number of elders served (home and community services diversion) ² | 51,272 | 47,980 |
| Number of elders served (long-term care initiatives) ² | 12,150 | 2,233 |
| Number of elders served with community-based long-term care services ¹ | 800,000 | 683,926 |
| Number of elders served (supported community care) ² | 56,631 | 39,063 |
| Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions | 1.8%/22.2% | 1.04% / 15.9% |

| Outcome/Output Measure | Current Standard | 2018-19 Performance |
|--|------------------|---------------------|
| Percent of complaint investigations initiated by the ombudsman within seven (7) business days | 91% | 98% |
| Number of complaint investigations completed within 120 calendar days (long-term care ombudsman council) | 8,226 | 5,205 |
| Percent of case investigations completed by the ombudsman within 120 calendar days ¹ | 90% | 99.7% |
| Number of advocacy efforts completed by the Long-Term Care Ombudsman Program ¹ | 25,000 | 28,338 |
| Number of Florida cities in AARP's Network of Age-Friendly Communities ¹ | 30 | 23 |
| Number of Florida counties in AARP's Network of Age-Friendly Communities ¹ | 10 | 6 |

1 DOEA has requested the addition of this new measure in its [Long-Range Program Plan FY 2020-2021 through FY 2024-2025](#).

2 DOEA has requested deletion of this measure in its [Long-Range Program Plan FY 2020-2021 through FY 2024-2025](#).

Attachment A

State Plan Guidance

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

SEC. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—...

(2) The State agency shall—

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

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any

fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;...

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

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency;...

(c) An area agency on aging designated under subsection (a) shall be—...

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2) (C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

NOTE: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals

in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

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

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by



organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

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

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

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

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

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

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals

with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

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

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

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

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

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

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

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause

(i), and the caretakers of such individuals, of the availability of such assistance; and

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

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

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs,

hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to

older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and

local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

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

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

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

(12) provide that the area agency on aging will establish procedures for coordination of services with entities

conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

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

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

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other

institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering

programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area

agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)

(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

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

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

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

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

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

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

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title

VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older

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

(5) The plan shall provide that the State agency will—

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

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

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

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

(7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure

proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

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

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

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

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long Term Care Ombudsman, a State Long Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

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

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing

services to older individuals on a pro bono and reduced fee basis;

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

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with

funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

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

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

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

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

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

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

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

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

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

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

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

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

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

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

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

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

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

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

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

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

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

(21) The plan shall—

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

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

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure

compliance with the requirements specified in section 306(a)(8).

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

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

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

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

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

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

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate

activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

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

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

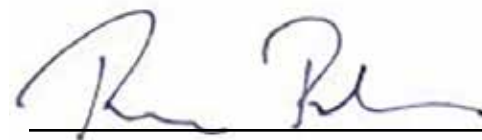
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

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

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

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

(iii) upon court order...



Signature and Title of Authorized Official

September 21, 2020

Date



Attachment B

State Plan Guidance

INFORMATION REQUIREMENTS

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

SECTION 305(A)(2)(E)

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

Response:

The Department works with the Area Agencies on Aging (AAAs) to measure their performance serving older individuals with greatest economic and/or social need. For each of the counties in their Planning and Service Areas (PSAs), AAAs receive performance data on the number and proportion of the population age 60 and over for the following indicators: individuals living below 100% of the poverty level,

individuals who are a racial or ethnic minority, individuals who are both a racial or ethnic minority and have a low income (below 125% of the poverty threshold), and other important indicators of social need for older adults, such as individuals living alone, individuals living in rural areas, individuals with Limited English Proficiency, and individuals with a probable Alzheimer's disease diagnosis.

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

In the example above, the performance percentage of 45 percent also twice exceeds the population indicator of 20 percent; 45 percent also exceeds

the indicator if 10 percentage points had been added to it. These standards of "super" exceeding the indicator are also used by the AAAs to demonstrate where they are excelling at serving individuals with the greatest social and/or economic need. Staff at the AAAs were also trained to use these "meet or exceed" and "super" exceeding standards to determine their priorities and strategies for future planning:

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

In addition to being trained in this performance analysis, AAAs are provided detailed instruction in using PSA and county-specific mapping tools developed by DOEA to identify neighborhoods in communities where high concentrations of older adults in disadvantaged groups are clustered to empower their targeting and outreach planning with population data. To facilitate their targeting

and outreach efforts, performance dashboards and mapping tools are provided annually to the AAAs, which include a map layer identifying where their past outreach efforts had resulted in meeting, exceeding, or failing to meet the proportional outreach requirement in screening and serving OAA clients by Census tracts. Additionally, the targeted performance maps depict within each PSA:

- Locations of the Aging Network such as AAA offices, CARES offices, Lead Agencies, providers, VA centers, acute hospitals, congregate meal sites, senior centers, adult day care centers, and memory disorder clinics and Brain Banks;
- Locations of local partners in providing outreach and material or emergency supports, such as SNAP Access sites, SNAP retailers, places of worship, and schools;
- Proportion of rural individuals served, relative to the population of those 60+ residing in rural areas (excluding urban and suburban areas);
- Proportion 85+ served, relative to the available population percentage of those age 85 and over;
- Proportion of those with disabilities served, relative to the population

percentage of those 65 and older with a physical disability;

- Proportion of those served with Limited English Proficiency, relative to the population percentage of those 60 and older with Limited English Proficiency;
- Proportion of those with probable Alzheimer's served, relative to the population percentage of those 65 and older with probable Alzheimer's disease;
- Proportion in poverty served, relative to the population percentage of those 55 and older who are below 125% of the Federal Poverty Level;
- Proportion of racial/ethnic minorities served, relative to the population percentage of those 55 and older who are in racial/ethnic minority groups; and
- Proportion of those served who are both low income and in a racial/ethnic minority group, relative to the population percentage of all seniors age 55 and older who are both low-income and racial/ethnic minority.

These tools, when used in combination with each other, allow the AAAs to identify at the Census tract level where there are concentrations of at-risk older adults who they have yet to reach, as well as potential partners in the community to assist in their targeting and outreach efforts.

Section 306(A)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

Response:

The Florida Department of Elder (DOEA) Affairs works with the Area Agencies on Aging (AAAs) to develop Area Plans that describe services to be provided to the population of older adults residing in a given Planning and Service Area (PSA). The plans are developed from an assessment of the needs of the PSA as determined by public input that involves public hearings, the solicited participation of those affected and their caregivers, and service providers. The plans also state the goals and objectives that the Area Agencies on Aging (AAA) and their staff and volunteers plan to accomplish during the planning period. Critical elements are embedded in each of the areas of focus through strategies designed to strengthen and enhance communication and information, innovation and technology, and partnerships and sustainability. The DOEA will review assistive technology options to ensure that the assistive technology provides older individuals the option to



access education and the workplace, to live within their communities, and enjoy recreational activities, and ensure the AAAs incorporate access and utilization to assistive technology into their Area Plans. The DOEA will review the AAAs partnership/outreach plans and assist with initiatives to the extent feasible. The Department's website will also be a part of the mechanism for ensuring the AAAs have access to this information and resources related to assistive technology.

SECTION 306(A)(17)

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

Response:

Typically, the AAAs submit their Disaster/Emergency Response Plan to the Emergency Coordinating Officer of the Department of Elder Affairs annually, on or before May 1st, for review. This year the AAAs are working to update their plans with infectious disease lessons that were learned in recent months from COVID-19. The Department requires that AAAs work with municipal and county

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

- The CEMP establishes a framework for an effective system of comprehensive emergency management. The Plan describes the basic strategies, assumptions, operational goals and objectives, and mechanisms through which a jurisdiction will mobilize resources and conduct activities to guide and support emergency management efforts through preparedness, response, recovery, and mitigation.

- The COOP establishes policy and guidance to ensure the execution of an agency's mission essential functions in the event the agency is threatened or incapacitated, as well as the relocation of selected personnel and functions as required.
- The Pandemic Annex includes plans on how the AAA would continue mission-essential operations. The agency develops a list of "mission-essential functions" performed by agency staff, including all duties and tasks directly associated with the delivery of life-sustaining services and/or the continued operations of critical agency infrastructure.

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

- Establish working relationships prior to disaster/emergency events with local emergency officials (county emergency operations staff, county sheriff, county health department special needs shelter unit managers, local fire and police departments, and other key team members on the community response teams);
- Participate in local emergency disaster planning;

- Ensure local emergency officials understand the role of the AAA and the AAA Emergency Coordinating Officer in emergency/disaster response;
- Provide local emergency officials with an inventory of community resources for the older adults; and
- Educate local emergency officials regarding the unique needs of older adults, including special dietary requirements and functional needs.

The AAA Emergency Coordinating Officers also act as liaisons with other local emergency management partners, local representatives of the Aging Network, and the Emergency Coordinating Officer of DOEA.

SECTION 307(A)(2)

The plan shall provide that the State agency will:

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

Response:

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

SECTION (307)(A)(3)

The plan shall:

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

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

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

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

Response:

The Older Americans Act requires the state to spend in each fiscal year, for services to older individuals residing in rural areas of the state, an amount not less than the amount expended for such services in federal fiscal year 2000. This State Plan defines rural older adults as persons age 60 and older residing in areas defined as rural by the U.S. Bureau of the Census in 2010. In the year 2000, Florida's allotment for Title III and VII services totaled \$54,889,385. When applying the Department's estimate of 4 percent of adults age 60 and over who resided in rural areas to the total allotment, approximately \$2,195,575 were expended on older adults residing in rural areas. Florida's allotment in 2019 for Title III and VII services totaled \$102,525,039 and, when factoring a conservative state estimate of 5 percent rural clients, the Department calculates that \$5,126,251 will have been expended on clients residing in rural areas. (See Table 1 located on page 68.)

Table 1:
Projected Expenditures for OAA Titles B, C and E Services
for Rural Service Recipients by PSA 2021-24*

| PSA | CONTRACT YEAR | | | |
|--------------|--------------------|--------------------|--------------------|--------------------|
| | 2021 | 2022 | 2023 | 2024 |
| 1 | \$148,615 | \$151,587 | \$154,619 | \$157,712 |
| 2 | \$653,237 | \$666,302 | \$679,628 | \$693,220 |
| 3 | \$1,536,686 | \$1,567,419 | \$1,598,768 | \$1,630,743 |
| 4 | \$350,615 | \$357,627 | \$364,779 | \$372,075 |
| 5 | \$8,335 | \$8,502 | \$8,672 | \$8,846 |
| 6 | \$129,221 | \$131,805 | \$134,441 | \$137,130 |
| 7 | \$48,596 | \$49,568 | \$50,559 | \$51,570 |
| 8 | \$226,859 | \$231,396 | \$236,024 | \$240,745 |
| 9 | \$65,801 | \$67,117 | \$68,460 | \$69,829 |
| 10 | \$704 | \$718 | \$733 | \$747 |
| 11 | \$2,463 | \$2,512 | \$2,562 | \$2,613 |
| Total | \$3,171,132 | \$3,234,554 | \$3,299,245 | \$3,365,230 |

* The projected expenditures for rural service recipients receiving OAA Title III B & III C services are based on State Fiscal Year (SFY) 2018-19 client address data and the Services Reported table in the Department's Client Information and Registration Tracking System (CIRTS). Florida's state fiscal year begins July 1 and ends June 30. Clients with addresses within a 2010 non-urban census block groups are counted as rural. To calculate the projected cost of services, OAA Title III B & III C, expenditures from the Services Reported All Units Rate table in CIRTS for clients deemed rural were summed and a 2 percent per year adjustment rate for inflation was applied (an annual 2 percent inflation¹ rate is the U.S. historical average). The projected expenditures for rural clients receiving Title E services are based on FFY 2018-19 NAPIS data, as reported to the Department by the AAAs, and FFY 2018-19 expenditures data from the Services Reported All Units Rate table in CIRTS. The percentages of clients that were deemed rural by the AAAs were applied to each PSAs aggregated service cost to get an estimated cost for rural clients. To project the cost of rural clients, a 2 percent per year adjustment rate for inflation was applied.

1 The annual inflation rate for the United States was 1.5% for the 12 months that ended March 2020, as compared to 2.3% average from the previous year, according to U.S. Labor Department data published on April 10, 2020. An estimate of 2% was used for projecting the next three years.
<https://www.usinflationcalculator.com/inflation/current-inflation-rates/>

SECTION 307(A)(10)

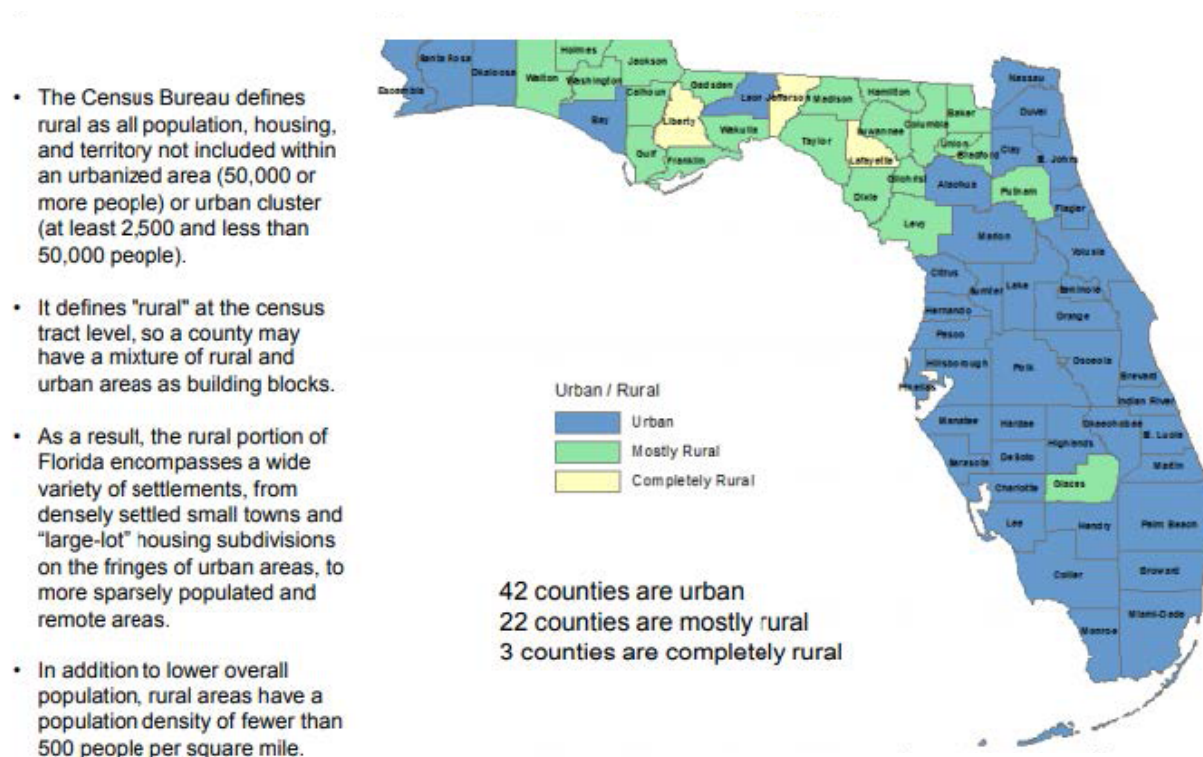
The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

Response:

According to the Florida Legislative Office of Economic and Demographic Research, the majority of the state's population (91%) reside in cities, and designated urban areas make up 80% of the total inhabited Census tracts in the state. Twenty-two counties are mostly rural, but only three counties are considered completely rural based on Census definitions of fewer than 500 people per square mile (see Figure 1, page 69).

Providers are instructed to make special efforts to serve rural older adults in all counties through program development, advocacy, and outreach. To ensure that rural older adults are targeted for services, DOEA identifies the number and percent of clients living in rural areas and contrasts these rates against the population of those who are at risk for need of home and community-based services in an annual map and county-level performance measure. Table 1 on page 68 shows the estimated expenditures for rural residents in specific programs by PSA.

Figure 1: Office of the Legislature EDR Map of Rural Population by County, 2020



Source: Florida Legislative Office of Economic and Demographic Research, January 2019

SECTION 307(A)(14)

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

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority individuals, and those with Limited English Proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with Limited English Proficiency.

Response:

The [Florida Profile of Older Adults \(Profiles\)](#) identifies the number and percentage of older adults who are considered low-income by financial status as well as individuals with Limited English Proficiency. The Department also adapts the Profiles to the county and PSA levels so that AAAs have estimated figures for low-income and/or minority individuals, as well as those with Limited English Proficiency.

Additionally, the Department developed the Elder Needs Index (ENI) map to help Aging Network partners strategically plan for targeting and serving areas with concentrations of vulnerable older adults. The ENI is a composite index of population characteristics from the American Community Survey, presented in map format to denote the location and proportion of older adults in vulnerable groups throughout Florida.

Each of the factors included in the ENI relies upon the percentage of occurrence in the older adult population in that Census tract. The selection of variables used to build the ENI is in keeping with the intent of the Older Americans Act, to target older adults who are isolated, either racially or culturally, in poverty, or older individuals with disabilities.

Specifically, the ENI is a composite measure that includes the following:

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

As part of their Area Plans, the AAAs are trained to develop a special component detailing their reflection on previous performance results against their planned strategies for targeted outreach in the coming period. This part of the Area Plans discusses the AAAs' methods for ensuring the provision of outreach and education to target sub-populations, and provides documentation of the location and targeted group, to ensure access to services for older individuals with greatest economic and/or social need

(with particular attention to low-income older individuals; including low-income minority older individuals, older individuals with

Limited English Proficiency, and older individuals residing in rural areas).

SECTION 307(A)(21)

The plan shall:

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

Response:

The Department's Area Plan Template¹ and Instructions requires AAAs to ensure that they will provide information and assurances concerning services to older individuals who are Native Americans including:

- Information concerning whether there is a significant population of older Native Americans in the PSA and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

¹ Located here: elderaffairs.state.fl.us/doea/notices/April19/2020-2022-Area-Plan-Template-and-Instructions.docx

- An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI; and
- An assurance that the AAA will make services under the Area Plan available to the same extent, as such services are available to older individuals within the PSA who are older Native Americans.

Section 307(A)(27)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including

coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

Response:

The statewide needs assessment conducted in preparation for this State plan used a variety of methods to assess needs and collect feedback from a diverse body of stakeholders which included the AAAs, Lead Agencies, local service providers, Florida's older adults, and the public. A review of DOEA's history, priorities, initiatives, and resources was completed and surveys were conducted to further explore other internal and external factors. The intent of the broad environmental scanning exercise was to help inform potential decisions regarding the goals, objectives, and strategies. Florida is expected to experience continued increases in the number of older residents over the next 10 years as a result of migration and baby boomers who will continue to age into retirement. The latest estimates show that more than 900 people move to Florida every day, and a large number of those are age 60 and older. These migration trends are largely reflected in urban areas and are concentrated in the

central and southern counties. As a result of information collected through this needs assessment, DOEA will continue to monitor growth in this population and make adjustments to shift resources as this population grows, as well as monitor changes in demographics to address shifts in the make-up of this population.

Section 307(A)(28)

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

Response:

The Department of Elder Affairs performs a key role in disaster preparedness, response, and recovery, including assisting with discharge planning at Special Needs Shelters. Relative to other states, Florida is more vulnerable to natural, human-caused, and technological hazards and older adults are often disproportionately impacted by disasters especially if they have one or more chronic illnesses, functional limitations, or dementia. In 2018, in consultation with ACL, DOEA launched a Disaster Recovery Reserve (DRR), which obligates the state's AAAs to designate

a predetermined amount of federal funds for serving older adults impacted by a disaster. When Hurricane Michael struck the Florida Panhandle as an unprecedented category five hurricane, the DRR innovation allowed DOEA to transfer designated funds to the AAA within a service area that was destroyed by the hurricane. In 2019, DOEA was awarded a TaxWatch Productivity Team Award for disaster-related mapping activities. The Department will continue to increase disaster preparation and resiliency. The Department's website is also a part of the mechanism for ensuring access to this information.

SECTION 307(A)(29)

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

Response:

Government agencies are required to prepare disaster preparedness plans under section 252.365, *Florida Statutes*, through their designated Emergency Coordination Officer (ECO). These plans assist the Department in ensuring the continuation of essential functions in

the event of a disaster or significant disruption to Departmental operations, in response to natural or man-made disasters (i.e., wildfires, floods, hurricanes, tornadoes, or severe weather events, pandemics, terrorism, mass migration, nuclear incidences, chemical spills, etc.).

The Department's Comprehensive Emergency Management Plan (CEMP) addresses the four phases of emergency management (preparedness, response, recovery, and mitigation) and describes DOEA's responsibilities to the AAAs and local service providers. It encompasses Department responsibilities and can be implemented as a result of any natural or manmade disaster and assists the AAAs and local service providers in preparing for and recovering from a disaster.

The Department's role in disaster response and recovery is also described in the Florida CEMP. The Florida CEMP patterns the FEMA system of Emergency Support Functions (ESF) consisting of 17 ESFs. The Department is a support agency to six ESFs, which are ESF 6 - Mass Care, ESF 8 - Health and Medical, ESF 9 - Urban Search and Rescue, ESF 11 - Food and Water, ESF 14 - Public Information, and ESF 15 - Volunteers and Donations.

Following a disaster, the burden placed on the aging services network becomes larger as older adults, who ordinarily are self-sufficient, turn to local

agencies for assistance and guidance. DOEA's CEMP is updated annually. The AAAs' CEMP will be reviewed on an annual basis by DOEA's ECO. Local service provider plans will be annually reviewed by the appropriate AAA.

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

Through partnerships with other state agencies, DOEA also coordinates resources and services available to older adults throughout Florida during hurricanes and other disasters. Other agencies involved in preparations, response, and recovery efforts for Florida seniors include the Agency for Health Care Administration, Department of Health, Department of Veterans' Affairs, Agency for Persons with Disabilities, Department of Children and Families, Department of Economic Opportunity, Department of Education, Department

of Military Affairs, Department of Financial Services/Office of Insurance Regulation, and the Department of Business and Professional Regulation.

SECTION 705(A)

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

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

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

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order.



Response:

The Department's program of services for the prevention of the abuse, neglect, and exploitation of older adults is consistent with relevant State law and is coordinated with existing State Adult Protective Service activities. This includes public education to identify and prevent elder abuse and the receipt of reports of elder abuse through the interagency agreement with the Department of Children and Families, Adult Protective Services. Older adults are encouraged to actively participate in programs under this Act through outreach, conferences, and referral to other social service agencies or sources of assistance as appropriate. The Department also ensures through policy that involuntary or coerced participation in programs/services is prohibited and that appropriate consent is received for all enrollment, services, and referrals. The Department also ensures that all information remains confidential through adherence to strict confidentiality standards that are in all contracts.

ATTACHMENT C

State Plan Guidance

INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

The State IFF shall be submitted as part of the State Plan as “Attachment C” and shall meet all of the requirements in OAA Sec. 305(a)(2)(C) cited here. Clarifying information for developing a State IFF is included in the bulleted list below. State Plans will not be accepted if they do not include a description of the IFF considerations, a numerical table or chart which shows the calculations used to establish the IFF, and a list or table of the Census or comparable data used by the IFF.

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

OAA, SEC. 305(A)(2)

“States shall,

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

i. the geographical distribution of older individuals in the State; and

ii. the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”

- For purposes of the IFF, “best available data” is the most recent census data (year 2020). More recent data of equivalent quality available in the State may be considered.
- As required by Section 305(d) of the OAA, the IFF revision request includes: a Descriptive Statement; a Numerical Statement; and a list or table of the data used in the calculations by planning and service area.
- Attachment C must also include information on how the proposed formula, if changed, will affect funding to each planning and service area when compared to the previous IFF.
- States may use a base amount in their IFFs to ensure viable funding across the entire state.

NOTE: INFORMATION ABOUT FLORIDA’S INTRASTATE FUNDING FORMULA IS FOUND IN APPENDIX 3.





4040 Esplanade Way
Tallahassee, Florida 32399-7000

Phone: (850) 414-2000
Fax: (850) 414-2004
TDD: (850) 414-2001

information@elderaffairs.org

ELDERAFFAIRS.ORG