



State of Florida **PLAN ON AGING**

2026-2029



Elder 
Affairs
FLORIDA

RON DESANTIS
Governor

MICHELLE BRANHAM
Secretary

ELDERAFFAIRS.ORG



TABLE OF CONTENTS

Verification of Intent	2
Executive Summary.....	2
<i>Background.....</i>	<i>2</i>
<i>The State Plan on Aging.....</i>	<i>2</i>
<i>Preparing for the Future.....</i>	<i>3</i>
<i>Florida's Older Adults.....</i>	<i>5</i>
Needs Assessment.....	9
<i>AAA Area Plans.....</i>	<i>10</i>
<i>AAA's Needs Assessments.....</i>	<i>10</i>
<i>Public Input</i>	<i>10</i>
<i>Quality Management.....</i>	<i>11</i>
<i>Contracts.....</i>	<i>11</i>
<i>Data Collection to Assess Performance</i>	<i>11</i>
<i>Performance Improvements.....</i>	<i>12</i>
<i>Continuous Improvement</i>	<i>12</i>
<i>Training and Technical Assistance</i>	<i>12</i>
<i>State Long-Term Care Ombudsman Program</i>	<i>13</i>
<i>Quality Monitoring</i>	<i>13</i>
Areas of Focus	14
<i>Addressing Alzheimer's Disease and Related Dementias in Florida.....</i>	<i>14</i>
<i>Affordable Housing and Aging in Florida.....</i>	<i>15</i>
Foundational Approaches.....	15
<i>Client-Centered and Self-Directed Care</i>	<i>15</i>
<i>Strategic Innovations & Statewide Impact.....</i>	<i>16</i>
Goals, Objectives, and Strategies	17
Attachments & Appendices	31
Attachment A: State Plan Assurances and Required Activities.....	31
Attachment B: Information Requirements.....	45
Attachment C: Intrastate Funding Formula Requirements	59
<i>OAA, SEC. 305(A)(2).....</i>	<i>59</i>
<i>OAA, Sec. 305(d)</i>	<i>59</i>
<i>Florida's Intrastate Funding Formula.....</i>	<i>60</i>
Attachment D: Identification of the Geographic Boundaries	67
<i>Area Agencies on Aging.....</i>	<i>67</i>
Attachment E: Evidence of Providing the Minimum Public Comment Period.....	68
Appendix 1: Performance Measures and Standards	69
Appendix 2: Florida Department of Elder Affairs Organizational Structure.....	71
Appendix 3: Older Americans Act Programs	72
<i>OAA Title III B – Supportive Services.....</i>	<i>72</i>
<i>OAA Title III C1 – Congregate Meals.....</i>	<i>72</i>

<i>OAA Title III C2 – Home-Delivered Meals</i>	<i>73</i>
<i>OAA Title III – Nutrition Services Incentive Program.....</i>	<i>74</i>
<i>OAA Title IIID – Disease Prevention and Health Promotion Services</i>	<i>74</i>
<i>OAA Title IIIE – National Family Caregiver Support Program.....</i>	<i>74</i>
<i>OAA Title V – Senior Community Service Employment Program.....</i>	<i>75</i>
<i>OAA Title VII Section 712 – Long-Term Care Ombudsman Program</i>	<i>76</i>
<i>OAA Title VII Section 720 – Prevention of Elder Abuse, Neglect, and Exploitation Program</i>	<i>76</i>
Appendix 4: State-Funded Programs	77
<i>Alzheimer's Disease Initiative.....</i>	<i>77</i>
<i>Alzheimer's Disease and Related Dementias Training</i>	<i>78</i>
<i>Community Care for the Elderly.....</i>	<i>78</i>
<i>Home Care for the Elderly Program</i>	<i>79</i>
<i>Local Services Programs.....</i>	<i>79</i>
<i>Office of Public and Professional Guardians</i>	<i>79</i>
<i>Respite for Elders Living in Everyday Families Program.....</i>	<i>80</i>
<i>Comprehensive Assessment and Review for Long Term Care Services Program</i>	<i>80</i>
<i>Statewide Medicaid Managed Care Long-Term Care.....</i>	<i>81</i>
Appendix 5: Other Department Programs.....	82
<i>Adult Care Food Program.....</i>	<i>82</i>
<i>Emergency Home Energy Assistance for the Elderly Program.....</i>	<i>82</i>
<i>Senior Farmers' Market Nutrition Program.....</i>	<i>83</i>
<i>Serving Health Insurance Needs of Elders, Senior Medicare Patrol, and the Medicare Improvements for Patients and Providers Act.....</i>	<i>83</i>
Appendix 6: Florida Alzheimer's Disease State Plan (2020)	84
Appendix 7: First Lady DeSantis' Hope Florida – A Pathway to Purpose	85

Verification of Intent

The Florida State Plan for Aging, 2026-2029, is hereby submitted by the State of Florida for the period of October 1, 2025, through September 30, 2029, 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 (signature)

July 1, 2025

Signing Date

Executive Summary

Background

The **Florida Department of Elder Affairs** (DOEA/Department) (elderaffairs.org) was established following a constitutional mandate by Florida voters and began operations in January 1992. It serves as the primary state agency responsible for administering human services programs for the elderly (Section 430.03, Florida Statutes). As the State Unit on Aging (SUA), DOEA is dedicated to promoting the well-being, safety, and independence of Florida's seniors, families, and caregivers, ensuring they live and age with dignity. The Department's scope includes policy development for long-term care, combating ageism, raising public awareness of aging-related issues, and advocating for elders' rights and contributions while serving as an informational hub.

DOEA collaborates with Florida's Aging Network, including federal, state, local, and community-based public and private organizations, to represent the interests of older adults, caregivers, and advocates. Central to this network are 11 Area Agencies on Aging (AAAs), also known as **Aging and Disability Resource Centers** (ADRCs) (See Attachment D), which provide a range of locally managed programs and services. Through its partnership with the AAAs, the Department ensures community-based care is offered statewide, enabling seniors to age safely and independently with dignity and purpose.

The State Plan on Aging

The Department prepares a State Plan on Aging (State Plan) every three to four years as required by the U.S. Department of Health and Human Services (HHS). The State Plan serves as a strategic framework for Florida's Aging Network and complies with instructions provided by HHS.

Beyond providing required information, the State Plan addresses key socio-demographic trends shaping funding needs, highlights priorities for Florida's older adults, identifies unmet needs, and spotlights innovative practices. The Department's primary goal is to collaborate with Florida's Aging Network to deliver cost-effective, high-quality services that benefit older adults, individuals with disabilities, and

MISSION

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

VISION

For all Floridians to live well and age well.

ELDER HELPLINE

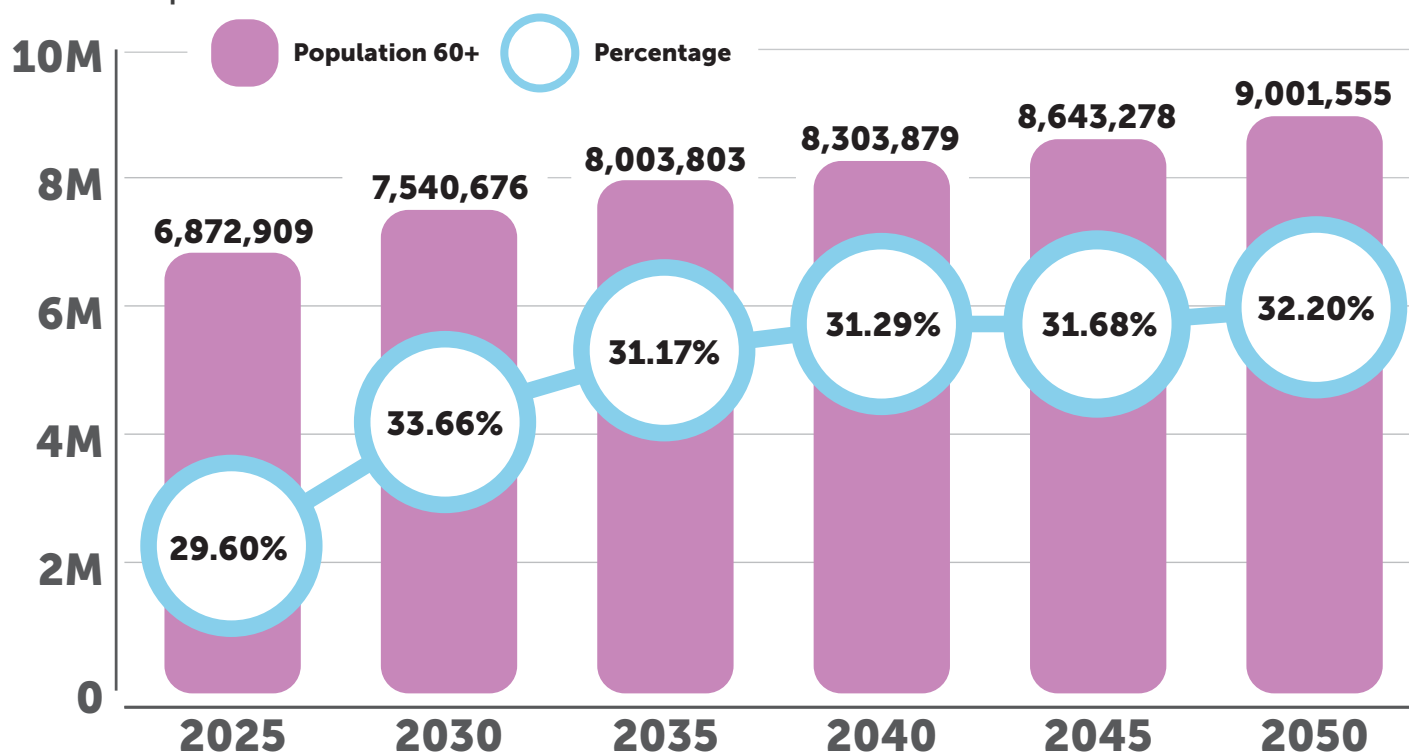
1-800-96-ELDER (1-800-963-5337)

their caregivers. The Plan focuses on ways to improve efficiency, effectiveness, and impact of the Department's programs to address the needs of Florida's aging population. Following HHS approval, Florida becomes eligible to receive federal funding which is supplemented with state and local contributions to ensure the successful implementation of the State Plan.

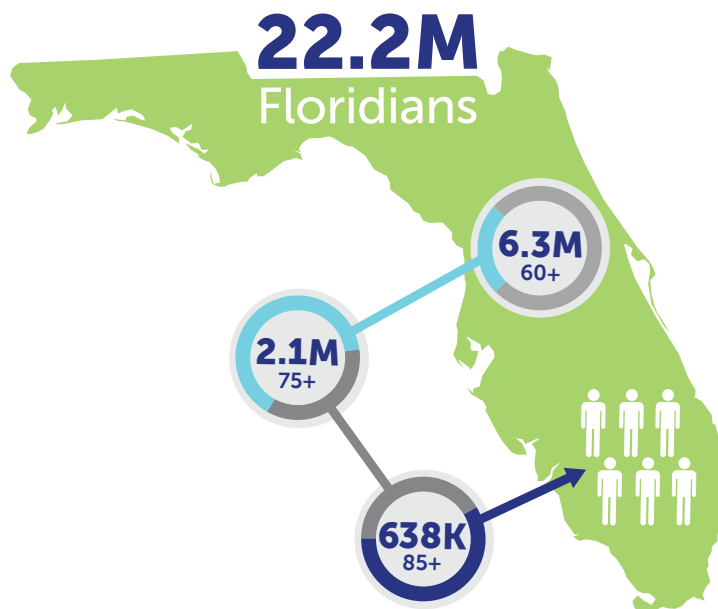
Preparing for the Future

Florida boasts the third largest population in the nation, with over 22 million residents, and over 28% (6.3 million) of those residents are over the age of 60. Florida's elder population on its own would rank within the top 30 of total population among states. By 2030 one-third of Floridians will be 60 or older, a 34% increase over the past decade. Additionally, older adults 100+ are the fastest growing age group in Florida, emphasizing the need for a statewide focus on healthy aging. As our elder population continues to grow, our state will be faced with increased demands on infrastructure and services. These potential challenges to the state's economic and healthcare systems for older adults serve to further highlight the need for a coordinated and strategic plan

2025-2050 Projections for Florida Population 60+*



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



which focuses on efficiently empowering all Floridians to live well and age well.

The demographic shift Florida will experience in the coming years calls for a multifaceted approach. The Department is not only preparing for this growth through strengthening current initiatives, but also setting intentional priorities to ensure older adults can age with dignity, independence, and retain access to the care they need. Key areas include enhancing Home and Community-Based Services (HCBS), expanding options for self-directed care, and deepening partnerships throughout



the Aging Network. Additionally, the state is prioritizing the use of innovative technologies, and increasing specialized services offered for individuals and families confronting Alzheimer's Disease and related dementias.

Access to HCBS will continue to be prioritized through the availability of expanded service locations and provision of improved transportation options. This will be achieved by utilizing a more efficient application and intake process, raising awareness for services through targeted outreach and education, and managing strategic partnerships with both the public and private sectors. Enhanced funding of these critical services will not only directly impact the older adults served, but will also support training for caregivers and service providers in meeting the diverse needs of Florida's aging population. At the local level, effectively encouraging additional volunteerism and community engagement will be central in magnifying these efforts.

The Department continues to support the development and use of innovative technologies, including multiple digital platforms, to enhance and simplify access, achieve greater accountability, and ensure that Florida's seniors are on the forefront of advances made in the

fields of healthy aging. To support our aim of continuous service delivery improvement, the Department has implemented multiple channels for collecting feedback from all members of the public in an effort to reduce barriers to entry and increase effectiveness of service delivery.

With respect to the high priority many older adults place on their autonomy and ability to direct their individualized care, the Department emphasizes self-directed care as a critical approach to meeting needs. Self-directed care allows older adults and their caregivers to actively participate in choosing and managing the services they receive - ensuring that care is aligned with their own unique preferences, values, and lifestyles. By empowering individuals to make informed decisions about their own care, this approach offers increased independence, improves quality of life, and fosters a greater sense of control over the aging journey. This approach is particularly beneficial for those navigating complex care needs or balancing their own needs against the demands of also being a caregiver themselves.

The Department continues to invest in the critical collaboration with AAAs, Lead Agencies, and subcontractors to coordinate local programs and provide services ranging from congregate meals, Alzheimer's care, community-based support, caregiver support and health promotion. These partnerships focus on working hand in hand with non-profit entities and local government organizations, helps to ensure effective service delivery and resource oversight.

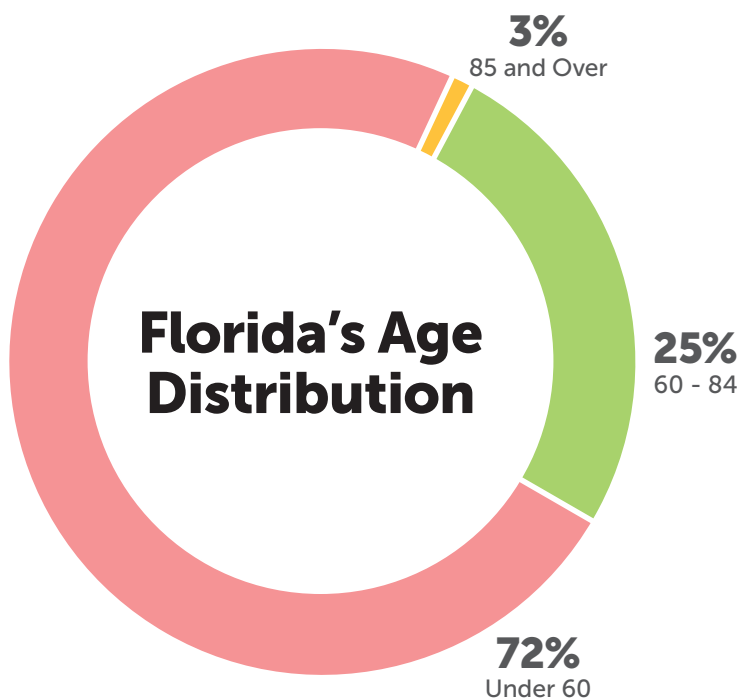
Key Goals of the State Plan on Aging:

- Strengthen and Streamline the Aging Network:** Enhance the capacity of the Aging Network through innovative technologies, best practices, and operational efficiencies to better serve Florida's growing and diversifying aging population.
- Strengthening Florida's Leadership in Alzheimer's and Dementia Care:** Continuing to advance Florida's national leadership in Alzheimer's and Dementia Care by raising public awareness, providing enhanced support for caregivers, and fostering collaborations among healthcare providers, community organizations, and stakeholders within the

Aging Network to ensure a comprehensive and coordinated approach to care.

- Support Healthy Living and Engagement:** Promote the health, independence, and quality of life of older Floridians by increasing access to wellness programs, social connection, and community participation. The Department will expand opportunities for engagement, enhance nutrition and transportation services, and strengthen supportive programs that help older adults thrive in the communities they call home.
- Advocate for Safety and Health:** Ensure the safety and physical and mental health of older adults by raising awareness and effectively addressing abuse, neglect, and exploitation.
- Increase Disaster Preparation and Resiliency:** Strengthen emergency preparedness through comprehensive planning, partnerships, and education to enhance disaster preparedness and resilience.

DOEA is dedicated to developing and implementing comprehensive strategies to deliver timely, effective, and high-quality services and support to the state's growing population of older adults. By working closely with the Aging Network, public and private partners, and community stakeholders, the Department ensures that Florida's seniors have access to critical resources and programs that



promote safety, health, and independence. Looking ahead, the Department will continue to seek innovative solutions to expand access to nutrition, social support, and community-based services while identifying alternative methods of service delivery to meet the evolving needs of Florida's most vulnerable populations.

Florida's Older Adults

Current and Projected Demographic Conditions

With one of the highest percentage of residents aged 60 and older in the nation (over 28%), Florida is second only to California in the total number of citizens aged 60 and older. Because of this sizable 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 dynamic growth in the number of older residents, driven by migration and the aging of current residents, over a period well past the next decade. The proportion of older adults relative to younger age groups is projected to rise steadily through 2050. By then, the older adult population is projected to reach more than 9 million, accounting for over 32% of the state's total population. This trend underscores the importance of proactive planning to meet the evolving needs of Florida's aging residents.

Geographic Concentration Areas

Florida continues to rank among the top destinations for state-to-state migration with well over 100,000 people annually choosing to make the Sunshine State their home. A significant portion of these new residents are aged 60 and older. Migration trends show a strong concentration in urban areas, particularly in central and southern counties. The largest populations of older adults are found in Miami-Dade (653,263), Broward (497,917), Palm Beach (483,000), Pinellas (343,360), Hillsborough (311,931), and Lee (278,868) counties. Collectively, these six counties account for 40% of the state's total population aged 60 and older.

Another way to identify geographic concentrations of older adults in Florida is by examining the proportion of older residents

relative to total population size by county. In 35 counties, at least 30% of the population is aged 60 and older, with seven counties exceeding 40%. These figures highlight the diverse distribution of Florida’s aging population and underscore the importance of tailoring resources and services to meet their needs in key regions.

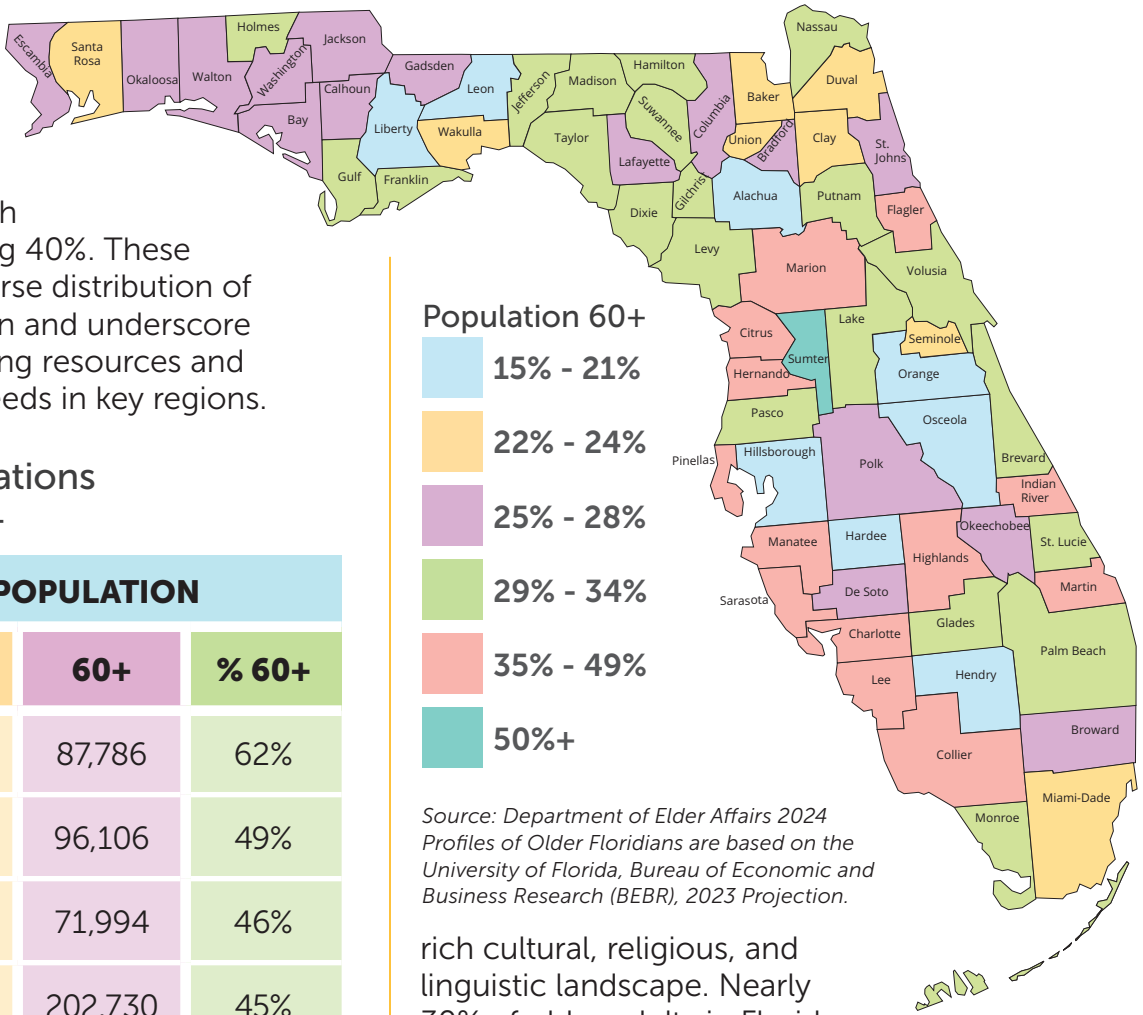
Counties with Populations Over 40 Percent 60+

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

Florida’s Population Diversity

Florida’s older adult population reflects a broad range of life experiences, cultures, and languages, making it one of the most demographically varied in the nation. Among residents aged 60 and older, approximately 31% have a non-majority racial or ethnic background—a higher rate than national averages. The two largest segments among Florida’s population of seniors are persons of Hispanic or Latin background (17%) and those that are Black, African American, or of African descent (11%).

Additionally, more than 1.4 million older Floridians (55+) were born outside the United States, contributing to our state’s



Source: Department of Elder Affairs 2024
 Profiles of Older Floridians are based on the University of Florida, Bureau of Economic and Business Research (BEBR), 2023 Projection.

rich cultural, religious, and linguistic landscape. Nearly 30% of older adults in Florida speak a language other than English at home, and seven percent report limited proficiency with English. These demographic patterns underscore the importance of ensuring that programs and services are designed with language access, cultural familiarity, and local context in mind—empowering older Floridians from all backgrounds to live and age well.

Disabilities Among Florida’s Older Population

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

Life Expectancy and the Aging Population

The increasing number of older adults in Florida is a testament to the improved health and well-being of its residents, enabling them to live longer and healthier lives. This trend is particularly evident among individuals aged 100 and older, the nation's fastest-growing age group by percentage. Favorable developments among Floridians aged 60 and older are contributing to decreased rates of illness and mortality, including:

- A declining disability rate among older adults.
- Delayed retirement and greater participation in the workforce among older age groups.
- Higher levels of education and an emphasis on healthy aging.

As the senior population continues to rise, long-term care and public health programs must be prepared to meet the growing demand. Adequate funding and staffing are essential to prevent shortages in care and services for those in need. By 2030, for the first time in U.S. history, individuals aged 65 and older will outnumber those under 18. With Florida anticipating a 25% increase in its senior population, caregivers and support services will face unprecedented challenges in meeting the needs of this rapidly growing demographic.

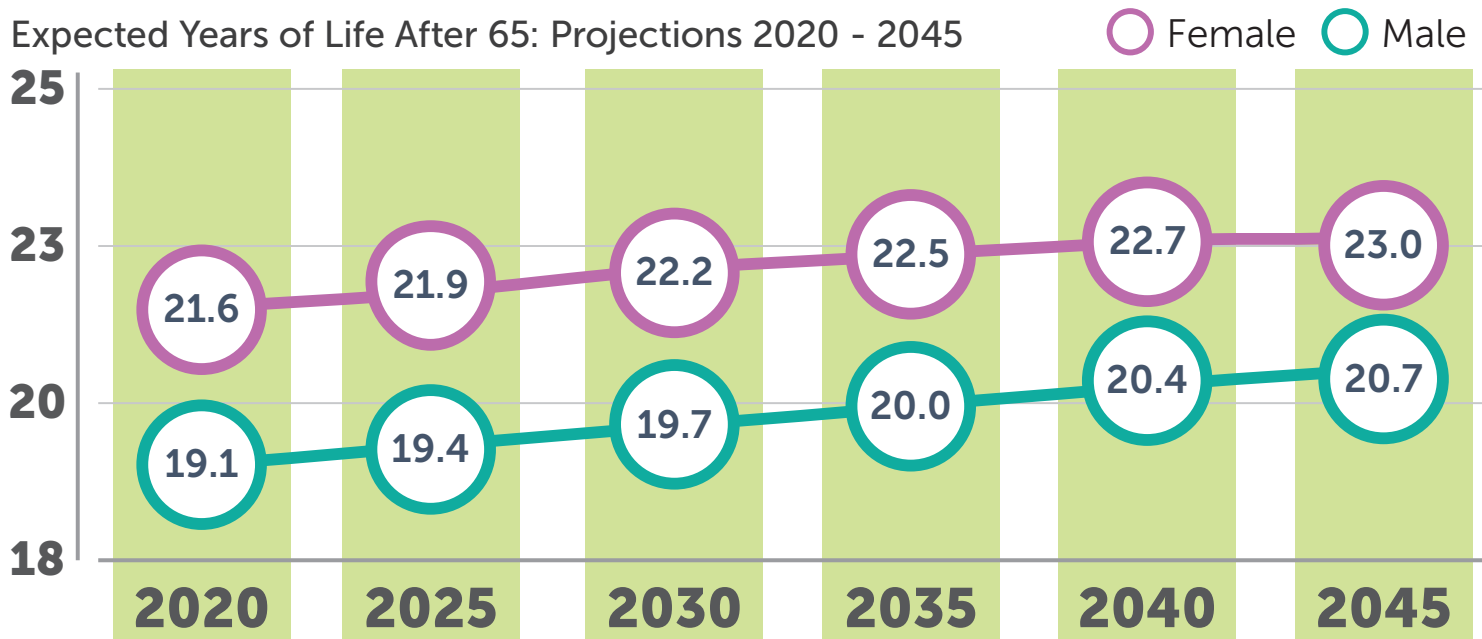
Contributions of Older Adults

Florida's older adults play a vital role in the state's economy and community life, offering numerous benefits to areas with higher concentrations of seniors. Economists have identified a "Longevity Economy" in Florida, driven by retirees and individuals over age 50. This growing sector stems from older adults remaining in the workforce longer, earning wages, increasing spending, generating tax revenue, and creating sustained economic value.

In addition to their economic contributions, older adults are generous supporters of charitable causes and active volunteers in their communities, enriching through their participation our state's libraries, schools, community organizations, museums, theaters, and art galleries. Many also provide essential care within their families, including raising grandchildren when parents are unavailable.

Key indicators highlighting the contributions of Florida's older adults include:

- **Economic Impact:** The "Longevity Economy", comprising adults aged 50 and older, contribute disproportionately to our state and local economy. In 2017, they accounted for 54% of Florida's GDP, totaling \$478 billion, despite representing just 40% of the population.



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

Florida 60+ Population Compared to Screened and Served Clients

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

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

- **Fiscal Contributions:** The average retiree in Florida contributes \$2,899 more to state and local budgets than they consume in public services.
- **Voting Participation:** Approximately 83% of older Floridians vote, demonstrating their active engagement in civic life.
- **Volunteerism:** In 2023, older adults volunteered over 100 million hours, saving the state over \$3 billion in costs.
- **Caregiving:** One in three adults aged 60 and older provides care to another elder, with more than 73,947 grandparents raising their grandchildren in 2021 – a 15% increase since 2006.

Description of Current Service Population

The Department of Elder Affairs is committed to enhancing the well-being of Florida's older adults by delivering appropriate and cost-effective home and community-based services. In the fiscal year 2023-2024, more than 1.2 million Floridians aged 60 and older benefited from these services, with over 97% of the Department's \$432.2 million budget dedicated to direct service provision. Guided by the Older Americans Act (OAA), the Department prioritizes individuals with the greatest economic and social needs, promoting

self-directed care, supporting caregivers, and advancing livability and prevention initiatives.

To meet these needs, the Department offers a wide range of services through the Aging Network, tailored to the evolving needs of older adults:

- **Nutrition Services:** Congregate meals, home-delivered meals, carry-out meals, and nutrition education to combat food insecurity and support healthy aging.
- **Caregiver Support:** Training, support groups, and respite care to help caregivers maintain their roles while safeguarding their own well-being.
- **In-Home Support Services:** Assistance with homemaking, personal care, and home health aides to enable older adults to age safely in their own homes.
- **Transportation Services:** Non-emergency transportation to access medical care, congregate meal sites, groceries, and social activities.
- **Emergency and Safety Services:** Disaster preparedness assistance, emergency alert systems, and elder abuse prevention programs to enhance safety and resilience.

- **Social and Recreational Engagement:**

Programs designed to reduce isolation, improve mental health, and foster community connections.

- **Legal Assistance and Advocacy:** Access to legal aid for protecting elder rights.

- **Health and Wellness Programs:** Evidence-based initiatives to manage chronic conditions, improve mobility, and support mental health.

The Department uses the Federal Poverty Level to assess levels of economic need. Among those served, 43% of clients live below the poverty level, compared to approximately 11% of the general population aged 60 and older. Similarly, 3% of the general 60 and older population can be identified as low income minorities, yet low income minority clients make up 29% of the Department's served client base.

Social need is assessed based on various factors including living situation. Among those served, 39% of service recipients live alone, compared to 24% of the general population aged 60 and older. Additionally, 39% of clients served have limited English proficiency, compared to 8% of Florida's 60+ population overall.

The Department is continually working to overcome barriers in providing services for seniors living in rural areas of the state. While 4% of the general population aged 60 and older can be classified as living in rural areas, only 3% of clients served by DOEA are rural. This highlights a specific opportunity in which improved service targeting and client outreach can have a positive impact.

Providers prioritize older adults with the greatest economic and social needs throughout Florida by focusing on program development, advocacy, and outreach. For clients receiving case management services, the Department emphasizes consumer choice, ensuring they receive services aligned with their assessed needs and preferences. When multiple providers are available, clients can choose their preferred provider, reinforcing the Department's commitment to autonomy and tailored care.

Needs Assessment

The partnerships fostered between the Department and Florida's 11 Area Agencies on Aging (AAAs), also known as Aging and Disability Resource Centers (ADRCs) are essential to the Department's mission to empower older Floridians to maintain their independence and age well. AAAs are designated private, non-profit entities funded with federal, state, and local resources that plan and coordinate services for older Floridians within their respective Planning and Service Areas (PSAs) (see Attachment D). The AAAs contract with the 47 Community Care for the Elderly (CCE) Lead Agencies and OAA service providers. These Lead Agencies, and contracted local service providers deliver services for older adults throughout Florida.

During the planning process, the Department utilized various methods to assess needs and gather feedback from a wide range of stakeholders, including AAAs, Lead Agencies, local service providers, older Floridians, and the general public. In addition, public input surveying was conducted on prospective State Plan goals, collecting responses from AAA Executive Directors, planners, staff, and the members of the general public. An environmental scan identified trends and conditions affecting seniors statewide and for each individual PSA. Emerging themes from PSA-level needs assessments were also closely studied, with particular emphasis on the surveys, town halls, and work groups benefiting from direct participation from Florida's older adult population. Additional review of DOEA's record of service delivery, policy priorities, program initiatives, available resources, and relevant internal and external factors was also completed.

This broad environmental scanning exercise informed potential decisions regarding the goals, objectives, and strategies for the 2026-2029 State Plan on Aging. Highlights of the needs assessment activities can be found in the next section.



AAA Area Plans

To incorporate local and detailed information from each of the 11 AAAs, the Department reviewed and analyzed the 2024-2027 Area Plans. This evaluation focused on the operations, funding, staff, partnerships, and other PSA or county-level topics that informed the common needs at the state level. Four themes emerged from the review of the Area Plans as follows:

1

Access for clients to a broad array of programs and services,

2

Strengthening existing and fostering new local partnerships,

3

Challenging outreach and service delivery to seniors living in rural areas or with limited English proficiency, and

4

Concerns about sufficient affordable housing and transportation options for seniors.

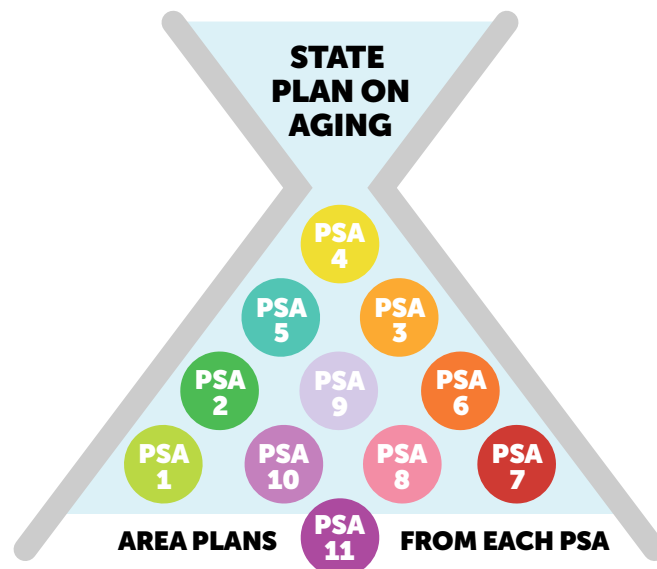
The Department invited the AAAs and Lead Agencies to participate in a survey about factors influencing and affecting the work of the Aging Network.

These issues included internal factors such as resources, capabilities, advantages, competencies, infrastructure, and internal operations, and external factors such as social, cultural, political, and economic considerations.

Four themes emerged from the responses:

1. Awareness of Florida's Growing Senior Population
2. Concerns About Florida's Preparedness for Future Challenges Facing Seniors
3. Staffing and Funding Challenges
 - a. Issues include insufficient staff, low wages, lack of training, high turnover, and low morale.

How Area Plans Help Shape the State Plan



4. Importance of Partnerships Going Forward

- a. Collaboration between AAAs, other agencies, and community organizations is highly valued.

AAA's Needs Assessments

Each AAA in Florida conducts various needs assessments as part of their Area Plans. These include reports, surveys, and evaluations to understand the needs of older adults in areas like health, housing, transportation, social services, and overall well-being. These results help guide program development, policy decisions, advocacy, and collaboration with stakeholders. From these assessments, four key themes have emerged:

1. Aging in Place & Quality of Life Concerns
2. Healthcare Access & Wellness Concerns
3. Transportation Needs
4. Social Isolation & Community Engagement Concerns

Public Input

The Public Input Survey for Florida's Next State Plan on Aging was conducted to assess the goals for the 2026-2029 State Plan. It gathered feedback on goal effectiveness, identified challenges, and collected ideas to improve future services. Responses came from AAA Executive Directors, planners, staff, and the

public, with the most input from PSAs 1, 3, and 8. (see Attachment B, “Public Input and Review”).

From the survey responses, five major themes emerged as key concerns for Florida’s seniors.

1. Affordable Housing & Homelessness Concerns
2. Need for Increased Transportation & Service Access
3. Need for Caregiver Support
4. Increased Protections from Elder Exploitation & Abuse
5. Need for Increased Active Aging & Healthy Living Resources

The Department completed a 30-day public commentary period to gather feedback from the public from April 16th through May 16th, 2025. A copy of the draft plan was published on the Department’s website, along with access to a survey designed to gather feedback on key areas of the plan, and which also allowed the public to submit any additional comments or concerns. Feedback received supported findings from earlier public input surveying and needs assessment activities, with strong support voiced for affordable housing and homelessness, the need for improved transportation and service access, caregiver support and training, and enhanced protections from elder exploitation and abuse. The participation of Floridians who took the time to review the draft plan and share their thoughts provided immeasurable help to the Department in achieving the goal of developing a State Plan that is based on stakeholder feedback.

Quality Management

The Department upholds the integrity of programs funded under the Older Americans Act by conducting routine monitoring reviews of services provided by AAAs/ADRCs. These in-depth reviews ensure strict adherence to contractual requirements, compliance with federal and state regulations, and alignment with DOEA policies and procedures. This structured approach ensures that all programs meet established quality standards and address the needs of Florida’s aging population effectively.

Contracts

DOEA oversees contract management and monitoring to ensure compliance with state and federal guidelines across the life cycle of every contract. This includes activities such as risk assessments, desk reviews, on-site monitoring, and developing corrective action plans, along with facilitating payments to providers. The contract management team provides essential support and technical assistance to the eleven AAAs and other local contracting entities to implement various in-home and community-based services. These services, funded by both federal and state General Revenue sources, span several programs including, but not limited to: the OAA, which includes services like adult daycare, caregiver training, congregate dining, and home-delivered meals; the Home Care for the Elderly (HCE) Program, which provides subsidies to caregivers for low-income older adults; and the Emergency Home Energy Assistance for the Elderly Program (EHEAP), offering financial assistance during energy emergencies for low-income seniors. Through these efforts, DOEA ensures quality program implementation to support Florida’s aging population effectively and efficiently.

DOEA enforces robust conflict of interest policies to maintain the integrity and impartiality of program delivery. These policies are integrated into contract management and monitoring processes, ensuring all staff, contractors, and service providers adhere to the highest ethical standards. As part of compliance efforts, DOEA reviews potential conflicts during routine audits and provides guidance to resolve identified issues promptly, safeguarding both accountability and access to services for Florida’s older adults.

Data Collection to Assess Performance

DOEA collects and monitors data through monthly, quarterly, and ad hoc reports from AAAs and ADRCs, which provide insights into service performance and compliance with contract and regulatory standards. These reports include data on information and referral services, consumer demographics, application assistance, public awareness events, and community education efforts,



as well as mandated performance metrics. Additionally, the AAAs submit monthly reports for State Health Insurance Assistance Program (SHIP), the Senior Medicare Patrol (SMP) Program, and Medicare Improvement for Patients and Providers Act (MIPPA) outreach and application assistance, utilizing the ACL SHIP Tracking and Reporting Systems (STARS) and the SMP Information and Reporting System (SIRS) databases for tracking. The recently completed migration of separate data collection mechanisms into the Department's enhanced Client Information & Referral Tracking System (eCIRTS) further aids these efforts. The consistent review of these reports ensures that programs align with DOEA's quality standards and contribute to informed decision-making for ongoing service improvement.

Performance Improvements

DOEA staff review fiscal and program performance reports from AAAs and ADRCs to identify specific contractor issues or broader, systemic challenges requiring attention. In cases where improvement is needed, DOEA provides technical assistance through various channels, including in-person consultations, phone, and email support, all tailored to address and resolve issues effectively. For widespread concerns, DOEA organizes webinars and regular meetings with AAAs and ADRCs to

facilitate collaborative problem-solving. This structured monitoring and resolution process ensures that AAA and ADRC programs operate efficiently, consistently meeting quality standards and supporting Florida's Aging Network.

Continuous Improvement

Florida's AAAs and ADRCs are required to establish local advisory groups, including key stakeholders such as partner agencies, service providers, representatives from the populations served, and other organizations specified in state and federal regulations. These advisory groups play an essential role in guiding the development, implementation, and continuous improvement of programs offered by AAAs and ADRCs, ensuring services remain responsive to the evolving needs of Florida's senior population. DOEA also holds regular meetings with AAAs and ADRCs to address common challenges, gather feedback, and share best practices, fostering a collaborative environment that supports the advancement of quality aging services across the state.

To align with the principles of self-directed care, DOEA will integrate person-centered approaches into its Quality Assurance and Monitoring Systems. This includes ensuring that services reflect the individual preferences, needs, and cultural contexts of older adults. As part of routine monitoring reviews of AAAs and ADRCs, DOEA will evaluate the implementation of self-directed care models to assess their effectiveness in empowering consumers. Training programs for AAA and ADRC staff will focus on person-centered and resiliency-focused practices to support client-centered care. Additionally, consumer feedback collected through surveys and advisory groups will inform continuous improvement efforts, ensuring that services not only meet regulatory standards but also enhance consumer autonomy and satisfaction. These measures will ensure Florida's Aging Network promotes innovation while maintaining high standards of care and service delivery.

Training and Technical Assistance

The Department supports a high-performing Aging Network through structured guidance, strategic planning, and continuous improvement.

In addition to oversight and technical assistance, the Department hosts interactive workshops to strengthen statewide alignment on the Older Americans Act, improve operational practices, and foster a unified vision across Florida's Aging Network. These efforts ensure consistency in service delivery and enhance the network's ability to meet the evolving needs of Florida's growing aging population.

State Long-Term Care Ombudsman Program

The Office of the State Long-Term Care Ombudsman employs various strategies to ensure compliance with program requirements and enhance the overall quality of services for residents of long-term care facilities. Data collection is facilitated through a secure, web-based application that adheres to the OAA and National Ombudsman Reporting System (NORS) requirements. To maintain consistent and accurate reporting, the Office utilizes a comprehensive Ombudsman Policies and Procedures Manual, which outlines documentation standards for certified ombudsmen. These ombudsmen, following rigorous certification training aligned with the State's guidance and NORS requirements, accurately record their activities in the database.

To monitor compliance and quality, the Office conducts regular documentation reviews. These reviews encompass a detailed analysis of documentation practices and data quality. Additionally, the Office conducts regular staff and volunteer training courses to ensure programmatic uniformity and adherence to documentation and reporting standards.

Technical assistance is provided to staff and volunteer ombudsmen regularly, with a focus on continuous improvement. For issues identified, local ombudsman managers receive written feedback with corrective action plans and defined timelines. Florida's approach emphasizes collaboration and data-driven decision-making to improve service delivery for long-term care residents and ensure alignment with state and federal objectives.

Quality Monitoring

The various quality monitoring programs conducted by the Department play a critical role in ensuring the health, safety, and welfare of clients being served throughout the Aging Network. One of the specific programs under the quality monitoring umbrella is the Monitoring and Quality Assurance Unit, which focuses on improving the quality of service provided by our state's AAAs. This is accomplished through a collaborative and non-regulatory approach which serves to improve efficiencies and reduce waste.

Program Activities and Scope

The quality monitoring program staff comprises healthcare professionals, including nurses, pharmacists, and dietitians, who conduct site visits to nursing facilities and other elder care providers. During these visits, staff assess the clinical systems in place to ensure they align with evidence-based best practices. Key activities include:

- Identifying conditions that may adversely affect resident health and safety.
- Providing technical assistance to facility staff to implement evidence-based care approaches.
- Collaborating with providers to enhance resident outcomes.

Importantly, the program operates independently of regulatory functions, meaning that staff do not issue citations for deficiencies. Instead, the focus is on fostering improvements and promoting best practices.

Integration with State Monitoring Efforts

The quality monitoring programs complement the Department's broader monitoring framework. In 2023, DOEA implemented a three-year monitoring cycle to provide more comprehensive reviews of AAAs and their contracted providers.

These monitoring efforts are enhanced by the varied and innovative partnerships across Florida's regions.



Areas of Focus

Addressing Alzheimer's Disease and Related Dementias in Florida

In 2019, Governor Ron DeSantis launched **Florida's Alzheimer's Disease State Plan** (elderaffairs.org/wp-content/uploads/alzheimers-disease-state-plan-2020-1.pdf) (See Appendix 6) to address the growing needs of Floridians affected by Alzheimer's Disease and Related Dementias (ADRD). Building on this, the Florida Legislature has supported numerous initiatives aimed at ensuring comprehensive care and resources for individuals living with dementia and their caregivers.

A key element of this commitment is the Florida Alzheimer's Center of Excellence (FACE), established in 2022. The launch of the Center of Excellence program addressed the final pillar of the Governor's 5-Point Dementia Action Plan. Since that time, growth across all pillars continues. As these efforts progress, Florida continues to lead by example, setting high standards for dementia care nationwide and ensuring that both patients and caregivers receive the support they need.

FACE aims to provide a holistic care model by fostering collaboration among healthcare providers, caregivers, and community organizations.

FACE builds on Florida's Alzheimer's Disease Initiative (ADI), created in 1985, which includes a network of 17 Memory Disorder Clinics (MDCs) providing diagnostic, research, and caregiver training services. These clinics are instrumental in evaluating and treating ADRD, as well as educating families and professionals on dementia care best practices. The ADI also includes the Brain Bank, a research program advancing knowledge on dementia and supporting families with diagnostic confirmation.

FACE's network of Care Navigators plays a crucial role in providing personalized support, connecting caregivers and patients to community-based resources, and offering guidance through ongoing care planning. Through partnerships with the Alzheimer's

Disease Advisory Committee, MDCs, and DCCI Task Forces, FACE creates a comprehensive support system that emphasizes empowering family caregivers and helping individuals with ADRD to age in place. Care Navigators in the FACE program ensure that families connect to every available resource at the right time, as their loved ones' needs change.

Florida's Alzheimer's Disease State Plan outlines six key goals:

1. Increase public awareness, engagement, and education around dementia.
2. Prepare Florida's communities for significant growth in the dementia population.
3. Ensure the well-being and safety of individuals with dementia and their caregivers.
4. Ensure access to comprehensive support for family caregivers.
5. Promote early identification of dementia and evidence-based, dementia-capable healthcare.
6. Expand access to dementia-capable services and support in the setting of choice.

As part of this effort, the state has formed and expanded the Dementia Care and Cure Initiative (DCCI), a network of local task forces established in 2015 to create dementia-friendly communities and promote public awareness. The DCCI has expanded to sixteen communities statewide, working to make local areas more supportive for individuals with dementia and enhancing research efforts through community engagement.

Florida's proactive approach, including public and private sector collaboration, has established the state as a national leader in Alzheimer's care and dementia innovation. As Florida's older adults population continues to grow, the state is committed to meeting the increasing needs of its constituents through holistic care, cutting-edge research, and community-driven support. Further efforts will focus on increasing public engagement, educating health professionals, and supporting caregivers, ensuring that Florida's resources and programs remain responsive to the evolving challenges posed by ADRD.

Affordable Housing and Aging in Florida

Affordable and accessible housing remains an important issue for older adults in Florida. A critical shortage of affordable and accessible housing for Florida's older adults will continue to deepen as our state's older adult population grows. As the population ages, the need for housing that supports aging in place becomes more pressing. Many older adults, particularly those on fixed incomes, face rising housing costs, limited rental options, and a shortage of affordable housing assistance, making it difficult to remain in their homes and communities as their needs change.

Governor Ron DeSantis' signing of Senate Bill (SB) 102, the Live Local Act, in 2023 represents a historic investment in addressing Florida's affordable housing crisis. This legislation allocates \$711 million to expand affordable housing, provide down payment assistance, and support military communities. The funding includes \$259 million for the State Apartment Incentive Loan (SAIL) program, which provides low-interest loans to developers building workforce housing, and \$252 million for the State Housing Initiatives Partnership (SHIP) program, encouraging local governments to partner with developers to create and preserve affordable housing options. The Live Local Act and the innovative programs associated with it address the wider housing affordability crisis impacting Floridians of all ages. It stands as a powerful example of the progress possible when leadership tackles complex issues head on. The Department aims to increase affordable housing options that accommodate the physical, environmental, and social needs of older adults and integration of available assistive technologies for older adults. Programs like Community Care for the Elderly (CCE) and Home Care for the Elderly (HCE), as well as support through the OAA, provide critical services such as home repairs, environmental modifications, and security improvements which help seniors live safely and independently. It is important to consider the critical role home repair plays in helping seniors remain in their homes and communities. Developing home repair services with an adequate funding source would be an ideal complement to the state's efforts to address affordable

housing for older adults. The Department also collaborates with the **Florida Alliance for Assistive Services & Technology** (FAAST) (faast.org), which offers a standard referral process through its programs and the Elder Helpline to connect older adults with assistive technology (AT) to enhance daily functioning.

Programs like Home Care for the Elderly supports care for Floridians aged 60 and older in private homes as an alternative to institutional care. Participants receive a monthly subsidy which can be used for medical supplies, wheelchairs, assistive devices, home accessibility medications, home health aides, and skilled nursing services.

To further expand housing access for seniors, Florida's Aging Network collaborates with federal agencies such as the U.S. Department of Housing and Urban Development (HUD), which oversees public housing and Section 8 rental programs. Section 8 Vouchers are a vital resource for seniors and while this federal program faces significant challenges, it remains important that the Aging Network continues to work with local Public Housing Authorities (PHAs) which administer these programs. Florida's eleven Area Agencies on Aging, in collaboration with other members of the Aging Network, continue to partner with public housing authorities, local housing coalitions, homelessness outreach organizations, and engage with statewide advocacy groups like the Florida Supportive Housing Coalition and the Florida Finance Housing Corporation which operates under the auspices of the Florida Department of Commerce.

Foundational Approaches

Client-Centered and Self-Directed Care

Florida's Aging Network is committed to delivering services that uphold the dignity, preferences, and values of older adults. Central to this commitment are the concepts of client-centered care and self-directed care, which, while closely aligned, represent distinct approaches to service delivery.

Client-centered care emphasizes tailoring services to meet an individual's unique needs, cultural background, and personal goals, ensuring that care planning is guided by the expressed preferences of the individual. Self-directed care, in contrast, provides individuals with enhanced authority over how services are delivered. This includes the ability to make decisions about service providers, such as hiring, managing, and dismissing caregivers, and selecting the specific supports that best align with their personal circumstances.

The Department recognizes the importance of integrating self-directed care as a complement to client-centered care. Together, these approaches advance the state's broader goals of promoting independence, enhancing quality of life, and delivering responsive, community-informed services. By supporting a flexible and individualized continuum of care, Florida is preparing its Aging Network to meet the evolving expectations of its diverse and growing older adult population.

Strategic Innovations & Statewide Impact

The Florida Department of Elder Affairs continues to lead the nation in pioneering efficient programs that improve care quality, access, and outcomes for older adults. Targeted investments, innovative partnerships, and system modernization efforts are delivering measurable results statewide.

Florida Alzheimer's Center of Excellence

As detailed in the previous section, FACE provides the resources to create a family-centered support system throughout the continuum of care by building on Florida's current infrastructure of Alzheimer's and dementia resources, initiatives, and funding by connecting the state's Memory Disorder Clinics, Dementia Care and Cure Initiative Task Forces, the Alzheimer's Disease Advisory Committee, and the Department of Elder Affairs' Care Navigators.

Guardianship Reform

The Office of Public and Professional Guardians (OPPG) has implemented rigorous reforms to strengthen oversight, professionalize guardianship, and protect vulnerable adults. Florida leads nationally in its approach, requiring a multi-disciplinary evaluation before guardianship is imposed and mandating a least-restrictive model of care. New education requirements, including a 40-hour training and expanded continuing education (now 30 hours biennially), reflect a focus on ethics, fiduciary duty, and elder rights. The creation of the Guardian Investigations Unit (GIU) has further enhanced oversight, ensuring better accountability and transparency in guardianship practices. In 2020, public guardianship services saved over \$23 million in annual costs while advancing social inclusion across Florida's 67 counties.

Monitoring and Quality Assurance Reform

Florida's Monitoring and Quality Assurance (MQA) process has been reformed with a new 3-year cycle for evaluations, providing more structured and predictable timelines for assessing service quality. This change allows for better planning and resource allocation.

By adopting a localized approach and digital tools, the Department has reduced travel costs while maintaining high oversight. The focus is on achieving meaningful improvements with senior service partners, ensuring consistency and proactively addressing challenges.

Technology Modernization: eCIRTS System

Florida modernized its Enterprise Client Information and Registration Tracking System (eCIRTS), marking a transformational step in streamlining elder services. The enhanced system consolidated data from multiple sources, improving client tracking, eligibility determination, and cross-agency coordination. The migration of 30 years of legacy data into a responsive, secure platform has made service delivery faster, smarter, and more accessible for Aging and Disability Resource Centers and Area Agencies on Aging.



Collaborative Strategy: FACTS Task Force

The Florida Affecting Change Today for Seniors (FACTS) Task Force exemplifies proactive aging policy. By uniting stakeholders from across the Department and external partners, FACTS surfaces real-time issues, coordinates strategic responses, and ensures that program delivery remains both efficient and community driven. The task force helps identify and replicate best practices. FACTS has also implemented digital CARES assessments to modernize and streamline funding processes, improving resource allocation for services statewide.

Workforce Capacity Building: AAA Workshops

To enhance the Aging Network's capacity, the Department launched a comprehensive AAA Workshop Series. This multi-part series delivered direct technical assistance, focused trainings, and peer-learning opportunities to all 11 AAAs. Topics included disaster preparedness, equity in service access, fiscal reporting, and evidence-based program integration—building operational strength and consistency statewide.

Workforce Investment: Direct-Care Training

Florida's investment in direct-care training is redefining senior care across the state. Over 130,000 care workers have been trained through state-sponsored programs, including person-centered dementia education and the EssentiALZ initiative. These efforts equip professionals with the tools to deliver compassionate, informed care that prioritizes dignity and independence.

Efficiency in Action: Statewide Impact

DOEA's modernization initiatives—such as FACE, eCIRTS, guardianship reform, and the GIU—have generated measurable returns. These efforts have improved operations, streamlined services, and increased fiscal accountability at both the state and PSA levels. Through these efforts, the state has saved billions in projected healthcare costs, while also improving access and quality of care for Florida's seniors. Additionally, a new 3-year cycle for MQA and reduced travel costs through a more localized approach have enabled focused improvements, ensuring meaningful, long-term change.

Goals, Objectives, and Strategies

In addition to outcome measures established for the goals of the 2026-2029 State Plan on Aging outlined below, the Department of Elder Affairs (DOEA) will also rely on the Performance Measures and Standards prescribed under *Chapter 216, Florida Statutes*, as part of the Long-Range Program Plan (LRPP) for the Department (see Appendix 1).

GOAL #1

Strengthen and streamline the Aging Network's capacity, inspiring innovation, integrating best practices, and building efficiencies to respond to the growing and diversifying aging population.

This goal aims to enhance the ability of Florida's Aging Network to effectively serve the state's growing and diverse older population. By promoting innovation, adopting best practices, and increasing operational efficiencies, the Aging Network can meet the evolving needs of seniors. This effort focuses on improving service delivery maximizing resources, fostering collaboration, and leveraging the best technologies, thus ensuring that resources support the health and well-being of Florida's aging residents.

Objective 1.1 - Expand the availability, integration, and access to assistive technologies for older adults.

Strategies

1.1.1 – Provide accessible technology training and resources via the DOEA website, digital training videos and electronic communications, and a robust social media communication strategy for both staff and the Aging Network can engage with.

1.1.2 – Promote technology education for older adults through social media, newsletters, and outreach with assistive technologies and how they enhance connectivity, programs that highlight hobbies, and social engagement.

1.1.3 – Ensure all digital and print materials are accessible, including:

- Maintaining website accessibility and involving individuals with disabilities in testing.
- Offering materials in alternative formats (braille, large print, other languages) and ensuring TTY services for helpline access.
- Implementing ALT text for social media images and ensuring secure internet access.

1.1.4 – Continuously explore and integrate emerging technologies while incorporating feedback from Area Agencies on Aging (AAAs), community partners, and consumers to enhance accessibility and technological modernization.

1.1.5 - Refer clients to Florida Alliance for Assistive Technology (FAAST) services through the Elder Helpline to connect older adults with specialized technology solutions that enhance independence and support daily living.

Outcomes

- Expand access to assistive technologies (AT) for older adults and people living with disabilities through accessible training, education, and materials, improving independence, connectivity, and social engagement.
- Increase the distribution of informational materials regarding aging services.
- Increase the number of partnerships or collaborations.
- Increase participation in available AT training programs.
- Assist adults and individuals with disabilities to access information about AT and guide them in finding AT solutions to enhance their independence.
- Continue to launch and/or support programs or initiatives that focus on encouraging effective problem solving.



Objective 1.2 - Increase functional capacity to serve older adults through strategic and meaningful partnerships and collaborations.

Strategy

1.2.1 – Pursue and cultivate public and private partnerships to expand service reach, address service gaps, and promote successful collaborations, especially in less-served areas through monthly F4A meetings.

1.2.2 – Facilitate ongoing internal and cross-team meetings to analyze service gaps, improve communication, and explore opportunities for collaboration and expansion.

1.2.3 – Provide ongoing and annual training for DOEA and AAA staff on available resources, technologies, and trends to support older adults and identify new outreach and partnership opportunities.

1.2.4 – Continuously research and pursue non-formula-based ACL grants to enhance or create new programs.

Outcomes

- Expand service capacity for older adults through strategic partnerships, improved communication, and enhanced staff training, addressing service gaps and increasing reach in hard-to-reach areas.
- Streamline data tracking and entry processes including enhancing reporting capabilities. (eCIRTS, etc.)
- Increase collaboration and coordination among community stakeholders to address systemic barriers and promote broad-based access in aging services delivery.
- Increase the type and frequency of social engagement activities provided statewide.
- Increase the impact of Aging Network services on addressing social determinants of health.
- Increase the number of partnerships with local community centers and organizations.
- Increase data reporting consistency and validity from Aging Network partners.
- Improve access to older adult services for historically marginalized and hard-to-reach populations.
- Engage with community-based organizations and advocacy groups will ensure that more older adults' needs are met.
- Provision of on-going training and support on the provision of In-Home Services statewide
- Strengthen partnerships with innovative providers, organizations, and clinicians across the state that provide dementia strategies in communities.
- Provider network staff offer aging services and programs to increase access to OAA, Medicaid, and state funded home and community-based services.
- Enhanced collaboration across sectors to improve the well-being of older individuals.

Objective 1.3 - Explore new opportunities to reach previously hard-to-reach and emerging communities across all programs and services.

Strategy

- 1.3.1 - Ensure the agency website is consistently updated with the latest service offerings and Elder Helpline information, providing user-friendly and accessible experience for seniors, caregivers, persons with disabilities, and service providers.
- 1.3.2 – Launch focused social media campaigns to share program updates and educational content, starting with outreach to those facing the greatest social and economic challenges.
- 1.3.3 – Provide translated Department materials to ensure non-English speaking communities can easily access information and services.
- 1.3.4 – Develop targeted outreach initiatives and culturally appropriate materials to engage low-income minorities, rural residents, and individuals with limited English proficiency, ensuring improved access to services.

Outcomes

- Increase access to programs and services for less-served and emerging communities by updating digital resources, launching targeted outreach, offering translated materials, and using data to identify and address gaps in care.
- Improve program data management to better identify those assisted and hard-to-reach population.
- Increase access and reduce disparities to OAA and grant-funded services for older adults with low income, limited English proficiency, and/or the greatest social need.
- Enhance data collection and accurate reporting mechanisms to track demographic information, service utilization patterns, and outcomes among populations with the greatest economic and social needs.
- Increase the availability of community-informed access services statewide.

Objective 1.4 - Help older adults achieve a better quality of life by ensuring those who seek assistance are seamlessly connected to supportive programs and services.

Strategy

1.4.1 – Integrate promotion of the Elder Helpline into key outreach and communication channels, prioritizing the most effective platforms for reaching seniors and caregivers.

1.4.2 – Partner with internal and external organizations to expand the reach and impact of Department programs, aiming to serve more individuals statewide.

1.4.3 – Distribute materials strategically, prioritizing the most vulnerable populations to ensure they receive the necessary information and resources.

1.4.4 – Maintain and expand services and programs designed to support seniors in maintaining their independence by prioritizing the implementation of managed in-home and community-based long-term care services.

Outcomes

- Increase connection to supportive programs through strategic outreach, partnerships, and focused resource distribution, prioritizing vulnerable populations and in-home care services.
- Enhance knowledge of person-centered counseling, leading to better outcomes for the populations served.

Objective 1.5 - Bring attention and support to caregivers, enabling them to thrive in this fundamental role.

Strategy

1.5.1 – Enhance direct and indirect caregiver support through educational resources provided by the Department and the AAAs.

1.5.2 - Increase the availability of family caregiver support programs by expanding respite care, counseling, and peer support, ensuring caregivers receive needed assistance.



1.5.3 – Equip caregivers with knowledge and education through the National Family Caregiver Support Program. Through training, caregivers will be educated on person-centered care, combined with practical tactics for families and sharing resources from the AAAs and other partners.

1.5.4 – Support the direct caregiver workforce through the expansion of programs such as the Alzheimer's Disease and Related Dementias (ADRD) training program designed to empower those working in licensed care settings and education on practical, daily tactics that assist workers in administering ADRD care.

1.5.5 – Expand outreach to increase awareness of the Respite for Elders Living in Everyday Families (RELIEF) program that provides additional relief to family caregivers.

1.5.6 – Coordinate with the National Technical Assistance Center on Grandfamilies and Kinship Families



Outcomes

- Family caregivers will have the necessary tools to be more informed about how diet and exercise play a major role in physical and cognitive health for the caregiver and care-recipient.
- Reduce barriers to accessing respite care services in rural and remote communities.
- Family caregivers will have innovative tools and technology to assist them in their roles.
- Improved coordination of outreach targeting family caregivers across health systems and through partner organizations.
- Caregivers will receive services and support that best meet their individual needs.

Objective 1.6 - Promote and Expand Self-Directed Care Options to Empower Older Adults.

Strategy

- 1.6.1 – Establish a platform for sharing best practices among AAAs and providers to support the integration of self-directed care.
- 1.6.2 - Partner with professional organizations to offer specialized certifications or workshops on self-directed service delivery.
- 1.6.3 – Expand the Elder Helpline’s capabilities to include dedicated support for self-directed care inquiries.
- 1.6.4 – Establish benchmarks for the adoption of self-directed care options across Planning and Service Areas (PSAs).
- 1.6.5 - Provide annual case management training for all registered case managers

Outcomes

- Updated policies, contract language, and guidance on Case Management Services for a more person-centered approach to planning and service delivery.
- Improved quality of Case Management Services demonstrated through better data collection, client documentation, and care plans.



MEASURES

- Increase the participation in home modification programs utilizing deployment of AT and other resources to assist and support aging in place.
- Increase referrals to qualified, innovative, and age-focused AT service providers thereby increasing the percentage of older adults utilizing AT services.
- Increase the number of services provided to older adults with the greatest social and economic need or those without direct access to care.
- Increase the number of targeted interventions to reduce health disparities and improve health outcomes among older adults.
- Increase the number of older adults receiving home services versus facility services, thus, reducing the cost burden of care.
- Increase number of Medicare beneficiaries assisted through outreach and referrals to the SHINE Program.
- Increase SMP contacts by 10% annually to prevent, detect, and report healthcare fraud and abuse.
- Decrease the percentage of older adults who report being food insecure by the end of the plan period through targeted programing.
- Expand the number of Comprehensive Assessment and Review for Long-Term Care Services (CARES) assessments while decreasing the time it takes to complete an assessment.
- Increase accessibility to services that offer caregiver support in Spanish and Creole statewide.
- Increase the number of best-practice and person-centered trainings provided annually.

GOAL #2

Ensure that Florida is the nation's most dementia-friendly state by increasing awareness and caregiver support, while enhancing collaboration across the Aging Network.

This goal focuses on making Florida the most dementia-friendly state by directly supporting

communities who are actively working on becoming more dementia friendly. The Department will increase public awareness, family support, and education through targeted action, raising concern and understanding across communities. By enhancing the amount of information sharing on various communication platforms about dementia and aging, we aim to promote widespread support for seniors, especially because age is the highest risk factor for ADRD. Additionally, we will enhance access to supportive housing and increase services for older adults at risk of residential insecurity, ensuring a more inclusive and supportive environment for Florida's aging population.

Objective 2.1 - Directly support communities in becoming dementia friendly.

Strategy

2.1.1 – Connect individuals with dementia, along with their families and care partners, to local resources and support services.

2.1.2 – Engage in awareness and educational campaigns aimed at caregivers, individuals with dementia, and the broader public.

2.1.3 – Collaborate with community partners on a regular basis to explore and address dementia-related issues.

2.1.4 – Provide opportunities for individuals with dementia and their caregivers to participate in community activities, promoting social connection and reducing isolation.

Outcomes

- Support communities in becoming dementia friendly by increasing access to local resources, raising public awareness, fostering collaboration with community partners, and promoting social connection for individuals with dementia and their caregivers.
- Enhance awareness of Florida Alzheimer's Center of Excellence (FACE) and other DOEA Brain Health Initiatives.
- Continue to support a dementia-capable Home and Community Based Service system that includes No Wrong

Door access for people living with dementia, and their caregivers.

- Improve access to a comprehensive and sustainable set of quality services and interventions that are dementia-capable in providing innovative services.

Objective 2.2 - Increase acceptance across communities by raising concern and building awareness through a commitment to targeted action.

Strategy

2.2.1 – Promote and encourage participation in ongoing dementia training and professional educational programs through networks, senior centers, caregiver groups, and other relevant organizations.

2.2.2 – Support and raise awareness of caregiver programs for individuals with Alzheimer's, dementia, and their caregivers.

2.2.3 – Leverage social media, public events, and community partnerships to boost awareness and connect with a diverse audience.

2.2.4 – Continuously assess and improve programs, methods, and outreach strategies based on feedback and data.

Outcomes

- Increase community awareness and acceptance of dementia through education, caregiver support, and targeted outreach, fostering greater understanding and support for individuals with dementia.

Objective 2.3 - Strengthen and enhance information sharing on dementia and aging issues to promote widespread support, increase research, and ensure programmatic effectiveness.

Strategy

2.3.1 – Launch public education initiatives to raise awareness about Alzheimer's disease, dementia, and available caregiver resources across the state.

2.3.2 – Work with the Alzheimer's Association, MDCs, and DCCI task forces to exchange information and coordinate statewide outreach efforts.

2.3.3 – Continue to utilize and expand DCCIs across the state to engage communities across Florida to be more dementia-caring, promote better care for Floridians affected by dementia, and support research efforts.

Outcomes

- Launch public education initiatives and enhancing collaboration Alzheimer's partners.
- Supporting and expanding dementia-friendly communities.
- Improve access for older adults and caregivers to resources and innovative programs.
- Better integration between Aging and Dementia services.

Objective 2.4 - Increase access to supportive housing with services and increase support for older adults at risk of experiencing residential insecurity.

Strategy

2.4.1 – Connect individuals to resources such as the Elder Helpline and local AAAs for support and guidance.

2.4.2 – Partner with AAAs to review and expand safe housing programs, identify opportunities, and collaborate with organizations to prevent homelessness, increase affordable senior housing, and prioritize at-risk individuals in home or long-term facilities who can return home with community-based services.

2.4.3 – Use outreach channels to inform the public about supportive housing challenges and promote practical solutions for older adults.

Outcomes

- Increase access to supportive housing and services for older adults that are at risk of residential insecurity.

- Improve access to resources, expand safe housing programs, and raise public awareness.
- Improve housing stability and prevention of homelessness.

MEASURES

- Increase the number of older individuals screened and referred to available services for dementia, or probable dementia.

GOAL #3

Enhance efforts to maintain and support healthy living, active engagement, and a sense of community for all older Floridians.

This goal focuses on improving the overall quality of life for older Floridians by ensuring access to affordable housing, promoting wellness and social engagement, and connecting seniors with community resources. It aims to advocate for and establish affordable housing options, support empowered aging through health and socialization initiatives, and strengthen programs that link seniors and caregivers with essential services.

Objective 3.1 - Advocate with housing service providers, affordable housing developers, homeless programs, and other stakeholders to establish affordable housing options for older adults.

Strategy

3.1.1 – AAAs to establish local connections with organizations that can help identify and promote safe housing options in the community.

3.1.2 – Advocate for and support programs that enable older adults to age in place by working with the Department, local housing authorities, and long-term care providers to promote the ongoing development of a comprehensive, coordinated long-term care system, while increasing awareness and funding for these initiatives.

3.1.3 – Collaborate with local governments, urban planners, housing authorities, transportation departments, health organizations,

and advocacy groups to address affordable senior housing, transportation, aging services, social isolation, and senior-friendly policies using current community data and feedback.

3.1.4 – Provide public education through campaigns, community workshops, and partnerships with senior centers, health organizations, and AAAs on preventing, detecting, and responding to the negative health effects of social isolation, targeting both seniors and caregivers.

3.1.5 – Enhance home modification and repair programs for older adults by improving builder training, exploring alternative funding sources, strengthening AAA resources, and incorporating disaster preparedness.

3.1.6 – Increase access to carry-out meal options for older adults to improve nutrition access and convenience for individuals unable to attend congregate meal settings.

Outcomes

- Increased affordable housing and support for older adults through collaboration, advocacy for aging-in-place, and enhanced home modification programs.
- Increased awareness of HUD Section 8 Voucher application status while assessing other OAA and grant funded services.

Objective 3.2 - Promote empowered aging, socialization opportunities, and wellness, including mental health, healthy nutrition, exercise, and prevention activities.

Strategy

3.2.1 – Encourage AAAs to partner with community organizations like senior centers and meal sites to broaden support networks for optimal reach.

3.2.2 – Offer educational resources and referrals to relevant programs through the Elder Helpline to ensure seniors have access to necessary support for issues relating to mental health, malnutrition, preventive care, and chronic disease self-management.



3.2.3 – Use communication channels to provide information and advocate for resources related to health, mental well-being, nutrition, exercise, and preventive care through contractual arrangements including offering resiliency-focused services and screening for suicide risk.

3.2.4 – Promote and support AAAs in expanding Title III and VII services by using OAA funding to enhance coordination with local programs that provide comprehensive health and social support, including:

- Collaborating with SCSEP to support working elders,
- Ensuring congregate and home-delivered meals meet nutritional and cultural needs,
- Expanding evidence-based disease prevention and health promotion services to include screening for infectious diseases, immunization status, and fall-related injuries,
- Ensuring congregate and home-delivered meals meet nutritional and cultural needs.

Outcomes

- Improve seniors' health and well-being by expanding access to mental health, nutrition, exercise, and socialization programs, leading to greater independence and reduced isolation.
- Increased awareness of home and community-based service options among older adults to allow more older adults to age in the communities of their choice.

Objective 3.3 - Strengthen programs that promote uniting seniors and caregivers with community partners, enabling seniors to directly access service providers to meet their immediate needs.

Strategy

3.3.1 – Keep the Department website and social media platforms updated with current information and resources, including education, referrals for long-term care, translation services, dementia support, transportation options, and other resources for aging in place.

3.3.2 – Promote and coordinate safe transportation options to improve access to necessary services and daily living needs.

3.3.3 – Support AAAs in building and maintaining strong partnerships with community organizations that promote healthy living, including Aging Network services with HCBS funded by other entities such as Medicaid.

3.3.4 – Include carry-out meals as a complementary service to congregate and home-delivered meal programs, ensuring older adults have flexible options tailored to their mobility and socialization needs.



Outcomes

- Enhance access to essential services for seniors and caregivers by strengthening partnerships with community organizations.
- Keeping aging resources available online, improving accessibility of digital materials and adopting innovative practices.
- Improving transportation options and resources to increase direct connections to service providers.
- Strengthened relationships throughout the Aging Network to expand direct access to service providers.

MEASURES

- Increase EHEAP (Emergency Home Energy Assistance Program) applications for eligible seniors to lower housing costs by reducing utility burdens.
- Decrease the number of older adults who are socially isolated, increasing their ability to successfully age in place in their communities and enjoy better health outcomes.

GOAL #4

Advocate for the safety and the physical and mental health of older adults by raising awareness and responding effectively to incidence of abuse, injury, exploitation, violence, and neglect.

This goal focuses on protecting the safety and well-being of older adults by addressing abuse, neglect, exploitation, violence, and injury. It aims to raise awareness and improve responses through expanded outreach, better training, and partnerships with key organizations. The goal also seeks to strengthen the Department's ability to lead efforts in stopping abuse and exploitation of older adults and vulnerable groups.

Additionally, it works to provide older adults, their families, and advocates with the information they need to prevent abuse and exercise their full rights. Finally, it aims to improve access to legal services that help older adults stay independent and protect their legal rights. Overall, this goal

promotes a safer, more supportive environment for older adults to live with dignity and security.

Objective 4.1 - Increase effectiveness in responding to elder abuse and protecting older adults through expanded outreach, enhanced training, innovative practices, and strategic collaborations.

Strategy

4.1.1 – Strengthen the state's response and protection against elder abuse, neglect, and exploitation by expanding outreach, enhancing training, implementing innovative practices, and fostering strategic partnerships with AAAs and other key stakeholders.

4.1.2 – Collaborate with AAAs and other state agencies to ensure the timely distribution of elder abuse prevention education materials to agencies and organizations that directly serve adults aged 60 and older.

4.1.3 – Enhance the effectiveness of the Elder Helpline by streamlining the referral process to ensure individuals are promptly connected with the appropriate authorities and organizations for addressing, and other critical needs while improving social determinants of health that affect their well-being.

4.1.4 – Create and implement targeted marketing campaigns in collaboration with key partners, focusing on educating older adults, caregivers, and professionals about recognizing and preventing elder abuse, neglect, exploitation, fraud, scams, and identity theft.

Outcomes

- Improve the protection of older adults by expanding outreach, strengthening collaborations, and enhancing training, leading to more effective prevention and timely responses to elder abuse.
- Improved accountability and quality management.
- Increase awareness among professionals about recognizing, reporting, and preventing elder abuse.

- Increase collaborations with community partners to identify systemic issues affecting access and quality of services for older adults.
- Increase awareness of fraud and scams among the older adult population.

Objective 4.2 - Increase capacity and expertise regarding the Department's ability to lead in efforts to stop abuse, neglect, and exploitation (ANE) of older adults and vulnerable populations.

Strategy

4.2.1 – Ensure AAAs deliver comprehensive staff training on identifying abuse, neglect, and exploitation.

4.2.2 – Enhance services, training, and education on abuse, neglect, and exploitation by optimizing existing resources, strengthening partnerships, and leveraging collaborative opportunities.

4.2.3 – Develop easy-to-understand educational materials and collaborate with AAAs to distribute them through existing communication channels, ensuring vulnerable populations have access to important resources.

4.2.4 – Improve tracking and response protocols for referrals and suspected cases of abuse, neglect, and exploitation, ensuring timely and coordinated interventions across all agencies and partners involved in protecting older adults.

4.2.5 – Leverage data analysis and geographic mapping tools to help AAAs identify regions with the greatest need for abuse, neglect, and exploitation prevention resources.

Outcomes

- Strengthen the Department's ability to prevent abuse, neglect, and exploitation by improving training, resources, partnerships, and data-driven strategies.
- Increase opportunities for local ombudsmen to address complaints and concerns with surveyors to achieve resolutions.

- To the greatest extent possible, victims of elder abuse, neglect, and exploitation have their safety restored and stolen assets recovered.
- Improve the multi-disciplinary response to elder abuse.

Objective 4.3 - Equip older adults, their loved ones, advocates, and stakeholders with information needed to identify and prevent abuse, neglect and exploitation, and support them in their ability to exercise their full rights.

Strategy

4.3.1 – Enhance the Department's website by adding clear links and resources, including partner organizations, to provide information on preventing elder abuse, neglect, and exploitation.

4.3.2 – Collaborate with AAAs to create and run outreach and marketing campaigns that raise public awareness about elder abuse prevention, ensuring the information reaches older adults, caregivers, and the community.

4.3.3 – Expand public awareness through coordinated outreach campaigns that address elder abuse prevention, crime prevention, and Senior Medicare Patrol (SMP) materials. Work with AAAs and community partners to ensure these campaigns effectively inform and protect older adults from exploitation statewide.

Outcomes

- Empower older adults and their caregivers with the knowledge to identify and prevent abuse, neglect, and exploitation.
- Conduct enhanced outreach, public awareness campaigns, and produce accessible resources strengthening older adults' well-being.
- Increase awareness of advocacy services provided through the Aging Network, Long-Term Care Ombudsman Program, and Office of Public and Professional Guardians.
- Increase the recognition and reporting of abuse, neglect, exploitation.



- Increase oversight, education, and awareness for residents and family members in residential care communities.
- Decrease the incidents of elder abuse, neglect, and exploitation among older adults statewide.

Objective 4.4 - Continue to improve older Floridian's access to legal services which have a direct positive impact on their ability to stay independent in their homes and communities, and most importantly, exercise their legal rights.

Strategy

4.4.1 – Foster partnerships between AAAs and legal service providers to expand access to legal resources for seniors.

4.4.2 – Ensure AAAs maintain the resource database in eCIRTS with up-to-date information, including details about the Florida Senior Legal Hotline.

4.4.3 – Increase education and awareness efforts to inform older adults about their legal rights and protections.

4.4.4 – Collaborate with AAAs and legal aid organizations to strengthen advocacy efforts, focusing on elder rights, housing stability, and access to healthcare to support older Floridians' independence and well-being.

Outcomes

- Increase older adults' access to legal services, empowering them to stay independent.
- Support older adults' ability to exercise their legal rights through expanded partnerships, up-to-date resources, and enhanced education and awareness efforts.
- Increase awareness of legal advocacy and legal aid services available across the state.

MEASURES

- Increase the number of older adult abuse victims who receive help in stopping abuse.
- Increase the number of APS referrals and informational requests.
- Increase the number of people served with legal assistance by case type and legal assistance provider.
- Increase the number of volunteers trained by the Long-Term Care Ombudsman program.

GOAL #5

Increase Disaster Preparation and Resiliency

This goal focuses on enhancing disaster preparedness and resiliency among older adults and the organizations that serve them. It aims to ensure that seniors are equipped with the knowledge, resources, and support needed to stay safe before, during, and after disasters. By improving coordination, providing education on emergency planning, and strengthening community partnerships, the goal seeks to build a more resilient aging population capable of withstanding and recovering from emergencies. It also emphasizes the importance of creating tailored disaster response plans that address the unique needs of older adults.

Objective 5.1 - Strengthen emergency preparedness through comprehensive planning, partnerships, and education.

Strategy

- 5.1.1 – Collect and maintain updated disaster contact information for staff and AAAs and communicate disaster response plans to ensure everyone is prepared.
- 5.1.2 – Create and distribute print and digital emergency preparedness materials for seniors, veterans, and special populations, including those with Alzheimer's and dementia, on an ongoing basis through various communication channels.
- 5.1.3 – Conduct regular reviews of emergency plans and available resources to identify and address any gaps or areas for improvement.
- 5.1.4 – After each emergency event, review response strategies and resource allocation to make improvements for future preparedness efforts.

Outcomes

- Enhance emergency preparedness for older adults by strengthening planning, partnerships, and education, improving coordinated responses and safety measures.
- Strengthen Florida's readiness and capacity to support older adults during emergencies.
- Examine the potential for an emergency preparedness survey statewide.
- Improve delivery methods of accessible information regarding emergency preparedness.
- Support effective responses by the state's Aging Network to weather related disasters and other emergencies.

Objective 5.2 - Ensure communication and collaboration between the Department, emergency partners, and the Aging Network, before, during, and after severe weather, public health, and other emergency events.

Strategy

- 5.2.1 – Hold regular disaster calls with AAAs and the Aging Network to discuss relief efforts and resource updates.
- 5.2.2 – Post emergency preparation and recovery information on the Department's website and social media.
- 5.2.3 – Send timely alerts to Department staff about potential emergencies.

Outcomes

- Improve organization and communication between the Department, emergency partners, and the Aging Network.
- Coordinate post-disaster communication through custom applications for daily updates.
- Enhance the mobilization of the volunteer network for disaster recovery efforts.
- Increase awareness of emergency preparedness information among older adults, their families and caregivers

Objective 5.3 - Explore and support efforts to make community disaster shelters more responsive to elder needs in general, with specific emphasis on providing appropriate emergency shelter to elders with dementia-related concerns.

Strategy

- 5.3.1 – Work with AAAs to identify local shelters capable of providing special needs assistance and develop plans to meet the specific needs of older adults, particularly those with dementia.
- 5.3.2 – Advocate for older adults, adults with disabilities, and caregivers during emergency management coordination meetings, ensuring their needs are considered in disaster planning.
- 5.3.3 – Partner with local, state, and federal health and emergency management organizations during disasters to address the needs of older adults and coordinate the distribution of necessary resources.

5.3.4 – Collaborate with local emergency management teams to designate and equip dementia-friendly shelters, including training for shelter staff and the provision of calming environments tailored to the needs of individuals with dementia.

Outcomes

- Improve the responsiveness of community disaster shelters to the needs of older adults.
- Ensure available services are accessible to those with dementia, through enhancing shelter planning, advocacy, and communication.
- Create safer and more supportive emergency environments for seniors.

Objective 5.4 - Collaborate with state-wide and local emergency response authorities to increase levels of elder self-determination to evacuate once notices have been issued.

Strategy

5.4.1 – Support AAAs in registering eligible clients in the Emergency Management Special Needs Registry to ensure their needs are addressed during evacuations.

5.4.2 – Provide education and outreach to seniors and caregivers on the importance of evacuation, encouraging them to create a personalized evacuation plan in advance of emergencies.

5.4.3 – Work with local, state, and federal disaster relief agencies to ensure coordinated efforts in supporting older adults during evacuations and recovery efforts.

Outcomes

- Boost elder preparedness and decision making during evacuations by coordinating with emergency authorities, promoting personalized evacuation plans, and ensuring registration in the Special Needs Registry.



MEASURES

- Increase levels of voluntary evacuations in advance of disaster.
- Increase pre-registration and utilization of special needs shelters.

Attachments & Appendices

Attachment A: State Plan Assurances and Required Activities

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 aged 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 aged 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...



Governor Ron DeSantis or Governor's authorized designee (signature)

September 17, 2025

Signing Date

Attachment B: Information Requirements

Information Requirements

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

Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:

- (1) How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and
- (2) The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

"Greatest economic need" means "the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses" (45 CFR § 1321.3).

"Greatest social need" means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.

A State agency's response must establish how the State agency will:

1. identify and consider populations in greatest economic need and greatest social need;
2. describe how they target the identified the populations for service provision;

3. establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;
4. establish methods for serving the prioritized populations; and
5. use data to evaluate whether and how the prioritized populations are being served.

Response:

The Department collaborates with the Area Agencies on Aging (AAAs) to assess how effectively they are reaching older adults who may face increased challenges related to income, geography, language, or health. Each AAA receives performance data for every county in its Planning and Service Area (PSA), including information on the number and proportion of individuals aged 60 and over who fall into the following categories: those living below the federal poverty level; individuals identifying with non-majority racial or ethnic backgrounds; those with lower incomes (below 125% of the poverty threshold) who also identify with non-majority backgrounds; and other key indicators of potential service need, such as living alone, residing in rural areas, having limited English proficiency, or having a likely diagnosis of Alzheimer's disease.

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 each 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 aged 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. The standard would not have been met if the county's screened and served clients who were living alone had been below 20 percent.

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 provide 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 indicators for clients 55, 60, or 65 and older populations served relative to each PSA's population:

- Proportion of rural individuals served (60+);
- Proportion of individuals 85+ served, relative to the population;
- Proportion of individuals with Limited English Proficiency (LEP) (60+);

- Proportion of individuals with probable Alzheimer's disease served (65+);
- Proportion of individuals below the Federal Poverty Level served (55+);
- Proportion of individuals 55+ from non-majority racial or ethnic backgrounds who are served; and
- Proportion of individuals 55+ who are both lower-income and from non-majority racial or ethnic backgrounds who are served.

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.

Native Americans: Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (g): Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency 30 and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

Response:

Currently, the State of Florida does not receive Title VI funding, however if received the Department will work with the AAAs. Providers are instructed to make efforts to target and serve older adults including but not limited to Native Americans in their planning and service area with the greatest economic and social needs by addressing program development, advocacy, and outreach efforts for all.

Activities to Increase Access and Coordination for Native American Older Adults

OAA 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, if applicable, and specify the ways in which the State agency intends to implement the activities.

45 CFR § 1321.53:

(a) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306**(a)(11)(B)** (42 U.S.C. 3026**(a)(11)(B)**) and 307**(a)(21)(A)** (42 U.S.C. 3027**(a)(21)(A)**) of the Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

(b) The policies and procedures set forth in **(a)** of this provision must at a minimum address:

(1) How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;

(2) The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;

(3) The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;

(4) How Title VI programs may refer individuals who are eligible for Title III and/or VII services;

(5) How services will be provided in a culturally appropriate and trauma-informed manner; and

(6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

Response:

In response to the Older Americans Act (OAA) Final Rule requirements, the Department has drafted policies and procedures that outline how the agency will implement 45 CFR § 1321.53. These policies and procedures were developed in consultation with the Title VI program director(s). Copies of the policy are publicly available within the Department's Programs and Services Handbook.

These policies and procedures coincide with the Department's Area Plan and Instructions. The Department's Area Plans require and ensure that AAAs 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;
- An assurance that the AAA will, to the maximum practical extent, 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.

Low Income Minority Older Adults

OAA Section 307(a)(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.

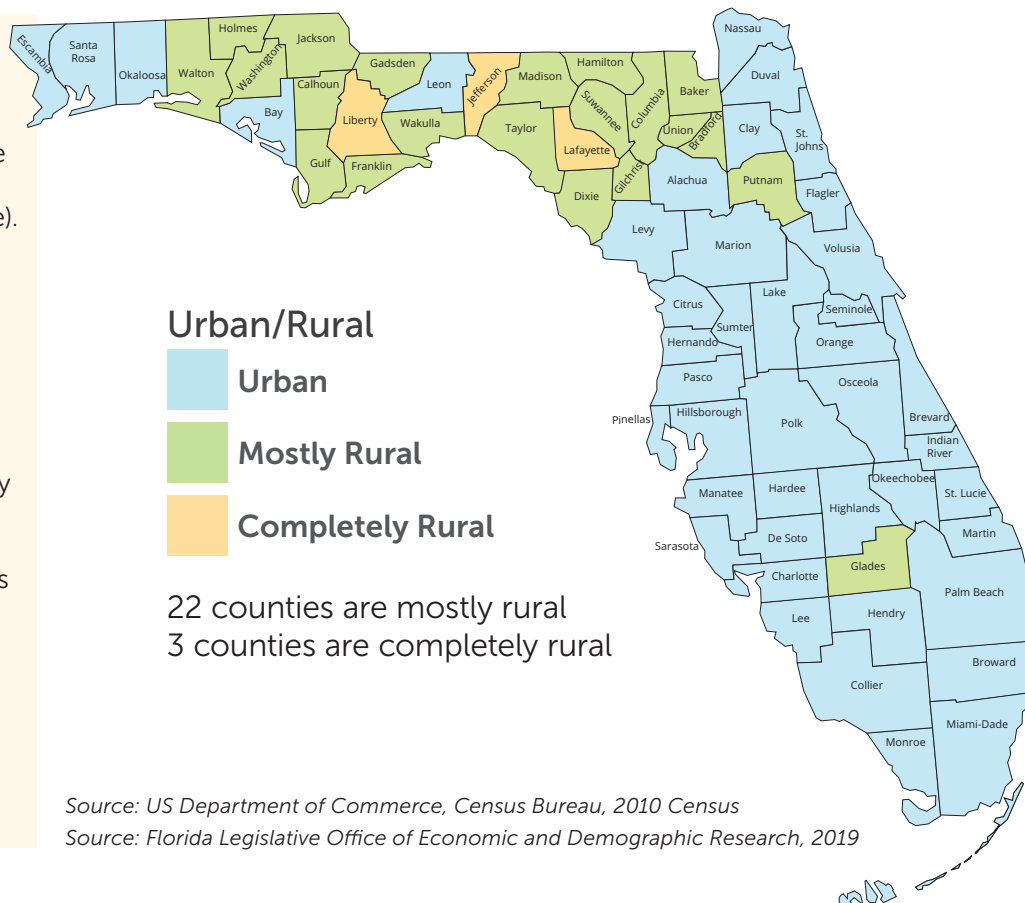
Each of the factors included in the ENI (Elder Needs Index) is based on the percentage of occurrence within the older adult population of each Census tract. The variables selected to build the ENI reflect the intent of the Older Americans Act to prioritize services for older adults who may experience greater barriers to care, such as limited income, social or geographic isolation, cultural or linguistic challenges, or the presence of disabilities.

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

- Percent of people 60 and older that are 85 and older;
- The percentage of individuals aged 55 and older who identify with non-majority racial or ethnic backgrounds,

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

- The Census Bureau defines rural as all population, housing, and territory not included within an urbanized area (50,000 or more people) or urban cluster (at least 2,500 and less than 50,000 people).
- It defines "rural" at the census tract level, so a county may have a mixture of rural and urban areas as building blocks.
- As a result, the rural portion of Florida encompasses a wide variety of settlements, from densely settled small towns and "large-lot" housing subdivisions on the fringes of urban areas, to more sparsely populated and remote areas.
- In addition to lower overall population, rural areas have a population density of fewer than 500 people per square mile.



- Percent of people 65 and older with one or more disabilities; and
- Percent of people 55 and older living below 125% 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).

Rural Areas – Hold Harmless

OAA Section 307(a)(3):

The plan shall—

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

- provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
- 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
- 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 aged 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 aged 60 and over who resided in rural areas to the total allotment, approximately \$2,195,575 should be expended on older adults residing in rural areas in FFY 2025-2026.

(See Table 1 located on page 49.)

Table 1: Projected Expenditures for All OAA Services for Rural Service Recipients 2026-29*

FFY	Projected Expenditures
2025-2026	\$2,195,575
2026-2027	\$2,283,398
2027-2028	\$2,374,734
2028-2029	\$2,469,723

* Florida has experienced various emergency-related demographic shifts across its regions during the last state plan period. Research suggests these changes may be temporary, as displaced populations often go through various "migration steps," with seniors more likely to either return to their original locations or remain in place¹. These shifts make identifying the rural senior population challenging.

To address this, the department has decided to revert to the 2000 hold-harmless allocation and calculate the projected cost with a 4% interest rate to account for population fluctuations. Meanwhile, Florida will maintain its targeted outreach efforts to support rural seniors.

Rural Areas – Needs and Fund Allocations

OAA 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 (91.5%) 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 49).

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 50 shows the estimated expenditures for rural residents in specific programs by PSA.

Assistive Technology

OAA 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 DOEA works with the 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 AAAs 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

1 Karácsonyi, D., Taylor, A., & Bird, D. (2020). The Demography of Disasters: Impacts for Population and Place. Springer. doi.org/10.1007/978-3-030-49920-4

strengthen and enhance communication and information, innovation and technology, and partnerships and sustainability. The Agency will review assistive technology options to ensure that they provide 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 agency will provide technical assistance to the AAAs on assistive technology options and initiatives.

Minimum Proportion of Funds

OAA 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 (3 percent).

Assessment of Statewide Service Delivery Model

OAA 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 aged 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. These migration trends are reflected in urban areas and are concentrated in the Central, Gulf Coast and Southern counties. As a result

of information collected through this needs assessment, DOEA will continue to monitor growth in this population and adjust shift resources as this population grows, as well as monitor changes in demographics to address shifts in the make-up of this population.

Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding

45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

- (A) Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;
- (B) Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;
- (iii) Such meals are to be provided to complement the congregate meal program:
 - (A) During disaster or emergency situations affecting the provision of nutrition services;
 - (B) To older individuals who have an occasional need for such meal; and/or
 - (C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

- (1) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;
- (2) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;
- (3) Description of the eligibility criteria for service provision;
- (4) Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; and
- (5) Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

Response:

The Department's Area Plan Template and Instructions requires AAAs to ensure that they will plan for shelf stable and grab-n-go meals. These meals must not exceed 25% of the Title III part C-1 funds. These meals are provided to complement the congregate meal program and provide more choices for individuals in need of alternatives for a congregate meal setting.

The Department will add a metric to the monitoring tool to review impact on congregate meals program participation. The Department will require the AAAs to describe how such meals will be targeted to the identified populations.

The Departments Program and Services Handbook provides the following instruction for service provision:

- A. The intention of Grab and Go meals is for the client or caregiver to transport themselves to the Grab and Go pickup location and transport the food directly to wherever the client will consume the meal.

- B.** The client is responsible for food safety after the Grab and Go meal has been served to the client. Providers shall post a sign stating: "For health reasons, taking out potentially hazardous foods from the meal site is at your own risk. You are responsible for safely transporting the food to where you will consume it. The meal must be eaten as soon as possible to avoid potential illness or contamination." The risk of foodborne illness should be stressed and should be addressed through nutrition education.
- C.** Grab and Go meals cannot be transported back to the preparation site.
- D.** Grab and Go meals shall be stored properly or discarded at the Grab and Go pickup location.
- E.** Grab and Go meals may not be frozen to be served as client meals later.
- F.** Menu development and Nutrient Requirement: Menus must be written in accordance with DOEA standards (See section: "Menu Development Review and Approval Requirements").
 - a.** Provider Qualifications:
 - i.** The provider must be a licensed food service provider, such as a home delivered meal provider, traditional congregate meal site, pop-up site, restaurant/cafe, grocery or convenience store, food truck.
- G.** Client Eligibility must follow Congregate Meals or Home Delivered Meals, depending on how the meal is reported and billed.
- H.** Site Accessibility and Suitability:
 - a.** Basic Conditions: Providers must ensure that Grab and Go pickup locations are established as follows:
 - i.** Within proximity to most eligible individuals' residences as feasible; and
 - ii.** Located at a facility where individuals will feel free to visit. The selection shall also ensure the type and location of the facility so as not to offend the



cultural and ethnic preferences of the individuals in the service area.

- b.** Responsible Individual: There must be an individual, either volunteer or paid staff, who is responsible for all activities at the site.
- c.** Physical Plant Standards: Sites should be clean and neat, have adequate lighting and ventilation, and meet all applicable health, fire, safety, and sanitation regulations.
- d.** Adequate Time of Operation: The site should be open each day meals are served, for a period adequate for all clients to leisurely pick up a Grab and Go meal. Lunch meals should be served between 10:30 a.m. and 2:30 p.m., unless there is prior approval from DOEA.
- I.** Safely Transporting Food
 - a.** Taking Food Home: The safety of food after it has been served to a client and when it has been removed from the Grab and Go pickup location is the responsibility of the client. This policy must be available and posted at each Grab and Go pickup location.
 - b.** Cold and hot food shall be packaged and packed separately.

- c. Food utensils shall be completely wrapped or packaged to protect them from contamination.
 - d. Food containers should be sectioned so that food does not mix, leak, or spill.
 - e. Food containers must be constructed as to prevent food contamination by dust, insects, animals, vermin, or infection.
- J. Reporting to Congregate Meals or Home Delivered Meals**
- a. Grab and Go Congregate Meals
 - i. Grab and Go meals consumed at home while congregating shall be reported in eCIRTS with service code CNMLGO;
 - b. Congregating at home shall be conducted through in-person or virtual interaction:
 - i. In-person: one-to-one with a program volunteer or group interaction, eating with only family or household members does not count as congregating;
 - ii. Virtual: shall be arranged by the nutrition provider and may include Google Meet, Zoom, FaceTime, Microsoft Teams, or similar applications.
 - c. Clients receiving Grab and Go congregate meals can be dual enrolled in Statewide Medicaid Managed Care Long-Term Care but must have their own transportation to and from the Grab and Go pickup location.

Funding Allocation – Ombudsman Program

45 CFR Part 1324, Subpart A:

How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

Response:

The State Agency will establish policies and procedures that ensure independence of the LTCOP while also integrating it into Florida's

Aging Network. The Agency will also ensure that any state-level policy, regulation, or guidance aligns with federal requirements and does not impede the Ombudsman's ability to carry out its advocacy role. Title III-B funds will be allocated to support Ombudsman activities such as advocacy, consultation, and complaint resolution for long-term care residents.

Title VII funds will be used to carry out specific ombudsman services, to include investigating and resolving complaints, providing systemic advocacy to improve long-term care policies, and training volunteers and staff to advocate for residents. The Agency will ensure that funds are used appropriately and efficiently in accordance with federal and state laws and are not used for activities that compromise the Ombudsman's independence.

Funding Allocation – Elder Abuse, Neglect, and Exploitation

45 CFR § 1321.27 (k):

How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

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.

Monitoring of Assurances

45 CFR § 1321.27 (m):

Describe how the State agency will conduct monitoring the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

Response:

The Monitoring and Quality Assurance (MQA) Unit will conduct a monitoring of each AAA at least every three (3) years, more often if needed based on an annual risk assessment. This is undertaken to ensure subrecipient activities make proper use of funds and are in full compliance with laws, regulations, and applicable contracts. Starting in 2023, a new three-year review cycle for the AAAs was implemented, grouping the 11 AAAs into three sets for more comprehensive reviews each year. MQA's monitoring scope is based off contract requirements and the Department's "Program and Services Handbook", both which detail various state and federal requirements, such as the Older American's Act. MQA reviews programmatic, operational, administrative, and fiscal requirements based on the Code of Federal Regulations (CFR). For each AAA being monitored, MQA will conduct an extensive desk review of various documentation and client records, which takes about five weeks to complete. That is followed by a three to five day onsite visit to the AAA which will include the review additional/ supplemental documentation (if needed), congregate meal site visits, live call observations of the Information and Referral Elder Helpline, staff and client interviews, inventory review, and general operational observations. MQA's oversight activities focus on areas like governance, service delivery, subcontractor oversight, finance, grievances, and data integrity. MQA's monitoring is documented on various monitoring tools, which are updated each year. The monitoring results are summarized in a monitoring report and submitted to the AAA's Board of Directors. The monitoring report details instances of non-compliance that require a corrective action plan, suggestions for improvement, and specific AAA highlights.

State Plans Informed by and Based on Area Plans

45 CFR § 1321.27 (c):

Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

Response:

Each AAA in Florida conducts needs assessments as part of their Area Plans. These assessments, which include reports, surveys, and evaluations, focus on the needs of older adults in areas such as health, housing, transportation, social services, and overall well-being. The results were compiled, summarized, and compared across Planning and Service Area (PSA), highlighting variations in each area. Special attention is given to the unique challenges and initiatives within each PSA, as well as state-wide trends. This information is crucial in developing the state plan.

The Department specifically reviewed the AAAs' SWOT (Strengths, Weaknesses, Opportunities, and Threats) analyses for the 2022-2025 State Plan Period. These analyses pointed out challenges such as limited resources, heavy staff workloads, and difficulties reaching isolated seniors, particularly in rural areas. However, opportunities to enhance technology, community engagement, education, and caregiver support were identified. These efforts have strengthened staff and volunteer commitment, expanded services, and addressed challenges through innovative funding sources and outreach, helping to improve public perception.

The findings from these assessments are the foundation for program development, policy decisions, advocacy, and collaboration with stakeholders. Four key themes emerged:

1. Aging in Place & Quality of Life
2. Healthcare Access & Wellness
3. Transportation Needs
4. Social Isolation & Community Engagement

Figure 2: Public Input and Review

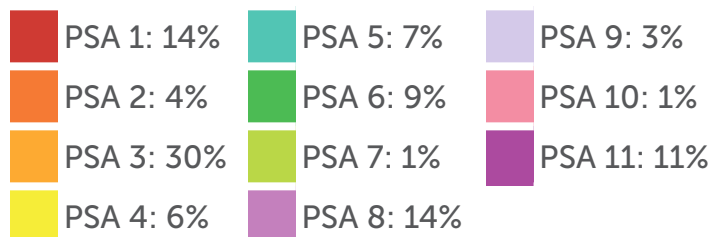
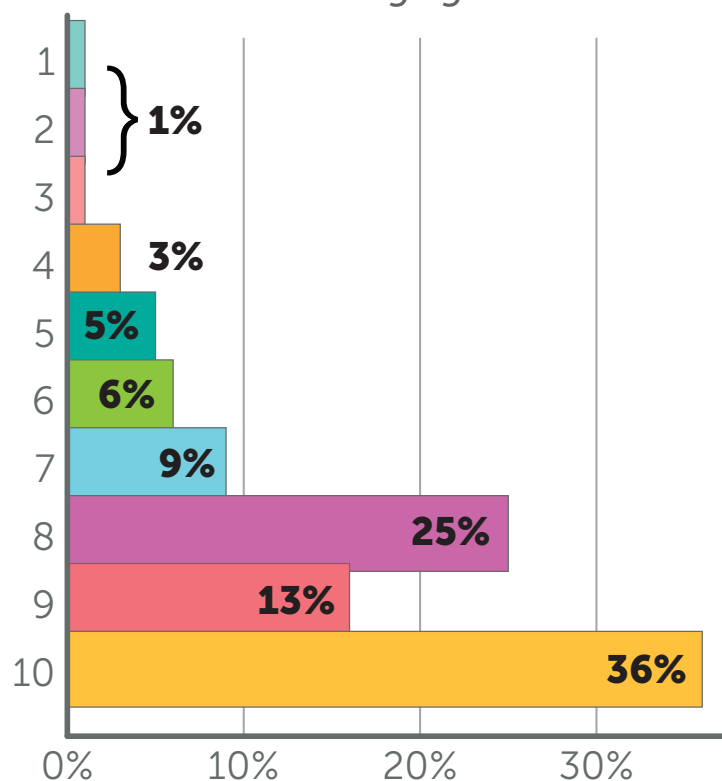


Figure 3: Survey Question: "How would you rate these goals for the State Plan on Aging."



These themes, combined with input from the Public Input Survey, guided the creation of the 2026-2029 State Plan on Aging.

Public Input and Review

45 CFR § 1321.29:

Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan. Describe how the public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.

Public Input

Response:

The Department received public input through a survey posted in the semi-annual *Aging Outlook* newsletter in December of 2024, and comments were collected for 20 days. Additionally, the survey was sent via email to the AAAs for their input and to increase collaboration. The public's input was reviewed and incorporated into the final version of the State Plan to ensure that it aligns with the needs of older Floridians.

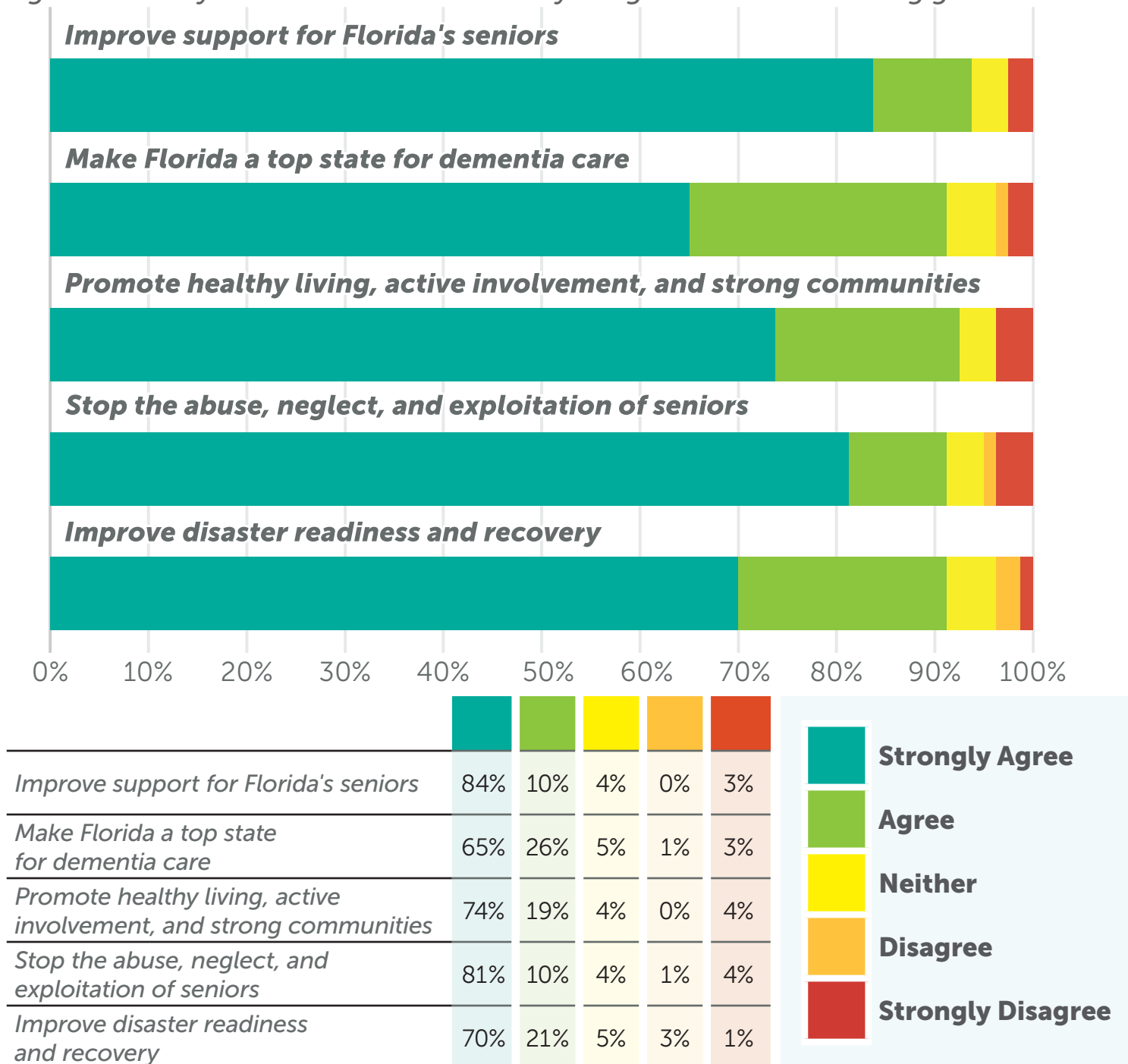
We can confirm that all regions of the state were represented, with the highest representation from PSA 1, 3, and 8.

Over 80% of respondents supported the current State Plan's goals (see Figure 3), with the individual goals receiving between 65-84% support (see Figure 4).

Through this feedback, five themes emerged:

1. Affordable Housing & Homelessness Concerns
2. Need for Increased Transportation & Service Access
3. Need for Caregiver Support
4. Increased Protections from Elder Exploitation & Abuse
5. Need for Increased Active Aging & Healthy Living

Figure 4: Survey Question: "How much do you agree with the following goals?"



Public Review

Response:

Legal Assistance Developer

45 CFR § 1321.27 (l):

How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

Response:

The current Legal Services Developer position within the DOEA supports legal assistance

programs for individuals 60 and older, focusing on legal rights and resources. The role, now called Legal Assistance Developer, is held by a licensed attorney responsible for managing the Office of State Legal Assistance Development. This position coordinates with the Ombudsman program, Adult Protective Services, and provides training and support to legal service providers statewide. It operates within the agency's Office of General Counsel, separate from other related offices.



Emergency Preparedness Plans – Coordination and Development

OAA 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 affected 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 requires the state's AAAs to designate a predetermined amount of federal funds for serving older adults affected 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 received a TaxWatch Productivity Team Award for disaster-related mapping activities. TaxWatch provides these prestigious annual awards to state employees or state employee teams for saving or maximizing state dollars. 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.

Emergency Preparedness Plans – Involvement of the head of the State agency

OAA Section 307(a)(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.

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 other 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. DOE's CEMP is updated annually. The AAAs' CEMP will be reviewed on an annual basis by DOE's ECO. AAAs will annually review local service provider plans.

Additionally, DOE 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. DOE's COOP is updated annually. The AAAs' COOPs are reviewed on an annual basis by DOE's ECO. AAAs will annually review local service providers' COOPS.

Through partnerships with other state agencies, DOE 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.

Attachment C: Intrastate Funding Formula Requirements

The State IFF (Intrastate Funding Formula) 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-

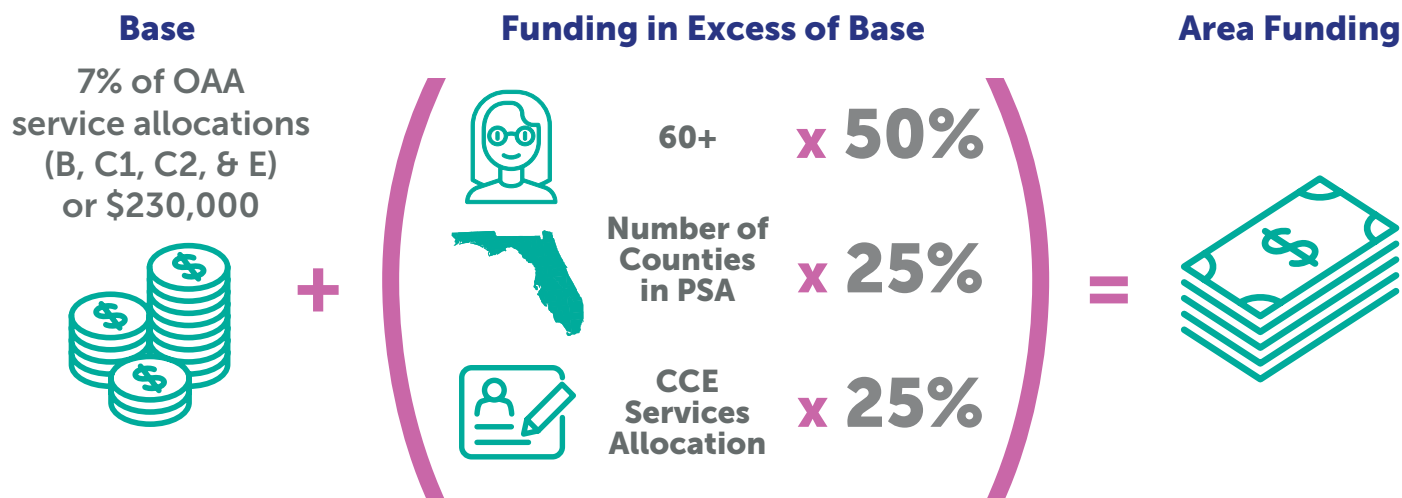
- (i) the geographical distribution of older individuals in the State; and
- (ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals."

OAA, Sec. 305(d)

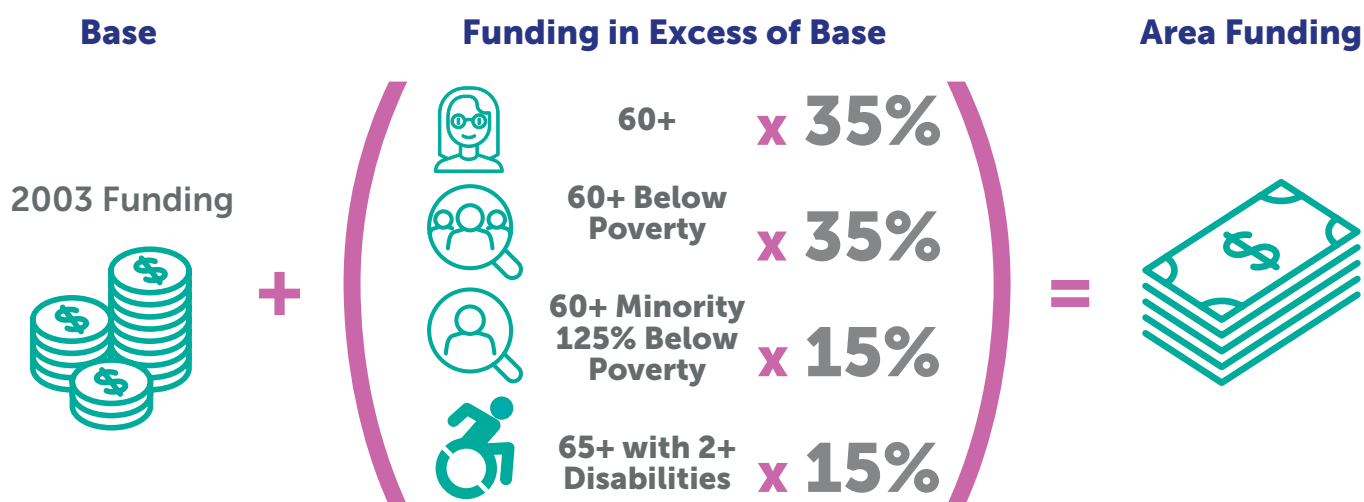
(d) The publication for review and comment required by paragraph (2) (C) of subsection (a) shall include—

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

CURRENT FORMULA FOR OAA ADMINISTRATIVE FUNDS



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



- (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.

Florida's Intrastate Funding Formula

Florida's IFF (Intrastate Funding Formula) meets the requirements of the OAA, Section 305(a) (2)(C), by considering the distribution of older individuals across the state and among Planning and Service Areas (PSAs), focusing on those with the greatest economic and social need, especially low-income minorities. The same funding formula have been in place since 2003

– 2004, except for minor technical adjustments introduced in the 2013-2016 State Plan on Aging.

To determine the IFF factors across the 11 PSAs, the Department of Elder Affairs relies on data from the following sources:

- 5-year estimates from the American Community Survey
- Florida Administrative Code
- Florida Department of Elder Affairs Operating Budget
- Florida Department of Health
- Florida Demographic Estimating Conference (FDEC)

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 50) 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 aged 65 and older and medically hard-to-reach and 50 percent of the population below poverty aged 60 and older, and then applying a "hold harm- less" 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 Title 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 62).

Table 2: 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 to the 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 of 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 of 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 3: 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 aged 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 4: 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 5: Older Americans Act Awards: Titles III and VII Grant Award

Grant Award: 2024 Older Americans Act Allocation

Grant Award Titles III and VII		ASSUMPTIONS FOR THESE ALLOCATION: <ol style="list-style-type: none"> 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 the same as 2019 (\$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, awards must be evidence-based. 6. Contract Period: January 1, 2024, through December 31, 2024. 7. Allotments do not include transfers of titles.
Allotment/ Modification	Total Amount III and VII	
Florida's 2024 Allotment ¹	\$122,282,381	
State Agency Administration ²	\$6,013,966	
Long-Term Care Ombudsman Program ³	\$2,063,968	
Elder Abuse Prevention	\$343,762	
AAA Balance of the Grant Award	\$113,860,684	
AAA Administration ⁴	\$11,386,068	
AAA 2024 Service Allocation	\$102,474,616	

Florida's Allotments Under the Older Americans Act							
Allotment/ Modification	III B	III C1	III C2	III D	III E	VII Section 712	VII Section 720
Florida's 2024 Allotment ¹	\$31,163,381	\$42,577,395	\$28,529,464	\$1,997,008	\$16,012,063	\$1,659,308	\$343,762
State Agency Administration ²	\$14,782	\$1,700,851	\$1,091,435	\$42,276	\$3,164,623	-	-
Long Term Care Ombudsman Program ³	\$404,660	-	-	-	-	\$1,659,308	-
Elder Abuse Prevention	-	-	-	-	-	-	\$343,762
AAA Balance of the Grant Award	\$30,743,939	\$40,876,544	\$27,438,029	\$1,954,732	\$12,847,440	-	-
AAA Administration ⁴	\$3,269,867	\$4,087,654	\$2,743,803	-	\$1,284,744	-	-
AAA 2024 Service Allocation	\$27,474,072	36,788,890	\$24,694,226	\$1,954,732	\$11,562,696	-	-

OLDER AMERICANS ACT KEY

III B Supportive Services

III C1 Congregate Meals

III C2 Home Delivered Meals

III D Preventive Health

III E National Family Caregiver

VII Section 712 Ombudsman Activity

VII Section 720 Elder Abuse Prevention

Table 6: 2024 Older Americans Act Grant Award -
Allocations, III B, III C, III D, III E Contracts

PSA	III B	III C1	III C2	III D	III E
1	\$861,957	\$1,110,303	\$728,667	\$108,520	\$358,648
2	\$987,416	\$1,259,866	\$822,272	\$96,761	\$409,531
3	\$2,668,397	\$3,520,559	\$2,341,964	\$299,720	\$1,119,402
4	\$2,389,556	\$3,182,160.	\$2,127,734	\$155,752	\$1,005,655
5	\$2,188,286	\$2,877,347	\$1,910,477	\$167,709	\$916,924
6	\$3,078,336	\$4,104,083	\$2,745,881	\$183,437	\$1,296,043
7	\$2,349,927	\$3,270,717	\$2,238,610	\$223,386	\$1,004,443
8	\$2,366,843	\$3,216,795	\$2,174,610	\$128,399	\$1,003,196
9	\$2,814,894	\$3,776,554	\$2,535,396	\$136,785	\$1,187,721
10	\$2,355,038	\$3,210,854	\$2,174,211	\$143,035	\$999,297
11	\$5,363,422	\$7,184,654	\$4,819,405	\$311,228	\$2,261,835
Total	\$27,424,072	\$36,713,892	\$24,619,227	\$1,954,732	\$11,562,695

PSA	OAA Formula Administrative Allocation	GR Formula Administrative Allocation	OAA Contract Amount Including GR
1	\$396,523	\$14,570	\$3,470,668
2	\$575,488	\$19,462	\$4,074,035
3	\$1,270,899	\$38,307	\$10,959,528
4	\$1,036,660	\$31,252	\$9,773,017
5	\$906,549	\$27,690	\$8,827,273
6	\$1,227,286	\$37,016	\$12,488,645
7	\$996,852	\$29,168	\$9,889,717
8	\$1,085,279	\$32,233	\$9,878,956
9	\$1,165,968.	\$34,977	\$11,515,510
10	\$928,922	\$27,812	\$9,696,134
11	\$1,795,642	\$54,511	\$21,479,469
Total	\$11,386,068	\$346,998	\$112,052,952

OLDER AMERICANS ACT KEY

III B Supportive Services

III C1 Congregate Meals

III C2 Home Delivered Meals

III D Preventive Health

III E National Family Caregiver

Table 7: 2024 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

Table 8: 2024 Older Americans Act Nutrition Services Incentive Program Funding History and Numbers Served

Federal Fiscal Year	Allocated Funding	Eligible Meals
2019-2020	\$6,323,772	12,949,785
2020-2021	\$6,272,944	12,768,421
2021-2022	\$6,292,520	8,552,109
2022-2023	\$6,290,598	9,080,022
2023-2024	\$7,945,375	9,804,70

Source for meals served: eCIRTS

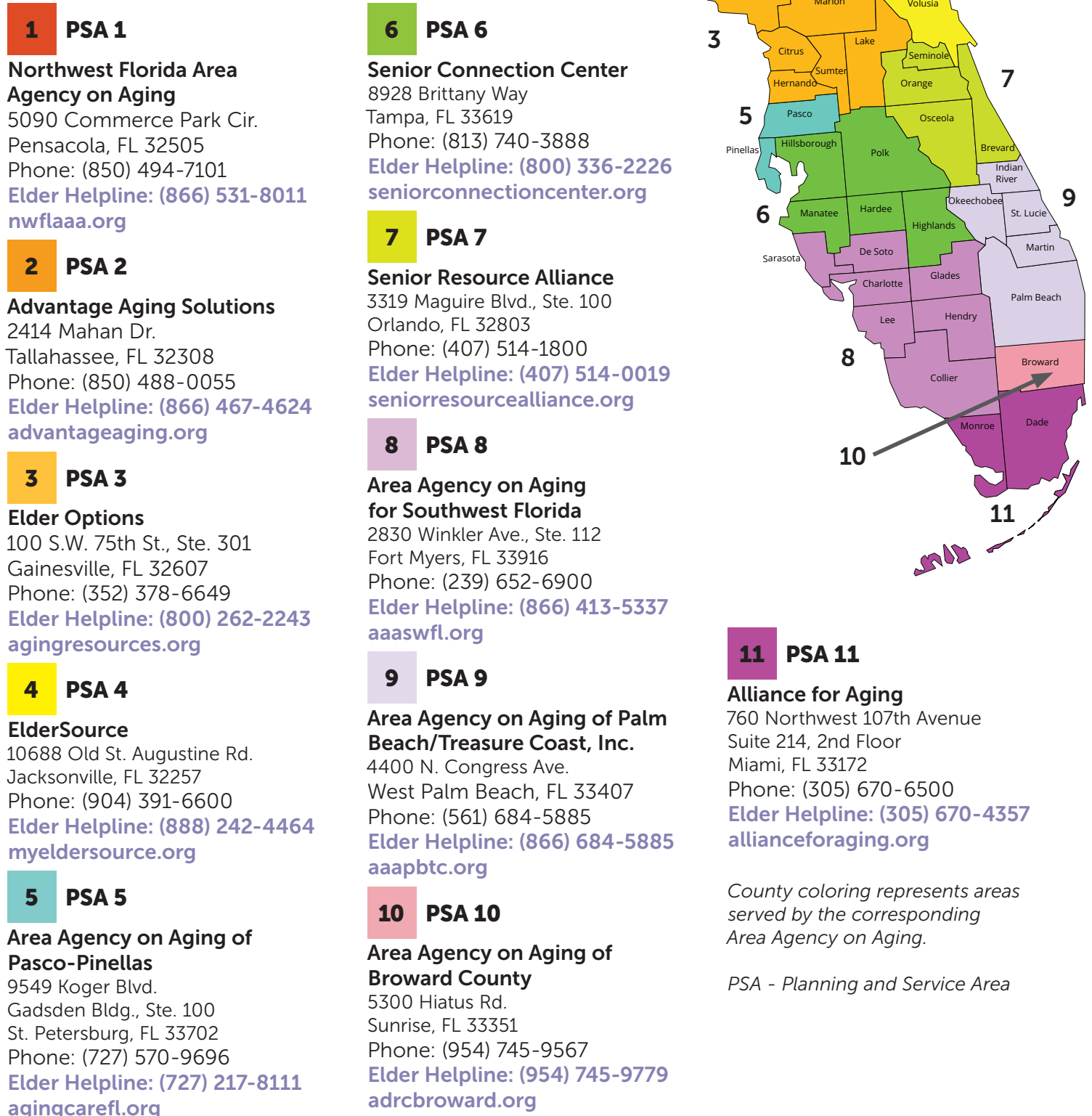
Funding Source and Allocation Methodologies

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



Attachment D: Identification of the Geographic Boundaries

Area Agencies on Aging





Attachment E: Evidence of Providing the Minimum Public Comment Period

Evidence of Providing the Minimum Public Comment Period must be included with each State Plan. The State Plan must include information that demonstrates the SUA's compliance with the minimum time period (i.e., at least thirty (30) calendar days, absent a waiver from the ASA) for public review and comment on the new State Plan, pursuant to 45 CFR § 1321.29(c).

The Department of Elder Affairs made the "Draft Florida State Plan on Aging 2026-2029" available on its website from April 16, 2025, to May 16, 2025. The survey, hosted on Microsoft Forms, was designed to gather feedback on the draft plan, it provided a platform for individuals to share their thoughts and suggestions on how the state can better support its aging population. Additionally, members of the public were invited to submit their comments directly to the department via email.

Appendix 1: Performance Measures and Standards

Performance Measures and Standards for the Department of Elder Affairs as outlined in Chapter 216 of the Florida Statutes, within the Long-Range Program Plan (LRPP).

Outcome/Output Measure	Current Standard	2022-23 Performance
Number of CARES assessments	85,000	125,400
Number of days for determination of medical eligibility (CARES)	12 days	9.9 days
Number of assessments completed by individual assessors daily for determination of medical eligibility (CARES) ¹		5 per day
Percent of individuals new to the Aging Network who are put on the pre-enrollment list for the Statewide Medicaid Managed Care Long-term Care Program within one (1) business day of being screened ¹		98.23%
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%	95.75%
Percent of Adult Protective Services (APS) referrals who need immediate services to prevent further harm who are served within 72 hours	97%	79.67%
Percent of elders assessed with high or moderate risk environments who improved their environment score	79.3%	65.28%
Percent of active clients eating two or more meals per day ¹	95%	92.97%
Percent of new service recipients whose ADL assessment score has been maintained or improved	65%	64.64%
Percent of new service recipients whose IADL assessment score has been maintained or improved	62.3%	68.97%
After service intervention, the percentage of caregivers who self-report being very confident about their ability to continue to provide care ¹	86%	72.72%
Percent of customers who are at imminent risk of nursing home placement who are served with community-based services	90%	67.53%
Number of elders with Alzheimer's disease or cognitive impairment served ¹	30,000	38,058
Number of elders served with registered long-term care services	186,495	363,478
Number of congregate meals provided	5,330,535	5,486,795
Number of home-delivered meals provided ¹	6,000,000	9,532,750

Outcome/Output Measure	Current Standard	2022-23 Performance
Number of elders served (meals, nutrition education, and nutrition counseling)	81,903	68,784
Number of elders served (caregiver support)	54,450	36,809
Number of elders served (early intervention/prevention)	355,908	472,738
Number of elders served with community-based long-term care services ¹	200,000	243,284
Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions	1.8%/22.2%	2.77% / 15.60%
Percent of complaint investigations initiated by the ombudsman within seven (7) business days	91%	96.97%
Number of complaint investigations completed within 120 calendar days (long-term care ombudsman council) ²	8,226	2,833
Percent of case investigations completed by the ombudsman within 120 calendar days ¹	90%	93.19%
Number of advocacy efforts completed by the Long-Term Care Ombudsman Program	25,000	22,454
Percent of service activities on behalf of frail or incapacitated elders initiated by public guardianship within five (5) days of receipt of request	100%	98.37%
Number of judicially approved guardianship plans including new orders	2,00	4,230

1 DOEA has requested the addition of this new measure in its Long-Range Program Plan FY 2022-2023 through FY 2028-2029.

2 The Long-Term Care Ombudsman Program (LTCOP) is requesting revision of this measure due to a change in reporting requirements. The approved measure "Number of complaint investigations completed" is revised to "Number of complaint investigations completed within 120 calendar days". LTCOP is requesting a revision to the standard from 8,226 to 5,000.

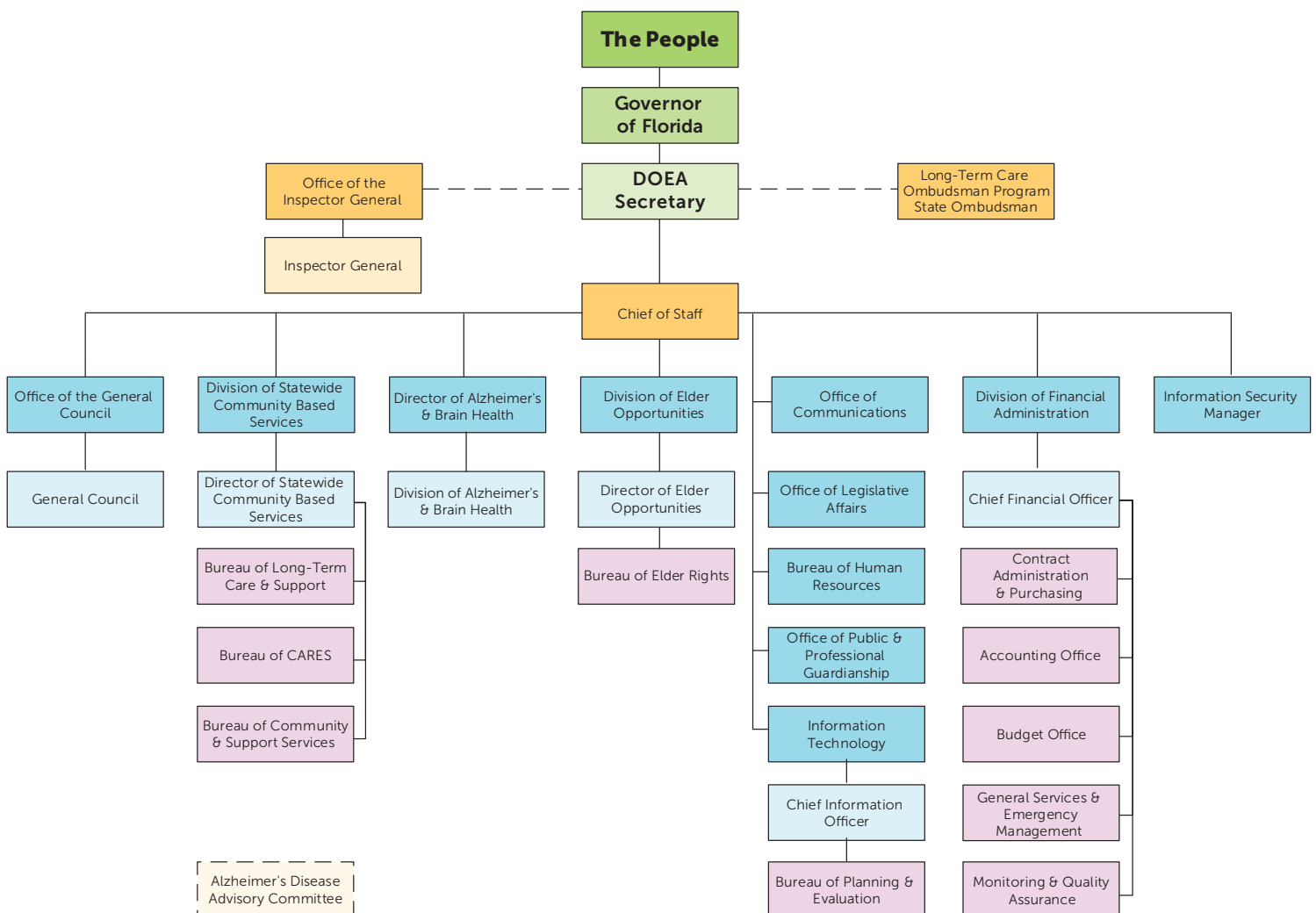
Appendix 2: Florida Department of Elder Affairs Organizational Structure

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 & private agencies to represent the interests of older Floridians, their caregivers, and elder advocates. The organizations and providers that help create a better life for Florida's 6.3 million seniors make up Florida's Aging Network. Important to the Aging Network are the 11 Area Agencies on Aging (AAAs), also called Aging and Disability Resource Centers (ADRCs), that provide a wide range of programs and assistance. Each AAA is managed at the

local level and is responsible for selecting the services and providers to assist older adults within each county. Through OAA-funded partnerships with the AAAs, DOEA provides community-based care to help seniors safely age with dignity, purpose, and independence.

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

The following diagrams and program descriptions demonstrate how the Department is organized to meet all federal, state, and local requirements, and further the agency's mission to support Florida's seniors, their families, and caregivers.



Appendix 3: Older Americans Act Programs

The Department provides complete and updated descriptions of the Programs and Services offered in the Programs & Services Handbook (<https://elderaffairs.org/publications-reports/programs-services-handbook/>), and the annual Department Overview (<https://elderaffairs.org/publications-reports/summary-of-programs-and-services/>).

OAA Title III B – Supportive Services

Overview

- The purpose of the OAA Title III B program is to provide supportive services to enhance the well-being of elders and to help them live independently in their home environment and the community.

Legal Authority

- Older Americans Act, Title III Grants for State and Community Programs on Aging; Part B—Supportive Services and Senior Centers, Section 321
- Older Americans Act, Title III, Part B, Section 306(b)(2)(A) through (D) 42 U.S.C. 3030d

Services and Activities

- Supportive services consist of the following:
 - » Access services including transportation, outreach, information and referrals;
 - » In-home services including homemaker, home health aide, home repair, companionship, telephone reassurance, chore, respite, and other supportive services for families of elders living with Alzheimer's disease and related dementias (ADRD); and
 - » Legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

OAA Title III C1 – Congregate Meals

Overview

- The AAA may award nutrition service funds received under Title III C1 and Title III C2 for the provision of nutrition services that assist older individuals in Florida to live independently, with better health through improved nutrition and reduced isolation. Nutrition services are provided through programs coordinated with nutrition-related supportive services and include the procurement, preparation, transport, and service of meals; nutrition education; nutrition screening; nutritional assessment; and nutrition counseling. In making these awards, the AAA must ensure that congregate and home-delivered meals are provided to eligible individuals based on their assessment of need.

NOTE: While the AAA must ensure congregate meals through Title III C1 and home-delivered meals through Title III C2, the AAA may choose to procure and award separate Title III C1 and Title III C2 providers.

- The purpose of the nutrition program is to:
 - » Reduce hunger and food insecurity. (Food insecurity occurs when an individual has a limited or uncertain availability of nutritionally adequate and safe food or ability to acquire acceptable foods in socially acceptable ways.)
 - » Promote socialization.
 - » Promote health and well-being of older individuals by assisting them in gaining access to nutrition and other disease prevention and health-promotion services. The intent is to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.
 - » Nutrition services to older clients at community dining centers or in their homes include procurement, preparation, transportation, and service of meals; nutrition counseling; and nutrition education.
 - » Prevent malnutrition and promote good health behaviors through participant

nutrition education, nutrition screening, and intervention; serve wholesome and delicious meals that are safe and have good quality, through the promotion and maintenance of high food safety and sanitation standards; promote or maintain coordination with other nutrition-related supportive services for older adults; and

- » Target older adults who have the greatest economic or social need with attention to low-income minority and rural clients.

Legal Authority

- Older Americans Act, Title III C Subpart 1, Section 331 42 U.S.C. 3030e
- Older Americans Act, Title III C, Subpart 2, Sections 336, 337, 339 42 U.S.C. 3030f, g, g-21
- The National Nutrition Monitoring and Related Research Act of 1990 (Public Law 101–445)
- U.S. Department of Health and Human Services Public Health Service Food and Drug Administration, Food Code: ([fda.gov/food](https://www.fda.gov/food))
- U.S. Department of Agriculture ([usda.gov](https://www.usda.gov))
- Americans with Disabilities Act – 42 U.S.C. 12101
- Healthy People 2030 ([healthypeople.gov](https://www.healthypeople.gov))
- Dietary Guidelines ([health.gov/our-work/nutrition-physical-activity/dietaryguidelines](https://www.health.gov/our-work/nutrition-physical-activity/dietaryguidelines))
- Chapter 509.039, Florida Statutes – Food Manager Certification
- Chapter 64E-11, Florida Administrative Code – Food Hygiene
- Chapter 468.509 Florida Statutes – Dietitians/Nutritionist
- Chapter 64B8 Florida Administrative Code – Dietitians/Nutritionist
- DASH Diet ([nhlbi.nih.gov/health/public/heart/hbp/dash/index.htm](https://www.nhlbi.nih.gov/health/public/heart/hbp/dash/index.htm))



Services and Activities

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

OAA Title III C2 – Home-Delivered Meals

Overview

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

Legal Authority

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

Services and Activities

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

OAA Title III – Nutrition Services Incentive Program

Overview

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

Legal Authority

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

Services and Activities

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

OAA Title III D – Disease Prevention and Health Promotion Services

Overview

- The primary purpose of the Title III D Evidence-based Disease Prevention and Health Promotion Services program is to provide services and activities that have been demonstrated through rigorous evaluation to be effective evidence-based programs to assist older adults in maintaining a healthy lifestyle. As set forth by the Older Americans Act, the Department shall give priority to areas of the State that are medically less-served, and areas where there are large numbers of older individuals who have the greatest economic need for Title III D services. Additionally, the OAA requires targeting services to older individuals with the greatest economic need and individuals with greatest social need, with particular attention to low-income individuals, including low-income minority individuals, older individuals with limited English proficiency, and older individuals

residing in rural areas. Title III D services may be provided through the following venues:

- » Senior centers;
- » Congregate meal sites;
- » Virtual classes; and
- » Other appropriate senior locations.
- Descriptions of these services are included in Appendix A, Service Descriptions and Standards, of the Department of Elder Affairs Programs and Services Handbook.

Legal Authority

- Older Americans Act, Title III, Part D, Sections 361 42 U.S.C. 3030m, n

Services and Activities

- OAA Title III D services include the following programs:
 - » Caregiver Support
 - » Diabetes
 - » Falls Prevention
 - » Chronic Conditions
 - » Nutrition and Wellness
 - » Mental Health
 - » Physical Activity/Exercise

OAA Title III E – National Family Caregiver Support Program

Overview

- The purpose of Title III, Part E, is to enable AAAs and entities that AAAs contract with, to provide multifaceted systems of support services to the following individuals:
 - » Family caregivers; and
 - » Grandparents or older individuals, 55 years of age or older, who are relative



caregivers of children not more than 18 years old or individuals with disabilities.

Legal Authority

- » Older Americans Act, Title III, Part E, Sections 371-376 42 U.S.C. 3030s
- » Developmental Disabilities Assistance and Bill of Rights Act, Section 102 42 U.S.C. 6001

Services and Activities

- Caregiver support services: Services are directed to caregivers who provide care for individuals 60 and older, including respite, adult day care, and assistance in the areas of health, nutrition, and financial literacy.
- Caregiver supplemental services: Supplemental services are available to

caregivers of frail individuals aged 60 and older or grandparents providing care to grandchildren to complement the care provided by caregivers. Services include chores, housing improvement, legal assistance, and specialized medical equipment and supplies.

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

OAA Title V – Senior Community Service Employment Program

Overview

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

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

Legal Authority

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

Services and Activities

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

with placement in unsubsidized employment, and follow-up support once placed.

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

OAA Title VII Section 712 – Long-Term Care Ombudsman Program

Overview

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

Legal Authority

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

Services and Activities

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

- Provides information, assistance, and other resources regarding residents' rights in all long-term care facilities;

- Helps develop and support resident and family councils to protect the well-being of residents;
- Conducts quarterly routine access visits that focus on quality-of-life issues in each long-term care facility;
- Responds to complaints filed by long-term care residents, their families, or guardians; and
- Monitors the development and implementation of federal, state, and local laws, regulations and policies that pertain to the health, safety, welfare, and rights of residents in long-term care facilities.

OAA Title VII Section 720 – Prevention of Elder Abuse, Neglect, and Exploitation Program

Overview

The purpose of the Title VII Prevention of Elder Abuse, Neglect and Exploitation Program (ANE) is designed to develop, strengthen and carry out programs for the prevention, detection, assessment and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation, including financial exploitation by:

- Providing for public education and outreach to identify and prevent elder abuse, neglect, and exploitation;
- Providing for public education and outreach to promote financial literacy and prevent identity theft and financial exploitation of older individuals;
- Conducting training for individuals, including caregivers, professionals, and paraprofessionals, in relevant fields on the identification, prevention, and treatment of elder abuse, neglect, and exploitation; and
- Developing collaborative relationships with community organizations and multidisciplinary groups.



Appendix 4: State-Funded Programs

Alzheimer's Disease Initiative

Overview

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

Legal Authority

Sections 430.501-430.504, Florida Statutes.

Services and Activities

Respite Services for Caregivers

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

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

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

Legal Authority

- CFDA 93.041, Title VII, Older Americans Act of 1965, as amended; Title VII, Subtitle A, Chapter 1 and Chapter 3 (Section 721), and Subtitle C.
- 42 USC §§ 3058(a) – (i).

Services and Activities

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

The program also distributes and publishes online educational resources.

Memory Disorder Clinics

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

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

Alzheimer's Disease and Related Dementias Training

Overview

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

Legal Authority

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

Services and Activities

This program sets education standards for professional caregivers, certifies training providers and curricula, and evaluates training providers to ensure high-quality care in licensed

settings, as mandated by s. 430.5025 F.S., for the following entities licensed in Florida:

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

Community Care for the Elderly

Overview

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

Legal Authority

Sections 430.201-430.207, *Florida Statutes*.

Services and Activities

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



Home Care for the Elderly Program

Overview

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

Legal Authority

- Sections 430.601–608, F.S. as created by Chapter 95-418, Laws of Florida
- Chapter 58H-1, F.A.C.

Services and Activities

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

Local Services Programs

Overview

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

Legal Authority

General Appropriations Act, State of Florida.

Services and Activities

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

Office of Public and Professional Guardians

Overview

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

Legal Authority

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

Services and Activities

The OPPG appoints local public guardians to provide guardianship services to people who do not have adequate income or assets to afford a private guardian and there are no willing family or friends to serve. The OPPG, which contracts with 16 local Offices of Public Guardianship throughout Florida, is also

responsible for the registration and education of professional guardians. Since 2016, the OPPG has expanded its responsibilities to include oversight and regulation of approximately 550 or more professional guardians statewide, which includes investigating, and if appropriate, disciplining the guardians in violation of law.

Respite for Elders Living in Everyday Families Program

Overview

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

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

Legal Authority

- Section 430.071, Florida Statutes.

Services and Activities

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

Comprehensive Assessment and Review for Long Term Care Services Program

Overview

Federal law requires that Medicaid Home and Community-Based Services (HCBS) waiver program and nursing facility applicants meet established medical criteria for HCBS waiver program and nursing facility services. In Florida, the Comprehensive Assessment and Review for Long Term Care Services Program (CARES) is responsible for determining medical eligibility (level of care) for HCBS Medicaid waiver programs and Medicaid nursing facility services. A registered nurse or assessor performs face-to-face client assessments. A physician or registered nurse reviews each application to determine the medical eligibility (level of care) for the applicant. By identifying long-term care needs, the program makes it possible for individuals to remain safe in their homes using home and community-based services or in alternative community settings such as assisted living facilities. Federal law mandates that the CARES Program perform an assessment or review of each individual who requests Medicaid reimbursement for nursing facility placement or home and community-based services. Any person or family member can initiate a CARES assessment by applying for the Medicaid Institutional Care Program (ICP). Assessments are completed at no cost to the clients.

Legal Authority

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

Services and Activities

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

Statewide Medicaid Managed Care Long-Term Care

Overview

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

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



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

Legal Authority

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

Services and Activities

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

Appendix 5: Other Department Programs

Adult Care Food Program

Overview

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

Legal Authority

- Title 7 Code of Federal Regulations Part 226

Services and Activities

Participating centers may serve up to two reimbursable meals (breakfast, lunch, or dinner) and one snack or two snacks and one meal to each eligible participant each day. Centers may seek reimbursement for up to three meals/snacks per day. The level of reimbursement for meals is determined by assessing the economic needs of each participant.

Emergency Home Energy Assistance for the Elderly Program

Overview

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

Legal Authority

- Low-Income Home Energy Assistance Act of 1981 (Title XXVI of the Omnibus Budget Reconciliation Act of 1981, P.L.97-35), as amended
- 42 United States Code (U.S.C.) § 8621 et seq.



- 45 Code of Federal Regulations (CFR) Part 96, Subpart H (§§ 96.80-96.89)
- Section 409.508, Florida Statutes (F.S.) and Rule 73C-26.021(3), Florida Administrative Code (F.A.C.)
- Rule Chapter 73C-26, F.A.C

Services and Activities

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

Program beneficiaries may receive vouchers to purchase blankets, portable heaters, and fans. The program can also help pay for repairs to existing heating or cooling equipment or for energy-related utility reconnection fees.

Senior Farmers' Market Nutrition Program

Overview

The Senior Farmers' Market Nutrition Program (SFMNP) provides eligible elders in participating counties with \$40 worth of pre-bundled fresh, locally grown produce. The local lead agency collects applications from seniors and coordinates a day with the farmer to deliver the bundles to the seniors. Bundles are distributed on a first-come, first-served basis. The program also supports local farmers by increasing their sales. All bundles must be distributed by November 30.

Legal Authority

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

Services and Activities

Low-income elders who live in participating counties may apply for the program through the local elder services Lead Agency. Eligible elders who participate in the produce-value coupon portion of the program receive \$40 in coupon booklets per season. Each coupon can be used to purchase fresh fruits and vegetables from participating farmers' markets.

Serving Health Insurance Needs of Elders, Senior Medicare Patrol, and the Medicare Improvements for Patients and Providers Act

Overview

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

Services and Activities

Trained volunteers at the state's 11 AAAs provide free and unbiased information, counseling, outreach, and assistance related to



Medicare, Medicaid, long-term care insurance, prescription assistance, supplement insurance, preventive benefits, fraud prevention, cost saving programs, and beneficiary rights.

SHINE also operates two other programs. The MIPPA (Medicare Improvements for Patients & Provider Act) Program is able to help eligible clients enroll in cost-saving programs that enable them to afford Medicare benefits. The statewide Senior Medicare Patrol (SMP) Program empowers seniors through education on how to prevent, detect, and report Medicare fraud.

Legal Authority

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

Appendix 6: Florida Alzheimer's Disease State Plan (2020)

The Florida Department of Elder Affairs (DOEA) and its partners aim to make Florida a national leader in delivering person-centered, evidence-based, ethical, and high-quality care. This vision is realized through a comprehensive care system for Alzheimer's disease and related dementias, designed to meet the needs and preferences of individuals living with dementia, as well as their families, friends, and caregivers. The guiding principles in **Florida's Alzheimer's Disease State Plan** (elderaffairs.org/wp-content/uploads/alzheimers-disease-state-plan-2020-1.pdf) highlight the critical and ongoing need to:

- Promote person-centered care specifically designed to individual needs.
- Address the needs of older adults across Florida's diverse communities, consistent with the targeting priorities established by the Older Americans Act.
- Address the social determinants of health and incorporate medical needs of the aging population living with Alzheimer's disease and related dementias.
- Support the most direct path to prevention, treatment, and ultimately a cure through a commitment to research.



Appendix 7: First Lady DeSantis' Hope Florida – A Pathway to Purpose

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

Hope Heroes

Hope Heroes Hope Florida – A Pathway to Purpose offers a special volunteer program called Hope Heroes, providing a way for retirees and seniors to volunteer their time and connect with their community. Hope Heroes are matched with volunteer opportunities across Florida, offering support to our seniors, mentoring youth transitioning from foster care, and assisting with disaster preparedness for elders. Hope Hero volunteers take pride in being part of Hope Florida, and they're committed to making a lasting, positive impact in their communities. If you're ready to join this dedicated team or partner with the Department on these meaningful initiatives, sign up today at helpcreatehope.com.

Hope Navigators

Hope Florida utilizes Hope Navigators to guide Floridians on an individualized path to success by focusing on community collaboration and breaking down traditional community silos to maximize support and uncover opportunities. Hope Navigators at the Department of Elder Affairs play a crucial role in supporting Florida seniors aged 60 and older, as well as their caregivers. They help overcome barriers so that clients may have a better quality of life while aging in a place of their preference. By guiding seniors through local resources, Navigators promote independence and significantly enhance their client's well-being. The program has served 2,676 seniors since its inception and 1,190 seniors served this year (January 1-September 16, 2024) with many of those seniors facing similar challenges.



Common Barriers:

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

Hope Navigators are dedicated to delivering effective and efficient community resources that bring hope to seniors. Their compassion and unwavering commitment to serving those in need are reflected in the inspiring success stories received each week. Through personalized support and innovative programs, Navigators foster a sense of dignity and connection for older adults, making a meaningful difference in their lives. To get connected to a Hope Navigator, call 833-GetHope (833-438-4619) or email the Department at information@elderaffairs.org.





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