

DEPARTMENT OF



LONG RANGE PROGRAM PLAN

Department of Elder Affairs

Tallahassee, Florida

September 28, 2011

**RICK SCOTT**  
GOVERNOR

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**CHARLES T. CORLEY**  
SECRETARY

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Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Long Range Program Plan (LRPP) for the Department of Elder Affairs is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our mission, goals, objectives, and measures for the Fiscal Year 2012-13 through Fiscal Year 2016-17. As Secretary of the Department of Elder Affairs, I have approved this submission.

Sincerely,



Charles T. Corley  
Secretary

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Florida Department of Elder Affairs  
**LONG-RANGE PROGRAM PLAN**  
Fiscal years  
2012-2013 through 2016-2017

September 2011  
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**Mission:**

To foster an environment that promotes well-being for Florida's elders and enables them to remain in their homes and communities.

**Vision:**

All Floridians aging with dignity, purpose, and independence.

**Values:**

- Providing Quality Services
- Caregiver Support
- Cost Effectiveness
- Compassion
- Volunteerism
- Diversity
- Accountability
- Quality of Life
- Independence

# Goals and Objectives

The Department's primary responsibilities have been synthesized into five policy goals. They provide the foundation for DOEA's efforts to build a better life in Florida for persons age 60 and older, their families and caregivers. The five goals are:

1. Enable persons age 60 and older, their families and caregivers to experience a high quality of life through easy service access, home and community-based support and long-term care options
2. Empower persons age 60 and older to stay active and healthy
3. Promote communities statewide that value and meet the needs of persons age 60 and older
4. Ensure the rights of older people and prevent the abuse, neglect and exploitation of elders
5. Provide effective and responsive management

These goals provide the framework for the Department's objectives and outcomes.



**Goal 1: Enable persons age 60 and older, their families and caregivers to experience a high quality of life through easy service access, home and community-based support and long-term care options**

**Objective 1.1:** Decrease demand for institutional long-term care services through infrastructure modernization and increased emphasis on prevention

**Objective 1.2:** Increase provider network capacity

**Objective 1.3:** Improve support of caregivers by providing services that are more timely and specifically targeted to individual caregiver needs

**Goal 2: Empower persons age 60 and older to stay active and healthy**

**Objective 2.1:** Promote healthy lifestyles for people age 60 and older through improved nutrition

**Goal 3: Promote communities statewide that value and meet the needs of persons age 60 and older**

**Objective 3.1:** Help communities' better support people age 60 and older to age in place, function independently, and live safely and affordably in the community

**Goal 4: Ensure the rights of older people and prevent the abuse, neglect and exploitation of elders**

**Objective 4.1:** Protect Floridians age 60 and older through education, enforcement and intervention

**Goal 5: Provide effective and responsive management**

**Objective 5.1:** Maximize return on administrative resources

## Goals, Objectives, Outcomes

The Department's outcomes are listed below with their corresponding goals and objectives. For each outcome, the baseline is shown along with the standard for the current year and four subsequent years.

**Goal 1:** Enable persons age 60 and older, their families and caregivers to experience a high quality of life through easy service access, home and community-based support and long-term care options

**Objective 1.1:** Decrease demand for institutional long-term care services through infrastructure modernization and increased emphasis on prevention

**Outcome 1.1.1:** Percent of most frail elders who remain at home or in the community instead of going into a nursing home

Baseline Year 1998-99	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
91.6%	97%	97%	97%	97%	97%

(Explanatory note: This outcome refers to DOEA clients assessed in the top 20 percent for risk of nursing home placement.)

*NOTE: The Department continues to improve its targeting efforts; therefore, new clients are increasingly frailer. Maintaining standards is, under these circumstances, a good outcome.*

**Outcome 1.1.2:** Percent of elders the CARES Program determined to be eligible for nursing home placement that are diverted into the community

Baseline Year 1998-99	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
15.3%	30%	30%	30%	30%	30%



**Outcome 1.1.3:** Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups

Baseline Year 1998-99	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
\$2,221	\$2,221	\$2,221	\$2,221	\$2,221	\$2,221

**Outcome 1.1.4:** Percent of new service recipients whose Activities of Daily Living (ADL) assessment score has been maintained or improved

Baseline Year 1997-99	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
59.1%	65%	65%	65%	65%	65%

**Outcome 1.1.5:** Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved

Baseline Year 1997-99	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
58%	62.3%	62.3%	62.3%	62.3%	62.3%

**Objective 1.2:** Increase provider network capacity

**Outcome 1.2.1:** Percent of customers who are at imminent risk of nursing home placement who are served with community-based services

Baseline Year 2003-2004	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
90%	90%	90%	90%	90%	90%

**Outcome 1.2.2:** Average time in the Community Care for the Elderly Program for Medicaid waiver-probable customers

<b>Baseline Year 2002-2003</b>	<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>
2.8 months	2.8 months	2.8 months	2.8 months	2.8 months	2.8 months

**Objective 1.3:** Improve support of caregivers by providing services that are more timely and specifically targeted to individual caregiver needs

**Outcome 1.3.1:** The percentage of caregivers whose ability to continue to provide care is maintained or improved after service intervention (as determined by the caregiver and the assessor)

<b>Baseline Year 2002-2003</b>	<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>
87%	90%	90%	90%	90%	90%

(Explanatory note: This outcome refers to caregivers of persons age 60 and older served by DOEA programs.)

**Outcome 1.3.2:** Percent of family and family-assisted caregivers who self-report they are very likely to provide care

<b>Baseline Year 1997-1998</b>	<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>
90.2%	89%	89%	89%	89%	89%

(Explanatory note: This outcome refers to caregivers of persons age 60 and older served by DOEA programs.)

**Goal 2: Empower persons age 60 and older to stay active and healthy**

**Objective 2.1:** Promote healthy lifestyles for people age 60 and older through improved nutrition

**Outcome 2.1.1:** Percent of new service recipients with high-risk nutrition scores whose nutritional status improved

<b>Baseline Year 1997-99</b>	<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>
58.6%	66%	66%	66%	66%	66%

**Goal 3: Promote communities statewide that value and meet the needs of persons age 60 and older**

**Objective 3.1:** Help communities better support people age 60 and older to age in place, function independently, and live safely and affordably in their community

**Outcome 3.1.1:** Percent of elders assessed with high or moderate risk environments who improved their environment score

<b>Baseline Year 1996-98</b>	<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>
81.2%	79.3%	79.3%	79.3%	79.3%	79.3%

(Explanatory note: This outcome refers to persons age 60 and older served by DOEA programs. The original baseline was adjusted in state fiscal year 2002-2003 due to changes from implementation of a new assessment instrument.)

**Goal 4: Ensure the rights of people age 60 and older and prevent the abuse, neglect, and exploitation of elders**

**Objective 4.1:** Protect Floridians age 60 and older through education, enforcement, and intervention

**Outcome 4.1.1:** Percent of complaint investigations initiated by the ombudsman within five working days (applies to Long-Term Care Ombudsman Council)

Baseline Year 1998-99	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
90.2%	91%	91%	91%	91%	91%

**Outcome 4.1.2:** Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within five days of receipt of request

Baseline Year 1999-00	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
90%	100%	100%	100%	100%	100%

**Outcome 4.1.3:** Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours

Baseline Year 1999-00	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
94%*	97%	97%	97%	97%	97%

\*Based on six months of data; changes have been made to collect data more completely.

**Goal 5: Provide effective and responsive management**

**Objective 5.1:** Maximize return on administrative resources

**Outcome 5.1.1:** Agency administration costs as a percent of total agency costs/  
agency administrative positions as a percent of total agency  
positions

<b>Baseline Year 2001-2002</b>	<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>
2.7%/ 21.2%	1.8%/ 22.2%	1.8%/ 22.2%	1.8%/ 22.2%	1.8%/ 22.2%	1.8%/ 22.2%

## Linkage to Governor's Priorities

Listed below are the Governor's seven top priorities. Under each priority are listed the Department of Elder Affairs' goals that are aligned with the Governor's priorities.

### 1. **Accountability Budgeting**

- DOEA Goal 5: Provide effective and responsive management

### 2. **Reduce Government Spending**

- DOEA Goal 1: Enable persons age 60 and older, their families, and caregivers to experience a high quality of life through easy service access, home and community-based support, and long-term care options
- DOEA Goal 2: Empower persons age 60 and older to stay active and healthy
- DOEA Goal 5: Provide effective and responsive management

### 3. **Regulatory Reform**

- DOEA Goal 5: Provide effective and responsive management

### 4. **Focus on Job Growth and Retention**

- DOEA Goal 1: Enable persons age 60 and older, their families, and caregivers to experience a high quality of life through easy service access, home and community-based support and long-term care options.
- DOEA Goal 3: Promote communities statewide that value and meet the needs of persons age 60 and older

### 5. **World Class Universities**

- DOEA Goal 1: Enable persons age 60 and older, their families, and caregivers to experience a high quality of life through easy service access, home and community-based support and long-term care options.

**6. Reduce Property Taxes**

- DOEA Goal 1: Enable persons age 60 and older, their families, and caregivers to experience a high quality of life through easy service access, home and community-based support and long-term care options.

**7. Eliminate Florida's Corporate Income Tax Over Seven Years**

- DOEA Goal 1: Enable persons age 60 and older, their families, and caregivers to experience a high quality of life through easy service access, home and community-based support, and long-term care options.



# **Trends and Conditions Statement**

## **Agency Primary Responsibilities**

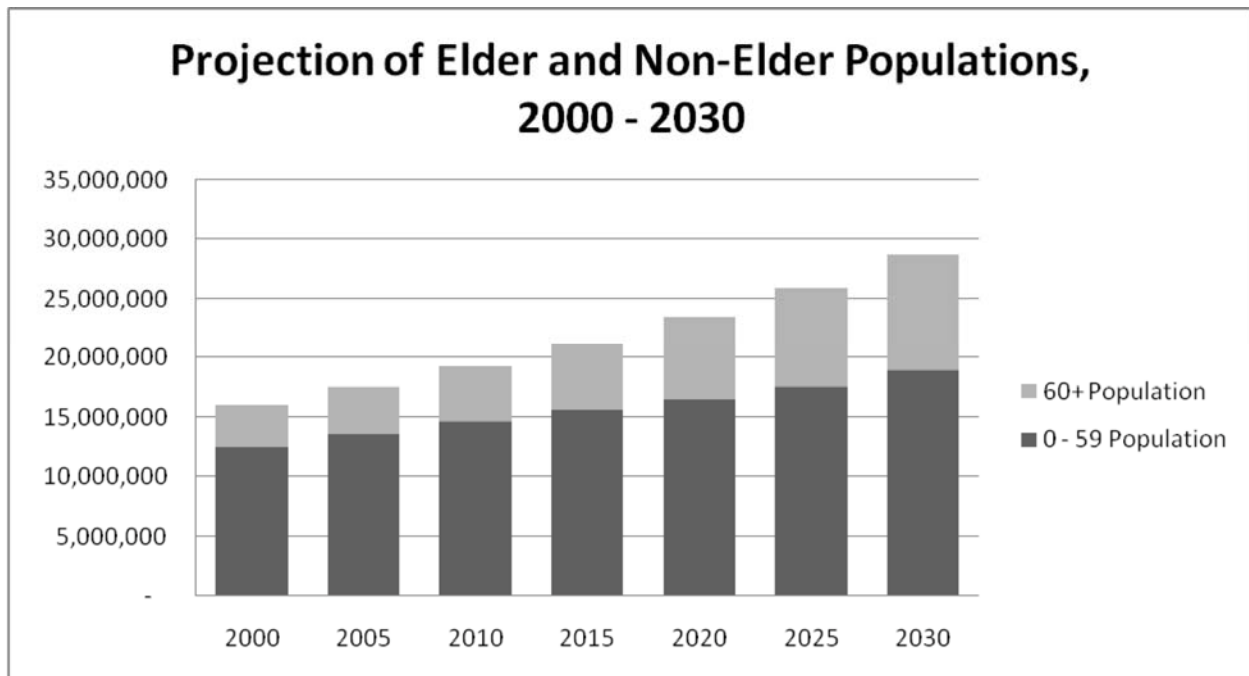
The Department was created in 1991 as a result of a 1988 constitutional amendment and its later statutory enactment in the “Department of Elderly Affairs Act” (Chapter 430, Florida Statutes). Since its creation, the Department has been successfully serving and advocating for elder Floridians.

The Department is charged with the following functions (s. 430.04, F.S.):

- (1) Administer human services and long-term care programs ensuring that the elderly of this state receive the best services possible;
- (2) Assist functionally impaired elderly persons in living dignified and reasonably independent lives in their own homes or in the homes of relatives or caregivers through the development, expansion, reorganization, and coordination of various community-based services;
- (3) Serve as an information clearinghouse at the state level and assist local-level information and referral resources as a repository and means for dissemination of information regarding all federal, state, and local resources for assistance to the elderly in other areas: health, social welfare, long-term care, protective services, consumer protection, education and training, housing, employment, recreation, and transportation;
- (4) Provide the lead to coordinate and review the roles and plans for state agencies that provide services for the aging;
- (5) Develop a comprehensive volunteer program that includes an intergenerational component and draws on the strengths and skills of the state's older population and, to the extent possible, implements the volunteer service credit program; and
- (6) Combat ageism by creating public awareness and understanding of the potentials and needs of elderly persons.

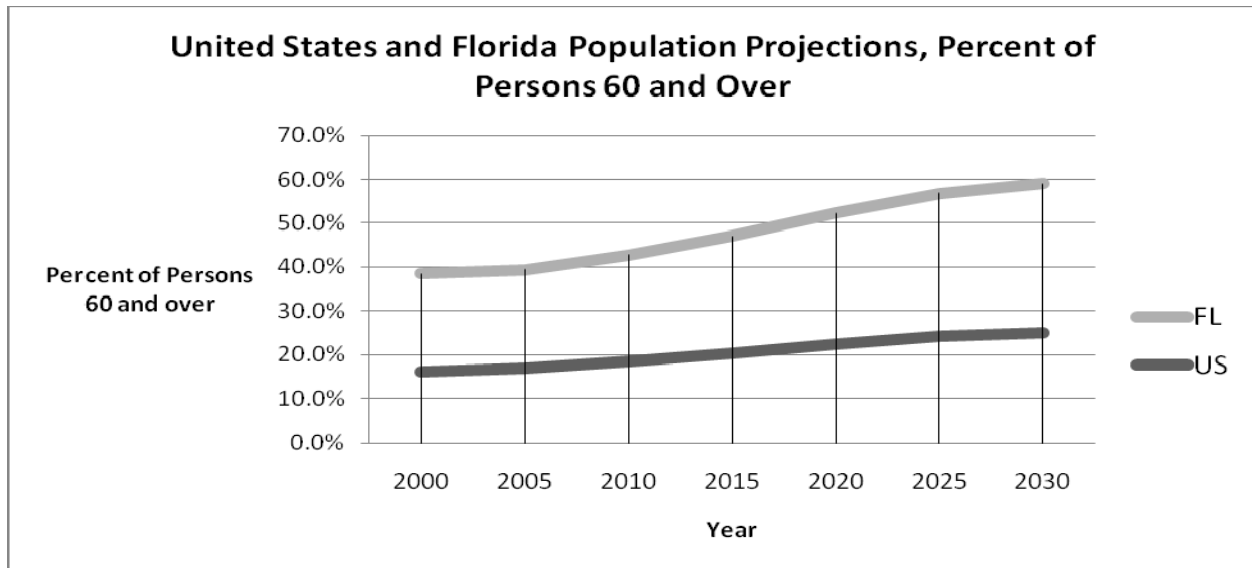
## Current Conditions

Florida is the fourth most populous state, with nearly 19 million residents. By 2015, if current trends continue, Florida will overtake New York and become the third most populous state. With more elders in Florida than 17 other states combined, Florida's future is linked to the financial security and physical health of its elder population. With approximately 4.4 million residents age 60 and older, Florida currently ranks number one in the percentage of its citizens who are elders and will continue to do so for the foreseeable future (23 percent in 2010 growing to 35 percent in 2030). Florida is also only second to California in the actual number of residents over the age of 60 residing in-state.



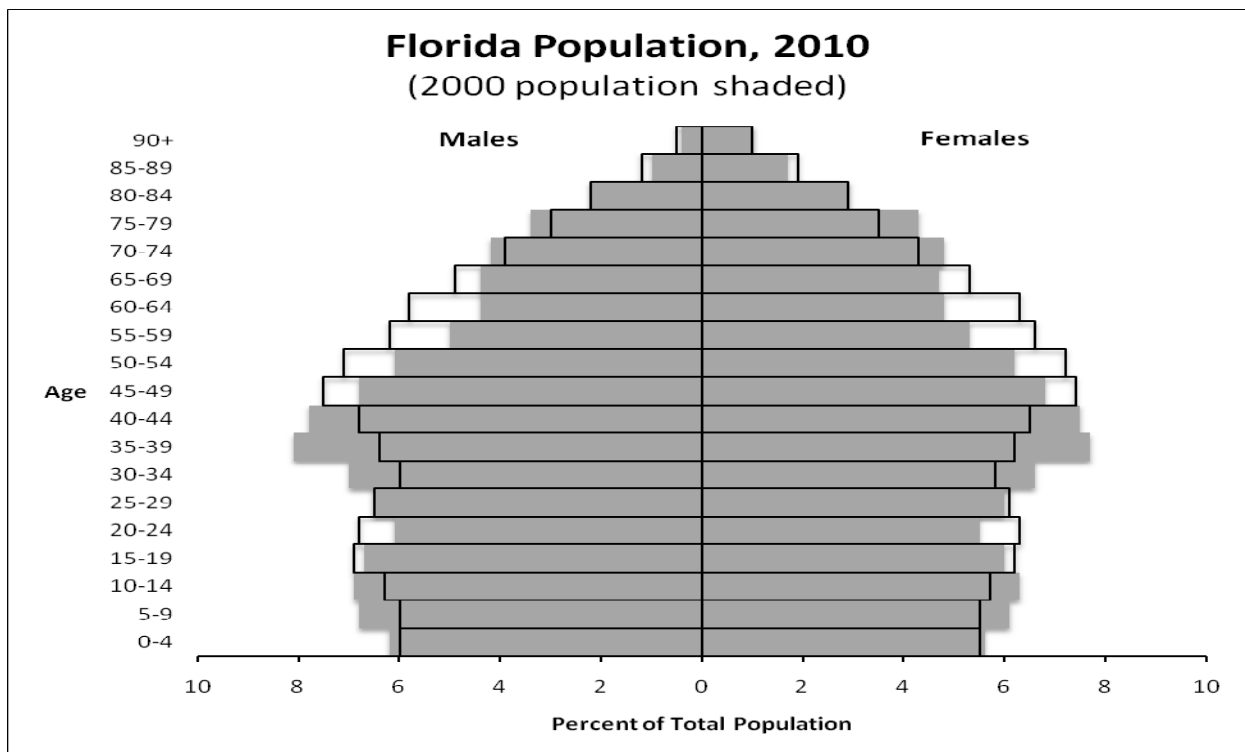
Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005.

Proportionally, Florida's population has significantly more elders than the general United States population. In 2010, the U.S. Census Bureau approximated that 23 percent of Floridians were age 60 and older as opposed to only 19 percent of the United States population. Florida will continue to see a considerable number of residents becoming elders over the next ten years as the cohort of "baby-boomers" continues to age into retirement. The graph below shows that in the next 20 years, the 60+ population in Florida is expected to rise faster than the rest of the country.



Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005.

The population pyramid (below) indicates that the 19 percent of Florida’s population age 50 to 64 will become elders by the year 2020. These graphs help illustrate that, despite attrition and out-migration, Florida can expect to see an influx of elders for the next few decades.

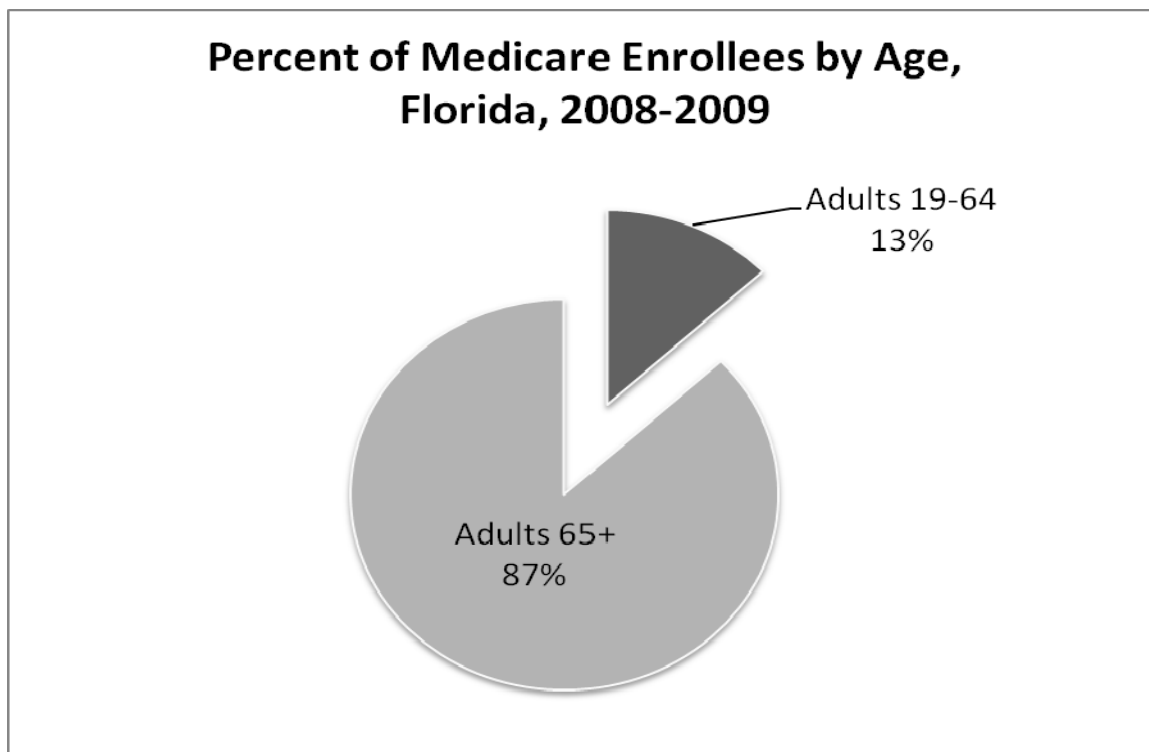


Source: U.S. Census Bureau, Census 2000 and Census 2010.

Despite an influx of elderly into the general population, we see favorable trends among people age 60 and older that will decrease the likelihood of morbidity (illness) and mortality (death):

- A declining disability rate among people age 60 and older,
- Compressed morbidity (fewer years of disability and chronic illness),
- Increased labor force participation,
- Increases in education and productivity, and
- Increased affluence among elders

In addition, Florida benefits from a continuity of resources available to elders because of Social Security benefits and health programs such as Medicare and Medicaid. Elders in Florida benefit from these safety nets and have, in fact, weathered the late-2000s financial crisis better than any other socioeconomic group<sup>1</sup>.



Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2009 and 2010 Current Population Survey (CPS: Annual Social and Economic Supplements).

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<sup>1</sup> Census: Florida seniors' incomes up slightly. (2011, September 23). *Sarasota Herald-Tribune*.

The U.S. population is expected to increase 36 percent from 2010 to 2050. The elderly cohort within this population increase will be the largest it has ever been. With the increase in the number of people age 60 and over and people living historically longer lives, demand for long-term care services will rise considerably. Public health and long-term care programs must be well managed to avoid the unwanted results of depleted personal savings, strained government entitlement programs and unrealistic expectations of providers and caregivers.

The Department envisions a changing service paradigm to correspond with the changing population. The sheer number of baby boomers approaching retirement age is not the only issue. Providing services that will respond to the different needs of this “new elder” will require innovation and creativity. Florida is leading the nation in innovative ways to provide seniors with the services they want and need, by establishing aging resource centers and communities for a lifetime statewide.

The Department also recognizes the positive impact of individuals age 60 and older. Elder volunteerism has enhanced communities throughout Florida. Elder contributions of time, money and enthusiasm are extensive and are evident in programs and services in many communities, such as in libraries, schools, community-service organizations, museums, theater groups and art galleries.

Florida is rich in generational and cultural diversity. About 40 percent of Floridians are minorities. Among people age 60 and older, this percentage is much smaller, at 23.4 percent — and just 14.7 percent for elders age 85 and older. This difference in diversity can be attributed to the migration of white elders into Florida and the expected shorter life span of minorities. The table below shows the percentage of persons 60+ with Hispanic origins.

<b>Percent of Persons 60+ by Race and Hispanic Origin, 2009</b>								
	Persons Not Hispanic or Latino						Hispanic/ Latino (any race)	Total Percent Minority Persons
	White (Non- Hispanic)	Black/ African American	Native American/ Alaska Native	Asian	Native Hawaiian/ Pacific Islander	Two or more Races		
U.S.	79.3%	8.7%	0.5%	3.5%	0.1%	0.7%	7.3%	20.7%
Florida	76.6%	7.9%	0.2%	1.4%	0.0%	0.5%	13.3%	23.4%

**Source: Census 2009 Estimates, <http://www.census.gov/popest/datasets.html>**

**Table compiled by the U.S. Administration on Aging, File: US-Pop-2009.xls: 60+%xRace-HO**

Most Florida elders age 60 and older reside in urban areas and are concentrated in Miami-Dade, Palm Beach, Broward, Pinellas and Hillsborough counties. These five counties account for 37.5 percent of the total state population age 60 and older and

42.2 percent of the population 85 and older. In terms of density, Florida’s 60 and older population comprises 30 percent or more of the total number of residents in 13 counties. Interestingly, none of the five counties with the largest populations 60 and older is among these. More than 40 percent of the population in two counties, Charlotte and Citrus, is age 60 and older.

### **Description of Current Service Population**

The Older Americans Act requires that states emphasize serving older individuals with the greatest economic and social needs, and give particular attention to low-income minority individuals and older individuals residing in rural areas.

The Department uses poverty level as a measure of economic need. Of the clients served by the Department, 45 percent are below the poverty level compared to nine percent in the general 60-and-older population. The Department uses living situation as a measure of social need. Forty-three percent of the service population lives alone, compared to only 23 percent in the general 60-and-older population. The Department uses rural counties as a measure of access to services. The service population is 29 percent low-income minority, and 20 percent live in rural areas, compared to 5 percent and 10 percent, respectively, in the general population of people age 60 and older.

<b>Targeting Report 2010</b>				
<b>Characteristic</b>	<b>Florida 60+ Population</b>	<b>Percent 60+</b>	<b>Number of Registered Services* Recipients</b>	<b>Percent Receiving Services</b>
All 60+	4,454,625	100%	118,066	100%
60+ Below Poverty Level	411,460	9%	53,424	45%
60+ Living Alone	1,042,357	23%	50,601	43%
60+ Minority	996,680	22%	53,057	45%
60+ Minority Below Poverty Level	199,265	5%	34,077	29%
60+ Rural Areas	456,039	10%	23,338	20%

\*Registered Services include personal care, homemaker, chore, home delivered meals, Nutrition Services Incentive Program (NSIP), adult day/health care, case management, escort and congregate meals.

Historically, elders in the U.S. have been significantly impoverished relative to working age persons; however, as a result of social services since 2000, they have been the lowest proportional age group below the poverty threshold.

Caregivers are the backbone upon which many home-based services are provided. The Department’s programs and services are a factor in helping to keep many very frail people in their homes by augmenting the care provided by family caregivers. A study

commissioned by AARP (*Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving*, June 2007) indicates that caregivers provide \$10.4 billion in care each year. Statewide, between 20 and 25 percent of elders are themselves caregivers (DOEA needs assessment review – *Assessing the Needs of Elder Floridians*, 2010). The Department served an estimated 33,416 caregivers during 2009, a fraction of the estimated one million probable caregivers age 60 and older in Florida.

### **Other Considerations**

Florida continues to face an economic challenge. Despite this, the 2011 Legislature expanded the cost-saving Long-Term Care Community Diversion Project, a program that serves people age 65 and older, and dual eligibles (Medicare and Medicaid), who are most at risk of being placed in a nursing home and who qualify for Medicaid nursing home placement, by appropriating an additional \$ 17.8 million. In 2011, the Legislature also appropriated \$10 million to serve more Florida residents who were on the Aged and Disabled Adult Waiver (ADA) and Program of All-Inclusive Care for the Elderly (PACE) waiting lists.

In addition, the Department continues to embrace the Administration on Aging's (AoA) prevention initiative, Evidence-Based Disease Prevention Interventions. With the help of a grant from AoA, the Department is able to increase the participation of elders in chronic disease self-management training.

In 2005, three Area Agencies on Aging (AAAs) were designated as Aging and Disability Resource Centers (ADRCs) through grants received from AoA. The AoA's Aging and Disability Resource Centers initiative was fully embraced by Florida, with the implementation of Aging Resource Centers in all 11 Planning and Service Areas completed in November 2008. In 2009, through an additional AoA grant, a fourth ADRC was designated. The Department has recently developed a plan to transition the remaining ARC's to fully functioning ADRCs by expanding the target population to include persons with physical disabilities, developmental disabilities, and/or persons with severe and persistent mental illness. This initiative will be complete by December 31, 2011.

## **Priority Setting Framework**

The Department's primary responsibilities have been synthesized into five policy goals. They provide the foundation for DOEA's efforts to build a better life in Florida for persons age 60 and older, their families, and caregivers. The Department has developed an associated set of operational objectives and measurements for each of the goals that permit tracking of progress toward their achievement.

The following goals are consistent with the goals identified by the Administration on Aging:

- 1) Enable persons age 60 and older, their families and caregivers to experience a high quality of life through easy service access, home and community-based support and long-term care options**
- 2) Empower persons age 60 and older to stay active and healthy**
- 3) Promote communities statewide that value and meet the needs of elder persons age 60 and older**
- 4) Ensure the rights of older people and prevent the abuse, neglect, and exploitation of elders**
- 5) Provide effective and responsive management**

An internal workgroup was assembled with representatives of the Department's major programs to update the SWOT analysis in 2011. Through these efforts and ongoing policy research, the Department identified the following strengths, weaknesses, opportunities, and threats (SWOT):

### Strengths:

- The Department is largely privatized (94%) and therefore does not have excessive administrative costs.
- The Department's ability to efficiently and effectively administer long-term care programs.
- The Department administers a variety of innovative programs such as Consumer-Directed Care Plus, Medicaid Home and Community-Based Waivers, Managed Medicaid Long-Term Care, and Community Care for the Elderly which result in significant cost savings for Florida.
- Leadership of DOEA in emergency management/disaster preparedness planning in partnership with other state agencies.



- Strong established partnerships relating to planning and advocacy for elder needs and issues.
- More than 100 communities throughout the state committed to the *Communities for a Lifetime* (CFAL) initiative, designed to enhance opportunities for people to age in place or continue living in their own communities for a lifetime.
- The number of volunteers and hours of volunteer time coordinated through the Department and the aging network.
- The many dedicated and committed family caregivers who provide untold hours of care for frail elders in the aging network.
- DOEA and aging network experience with, and willingness to explore, innovative solutions to serve the long-term care needs of elders.
- Infrastructure for evidenced-based health promotion and disease prevention programming with readiness to expand programming as funding becomes available.
- Access to long-term care information and public and private services for elders, families and caregivers through the Aging Resource Centers/Aging and Disability Resource Centers and Comprehensive Assessment and Review for Long-Term Care Services (CARES).
- Extensive infrastructure for the delivery of a wide range of home and community-based services including self-directed care that allows elders to hire friends and family to provider care.
- Diversion or transition of consumers from nursing facility placement to less restrictive and less costly environments by the CARES Program with the support and services provided by the aging network.
- Utilization of the Department's Client Information and Registration Tracking System (CIRTS), a system used by the aging network statewide to track service use and program enrollment, record assessment data, and allow for program planning and evaluation.

Weaknesses:

- Lack of sufficient resources to serve all high-priority (frail) individuals requesting home and community-based services, resulting in preventable skilled nursing facility placements.
- Limited services for waitlisted elders in need of services and not yet Medicaid eligible who are at risk of becoming eligible once they spend down their assets.

- Limited access to long-term care services for elders in rural areas.
- Limited access to long-term care services for low-income and minority elders.
- Limited availability of funding for public guardians.
- Limited funding prevents securing additional full-time staff to address the wide array of issues that affect Florida's large and growing number of elders.
- High rate of staff turnover due to non-competitive salaries/compensation and a high number of Other Personnel Services (OPS) staff who leave for jobs with benefits.
- Insufficient analytic resources to fully unlock the value of the organization's data.
- Limited opportunities for the Department to educate the judicial system and first responders (EMTs and law enforcement) about ways to identify elder abuse, neglect, and exploitation, including fraud.

Opportunities:

- Florida's abundance of retirees and elders, many of whom are highly educated and have discretionary resources.
- Number of retired health care professionals who could be enlisted to provide preventive care and screening.
- Intergenerational opportunities to meet consumer needs.
- Increased faith-based involvement in providing services for and outreach to elders.
- Potential to increase the availability of caregivers who provide informal support, enhancing the effect of paid care provided.
- Potential for further public/private partnerships to increase the number and types of services available for elders.
- Willingness of health care providers to partner with aging network providers to reduce hospital/emergency department readmissions and provide in-home services.
- Potential to increase partnerships with universities to increase the geriatric workforce.
- Use of merging technology and online options to enhance the availability of training and outreach programs to educate the public on elder issues and services.

- Availability of technology for data input and access and streamlining of work processes.
- Availability of affordable technology for telemedicine and telehealth activities.
- Potential for increased funding through insurance reimbursement for evidence-based health promotion/disease prevention programming.
- Involvement with the Medicaid managed long-term care reform initiatives.
- The establishment of a direct-support organization (DSO) which would provide assistance, funding, and support to the Department.
- New developments in the prevention and treatment of chronic conditions that promote the independence of elders.

Threats:

- Lack of suitable and affordable housing for elders.
- Incidence of homelessness and nursing facility admission due to lack of affordable housing and funds for services.
- Inadequate transportation alternatives limiting elder mobility.
- The lack of hold-harmless/immunity legislation for people who would volunteer to drive elders to appointments limits the opportunity to help increase mobility choices for elders.
- Ageist viewpoints and practices in the workplace and other environments.
- Difficulty faced by elders wanting to find jobs or pursue employment.
- Lack of early intervention services resulting in a greater numbers of individuals becoming Medicaid eligible.
- Fewer resources in rural areas to provide home and community-based service options to elders.
- Service demands growing faster than current funding for home and community-based services intake and eligibility services.
- Economic conditions leading to loss of service dollars.
- Increasing number of low-income elders needing services.

- Increased risk of domestic violence, abuse, neglect, and exploitation resulting from the current economic condition.
- Societal/public perception and acceptance that elder abuse rarely occurs.
- Vulnerability of elders to fraud and abuse, self-neglect, and exploitation, particularly for isolated elders.
- Lack of awareness of services that are offered at senior centers and elders having the incorrect perception that senior centers are only for elders older than them.
- Decrease in the value of retirement savings.
- Current shortfall in medical and geriatric staff.
- The laws governing background screening of individuals who work with certain vulnerable Floridians, including elders.
- Florida's geographic vulnerability to hurricanes and tropical storms.

## **Agency Priorities for the Next Five Years**

In keeping with its goals, the Department's priorities for the next five years are:

- **Increase awareness of the positive impacts that elders have on Florida's economy and communities.**
- **Ensure federal and state funds are used to effectively and efficiently serve elders' needs.**
- **Prepare for future elder needs through planning, collaboration and policy development.**
- **Provide information to empower elders, caregivers, and their families to make informed decisions about long-term care options.**
- **Promote choice and autonomy by assisting elders in securing needed services that prevent or delay dependency.**
- **Empower elders to stay active and healthy and improve their physical and mental health.**
- **Provide home and community-based services for elders and their caregivers to prevent or delay unnecessary nursing home placement.**
- **Advocate for the protection of elder rights through education and collaboration.**
- **Strengthen the state's ability to prevent elder abuse, neglect, and exploitation.**

## **PROPOSED NEW PROGRAMS**

No new programs are being proposed by the Department.

**JUSTIFICATION OF THE FINAL PROJECTION FOR EACH OUTCOME AND  
IMPACT STATEMENT RELATING TO DEMAND AND FISCAL  
IMPLICATIONS**

The standard for each outcome measure will remain stable at the SFY 11-12 target level.

**LIST OF POTENTIAL POLICY CHANGES  
AFFECTING THE AGENCY BUDGET REQUEST**

No policy changes affect the Department's budget request.



## **LIST OF CHANGES WHICH WOULD REQUIRE LEGISLATIVE ACTION**

### **Background Screening**

During the 2010 legislative session, comprehensive legislation was passed requiring background screening of individuals who provide governmental services to vulnerable populations. The Department is well into implementation of this legislation. There are several areas of the law that need to be re-addressed due to unintended consequences that impact the aging network service delivery system. Senate Bill 1992 passed in 2011 but was vetoed due to concerns about exempting certain volunteers from the screening requirement. A multi-agency workgroup has been formed to propose legislation that will address this concern as well as proposing statutory changes that will help gain approval from the FBI for agencies to share screens, thereby reducing cost.

## *List of All Task Forces and Studies in Progress*

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
AHCA Interagency Workgroup		Workgroup on pre-admission screening and resident review
Alcohol and Substance Abuse Brief Intervention and Treatment for Elders (BRITE and SBIRT)		An innovative, multi-site program designed to identify and serve adults age 60 and older with problems related to alcohol, prescription medication, over-the-counter medication, and illicit drug use. Based on the model of Screening, Brief Intervention, Referral, and Treatment (SBIRT) and now funded by a grant from the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration and the Florida Department of Children and Families Substance Abuse Program Office (DCF/SAPO).
Alzheimer's Disease Advisory Committee	430.501, F.S	The committee, composed of 10 members to be selected by the Governor, advises the Department of Elder Affairs in the performance of its duties under this act. All members must be residents of the state. The committee shall advise the Department regarding legislative, programmatic, and administrative matters that relate to Alzheimer's disease victims and their caretakers.
Bicycle and Pedestrian Partnership Council		The Council was established by FDOT to make policy recommendations to FDOT and transportation partners throughout Florida on the state's walking, bicycling and trail facilities. The Council includes representatives from multiple state agencies, local governments, and external stakeholders (including walkers, bicyclists, and trail users) needed to make statewide improvements in safety and facilities integration. The Council will make recommendations on design, planning, safety, and other programs involving bicycle and pedestrian issues. The Council meets four times a year.
Commission for the Transportation Disadvantaged		Secretary or senior-management-level representative shall only serve as an ex officio, non-voting advisor to the committee.
Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Review Committee		Review and determine successors for Expansion Grants and Implementation Grants at the request of the Secretary of the Department of Children and Families.
DCA - Community Assistance Advisory Council		Appointed by the Department of Community Affairs FY 07-09, 2007

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Department of Financial Services State Agency Consumer Roundtable		The consumer roundtable unites Florida's state agency contacts providing consumer services. Agencies serving Florida citizens are encouraged to respond to each inquiry accurately and professionally. The group meets quarterly and is committed to the use of sharing resources, supporting each other by implementing best practices and incorporating technology to remove barriers.
DOEA Advisory Council	430.05, F.S.	<p>The council is located for administrative purposes in the Department of Elderly Affairs. It is the intent of the Legislature that the advisory council shall be an independent nonpartisan body and shall not be subject to control, supervision, or direction by the Department.</p> <p>The council serves in an advisory capacity to the Secretary of Elderly Affairs to assist the Secretary in carrying out the purposes, duties, and responsibilities of the Department, as specified in the chapter. The council may make recommendations to the Secretary, the Governor, the Speaker of the House of Representatives, and the President of the Senate regarding organizational issues and additions or reductions in the Department's duties and responsibilities.</p>
DOH/DOEA Interagency Agreement for Chronic Disease Self-Management Programs		Work together to promote evidence-based programs throughout the state
DOH - Community Health Worker Task Force		Community health workers (CHWs) have now been recognized as a critical part of the health care system. The Florida Community Health Worker Taskforce is bringing important stakeholders together to support and promote the CHW profession in Florida.
DOH HIV/AIDS Focus Group		Program will be focusing on prevention of HIV/AIDS among senior population.
DOH Office of Trauma, Florida Trauma System Plan Committee		The Office of Trauma needs a representative from DOEA to join its Prevention Planning Team to serve as a resource for senior falls prevention.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
DOH-SpNS Discharge Planning Subcommittee, Co-champions	381.0303, F.S. and Chapter Law 2006-71	As a part of the Special Needs Shelter Interagency Committee, DOEA serves as the champion for the committee's Discharge Planning Subcommittee. The subcommittee is responsible for developing and updating standard operating procedures for Multiagency Special Needs Shelter Discharge Planning Teams, rapid assessment tools to be used to determine the viability of SpNS client post-shelter housing and continuity of service provision, and procedures for using these tools.
DOH-SpNS Special Needs Shelter Interagency Committee	381.0303, F.S. and Chapter Law 2006-71	DOEA serves as a member of the Special Needs Shelter Interagency Committee. The committee is to address and resolve problems related to special needs shelters not addressed in the state comprehensive emergency medical plan and shall consult on the planning and operation of special needs shelters. The committee shall do the following: develop, negotiate, and regularly review any necessary interagency agreements; undertake other such activities the Department of Health deems necessary to facilitate the implementation of the committee's assignment; and submit recommendations to the Legislature as necessary.
Florida Alliance of Information & Referral Services (FLAIRS) Board of Directors	F.S. 408.918	Statewide association committed to the provision of quality information, referral, and hotline services. Duties of the board members include approval of board membership recommendations, and planning of education and training opportunities at state and national conferences.  FLAIRS is the 211 collaborative organization for the state that is responsible for studying, designing, implementing, supporting, and coordinating the Florida 211 Network and for receiving federal grants.
Florida Coordinating Council for the Deaf and Hard of Hearing	s. 413.271, F.S.	The mission of this council is to serve as an advisory and coordinating body which recommends policies that address the needs of persons who are deaf, hard of hearing, late-deafened, and deaf-blind, as well as methods that improve the coordination of services among public and private entities and to provide technical assistance, advocacy, and education.
Florida Developmental Disabilities Council	s. 393.002, F.S.	This council, established in accordance with the Developmental Disabilities Assistance and Bill of Rights Act, P.L. 106-402 Final Rule, 45 CFR Part 1386, must include in its membership representatives of certain state agencies, including the principal state agency that administers funds under the Older Americans Act. Representatives participate in full council meetings and one task force.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Florida Falls Prevention Coalition		The Statewide Senior Falls Prevention Coalition helps to disseminate information about senior falls prevention awareness and evidence-based preventative measures throughout Florida. A Senior Falls Prevention Plan is in development to aid in the guidance of future preventative actions. In addition, the Senior Falls Prevention Coalition works with local coalitions to help build a sustainable infrastructure through the identification and securing of key resources.
Florida Injury Prevention Advisory Council (FIPAC)		The FIPAC assists DOH with statewide injury prevention plan to serve as a road map in carrying out its duties and responsibilities. The advisory committee facilitates the coordination and collaboration by OIP with other injury prevention organizations and agencies.
Florida Interagency Food and Nutrition Council		All state agencies receiving USDA funding
Florida Legal Services Board of Directors		Florida Legal Services, Inc., (FLS) is a nonprofit organization founded in 1973 to provide civil legal assistance to indigent persons who would not otherwise have the means to obtain a lawyer. A statewide support center, dedicated to ensuring poor people have equal access to justice, FLS fulfills its mission primarily by working with local legal aid and legal service programs to improve their ability to provide legal assistance to those in need in their communities. Providing service delivery coordination, training, case consultation and technical assistance to all legal service providers in Florida.
Florida Office on Disability and Health		The mission of the Florida Office on Disability and Health is to maximize the health, well being, and quality of life, throughout the lifespan, of all Floridians and their families living with disability.
Florida's 2010 Statewide Complete Count Committee		Governor-appointed committee charged to advise the state on strategies to reach traditionally "hard to count" residents and increase awareness about the census to ensure a complete count of Florida's population in 2010.
Governor's Office of Drug Control Suicide Prevention Coordinating Council		The EOG serves as leader of an integrated and long-term approach to lowering the state's current suicide rate. It offers a comprehensive framework for what needs to be done in order to decrease the suicide rate in the state.

<b><u>Work Group/Task Force</u></b>	<b><u>Legislative Mandate</u></b>	<b><u>Comments</u></b>
Governor's Gold Seal Panel, Chair	Section 400.235, Florida Statutes & 59A-4.200, FAC	Reward nursing home best service.
Governor's Mental Health Transformation – Recovery and Resiliency Workgroup		Florida's Transformation Working Group has been charged with providing the leadership to make this vision a reality. State agency partners include Agency for Health Care Administration, Department of Education, Department of Corrections, Department of Elder Affairs, and Department of Juvenile Justice.
Horizon 2060 Advisory Groups  1. Safety, Security, and Infrastructure Preservation Advisory Group  2. Community Livability, Environmental Stewardship, and Mobility Advisory Group		The Florida Transportation Plan (FTP) is the state's long-range transportation plan. The 2060 FTP provides a vision for the future of transportation over the next 50 years. The finished plan will be delivered to the Florida Legislature in December, 2010, for approval.
Interagency Workgroup on Background Screening		Interagency workgroup was formed to address issues relating to the background screening mandate between health and human services agencies.
Interagency Committee on Women's Health	Established by s. 381.04015, Fla. Stat.	Created an Officer of Women's Health Strategy within the Department of Health for the purpose of improving the overall health status of women in Florida through research, awareness, and education. This legislation also charged the Officer of Women's Health Strategy to organize an Interagency Committee for Women's Health.
Interagency Smart Growth Technical Assistance Team  Memorandum of Agreement among Florida Department of Health, Florida Department of Transportation, Florida Department of Community Affairs, Florida Department of Environmental Protection, and Florida Department of Elder Affairs		Collaborative agreement among agencies in support of Smart Growth. To assist Florida's local governments in creating healthy and sustainable communities, develop ongoing cooperative relationships among the parties, and promote efficient use of state resources by identifying and collaborating on commonalities across programs. April, 2008, DOEA added Aug, 2009.

<u>Work Group/Task Force</u>	<u>Legislative Mandate</u>	<u>Comments</u>
Learning Network		Eight states were selected to participate in this technical assistance from AoA, CDC, NCOA, and Agency for Healthcare Research and Quality. Participants gain greater knowledge about the research behind why we should apply Evidence Based interventions and assurance that the intervention will be successful and better understanding of how to use the Social-Ecologic Model of Healthy Aging to evaluate progress toward goals.
Lighting the Way to Guardianship and Other Decision-Making Alternatives		The DOEA Statewide Public Guardianship Office, in partnership with the Office of the Public Guardian, Inc., and the Agency for Persons with Disability have revised the Florida Developmental Disabilities Council's two current curricula (one for families and one for attorneys and professionals). These focus on decision-making options for people with developmental disabilities. The partnership also provides workshops for attorneys, judges, client advocates, and family members utilizing the revised materials and evaluates whether these sessions meet the purpose of this grant.
Multi-agency Special Needs Shelter Discharge Planning Teams	Chapter. Law 2006-71	The Secretary of Elder Affairs shall convene, at any time deemed appropriate and necessary, a multiagency special needs shelter discharge planning team to assist local areas that are severely impacted by a natural or manmade disaster that requires the use of special needs shelters. These teams provide assistance to local emergency management agencies with the continued operation or closure of shelters, as well as with the discharge of special needs clients to alternate facilities if necessary. The Secretary may call upon any state agency or office to provide staff to assist these teams. Each team shall include at least one representative from: Elder Affairs, Health, Children and Family Services, Veterans' Affairs, Community Affairs, Agency for Health Care Administration, and Agency for Persons with Disabilities.
National Council on Aging		Participates in technical assistance conference calls for the following: <ul style="list-style-type: none"> <li>• Healthy Aging Evidence-based programs</li> <li>• Falls Prevention</li> </ul>

<b><u>Work Group/Task Force</u></b>	<b><u>Legislative Mandate</u></b>	<b><u>Comments</u></b>
National Working Conference on Emergency Management and Individuals with Disabilities and the Elderly		Working conference jointly sponsored by the U.S. Departments of Health and Human Services (HHS) and Homeland Security. One of four designated state representatives (DHS).
National Association of PASRR Professionals		Founding member, professional association
Rural Economic Development Initiative Committee	288.0656 F.S.	Appointed by Secretary in response to request from Governor's Office of Tourism, Trade, and Economic Development.
Silver Alert Support Committee	Executive Order 08-211	Working committee established by Elder Affairs Secretary to bring stakeholders together to set responsibilities and develop working protocols for law enforcement and for the Senior Network. Additionally to develop and disseminate training materials for law enforcement and informational brochures, videos and training materials for the Senior Network and general public.
State Mental Health Planning Council		Oversee the SAMHSA application for block grant funding for mental health services in Florida. Oversee the service delivery by contractors.
Substance Abuse and Mental Health Corporation		The Florida Substance Abuse and Mental Health Corporation is a non-profit corporation created by the Legislature to oversee the state's publicly funded substance abuse and mental health services.
Workforce Florida Board	Chapter 445, F.S.	A 45-member board appointed by the Governor oversees and monitors the administration of the state's workforce policy, programs, and services carried out by the 24 business-led Regional Workforce Boards and the Agency for Workforce Innovation. Direct services are provided at nearly 100 One-Stop Centers with locations in every county in the state.
701 B Assessment Update		A team of subject matter experts from seven core areas in gerontology, Case Management providers, and CARES offices around the country are collaboratively reviewing the assessment instrument used to determine level of care and prioritize services. Their recommendations will be considered by the Department for their merit in collecting better information and making the assessment process more efficient.



**LRPP Exhibit II: Performance Measures and Standards**

Department: Department of Elder Affairs	Department No.: 65
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Program: Services to Elders	Code: 65100000
Service/Budget Entity: Comprehensive Eligibility Services	Code: 65100200

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2009-10	Approved Prior Year Standard FY 2010-11	Prior Year Actual FY 2010-11	Approved Standards for FY 2011-12	Requested FY 2012-13 Standard
Percent of elders CARES determined to be eligible for nursing home placement who are diverted	30%	34.3%	30%	30%
Total number of CARES assessments	85,000	105,217	85,000	95,000

Department: Department of Elder Affairs	Department No.: 65
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Program: Services to Elders	Code: 65100000
Service/Budget Entity: Home and community Services	Code: 65100400

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2009-10	Approved Prior Year Standard FY 2010-11	Prior Year Actual FY 2010-11	Approved Standards for FY 2011-12	Requested FY 2012-13 Standard
Percent of most frail elders who remain at home or in the community instead of going into a nursing home	97%	94.3%	97%	97%
Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours	97%	98.7%	97%	97%
Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups	\$2,221	\$5,294	\$2,221	\$2,221
Percent of elders assessed with high or moderate risk environments who improved their environment score	79.3%	73.5%	79.3%	79.3%
Percent of new service recipients with high-risk nutrition scores whose nutritional status improved	66%	66.5%	66%	66%
Percent of new service recipients whose ADL assessment score has been maintained or improved	65%	66.3%	65%	65%
Percent of new service recipients whose IADL assessment score has been maintained or improved	62.3%	65.1%	62.3%	62.3%
Percent of family and family-assisted caregivers who self-report they are very likely to continue to provide care	89%	89.8%	89%	89%

Approved Performance Measures for FY 2009-10	Approved Prior Year Standard FY 2010-11	Prior Year Actual FY 2010-11	Approved Standards for FY 2011-12	Requested FY 2012-13 Standard
Percent of caregivers whose ability to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)	90%	93.7%	90%	90%
Average time in the Community Care for the Elderly program for Medicaid Waiver probable customers	2.8 months	3.73 months	2.8 months	2.8 months
Percent of customers who are at imminent risk of nursing home placement who are served with community-based services	90%	79.6%	90%	90%
Number of elders served with registered long-term care services	186,495	222,564	186,495	186,495
Number of congregate meals provided	5,300,535	4,968,609	5,300,535	5,300,535
Number of elders served (caregiver support)	54,450	73,011	54,450	54,450
Number of elders served (early intervention/ prevention)	355,908	789,118	355,908	789,118
Number of elders served (home & community services diversion)	51,272	59,858	51,272	51,272
Number of elders served (LTC initiatives)	12,150	23,928	12,150	12,150
Number of elders served (meals, nutrition education, and nutrition counseling)	81,903	78,639	81,903	81,903
Number of elders served (residential assisted living support and elder housing issues)	3,997	4,634	3,997	3,997
Number of elders served (supported community care)	56,631	41,403	56,631	56,631

Department: Department of Elder Affairs	Department No.: 65
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Program: Services to Elders	Code: 65100000
Service/Budget Entity: Executive Direction and Support Services	Code: 65100600

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2009-10	Approved Prior Year Standard FY 2010-11	Prior Year Actual FY 2010-11	Approved Standards for FY 2011-12	Requested FY 2012-13 Standard
Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions	1.8% / 22.2%	.99%/16.7%	1.8% / 22.2%	1.8%/22.2%

Department: Department of Elder Affairs	Department No.: 65
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Program: Services to Elders	Code: 65100000
Service/Budget Entity: Consumer Advocate Services	Code: 65101000

NOTE: Approved primary service outcomes must be listed first.

Approved Performance Measures for FY 2009-10	Approved Prior Year Standard FY 2010-11	Prior Year Actual FY 2010-11	Approved Standards for FY 2011-12	Requested FY 2012-13 Standard
Percent of complaint investigations initiated by the ombudsman within five working days	91%	98.3%	91%	91%
Percent of service activities on behalf of frail or incapacitated elders initiated by public guardianship within five days of receipt of request	100%	99%	100%	100%
Number of judicially approved guardianship plans including new orders	2,000	2,575	2,000	2,000
Number of complaint investigations completed (long-term care ombudsman council)	8,226	6,551	8,226	8,226

### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and community Services  
**Measure:** **Percent of most frail elders who remain at home instead of going into a nursing home**

**Action:**

- Performance Assessment of Outcome Measure       Revision of Measure
- Performance Assessment of Output Measure       Deletion of Measure
- Adjustment to GAA Performance Standard

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
97%	94.3%	2.7 under	-2.8%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)  
Normal Program Variance

**Explanation:**

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix the Problem
- Current Laws Are Working Against the Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

N/A

**Management Efforts to Address Differences/Problems** (check all that apply)

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:**

The Department will be not be requesting an adjustment to the standard at this time, since performance is within five percent of achievement.

### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and community Services  
**Measure:** **Percent of elders assessed with high or moderate risk environments who improved their environment score**

**Action:**

- Performance Assessment of Outcome Measure  Revision of Measure
- Performance Assessment of Output Measure  Deletion of Measure
- Adjustment to GAA Performance Standard

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
79.3%	73.5%	5.8 under	-7.3%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors  Staff Capacity
- Competing Priorities  Level of Training
- Previous Estimate Incorrect  Other (Identify)

**Explanation:**

N/A

**External Factors** (check all that apply)

- Resources Unavailable  Technological Problems
- Legal/Legislative Change  Natural Disaster
- Target Population Change  Other (Identify) Population Size
- This Program/Service Cannot Fix the Problem
- Current Laws Are Working Against the Agency Mission

**Explanation:**

The number of consumers who are initially assessed as living in high or moderate risk environments is low. Approximately 1 percent of all customers are represented in this measure. This small number creates large swings in the measure even when a few cases improve their environment score. Also, satisfactory interventions are difficult to achieve because people age 60 and older are reluctant to accept the intervention, which may include relocation to another house or assisted living facility, or drastic changes to life-long housekeeping habits such as collecting old papers and clutter. Legally, the



Department cannot force a person to move or accept a home modification, unless it goes through a complex legal process.

**Management Efforts to Address Differences/Problems** (check all that apply)

- Training
- Personnel

- Technology
- Other (Identify)

**Recommendations:**

The Department is revising the assessment instrument. In the revised instrument the environment section has been significantly modified. Once the instrument is implemented, the Department will monitor performance and counts to see if a change in measure or standard is needed.

### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and community Services  
**Measure:** **Average time in the Community Care for the Elderly program for Medicaid Waiver probable customers**

**Action:**

- Performance Assessment of Outcome Measure       Revision of Measure
- Performance Assessment of Output Measure       Deletion of Measure
- Adjustment to GAA Performance Standard

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
2.8 months	3.73 months	.93 months over	-33.2%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

**Explanation:**

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix the Problem
- Current Laws Are Working Against the Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

During part of the 2010-2011 fiscal year, enrollments into the Aged and Disabled Adults Medicaid Waiver (ADA) were frozen to prevent the program from overspending. During those times, consumers who are in CCE are not able to enter the ADA program.

In addition, each local area faces challenges of balancing competing priorities. One priority is to serve people who are the most frail. Another priority is to serve people in the Community Care for the Elderly (CCE) program who appear eligible for a Medicaid Waiver program. These two priorities can cause conflict when the most frail elder is not in the CCE program. The priority levels 4s and 5s on the wait list for the Medicaid Waiver program increased by 158 percent and for the Assisted Living Waiver by 368 percent.

**Explanation:**

N/A

**Management Efforts to Address Differences/Problems** (check all that apply)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

The Department will not be requesting an adjustment to the standard at this time.

### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Measure:** **Percent of customers who are at imminent risk of nursing home placement who are served with community-based services**

**Action:**

- Performance Assessment of Outcome Measure       Revision of Measure
- Performance Assessment of Output Measure       Deletion of Measure
- Adjustment to GAA Performance Standard

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
90%	79.6%	10.4 under	-11.6%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

**Explanation:**

Adult Protective Services (APS) high-risk referrals are a required population to serve. The Community Care for the Elderly (CCE) program is the primary program used to serve APS referrals because services can be deployed more quickly in CCE. The APS referrals often fill available slots. While the CCE program received a 24 percent funding increase for 2010-2011, there was a 10.4 percent increase in the APS referrals, a 5 percent increase in imminent risk referrals, and a 12 percent increase in the number of probable Medicaid eligible clients. At the same time, program costs have increased as a result of the background screening requirements.

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix the Problem
- Current Laws Are Working Against the Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

N/A

**Management Efforts to Address Differences/Problems** (check all that apply)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

No adjustment to the standard is requested at this time. The Department continues to implement pilot projects and pursue other innovations to reduce the number of imminent risk referrals and to serve the referrals that are received.

LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Measure:** **Number of congregate meals provided**

**Action:**

- Performance Assessment of Outcome Measure       Revision of Measure  
 Performance Assessment of Output Measure       Deletion of Measure  
 Adjustment to GAA Performance Standard

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
5,300,535	4,698,609	601,926 under	-11.4%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors       Staff Capacity  
 Competing Priorities       Level of Training  
 Previous Estimate Incorrect       Other (Identify)

**Explanation:**

N/A

**External Factors** (check all that apply)

- Resources Unavailable       Technological Problems  
 Legal/Legislative Change       Natural Disaster  
 Target Population Change       Other (Identify) Program initiative, program transfers  
 This Program/Service Cannot Fix the Problem  
 Current Laws Are Working Against the Agency Mission

**Explanation:**

The number of meals provided has decreased in part because of an emphasis on expanding services in under-served areas. Meals sites were opened to provide access to elders who previously did not have a meal site available near them. The new sites tended to be smaller, so not as many people are served per site. In addition, the congregate meals program is affected by the increase in demand for the home delivered meals program. Planning and service areas are permitted to transfer funds between the two programs to meet consumer needs.

**Management Efforts to Address Differences/Problems** (check all that apply)

- Training
- Personnel
- Technology
- Other (Identify)

**Recommendations:**

No adjustment to the standard is requested until it is clear the current trends will persist.

### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Measure:** **Number of elders served (meals, nutrition education, and nutrition counseling)**

**Action:**

- Performance Assessment of Outcome Measure
- Performance Assessment of Output Measure
- Adjustment to GAA Performance Standard
- Revision of Measure
- Deletion of Measure

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
81,903	78,639	3,264 under	-3.4%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify) Normal Performance Variance

**Explanation:**

Performance was less than five percent below the standard and is therefore within an acceptable margin of error.

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix the Problem
- Current Laws Are Working Against the Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply)

- Training
- Personnel
- Technology
- Other (Identify)



**Recommendations:**

No adjustment to the standard is requested at this time.

### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Measure:** Number of elders served (supported community care)

**Action:**

- Performance Assessment of Outcome Measure
- Performance Assessment of Output Measure
- Adjustment to GAA Performance Standard
- Revision of Measure
- Deletion of Measure

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
56,631	41,403	15,228 under	-26.9%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

**Explanation:**

N/A

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix the Problem
- Current Laws Are Working Against the Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

As the Department targets frailer individuals for in-home services, fewer people can be served with the same amount of resources. There was a 2 percent increase in funding for Title IIIB, the major program included in this measure, while overall costs to provide the services have increased. The background screening requirement has added to provider costs since almost every worker and volunteer is required to have the screening.

**Management Efforts to Address Differences/Problems** (check all that apply)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

No adjustment to the standard is requested at this time.

### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Consumer Advocate Services  
**Measure:** **Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within 5 days of receipt of request**

**Action:**

- Performance Assessment of Outcome Measure
- Performance Assessment of Output Measure
- Adjustment to GAA Performance Standard
- Revision of Measure
- Deletion of Measure

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
100%	99%	1 under	-1%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)  
Normal performance variance

**Explanation:**

Performance was less than 5 percent below the standard and is, therefore, within an acceptable margin of error.

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix the Problem
- Current Laws Are Working Against the Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

N/A

**Management Efforts to Address Differences/Problems** (check all that apply)

- Training
- Technology

Personnel

Other (Identify)

**Recommendations:**

No adjustment to the standard is requested.

### LRPP Exhibit III: Performance Measure Assessment

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Consumer Advocate Services  
**Measure:** **Number of complaint investigations completed (Long-Term Care Ombudsman Council)**

**Action:**

- Performance Assessment of Outcome Measure
- Performance Assessment of Output Measure
- Adjustment to GAA Performance Standard
- Revision of Measure
- Deletion of Measure

Approved GAA Standard	Actual Performance Results	Difference (Over/Under)	Percentage Difference
8,226	6,551	1,675 under	-20%

**Factors Accounting for the Difference:**

**Internal Factors** (check all that apply)

- Personnel Factors
- Competing Priorities
- Previous Estimate Incorrect
- Staff Capacity
- Level of Training
- Other (Identify)

**Explanation:**

The number of complaints received by the program this year was 7,731, so there is no way that the output standard could be met. The program does not have control over the number of complaints received. In addition, the number of completed investigations is affected by staffing challenges the program has experienced. The numbers of volunteers has declined by 19 percent from July 1, 2009, to July 1, 2011. Having fewer volunteers makes it more challenging to complete complaint investigations in a timely manner. Vacancies in paid staff positions have contributed to a backlog in data entry. It is not known how much of the decline in program performance might actually be an artifact of data entry backlog rather than an actual decline in performance.

**External Factors** (check all that apply)

- Resources Unavailable
- Legal/Legislative Change
- Target Population Change
- This Program/Service Cannot Fix the Problem
- Current Laws Are Working Against the Agency Mission
- Technological Problems
- Natural Disaster
- Other (Identify)

**Explanation:**

**Management Efforts to Address Differences/Problems** (check all that apply)

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Training  | <input type="checkbox"/> Technology       |
| <input type="checkbox"/> Personnel | <input type="checkbox"/> Other (Identify) |

**Recommendations:**

The Department is not planning to request a change to the standard at this time.

## LRPP EXHIBIT IV: Performance Measure Validity and Reliability

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Comprehensive Eligibility Services  
**Activity:** Universal Frailty Assessment  
**Measure:** **Percent of elders determined by CARES to be eligible for nursing home placement who are diverted.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this outcome measure is the Client Information and Registration Tracking System (CIRTS), which is maintained by DOEA. The merging of the CARES management information system (CMS) and CIRTS was finalized during state fiscal year 2006-2007.
2. This measure is calculated by determining the percentage of overall nursing home applicants who are eligible in each fiscal year that CARES diverts to a home or community-based setting. Medicaid waiver cases forwarded to CARES that have already been assessed by other case management agencies are not included in the calculations. Any cases that were initiated and assessed by CARES who are Medicaid Waiver applicants are included.
3. The CARES offices track each consumer assessed, with the recommendation made by the CARES Program. A follow-up call is conducted to discover if the consumer went to the nursing home or remained in the community.

### **Validity:**

1. The validity of this measure was determined through staff analysis of the pertinence and relevance of the data and results of current data reports compared to expectations based on historical results. Performance under this measure is affected by the availability of home or community-based program services for people whom CARES diverts from nursing home placement. If adequate services are not available in the community, then the person may have no other option than the nursing home. The availability of home or community options is contingent upon federal, state, and local funding for these services and the demand for the services by an aging population.
2. This is an appropriate measure to ensure that individuals are served in the least restrictive and most appropriate setting. The Department's ability to divert people who are nursing-home bound to less restrictive, less costly settings is an appropriate measure of effectiveness.



**Reliability:**

1. Reliability was determined through analysis of CARES Program data over time.
2. This measure has been found to have longitudinal and cross-sectional reliability. This performance measure data is internet-based and is consistently collected by the CARES Program. Staff at the DOE main office can run a statewide report at any time. The CARES Program monitors data to ensure data accuracy.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Comprehensive Eligibility Services  
**Activity:** University Frailty Assessments  
**Measure:** Number of CARES assessments

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this outcome measure is the Client Information and Registration Tracking System (CIRTS), which is maintained by DOEA. The merging of the CARES management information system (CMS) and CIRTS was finalized during state fiscal year 2006-2007.
2. CARES is the nursing home pre-admission screening program. The total number of assessments includes all people who are assessed for nursing home placement and the Medicaid Waiver programs during the fiscal year. Assessment counts also include the Continued Residency Reviews (CRRs) and New Admission Reviews (NARs). The CRRs are a reassessment of individuals who are already in the nursing home under Medicaid. NARs are on-site review of a sample of nursing facility residents/charts, regardless of funding source, which are expected to have a nursing facility stay in excess of 20 days. The CARES Program assesses a sample of the Medicaid residents to determine if they continue to meet the requisite level of care designation. This number is reflected in the number of assessments but not in the diversion statistics.
3. CARES tracks program performance data on a monthly basis.

### **Validity:**

1. The validity was determined by review of data options available. This measure reflects the major areas of work associated with the CARES Program. The data also reflects the number of individuals applying for nursing home care, Medicaid Waivers, and the quota that each planning and service area is required to conduct for Continued Residency Reviews. The number of assessments in this output may be affected in the future by the availability of services in either the Medicaid Waiver or nursing home programs.
2. The CARES data system is very appropriate for determining the number of assessments. The system is designed to give the program aggregate data on the results of consumer assessments. This is an appropriate measure of output from the CARES Program, which is related to the goal of ensuring that individuals are served in the least restrictive and most appropriate setting. This is one of the core purposes of the Services to the Elders program. In addition, the primary reason that

CARES receives federal funding is to ensure that individuals applying for Medicaid nursing home care and services in the Medicaid Waivers meet the appropriate criteria. The data system must be able to accurately track applicant information and follow-up data gathered during the Continued Residency Reviews.

**Reliability:**

1. Reliability was determined through staff analysis of manual data reports compared to the system reports. This performance measure is consistently collected by the CARES Program. This performance measure data is internet-based and is consistently collected by the CARES Program. Staff at the DOEA main office can run a statewide report at any time. The CARES Program monitors data to ensure data accuracy.
2. The measure has longitudinal and inter-rater reliability as shown by the consistency of data over time. Electronic data was checked through comparison to manual data to ensure accuracy.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Home and community services diversions, long-term care initiatives, nutritional service for the elderly, residential assisted living support and elder housing issues, self care, early intervention/prevention, supportive community care, caregiver support  
**Measure:** **Percent of most frail elders who remain at home or in the community instead of going to a nursing home**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this measure is the Client Information and Registration Tracking System for non-Nursing Home Diversion Program clients and Medicaid nursing home paid claims for Nursing Home Diversion Program clients.
2. The methodology used to collect the data is through selecting consumers who were most frail – the top quintile of nursing home risk scores.
3. The indicator is measured by determining those clients who had a nursing home stay of 30 or more days in the fiscal year who had been active consumers at the beginning of the fiscal year with risk scores in the top quintile.

### **Validity:**

1. Validity was established by comparing our customer population to a reference frail elder population, using Medicare data (elders 85 and older). The Medicare beneficiary data revealed that about 18 percent were long-term care residents. This measure can be used as a comparable reference.
2. The instrument used to determine service eligibility is the Comprehensive Assessment. This is very appropriate since the form was developed specifically to measure a person's frailty and need of services.

### **Reliability:**

1. Reliability is ensured through repeated trials a year apart on a similar population.
2. The measure is very reliable; repeated trials for different years yielded similar results.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activities:** Home and community services, long-term care initiatives, nutritional services for the elderly, residential assisted living support and elder housing issues, supportive community care, early intervention/prevention, caregiver support.  
**Measure:** **Percentage of Adult Protective Services referrals who are in need of immediate services to prevent further harm who are served within 72 hours.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this measure is the Client Information and Registration Tracking System (CIRTS). Individuals referred to DOEA as high risk by Adult Protective Services who are tracked and subsequently served will be counted and reported on an annual basis.
2. Individuals referred are at risk of abuse, neglect or exploitation and are in need of immediate services to prevent further harm, as determined by Adult Protective Services. The demographic section of the comprehensive assessment form includes Adult Protective Services as one of the referral sources, along with a place to indicate the degree of risk indicated by the referral. Many providers enter services received data at the end of the month with an indicator of number of units of service. They do not provide the dates the services were rendered. Special efforts were instituted to be able to track APS referral by the date the service was first received, since it is critical these consumers are served quickly. CIRTS was modified in March 1999, and a policy memo was issued to make sure providers supply the service data as needed.
3. Consumers who are referred at high risk will be tracked to determine when services were received. The percent of consumers who are served within the 72-hour time frame will be counted.

### **Validity:**

1. Validity was determined through an analysis of data options available. It was determined that the system changes could be instituted to make it easy to track the APS referrals. Those changes were implemented in March 1999.
2. CIRTS data is very appropriate for obtaining data for this measure. The data elements needed to track the data as it is needed by the Department are included.

**Reliability:**

1. Reliability was determined through data analysis and comparisons of CIRTS data to consumer files. The Department has an exception report which details when services were not received in a timely fashion. Providers are asked to explain the situation.
2. This measure will be reliable since the method of counting the number of people referred and served will be consistently applied. Service providers track the data on people served in their programs. There is an incentive for this data to be reliable and accurate since contractors are paid based on the service units provided. The policy memo mentioned above about Adult Protective Services referrals also informs providers that reimbursement for case management is contingent on timely provision of services for these consumers. This is to help provide incentive for providers to correctly enter into CIRTS the date services are received by APS referrals.

Provider incentive to overstate services provided is mitigated by the Area Agency monitoring a one percent sample of files. Part of the monitoring is to check whether services received match services planned by the case managers.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Home and community services, long-term care initiatives, nutritional services for the elderly, residential assisted living support and elder housing issues, supportive community care, caregiver support  
**Measure:** **Average monthly savings per consumer for home and community-based care versus nursing home care for comparable consumer groups.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. This measure was computed using data from the Florida Medicaid Management Information System (FMMIS) maintained by AHCA and the Client Information and Registration Tracking System (CIRTS) database maintained by DOEA.
2. This measure is computed by determining the total costs associated with clients who were assessed by CARES, received a nursing home level of care determination and were served by DOEA in home-based programs, which are alternatives to nursing home care. The costs of all DOEA and Medicaid services used by these clients were determined through queries on CIRTS and FMMIS. The total cost for these individuals was divided by the case months of care they received to determine a per-person-per-month estimate. This was compared to the Medicaid nursing home cost per case month. Comparison of the resultant quantities shows the savings due to the home-based programs.
3. There were two basic measurements required in the calculation of this indicator. The first measurement is of all Medicaid expenditures of persons who qualified for nursing home care who participated in home-based programs. Second is the measurement of all Medicaid expenses associated with the clients in nursing homes.

### **Validity:**

1. The methods employed use original claims and operational databases as a primary source for this measure. There is no more accurate source for actual Medicaid expenditures than the FMMIS. CIRTS data is the operational database that defines participation in DOEA programs. There is no more valid source for DOEA program participation data than CIRTS. The CARES assessment is the defining measurement for determining if someone meets Medicaid's standards for nursing

home level of care. A complete census of all program participation was used; there is no sampling or estimation.

2. The measurement is based on direct calculation on original operational data. A complete census of all program participation and costs were used; there was no sampling or estimation.

**Reliability:**

1. Reliability was determined through comparison to other cost analyses that have been conducted nationally in relation to long-term care services.
2. The measure is reliable. The yearly changes in the costs of community-based care and nursing home care have been tracked by the Department over time. Dramatic changes in the data from year to year are not expected. This method of comparison is based on complete census of actual participation and costs; there is no sampling. The method of comparison is expected to be consistent every year.



## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activities:** Home and community services, long-term care initiatives, nutritional services for the elderly, residential assisted living support and elder housing issues, supportive community care, caregiver support  
**Measure:** **Percent of elders assessed with high or moderate risk environments who improved their environment score.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source is the DOEA Client Information and Registration Tracking System (CIRTS).
2. This measure will report the percent of elders with high or moderate risk environments who improved when reassessed.
3. This measure is captured through the environmental assessment section of the comprehensive assessment. This assessment is administered to all elders who receive case management. This measure represents the case manager's clinical judgment of risk in the consumer's home environment. The case manager responses and corresponding values are no risk, low risk, moderate risk, and high risk.

### **Validity:**

1. The validity was determined through review of data options available. This measure is based on tracking all individuals who have environment assessments in two consecutive years to compare changes after receiving services.
2. The environmental assessment, and the subsequent CIRTS data, which is monitored for error rates, are appropriate instruments for this measure.

### **Reliability:**

1. Reliability is ensured by including on the assessment the description of what the particular score represents. In addition, the form includes a checklist of environmental factors to be reviewed.
2. The measure has longitudinal reliability. The same case managers assessing the same environment over time will almost always score the environment the same, if there have been no changes. Inter-rater reliability is likely to be somewhat less consistent, because it involves clinical judgment of the risks perceived in the consumer's home. The Department attempts to minimize inter-rater differences

through case manager training and by including an environmental checklist as a part of each assessment. In addition, a narrative description follows each score option. For instance, the explanation for high risk is “The physical environment is strongly negative or hazardous. The client should change dwellings or is very likely to need to change dwellings unless immediate corrective action is taken to address the negative or hazardous aspects.”

3. The small numbers of people that are assessed as having high or moderate risk environments can make the measure highly unstable from year to year.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Nutritional services for the elderly  
**Measure:** **Percent of new service recipients with high-risk nutrition scores whose nutritional status improved.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source is the DOEA Client Information and Registration Tracking System (CIRTS).
2. This outcome measure is captured through the Nutrition Status section of the 701B, 701C, and congregate meal assessments. This measure is the percentage of new consumers who have maintained or improved their nutrition status score when reassessed one year later.
3. The nutrition status score ranges from 0 to 21. The risk breakout for scores is as follows: low risk 0-2, medium risk 3-5, and high risk 6-21. (As of the implementation of the revised assessment September 2000, high risk will begin at 5.5. One question on the prior assessment actually contained two parts. They are now two questions on the revised assessment, each having ½ point.) The score from the reassessed year is compared to the initial assessment. The measure is based on how many of the consumers assessed in year one who were high risk had some improvement in their score when reassessed.

### **Validity:**

1. Validity was determined through a review of options available to gather the data. Since the nutrition assessment is already required, it was selected as the instrument to use.
2. This is a valid measure of nutrition status based on a scale developed for the federal Administration on Aging. This scale has been tested for validity and is used in all 50 states in Older Americans Act programs. The nutrition status scale includes some items that may go beyond the scope of DOEA programs including the person's use of alcohol, prescription drugs, medical conditions, and funds to purchase food. The Department is participating in a field test of another nutrition assessment instrument that it is anticipated will work even better as a reassessment instrument. The existing instrument is not as effective in measuring providers' nutritional interventions to address the consumer's limitations. For instance, the instrument asks whether a person has tooth or mouth problems making it difficult to swallow.

That problem may not change, regardless of the Department's interventions, such as supplying pureed food.

**Reliability:**

1. Reliability was determined through the research as part of the Nutritional Risk Initiative. The nutrition screening was developed as a part of the national research project.
2. The measure has inter-rater and longitudinal reliability, since the questions are likely to be answered consistently over time when asked by the same or a different assessor.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Home and community services, long-term care initiatives, nutritional services for the elderly, residential assisted living support and elder housing issues, supportive community care, caregiver support.  
**Measure:** **Percent of new service recipients whose Activities of Daily Living (ADLs) assessment score has been maintained or improved.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source is the DOEA Client Information and Registration Tracking System (CIRTS).
2. This measure is captured through the functional status section of the comprehensive assessment and OAA assessment. This measure is the percentage of new consumers in home and community-based service programs who have maintained or improved their ADL score when re-assessed one year later.
3. The scoring range for ADLs is 0 to 24. The self-care tasks associated with ADLs include bathing, dressing, eating, toileting, transferring, and walking/mobility. This measure focuses on new consumers only since the greatest opportunity to achieve and measure an impact on a person's functional status is when they are new to home and community-based service programs. DOEA plans to track consumer functional status over a period of years to determine standards for achieving functional status maintenance and/or improvement over time.

### **Validity:**

1. Validity was determined through comparison with instruments used in other aging services programs. The instruments are very similar. DOEA's original instrument was developed in 1992 using national experts as consultants. We have modified the ADL domain of the instrument only slightly since then.
2. ADL scores are a standard and appropriate way to measure an individual's functional abilities. Activities of daily living scales are commonly used in social service research. As the consumer population ages and becomes frailer, our ability to maintain or improve functional status will diminish.
3. Because data is collected at reassessment only for individuals who do not exit the program, the measure suffers from selectivity bias in that consumers whose

activities of daily living have been successfully addressed are more likely to survive in the program to reassessment time. Those who may not have been properly served drop out and are not included in the measure.

**Reliability:**

1. Reliability was determined through providing periodic assessment training for new case managers. The case manager must score at least 80 percent on the test on use of the assessment tool given at the end of the training. The *Programs and Services Handbook* provides instructions for completing the ADL section of the assessment as well.
2. The instrument has longitudinal reliability, based on the Department's experience. Wide variances in how different case managers would score a given consumer have not been found.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Home and community services, long-term care initiatives, nutritional services for the elderly, residential assisted living support and elder housing issues, supportive community care, caregiver support.  
**Measure:** **Percent of new service recipients whose Instrumental Activities of Daily Living (IADL) assessment score has been maintained or improved.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source is the DOEA Client Information and Registration Tracking System (CIRTS).
2. This measure is captured through the functional status section of the comprehensive assessment and OAA assessment. This measure is the percentage of new consumers in home and community-based service programs who have maintained or improved their IADL score when reassessed one year later.
3. The scoring range for IADLs is 0 to 32 for tasks including heavy chores, housekeeping, making telephone calls, managing money, preparing meals, shopping, taking medications, and transportation ability. This measure focuses on new consumers only since the greatest opportunity to achieve and measure an impact on a person's functional status is when they are new to home and community-based service programs. DOEA plans to track consumer functional status over a period of years to determine standards for achieving functional status improvements over time.

### **Validity:**

1. Validity was determined through comparison with instruments used in other aging services programs. The instruments are very similar. DOEA's original instrument was developed in 1992 using national experts as consultants. We have modified the IADL domain of the instrument only slightly since then.
2. IADL scores are a standard and appropriate way to measure individuals' ability to function in their home and the community. Instrumental activities of daily living scales are commonly used in social service research. As the consumer population ages and becomes frailer, our ability to maintain or improve IADLs will diminish.

3. Because data is collected at reassessment only for individuals who do not exit the program, the measure suffers from selectivity bias in that consumers whose activities of daily living have been successfully addressed are more likely to survive in the program to reassessment time. Those who may not have been properly served drop out and are not included in the measure.

**Reliability:**

1. Reliability was determined through providing periodic assessment training for new case managers. The case manager must score at least 80 percent on the test on use of the assessment tool given at the end of the training. The *Program and Services Handbook* provides instructions for completing the IADL section of the assessment as well.
2. The instrument has longitudinal reliability, based on the Department's experience. Wide variances in how different case managers would score a given consumer have not been found.



## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activities:** Caregiver support, home and community services, long-term care initiatives, nutritional services for the elderly, supportive community care  
**Measure:** **Percentage of family and family assisted caregivers who self-report they are very likely to provide care.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source is the DOEA Client Information and Registration Tracking System (CIRTS).
2. This outcome measure is captured through the caregiver section of the comprehensive assessment.
3. This assessment is administered to all elders and their caregivers. Each caregiver is asked to select a response to the question "How likely is it that you will continue providing care to the client?" The response options are "very likely," "somewhat likely" and "unlikely." The measure will reflect the percent of caregivers of participants in DOEA services who report they are very likely to continue providing care.

### **Validity:**

1. Validity was determined by review of data options available. This measure is based on tracking all caregivers and the percentage of those who respond say they are very likely to continue providing care.
2. The instrument is very appropriate for the measure. However, the response of the caregiver may be affected by numerous factors, some of which are outside of the control of the Department of Elder Affairs. The caregiver's health may change suddenly, or the consumer's condition may worsen. Both of these situations may be beyond the control of DOEA programs, which primarily assist caregivers through services such as respite, adult day care, caregiver training, and case management. Services received by consumers, such as home delivered meals or homemaking, all serve to assist the consumer primarily, but the caregiver also benefits.

**Reliability:**

1. Reliability was determined through review of trend data and review of research on caregivers.
2. The measure is reliable. Historical information shows that caregivers tend to be very dedicated and will plan to continue providing care if it is at all possible.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activities:** Caregiver support, home and community services, long-term care initiatives, nutritional services for the elderly, supportive community care  
**Measure:** **The percentage of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source is the DOEA Client Information and Registration Tracking System (CIRTS).
2. This outcome measure is captured through the caregiver section of the comprehensive assessment.
3. This assessment is administered to all elders and their caregivers. Each assessor rates the caregiver on his/her ability to continue to provide care. The question is, "How likely is it that you will have the ability to continue to provide care?" The form includes a space for the caregiver self-rating and a space for the assessor's opinion. The response options are "very likely," "somewhat likely," and "unlikely." The total number of caregivers who indicated their ability to continue providing care is likely or very likely is compared to the total number of assessors who indicated they thought the caregiver's ability to continue providing care was likely or very likely. The lesser of the two numbers is selected.

### **Validity:**

1. To test the validity of the proposed measure, a pre/post type analysis of the caregiver's ability to continue to provide care, as measured by the assessor, was made. The data for the analysis was drawn from CIRTS assessment data. A total of 13,189 caregivers were assessed and re-assessed with about one year between assessments. To measure the effect of services on the caregivers' ability to continue providing care, we compared the opinions of the professional assessor and the caregiver at the initial assessment and at the yearly reassessment.

According to the rationale supporting the proposed measure, since the burden of providing care to a frail person erodes the caregiver's ability, the intervention

(services provided) is effective if it sustains or improves over time the ability of the caregiver to continue providing care. Therefore, the percent of caregivers whose scores remain or improve after intervention is a valid measure of success.

2. The instrument is very appropriate for the measure. A post-hoc statistical analysis of the relationship between the opinions of the professional assessor and the caregivers showed a very high degree of correlation between the caregivers' self assessed ability to continue to provide care and the professional assessor's opinion. At initial assessment caregivers were slightly more optimistic than professionals at assessing ability to continue to provide care, with 97.1 percent of caregivers thinking they had the ability to continue to provide care compared to the assessor's at 96.0 percent. At follow up, the figures were 96.8 and 95.6 percent, respectively.

**Reliability:**

1. Reliability was determined through analyzing the consistency of findings over time. The instrument has been used for several years with the data proving to be very consistent.
2. The measure is very reliable. The high correlation between the self-assessment and the professional assessment is confirmed by the fact that 92.3 percent of the caregiver initial assessments coincided with the professional assessment. At follow up, the percent of coincident assessments was 92.2 percent.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activities:** Home and community services  
**Measure:** **Average time in the Community Care for the Elderly program for Medicaid Waiver-probable customers**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this output measure is the DOEA Client Information Registration Tracking System (CIRTS).
2. Program participants who are probably eligible have minimal income and assets and limitations in two or more ADLs. The demographic section of the comprehensive assessment includes income and asset information. The assessment also includes a domain on Activities of Daily Living. Limitations in ADLs are noted and entered into the CIRTS assessment database.
3. CIRTS reports will be generated to determine the percent of consumers in CCE who are probably Medicaid waiver eligible. Only consumers who have left the CCE program are included in the report. (An exception may be when a service is needed that is offered in CCE and not in the waiver.)

### **Validity:**

1. The measure is a valid metric to assess the optimal use of federal resources. When qualified customers are served with programs that have a federal match, general revenue program dollars can be used to serve customers who do not qualify for the federal programs. The measure has high correlation with the amount of general revenue dollars that are freed to accommodate customers who do not qualify for federal funding. The existing measure only captures whether the transition was made at all, without regard for due diligence. The speed at which the transition takes place is important. A faster transition means a savings of general revenue dollars.

### **Reliability:**

1. Reliability was determined through analysis of the components needed for the measure. Since Medicaid eligibility is based on functional and financial criteria, looking at the information on the assessment instrument was determined the most appropriate means to gather the data. ADLs are a good indicator of functional eligibility, and the income and assets are consumer self-declared. Consumer self-report of finances tends to be consistent.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activities:** Home and community services, long-term care initiatives, nutritional services for the elderly, residential assisted living support and elder housing issues, supportive community care, caregiver support  
**Measure:** **Percent of customers who are at imminent risk of nursing home placement who are served with community-based services**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this output measure is the DOEA Client Information and Registration Tracking System (CIRTS).
2. This measure will be the percentage of all individuals determined at imminent risk of nursing home placement who are served in home and community-based programs.
3. The indicator is measured by obtaining a count of all consumers who were found at assessment to be at imminent risk of nursing home placement and a count of all who were then served in community-based programs. The percentage is then calculated.

### **Validity:**

1. The validity was determined by review of available data. This measure is based on tracking all individuals whose file indicates they were deemed to be at imminent risk. The extract report then uses the services received table to determine if the consumer received a DOEA service.
2. This report is very appropriate to determine the Department's achievement of the measure.

### **Reliability:**

1. Reliability was determined through review of trends and analysis of exceptions encountered in the data. Contract providers enter service data on the people served in their programs into the Department's Client Information and Registration Tracking System (CIRTS). There is an incentive for this data to be reliable and accurate, since contractors are paid based on the service units provided. Provider incentive to overstate services provided is mitigated by the Area Agency on Aging monitoring a

one percent sample of files. Part of the monitoring is to check if services received match services planned by the case managers.

2. The measure is reliable. On-going efforts are made to ensure data accuracy in CIRTS, which includes file reviews, monitoring, and on-going oversight by contract managers.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Home and community services diversions, long-term care initiatives, nutritional service for the elderly, residential assisted living support and elder housing issues, self care, early intervention/prevention, supportive community care, caregiver support  
**Measure:** **Number of people served with registered long-term care services**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### Data Sources and Methodology

1. The data source for this measure is the DOEA Client Information and Registration Tracking System (CIRTS), Florida Medicaid Managed Information System (FMMIS) and manual data.
2. The measure is a count of individuals served in the Department's home and community-based service programs during a fiscal year. The count includes people who received a service in the following programs and service categories: Community Care for the Elderly; Medicaid Aged and Disabled Adult Waiver, Medicaid Assisted Living for the Frail Elderly Waiver; Channeling, the Alzheimer's Disease Waiver, Long-Term Care Community Diversion pilot project, Home Care for the Elderly; Older Americans Act Titles IIIB, IIIC1, IIIC2, IIID, and IIIE; Alzheimer's Disease Initiative and the Local Services Program. In addition, manual counts will be included for the Memory Disorder Clinics, Adult Care Food Program, and Emergency Home Energy Assistance Program (EHEAP).
3. The indicator is measured by a sum of the counts obtained from the CIRTS report and the manual reports of number of people served.

### Validity:

1. Validity was determined through a review of data options available. Using the CIRTS report for the majority of the count with augmentation from manual reports was determined to be the best way to obtain data on consumers served.
2. The CIRTS data in combination with manual data is very appropriate for obtaining consumer counts. Also, the use of the two different approaches for the consumer counts, one that can be tracked by individual, and one that reflects more of a tally of



people served, more realistically reflects the tremendous number of people the Department impacts each year.

**Reliability:**

1. The Department has made efforts to ensure reliability through using CIRTS data as the primary source, with manual data on smaller programs that are not in CIRTS supplementing the count. Providers have an incentive to enter accurate service data in CIRTS, because they are paid in accordance with the units of service provided. The smaller programs have fixed reimbursement rates which correlate to the number of consumers who can be served based on expenditures.
2. The measure has inter-rater and longitudinal reliability as found by different staff in the Department producing similar results when extracting data for the same time periods using similar calculations.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Nutritional services for the elderly  
**Measure:** **Number of congregate meals provided**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The source of the data for this measure is the Client Information and Registration Tracking System (CIRTS). Data on the consumers in the Older Americans Act Congregate Meals program, Local Services Program, and the High Risk Nutritional Program for the Elderly (Miami-Dade only) are primarily used for this measure.
2. The data is obtained from a CIRTS report on consumers who received a congregate meal through the programs listed above.
3. Any consumer who received a congregate meal during the year in question is counted.

### **Validity:**

1. Since the measure is an output measure, the method for establishing validity was straightforward. Staff analysis established that the best output for the congregate meals program is the number of meals served.
2. The measuring instrument, service data in CIRTS submitted for billing, is very appropriate. Contracted service providers are paid in accordance with the units of service that are entered in CIRTS.

### **Reliability:**

1. Reliability has been determined through monitoring and quality assurance efforts. Data accuracy is partly assured through exception reports that are generated to highlight data anomalies. Providers are paid based on number of meals served that is reported in the system.
2. The measure is reliable as shown through consistency of results over time.

**LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY**

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Caregiver Support  
**Measure:** Number of elders served

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

**Data Sources and Methodology:**

1. The data source for this measure is from contracted services, including the RELIEF program, Alzheimer's Disease Initiative (ADI) Memory Disorder Clinics, Home Care for the Elderly, the AmeriCorps program, Senior Companion, and the Family Caregiver Support Program (Older Americans Act Title III E). Program counts from the ADI respite programs will also be included.
2. The methodology used to collect data is to obtain counts of consumers served through monthly and quarterly reports from the AmeriCorps program, reports submitted on the monthly information sheets for the Senior Companion, reports from the Memory Disorder Clinics, the Monthly Standard Information Sheet for the RELIEF program, Area Agency on Aging estimates for Title III E and CIRTTS reports for the ADI respite programs. In the future, Title III E data will come from CIRTTS, since it is now required to be entered into the database.
3. The indicator is measured by a sum of the consumer counts.

**Validity:**

1. Validity was determined through an analysis of available data. The AmeriCorps program has each project self-report on results with documentation attached, and the RELIEF program provides the Monthly Standard Information Sheet. Instead of creating a new data measuring system, it was decided that the existing data collection efforts were sufficient for this purpose. Senior Companion data is from the reports providers submit. Since CIRTTS data is available for ADI respite, it was determined to be the best source for the ADI program. The III E program data is based on data estimates the Area Agencies on Aging provide as part of the federal National Aging Program Information System. In the future, Title III E data will come from CIRTTS, since it is now required to be entered into the database.
2. The current data collection systems described above are very appropriate for capturing the number of consumers served.

**Reliability:**

1. Reliability was determined through audits and consumer interviews for the AmeriCorps program. The RELIEF program has made efforts to ensure reliability by only counting consumers served through records obtained from the Area Agency on Aging. CIRTS data reliability is determined through monitoring and chart reviews.
2. Reliability is above 95 percent for the AmeriCorps program because of the documentation and auditing required. Requiring the Monthly Standard Information Sheet in the contracts has made the data for the RELIEF program very reliable. CIRTS data has longitudinal reliability, as found by different staff in the Department producing similar results when extracting data for the same time periods and using similar calculations. Both Senior Companion and Title III E data show consistency over time.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Agency:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** **Early Intervention/Prevention**  
**Measure:** **Number of elders served**

### Action (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### Data Sources and Methodology:

1. The data source for this measure is data from the following programs: Serving Health Insurance Needs of Elders (SHINE); Health and Wellness Initiatives, Elder Abuse Prevention Education, Elder Helpline, Emergency Home Energy Assistance for Elders Program, and the Senior Community Service Employment Program.
2. The methodology used to collect the data varies by program as follows: The SHINE program is using monthly counselor reporting forms, submitted through local coordinators and the Area Agencies on Aging. CMS Consumer Contact and Public/Media Activity forms are used in conjunction with a quarterly volunteer time sheet to capture this. CMS has a database for reporting purposes.

Health and Wellness Initiatives use monthly and quarterly reports based on formal and informal databases which are managed by the Area Agencies on Aging. The projected number of elders served under the health and wellness initiatives is based on anticipated numbers of direct and indirect services to be provided by the Department's Community Outreach and Wellness Coordinators throughout the state. Indirect services in this instance refer to articles published in elder-friendly newspapers and magazines, press releases and appearances by coordinators on local television and radio programs.

Elder Abuse Prevention Education data is obtained from reports of services from contractual agreements. Attendance sheets from training sessions are used to compile a total of consumers served by the program.

The data on Elder Helpline information, referral, and assistance is maintained electronically and extracted from the Client Information and Registration Tracking System. Elder Helplines throughout the state are currently operated by the Area Agencies on Aging or a contracted information and referral provider. The Elder Helplines recently implemented a common internet accessible Information and Referral (I&R) software system designed for I&R networks with multiple member

organizations. The new system records caller/client contact information and provides access to real-time service provider resource data.

3. The indicator is measured by a sum of the program counts of number of people served.

**Validity:**

1. For the SHINE program, validity was established by CMS, which piloted reporting forms in two planning and service areas in Florida.

Validity for the Health and Wellness Initiatives is determined through periodic site visits and quality assurance checks conducted by the Department's Contract Administration staff. During these visits to the providers, the actual data that has been collected at the local level is reviewed for contract compliance.

For Elder Abuse Prevention Education, validity was determined through an analysis of available data. Since each individual signs a form indicating he or she received the training, it was determined that this was the best measure of participant counts.

Elder Helpline staff at the AAAs maintain records of their calls. Using the data over time, the Department's Elder Helpline Specialist has determined the validity for the data.

2. The SHINE reporting form is very appropriate for collecting volunteer hours, as determined by the funding agency.

The Health and Wellness Initiative's method for collecting data is also very appropriate. Keeping the data at the local level has worked well for both the provider and the Department contract manager. Although it is within the right of the contract manager to perform site visits, this method allows the contract manager to focus on more pertinent issues of contract management.

The method for obtaining Elder Abuse Prevention Education data is practical and very appropriate for obtaining participant counts.

Elder Helpline data is very appropriate. Contacts to the Elder Helplines throughout the state are the best way to determine the number of clients served.

**Reliability:**

1. Reliability is ensured through SHINE program review of the volunteer reporting forms by the local coordinators. Many volunteers do not report the many hours of service they provide. The hours counted by the volunteers who do report their time is actually an under-representation of their hours of service.

For the Health and Wellness Initiative activity, the Department is making efforts to ensure reliability by providing the Community Outreach and Wellness coordinators

with training in regard to uniform data collection and reporting, as well as proper program evaluation techniques.

Elder Abuse Prevention Education data reliability is ensured through use of training participant signatures.

Reliability of the Elder Helpline data is ensured by program monitoring. The reliability of the data will be much improved with implementation of the new I&R system.

2. The SHINE program reports have interstate and longitudinal reliability. The state can compare Florida program results with other states with programs of similar size as well as assess program growth and change over time.

The Health and Wellness Initiative activity reliability has not yet been determined.

Elder Abuse Prevention Education data is reliable. The information is qualitative in nature, and the consumer's signature is accepted without further evidence of participation.

The reliability of the Elder Helpline data across the AAAs has been difficult to determine, since different software has been used to support their I&R activities. The new software will standardize the process and provide consistent data statewide.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** **Home and Community Services Diversions**  
**Measure:** **Number of elders served**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this measure is the Client Information and Registration Tracking System (CIRTS) data.
2. The methodology used to collect the data is to select from the CIRTS Services Received table an unduplicated count of participants in the following programs: Consumer Directed Care, Community Care for the Elderly and Home Care for the Elderly. To get the data on Medicaid programs, the paid claims data was used for Medicaid Aged and Disabled Adult Services Waiver, Channeling, Alzheimer's Waiver, the Adult Day Health Care Waiver, and the Long-Term Care Diversion Pilot Project.
3. The indicator is measured by computing a sum of the unduplicated participants across the planning and service areas.

### **Validity:**

1. Validity was determined through a review of available data sources. CIRTS was chosen because it is the most complete source of participant data across programs and can create an unduplicated count.
2. CIRTS data is very appropriate as a source for consumer counts. Although the original purpose of CIRTS was for provider billing, appropriate modifications have been made to make it function for consumer output data purposes as well.

### **Reliability:**

1. The Department has made efforts to ensure reliability by only counting people who were recorded as receiving a service in CIRTS. This is an effective and reliable method, since contract providers have an incentive to enter accurate service data in CIRTS, because many are paid in accordance with the units of services provided. The number of elders served by the Medicaid Waivers is based on paid claims.
2. The measure has inter-rater and longitudinal reliability as found by different staff in the Department, producing similar results when extracting data for the same time periods and using similar calculations.



## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Long-Term Care Initiatives  
**Measure:** Number of elders served

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this measure is the Medicaid claim files and the Florida Medicaid Management Information System (FMMIS).
2. The methodology used to collect the data is to query FMMIS to obtain an unduplicated count of Long-Term Care Community Diversion Pilot Project participants based on claims data.
3. The indicator is measured by computing a sum of the unduplicated participants.

### **Validity:**

1. Validity was determined through a review of available data sources. Since these projects are Medicaid projects, FMMIS was selected as the best source for obtaining participant information.
2. FMMIS is very appropriate as a source for consumer counts for Long-Term Care Initiatives. FMMIS is a well-established system with many security and data accuracy measures in place to make it a sound source for information.

### **Reliability:**

1. Reliability is assured through cross-checking with the Medicaid claims files to ensure the program billings are appropriate.
2. The measure has inter-rater and longitudinal reliability as found by different staff in the Department, producing similar results when extracting data for the same time periods and using similar query parameters.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** **Nutritional Services for the Elderly**  
**Measure:** **Number of elders served**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data sources for this measure are Client Information and Registration Tracking System (CIRTS) and manual data from the Adult Care Food Program and the Elder Farmers Market Nutrition Program.
2. The methodology used to collect the data is to select from the CIRTS Services Received table a count of participants in the Older Americans Act Home Delivered and Congregate Meals programs and the Local Services Program (meals only) who received any of the following services: meals, nutrition education, and nutrition counseling. Due to the umbrella nature of the report, the counts may also to a lesser extent, include people who received nutrition services in other Department programs, such as Community Care for the Elderly (CCE). Manual counts are derived for the Adult Care Food Program based on the units of service provided and the contracted cost per participant.
3. The indicator is measured by computing a sum of participants in each program for the data available in CIRTS and adding in the manual derived counts from the Adult Care Food Program.

### **Validity:**

1. Validity was determined through a review of available data sources. CIRTS was chosen as the primary source because it is the most complete source of participant data across programs and can create unduplicated counts. The manual counts are for much smaller programs with much less readily available consumer data.
2. CIRTS data is very appropriate as a source for consumer counts. Although the original purpose of CIRTS was for provider billing, appropriate modifications have been made to make it function for consumer output data purposes as well. Manual counts of consumers served in the Adult Care Food Program are an appropriate means to collect the data on these smaller programs, since the services are not reported in CIRTS.

**Reliability:**

1. The Department has made efforts to ensure reliability by only counting consumers who were recorded as receiving a service in CIRTS (except for the Adult Care Food Program). This is an effective and reliable method, since contract providers have an incentive to enter accurate service data in CIRTS, because many are paid in accordance with the units of services provided. Reliability is ensured through the routine monitoring process conducted by the Area Agencies on Aging and the Department.
2. The measure has inter-rater and longitudinal reliability as found by different staff in the Department, producing similar results when extracting data for the same time periods and using similar calculations.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** Residential Assisted Living Support and Elder Housing Issues  
**Measure:** Number of elders served

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this measure is the Client Information and Registration Tracking System (CIRTS) data.
2. The methodology used to collect the data is to select from the CIRTS Services Received table an unduplicated count of participants in the Medicaid Assisted Living for the Frail Elderly Waiver.
3. The indicator is measured by computing a sum of the unduplicated participants across the planning and service areas.

### **Validity:**

1. Validity was determined through a review of available data sources. CIRTS was chosen, because it is the most complete source of participant data across programs and can create an unduplicated count.
2. CIRTS data is very appropriate as a source for consumer counts. Although the original purpose of CIRTS was for provider billing, appropriate modifications have been made to make it function for consumer output data purposes as well.

### **Reliability:**

1. The Department has made efforts to ensure reliability by only counting people who were recorded as receiving a service in CIRTS. This is an effective and reliable method, since contract providers have an incentive to enter accurate service data in CIRTS, because many are paid in accordance with the units of services provided.
2. The measure has inter-rater and longitudinal reliability as found by different staff in the Department producing similar results when extracting data for the same time periods and using similar calculations.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Home and Community Services  
**Activity:** **Supportive Community Care**  
**Measure:** **Number of elders served**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this measure is the Client Information and Registration Tracking System (CIRTS) data.
2. The methodology used to collect the data is to select from the CIRTS Services Received table an unduplicated count of participants in the Older Americans Act Title IIIB (Supportive Services and Senior Centers) and the Local Services Programs.
3. The indicator is measured by computing a sum of the unduplicated participants across the planning and service areas.

### **Validity:**

1. Validity was determined through a review of available data sources. CIRTS was chosen because it is the most complete source of participant data across programs and can create an unduplicated count.
2. CIRTS data is very appropriate as a source for consumer counts. Although the original purpose of CIRTS was for provider billing, appropriate modifications have been made to make it function for consumer output data purposes as well.

### **Reliability:**

1. The Department has made efforts to ensure reliability by only counting people who were recorded as receiving a service in CIRTS. This is an effective and reliable method, since contract providers have an incentive to enter accurate service data in CIRTS, because many are paid in accordance with the units of services provided. Reliability is ensured through the routine monitoring process the Area Agencies on Aging conduct with their provider agencies.
2. The measure has inter-rater and longitudinal reliability as found by different staff in the Department, producing similar results when extracting data for the same time periods and using similar calculations.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Agency:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Executive Direction and Support  
**Activity:** **Executive Direction, Finance and Accounting, Planning and Budgeting, Information Technology, Director of Administration, Personnel Services/Human Services, Inspector General, General Council/Legal, Legislative Affairs, Procurement, Communications / Public Information, Property Management, Contract Administration, Disaster Preparedness and Operation**  
**Measure:** **Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions.**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for the measure is LAS/PBS.
2. In LAS/PBS, the data is obtained from the prior year actual expenditures (Column A36). The Long-Term Care Community Diversion Pilot program expenditures, which are administered by the Department, but budgeted under the AHCA line item, are manually added to the total agency costs.
3. The administrative and support costs and positions are divided by the total agency cost and positions to calculate the percent of the Department's costs for administration and support and positions associated with administration and support.

### **Validity:**

1. Validity was determined through an analysis of available data. LAS/PBS is the common data source for the Governor's Office, the Legislature, and state agencies and was determined to be the best source for data on Executive Direction and Support. There is not a standard for how the calculation of administrative costs is determined across agencies, since each agency is set up differently.
2. LAS/PBS contains the General Appropriations Act and adjustments, which are initiated by legislation, and therefore is the appropriate source for data on Departmental budget issues. The Department's budget is arrayed by budget entity, program component, and activity codes, which breaks down the budget to discrete categories.

**Reliability:**

1. Reliability was determined through analysis of the Department's budget over time. The same major elements are used for comparison from year to year.
2. The measure is very reliable as evidenced by the historical trends. The measure remains stable over time.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Consumer Advocate Services  
**Activity:** Long-Term Care Ombudsman Council  
**Measure:** Percent of complaint investigations initiated by the Ombudsman within 5 working days (applies to the Long-Term Care Ombudsman Council)

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this measure is the Long-Term Care Ombudsman investigation data collected and stored in the Ombudsman offices in each district and then compiled at the state office.
2. When a complaint is filed, either through a telephone or written contact, a complaint investigation is initiated. When the Ombudsman begins making the appropriate telephone calls or visits, the investigation is considered initiated, regardless of whether actual contact happened. For example, the Ombudsman may call the complainant to get more information. If the complainant is out of town, the Ombudsman may be unable to further pursue the complaint until the complainant returns. **Note:** if the complaint involves an emergency situation, the Ombudsman makes sure necessary actions and contacts are made to ensure the safety of the resident.
3. The number of complaints is tracked by how many days before initiation of the investigation began, from the date of receipt of the complaint. The measure is the percentage of investigations initiated within five days out of total complaints received.

### **Validity:**

1. Validity was established through staff analysis of options for measures. The primary concern is that residents are provided quality care. However, attribution in relation to poor quality of care ultimately resides with the facility, not the Ombudsman Program. It was decided that timely response to complaints is a measure of responsiveness, which contributes to quality of care.
2. The complaint investigation instrument is an appropriate tool for the purpose of this measure. The Ombudsman notes the details of the complaint and then calls/visits are initiated in response to the complaint. As the complaint is resolved or work is otherwise completed on the case, the resolution and classification status is noted as well.



**Reliability:**

1. Reliability was established through review of complaint tracking data. The data collected shows consistent trends over time.
2. The measure has inter-rater reliability, since the data is based on the objective measures of when the complaint was received and when contact was initiated. Any person reviewing the data would draw the same conclusions.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Consumer Advocate Services  
**Activity:** **Public Guardianship Program**  
**Measure:** **Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within 5 days of receipt of request**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this measure is each of the circuit courts with an Office of Public Guardian funded by general revenue dollars.
2. Each office keeps a record of the total number of guardianship orders, the date the request came in and when activity was initiated on behalf of the consumers.
3. The indicator is measured by dividing the total number of requests by the number that had activity initiated within five days of receipt of the request, to obtain the percentage.

### **Validity:**

1. The methodology was developed through staff analysis of data available. Each Office of the Public Guardian has operated independently under the direction of the local circuit court. There is not a consistent means of tracking demographic or other consumer data across the state.
2. The measure is appropriate for determining the timeliness of response to requests for assistance.

### **Reliability:**

1. Reliability was established through interaction with each of the Offices of the Public Guardian. Each keeps a record of date of the referrals, when activity was initiated, and whether the consumer needed to have a guardian appointed.
2. The measure is reliable. Any person reviewing the data submitted would draw the same conclusions, because the measure is straightforward and based on data submitted by each Office of the Public Guardian.

## LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Consumer Advocate Services  
**Activity:** **Public Guardianship Program**  
**Measure:** **The number of judicially approved guardianship plans including new orders**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

### **Data Sources and Methodology:**

1. The data source for this measure is data tracked by each of the circuit courts with an Office of Public Guardian funded by general revenue dollars.
2. Each office keeps a record of the total number of plans, which is their current caseload, and new orders.
3. The measure is the combined number of guardianship plans and orders.

### **Validity:**

1. The methodology was developed through staff analysis of data available. Each Office of the Public Guardian has operated independently under the direction of the local circuit court. The Department now has oversight of the guardianship program statewide.
2. The measure is appropriate for determining if the ward's best interest and safety are being considered. If the guardianship plan is not satisfactory, the court has an opportunity to disapprove the plan and require an alternate approach.

### **Reliability:**

1. Reliability was established through interaction with each of the Offices of the Public Guardian. Each keeps a record of the number of plans submitted and approved by the circuit court and new orders.
2. The measure is reliable. Any person reviewing the data submitted would draw the same conclusions, because the measure is a simple count of numbers provided from each circuit with a guardianship program.

**LRPP EXHIBIT IV: PERFORMANCE MEASURE VALIDITY AND RELIABILITY**

**Department:** Department of Elder Affairs  
**Program:** Services to Elders  
**Service/Budget Entity:** Consumer Advocate Services  
**Activity:** **Long-Term Care Ombudsman Council**  
**Measure:** **Number of complaint investigations completed**

**Action** (check one):

- Requesting revision to approved performance measure.
- Change in data sources or measurement methodologies.
- Requesting new measure.
- Backup for performance measure.

**Data Sources and Methodology:**

1. The data source for the measure is the Long-Term Care Ombudsman investigation data collected and stored in each Ombudsman office within each district and compiled at the state office.
2. The number of complaint investigations completed is determined by reviewing the investigation data. When a complaint investigation is complete, a classification status is assigned. The options are substantiated, indicated, unsubstantiated, or withdrawn. Some cases may take months to resolve, because of the complexity of the issues involved. A complaint investigation is not considered completed until every avenue for satisfactory resolution has been pursued.
3. The data on the number of complaints received, and when they are completed, is tracked and recorded.

**Validity:**

1. Staff analysis determined this to be the most appropriate and valid base output to be used in conjunction with other data to determine trends and significant developments. Although not a relevant indicator alone, when categorized and evaluated, the number of complaint investigations completed was deemed to be the most valid, objective output.
2. The investigation data as the measuring instrument is appropriate for use as a base output. The summary of the outcome of the case is included and accurately reflects the status of the case.

**Reliability:**

1. Reliability was determined through staff analysis of historical Ombudsman data. The measure has shown reliability over time. The LTCOC has been tracking complaint data for many years with results consistent with expectations.

<b>LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures</b>			
<b>Measure Number</b>	<b>Approved Performance Measures for FY 2007-08 (Words)</b>		<b>Associated Activities Title</b>
1	Percent of elders the CARES program determined eligible for nursing home placement who are diverted		Universal Frailty Assessment ACT 2000
2	Number of CARES assessments		Universal Frailty Assessment ACT 2000
3	Percent of most frail elders who remain at home or in the community instead of going into a nursing home		Home and Community Svcs. Diversions, Long-Term Care Initiatives, Nutritional Srv. for the Elderly, Residential Assisted Living Support and Elder Hsing Issues, Self Care, Early Int./Prev., Supportive Comm. Care, Caregiver Support
4	Percent of Adult Protective Services (APS) referrals who are in need of immediate services to prevent further harm who are served within 72 hours		Home and Community Svcs. Diversions, Long-Term Care Initiatives, Nutritional Srv. for the Elderly, Residential Assisted Living Support and Elder Hsing Issues, Early Int./Prev., Supportive Comm. Care, Caregiver Support
5	Average monthly savings per consumer for home and community-based care versus nursing home care for comparable client groups		All Home and Community-Based Services

Office of Policy and Budget – July, 2008

<b>LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures</b>			
<b>Measure Number</b>	<b>Approved Performance Measures for FY 2006-07 (Words)</b>		<b>Associated Activities Title</b>
6	Percent of elders assessed with high or moderate risk environments who improved their environment score		All Home and Community-Based Services
7	Percent of new service recipients with high-risk nutrition scores whose nutritional status improved		All Home and Community-Based Services
8	Percent of new service recipients who ADL assessment score has been maintained or improved		All Home and Community-Based Services
9	Percent of new service recipients whose IADL assessment score has been maintained or improved		All Home and Community-Based Services
10	Percent of family and family-assisted caregivers who self-report they are very likely to provide care		All Home and Community-Based Services

Office of Policy and Budget – July, 2008

<b>LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures</b>			
<b>Measure Number</b>	<b>Approved Performance Measures for FY 2007-08 (Words)</b>		<b>Associated Activities Title</b>
11	Percent of caregivers whose ability to continue to provide care is maintained or improved after one year of service intervention (as determined by the caregiver and the assessor)		All Home and Community-Based Services
12	Average time in the Community Care for the Elderly Program for Medicaid Waiver probable customers		All Home and Community-Based Services
13	Percent of customers who are at imminent risk of nursing home placement who are served with community-based services		All Home and Community-Based Services
14	Number of elders served with registered long-term care services		All Home and Community-Based Services
15	Number of congregate meals provided		Nutritional Services for the Elderly ACT 4000

Office of Policy and Budget – July, 2008

<b>LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures</b>			
<b>Measure Number</b>	<b>Approved Performance Measures for FY 2007-08 (Words)</b>		<b>Associated Activities Title</b>
16	Number of elders served (caregiver support)		Caregiver Support ACT 4200
17	Number of elders served (early intervention/prevention)		Early Intervention/Prevention ACT 4100
18	Number of elders served (home and community services)		Home and Community Services Diversion ACT 4500
19	Number of elders served (LTC initiatives)		Long-Term Care Initiatives ACT 4800
20	Number of elders served (meals, nutrition education and nutrition counseling)		Nutritional Services for the Elderly ACT 4000

Office of Policy and Budget – July, 2008



**LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures**

Measure Number	Approved Performance Measures for FY 2007-08 (Words)		Associated Activities Title
21	Number of elders served (residential assisted living support and elder housing issues)		Residential Living Support Elder Housing Issues ACT 4300
22	Number of elders served (supported community care)		Supportive Community Care ACT 4400
23	Agency administration costs as a percent of total agency costs/agency administrative positions as a percent of total agency positions		Executive Direction
24	Percent of complaint investigations initiated by the ombudsman within 5 working days		Long-Term Care Ombudsman Council ACT 1100
25	Percent of service activity on behalf of frail or incapacitated elders initiated by public guardianship within 5 days of receipt of request		Public Guardianship ACT 1200

Office of Policy and Budget – July, 2008

**LRPP Exhibit V: Identification of Associated Activity Contributing to Performance Measures**

Measure Number	Approved Performance Measures for FY 2007-08 (Words)		Associated Activities Title
26	Number of judicially approved guardianship plans including new orders		Public Guardianship ACT 1200
27	Number of complaint investigations completed (long-term care ombudsman council)		Long-Term Care Ombudsman Council ACT 1100

Office of Policy and Budget – July, 2008

ELDER AFFAIRS, DEPARTMENT OF		FISCAL YEAR 2010-11			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT			726,248,058	2,922,503	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)			14,705,545	0	
FINAL BUDGET FOR AGENCY			740,953,603	2,922,503	
SECTION II: ACTIVITIES * MEASURES		Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
<i>Executive Direction, Administrative Support and Information Technology (2)</i>					0
Long-term Care Ombudsman Council * <b>Number of complaint investigations completed</b>		6,497	532.05	3,456,732	
Public Guardianship Program * <b>Number of judicially approved guardianship plans</b>		2,575	1,114.55	2,869,955	
Universal Frailty Assessment * <b>Total number of CARES assessments</b>		108,119	200.28	21,653,609	
Meals, Nutrition Education, And Nutrition Counseling * <b>Number of people served</b>		78,639	571.58	44,948,777	
Early Intervention/Prevention * <b>Number of elders served</b>		798,118	35.81	28,578,563	
Caregiver Support * <b>Number of elders served</b>		73,011	488.08	35,635,373	
Residential Assisted Living Support And Elder Housing Issues * <b>Number of elders served</b>		4,634	2,546.03	11,798,298	
Supportive Community Care * <b>Number of elders served</b>		41,403	966.21	40,003,852	
Home And Community Services Diversions * <b>Number of elders served</b>		59,858	3,603.08	215,673,358	2,922,503
Long Term Care Initiatives * <b>Number of elders served</b>		23,928	40.16	960,984	
TOTAL				405,579,501	2,922,503
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER				101,676	
REVERSIONS				335,272,440	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				740,953,617	2,922,503
<b>SCHEDULE XI/EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY</b>					

- (1) Some activity unit costs may be overstated due to the allocation of double budgeted items.
- (2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.
- (3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.
- (4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

IUCSSP03 LAS/PBS SYSTEM

SP 09/28/2009 14:44

BUDGET PERIOD: 2000-2011

SCHED XI: AGENCY-LEVEL UNIT COST SUMMARY

STATE OF FLORIDA

AUDIT REPORT ELDER AFFAIRS, DEPT OF

-----  
ACTIVITY ISSUE CODES SELECTED:

TRANSFER-STATE AGENCIES ACTIVITY ISSUE CODES SELECTED:

1-8:

AID TO LOCAL GOVERNMENTS ACTIVITY ISSUE CODES SELECTED:

1-8:

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THE FOLLOWING STATEWIDE ACTIVITIES (ACT0010 THROUGH ACT0490) HAVE AN OUTPUT STANDARD (RECORD TYPE 5) AND SHOULD NOT:

\*\*\* NO ACTIVITIES FOUND \*\*\*

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THE FCO ACTIVITY (ACT0210) CONTAINS EXPENDITURES IN AN OPERATING CATEGORY AND SHOULD NOT:  
(NOTE: THIS ACTIVITY IS ROLLED INTO EXECUTIVE DIRECTION, ADMINISTRATIVE SUPPORT AND INFORMATION TECHNOLOGY)

\*\*\* NO OPERATING CATEGORIES FOUND \*\*\*

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THE FOLLOWING ACTIVITIES DO NOT HAVE AN OUTPUT STANDARD (RECORD TYPE 5) AND ARE REPORTED AS 'OTHER' IN SECTION III: (NOTE: 'OTHER' ACTIVITIES ARE NOT 'TRANSFER-STATE AGENCY' ACTIVITIES OR 'AID TO LOCAL GOVERNMENTS' ACTIVITIES. ALL ACTIVITIES WITH AN OUTPUT STANDARD (RECORD TYPE 5) SHOULD BE REPORTED IN SECTION II.)

FCO	BE	PC	CODE	TITLE	EXPENDITURES
	65100400	1303000000	ACT4700	HOUSING, HOSPICE AND END OF LIFE	21,291
	65100600	1208000000	ACT6000	DISASTER PREPAREDNESS AND	80,385

-----  
TOTALS FROM SECTION I AND SECTIONS II + III:

DEPARTMENT: 65	EXPENDITURES	FCO
FINAL BUDGET FOR AGENCY (SECTION I):	740,953,603	2,922,503
TOTAL BUDGET FOR AGENCY (SECTION III):	740,953,617	2,922,503

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DIFFERENCE: 14-  
(MAY NOT EQUAL DUE TO ROUNDING) =====

## Appendix I: Glossary of Terms and Acronyms, Including Unique Agency Terms and Acronyms

**Activities of Daily Living (ADL)** – Functions and tasks for self care, including ambulation, bathing, dressing, eating, grooming, and toileting.

**Activity** – A set of transactions within a budget entity that translates inputs into outputs using resources in response to a business requirement. Sequences of activities in logical combinations form services. Unit cost information is determined using the outputs of activities.

**Actual Expenditures** – Disbursement of funds including prior year actual disbursements, payables, and encumbrances. The payables and encumbrances are certified forward at the end of the fiscal year. They may be disbursed between July 1 and December 31 of the subsequent fiscal year. Certified forward amounts are included in the year in which the funds are committed, but are not shown in the year the funds are disbursed.

**Adult Care Food Program (ACFP)** – A program that reimburses eligible Adult Care Centers for meals provided to Adult Care participants. Adult Care Centers include licensed Adult Day Care Centers, Mental Health Day Treatment Centers, and In-Facility Respite Centers.

**Adult Family Care Home (AFCH)** – A full-time, family-type living arrangement in a private home, in which a person or persons who own/rent and live in the home provide room, board, and personal services, as appropriate for the level of functional impairment, for no more than five disabled adults or frail elders who are not relatives.

**Adult Protective Services (APS)** – The APS program managed by the Department of Children and Families is responsible for the provision or arrangement of services to protect a disabled adult or an elderly person from further occurrences of abuse, neglect or exploitation. Services may include protective supervision, placement, and in-home/community-based services

**AHCA** – Agency for Health Care Administration

**Alzheimer's Disease Initiative (ADI)** – Programs, including caregiver respite, memory disorder clinics, model day-care programs, and a research database, which provide services to meet the needs of caregivers and individuals with Alzheimer's disease and related cognitive disorders.

**AmeriCorps** – AmeriCorps, the domestic Peace Corps, funds grants for elder programs such as ElderServe, Care and Repair, and Homeland Security. AmeriCorps members and volunteers provide a variety of community outreach, education, respite, and support services for elders. ElderServe emphasizes respite service for frail elders who are at risk of institutionalization, focusing mainly on those elders with Alzheimer's disease and other forms of dementia. Care and Repair provides home repairs, home modifications,

and related services to assist elders in making their domiciles accessible and safe, allowing these elders to age in place and enhancing their quality of life. Homeland Security assists elders in preparing for acts of terrorism, emergencies, and natural disasters.

**AoA** – Administration on Aging

**Appropriation Category** – The lowest level line-item of funding in the General Appropriations Act representing a major expenditure classification of the budget entity. Within budget entities, these categories may include salaries and benefits, other personal services (OPS), expenses, operating capital outlay, data processing services, fixed capital outlay, etc. These categories are defined within this glossary under individual listings.

**Area Agency on Aging (AAA)** – A local public or private nonprofit entity mandated by the Older Americans Act. The Department of Elder Affairs designates entities as AAAs to coordinate and administer the Department's programs and to contract out services within a planning and service area.

**APS** – Adult Protective Services

**Aging and Disability Resource Center (ADRC)** – Centers located throughout Florida Responsible for coordinated system of information and access for all persons (including persons with disabilities and persons with severe and persistent mental illnesses) seeking long-term care resources.

**Aging Resource Center (ARC)** – Centers located throughout Florida Responsible for coordinated system of information and access for all persons seeking long-term care resources.

**Assisted Living Facility (ALF)** – Any building or buildings, section or distinct part of a building, private home, boarding home, home for the aged or other residential facility, whether operated for profit or not, which undertakes through its ownership or management to provide housing, meals and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.

**Baseline Data** – Indicators of a state agency's current performance level, pursuant to guidelines established by the Executive Office of the Governor in consultation with legislative appropriations and appropriate legislative committees.

**BPL** – Below Poverty Level

**Budget Entity** – A unit or function at the lowest level to which funds are specifically appropriated in the appropriations act. "Budget entity" and "service" have the same meaning.

**Caregiver** – A person who has been entrusted with, or has assumed the responsibility for, the care of an older individual, either voluntarily, by contract, by receipt of payment for care or as prescribed by law.

**Case Management** – A service provided to an older individual by a professional who is trained or experienced in the skills required to deliver and coordinate services. Includes assessing for care needs and arranging, coordinating and monitoring an optimum package of services to meet the identified needs of the older individual.

**Centers for Medicare & Medicaid Services (CMS)** – administers Medicare, Medicaid, and the Child Health insurance programs. Formerly called the Health Care Finance Administration (HCFA).

**Client Information and Registration Tracking System (CIRTS)** – DOEA's centralized customer registry and database, with information about every customer who has received a service from Area Agencies on Aging (AAAs) since 1997. CIRTS is a dynamic database that is updated on a real-time basis every time a new customer enrolls or an existing customer receives a service. The information captured in CIRTS includes client name, address, telephone number, all physical and mental assessment data (ADL, IADL, etc.), and services received by date of service and number of units of service provided.

**COA** – Council on Aging

**Community Care for the Elderly (CCE)** – A state-mandated service delivery system, which contracts out community-based services. The services provide assistance with daily tasks to help make it possible for functionally-impaired elders to live independently in their own homes.

**Communities for a Lifetime (CFAL)** – A DOEA initiative encouraging Florida community development which enhances the quality of life for all age groups, offers a variety of elder-friendly housing options from apartments to home sharing, and incorporates the experience and skills of older workers.

**Comprehensive Assessment and Review for Long Term-Care Services (CARES)**: A program operated by the Department of Elder Affairs that is Florida's federally mandated long-term care pre-admission screening program for Medicaid Institutional Care Program nursing facility and Medicaid waiver program applicants. An assessment is performed to identify long-term care needs; establish level of care (medical eligibility for nursing facility care); and recommend the least restrictive, most appropriate placement. Emphasis is on enabling people to remain in their homes through provision of home based services or with alternative community placements, such as assisted living facilities.

**Consumer Directed Care (CDC)** – Projects that demonstrate the value of consumers, or caregivers on their behalf, taking charge of directing their own care. The premise is that consumers or their caregivers are in the best position to make decisions about

services and how they should spend associated service dollars. For example, the consumer can elect to have a family member, neighbor, or a formal service provider perform services such as bathing, transporting, feeding and other tasks needed for the individual to remain safely in his/her home. Thus, the consumer can decide who provides needed care, when the care is provided and how it is provided.

**Customers** – The consumers of an organization’s products or services.

**D3-A** – A legislative budget request (LBR) exhibit, which presents a narrative explanation and justification for each issue for the requested years.

**DD** – Developmental Disabilities

**Demand** – The number of output units, which are eligible to benefit from a service or activity.

**Diversion** – A strategy that places participants in the most appropriate care settings and provides comprehensive community-based services to prevent or delay the need for long-term placement in a nursing facility.

**DOEA** – Department of Elder Affairs

**ECC** – Extended Congregate Care (Florida)

**Emergency Home Energy Assistance for the Elderly (EHEAP)** – A program that provides vendor payments to assist low-income households, with at least one person age 60 or older, which are experiencing home energy emergencies.

**EOG** – Executive Office of the Governor

**Estimated Expenditures** – Include the amount estimated to be expended during the current fiscal year. These amounts will be computer generated based on the current year appropriations adjusted for vetoes and special appropriations bills.

**Family Caregiver Support Program (FCSP)** – Provides support services for family caregivers, including grandparents or other elders caring for relatives. The program encourages the provision of multifaceted systems of support services to assist individuals in providing care to older family members, adults with disabilities, and children. The primary program consideration is to relieve emotional, physical, and financial hardships of individuals providing care.

**FCOA** – Florida Council on Aging

**FEMA** – Federal Emergency Management Agency

**FFP** – Federal Financial Participation



**FFS** – Fee for Service

**Fixed Capital Outlay (FCO)** – Real property (land, buildings including appurtenances, fixtures and fixed equipment, structures, etc.), including additions, replacements, major repairs, and renovations to real property, which materially extend its useful life or materially improve or change its functional use, and including furniture and equipment necessary to furnish and operate a new or improved facility.

**FLAIR** – Florida Accounting Information Resource Subsystem

**FMMIS** – Florida Medicaid Management Information System

**Florida Social Health Maintenance Organization Initiative** – Demonstration programs designed to deal with acute and long-term care needs of persons eligible for both Medicare and Medicaid. Persons electing to participate receive medical and long-term care services, including community-based and institutional services, through one managed-care organization.

**F.S.** – Florida Statutes

**FY** – Fiscal Year

**GAA** – General Appropriations Act

**GR** – General Revenue Fund

**HCBS** – Home and community-based services

**HHA** – Home Health Agency

**HHS** – U.S. Department of Health and Human Services

**HMO** – Health Maintenance Organization

**Home Care for the Elderly (HCE)** – A program that provides a basic subsidy averaging \$106 per month for support/maintenance services and supplies to allow frail elders to remain in their home with a live-in caregiver. Case management services are also provided.

**I & A** – Information and Assistance

**I & R** – Information and Referral

**Indicator** – A single quantitative or qualitative statement that reports information about the nature of a condition, entity or activity. This term is used commonly as a synonym for the word “measure.”

**Information Technology Resources** – Includes data processing-related hardware, software, services, telecommunications, supplies, personnel, facility resources, maintenance and training.

**Input** – See performance measure.

**Instrumental Activities of Daily Living (IADL)** – Functions and tasks associated with management of care such as preparing meals, taking medications, light housekeeping, shopping and other similar tasks.

**IOE** – Itemization of Expenditure

**IT** – Information Technology

**ITB** – Invitation to Bid

**Judicial Branch** – All officers, employees, and offices of the Supreme Court, district courts of appeal, circuit courts, county courts, and the Judicial Qualifications Commission.

**Key Cost Driver** – A factor that has a major impact on activity cost. Understanding key cost drivers is important in controlling costs and maximizing efficiency.

**LAS/PBS** – Legislative Appropriations System/Planning and Budgeting Subsystem. The statewide appropriations and budgeting system owned and maintained by the Executive Office of the Governor.

**Legislative Budget Commission (LBC)** – A standing joint committee of the Florida Legislature. The Commission was created to review and approve/disapprove agency requests to amend original approved budgets; review agency spending plans; issue instructions and reports concerning zero-based budgeting; and take other actions related to the fiscal matters of the state, as authorized in statute. It is composed of 14 members appointed by the President of the Senate and by the Speaker of the House of Representatives to two-year terms, running from the organization of one Legislature to the organization of the next Legislature.

**Legislative Budget Request (LBR)** – A request to the Florida Legislature, filed pursuant to s. 216.023, F.S., or supplemental detailed requests filed with the legislature, for the amounts of money an agency or branch of government believes will be needed to perform the functions for which it is authorized, or for which it is requesting authorization by law, to perform.

**Level of Care (LOC)** – A term used to define medical eligibility for nursing home care under Medicaid and Medicaid Waiver community-based non-medical services. (To qualify for Medicaid Waiver Programs, the applicant must meet the nursing home level of care.) Level of care also is a term used to describe the frailty level of a consumer seeking DOEA services and is determined from the frailty level prioritization assessment

tool. The Customer Profiles by Assessment Level, included in the Department's Summary of Programs and Services document, shows the prioritization levels and describes the average consumer's health, disability level, caregiver situation and nursing home risk score for each level.

**LIHEAP** – Low Income Home Energy Assistance Program

**Long-Range Program Plan (LRPP)** – A plan developed on an annual basis by each state agency that is policy-based, priority-driven, accountable and developed through careful examination and justification of all programs and their associated costs. Each plan is developed by examining the needs of agency customers and clients and proposing programs and associated costs to address those needs based on state priorities as established by law, the agency mission, and legislative authorization. The plan provides the framework and context for preparing the legislative budget request (LBR) and includes performance indicators for evaluating the impact of programs and agency performance.

**Long-Term Care Community Diversion Program (Diversion)** is designed to provide home and community based services to older persons assessed as being frail, functionally impaired and at risk of nursing home placement.

**Long-Term Care Ombudsman Council (LTCOC)** – A statewide system of volunteers who receive, investigate and resolve complaints made by, or on behalf of, individuals living in nursing homes, assisted living facilities or adult family care homes. This program is administratively housed in DOEA and has district staff who coordinate the work of the volunteers. While the official name is the Long-Term Care Ombudsman Council (LTCOC), it is commonly referred to as the Long-Term Care Ombudsman Program (LTCOP).

**LSP** – Local Services Program

**LTC** – Long-Term Care

**LTCOC** – Long-Term Care Ombudsman Council (official title).

**MCO** – Managed Care Organization

**MDC** – Memory Disorder Clinic

**Medicaid Aged and Disabled Adult Waiver (ADA)** – This DOEA program provides home and community-based services to frail or functionally impaired elders and individuals with disabilities who are at risk of nursing home placement. Case managers conduct a comprehensive assessment of needs and plan services designed to assist recipients remain at home. DOEA administers this program through an agreement with the Agency for Health Care Administration.

**Medicaid Assisted Living for the Frail Elderly Waiver (AL, formerly known as Assisted Living for the Elderly Waiver, ALE)** – This DOEA program provides Assisted Living Facility services to eligible elders at risk of nursing home placement. DOEA also administers this program through an agreement with the Agency for Health Care Administration.

**NAPIS** – National Aging Program Information System

**NASBO** – National Association of State Budget Officers

**NASUAD** – National Association of State United for Aging and Disabilities

**Narrative** – Justification for each service and activity is required at the program component detail level. Explanation, in many instances, will be required to provide a full understanding of how the dollar requirements were computed.

**New Admission Review (NAR):** The on-site review of a sample of nursing facility residents/charts, regardless of funding source, who are expected to have a nursing facility stay that exceeds 20 days. CARES is to provide information and assistance to make families aware of alternative long term care resources so that they may choose a more cost-effective setting for long-term care placement. This process is currently PSA specific.

**NCOA** – National Council on Aging

**NCSC** – National Council of Senior Citizens

**NIA** – National Institute on Aging

**Nonrecurring** – Expenditure or revenue that is not expected to be needed or available after the current fiscal year.

**OAA** – Older Americans Act

**OLC** – Office of Licensure and Certification

**OPB** – Office of Policy and Budget, Executive Office of the Governor

**OTA** – Office of Technology Assessment (NASUA)

**Outcome** – See Performance Measure.

**Output** – See Performance Measure.

**Outsourcing** – Describes situations where the state retains responsibility for the service, but contracts outside of state government for its delivery. Outsourcing includes

everything from contracting for minor administrative tasks to contracting for major portions of activities or services that support the agency mission.

**Program of All-Inclusive Care for the Elderly (PACE)** a project within the Long-Term Care Community Diversion Pilot Project that targets individuals who would otherwise qualify for Medicaid nursing home placement and provides them with a comprehensive array of home- and community-based services at a cost less than nursing home care.

**PASRR** – Pre-Admission Screening and Resident Review

**Pass Through** – Funds the state distributes directly to other entities, e.g., local governments, without being managed by the agency distributing the funds. These funds flow through the agency’s budget; however, the agency has no discretion regarding how the funds are spent, and the activities (outputs) associated with the expenditure of funds are not measured at the state level. **NOTE: This definition of “pass through” applies ONLY for the purposes of long-range program planning.**

**PBPB/PB2** – Performance-Based Program Budgeting

**Performance Ledger** – The official compilation of information about state agency performance-based programs and measures, including approved programs, approved outputs and outcomes, baseline data, approved standards for each performance measure and any approved adjustments thereto, as well as actual agency performance for each measure.

**Performance Measure** – A quantitative or qualitative indicator used to assess state agency performance.

- *Input* means the quantities of resources used to produce goods or services and the demand for those goods and services.
- *Outcome* means an indicator of the actual impact or public benefit of a service.
- *Output* means the actual service or product delivered by a state agency.

**Planning and Service Area (PSA)** – A distinct geographic area, established by the Department of Elder Affairs, in which Older Americans Act and related programs are administered by an Area Agency on Aging (see definition above).

**Policy Area** – A grouping of related activities to meet the needs of customers or clients, which reflects major statewide priorities. Policy areas summarize data at a statewide level by using the first two digits of the ten-digit LAS/PBS program component code. Data collection will sum across state agencies when using this statewide code.

**PPO** – Preferred Provider Organization

**PPS** – Prospective Payment System

**Primary Service Outcome Measure** – The service outcome measure, which is approved as the performance measure which best reflects and measures the intended outcome of a service. Generally, there is only one primary service outcome measure for each agency service.

**Privatization** – Privatization occurs when the state relinquishes its responsibility or maintains some partnership type of role in the delivery of an activity or service.

**PRO** – Peer Review Organization

**Program** – A set of activities undertaken in accordance with a plan of action organized to realize identifiable goals based on legislative authorization (a program can consist of single or multiple services). For purposes of budget development, programs are identified in the General Appropriations Act for FY 2001-02 by a title that begins with the word “Program.” In some instances a program consists of several services, and in other cases the program has no services delineated within it; the service is the program in these cases. The LAS/PBS code is used for purposes of both program identification and service identification. “Service” is a “budget entity” for purposes of the LRPP.

**Program Purpose Statement** – A brief description of approved program responsibility and policy goals. The purpose statement relates directly to the agency mission and reflects essential services of the program needed to accomplish the agency’s mission.

**Program Component** – An aggregation of generally related objectives which, because of their special character, related workload and interrelated output, can logically be considered an entity for purposes of organization, management, accounting, reporting and budgeting.

**PSN** – Provider Service Network

**Public Guardianship Program** – A statewide program established to address the needs of vulnerable persons in need of guardianship services. Guardians protect the property and personal rights of incapacitated individuals.

**Reliability** – The extent to which the measuring procedure yields the same results on repeated trials, and data are complete and sufficiently error free for the intended use.

**Respite** – In-home or short-term facility-based assistance for a homebound elderly individual from someone who is not a member of the family unit, to allow the caregiver to leave the premises of the homebound elderly individual for a period of time.

**RFP** – Request for Proposal

**Senior Community Service Employment Program (SCSEP)** – A federal program funded by Title V of the Older Americans Act that provides low-income elders with paid

part-time work experience in community services, to provide them with the experience and skills needed to obtain unsubsidized employment in the local job market.

**Senior Companion Program (SCP)** – A peer volunteer program that provides services such as transportation to medical appointments, shopping assistance, meal preparation and companionship to elders at risk of institutionalization. Lower-income elder volunteers receive a stipend to help defray expenses, transportation reimbursement and an annual medical checkup.

**Service** – See Budget Entity.

**Serving Health Insurance Needs of Elders (SHINE)** – A statewide program with a statewide network of trained volunteers offering free health insurance education and counseling to elders, their families and caregivers.

**Standard** – The level of performance of an outcome or output.

**SLIAG** – State Legalization Impact Assistance Grant

**SNF** – Skilled Nursing Facility

**SOBRA** – Supplemental Omnibus Reconciliation Act (Federal Law)

**SSA** – Social Security Administration

**SSBG** – Social Service Block Grant

**SSI** – Social Security Supplemental Income

**Statewide Health and Wellness Initiatives** – Programs that include research, education and awareness activities related to senior health issues. DOEA contracts with Area Agencies on Aging and local service providers to provide wellness and health promotion activities in the local communities and to support volunteers in program endeavors.

**SUA** – State Unit on Aging

**SWOT** – Strengths, Weaknesses, Opportunities and Threats

**TA** – Technical Assistance

**TANF** – Temporary Assistance for Needy Families Program

**TCS** – Trends and Conditions Statement

**TD** – Transportation Disadvantaged

**TF** – Trust Fund

**TRW** – Technology Review Workgroup

**UA** – Uniform Assessment (Florida)

**Unit Cost** – The average total cost of producing a single unit of output (goods and services for a specific agency activity).

**URC** – Utilization Review Committee

**USDA** – U.S. Department of Agriculture

**Validity** – The appropriateness of the measuring instrument in relation to the purpose for which it is being used.

**WHCOA** – White House Conference on Aging

**ZBB** – Zero-Based Budgeting