The Florida Senate

Interim Project Report 2004-107 *November 2003*

Committee on Appropriations James E. "Jim" King, Jr., President

ANALYSIS OF AREA AGENCIES ON AGING ACTIVITIES AND ORGANIZATIONAL STRUCTURE

SUMMARY

This report reviews the role of the Area Agencies on Aging (AAA) in the Aging Network in Florida. Specifically, the report analyzes the AAA roles and responsibilities; service delivery system; contracting process; oversight and monitoring activities; coordination roles; and fiscal management.

The Department of Elderly Affairs administers the state's elder programs through a multi-level contracting structure. Services are administered by AAAs that in turn contract with lead agencies and organizations that provide services. Lead agencies may provide services directly or contract for services. This structure was developed under the organizational mandate of the Older Americans Act and Florida Statutes. Over the years, Florida has used the AAAs to operate state and Medicaid-funded home and community-based programs. A major function of the AAAs is to coordinate and enhance access to long-term care services. AAAs and lead agencies may be seen as entry points to a system which provides long-term care information and assistance for persons of all incomes. AAAs have more than 30 years experience administering and coordinating services for older adults and have helped millions of older persons and their families navigate a complex system of services in their communities.

The report recommends the following: 1) the role of the AAAs in administering and coordinating long-term care services needs to be reexamined as emphasis is shifting more towards integrated managed care approaches; 2) the multi-layered service delivery structure for long-term care services needs to be simplified; 3) monitoring and oversight of service providers needs to be strengthened to ensure greater accountability and quality of long-term care services; 4) statutory and rule changes need to be made to eliminate inconsistencies in policy regarding separation of lead agency Community Care for the Elderly (CCE) case management from core service provision and allow flexibility within specific areas of the state; and 5) the provider rate setting structure needs to be simplified to establish a uniform rate setting methodology with a unit rate limit for each service and capitated rates should be developed when feasible.

BACKGROUND

Department of Elderly Affairs

The Department of Elderly Affairs was created as a result of a constitutional amendment in 1988 and began operation in January 1992. The department is authorized under Chapter 430, Florida Statutes, to serve as the State's primary agency responsible for administering human service programs for the elderly and developing policy recommendations for long-term care. The department coordinates administration of long-term care programs with the Agency for Health Care Administration, Department of Children and Family Services, Department of Health, and the Department of Veterans Affairs. The department provides Florida's citizens age 60 and older with a variety of services and programs.

Older Americans Act

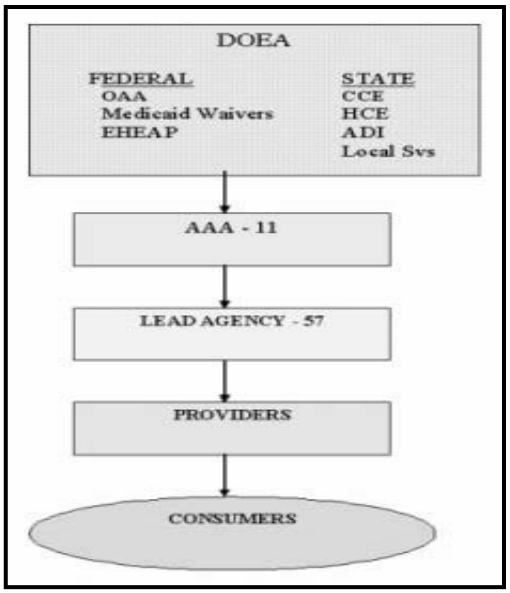
The federal Older Americans Act (OAA) was passed in 1965, the same year as Medicare, and established the primary vehicle for organizing and delivering community-based services through a coordinated system at the state level. Initially, the OAA emphasized small grants to state agencies on aging to fund social services programs. Later, the 1973 amendments established AAAs and funding was authorized for grants to AAAs for local needs identification, planning, and funding of services. While all older Americans may receive services, the OAA targets those older individuals who are in greatest economic and social need: the poor, the isolated, and those elders disadvantaged by social or health disparities. The OAA

was last reauthorized in 2000 and its next reauthorization is due by September 30, 2005. The department is designated the state unit on aging under the federal OAA.

Florida Service Delivery Structure

Services are provided to the elderly under the organizational mandate of the OAA. The original act and subsequent amendments establish a network of federal, state, and local agencies to plan and provide a variety of programs to meet the needs of older persons in their local communities. Over the years, Florida like many states has used AAAs to operate state and Medicaid funded home and community-based long-term care programs. Florida's service delivery structure includes the department, AAAs, lead agencies and local service providers (reference Table 1). The elder services network consists of 11 AAAs, 57 Community Care for the Elderly lead agencies, 751 service providers, over 2,316 assisted living facilities, 668 nursing homes, 475 municipalities and local governments, and 53,000 volunteers.

Table 1
The Elder Services Network – Service Delivery Flowchart



Area Agencies on Aging

The OAA requires that states establish AAAs to coordinate elder services in regional planning and service areas (PSAs). These geographic areas are designated based on factors that include the distribution of elders, the need for services with emphasis on the needs of low-income minorities, and existing boundary areas for the delivery of social services. In Florida, there are 11 PSAs that were aligned to coincide with the 11 Department of Health and Rehabilitative Services (HRS) service districts then in existence (reference Table 2).

Table 2
Florida Area Agencies on Aging
Planning and Service Areas

Section 430.203, Florida Statutes, defines AAAs as public or non-profit private agencies designated by the department to coordinate and administer the department's programs and to provide services through contracting agencies within a PSA. The department selects one agency in each PSA through acceptance of the *Area Plan* and formal execution of a contract. AAAs must prepare a multi-year *Area Plan* on aging which details goals and objectives to be accomplished and specific services to be provided in the PSA. The plan covers four years with required annual updates that detail fiscal information and the implementation schedule of programmatic objectives. This plan is part of the *Master Agreement* (annual contract) with the department and is required in order to receive sub grants or contracts under the OAA. The department may rescind area agency designation based on specific criteria in accordance with the OAA and s. 430.04, Florida Statutes. The department has not rescinded any area agency designation although HRS did rescind one area agency in the early 1980's.

The department administers the majority of its elder programs by contracting with the 11 AAAs as required in s. 20.41, Florida Statutes. AAAs generally do not provide services directly and act in the same capacity as

the department within their geographical area. AAAs are governed by a Board of Directors representative of the area and the population served and are accountable for all contractual obligations. AAAs are charged with developing a comprehensive and coordinated community-based system of care and contract with *lead agencies* and other service providers that deliver direct services. AAAs are responsible for the following:

- planning local aging services;
- selecting service providers;
- administering contracts;
- monitoring and evaluating service provider performance;
- technical assistance; and
- maintaining accountability for all funds awarded by contract by the department.

AAAs also operate the local Elder Helplines and serve as the information and referral source for elders and their families seeking services.

Lead Agencies

AAA's contract with 57 lead agencies to provide Community Care for the Elderly (CCE) case management as well as other services such as homemaker, home health aides, respite care, and personal care, whether directly or through subcontracts with providers. The lead agencies contract with local agencies to deliver services such as meals, transportation, home health aides, counseling and day care. Section 430.203(9), Florida Statutes, requires a AAA to designate a lead agency at least once every three years through a request for proposal (RFP) process. The department, in consultation with the AAAs, is to develop guidelines for the RFP. AAAs may exempt from the competitive bid process a contract with a provider who meets or exceeds established minimum standards, after consultation with the department. Generally, there have been few changes in lead agency designation over time as only existing lead agencies respond to the RFP.

Sections 430.204 and 430.205, Florida Statutes, require at least one lead agency for each *community care service system* and for community care for the elderly *core services*. The law requires at least two lead agencies in Miami-Dade County. A community care services system is defined in s. 430.203(3), Florida Statutes, to be a service network comprised of a variety of home-delivered services, day care services, and other basic services referred to as "core services" for functionally impaired elderly persons which are provided by several agencies under the direction of a single lead agency. Core services are those services that are most needed to prevent unnecessary institutionalization.

Long-Term Care Programs

Below are the major programs administered through the AAAs. In order to efficiently use resources, the department targets services to individuals with the greatest relative risk of nursing home placement. As of September 2003, there were more than 19,000 individuals on the Assessed Priority Consumer List (waiting list).

Older Americans Act (OAA) – This program is 100 percent federally funded and provides a variety of in-home and community-based services to individuals age 60 or older and include home and community-based care, congregate and home-delivered meals, senior center services, health-related services and educational services. There were a total of 96,784 individuals served in FY 2002-03.

Community Care for the Elderly (CCE) – This program is 100 percent state-funded and provides community-based services to income-eligible individuals age 60 or older, organized in a continuum of care, to assist functionally-impaired older individuals live in the least restrictive, cost effective environment suitable to their needs. Primary consideration is given to persons referred by Adult Protective Services. Program participants must be frail and elderly, but are not required to meet the nursing home level of care. There were a total of 34,473 individuals served in FY 2002-03.

Home Care for the Elderly (HCE) – This program is 100 percent state-funded and provides a subsidy to caregivers (averages $106 per month) to help them maintain low-income elders age 60 or older in their own home or in the home of a caregiver. Individuals served in this program must be "substantially similar" to individuals eligible for nursing home care. Payment is made for support and health maintenance, and to assist with food, housing, clothing, and medical care. There were a total of 5,599 individuals served in FY 2002-03.

Alzheimer's Disease Initiative (ADI) – This program is 100 percent state funded and addresses the special needs of individuals age 18 or older with Alzheimer's disease and related memory disorders through respite services for caregiver relief, model day care programs, and 13 memory disorder clinics. Research is also conducted through the brain bank located at Mount

Sinai Medical Center's Wein Center in Miami-Dade County. There were a total of 2,647 individuals served in FY 2002-03. The Legislature authorized implementation of a new Alzheimer's Medicaid waiver in FY 2003-04.

Emergency Home Energy Assistance Program (EHEAP) – This program is 100 percent federally funded and provides financial assistance for income-eligible persons age 60 or older who are experiencing an energy-related crisis such as an impending cut-off of utility services, lack of fuel or wood, broken heating or cooling system, or an unusually high energy expense. There were a total of 4,944 individuals served in FY 2002-03.

Aged and Disabled Adult (ADA)Medicaid Waiver - This is a federal/state-funded program that assists Medicaid-eligible frail elders age 60 or older and persons with disabilities age 18 to 59, at risk of nursing home placement, maintain independence while living at home. Participants must meet the same disability and financial criteria as Medicaid residents in nursing homes. There were a total of 14,322 individuals served in FY 2002-03.

Assisted Living for the Frail Elderly (ALE) Medicaid Waiver - This is a federal/state-funded program that makes support and services available to elders in Assisted Living Facilities with Extended Congregate Care or Limited Nursing Services licenses. The program serves clients age 60 or older who are at risk of nursing home placement and meet additional specific functional criteria. There were a total of 4,473 individuals served in FY 2002-03.

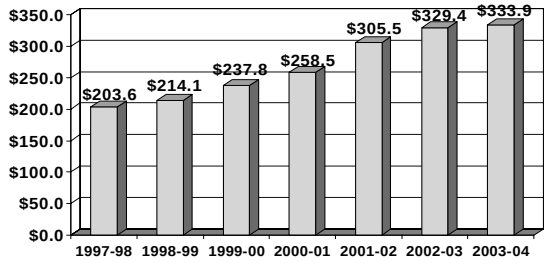
Local Services Programs – This is a 100 percent state-funded program that provides additional funding for community-based services to expand long-term care alternatives enabling elders age 60 or older to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement. There were a total of 3,814 individuals served in FY 2002-03.

Resources

For fiscal year 2003-04, the Legislature appropriated to the department $333,948,001 and 347.5 full-time equivalent (FTE) positions to administer elder programs. Most of the positions (197) are Comprehensive Assessment and Review for Long-Term Care Services (CARES) positions that perform the federally mandated nursing home pre-admission screening as well as provide level of care assessments for the Medicaid waivers. The department's budget has increased by 64% over the last seven years (reference Table 3).

Table 3

Department of Elder Affairs
Summary of Appropriations

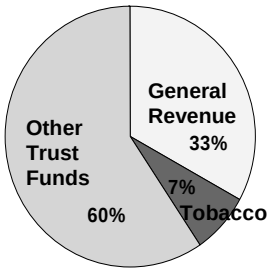


Source: General Appropriations Act

Revenues for the department come from several sources, with General Revenue accounting for one-third ($110.3 million or 33%) of the total appropriations and Tobacco funds accounting for 7% ($24.8 million). The remaining appropriations ($198.8 million or 60%) are primarily from federal trust funds (reference Table 4).

Table 4

Department of Elder Affairs
FY 2003-04 Source of Funds
(millions)



• Fees	$ 0.8
• Medicaid (XIX)	$ 81.2
• OAA (Title III)	$107.7
• Other Grants	$ 9.1
Total Trust Funds	$198.8
General Revenue	$110.3
Tobacco	$ 24.8
TOTAL ALL	$333.9

Source: Department of Elder Affairs

The department allocates the majority of the funds (94%) to private entities that operate the programs while the remaining 6% of the funds are used for oversight and administrative functions: department administration including contract monitoring (2%); nursing home pre-admission screening (3%); and the Long-Term Care Ombudsman program (1%). Exhibit 1 reflects the allocation of funds by PSA for each program. Most of the elder services are contracted with the 11 AAAs.

The department distributes funds using allocation formulas that include specific factors such as a base amount and population statistics. The goals of these formulas are to ensure an equitable distribution of resources. Detailed information regarding specific allocation methodologies for each of the programs is included in the departments' Approved Operating Budget for FY 2003-04. The OAA funds provide the largest share of administrative funds for AAAs (7 percent of Title III services allocation with a minimum of $230,000 per AAA).

In addition to department funded services, there are numerous services available to the elderly through a variety of public and private agencies and organizations at the local level which are essential to the aging network. AAAs assist these groups in maximizing their outreach efforts while supporting their programs. Lead agencies secure additional dollars through fund-raising, donations, local allocations, and grants.

METHODOLOGY

Senate staff reviewed statutes, administrative rules, policies and procedures, federal regulations, and audits regarding state and federal long-term care programs. The Internet was used to review and research national literature related to elder programs. The Department of Elderly Affairs was consulted on numerous aspects of the program including oversight responsibilities, and provided historical information, policies and procedures, guidelines, contracts, and statistical data. Interviews were conducted with AAA staff as well as lead agency staff to discuss funding requirements, variations of roles and responsibilities, processes, and monitoring responsibilities. Staff attended meetings of the Office of Long-Term Care Policy advisory council.

FINDINGS

Florida's Aging Network

Florida has a multi-layered service delivery structure for the provision of long-term care services to elders. This structure consists of the department, AAA's, lead agencies and local service providers. The current contracting system is a complex system of grants, sub-grants, and vendor agreements with limited competition. There are difficulties in controlling costs under the current fee-for-service system because the provider and the consumer lack incentives to control costs. This type of structure requires substantial management and administrative oversight to ensure effective services and maximization of resources, which often leads to increased overhead at all levels throughout the network. There is administrative fragmentation at both the state and local levels in coordinating activities for each of the programs and little consistency across the state in terms of contracting for service provision. For example, community care for the elderly services are provided through three types of service delivery arrangements:

- Services are provided directly by lead agencies;
- Services are provided by vendors through direct contracts with lead agencies; and
- Services are provided by vendors (other than lead agencies) through direct contracts with AAAs.

In PSAs 2, 6, 10 and 11, the lead agencies provide all services either directly or through contracts with vendors. In PSAs 1, 4 and 9, the lead agency directly provides some services while the AAA contracts directly with vendors for other services. In PSAs 3, 5, 7 and 8, the lead agencies provide some services directly, lead agencies also contract directly with vendors for other services, and the AAA contracts directly for some services with vendors.

The department, through the Office of Long-Term Care Policy, is working with the aging network to develop a new service delivery model. This new model will place higher emphasis on consumer choice and on fiscal sustainability. Over the last several years, the Legislature has placed greater emphasis on integrated managed care approaches, nursing home diversion, consumer directed care, and other innovative cost containment projects. Capitation of rates is seen as a way of making costs more predictable and shifting risk to providers. From a policy perspective, a major goal is the creation of a more balanced service delivery system by expanding home and community-based services and reducing institutional care.

Management and Oversight of AAAs

The department and AAAs are beginning to improve management, monitoring, and oversight of providers. The department conducts programmatic and administrative monitoring of the AAAs according to a schedule prepared at the beginning of each year to ensure compliance with state and federal guidelines. The AAAs are responsible for conducting comprehensive monitoring of all service providers and subcontractors annually on-site. The AAAs'

monitoring focuses on service quality and presence of documentation that supports services billed. One of the main focuses of the department monitoring has been on the AAAs procedures for monitoring subcontractors. In February 2002, the department created a *Management Improvement Plan* to ensure effective and efficient managerial decision making and to respond to specific findings and recommendations raised by the Office of Program Policy Analysis and Governmental Accountability (OPPAGA Report No. 01-66, December 2001) as well as the Auditor General (AG Report No. 02-047, September 2001, and No. 02-079, November 2001). OPPAGA's review identified the need to improve overall program management and oversight of the AAAs. The Auditor General's reviews identified the need to improve the AAA contracted services process and department data collection systems. As a result of these reviews, the department made the following changes:

AAA Master Agreement – incorporated greater enforcement and sanction language; included standard contract language and clauses that apply to subcontracts; and strengthened language that clarified maximized movement of Medicaid-eligible clients from CCE to the waiver programs.

AAA Monitoring Plan – implemented a new enhanced Phase III Monitoring Plan to include a new audit review checklist; standardized monitoring procedures; established four different levels of monitoring; insured imminent-risk clients were served; and insured that comprehensive monitoring was performed.

Home and Community-Based Services Handbook - completed the service and unit definition sections of the new handbook that were incorporated into the Master Agreement contract effective January 1, 2003; and developed standard templates for reporting contractor's administrative cost and cost allocation.

Client Information Registration and Tracking System (CIRTS) – improved the quality and efficiency of the system; reevaluated system capabilities and designed enhancements; and implemented stronger security features.

The department is continuing to work on the following two objectives: 1) finalization of the remaining sections of the Home and Community-Based Services Handbook that replaces the Client Services Manual has been delayed till December 31, 2003 to allow for public hearings; and 2) instituting a unit rate based upon a market analysis is planned for the contracting period beginning July 1, 2004.

The department began using the Phase III Monitoring Plan effective January 1, 2003. The plan includes a new standard instrument and methodology for AAA monitoring that incorporates the department's analysis of the AAAs performance on previous monitoring visits (Phase I and Phase II) and includes performance of baseline measures for administration, statewide community-based services, volunteer and community services, and management information systems. The department established four different levels of monitoring depending on overall achievement or performance of standards: critical measures; desk review; technical assistance; and full review. As part of this process, the department identified best practices that could be replicated in other areas. The department is reviewing the monitoring that was conducted and making recommendations for changes to standards and measures to focus more on quality, as opposed to compliance. Table 5 reflects the overall scores of each AAA for the past two years. The AAA rankings range from a low of 82 percent to a high of 96 percent compliance in FY 2002-03.

Table 5
AAA Phase III Monitoring Results

AAA	Total Score FY 02-03	Total Score FY 01-02
1	87%	82%
2	92%	81%
3	96%	92%
4	93%	83%
5	93%	94%
6	84%	78%
7	93%	88%
8	96%	92%
9	94%	79%
10	95%	93%
11	82%	70%

Source: Department of Elder Affairs, October 2003.

Despite the improvements to the monitoring process, recent monitoring findings of the AAA in PSA 11 identified enrollment and referral practices that caused a deficit of $1.8 million in the CCE program and jeopardized services statewide. As a result, the department applied sanctions to the AAA in June 2003 for failure to adhere to the terms of the contract. These sanctions included placing the AAA on probation for six months, a fiscal penalty, and using identified surplus funds towards reducing the projected deficit.

Case Management

Community care for the elderly case management is being separated from core services. A critical component of the service delivery system is a well-developed and integrated case management system that links client needs to available services. In addition to developing service plans and arranging for and ensuring that providers deliver services, case managers also monitor quality of services, respond to complaints, and take action when necessary. In Florida, lead agencies have typically provided case management services to elder clients since 1980 when the Legislature expanded the Community Care for the Elderly (CCE) program statewide.

The department's RFP Guidelines for CCE lead agency designation, dated February 2000, directed the AAAs to separate case management from core service provision to eliminate self-referrals, except in instances where sufficient providers did not exist. This directive was issued to avoid potential conflicts of interest between entities that plan client services and those entities that deliver client services. Generally, lead agencies are moving towards the separation of case management from core services; however, there are still lead agencies that directly provide services in addition to case management. Lead agencies have expressed concerns with communication of this policy and the need to include flexibility within specific areas of the state.

Inconsistencies were identified with the statute, rules, and guidelines regarding this policy. For example, section 430.203 (9) (c), Florida Statutes, requires lead agencies to coordinate some or all services in a community care service system. These services must include case management and may include other services. However, the RFP guidelines for the CCE program issued in 2000 by the department include instructions to the AAAs to "separate case management from core service provision to eliminate self-referrals, except in those instances where sufficient providers do not exist to facilitate separation." The department is encouraging competition and has instructed lead agencies to provide direct services only if they are less expensive or are the only provider in the area. Chapter 58C-1.003, Florida Administrative Code, requires a lead agency to provide case management and "provide or subcontract for at least four core services." The department is aware of these differences and is working on amending the statutes and rules.

Home and Community-Based Medicaid Waivers

The department and AAAs are beginning to improve management, monitoring, and oversight of the home and community-based waivers. AAAs are responsible for the management and oversight of the Medicaid home and community-based waivers. AAAs enter into two separate contracts with the department. One contract is for spending authority under the Aged and Disabled Adult (ADA) and the Assisted Living for the Frail Elderly (ALE) Medicaid waiver programs including the Consumer Directed Care (CDC) project. Unlike the other programs, no dollars actually flow through the AAAs. Providers are responsible for directly billing the Medicaid fiscal agent for payment. AAA responsibilities include: managing spending within the spending authority limitations; ensuring that each case management agency manages consumer care plans; monitoring provider billings and managing enrollment; ensuring that data is entered into CIRTS; ensuring that multiple providers are available for services; prioritizing new consumers for services; and offering a choice for consumer directed care. If the client chooses consumer directed care, then the Fiscal Intermediary, a nonprofit organization contracted by the department, is responsible for managing each consumer's account. The AAA, through a referral agreement, contracts with service providers and case management agencies for the provision of waiver services. The second contract between the AAA and the department is for Medicaid waiver specialists. The waiver specialists are responsible for administration, management, and oversight of the waivers including maintaining the Assessed Priority Consumer List (waiting list).

The department identified a lack of management of funds by service providers in the ADA waiver that resulted in an estimated deficit of $5 million for FY 2002-03. The department is managing this deficit by reducing funds from AAA budget allocations for FY 2003-04. The following corrective action has been implemented by the department:

- Required submission of surplus/deficit reports by AAAs;
- Created provider data reports for tracking encumbrances and funding; held training sessions with Medicaid waiver specialists;
- Created standardized care plan review protocols to ensure care plans were consistent with client's assessed needs and that costs were controlled; and

- Prohibited AAAs from delegating spending authority to sub-recipients and vendors.

Additionally, the Auditor General Report on Medicaid Waivers (Report No. 2004-032, August 2003) identified a lack of case management documentation in the case plan. The department, in June 2003, conducted training for the Medicaid waiver specialists and developed review tools to standardize the monitoring of services and documentation.

Role of AAAs in Long-Term Care

The role of the AAAs may need to change as greater emphasis is being placed on integrated managed care approaches to long-term care. Traditionally, AAA roles have included advocating for elders, planning and coordinating services, and providing referral information to elders and their caregivers. AAAs and lead agencies coordinate closely with state and federally funded long-term care programs and are seen as entry points to a system which provides long-term care information and assistance for persons of all incomes. These entry points, which may be through telephone services, can be a gateway to information that ranges from explanations of eligibility for public services to data on private service providers, transportation, and housing options in the community. Assistance is provided through follow-up phone calls to consumers to helping individual's complete applications for publicly funded services. These systems are a valuable way for consumers to access information about long-term care services, they minimize the amount of searching seniors must do, and enables them to find the services they need. Under a managed care environment, these roles could change to include quality assurance and overall oversight of the managed care system. This new role might include assessing client's needs upon entry to the system, helping client's select and enroll in managed care, tracking client progress, and ensuring that clients get the services they need.

Provider Rates

Provider rate setting is cumbersome and somewhat arbitrary. The department requires the use of a unit cost methodology developed by KPMG in order for AAAs to set contractual rates with providers for state-funded services to eligible elders. According to the department, this rate setting methodology has been found to be complex, time consuming, cumbersome and somewhat arbitrary. As a result, the department has explored alternative methods for rate setting. Meetings have been held with Mercer Human Resource Consulting firm currently under contract with the Department of Children and Family Services (DCF) to develop standardized provider reimbursement rates for the Developmental Disabilities Program (DD). The department is reviewing the DD methodology to determine if this could apply to elder programs. In addition, a recommendation was made by OPPAGA (Report No. 01-66, December 2001) to establish a unit rate limit based upon a market analysis for each type of service. The goal of the department is to have rate limits in place for the July 1, 2004 contract year.

The department is also exploring the use of capitated rates for certain services within the aging network. According to the department, a capitated rate for case management appears to have merit and the department is researching appropriate caps for a per month per client rate. Capitated rates should provide a more predictable cost as well as alleviate the administrative burden of billing for every service and the associated documentation.

RECOMMENDATIONS

1. The Legislature and the department should reexamine the role of the AAAs in administering and coordinating long-term care services as emphasis is shifting to integrated managed care approaches.

2. The department should develop recommendations for simplifying the multi-layered long-term care service delivery structure to improve access to services for Florida's older citizens.

3. The department and the AAAs should strengthen monitoring and oversight of service providers to ensure accountability and quality of long-term care services.

4. The department should propose revisions to Chapter 430, Florida Statutes, and administrative rules to eliminate inconsistencies in policy regarding separation of lead agency Community Care for the Elderly (CCE) case management from core service provision and allow flexibility within specific areas of the state.

5. The department should simplify the provider rate setting structure to establish a uniform rate setting methodology with a unit rate limit and work towards developing capitated rates when feasible.

Exhibit 1

DEPARTMENT OF ELDER AFFAIRS
Planning and Service Area (PSA) Budget Allocations
FY 2003-04

Program	PSA 1	PSA 2	PSA 3	PSA 4	PSA 5	PSA 6	PSA 7	PSA 8	PSA 9	PSA 10	PSA 11	Statewide/ Control*	Total
Alzheimer's Special Projects			$125,510			$125,510		$360,000	$720,000	$928,770	$485,510	$2,687,271	$5,432,571
Alzheimer's Respite Services	$364,026	$454,115	$727,550	$599,079	$805,307	$724,462	$633,813	$641,964	$847,275	$897,670	$696,193	$260,000	$7,651,454
Community Care for the Elderly	$1,320,736	$1,610,272	$3,784,410	$4,058,358	$5,994,354	$4,364,536	$3,217,592	$3,984,198	$3,654,625	$5,621,876	$4,753,413	$1,082,453	$43,446,823
Home Care for the Elderly	$483,627	$756,841	$874,462	$683,998	$873,897	$1,011,832	$600,799	$610,168	$732,557	$789,623	$2,111,657		$9,529,461
Local Services Programs	$7,503	$120,799	$141,575	$24,405	$1,272,837	$153,984	$24,291	$35,332	$41,788	$943,097	$3,465,823		$6,231,434
Emer. Home Energy Asst. Prog.	$45,233	$59,104	$145,679	$118,141	$116,828	$140,226	$103,580	$101,981	$108,658	$93,754	$181,667	$169,516	$1,384,367
Older Americans Act	$2,676,958	$3,272,092	$8,274,447	$7,250,355	$7,062,703	$9,472,132	$6,617,679	$6,408,027	$8,259,479	$7,808,352	$15,980,758	$14,142,744	$97,225,726
Aged and Disabled Waiver	$2,347,830	$4,161,730	$4,808,536	$5,445,785	$6,283,698	$5,971,515	$7,054,083	$2,767,251	$8,030,849	$5,065,895	$19,782,326	$15,289,997	$87,009,495
Assisted Living Facilities Waiver	$987,898	$1,121,409	$2,493,201	$2,393,442	$3,631,620	$3,761,079	$2,439,829	$2,509,544	$2,400,061	$2,586,130	$5,985,063	$445,075	$30,754,351
Alzheimer's Dementia Waiver												$5,600,195	$5,600,195
Contracted Services - HCBS	$46,396	$23,120	$37,026	$364,100	$30,669	$38,350	$226,440	$54,950	$267,500	$705,871	$547,753	$8,362,408	$10,704,583
Home and Community Based Services Programs with PSA Allocations	**$8,280,207**	**$11,579,482**	**$21,412,396**	**$20,937,663**	**$26,071,913**	**$25,763,626**	**$20,918,106**	**$17,473,415**	**$25,062,792**	**$25,441,038**	**$53,990,163**	**$48,039,659**	**$304,970,460**
Percentage of Total	**2.72%**	**3.80%**	**7.02%**	**6.87%**	**8.55%**	**8.45%**	**6.86%**	**5.73%**	**8.22%**	**8.34%**	**17.70%**	**15.75%**	**100.00%**
Administration	**$481,805**	**$592,748**	**$969,005**	**$845,221**	**$818,158**	**$958,477**	**$766,712**	**$841,253**	**$915,895**	**$779,260**	**$1,406,725**		**$9,375,259**
Services	**$7,798,402**	**$10,986,734**	**$20,443,391**	**$20,092,442**	**$25,253,755**	**$24,805,149**	**$20,151,394**	**$16,632,162**	**$24,146,897**	**$24,661,778**	**$52,583,438**	**$48,039,659**	**$295,595,201**

Home and Community Based Services Programs	**$6,718,299**
Comprehensive Eligibility Services (CARES)	**$10,967,368**
Long Term Care Ombudsman Program	**$2,614,299**
Public Guardianship Program	**$1,188,344**
Agency Administration	**$7,489,231**
Total Department Appropriations	**$333,948,001**

**** The Statewide/Control balances represent budget authority and/or direct contracts.***
The Alzheimer's Dementia Waiver will be allocated by PSA based on approval of implementation plan.

Source: Department of Elderly Affairs