

**ElderSource**  
**Planning and Programs Committee Agenda**  
**April 21, 2022**  
**11:00 AM**

I. Old Business

A. Minutes

- February 17, 2022

B. ElderSource Programs

- Programs Report
- Community Services Report
  - SHINE
  - Helpline
- Operations Service Report
  - Senior to Senior
  - Caregiver Support Programs
  - Telephone Reassurance

II. Updates

- A. 2023 – 2025 Area Plan Development Update
- B. Needs Assessment Update
- C. Public Hearings Update
- D. RFP Process Update

**Programs Committee Minutes**  
**10688 Old St Augustine Rd**  
**Thursday February 17, 2022**  
**11:00 AM**  
**Via Zoom**

**Present**

Dr. Sandy Robinson - Chair  
Dr. Lauri Wright  
Barbara Greene  
Darryl Banks  
Grady Williams  
Ray Parkhurst  
Vivile Dietrich

**Staff**

Linda Levin, CEO  
James Lee, CFO  
Renee Knight, VP of Community Services  
Kyle Sanchez, Business Develop. Manager  
Terika Scatliffe, Programs Comp. Manager  
Tasheen Ortiz, Contract Manager  
Janet Dickinson, Planner  
Sherry Holmes, Administrative Assistant

**Absent**

Joseph Francis-Zimmerman

**Meeting Called to Order**

Dr. Sandy Robinson called the meeting to order at 11:10 AM.

**Approval of Minutes**

A motion to accept the December 16, 2021 minutes was made by Grady Williams and seconded by Dr. Lauri Wright. Motion was unanimously approved.

**PROGRAMS REPORT**

Terika Scatliffe, Programs Compliance Manager reviewed the Programs Dashboard with the committee:

- APS remains consistent and there are no changes.
- Expenditures for the General Revenue (GR) Program decreased in November and December. Providers were closing out their 2021 Older Americans Act (OAA) grants. Expenditures are expected to pick up in January.
- Providers received Title Transfers and program increases for OAA amendments in December. Any funds left over from this grant will be carried over into 2022.

Dr. Robinson inquired as to how much money was carried forward into 2022. Terika responded that the estimated amount is \$465,896. James Lee, CFO explained that the true projected number is not available as those numbers are still being finalized. Staff will make that available at the next committee meeting.

- Provider contracts are being completed to be sent for execution and implementation for the American Rescue Plan contract.

Staff explained additional CARES Act funds were received and have to be spent by September 30, 2022. Staff is recommending we allocate the funds in the following manner: the Title IIIB dollars will go to our legal Providers. The Title IIIC funding was divided

among our five top spending Providers in our Meal Programs: Aging True-Duval, Baker, Aging True-Clay, COJ and Volusia. (See attachment) Another consideration is for ElderSource to purchase shelf stable meals and have those distributed to providers.

Terika stated that Title IIIIE was separated into three categories: IIIIE, IIIES (supplemental services) and IIIIEG (grandparents raising grandchildren). For IIIES, staff recommended giving it to legal Providers, about \$6,000. Staff recommended giving Volusia received a little over \$1,600 in IIIIEG and keeping the remainder of the IIIIE money for the Helpline to provide information and referral. The remaining funds were for administration. Dr. Robinson suggested that the verbiage “position” be removed from the presentation and replaced with the verbiage “services”. James agreed that he would make the change. Dr. Robinson asked about the flexibility ElderSource has when in the months of July or August and those that received funding are not spending down. James explained that we have flexibility to move funds between providers.

### **Motion**

A motion to accept as presented the additional CARES Act funding for IIIB and IIIIE as presented was made by Grady Williams and seconded by Ray Parkhurst. Motion passed unanimously.

### **Motion**

A motion to allow staff the flexibility to use Title C funds for shelf-stable meals in preparation for and to allocate the meals or to allocate the funding directly to the providers according to the chart, whichever is best and most expedient was made by Ray Parkhurst and seconded by Dr. Lauri Wright. Motion passed unanimously.

## **SURPLUS DEFICIT**

### **General Revenue**

Terika Scatliffe, Programs Compliance Manager, briefly reviewed the General Revenue (GR) Programs with the committee. There was a decrease in our expenditures in the GR Programs over the past few months.

#### *Alzheimer Disease Initiative (ADI)*

We have a plan in place with our Providers that offer these services. They are increasing the services and adding additional clients. This will assist them in spending down.

#### *Community Care for the Elderly (CCE)*

We have a plan in place with our Providers that offer these services. They are increasing the services and adding additional clients. This will assist them in spending down.

#### *Home Care for the Elderly (HCE)*

This is the sixth month of the contract year. There are no concerns at this time.

### *Local Service Programs (LSP)*

This is the sixth month of the contract year. There are no concerns at this time.

### *Respite for Elders Living in Everyday Families (RELIEF)*

This is the sixth month of the contract year. RELIEF is a little over. We are watching expenditures closely.

### **Older Americans Act (OAA) Programs**

This report reflects where our Providers are with spending Older Americans Act funding:

- Title IIIB (*Support Services*): Contract completed as of 12/31/2021.
- Title IIIC1 (*Congregate Meals*): Waiting to receive Title Transfers from DOEA, Providers overspent.
- Title IIIC2 (*Home Delivered Meals Programs*): Projecting to be overspent.
- Title IIIE (*Care Giver Support Program*): Expect to have some carry forward.

Staff is collecting all of the final invoices for these programs: IIIB, IIIC1, IIID, IIIC2, NSIP, and IIIE. Our expectation is to be 100% spent out with the exception of IIIE.

Dr. Robinson inquired if there were a surplus in any of these programs would we be able to roll it over. Terika stated that we are allowed to carry forward in these OAA Programs. Terika noted that we do not foresee any carry forward amounts other than IIIE. Dr. Robinson asked if this was due to people not getting the services. Terika explained that IIIE is supportive services and due to the lack of help our Providers are unable to get home aids into the homes.

### *Emergency Home Energy Assistance Program (EHEAP)*

There are two years left with this contract. No concerns with spending out.

### *Coronavirus Consolidated Appropriations Act (CCAA)*

There is one year left with this contract. No concerns with spending out.

### **Veterans Directed Care Program**

There are currently 74 active Veterans and 9 in process. We have been requested by the VA Medical Center in Gainesville to expand services into Camden County, Georgia as there is no Area Agency on Aging in that community offering this program. There are two referrals that are in process.

### **No Wrong Door**

Terika updated the committee on the services provided through the ADRC No Wrong Door Grant. The grant is ended with all funding spent and services completed with the exception of the COVID Vaccination education and outreach. That program is still ongoing.

### **Florida Blue Foundation Funded - TCARE**

This contract has two Providers and the contract amount is \$383,333.00 with the contract cycle being January 2021-January 2025. There are 35 active clients in the program.

### **ADRC REPORT**

Renee Knight reviewed the ADRC Summary with the committee. The report detailed information on the following:

- New Statewide Data Platform
- HelpLine
- Intake & Screening Team
- Medicaid Eligibility Team
- SHINE/SMP/MIPPA
- Workforce Challenges

Renee reported that DOEA moving to a new client database has impacted services. Dr. Robinson asked Renee about her concerns with the wait time and abandonment of calls for the HelpLine. Renee noted that due to the new system it takes a longer to complete a call and respond to voice mail. Renee is hopeful that adjusting to eCIRTS or a possibility of stepping back into our old system would help but that would be a statewide decision.

### **AREA PLAN UPDATE**

Janet Dickinson, Planner updated the committee on how she will be preparing for the 2023-2025 Area Plan. Janet noted that she is involved with setting up public hearings. ElderSource is required to have these hearings in each of our Counties. There will be two in Duval and Volusia Counties due to the size of the Counties. This will be a joint effort with the Health Planning Council of Northeast Florida (HPCNEF) who is conducting our Needs Assessment and will be using the public hearings as an opportunity to conduct focus groups. Janet is attempting to have all sessions of the public hearings set up by the end of next week. The HPCNEF will be involved in all of our hearings. There is a public hearing scheduled for Clay County on Monday March 28 at 9:30 AM at the Clayton and Mildred Revels Senior Center in Green Cove Springs. The public hearings should be completed by mid-April.

### **NEEDS ASSESSMENT UPDATE**

Janet Dickinson, Planner noted that we have partnered with the Health Planning Council of Northeast Florida (HPCNEF) who will be doing the majority of the work and submitting a report that will be provided at the end of May. Staff had several productive meetings with HPCNEF. We are looking at the issues of older adults, adults with disabilities and caregivers.. They are planning on 14 focus groups and listening sessions. A flyer is being distributed that has a link a brief survey that is more demographic type information and interview questions about the persons' activities, opinions and various topics. The survey and interview questions can also be accessed through our website. The focus groups will be going into more specific things. The HPCNEF is working on research on various data statistics that we have ask to be included in the report. The survey and interview questions will continue through March 31. HPCNEF is planning for all of their focus groups to be done by mid-April. Dr. Robinson told the committee that this will be great information for the Programs Committee as we look at our diversity, equity

and inclusion (DEI) initiatives in the work that we are doing. Dr. Robinson noted that we will be waiting to get some of this data to help in setting goals for the Programs Committee.

**REQUEST FOR PROPOSAL (RFP)**

The RFP process will begin on March 25. James Lee, CFO explained that this is the bid that goes out for all three programs: ADI, HCE, and the CCE grant. James noted that a special Committee meeting will be scheduled within two weeks. The Programs Committee is responsible for the review of the applications.

There was no further business for discussion and the meeting was adjourned.

**Meeting Adjourned at 12:09 PM**

**Minutes prepared by Sherry Holmes, Administrative Assistant**

APS High Risk Referrals remain consistent.

Monthly expenditures for State General Revenue contracts have slightly increased between January and February. This is to be expected as Providers work to close out their 2021 State General Revenue grants by June 2022. Many have submitted requests for service rate increases to meet the current climate of today's economy and further assist with spending down. These are currently being reviewed to be submitted to DOEA for further consideration.

Contract Update:

1. Currently American Rescue Plan Contracts are still being completed.
  2. ARP EHEAP Contracts were recently sent out to providers for signature and execution.
  3. Supplemental CARES Act Contracts are still being completed.
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## Surplus Deficit

Program	Contract Amount	Projected S/D (Straight Line Projection)	Projected S/D (Based on current monthly spending)	Projected S/D (Based on Average Monthly Spending)	Comments
ADI	\$2,586,930.00	\$595,571.81	\$686,421.07	\$1,302,294.29	PSA 4 is currently under by 15.35% of our ideal rate and monitoring expenses closely. For providers that are under plans are currently in place to add clients, increase services and make internal transfers where needed. Requests for service rate increases are currently in process to be submitted to the Department for consideration.
CCE	\$6,609,594.00	\$1,690,504.91	\$1,268,372.87	\$1,694,621.44	<b>PSA 4 is currently under by 17.29% of our ideal rate and monitoring expenses closely. For providers that are under plans are currently in place to add clients, increase services and make internal transfers where needed. Requests for service rate increases are currently in process to be submitted to the Department for consideration.</b>
HCE	\$790,263.01	\$24,558.72	\$131,861.27	\$24,558.72	In month eight of this contract year. No concerns with spending out at this time.
LSP	\$400,000.00	\$54,229.32	\$70,455.77	\$62,285.34	In month eight of this contract year. No concerns with spending out at this time.
RELIEF	\$334,313.00	(\$13,714.81)	(\$18,627.30)	(\$14,639.43)	In month eight of this contract year. No concerns with spending out at this time.



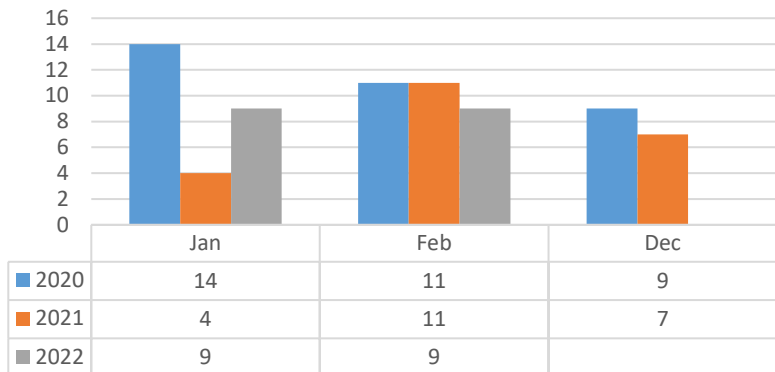
OA3B	\$3,859,295.74	\$2,550.28	\$3,286,580.83	(\$9,078,641.77)	Contract just began in January 2022. Currently no concerns with spending out at this time.
O3C1	\$1,637,839.14	\$204,665.88	\$287,205.13	\$204,665.88	Contract just began in January 2022. Currently no concerns with spending out at this time.
OA3D	\$146,291.00	\$99,932.00	\$61,299.50	\$99,932.00	Contract just began in January 2022. Currently no concerns with spending out at this time.
O3C2	\$1,933,484.12	\$110,884.40	\$96,808.20	\$436,416.30	Contract just began in January 2022. Currently no concerns with spending out at this time.
NSIP	\$540,278.00	\$139,520.24	\$162,704.24	\$139,520.24	Contract just began in January 2022. Currently no concerns with spending out at this time.
OA3E	\$990,857.00	(\$36,630.10)	(\$172,074.35)	(\$184,136.15)	Contract just began in January 2022. Currently no concerns with spending out at this time.
EHEAP	\$447,684.00	\$276,313.61	\$152,701.86	\$294,982.14	No concerns with spending out.
CCA	\$1,447,469.00	\$8,045.62	\$354,441.59	\$267,139.08	No concerns with spending out.



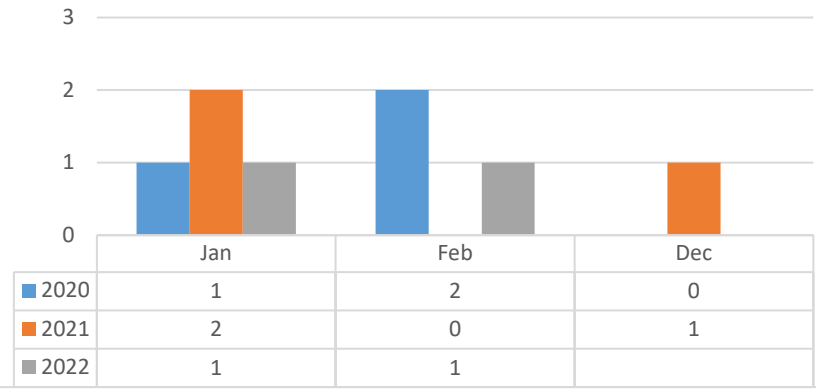
### Community Care for the Elderly

The primary purpose of the CCE program is to prevent, reduce or delay premature or inappropriate placement of older persons in nursing homes and other institutions. Additional purposes of the CCE program are to provide the following: 1) a continuum of services alternatives to meet the diverse needs of older people; access to services for elder most in need; and a local resource that will coordinate delivery of services for the frail elder/caregiver.

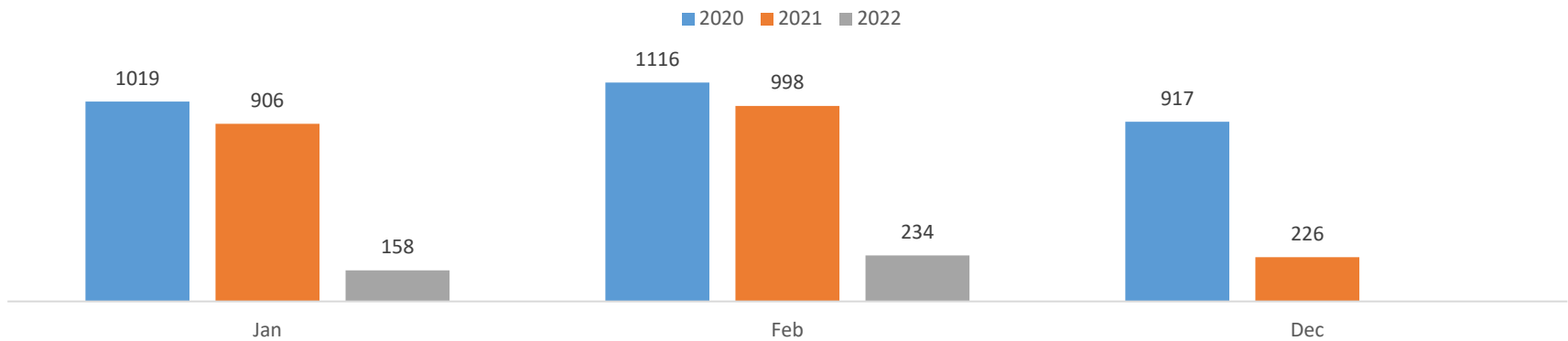
#### APS High Risk Referrals



#### Aging Out Clients



#### CCE Active Clients



### CCE Monthly Expenditures

■ 2020 ■ 2021 ■ 2022

\$43,9294.27

\$38,5819.03

\$38,6791.29

\$39,9073.41

\$38,9147.83

\$52,6209.56

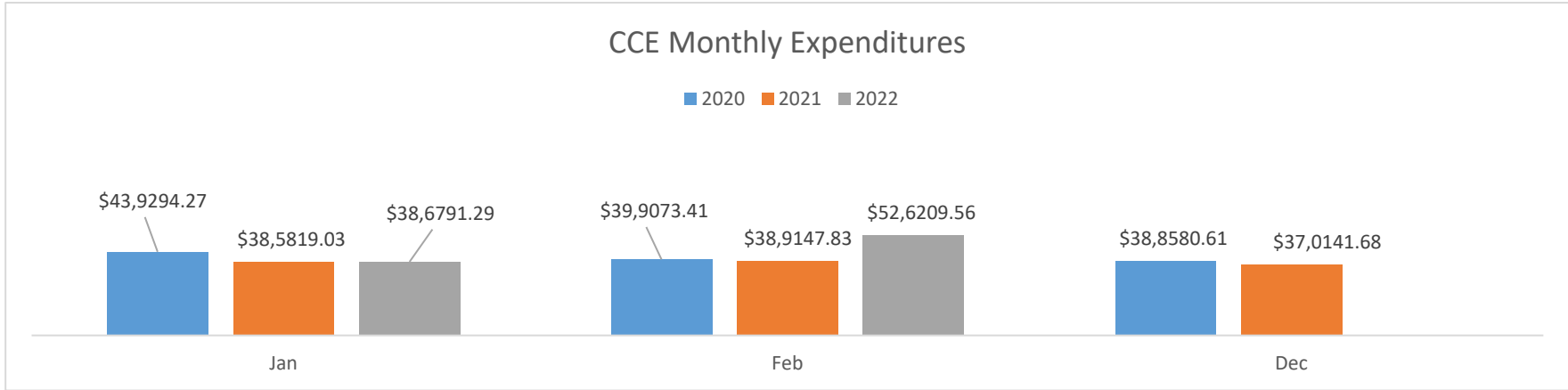
\$38,8580.61

\$37,0141.68

Jan

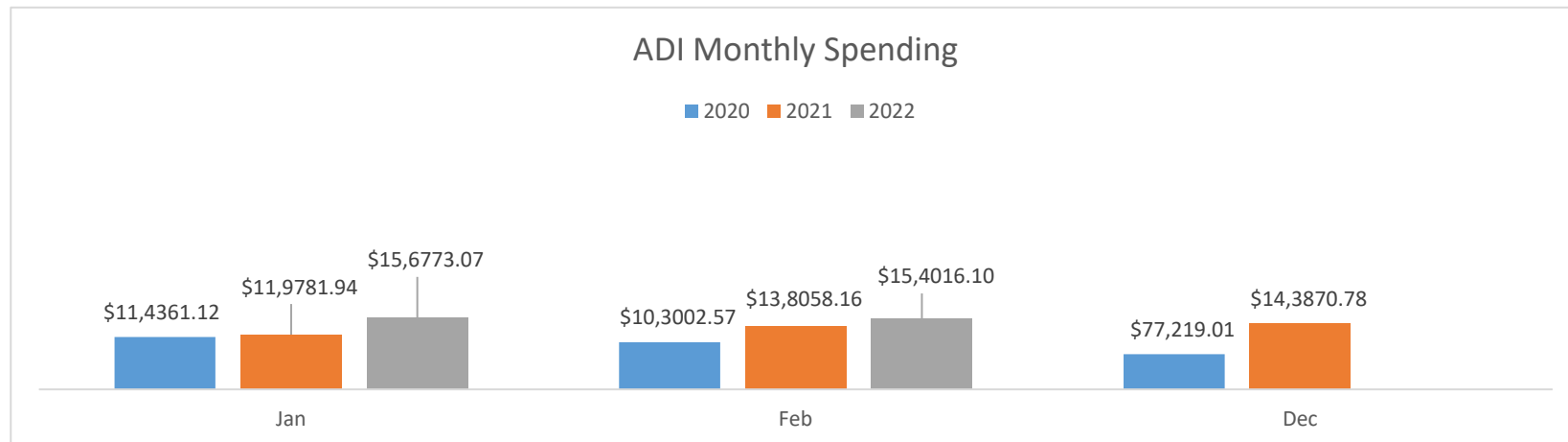
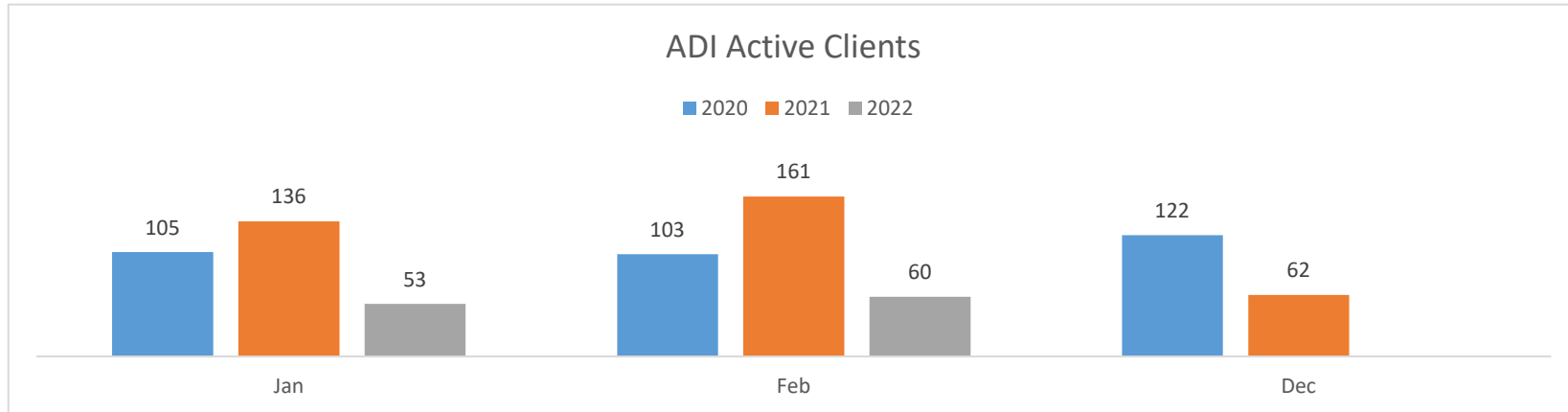
Feb

Dec



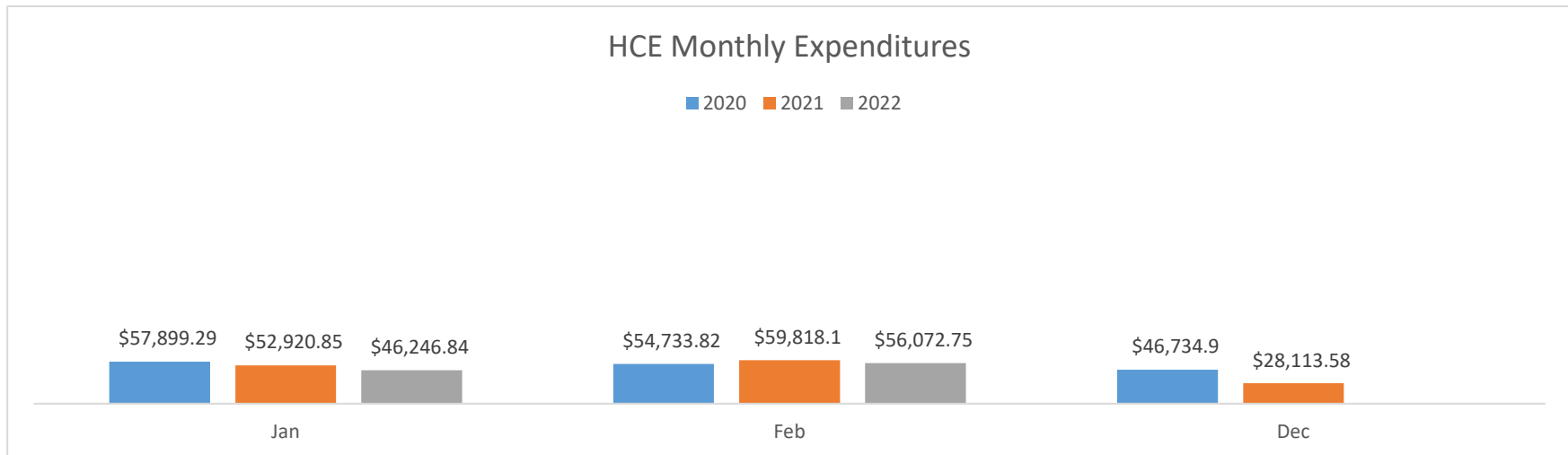
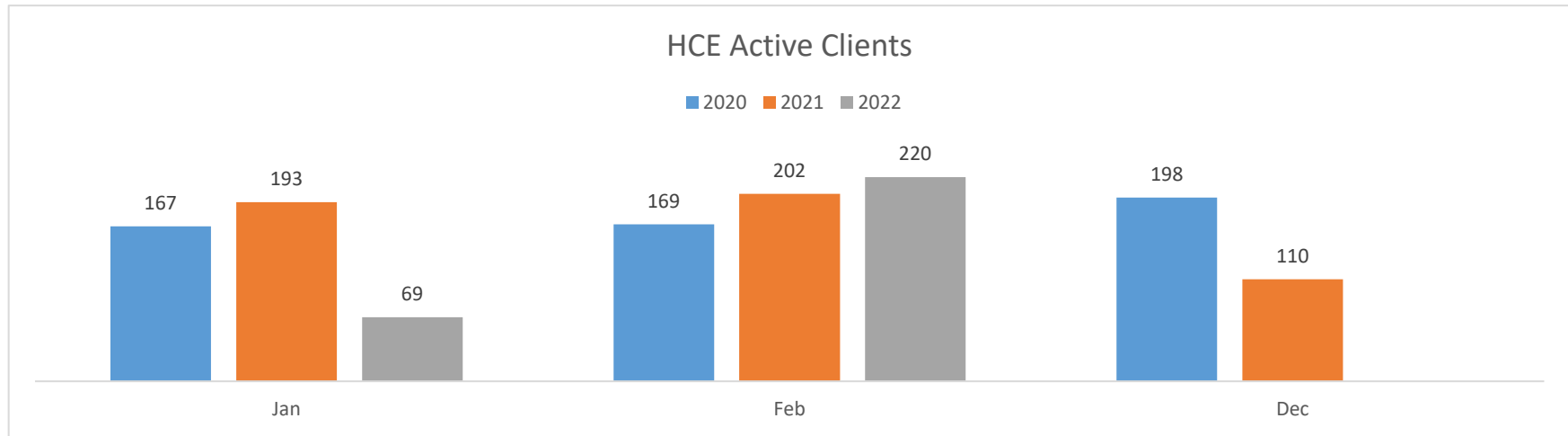
### Alzheimer's Disease Initiative (ADI)

The purpose of the ADI is the following: to address the special needs of clients with Alzheimer's Disease (AD) or related memory disorders, as well as their caregivers; and to find through research the cause, treatment and ultimately a cure for AD or related memory disorders.



## Home Care for the Elderly

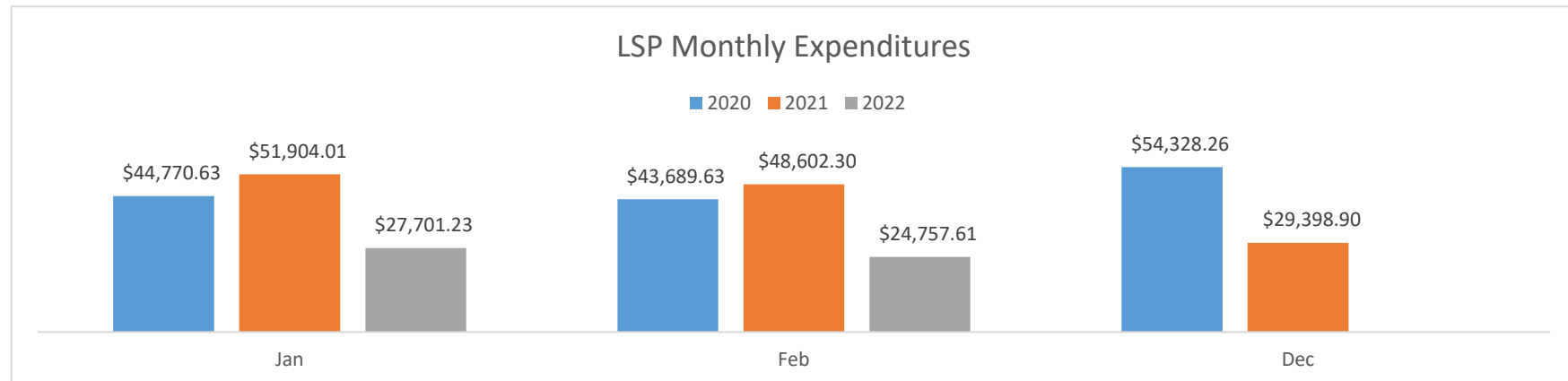
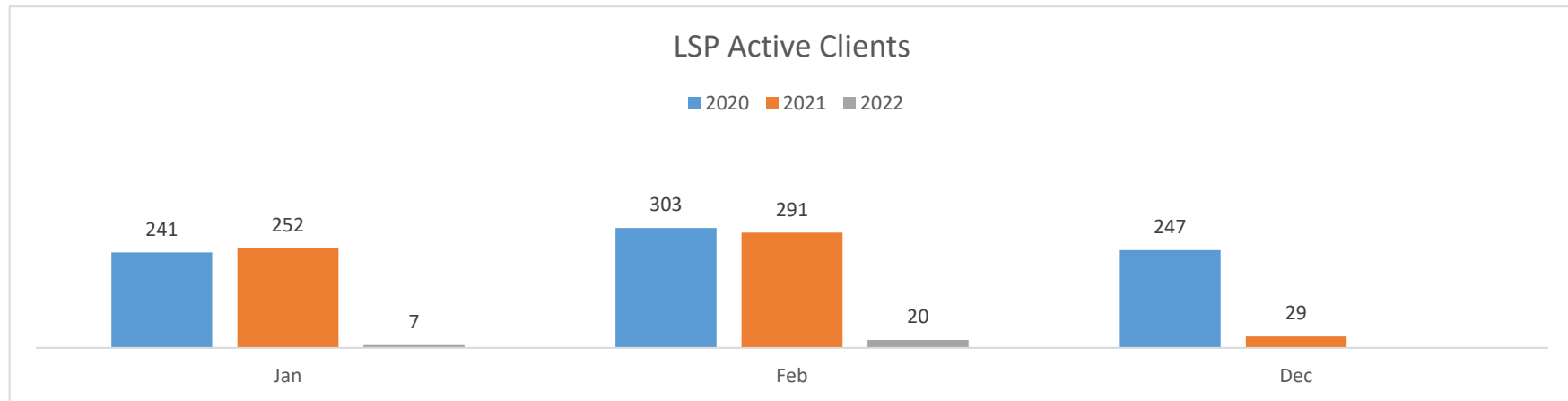
The purpose of the HCE Program is to encourage the provision of care for elders in family-type living arrangements in private homes as an alternative to nursing homes or other institutional care settings.



### Local Service Programs

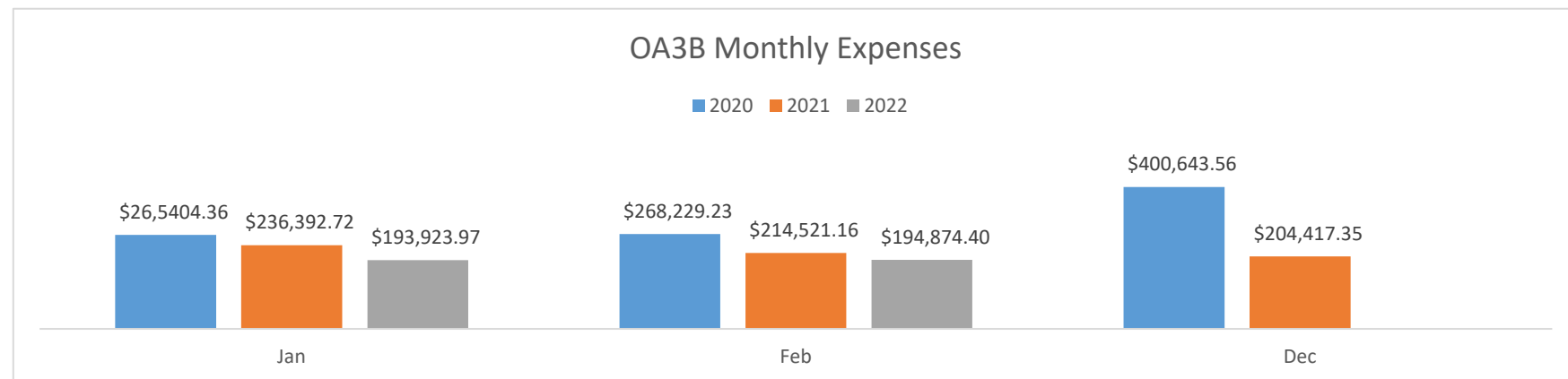
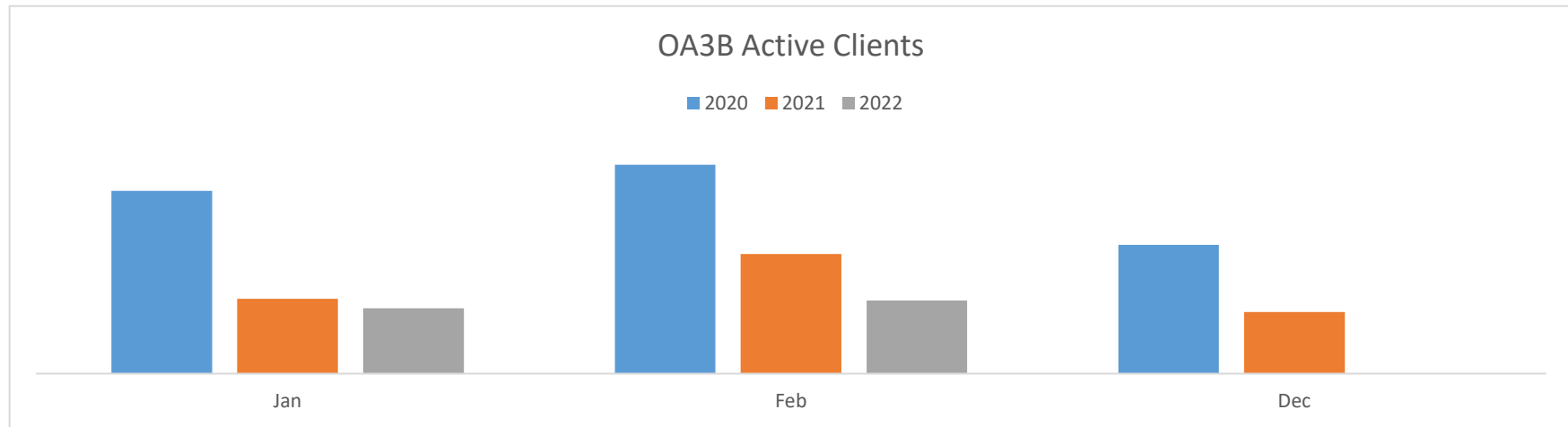
The LSP provides community-based services to preserve elders' independence, support caregivers, and target at-risk persons. Through the provision of meals or other services authorized by proviso, the LSP assists elders to live in the least restrictive environment that meets their needs. In PSA 4, we contract with the 7 Lead Agencies to provide home delivered meals for individuals who would otherwise remain on a wait list. We also contract with Jewish Family and Community Services to assist Holocaust Survivors.

There is no wait list for these programs. The home-delivered meal program works off of the O3C2 wait list.



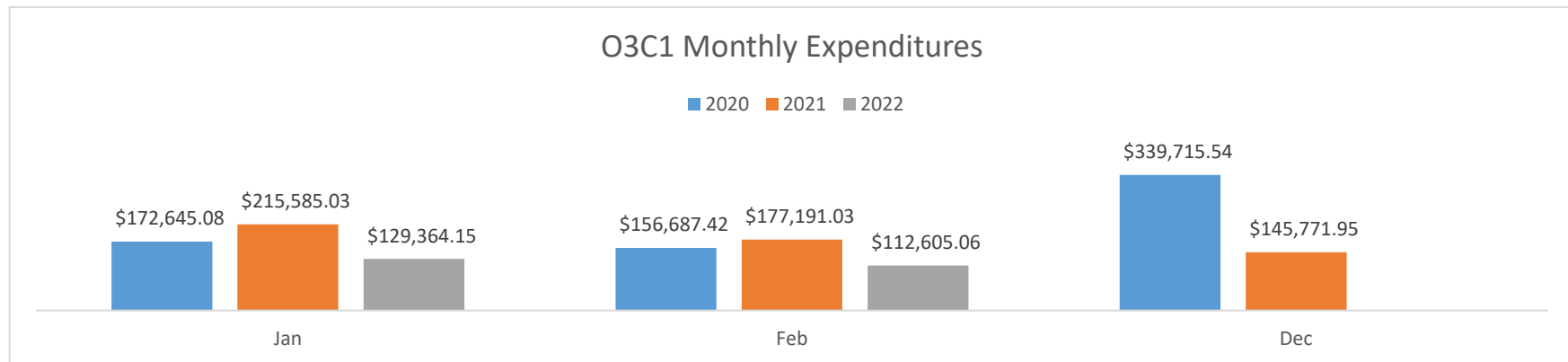
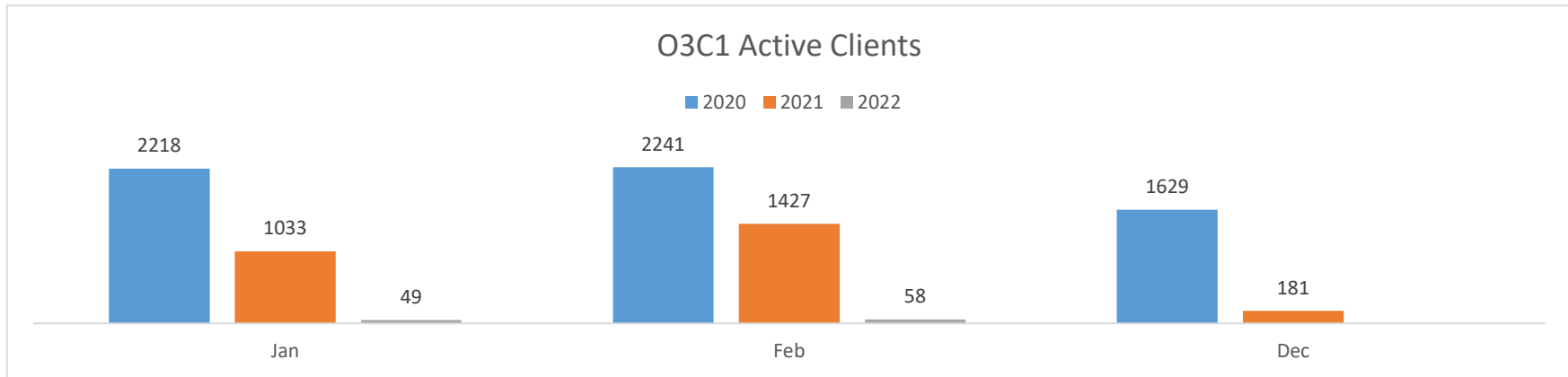
### Older Americans Act Title IIIB

Title IIIB supportive services deliver the following three categories of service; access services such as transportation, outreach, information and referral and case management; in-home services such as homemaker, home health aide, home repair, companionship, telephone reassurance, chore, respite and other supportive services for families of elderly victims of Alzheimer's disease and other neurological and organic brain disorders of the Alzheimer's type; and legal assistance related to income, health care, long term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.



### Older Americans Act Title IIIC1

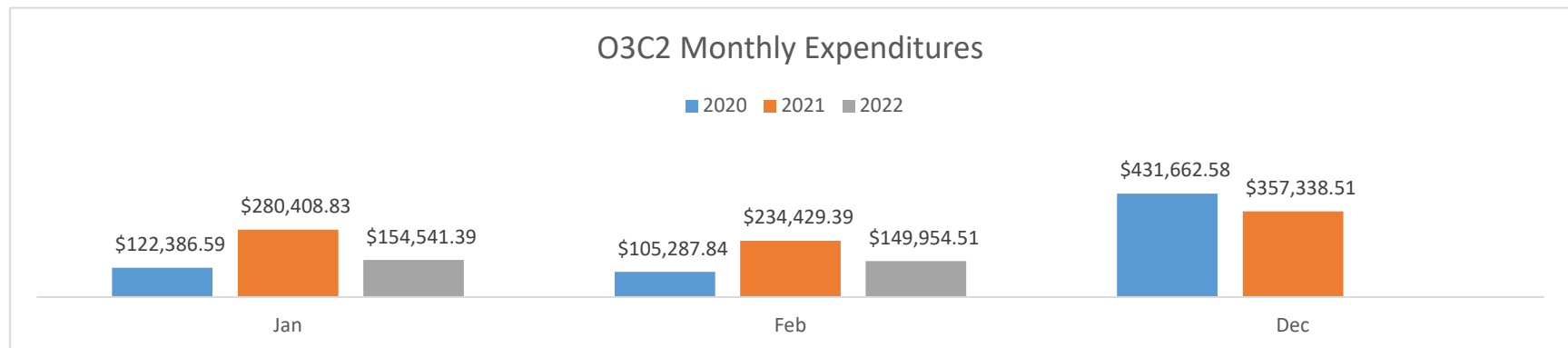
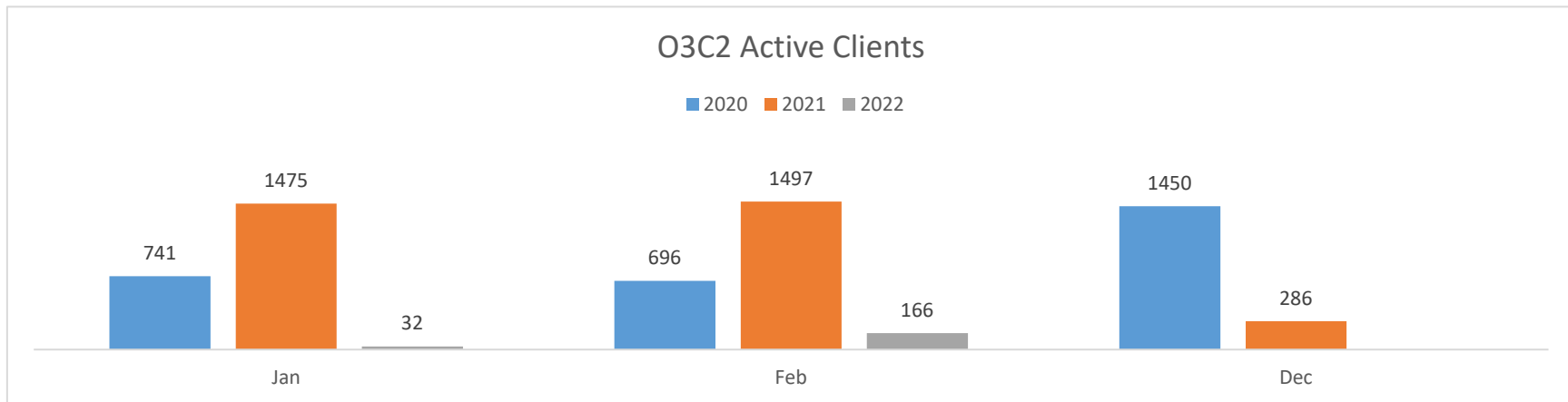
The purpose of Title IIIC is for the provision of nutrition services that assist older individuals in Florida to live independently, with better health through improved nutrition and reduced isolation. Nutrition services are provided through programs coordinated with nutrition-related supportive services and include the procurement, preparation, transport, and service of meals; nutrition education; nutrition screening; nutritional assessment, and nutrition counseling. In making these awards, the AAA must ensure that congregate and home-delivered meals are provided to eligible individuals based on their assessment of need. IIIC1 is primarily for congregate meal settings. IIIC2 is primarily for home-delivered meal programs. Currently, there is no wait list for this program.





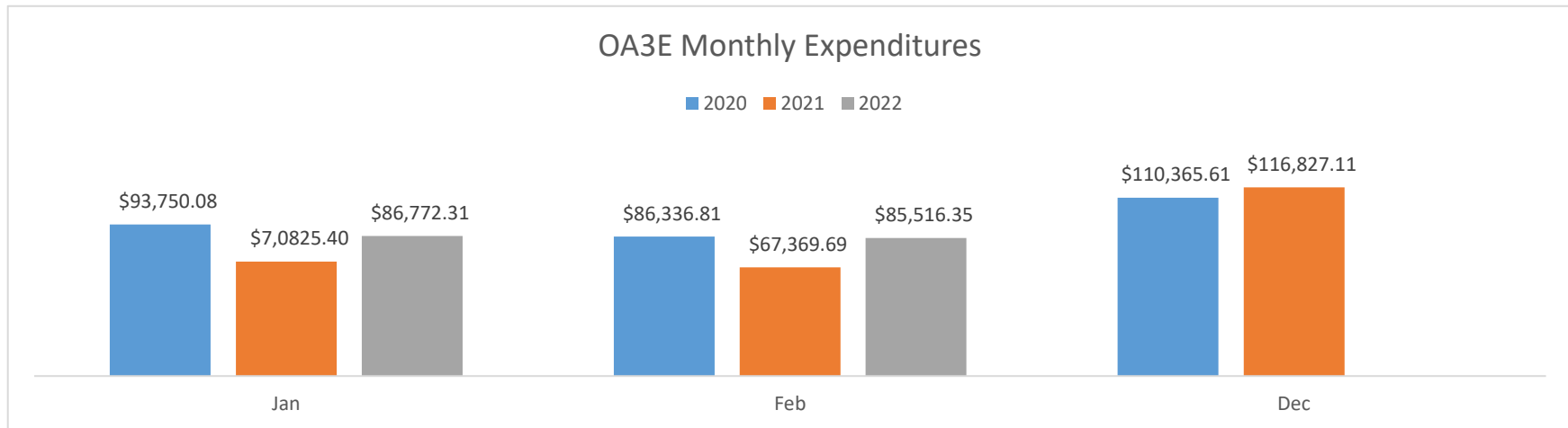
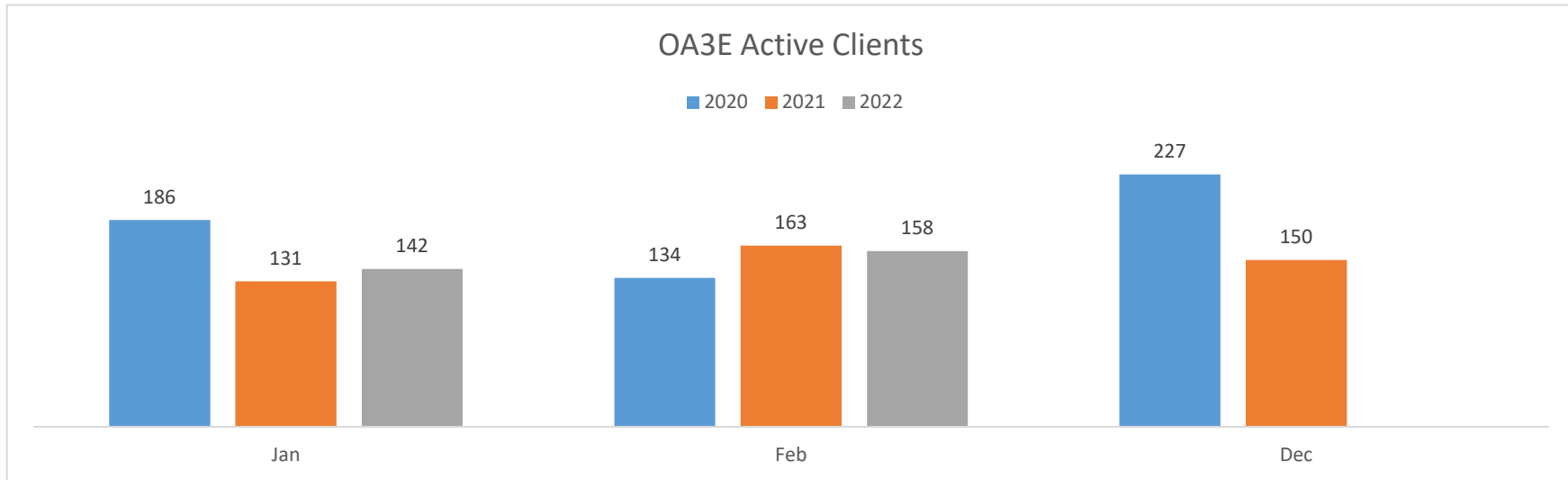
## Older Americans Act Title IIC2

The purpose of Title IIC is for the provision of nutrition services that assist older individuals in Florida to live independently, with better health through improved nutrition and reduced isolation. Nutrition services are provided through programs coordinated with nutrition-related supportive services and include the procurement, preparation, transport, and service of meals; nutrition education; nutrition screening; nutritional assessment, and nutrition counseling. In making these awards, the AAA must ensure that congregate and home-delivered meals are provided to eligible individuals based on their assessment of need. IIC1 is primarily for congregate meal settings. IIC2 is primarily for home-delivered meal programs.



### Older Americans Act Title IIIE

The purpose of Title IIIE is to provide multifaceted systems of support services to the following individuals; family caregivers and grandparents or older individuals, 55 years of age or older, who are relative caregivers of children not more than 18 years old or individuals with disabilities.



### Veterans Directed Care Program

The Veteran's Directed Care Program is a program through the Veterans Administration which allows veterans to remain in their home and direct their own services and supports. Veterans are referred through the VA Offices in Gainesville and in Orlando. "In Process" Veterans represent new Veterans who are added to the Program.

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Month/Year	In Process	Number of Active Veterans
Dec-21	3	51
Jan-22	10	48
Feb-22	9	48

Month/Year	In Process	Number of Active Veterans
Dec-21	0	23
Jan-22	0	23
Feb-22	0	21

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**Florida Blue Foundation Funded - TCARE**

The Tailored Caregiver Assessment and Referral System (TCARE) program is an evidence based program that creates individualized care plans, helping to improve efficiency in the coordination and delivery of critical resources to caregivers. This care management protocol is designed to support family members who are providing care to older adults, especially those with chronic or acute health conditions. By supporting caregivers, older adults will also benefit from resources and supported to remain living independently. In addition to connecting caregivers to available resources such as assistive technology, in-home support, meals, education, adult day care and informal support; the program also assesses the need for mental health services and connects with available community providers. In fact, the assessment itself is a guided counseling session that is a behavioral intervention—not merely a question and answer session. TCARE reduces burnout by identifying the goal, strategy, and resources needed to close the gap between how a caregiver self-identifies and how they clinically measure. A Person Centered Care plan is generated with defined goals and strategies with well-targeted interventions addressing the root causes of burnout, stress and isolation.

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# of Providers	Total Contract
2	\$383,333.00

Contract Cycle:	January 2021 - January 2025
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## ADRC Summary February 2022

**New Statewide Data Platform:** On December 14<sup>th</sup>, DOEA went “live” with their new platform called eCIRTS. The platform took the place of the two platforms that the staff used to document calls and client activities such as screenings. The new processes are challenging for all ADRC staff. At this time, there are no management reports and very few accurate client reports.

### **HelpLine**

The HelpLine is fully staffed. eCIRTS has slowed down the call documentation process resulting in longer talk time and longer hold time.

### **Intake & Screening Team**

The intake and screening team is responsible for completing the telephone assessment with clients and placing them on appropriate waitlists. The team is recruiting to fill two open positions and efforts are underway to fill the positions. Three staff who were hired in late 2021 are now screening/assessing clients. The appointments are scheduled out 30-35 days and there is a backlog of annual reassessments due. To address the backlog, many of the staff members are working overtime to address the backlog of annual assessments. eCIRTS has also slowed down the screening/documentation process for the Intake & Screening Team.

At this time, eCIRTS does not have the reports available to complete the ADRC dashboard.

### **Medicaid Eligibility Team**

This team is responsible for helping clients through the Medicaid long-term care eligibility process. Recruitment efforts continue to fill the two open positions. Team members are challenged with the migration to eCIRTS and learning the client record documentation process.

### **SHINE/SMP/MIPAA**

The SHINE, MIPPA and SMP grants were on target and met all contract benchmarks for December and January.

**Workforce Challenges:** The Intake & Screen and the Medicaid Eligibility teams have open positions.



## ADRC Summary April 2022 (Reports thru March 2022)

**New Statewide Data Platform:** The HelpLine stopped documenting calls in eCIRTS on March 14 and returned to using Refer for call documentation. The EMS and Intake & Screening teams stopped using eCIRTS to document client calls on March 21 but continues to use eCIRTS for recording the screening/assessment and all Medicaid eligibility activities. To date DOEA is working on developing management reports and improving existing report accuracy.

### **HelpLine**

The HelpLine had one staff member promote within ElderSource to another department. In addition, one new staff position was added and the Supervisor is in the process of hiring for the two positions. The HelpLine work processes are improving and going back to “pre-eCIRTS” levels.

### **Intake & Screening Team**

The Team has three open positions and are currently advertising for the positions. Screening appointments continue to be scheduled out 30-35 days and staff are working the backlog of annual reassessments. Many staff are working overtime to reduce the backlog. Staff are adjusting to using eCIRTS to document the standardized screenings and are back to using Refer to document client encounters instead of eCIRTS.

At this time, eCIRTS does not have the reports available to complete the ADRC dashboard.

### **Medicaid Eligibility Team**

The team is fully staffed with the two newest team members in training. The staff are adjusting documenting in eCIRTS.

### **SHINE/SMP/MIPAA**

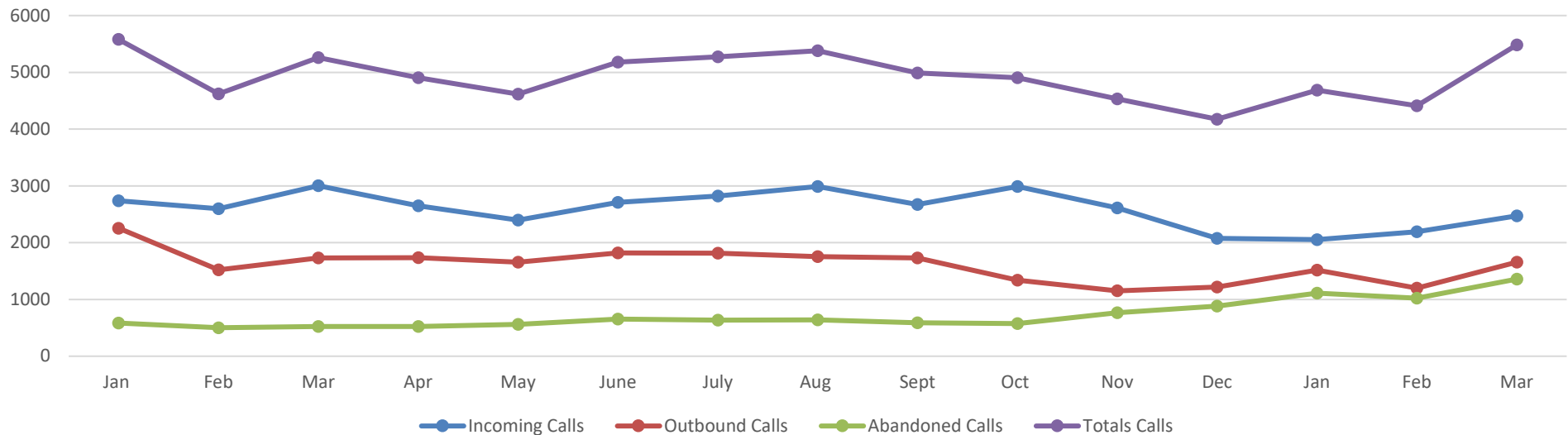
The SHINE and SMP grants were on target and met all contract benchmarks for March and April. The MIPPA benchmarks were met in March but missed one of the eight benchmarks by 1% in February. Steps were put in place to address the MIPPA grant benchmarks. In February, the SHINE staff completed a training class for new volunteers.

**Workforce Challenges:** The HelpLine and Intake & Screening teams have open positions.

The ADRC HelpLine The Aging and Disability Resource Center (ADRC) HelpLine is the place to start for help if you are a senior, an adult living with a disability or a caregiver. ElderSource Customer Service Specialists are available to listen to client concerns and are trained to help them access local agencies, services and programs. They work with the clients to explain what resources are available, provide information about Medicaid programs for elders and adults with disabilities. The HelpLine processes the referrals for the assessments, schedules the assessment appointments and makes appointment reminder calls the day before the appointment. In addition, the HelpLine processes referrals for the SHINE program.

**Monthly Analysis:** March 2022 - The HelpLine has one open position and are in the process of adding one new position. The call volumes increased in March to 5,843 from 4,413 in February. On March 14th, the HelpLine reverted back to documenting calls in the Refer database. This was a statewide decision to go back to Refer for calls documentation and thus returning call speed to answer back to pre-eCIRTS levels.

HelpLine Calls 2021-2022



\* ElderSouce changed phone systems in February 2021 with changes to the reports.

Calls Answered  
5,843

InBound Calls  
2,471

OutBound Calls  
1,654

Call Wait Time  
1:56

Abandonment  
25%

Voicemails  
273

MAC Referrals  
-

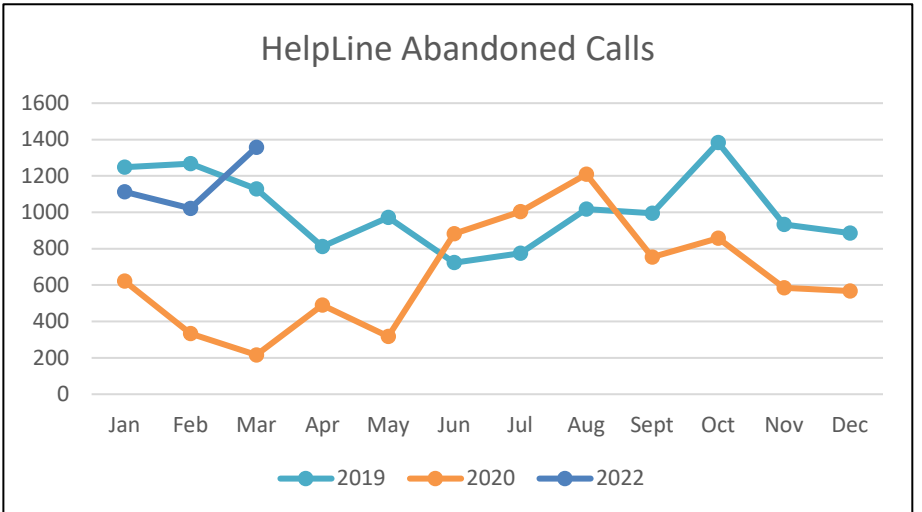
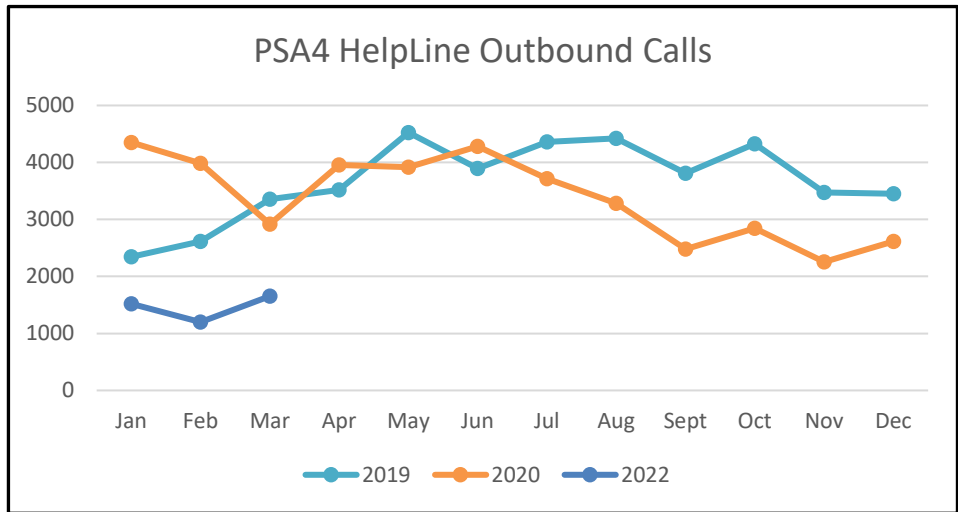
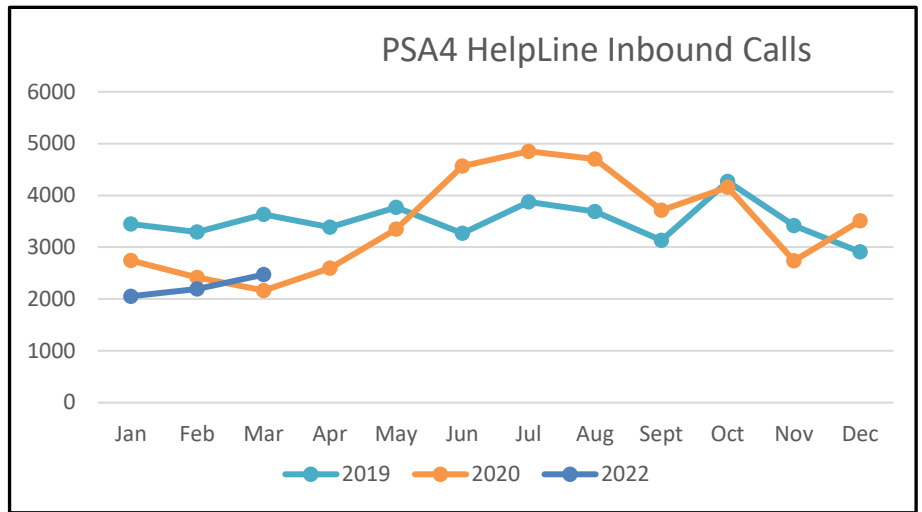
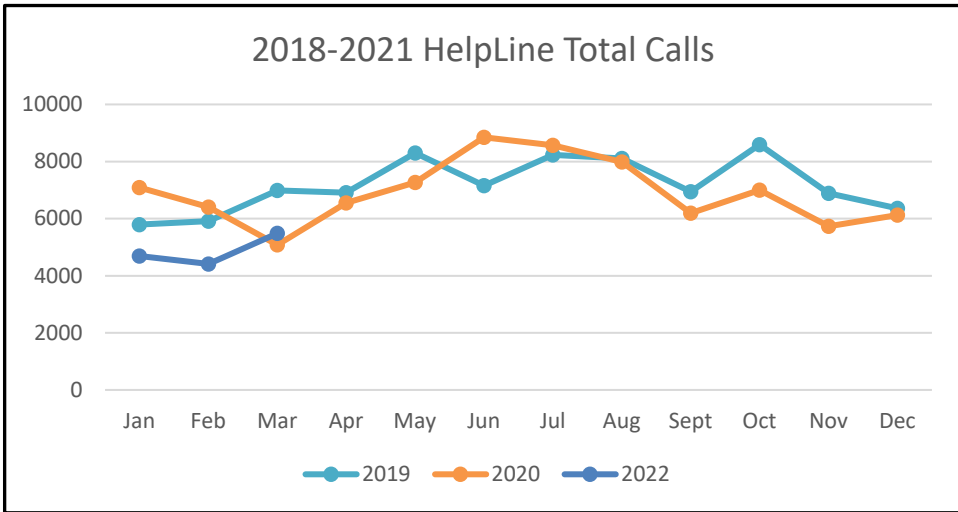
SHINE Referrals  
-

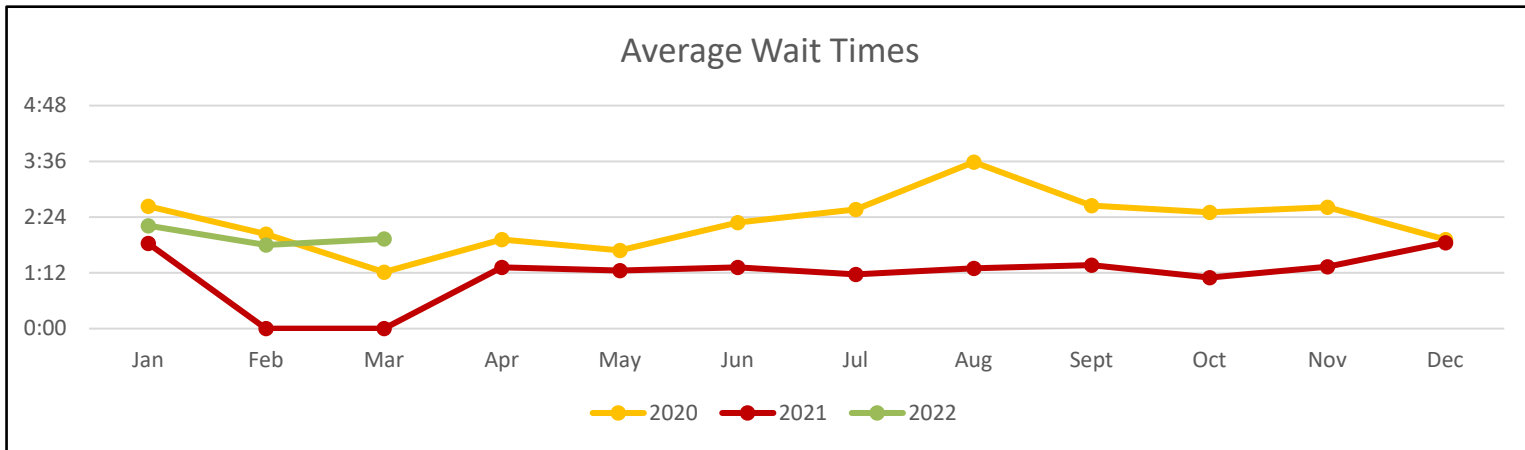
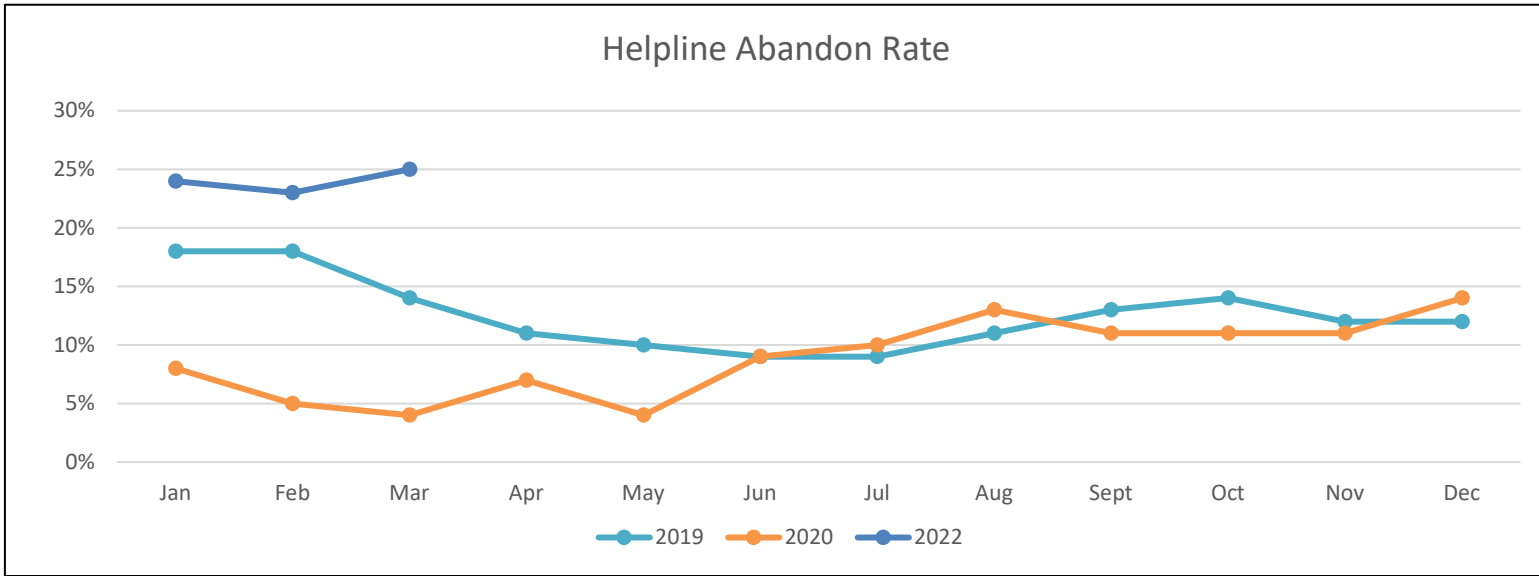
APS Referrals  
11

Silver Alerts  
0

Top Reasons For Contact		
Individual Support	776	59%
Health Care	161	12%
Housing	91	7%
Utility Assistance	35	3%
Food	14	1%
Transportation	12	1%

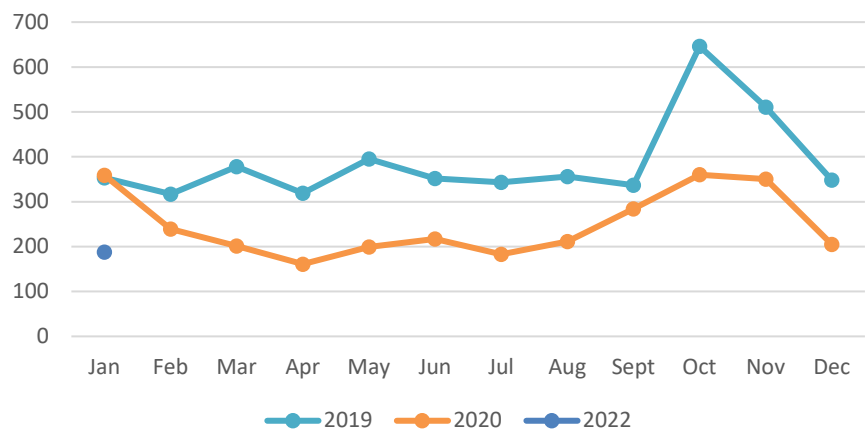




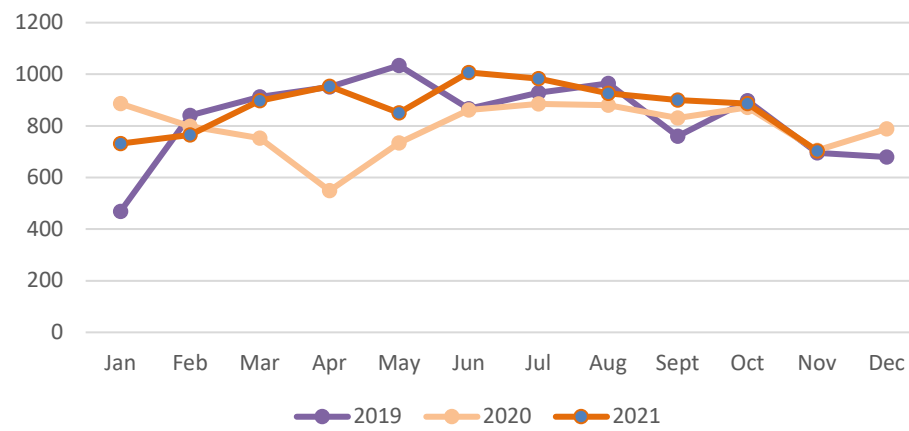


## HelpLine Referrals

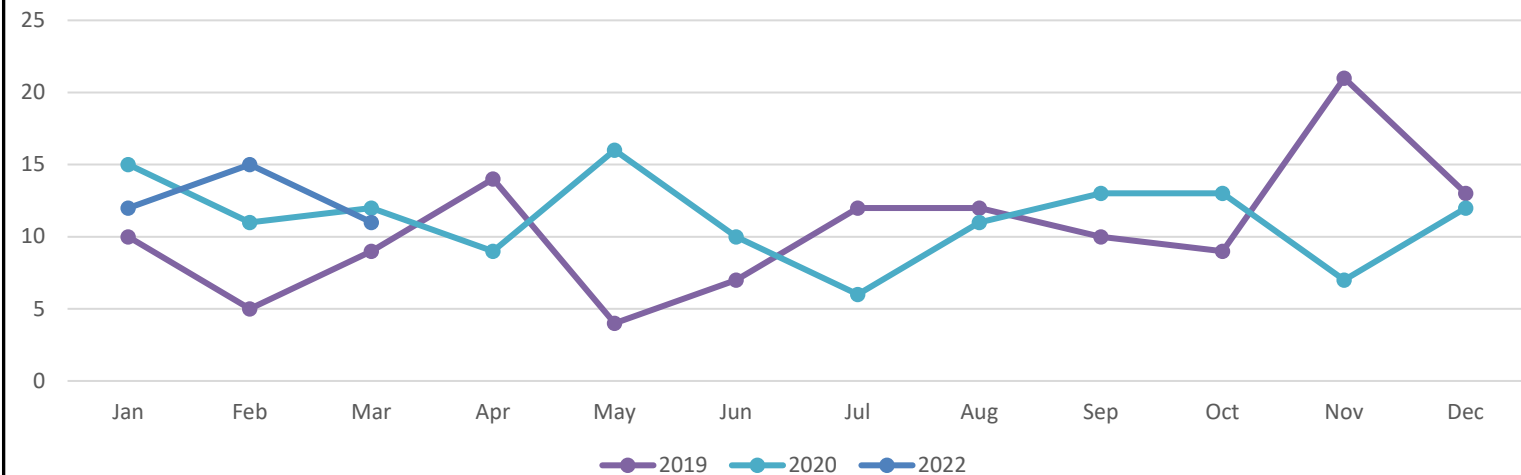
### PSA4 SHINE Referrals

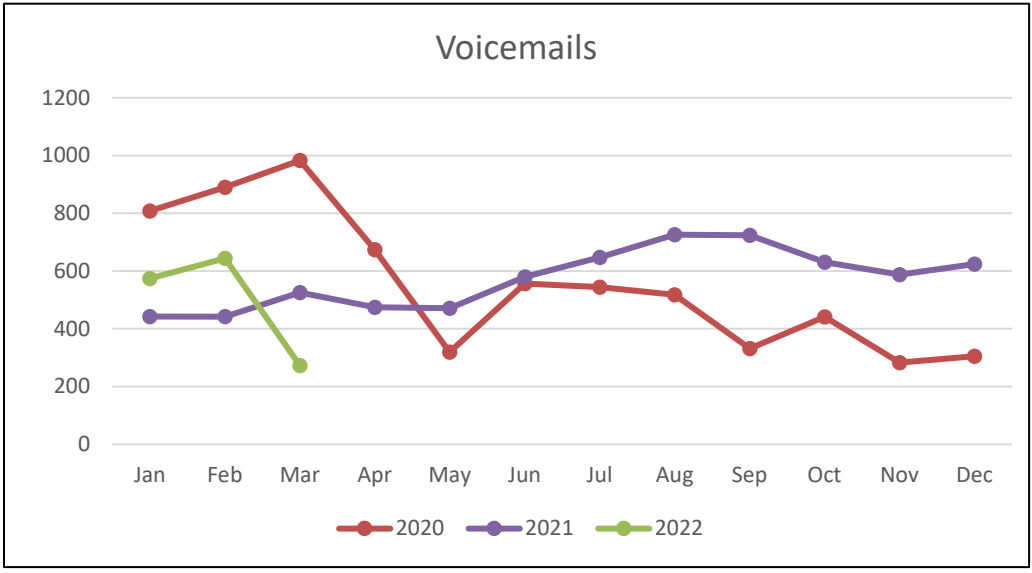
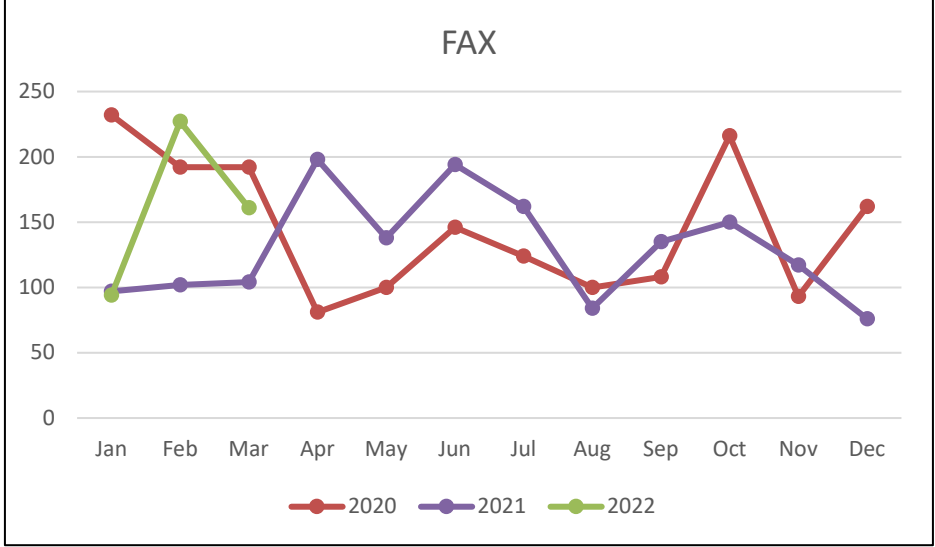
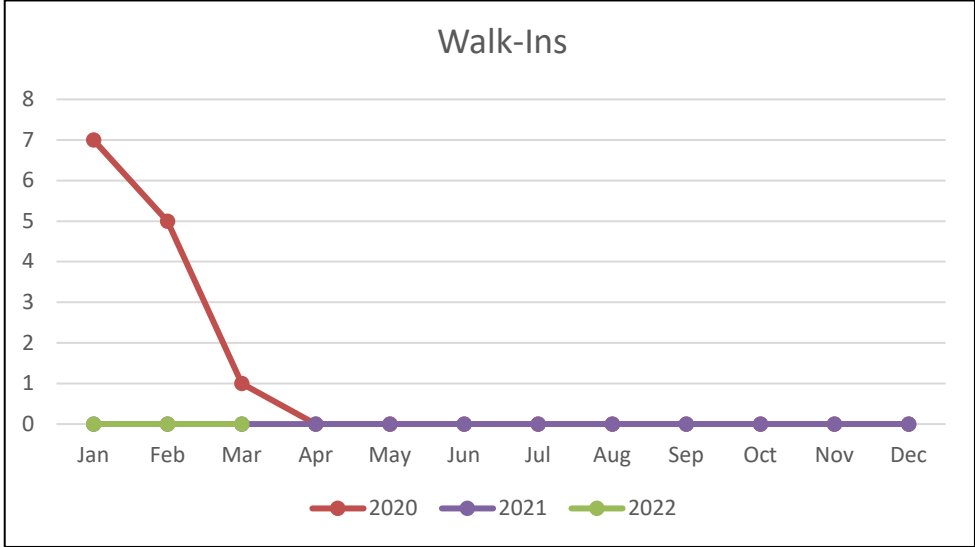


### PSA 4 MAC Referrals



### PSA4 HelpLine APS Referrals





The SHINE (Serving Health Insurance Needs of Elders) Program provides Medicare and health insurance counseling and information from an unbiased source. The SHINE program, MIPPA, (Medicare Improvements for Patients and Providers Act) and SMP (Senior Medicare Patrol) contract goals are primarily achieved through the commitment and efforts of the team of volunteers. The counselors are committed to helping Medicare beneficiaries make informed choices regarding their Medicare benefits. Contract benchmarks are achieved through the documentation in two national databases used to track counseling activities. Due to COVID-19, all grant benchmarks must be achieved at least by 50%.

**Monthly Analysis:** March 2022: ElderSource met all the SHINE and SMP for February and March. All MIPPA benchmarks were met for March but in February we met seven of the eight benchmarks resulting in a 5% reduction in monthly contract payment from DOEA. Outreach events continue to take place virtually and in-person events are taking place.

### SHINE Benchmarks 2 (must be 50% to meet contract)

Client Contacts	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021-22 Benchmark	252	201	220	261	282	219	347	376	234	220	215	240	3067
2021-22 Actual	196	162	240	228	267	262	406	540	218	332	261	220	3332
% of Goal	78%	81%	109%	87%	95%	120%	117%	144%	93%	151%	121%	92%	

Outreach Events	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2021-22 Benchmark	12	10	11	11	11	13	17	13	8	8	8	11	133
2021-22 Actual	8	7	8	9	11	10	16	10	7	7	5	8	106
% of Goal	67%	70%	73%	82%	100%	77%	94%	77%	88%	88%	63%	73%	

## SMP Benchmarks 3 (must be 50% to meet contract)

Group Outreach	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
2021-22	11	11	11	11	19	13	8	10	8	10	8	6	126
2021-22 Actual	8	9	11	11	18	10	7	7	5	8			94
% of Goal	73%	82%	100%	100%	95%	77%	88%	70%	63%	80%	0%	0%	

People Reached Through Group	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
2021-22	399	258	269	343	305	218	137	181	183	49	60	60	2462
2021-22 Actual	164	180	130	198	219	197	95	117	106	107			1513
% of Goal	41%	70%	48%	58%	72%	90%	69%	65%	58%	218%	0%	0%	

Individual One-on-One	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
2021-22	137	163	129	121	206	177	137	150	179	135	125	125	1784
2021-22 Actual	164	166	200	192	271	353	139	260	256	166			2167
% of Goal	120%	102%	155%	159%	132%	199%	101%	173%	143%	123%	0%	0%	

## MIPPA Benchmarks 8 (must be 50% to meet contract)

<b>Completion of LIS Apps.</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Total</b>
2021-22 Benchmark	37	53	55	38	22	36	21	22	30	30	48	59	451
2021-22 Actual	28	48	51	33	27	36	22						217
% of Goal	76%	91%	93%	87%	123%	100%	105%	0%	0%	0%	0%	0%	
<b># LIS Eligibility Activities</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Total</b>
21-22 Benchmark	113	209	196	114	153	197	122	104	109	138	100	128	1683
2021-22 Actual	112	225	241	96	84	105	80						831
% of Goal	99%	108%	123%	84%	55%	53%	66%	0%	0%	0%	0%	0%	
<b># LIS Benefit Explanation Activities</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Total</b>
2021-22 Benchmark	97	163	144	82	125	173	87	82	70	91	75	110	1299
2021-22 Actual	72	122	111	41	77	85	66						502
% of Goal	74%	75%	77%	50%	62%	49%	76%	0%	0%	0%	0%		

5% reduction of monthly payment

## MIPPA Benchmarks (con't)

<b>Completion of MSP Apps</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Total</b>
2021-22 Benchmark	93	122	131	122	110	112	130	63	79	74	146	93	1275
2021-22 Actual	111	105	122	77	121	115	72						612
% of Goal	119%	86%	93%	63%	110%	103%	55%	0%	0%	0%	0%	0%	
<b># MSP Eligibility Activities</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Total</b>
2021-22 Benchmark	121	205	197	112	147	195	102	108	90	140	141	98	1535
2021-22 Actual	135	197	112	103	174	164	114						864
% of Goal	112%	96%	57%	92%	118%	84%	112%	0%	0%	0%	0%	0%	
<b># MSP Benefit Explanation Activities</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Total</b>
2021-22 Benchmark	102	158	142	80	117	168	81	77	68	105	75	110	1181
2021-22 Actual	97	141	181	62	135	162	111						792
% of Goal	95%	89%	127%	78%	115%	96%	137%	0%	0%	0%	0%	0%	

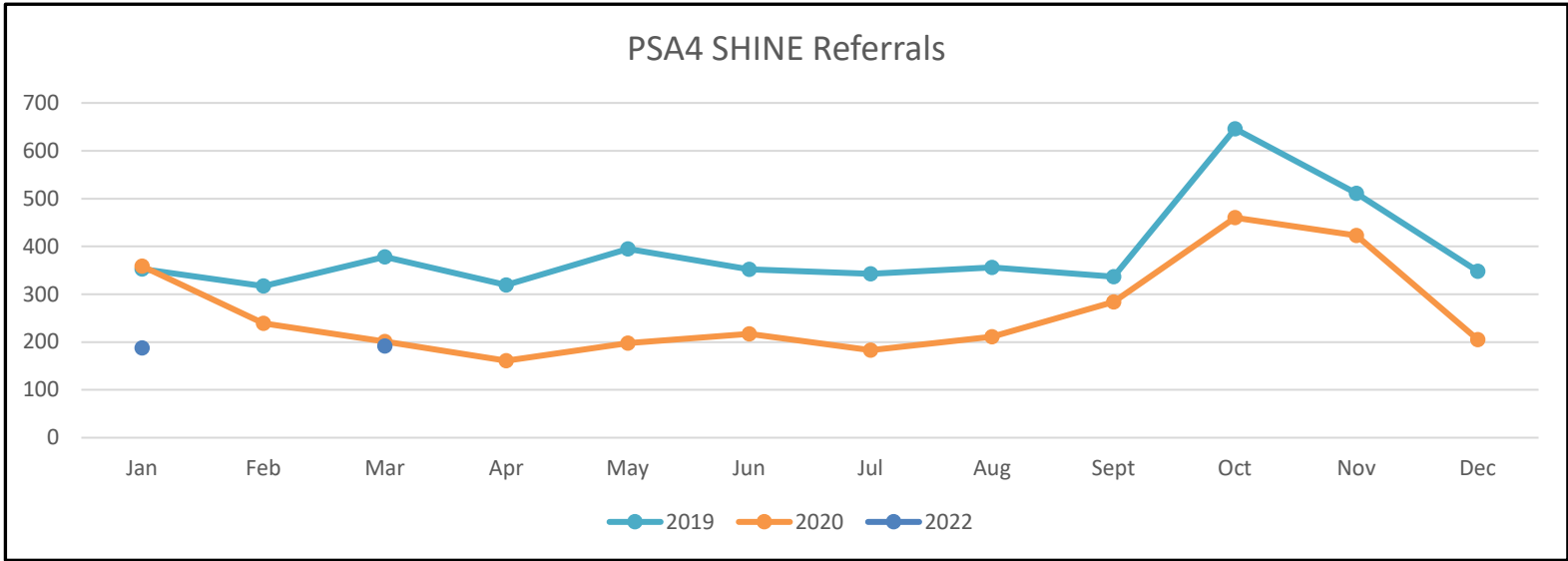


## MIPPA Benchmarks New 2021-22 (con't)

Group and Media to Low-Income or Rural Beneficiaries **Target Beneficiary Group must be low-income													
Extra Help/LIS/Medicaid/MS P	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
2021-22 Benchmark	13	17	13	8	10	8	9	8	7	8	6	8	102
2021-22 Actual	10	17	10	7	7	5	8						54
% of Goal	77%	100%	77%	88%	70%	63%	89%	0%	0%	0%	0%	0%	

Group and Media to Low-Income or Rural Beneficiaries **Target Beneficiary Group must be low-income													
Preventative Services	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
2021-22 Benchmark	6	9	9	4	7	7	7	8	7	7	6	8	79
2021-22 Actual	7	12	9	6	7	5	8						47
% of Goal	117%	133%	100%	150%	100%	71%	114%	0%	0%	0%	0%	0%	

Number of Volunteers By County												
2022	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Baker	0	0	0									0
Clay	2	2	2									2
Duval	14	14	14									14
Flagler	5	5	5									5
Nassau	3	3	3									3
St. Johns	12	12	12									12
Volusia	4	4	4									4
PSA Total	40	40	40	0	0	32	33	0	34	35	40	40



## Operations Summary April 2022

**Senior to Senior Program:** In April the Senior to Senior program moved departments and is now under Operations, where ElderSource's other direct services are provided: The titles for Senior to Senior program staff were also changed from Customer Service Specialist to Short Term Crisis Manager to better reflect the role. We created a Lead Short Term Crisis Manager position and are in the process of hiring a second Short Term Crisis Manager.

**Caregiver Support Programs:** In the beginning of April two staff completed leader training so ElderSource can offer Powerful Tools for the Caregiver, a six week evidence-based class for caregivers of adults with chronic conditions. We plan to offer four classes this year. Two started this month. We created an Assistant Special Projects Coordinator position to assist with the caregiver support programs and are in the process of hiring for this position.

**Telephone Reassurance (TR) Program:** In 2022 the TR program's funding source changed from a grant to DOEA funds. DOEA funding requires a wellness check process. In February program staff updated the Wellness Check form participants sign to reflect DOEA requirements. In March program staff contacted participants to relay the change and conducted refresher training with the volunteers. This training also included refreshers on when to make a DCF report and when to call 911. In April the volunteer database went live. This database collected new volunteer applications and is where all volunteer call reports will be submitted going forward.

