2024-2027
FOUR-YEAR AREA PLAN
Program Module

Alliance for Aging, Inc.
Planning and Service Area 11
September 2026

Department of ELDER AFFAIRS
STATE OF FLORIDA

4040 Esplanade Way, Tallahassee, FL 32399 | Phone: (850) 414-2000 | ELDERAFFAIRS.ORG

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Introduction to the Area Plan

The Area Plan describes in detail the specific services to be provided to the population of older adults residing in each Planning and Service Area (PSA). The plan is developed from an assessment of the needs of the PSA as determined by public input that involves public hearings, the solicited participation of those affected and their caregivers, and service providers. The plan also states the goals and objectives that the Area Agency on Aging (AAA) and its staff and volunteers plan to accomplish during the planning period. This four-year cycle is for the period of January 1, 2024, through December 31, 2027.

The Area Plan is divided into two parts, the Program Module and the Contract Module. The Program Module includes a profile of the PSA; a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis; an analysis of performance and unmet needs; the service plan including goals, objectives, and strategies; assurances; and other elements relating to the provision of services.

The Contract Module includes the elements of the plan relating to funding sources and allocations, as well as other administrative/contractual requirements, and otherwise substantiates the means through which planned activities will be accomplished.

Program and Contract Module Certification

AREA AGENCY ON AGING (AAA) INFORMATION:

Legal Name of Agency:	Alliance for Aging, Inc.		
Mailing Address:	760 NW 107th Avenue, Suite 214, Miami, FL 33172		
Telephone:	(305) 670-6500	FEDERAL ID NUMBER:	65-0101947

CERTIFICATION BY BOARD PRESIDENT, ADVISORY COUNCIL CHAIR, AAA DIRECTOR:

I hereby certify that the attached documents:

- Reflect input from a cross-section of service providers, consumers, and caregivers who are representative of all areas and culturally diverse populations of the Planning and Service Area (PSA).
- Incorporate the comments and recommendations of the Area Agency's Advisory Council.
- Have been reviewed and approved by the Board of Directors of the Area Agency on Aging.

Additionally, signatures below indicate that both the Program Module and the Contract Module have been reviewed and approved by the respective governing bodies.
I further certify that the contents are true, accurate, and complete statements. I acknowledge that intentional misrepresentation or falsification may result in the termination of financial assistance. I have reviewed and approved this 2024-2027 Area Plan.

Chair, Board of Directors
Name Peter J. Lopez Signature: _____
Date: _____

Advisory Council Chair
Name Cyndi Guerra Signature: _____
Date: _____

Area Agency on Aging Executive Director
Name Max B. Rothman Signature: _____
Date: _____

Signing this form verifies that the Board of Directors and the Advisory Council and AAA Executive Director understand that they are responsible for the development and implementation of the plan and for ensuring compliance with the Older Americans Act Section 306.

AAA Board of Directors

Membership Composition:

The policy-setting function of the Corporation shall be the responsibility of the Board of Directors (hereinafter referred to as the Board in these Bylaws), consisting of not less than thirteen (13) and no more than twenty-seven (27) members.

The Board shall be composed of residents of, and/or persons with their principal place of business/employment in, Miami-Dade and Monroe Counties and who support the purposes and objectives of this Corporation and who are representative of the area to the degree feasible.

Frequency of Meetings:

At least quarterly

Officer Selection Schedule:

Nominations are made in the Fall, or at any time throughout the year.

The Executive Committee reviews nominations and proposes the slate to the full Board.

A simple majority of the Board elects the slate of officers. Each member of the Board has one vote.

AAA Board Officers:

Title	Name	Term
Chair	Peter J. López	1/26 - 12/26
Vice Chair	Heather M. Harris	1/26 - 12/26
Treasurer	Nicholas Landera	1/26 - 12/26
Secretary	Joy Siegel	1/26 - 12/26
Immediate Past Chair	Lisa Chin	1/26 - 12/26

AAA Board of Directors Membership:

Name	Occupation / Affiliation	County of Residence or Primary Work	Member Since	Current Term of Office
Trinidad Arguelles	Professor, Miami Dade College	Miami-Dade	01/25	01/25 - 12/27
Andrew Belinson	Elder Law Attorney	Miami-Dade	01/22	01/25 – 12/27
Lisa Chin	Regional Director Food Services, Central Region Baptist Health South Florida	Miami-Dade	02/20	01/23 – 12/26
Jefferey Codallo	Retired Air Force	Miami-Dade	1/26	1/26 - 12/28
Vanessa Ferrod	COO, Eternal Life Services Corp	Miami-Dade	7/26	7/26 – 12/29
Andres Fraga	Psychiatric Nurse Practitioner Vita Telehealth	Monroe	01/25	01/25 – 01/27
Heather Harris	VP, Research and Clinical Operations, Cognivue, Inc.	Miami-Dade	01/22	01/25 – 12/27
Nicholas Landera	CPA	Miami-Dade	03/24	03/24 – 12/26
Oscar Llorente	Cardiothoracic Line Director Network Development Mt. Sinai Medical Center	Miami-Dade	02/22	02/25 – 12/27
Peter J. López	Provider Network Manager, Solis Health Plans	Miami-Dade	02/22	01/25 – 12/27
Eduardo Miranda	Practice Transformation Manager, Neuehealth	Miami-Dade	3/26	3/26 -12/28
Suzanne Rodriguez	Registered Nurse Baptist Health South Florida	Miami-Dade	03/24	03/24 – 03/26
Joy Siegel	Professor NSU	Miami-Dade	01/21	01/24 – 12/26
Arlener Turner	Professor Miami Dade College	Miami-Dade	05/25	05-25 – 12/27
Douglas Villalba	Healthcare Consultant Florida Keys Healthcare Consultants	Monroe	08/25	08/25 – 12/28

AAA Advisory Council

Council Composition:

The Council shall be composed of persons whose interests are compatible with and coincide with the purposes and objectives of the Alliance. The actual membership of the Council shall be in accordance with, and not in conflict with, all applicable federal and state laws, guidelines and regulations. More than 50 percent must be older persons (60 years of age and over), including minority individuals who are participants, or who are eligible to participate, in a program under the Older Americans Act. Other members may include representatives of the following:

a. Older persons
b. Health care provider organizations, including providers of veterans' health care (if appropriate)
c. Supportive service provider organizations
d. Persons with leadership experience in the private and voluntary sectors
e. Local elected officials
f. The general public

Membership of the Council shall be representative of the population and demographics of the service area which include but are not limited to its ethnic, cultural, geographic, and economic characteristics. Monroe County shall be represented by not less than two representatives.

The Advisory Council shall consist of at least - fifteen (15), but no more than fifty-five (55) members.

Frequency of Meetings:
At least quarterly

Member Selection Schedule:
Any time throughout the year

Service Term(s):
3 years, eligible to be re-elected

AAA Advisory Council Members:

Name	Occupation / Affiliation	County of Residence or Primary Work	Member Since	Current Term of Office	60+ (yes/no)	Race	Ethnicity
Joe H. Baldelomar	Program Manager Alzheimer's Assoc	Miami-Dade	03/26	03/26 – 03/29	No	White	Hispanic
Johevis Chiarello	Psychology Student and Realtor	Miami-Dade	07/26	07/26 – 07/29	No	White	Hispanic
Ed Cooke	Retired	Miami-Dade	03/23	03/23 – 03/26	Yes	White	Non-Hispanic
Matthew Dorman	Owner, Hallmark Homecare	Miami-Dade	11/25	11/25 – 11/28	No	White	Non-Hispanic
Larry Feldman, Ph.D.	Retired	Miami-Dade	05/23	05/23-05/26	Yes	White	Non-Hispanic
Ramona L. Frischman	Retired	Miami-Dade	03/08	03/23 – 03/26	Yes	White	Non-Hispanic
Cyndi Guerra	Sr. Negotiator & Associate LTC Prog Mgr HEOPS	Miami-Dade	01/11	01/23 – 12/26	No	White	Hispanic
Verania Hermida	Exec Asst., Elder Affairs Advisory Board	Miami-Dade	12/24	12/24-12/27	No	White	Hispanic
Edeline B. Mondestin	Retired	Miami-Dade	12/14	12/23 – 12/26	Yes	Black	Non-Hispanic Haitian
Dennise Nicola	Bus. Development Mgr. Miami Jewish Health	Miami-Dade	07/24	07/24 – 07/27	No	Black	Hispanic
Gloria Orlandi-Kass	Retired	Miami-Dade	09/20	09/23 - 09/26	Yes	White	Hispanic
Edward C. Powell	Retired	Miami-Dade	09/23	09/23 - 09/26	Yes	White	Non-Hispanic
Raymond J. Reigadas	Retired	Monroe	11/16	11/25 - 11/28	Yes	White	Non-Hispanic
Lymari Rivera	Director of Business Development Mt. Sinai Eldercare	Miami-Dade	01/22	01/25– 01/28	No	White	Hispanic
Marjorie York	Retired	Miami-Dade	02/11	02/23 - 02/26	Yes	White	Non-Hispanic

Funds Administered and Bid Cycles

The following funds are administered by Alliance for Aging, Inc. for PSA 11. The current and anticipated Bid Cycles are provided for those programs that are administered through competitively procured subcontracts.

Funds Administered			Current Bid Cycle		Anticipated Bid Cycle	
			Published	Current Year of Cycle	Ant. Pub.	Ant. Award
Older Americans Act (OAA)	III B	☒	08/2024	2	7/2030	1/2031
	III C.I	☒	08/2024	2	007/2030	1/2031
	III C.II	☒	08/2024	2	07/2030	1/2031
	III D	☒	08/2024	2	07/2030	1/2031
	III E	☒	08/2024	2	07/2030	1/2031
	VII*	☒		-		
General Revenue	ADI	☒	01/2026	1	01/2029	7/2029
	CCE	☒	10/2022	3	01/2029	7/2029
	HCE	☒	10/2022	3	01/2029	7/2029
Other	ADRC*	☒				
	AoA Grants	☐				
	FACE*	☐				
	LSP*	☒				
	NSIP*	☒				
	RELIEF*	☒				
	SHINE*	☒				
	USDA*	☒				

* This fund does not have an associated Bid Cycle.

Resources Used

Advancing States

American Community Survey

AGID Special Tabulation Data 60+

AoA Special Tabulation Data 60+

Behavioral Risk Factor Surveillance System

Bureau of Economic and Business Research (BEBR)

Explore Census Data

Economic and Demographic Research (EDR)

FLHealthCHARTS

HCSF District 11 Health Profile

https://umiamihealth.org/-/media/UHealth/CHNA/2020-chna-report-miami-dade-county-fl.ashx2023-CHNA-Miami-Dade-Community-Health-Collaborative.ashx (umiamihealth.org)

Population Program – B.E.B.R. – Bureau of Economic and Business Research (ufl.edu)

PSA 11 2023 Community Health Needs Assessment (HCSF)

https://statisticalatlas.com/county/Florida/Miami-Dade-County/Age-and-Sex

Miami-Dade County, Florida — Demographics, Income, Economy & Population — 2026 Update | Neilsberg

eCIRTS and Legacy CIRTS

National Aging Program Information System (NAPIS) / The Older Americans Performance System (OAAPS) reports

2025 Profile of Older Floridians

Elder Needs Index Maps

Targeting Data and Dashboard

Executive Summary

The Alliance for Aging is a private, non-profit organization designated under the Older Americans Act by the State of Florida Department of Elder Affairs (DOEA) to plan, coordinate, and advocate on behalf of older adults in planning and service area eleven. As the Area Agency on Aging for Miami-Dade and Monroe Counties, the Alliance for Aging is responsible for administering over $60 million in federal, state, and local funding. Agency administration costs represent 4.25% of total agency costs. Our primary role is to ensure accountability and oversight of 25 contracted providers delivering home- and community-based services for older adults. These dedicated contractors offer a range of essential services, including meals, homemaker assistance, personal care, transportation, adult day care, respite care, legal assistance, counseling, caregiver support, nutrition counseling, and more. To guarantee compliance with federal and state program regulations, the Alliance conducts annual monitoring of these agencies.

The Alliance operates the Aging and Disability Resource Center, which includes the Helpline. This valuable resource provides information and referral services to older adults, adults with disabilities, caregivers, and the general public. Our organization also manages other vital programs such as SHINE (Serving the Health Insurance Needs of Elders) and Healthy Aging initiatives. These programs focus on educating elders in chronic disease management, falls prevention, elder abuse prevention, financial exploitation awareness, and overall healthy aging practices.

To better understand the specific needs of this community, the Alliance conducted a comprehensive community health needs assessment (CHNA) in 2023, with support from the Health Council of South Florida. The CHNA incorporated quantitative and qualitative data from four sources: Key Informant Interviews, Elder Focus Groups, Community Listening Sessions, and a survey administered in-person and online. The Focus Groups were conducted in South Little Havana, Doral, Liberty City and Tavernier (virtually). Several key themes emerged from the assessments:

- **Growing Elder Population in PSA 11:** The number of adults aged 60 and above, who are potentially eligible for OAA services, is projected to increase by approximately 25% between 2024 and 2030, from 681,662 to 847,912 individuals. The fastest growth in the number of older adults will be observed in both Miami-Dade and Monroe Counties by 2025. As lifespans increase, the number of elders aged 85 and above will grow even faster, by 36.3% within the same period, from 70,927 in 2020 to 96,691 in 2030. This aging population may have a higher likelihood of experiencing dementia, disabilities, and the need for caregiving support or alternative transportation. Consequently, this growing elder population poses a significant challenge to the capacity of the local service system.

- **Housing and Transportation Challenges:** Housing and transportation consistently emerged as major concerns and unmet needs across various groups and individuals interviewed. There is a pressing need for more resources and

information regarding available housing options, transportation services, and how to access them effectively.

- **Poverty as a Primary Risk Factor**: In PSA 11, poverty is a significant risk factor for older adults. Nearly one in five elders age 65+ in Miami-Dade County (19%) lives below the Federal Poverty Level — almost twice the statewide proportion (10%) — and one in four (25%) lives below 125% of the FPL. The burden falls heaviest on minority elders: 15% of Miami-Dade's minority residents age 65+ live below 125% of the FPL, compared to just 4% statewide. Across PSA 11 as a whole, 18% of elders age 65+ live below the FPL and 24% live below 125% of the FPL. (Source: DOEA, 2025 Profile of Older Floridians — Miami-Dade County and PSA 11 editions.). Given the high cost of living in South Florida, economic hardship is a significant concern in PSA 11. Approximately 39% of elder homeowners and 68% of elder renters are cost-burdened, spending at least 30% or more of their monthly income on housing expenses (U.S. Census Bureau, American Community Survey 2023, Table B25072 and B25093).

- **Caregivers play a pivotal role** in enabling older adults to age in place, particularly those grappling with Alzheimer's, dementia, and chronic conditions. In PSA 11, there is a large unmet service need for respite care. Family caregivers, particularly those who are employed, express a strong desire for affordable and ongoing respite care. However, current funding only supports time-limited care, leaving a significant gap in meeting this crucial need.

  Family caregivers require comprehensive support systems encompassing training, education, and guidance. Traditional models such as support groups and training/education sessions may not always resonate with caregivers, necessitating innovative approaches. It is imperative to explore alternative methods to provide the necessary training, education, and support that cater to the diverse preferences and circumstances of caregivers.

  To address these challenges and cater to the high demand for services, additional funding should be allocated towards expanding high-demand services like home-based and facility respite care, as well as adult day care. These services may need to be bundled with other essential support systems such as transportation, meals, and caregiver support/education. By offering integrated solutions, we can ensure that caregivers receive the comprehensive assistance they need to sustain their caregiving roles effectively while maintaining their own well-being.

  Recognizing the indispensable role of caregivers and understanding their specific needs is vital to promoting aging in place. By prioritizing the expansion of respite care options, providing tailored training and education programs, and securing additional funding for essential services, we can empower caregivers and enhance the overall quality of life for older adults in our community. The Alliance also coordinates with the Florida Alzheimer's Center of Excellence (FACE) Care Navigation program, connecting families impacted by Alzheimer's and related

dementias with Care Navigators who help them identify and access available support.

Underserved Populations

The Alliance will continue to target priority populations, including low-income elders; racial-ethnic minorities; and elders with the most social and economic need. Based on the 2023 CHNA, the Alliance has identified underserved populations and geographic areas as follows:

PSA 11 faces the challenging combination of a high cost of living and a large low-income population, resulting in an overwhelming demand for services that surpasses available funding. Unmet need is pervasive throughout PSA 11. This includes more than 12,000 residents on the Statewide Medicaid Managed Care Long Term Care (SMMCLTC) pre-enrollment list and more than twice that number on CCE, HCE and ADI program pre-enrollment lists. There are 94,422 PSA 11 residents age 65 and older living at the Federal Poverty Level and 125,569 living below 125% of the Federal Poverty Level. Additionally, there are approximately 99,043 elders with mobility disabilities and over 176,309 elders with limited English proficiency.

Low-income frail elders in PSA 11 represent the largest number of those both on pre-enrollment lists and those who call the Helpline. We will continue to seek funding to keep pace with these growing numbers. Every individual who contacts the Helpline seeking supportive services receives information and referral assistance at the time of their call, including connection to community resources, partner agencies, and programs for which they may be immediately eligible. Callers seeking publicly funded long-term care services are screened and, when appropriate, placed on the applicable pre-enrollment list. Placement on a pre-enrollment list does not end the ADRC's engagement: while awaiting enrollment, callers are connected to interim supports that carry short or no waiting period — such as EHEAP utility assistance, SHINE counseling, caregiver support services, and resources available through community partners. To further strengthen this process, the Alliance is currently planning to improve the ADRC call infrastructure to ensure that low-income frail elders who contact the Helpline repeatedly are appropriately placed on pre-enrollment lists and are systematically linked to community resources that can serve them intermittently while they await program enrollment.

Mission, Vision, and Goal Statements

Mission:

To promote and advocate for the optimal quality of life for older adults and their families

Vision:

Miami-Dade and Monroe Counties are communities where the quality of life of elders is valued and their contributions to community life are recognized

Goal:

To provide information and access to quality services for older adults that help keep them at home and in their communities

Spotlight on Success Stories

Services provided through programs administered by the Alliance for Aging serve to benefit older adults and strengthen local communities. These stories highlight a few success stories shared by the aging network.

MEDICAID MANAGED LONG TERM CARE

Mrs. J is a 96-year-old woman who lives alone and has worked hard to maintain her independence despite increasing physical and cognitive limitations. Her only son, who lives 30 minutes away and works full time, has supported her as much as possible, but her needs have gradually exceeded what he could provide. He had grown increasingly concerned about the possibility of having to remove her from her home and place her in an Assisted Living Facility or, eventually, a skilled nursing facility. Mrs. J suffered from significant upper and lower body weakness. She was unable to stand or transfer from her chair without help, despite having a walker. Her condition made her heavily reliant on her son or a neighbor just to move from one room to another. She experienced daily incontinence, requiring her bed linens to be changed regularly, something she could no longer do herself. Mrs. J was also showing signs of cognitive decline. These episodes of confusion increased her risk of malnutrition and personal safety concerns.

They applied for the Medicaid Managed Long Term Care program and, after completing the eligibility process, Mrs. J was approved. With MLTC services in place, Mrs. J now has a dedicated case manager who has developed a service plan tailored to her needs. She receives support from a home health aide who assists her with daily living activities, including meal preparation, linen changes, mobility support, and the use of incontinence supplies. The impact of MLTC has been profound. With regular care and support, Mrs. J has gained a renewed sense of safety and stability. The program has given her the motivation to work on maintaining her cognitive and motor skills as much as possible. Most importantly, she can remain in the comfort of her own home, surrounded by familiar things, with a sense of dignity and hope for her remaining years.

ADI CARETAKER

Mr. G suffers from health issues and has been diagnosed with dementia. His daughter, who serves as his caregiver, contacted the Helpline which referred her to Intake for an assessment. Mr. Garcia was found to be eligible for this service and was referred to Monroe County Social Services to receive respite services and assistance as well as personal care and homemaking. The daughter has remarked that her father has become more sociable since the in-home worker entered their lives. She says that the worker is caring, considerate, and attentive, and makes a point of finding things in which Mr. Garcia is interested to build conversation and rapport. Mr. Garcia is now having more conversations with friends and family and is more active. His daughter is now able to work without having to worry about her father's care and is also able to run errands or spend some time with friends. She is very grateful for this program.

Older Americans Act Title III C1

Greniel, a 64-year-old senior, has faced significant struggles with housing and securing a steady income. As one of the participants affected by the homelessness crisis in our community, his challenges are considerable. Yet, Greniel remains remarkably positive, always ready to lend a hand whenever possible. He attributes his optimism to the safety and comfort he finds in the staff and the support provided by the program. Greniel is one of the beneficiaries of the Older Americans Act, receiving meals every weekday and participating in the various activities offered at the St. John Bosco Center. While the daily music and games draw many to the center, Greniel is especially appreciative of the assistance he gets from the staff. Despite his numerous

challenges, their support has been crucial in helping him secure temporary shelter, additional food supplies, and information about other available city benefits. This help has been vital as he navigates the difficulties of his current situation.
Greniel hopes to remain a part of the program for as long as possible, as it offers him both the essential resources and the sense of community he deeply values.

CCE
Mr. S is receiving services through the Community Care for the Elderly (CCE) program. Before receiving these services, Mr. S.'s daughter was overwhelmed trying to maintain her full-time job and assist her father with activities of daily living after he suffered a stroke and lost independence. Mr. S.received the following:

Personal care services ensure that Mr. S. receives the assistance he needs with daily routines, enhancing his comfort and dignity.

Home-delivered foods ensure he eats a nutritious well-balanced meal, without the stress of meal preparation and financial stress.

Consumable medical supplies have alleviated concerns about leaks and discomfort, allowing Mr. S. to maintain his dignity and engage in daily activities without worry.

Mr. S. also received an electric lift chair through the Enhanced HCE program which has provided an essential support in both standing up and sitting down, significantly reducing the dizziness he previously experienced due to vertigo.

Mr. S. now feels more confident and at ease, which allows him to enjoy his home environment. The electric chair lift has not only enhanced his safety but also restored his independence. Together, these services have significantly improved client's safety, comfort, and overall quality of life.

LEGAL SERVICES
Ms. K received notice from her landlord that her lease would terminate in one month, leaving her with very limited time to secure safe and affordable housing for herself and her family. She lives with her 40-year-old son who has health difficulties, and her young granddaughter who was diagnosed with non-verbal autism and receives $967 per month in Supplemental Security Income (SSI). Ms. K is the sole caregiver for both. The daughter goes to school in Miami Springs, so she needed to live as close as possible. She receives $1,366 per month from her social security. Despite actively searching, she had not been able to find affordable housing within their limited means. She previously had submitted a preliminary application with Hialeah Housing Authority (HHA), but, unfortunately, she was not selected in the lottery. With coordinated efforts between Helpline staff, Alliance management, and Legal Services, and despite a subsequent 3-day notice to vacate the premises, Ms. K was able to get an extension on the date to vacate the premises until January 31, 2026, and have her case moved to the top of the HHA waiting list. Ms. K is now very happy living in her new home with ample space.

HOME CARE FOR THE ELDERLY (HCE)
Mrs. Q. has been an active participant in the HCE (Home Care for the Elderly) program through First Quality for over five years. Over time, the client's health has progressively declined, leading to an increased need for physical assistance. The primary caregiver, who is also elderly, expressed difficulty in continuing care without additional support. In response, the Case Manager (CM) staffed the case with the Program Manager, and approval was granted for respite services to provide temporary relief to the caregiver. While the HCE program has continued to assist with incontinence supplies, respite support was essential in alleviating caregiver burden.

The CM also collaborated with the ADRC to initiate the client's placement on the pre-enrollment list for the Managed Long-Term Care (MLTC) program. Throughout the process, the CM provided

extensive support to the caregiver, ensuring eligibility requirements and deadlines were met. This included assistance with obtaining and submitting the required 3008 medical form and applying for Medicaid benefits.

Mrs. Q. was ultimately approved for MLTC services, which will provide ongoing support while allowing continued participation in the HCE program. These coordinated efforts have significantly contributed to the client's ability to remain at home and avoid institutional placement.

The caregiver expressed appreciation for the support received from the Alliance, FQHC, and CM, noting that the additional services have renewed her confidence in continuing care at home. She stated that although she previously had doubts about her ability to maintain caregiving responsibilities, the combined support, the client can remain at home, avoiding a premature nursing home and Assisted Living Facility placement.

OAA Title IIID – Disease Prevention and Health Promotion
T.G.'s Story – Rediscovering Joy
Before discovering the service provider, T.G.'s days were quiet and heavy with grief. After losing her husband, she found herself alone at home, no longer able to drive and hesitant to ask her children for help. The isolation was overwhelming. "I was depressed," she recalls, "and I didn't want to be a burden."

That changed when a friend encouraged her to try the service provider. What she found was more than just a place to pass the time—it became her lifeline. Thanks to the free transportation offered by the center, T.G. began visiting regularly. Over the past ten years, she has built a rich routine filled with fitness sessions, educational trips, and a deep sense of connection with her peers.

But the most unexpected gift came just six months ago, when a staff member encouraged her to try a new painting class. That invitation reignited a long-lost passion. "When I was a child, I painted a lot—I even won awards," she said. "But life got busy, and I stopped." Now, painting has become her favorite hobby. She spends her free time creating artwork with joy and purpose. Three of her pieces are currently on display in the service provider's art gallery—a point of pride that brings her a renewed sense of fulfillment and identity.

T.G. also gives back, teaching fellow older adults how to prepare traditional dishes like challah and babka. She has not only found healing but purpose—supporting others while rediscovering herself. "If it weren't for the free transportation," she says, "I wouldn't be able to socialize, stay active, or rediscover my passion for art. My life would be completely different."

Through Title IIID's support of evidence-based wellness programs, the service provider helped transform isolation into empowerment—and turned a quiet life into one filled with movement, color, and connection.

Elder Caregiver on the Brink of Burnout
A 74-year-old woman caring for her husband with dementia was experiencing anxiety, fatigue, and emotional exhaustion. She had no family support and couldn't afford private assistance at home. Since she was handling all caregiving responsibilities alone, she did not have the time nor capacity to be aware of available community resources. She found relief through a local caregiver respite program that offered her a few precious hours each week to rest and recharge. During that time, she began attending a caregiver support group, where she not only learned practical techniques to ease her stress, but also discovered the comfort of being surrounded by others who truly understood her struggles. For the first time, she felt seen, supported, and no longer alone.

Profile

Identification of Counties:

The Alliance for Aging, Inc. serves as the area agency on aging for Miami-Dade and Monroe Counties. As the designated area agency for the State of Florida's Department of Elder Affairs (DOEA), the Alliance assumes a paramount role in upholding the welfare of the older adult community within these counties.

Positioned at the very southern tip of the state, Miami-Dade and Monroe Counties boast an unparalleled geographical mosaic. A substantial portion of both counties is enveloped by the awe-inspiring Everglades, an expansive tropical wetland sprawling across 734 square miles. This ecologically diverse region serves not only as a natural marvel but also as the ancestral home of the Seminole and Miccosukee tribes, steeped in cultural heritage and tradition.

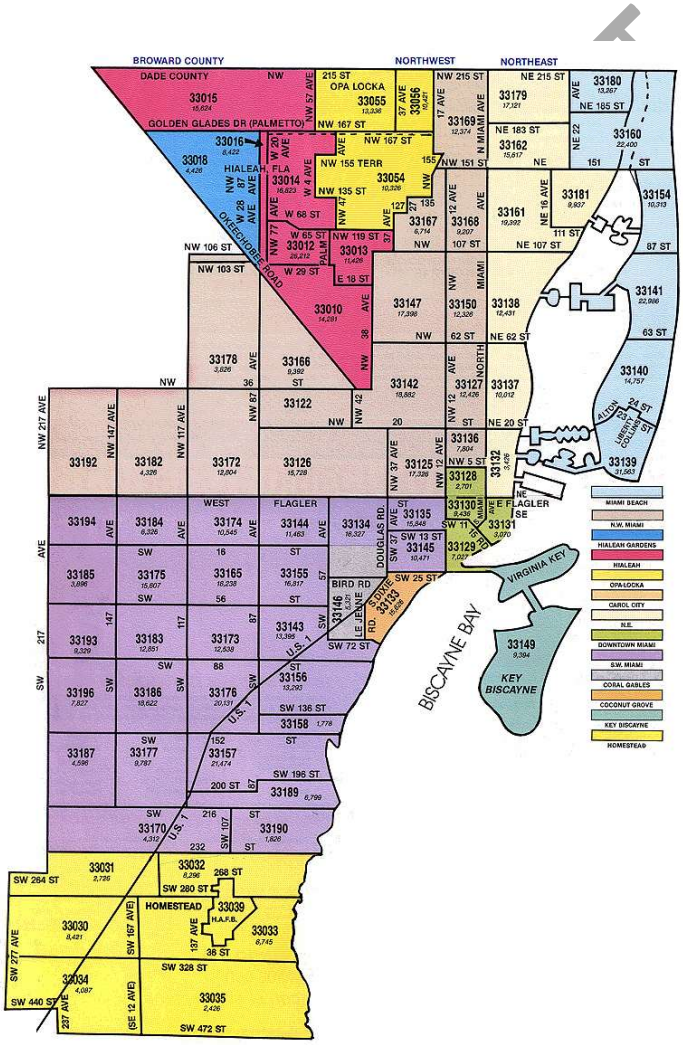
Miami-Dade County is characterized by its intricate interplay of cultural dynamism, economic vitality, and natural splendor. The county encompasses a diverse spectrum of neighborhoods, each imbued with a distinct character. Its expansive coastline, distinguished arts landscape, and heterogeneous communities collectively position Miami-Dade County as a sophisticated confluence of urban sophistication and subtropical charm.

Monroe County encompasses a chain of enchanting islands renowned as the Florida Keys. These picturesque isles are famed for their vibrant aquatic life, mesmerizing coral reefs, and serene coastal allure. Among these gems, the illustrious "southernmost city" of Key West shines as a beloved tourist haven, characterized by its vibrant cultural scene, historical landmarks, and panoramic sunsets.

With its multifaceted topography, cultural legacy, and distinctive communities, Miami-Dade and Monroe Counties weave a tapestry of experiences for both residents and visitors. The Alliance for Aging, Inc. remains unwavering in its commitment to serve and uplift the elderly populace within this region, safeguarding their well-being and fostering a flourishing, all-encompassing environment for everyone.

Identification of Major Communities

Both Miami-Dade County and Monroe Counties offer unique characteristics, from the bustling urban centers to the serene natural landscapes, providing a diverse and captivating environment for their residents. Understanding the distinct features of each area is crucial for addressing the specific needs and fostering a sense of community within these diverse regions.



According to the 2025 Miami-Dade County Profile of Older Floridians, Miami-Dade County had a total population of 2,768,954, representing approximately 12.2% of Florida's population. It presents an intricate social fabric interwoven across 34 incorporated communities of diverse dimensions. Notably, approximately 43% of the county's inhabitants reside in unincorporated regions. With a population exceeding one million people, the unincorporated area of Miami-Dade, if declared a city, would form the largest city in Florida. The urban landscape is notably led by the City of Miami, harboring 16.3% of the populace, followed by the City of Hialeah at 8.25%, collectively constituting over a quarter of the total residents.

The county's demography manifests distinctive patterns. The northern and central sectors of the county teem with a dense population concentration, whereas the southern expanse hosts smaller enclaves. Within this dynamic context, notable geographical features include the tribal lands of the Miccosukee Indians and the awe-inspiring Everglades, which command significant portions of the southern and western territories.

A fascinating dimension of Miami-Dade County is the presence of distinct "neighborhoods" within the City of Miami, each unincorporated but defined by a unique cultural ethos. These neighborhoods, often named in honor of their historical racial and

ethnic demographic compositions, reflect the rich diversity of the area. Examples encompass Little Havana (Cuban), Little Haiti (Haitian), Liberty City, and Overtown (African American). However, certain time-honored ethnic neighborhoods like Coconut Grove are undergoing transformation due to gentrification. This shift poses challenges, notably concerning affordability, for the longstanding residents who have called these neighborhoods home.

Monroe County comprises five districts, as follows:

- District 1: East part of Key West, Stock Island, Key Haven
- District 2: Boca Chica through 7 Mile Bridge, including the north side of US 1 to 63rd Court in Marathon
- District 3: West part of Key West
- District 4: Marathon, not including District 2, through Plantation Key with a small west end of Tavernier
- District 5: Tavernier through Ocean Reef

In 2025, Monroe County's total population was 84,511. Roughly 46.6% of residents reside in unincorporated areas. Approximately one-third (33.9%) call the City of Key West their home. Geographically, residents can be found in the upper keys (north of Islamorada, including Key Largo), middle keys (including Marathon), or the lower keys (from Big Pine to Key West). A significant part of the county constitutes a sparsely inhabited region of the southwest mainland, which is part of the Everglades National Park.

Socio-Demographic and Economic Factors:

- Monroe County has a higher proportion of elders (34%) than both Miami-Dade (24%) and the state of Florida (29%).
- Miami-Dade is home to a significant proportion of the state's poor elders: Approximately 18% of the state's elders living at the Federal Poverty Line (FPL) and 38% of the state's minority elders living at the FPL reside in Miami-Dade County.
- About 11.1% of the state's elders with 2+ disabilities live in Miami-Dade.
- Persons over the age of 60 account for 24% of the total Miami-Dade County population.

2025	State of Florida	Miami-Dade County	Monroe County
Total Population (all ages)	**22,634,867**	**2,768,954**	**84,511**
% of FL population (all ages)	100%	12%	0.4%
Elders age 60+	**6,530,215**	**669,468**	**29,049**
% of FL population that is age 60+	100%	10%	0.4%
% of County population that is age 60+	-	24%	34%
Elders age 65+ at FPL	**514,775**	**92,319**	**2,103**
% of FL elders at FPL	100%	18%	0.4%
% of County elders at FPL	-	14%	7%
Minorities age 65+ at FPL	**151,149**	**57,175**	**331**
% of FL elders who are minority elders at FPL	100%	38%	0.2%
% of County elders who are minority elders at FPL	-	12%	2%
Elders age 65+ with 2+ disabilities	**739,722**	**82,071**	**2,135**
% of FL elders with 2+ disabilities	100%	11%	0.3%
% of County elders	-	16.6%	9.7%

Source: DOEA, 2025 Profile of Older Floridians

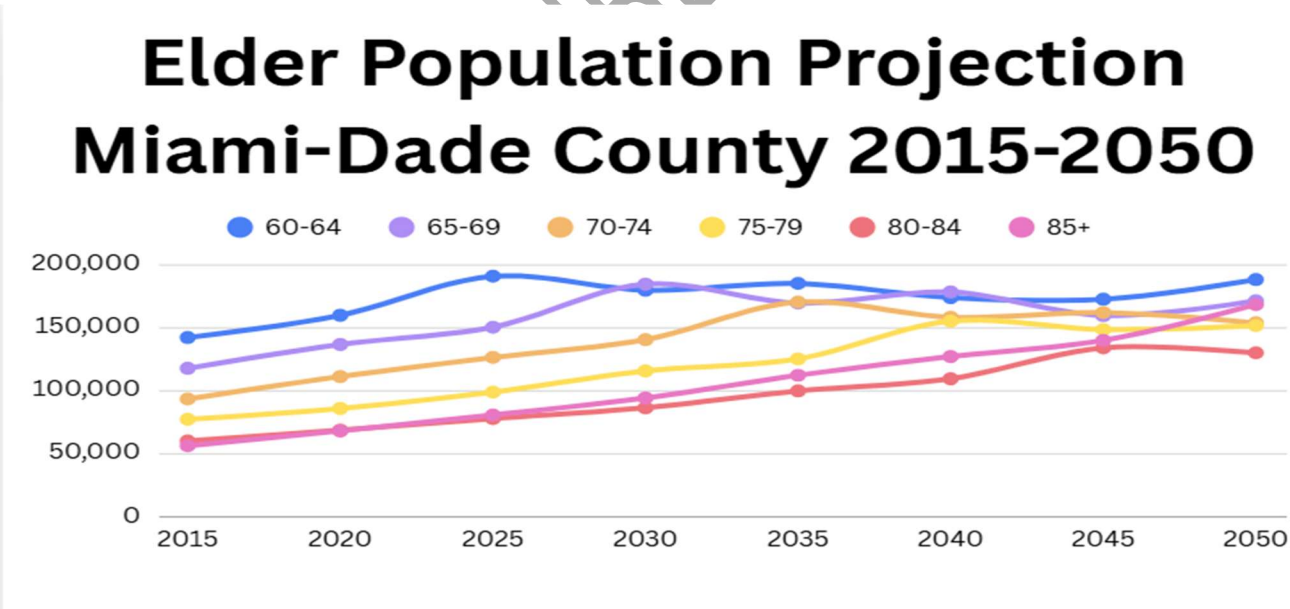
Elders Age 60+

The age of 60 is significant as it marks the point at which most individuals become eligible for the invaluable home- and community-based services offered under the Older Americans Act. The 60+ population served by the Alliance for Aging is growing. The older adult population in Miami-Dade will grow by over 294,000 by 2050. This shift underscores the imperative for strategic planning and resource allocation to effectively address the impending surge in demand for services and support within this dynamic and evolving landscape.

60+ Population, 2025-2050, Miami-Dade County						
	2025	**2030**	**2035**	**2040**	**2045**	**2050**
Total 60+	669,468	780,438	840,043	877,633	917,578	964,286
% change	-	16.6%	7.6%	4.5%	4.6%	5.1%

Source: Bureau of Economic and Business Research Population Projections (2024)

From 2025 to 2050, Miami-Dade County will experience a 44% increase in the number of people age 60+, compared to only 13% increase in the total "all ages" population. This is primarily due to the large number of people in the "Baby Boomer" generation (reaching this age. Growth in the elder population will continue more slowly after 2030. The largest increases in the elder population in Miami-Dade are expected to occur between 2025 and 2035, when the remainder of the Baby Boomer generation joins the age 60+ population.



Source: Bureau of Economic and Business Research Population Projections

Notably, while the *number* of elders in Miami-Dade will steadily increase over the next 20 years, we will also see only a slow (1-2% every five years) increase in the *proportion* of elders in the general population, slowly growing from 25% in 2025 to 30% in 2050. By 2050, nearly one in three residents will be age 60+.

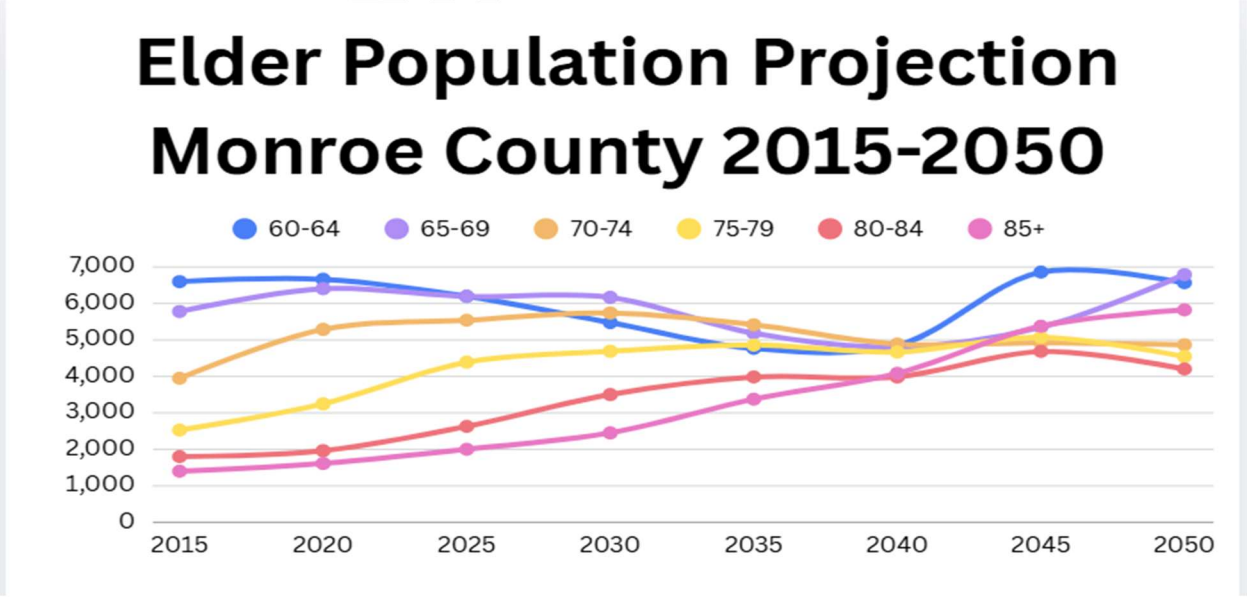
According to the Florida DOEA 2025 Elder Profiles, 24% of the population of Miami-Dade County is over the age of 60, compared to 29% of Florida. Between 2025 and 2050, Miami-Dade County's 60+ population is expected to increase by 44%, while Florida's 60+ population will experience a 31% increase.

Monroe County will also experience growth in the age 60+ population, with an additional 4,000+ older adults by 2050. From 2025 to 2050, Monroe County will experience a 9% increase in the number of people age 60+, compared to a 4% increase in the total population. This, again, is primarily due to the large numbers of people in the "Baby Boomer" generation reaching this age.

60+ Population, 2020-2050, Monroe County						
	2025	**2030**	**2035**	**2040**	**2045**	**2050**
Total Population of 60+	30,174	31,606	31,744	31,387	32,264	32,793
% change		4.7%	0.43%	-1.12%	2.8%	1.63%

Source: Bureau of Economic and Business Research Population Projections (2024)

Projections anticipate a slowing of growth beginning in 2030, due in part to the smaller numbers of 60–69-year-old residents in that decade. After 2035, on the other hand, Monroe County may see a loss in the 60+ population, with lower numbers in all age groups except for those age 80+. Notably, while the *number* of elders in Monroe will steadily increase until 2030, then stabilize and decrease from 2030-2040, the *proportion* of elders in the general population is predicted to increase slowly until 2030.



Elders Age 85+

Many elders age 85+ may experience decreased mobility or physical abilities, health issues, and/or financial instability that put them at risk for institutionalization. This population is very likely to benefit from home- and community-based services, and it is growing quickly in our service area, with an additional 96,415 by 2050.

85+ Population, 2025-2050, Miami-Dade County						
	2025	**2030**	**2035**	**2040**	**2045**	**2050**
85+	72,096	87,124	101,493	119,565	140,065	168,511
% change	10.6%	20.1%	16.4%	17.8%	17.1%	20.3%
Prop. of 60+ pop. that is age 85+	10.8%	12.3%	12.1%	13.6%	15.2%	17.5%

The densest population of elders age 85+ in Miami-Dade County is in South Westside (7%) and Key Biscayne (6.6%). There are relatively dense concentrations of elders age 85+ in areas such as: Miami Beach (5.8%) and Hialeah (4.83%). (source: https://statisticalatlas.com/county/Florida/Miami-Dade-County/Age-and-Sex)

In Monroe County, small and not very dense concentrations of elders age 85+ can be found in Key Colony Beach, and Key West. The densest concentration can be found in the upper Keys

Elder Needs Index

To help providers better target elders in greater need for support and caregiving, the Department of Elder Affairs (DOEA) has developed a geographical "Elder Needs Index. This index ranks geographical areas according to a composite measure that includes the following:

1. percentage of the age-60+ population that is age 85+;
2. percentage of the age-55+ population belonging to racial or ethnic minority groups;
3. percentage of the age-65+ population with one or more disabilities;
4. percentage of the age-55+ population below **125%** of FPL.

Diversity Within the Age 60+ Population

Racial/Ethnic Diversity

The two counties in PSA 11 are very different culturally and demographically. Miami-Dade is a sprawling metropolitan area with a large and increasingly diverse community, while Monroe County is a series of small island communities with transient seasonal populations and a steady stream of tourists. The demographic profile of elders in these two counties is summarized as follows:

2025, for those Age 60+	Miami-Dade		Monroe	
	#	%	#	%
Total 60+ population	669,468	24%	29,049	34%
				Gender
Female	378,100	56%	13,627	47%
Male	291,368	44%	15,422	53%
				Race
White	554,858	83%	27,660	95%
Black	103,384	15%	1,071	4%
Other	11,226	2%	318	1%
				Ethnicity
Hispanic	463,758	69%	3,739	13%
Non-Hispanic	205,710	31%	25,310	87%

Source: DOEA, 2025 Profile of Older Floridians

Miami-Dade County is known as a diverse community because of its large proportion of Hispanics (69%) and foreign-born (56.7%) residents. According to the 2024 American Community Survey, Miami-Dade's Hispanic population (all ages) predominantly identifies as Cuban (36.7%), with increasing numbers with ancestry in places such as Columbia (5%), Nicaragua (4.4%), Venezuela (5.7%), Honduras (2.2%), the Dominican Republic (2.3%), and Peru (1.5%) as well as Puerto Ricans (3.1%) from both the island and the mainland. Local demographers, who have access to more granular data, confirm that the large majority of the Hispanic elders age 60+ are still most likely to be born in Cuba or to be of Cuban descent.

Miami-Dade's Black population is also diverse, with 61.3% of those age 18+ native-born and 38.7% foreign-born, according to the 2024 American Community Survey. Among Blacks of all ages, more than one-third (41.8%) were of West Indian ancestry, and 8.75% of these were of Jamaican ancestry. Approximately 26.2% of Blacks of all ages were of Haitian descent in 2024.

The largest Haitian population (46.66 %) in the US resides in Florida, with 61.4% concentrated in South Florida, including over 102,000 in Miami-Dade. Haitians also live in smaller concentrations in Golden Glades, Ives Estates, and Florida City/Homestead. Census data indicate the Haitian population in Miami-Dade grew by 8.2% from 2010 to 2024 but most (50.6%) are younger, working-age adults. Only 11.9% are age 65+. The 2024 American Community Survey estimates there are over 102,000 people of Haitian descent of all ages in Miami-Dade County, including 9,533 people age 55-64; 10,660 people age 65-74; and 6,150 people age 75+.

Formerly known as Lemon City, the neighborhood known as Little Haiti is within the city of Miami. Like other neighborhoods in desirable downtown locations, Little Haiti faces increasing pressure from gentrification and development. This makes it extremely difficult

for long-time, low-income residents to age in place or to find affordable housing.

Monroe County's racial and ethnic minority elders are fewer and more isolated. Although health and social service providers seem to have sufficient bilingual staff to serve in this area, there may be more demand for this in the future.

Serving a diverse community comes with many challenges, including a wide variety of cultural beliefs about issues such as aging, caregiving, and cognitive decline; different ways of understanding the system and accessing assistance; various preferences for what services to receive and how services are delivered; differing levels of trust toward staff, providers, or "the system;" diverse beliefs about gender roles and family dynamics; and various working definitions of dignity, privacy, and quality of life.

Limited English Proficiency (LEP)

Given the diverse demographics of Miami-Dade County, it is not unexpected that more than one-third of the older adult population (175,291 individuals) report limited English proficiency. While Spanish is the predominant language spoken among this group, Haitian Creole is the third most commonly spoken language in the county. In fact, Miami-Dade has the highest concentration of Haitian Creole speakers in the nation.

One of every two LEP elders in Florida (48%) lives in Miami-Dade

Although many public documents—particularly those related to health and human services—are available in Creole, a significant gap remains in the availability of culturally and linguistically appropriate services, especially for older Creole-speaking residents. This shortfall presents challenges in ensuring equitable access to essential services and supports for this population.

In contrast, Monroe County has a smaller and less diverse population, with only 5% (approximately 1,018 individuals) of older adults reporting limited English proficiency. However, the relative geographic isolation and limited language-access infrastructure in Monroe may exacerbate the social and linguistic isolation of these individuals, potentially creating greater barriers to care and community engagement than those experienced by their counterparts in Miami-Dade.

Marital Status

Miami-Dade and Monroe Counties experienced similar trends regarding marital status. In both counties, the majority of males and females report being married. Females also have a greater chance of being widowed than males in each county (27% in Miami-Dade and 22% in Monroe for females versus 8% and 8% respectively for males).

Marital Status 60+	Miami-Dade				Monroe			
	Male		Female		Male		Female	
	#	%	#	%	#	%	#	%
Never Married	25,630	10	32,420	10	1,305	10	665	6
Married	170,675	67	137,350	41	8,275	62	6,225	52
Widowed	21,260	8	90,695	27	1,065	8	2,675	22
Divorced	38,520	15	73,695	22	2,655	20	2,380	20

Source: *DOEA, 2025 Profile of Older Floridians*

Education

Older adults age 65 and older in Monroe County are more likely than those in Miami-Dade County to have an associate degree or higher, 38% compared with 27%. Miami-Dade has a higher proportion without a high school diploma, 28% compared with 7% in Monroe County.

Educational Attainment (Age 65+)	*Miami-Dade*		*Monroe*	
	#	*% of elders 65+*	#	*% of elders 65+*
Less than High School	136,920	28%	1,640	7%
High School Diploma	112,150	23%	4,720	22%
Some College, No Degree	54,160	11%	3,900	18%
Associate degree or Higher	131,955	27%	8,275	38%

Source: DOEA, 2025 Profile of Older Floridians

Veterans

An estimated 41,875 veterans reside in Miami Dade, and 5,582 in Monroe County.

Veterans age 45+	Miami-Dade		Monroe	
	#	% of veterans age 45+	#	% of veterans age 45+
Age 45-64	20,556	49%	2,323	42%
Age 65-84	18,285	44%	2,628	47%
Age 85+	3,034	7%	631	11%

Source: DOEA, 2025 Profile of Older Floridians

Rural Areas

The Department of Elder Affairs has identified rural populations as a priority because many older adults in rural areas have limited access to services, for many reasons, including: 1) providers may have a more limited number of locations in rural areas; 2) the

cost of sending staff to outlying rural areas increases the overall cost of service delivery; and 3) rural elders may need more targeted outreach to identify individuals who are not yet aware that there are services available to them.

In north Miami-Dade County, there are a few areas in the west that are primarily industrial, with sparse populations in undeveloped areas. There are more non-urban areas in south Miami-Dade, located along the edge of the Everglades and in areas that are still primarily farm lands, including areas locally known as The Redlands, and areas west of Homestead and Florida City.

Monroe County is classified by the State as a rural county. However, DOEA's "rural designation" is limited to areas defined by the Florida Department of Economic Opportunity's Rural Economic Development Initiative (REDI) as areas that are both rural *and* economically distressed. (https://www.floridajobs.org/community-planning-and-development/rural-community-programs/rural-definition) By this definition, Monroe County is not a rural county. There are significant rural areas in the county, however.

Elders with Disabilities

Whether lifelong or recently acquired, having a disability can make aging in place more of a challenge. Seventy-one percent of the older adult population in Miami-Dade and about 74.1% in Monroe have no disabilities. Approximately 325,054 elders in Miami-Dade and 9,588 elders in Monroe have a physical, cognitive, self-care, or ambulatory disability that may affect their quality of life and service needs.

Elders in Miami-Dade are significantly more likely to have a cognitive disability than those in Monroe to (due in part to higher rates of Alzheimer's disease among Black and Hispanic populations), and nearly twice as likely to have a disability affecting their ability to live independently or provide self-care (for example, they are unable to cook or do chores or errands alone, or need help getting dressed, going to the doctor, or shopping).

Disability Status	Miami-Dade		Monroe	
	#	%	#	%
With No Disabilities	313,524	47%	14,556	51%
With One Disability	62,119	10%	3,531	10%
With Two or More Disabilities	82,071	14%	2,135	8%
Hearing	39,310	8%	2,211	10%
Vision	30,713	6%	968	4%
Cognitive	47,646	10%	865	4%
Ambulatory	96,071	19%	2,972	14%
Self-Care	43,808	9%	758	3%
Independent Living	67,506	14%	1,814	8%
Probable Alzheimer's Cases (65+)	52,124	11%	1,995	9%

Source: DOEA, 2025 Profile of Older Floridians

Economic and Social Resources:

Elder Households

Elders are a large proportion of households in both Miami-Dade and Monroe Counties. According to the 2025 Profile of Older Floridians, Miami-Dade had **975,411** total households (2020–2024 ACS), with significant shares held by residents 65 and older — 44% owner-occupied and 24% renter-occupied housing units were headed by someone 65+. Monroe County had **32,077** total households, with an even higher share of older householders — 58% of owner-occupied and 24% of renter-occupied units were headed by someone 65+, reflecting Monroe's notably older population (median age 50.5).
Older adults often play a more valued role in the family, both formally and informally. Elder activities within the community must often be scheduled around the school schedule (home by 2 pm) to accommodate the fact elders are often responsible for picking up or meeting children at the school or bus stop in the afternoon. There are 53,885 elders in Miami-Dade living with grandchildren, including 5,775 who are responsible for those grandchildren. There are far fewer elders living with grandchildren in Monroe (2%). Although it seems a small proportion of the total 60+ population, Miami-Dade County has a higher proportion of older adults living with grandchildren (8%) than other nearby counties.

Age 60+ grandparents	Miami-Dade		Monroe	
	#	%	#	%
Age 60+ not living with grandchildren	523,755	78	24,230	83
Age 60+ living with grandchildren <18	53,885	8	630	2
Responsible for grandchildren	5,775	1	94	0
Not responsible for grandchildren	48,100	7	540	2

Source: DOEA, 2025 Profile of Older Floridians

Whether they have legal custody or informal family agreements, many grandparents play a key role in raising their grandchildren, serving as primary providers and caregivers. The added responsibility of children in the household increases financial needs in areas such as food, school costs, transportation, and medical care, which can cause a financial burden for elders on fixed incomes, particularly those in poverty.

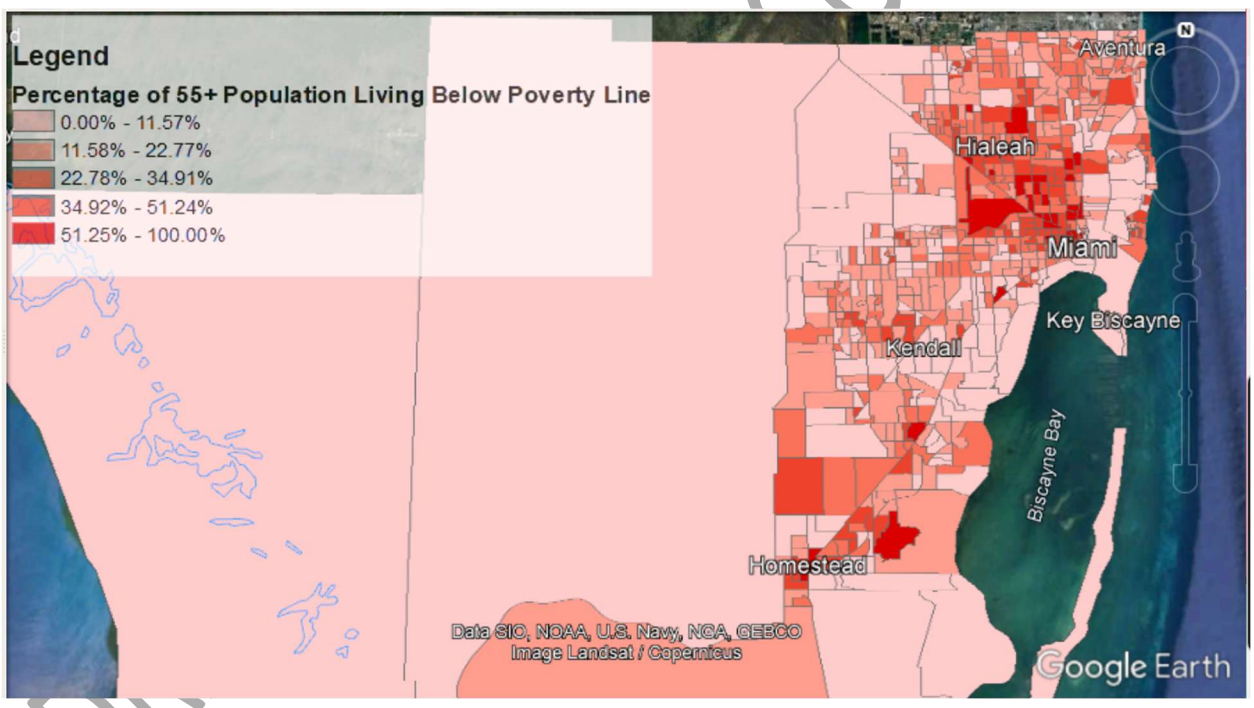
Federal Poverty Level (FPL)

A large proportion of elders in Miami-Dade live below the poverty line, and many elders in both counties may have insufficient incomes to cover basic expenses.

Poverty in the 65+ age group	Miami-Dade		Monroe		Florida
	#	%	#	%	%
Elders at FPL *($15,960 individual/ $21,640 couple)*	94,422	18	2,103	10	10
Minority Elders at FPL	57,506	11	331	2	2
Elders Below 125% of FPL *($19,9503 individual/ $27,150 couple)*	125,569	24	2,688	12	12
Minority Elders below 125% FPL	76,526	15	423	2	2

Source: DOEA, 2025 Profile of Older Floridians

Miami-Dade has the largest proportion of poor elders of any county in the state: almost one in five elders (18%) in Miami-Dade County live below the Federal Poverty Level (FPL), which is twice as high as the state proportion (10%). Twenty-four percent of Miami-Dade's minority elders live below 125% of the FPL — six times the statewide proportion (4%).



Poverty in Miami-Dade is not isolated in pockets of poor minority communities but is found throughout the county among our large minority-majority population. The map above shows high concentrations of elders age 55+ living below the Federal Poverty Line (FPL) all over the county, but particularly in the North, Cities of Miami and Hialeah, the deep South, and scattered pockets in central Miami-Dade.

In Monroe County, the Upper Keys have the highest concentrations of elders 55+ in poverty, though there are additional pockets of poverty in the Lower and Middle Keys.

Income

Since 2020, the age 65+ population of Miami-Dade has seen a:

- 6.9% increase in those who receive Social Security Income
- 1% decrease in those receiving SNAP Benefits
- 4.3% increase in those who are employed in the workforce

The age 65+ population of Monroe County has experienced:

- 18.5% decrease in those receiving Social Security Income
- 41% decrease in those receiving SNAP Benefits
- 2.6% increase in those who are employed in the workforce

This data implies that a growing number of elders are remaining/returning to the workforce in order to meet their financial needs due to insufficient income from Social Security and SNAP.

Mean Household Income, Age 65+, 2024	**Miami-Dade**	**Monroe**
	$	**$**
Household Income	**39,409**	**68,058**
Social Security Income	19,543	26,321
Supplemental Security Income	8,815	13,351
Cash Public Assistance Income	2,964	N/A
Retirement Income	31,804	38,372

Source: 2024 American Community Survey

The majority of elders age 65+ reporting earned income claim they still work because it's a financial necessity, which reflects the growing trend of elders staying in the workforce. According to the Bureau of Labor Statistics, 11.3 million elders age 65+ were employed in 2025 – about 18.4% of the age group.
Source: bls.gov Employment status of the civilian noninstitutional population 2022

Cost of Living

The cost of living in Miami-Dade and Monroe counties ranks among the highest in the nation, presenting a considerable financial challenge for elders. Miami's overall cost of living is 24% higher than the national average, driven primarily by housing costs that are 70% above average. Key West's overall cost of living is 72% higher than the national average, with housing costs a staggering 229% above average — making Monroe County one of the most expensive places to live in the entire U.S. These elevated costs encompass essential living expenses such as housing, healthcare, utilities, and other daily necessities, making financial planning and budgeting a critical consideration for elder residents in these regions.

Category	Cost of Living Index			
	Miami-Dade	**Monroe**	**Florida**	**US**
Overall	124	172	103.1	100
Grocery	111	100	102.8	100
Health	96	103	102.3	100
Housing	170	329	101.1	100
Utilities	103	114	101.3	100
Transportation	100	106	112.6	100
Miscellaneous	106	105	87.6	100

Source: Cost of Living in Florida (bestplaces.net)

This index is constructed such that the average US cost of living is normalized to 100.

In the Demographia International Housing Affordability, 2025 Edition by Demographia International, Miami was identified as being one of the least affordable cities in the U.S. This assessment underscores the acute housing affordability challenges faced by residents, especially elders, in the Miami-Dade and Monroe County areas.

For elders, owning a home, once seen as a source of financial security, does not guarantee stability, especially for the nearly one in five elders in Miami-Dade County living below the Federal Poverty Level ($13,590 individual/$18,310 couple). Additionally, almost one in four minority elders struggle to make ends meet, living below 125% of the Federal Poverty Level ($16,988 individual/$22,888 couple).

Monroe County's cost of living is notably higher than the national average, with a median house value of $960,677 —significantly surpassing the US average of $436,523. The Monroe County Cost of Living Index stands at 172, a substantial deviation from the US average of 100.

Housing cost burdens are particularly pronounced among elder residents, both homeowners and renters, in these regions. In Miami-Dade, 17% of elder homeowners and 26% of elder renters allocate over 30% of their monthly income to housing. In Monroe County, where housing expenses are even higher, 13% of elder homeowners and 15% of elder renters face similar housing cost challenges

This financial strain on elders, exacerbated by escalating housing costs, impacts their overall quality of life. The concept of poverty takes on a relative dimension, especially for elders surviving on fixed incomes. With a significant portion of their income dedicated to housing, elders are left with limited resources for other crucial needs like food, medication, and transportation.

Results from Community Conversations with elders in Miami-Dade and Monroe confirm that affordable housing is a primary concern, noting that even for those who own their own homes, the costs of upkeep, taxes, and insurance keep rising every year, making whatever housing they do have less affordable over time. Many elder homeowners have even made the difficult financial decision to drop their homeowner's insurance, which places them at risk of great losses after a natural disaster. The lack of affordable housing alternatives further compounds the predicament, as downsizing or moving to more manageable accommodations remains financially unfeasible. Rising rents do not offer respite either, leaving elder homeowners in deteriorating properties with dwindling resources for maintenance and necessary improvements. As expressed by one elder homeowner, "we got old, and so did our houses." The collective experiences of elderly residents underscore the urgent need for comprehensive solutions to address the housing affordability crisis in Miami-Dade and Monroe counties.

Local Housing Costs

The average cost of owning or renting a home in PSA 11 is the highest in the state. In Miami-Dade, new homes come with the burden of higher tax rates, as some long-term owners qualify for a “senior citizen exemption” if they are:

- Age 65 and older
- Have a household Adjusted Gross Income less than $28,482 (this income limit typically excludes social security benefits)
- Own a home with a market value of less than $250,000
- Have lived in the home for at least 25 years

According to the 2023 Community Health Needs Assessment done by the University of Miami Health, 44% of respondents 65+ were always/usually/sometimes worried about paying rent/mortgage in the past year. Key informants from the 2023 Alliance CHNA identified cost of living (and housing costs, specifically) as the top challenge to aging in place in both counties.

In Monroe County, the homestead exemption is based solely on home value and is not specific to elders or dependent on long-term ownership or income. It can provide up to $50,000 off the assessed value of a property used as a primary residence whose

assessed value is over $75,000, with a 3% per year increase cap. An additional $25,000 off is available for homes whose assessed value is between $50,000 and $75,000 (mobile homes can be included if land is also owned). As seen by the statistics below, this may actually apply to very few homes in Monroe County.386,556

Median Housing Values, 2024	**Miami-Dade**	**Monroe**	**Florida**
Non-rental housing properties	**$ $521,999**	**$966,757**	$377,578

Source: Zillow Home Value Index Florida Home Prices & Home Values | Zillow

Fair Market Rent, 2025 (1-bedroom)	**Miami-Dade**	**Monroe**	**Florida**
	$1,898	$1,903	$1,1,31

Source: https://www.ushousingdata.com/fair-market-rents/monroe-county-fl

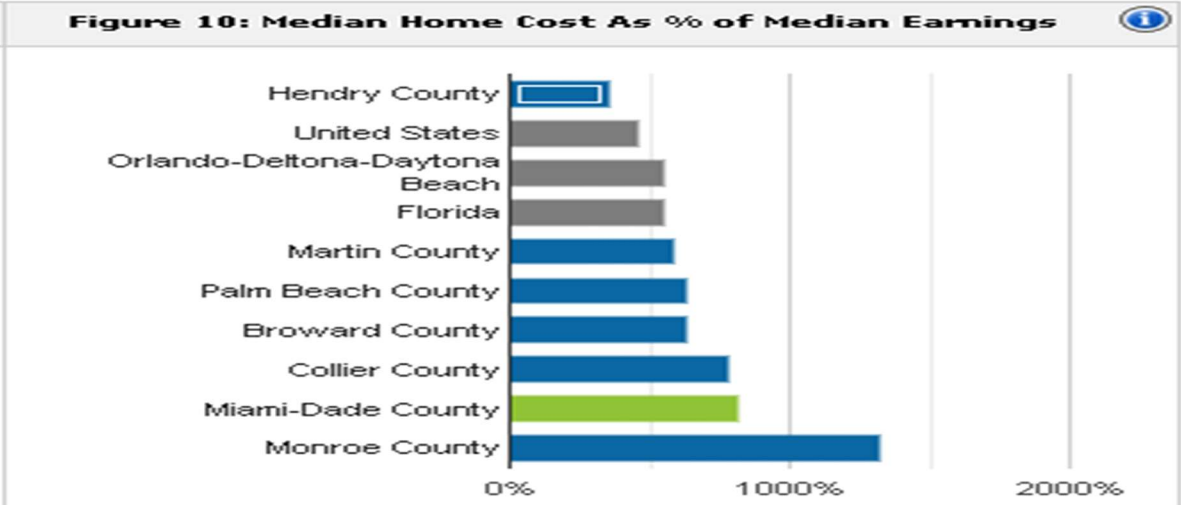
According to the 2025 U.S. Department of Housing and Urban Development (HUD) Fair Market Rent (FMR) data, Miami-Dade County ranks **second** among Florida's 67 counties in Fair Market Rents (FMRs), meaning its gross rental costs are higher than those of 65 other counties. Only Broward County has higher FMRs. Monroe County ranks **third**, with gross rental costs higher than those of 64 other Florida counties. These rankings underscore the exceptionally high cost of rental housing in PSA 11.

Florida also ranks **14th** among the 56 U.S. states and territories in average Fair Market Rents, indicating that the state's gross rental costs are higher than those of 42 states and territories. This places Florida among the nation's most expensive housing markets for renters.

Monroe County continues to have the highest median home values ($780,600) in Florida, with Miami-Dade County ranking second ($463,000). Monroe home values are more than double the statewide median of $359,000 and more than double the national median of $332,700. When measured against local incomes, both counties are severely unaffordable relative to national norms: nationally, the median home value equals approximately 443% of median household income, but in Monroe County that ratio reaches approximately 890% — more than double the national figure — and in Miami-Dade County it reaches approximately 645%, nearly one and a half times the national figure. (*Source: U.S. Census Bureau, 2020–2024 American Community Survey 5-Year Estimates)*

Several factors contribute to the high cost of housing in PSA 11. In Monroe County, limited developable land, strict environmental and growth management regulations, hurricane risk, rising insurance costs, and construction expenses all constrain housing supply and increase costs. In Miami-Dade County, rapid population growth, strong demand from domestic and international buyers, investor activity, and the influx of higher-income

households during and after the COVID-19 pandemic have intensified competition for housing and driven up both home prices and rents. Community forums conducted by the Alliance for Aging consistently identify the lack of affordable housing as one of the most significant concerns facing older adults throughout PSA 11.



Source: 2022 American Community survey via https://www.towncharts.com

Subsidized/Affordable Housing for Elders

In Miami-Dade and Monroe Counties, the high cost of living is coupled with a lack of affordable housing for elders. A limited number of subsidized units are available based on income. The administration of public and Section 8 housing voucher programs in the Florida Keys is facilitated by the Housing Authorities of the City of Key West and Monroe County (KWHA/MCHA). Within Monroe County, the Housing Authority operates Newport Village, a public housing community of 256 units serving low-income households. Unfortunately, these units have a lengthy waiting list due to high demand. The MCHA also administers 204 Housing Choice Vouchers (Section 8).

The Housing Authority of the City of Key West manages five low-income communities with a total of 590 units of public housing. The Henry V. Haskins Senior Citizen Plaza comprises 200 units specifically designated for heads of households aged 62 and above. The remaining 390 units, designed for families and seniors, are located throughout the city. Additionally, the KWHA oversees nine deed-restricted affordable housing communities offering a total of 504 units, and administers 287 Housing Choice Vouchers and Emergency Housing Choice Vouchers (Section 8). The requirement for applications to be completed exclusively in English could be a potential obstacle for limited English speakers, despite a provided reference copy in Spanish. The waiting list for families, regardless of age, spans a lengthy period of 2–5 years. Applications for these housing opportunities are received from across the nation, reflecting the magnitude of demand.
Miami-Dade Public Housing and Community Development manages public housing for eligible low-income families, elders, and persons with disabilities. Rental assistance is

offered by the Housing Assistance Network of Dade (HAND) program, a partnership with Miami-Dade County and local municipalities, to prevent homelessness for those who are currently homeless or at risk of becoming homeless.

PHCD's portfolio of county-funded affordable rental housing includes 261 properties totaling nearly 31,000 units, where rents are set at affordable rates for low- and moderate-income households. Of these, 62 developments — approximately 5,862 units — are designated specifically for elderly residents. (Source: Miami-Dade Public Housing and Community Development, Affordable Rental Housing Properties listing, revised May 2023.)
Source: Housing Authorities of the City of Key West and Monroe County (kwha.org)

Homeless Elders

According to the Miami-Dade County Homeless Trust's 2025 Point-in-Time Count, conducted in January 2025, a total of 3,615 individuals were identified as homeless in Miami-Dade County — sheltered and unsheltered combined. Among them, 627 were adults aged 55–64 and 479 were in senior households aged 65 and older, meaning older adults accounted for roughly one in three individuals experiencing homelessness. According to the Miami Foundation's partnership with the Homeless Trust, 1 in 4 persons experiencing homelessness in Miami-Dade is over the age of 55. Elder homelessness in the county has been driven by increasing economic inequality, escalating housing costs, and a persistent shortage of affordable housing supply.

Miami-Dade County contracts with agencies through the Homeless Trust to provide an array of services for homeless persons, including case management, meals, mental health services, dental and medical care, job training and placement assistance, legal services, life skills training, after-school programs, veterinary care for homeless pets, transitional housing for individuals and families, and ultimately, placement in permanent housing. The Homeless Trust currently maintains more than 8,000 beds and units in its Housing Inventory Count dedicated to serving persons who are homeless or formerly homeless. Additional community resources are available at sites supported by faith communities, such as Camillus House and Camillus Health Concern.

Monroe County Homeless Services Continuum of Care is the lead agency for homeless services in the county, and contracts with a number of local organizations to provide essential and supportive services.
Source: Miami-Dade County Homeless Trust, 2025 Gaps and Needs Assessment Report on Homelessness (February 2026); Miami Foundation

Description of Service System:

Miami-Dade's skilled nursing facilities have a maximum combined capacity of 8,274 beds, which represents potential accommodation for 1.24% of Miami-Dade's 60+ elder population. In Monroe, the maximum combined capacity of 240 beds represents 1.1% of elders age 65+.

Miami-Dade has an abundance of assisted living facilities (807), skilled nursing facilities (54) and Adult Family Care Homes (6). In contrast, Monroe County only has two skilled nursing facilities: Bayshore Manor in Key West and Plantation Key Nursing Center in Tavernier.

According to the Genworth Cost of Care Survey, the median cost of assisted living in Florida in 2025 was $5,610 monthly, while costs in Miami-Dade are somewhat higher, with an average cost of $5,625 per month. In contrast, the cost of nursing home care in Miami-Dade surpasses the state average with the cost of $10,646 a month for a semi-private room, versus the state average of $10,342. Miami-Dade's large, population of low-income older adults, including those living in poverty or those receiving the mean annual social security benefit of $23,538, do not have the private resources to pay for long-term care and depend heavily on the Statewide Medicaid Managed Long Term Care (SMMLTC) program. To be eligible for the LTC program one must be 65 or older, require a nursing home level of care, have a monthly income of $1,084 or less for single applicants ($1,460 for couples), and assets cannot exceed $2,000 (single) or $3,000 (married). However, large wait lists and delays in the enrollment process affect their ability to be placed in a timely manner, and the assisted living facilities serving these low-income clients must ensure clients are enrolled in SMMLTC before admitting, or risk not being reimbursed for care that has already been provided.

Residential Long-Term Care Infrastructure

	Miami-Dade	Monroe
Skilled Nursing Facilities (SNF aka "nursing homes")		
Total SNF Beds	8,274	240
Community Beds	8,234	240
Sheltered Beds	114	0
Veterans Administration Beds	0	0
Other Beds	0	0
SNFS with Beds	54	2
Community Beds	53	2
Sheltered Beds	2	0
Veterans Administration Beds	0	0
Other Beds	0	0
SNFs with Community Beds	53	2
Community Bed Days	3,012,735	87,840
Community Patient Days	2,738,277	65,304
Medicaid Patient Days	1,832,835	46,306
Occupancy Rate	91%	74%
Percent Medicaid	67%	71%
Adult Family Care Homes*		
Homes	6	0
Beds	30	0
Assisted Living Facilities		
Total Facilities	807	2
Facilities with ECC (Extended Congregate Care) License	7	0
Facilities with LMH (Limited Mental Health) License	460	1
Facilities with LNS (Limited Nursing Services) License	40	0
Total Beds	10,035	72
OSS (Optional State Supplementation) Beds	6,826	14
Non-OSS Beds	3,209	58
Memory Disorder Clinics	3	0
End-Stage Renal Disease Centers	72	1

Source: DOEA, 2025 Profile of Older Floridians

Role in Interagency Collaborative Efforts:

The Alliance works with a multitude of community organizations on issues of importance to older adults, including:

Veterans Services

In partnership with the Veteran's Administration Hospital, the Alliance for Aging operates the Veteran Directed Care Program (VDC), which allows veterans with service-connected disabilities to live more independently and avoid costly nursing home placement by choosing services, then hiring their own paid caregivers (including family and friends).

Adults with Disabilities

PSA 11's ADRC works closely with members of the Workgroup, which continues to provide oversight and direction in the activities of the ADRC and remains highly involved in the activities of the SMMCLTC. Membership in the Local Coalition Workgroup includes representatives from agencies serving individuals with disabilities as well as older adults, and the Annual Improvement Plan is a standing agenda item for all Local Coalition Workgroup meetings. Membership includes a broad array of government agencies, nonprofits, and provider organizations from both Miami-Dade and Monroe Counties who work together to improve access to home and community-based services for adults with disabilities.

Elders in Disasters

The Alliance for Aging is a partner in Volunteer Organizations Active in Disasters (VOAD), a local coalition of organizations convened by the Miami-Dade County Emergency Operations Center to assist in responding to the needs of community members before, during, and after a natural disaster. VOAD agencies, including the United Way, Salvation Army, Switchboard of Miami, and others, help coordinate responses to public requests and resources for assistance with county agencies, emergency management, and other public and private entities. The Alliance is also a member of Monroe County COAD, which has a purpose similar to VOAD. Monroe County COAD enjoys a broad membership, including Salvation Army, Star of the Sea Foundation, Habitat for Humanity of the Upper Keys, Monroe Emergency Reserve Corp, Red Cross, and others.

Age-Friendly Community

Working with the Age-Friendly Miami-Dade initiative has presented several opportunities for the Alliance and partners—such as AARP Florida, Florida Department of Health in Miami-Dade, the United Way of Miami-Dade, the Health Foundation of South Florida, Urban Health Partnerships, and Miami-Dade County—to collectively address issues of importance to older adults. Using the AARP/World Health Organization's Age Friendly Community model, the initiative has drafted an action plan to assess and address the eight core areas of the model (as described in the section above) beginning with three

priority topics: housing, transportation, and parks/outdoor spaces. Accomplishments to date include ensuring that local policies and planning efforts for transportation, parks, and outdoor spaces incorporate language addressing the needs and preferences of older adults; establishing a set of Age-Friendly Parks standards and parks with elder programming; and hosting Age-Friendly Summits and workshops for representatives from local municipalities to educate them on the model and encourage them to consider implementing age-friendly policies in their own communities. To date, 13 local municipalities and 1 county have been designated as age-friendly. Future efforts will explore opportunities to address the lack of affordable, accessible housing for older adults and begin to address an Age-Friendly Public Health System.

Catalyst Communities

A few communities stand apart with a greater commitment to supporting services and initiatives for older adults, thus serving as a catalyst that encourages similar efforts throughout the community. For example, fourteen municipalities/county have joined AARP's Network of Age-Friendly Communities, including Coral Gables, Cutler Bay, Doral, Hialeah, Miami, Miami Beach, Miami-Dade County, Miami Gardens, Miami Lakes, Miami Shores, Palmetto Bay, Pinecrest and West Kendal. and Key Biscayne. They are also more likely to have funded initiatives that provide city-level services for older adults (e.g., free local trolleys, exercise and activity facilities, social events, meals).

Local funding for senior centers is likely to become increasingly important as the older adult population continues to grow. Based on the most recent regional planning data, Miami-Dade County has approximately 44 senior centers, while Monroe County has four senior centers located in Key West, Big Pine Key, Marathon, and Plantation Key. These centers provide congregate meals, health and wellness programs, educational activities, recreation, and social engagement that help older adults remain active, healthy, and connected.

In addition to traditional community-based senior centers, several Medicare-focused healthcare organizations have developed wellness centers that complement primary care services. For example, Leon Medical Centers operates Healthy Living Centers co-located with many of its medical facilities, offering fitness equipment, exercise classes, educational seminars, social activities, support groups, dining areas, and transportation for medical appointments and selected wellness programs. Similarly, ClareMedica has expanded its community-based model by integrating wellness programming, health education, preventive care, social engagement opportunities, and connections to community resources within its primary care centers. WellMed, through the WellMed Charitable Foundation, also operates Senior Activity Centers—including locations in Hialeah, Little Havana, and Westchester (Roy Florez)—that provide no-cost fitness classes, nutritious meals, health education, recreational activities, caregiver support, and opportunities for socialization for adults age 60 and older. Together, these healthcare-based wellness models complement traditional senior centers by expanding opportunities for older adults to improve their physical health, reduce social isolation, and age successfully in their communities. (WellMed Charitable Foundation)

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

STRENGTHS
• Trusted regional leader and recognized Aging and Disability Resource Center (ADRC), with deep expertise in information and referral, eligibility, access, planning, population health, program integrity, SHINE, and aging-network oversight. • Experienced, mission-driven executive leadership and staff who demonstrate compassion, professionalism, accountability, and a strong commitment to older adults, adults with disabilities, caregivers, and families. • Strong reputation as a reliable, culturally responsive, and multilingual resource in a highly diverse two-county service area. • Broad network of contracted providers, healthcare organizations, academic institutions, public agencies, community organizations, volunteers, and advocacy partners that extends services throughout Miami-Dade and Monroe Counties. • Committed Board of Directors and Advisory Council with strong community connections and growing interest in strategic advocacy, resource development, and organizational modernization. • Demonstrated ability to coordinate services, administer public funds, monitor provider performance, and support aging in place through home- and community-based services. • Population Health capacity to deliver evidence-based wellness, disease self-management, falls prevention, dementia-related, caregiver-support, and quality-of-life programming. • Established credibility in state and local advocacy and the ability to educate policymakers and community leaders about older-adult needs and service-system pressures. • Operational resilience, including virtual-work capabilities, upgraded telecommunications, and continuity-of-operations experience that support service delivery during emergencies. • A strong foundation of care, community trust, and institutional knowledge upon which to build innovation, visibility, and measurable impact.

WEAKNESSES

- Fragmented and insufficiently integrated technology systems, including duplicative data entry, limited interoperability, inadequate real-time analytics, and continued dependence on manual processes.
- Call wait times, response delays, queue-management limitations, and inconsistent communication about service availability or waitlist status can impede timely access and weaken the customer experience.
- Limited capacity to track, analyze, and communicate outcomes in real time, reducing the organization's ability to demonstrate results, identify service gaps, and support data-driven decision-making.
- Insufficient public awareness of the Alliance's role, mission, impact, and distinction from government agencies; visibility is particularly limited in Monroe County and among some prospective donors and corporate partners.
- Website, social media, digital navigation, and mobile-access capabilities do not yet fully meet the expectations of older adults, caregivers, partners, and the broader community.
- Resource-development infrastructure and diversified fundraising capacity remain limited relative to community need, constraining program expansion and innovation.
- Staffing levels, compensation pressures, turnover in selected positions, and the need for ongoing professional development affect organizational capacity, continuity, and responsiveness.
- Complex eligibility, referral, and service-delivery processes can be difficult for older adults and caregivers to navigate and may not consistently provide individualized, one-on-one assistance.
- Formal mechanisms for continuous stakeholder listening—including direct input from service recipients, caregivers, providers, Board members, and Advisory Council members—could be more systematic and visible.
- Coordination and relationship-building across the provider network, Board, Advisory Council, and staff could be strengthened through more regular forums for shared learning, problem solving, and collaboration.

OPPORTUNITIES

- Modernize the customer-access model through integrated data systems, improved telephone and queue management, real-time waitlist tracking, online resource navigation, telehealth/virtual wellness, mobile tools, and responsible use of translation and automation technologies.
- Position the Alliance as the region's most accessible, responsive, and trusted 'front door' for aging and disability services, with simplified navigation and a consistent customer experience across channels.
- Expand partnerships with healthcare systems, primary care providers, managed care plans, academic institutions, housing organizations, transportation providers, veterans' organizations, faith communities, and nontraditional corporate partners.
- Diversify revenue through grants, corporate sponsorships, individual giving, public donations, fundraising campaigns, and stronger digital storytelling that clearly demonstrates community impact.
- Strengthen advocacy at the local, state, and federal levels concerning funding adequacy, Medicaid and safety-net changes, long-term care access, caregiver workforce needs, affordable housing, and the growing pre-enrollment and service waitlists.
- Increase outreach in underserved communities and Monroe County through targeted multilingual communications, print and radio, community meetings, social media, and trusted neighborhood partners.
- Expand prevention and early-intervention initiatives addressing dementia, depression, social isolation, falls, chronic disease, elder abuse, caregiver stress, and other risks that threaten independence.
- Develop stronger caregiver education and support, including training on dementia-related behaviors, medication management, mobility, chronic conditions, benefits navigation, and respite resources.
- Advance equity-focused aging initiatives addressing affordable housing, homelessness, veterans, food insecurity, transportation, healthcare access, linguistic barriers, and social determinants of health.
- Establish recurring listening and engagement mechanisms—such as annual surveys, town halls, consumer advisory input, and regular provider-network convenings—to improve responsiveness and strategic alignment.
- Build an aging-services-capable Board and Advisory Council through targeted recruitment, orientation, committee engagement, and expertise in dementia, caregiver support, technology, fundraising, healthcare, and housing.
- Use outcome measurement, benchmarking, and public-facing impact reporting to distinguish the Alliance as a results-driven, innovative, and accountable regional leader.
- Leverage the Alliance’s deep understanding of older adults and community needs, its partnership with DOEA leadership, and the professional networks of its Board of Directors to strengthen education and advocacy with legislators and other key decision-makers. Support these efforts with data-driven communications that illustrate service demand, pre-enrollment list trends, and the growing demographic pressures facing Miami-Dade and Monroe Counties.

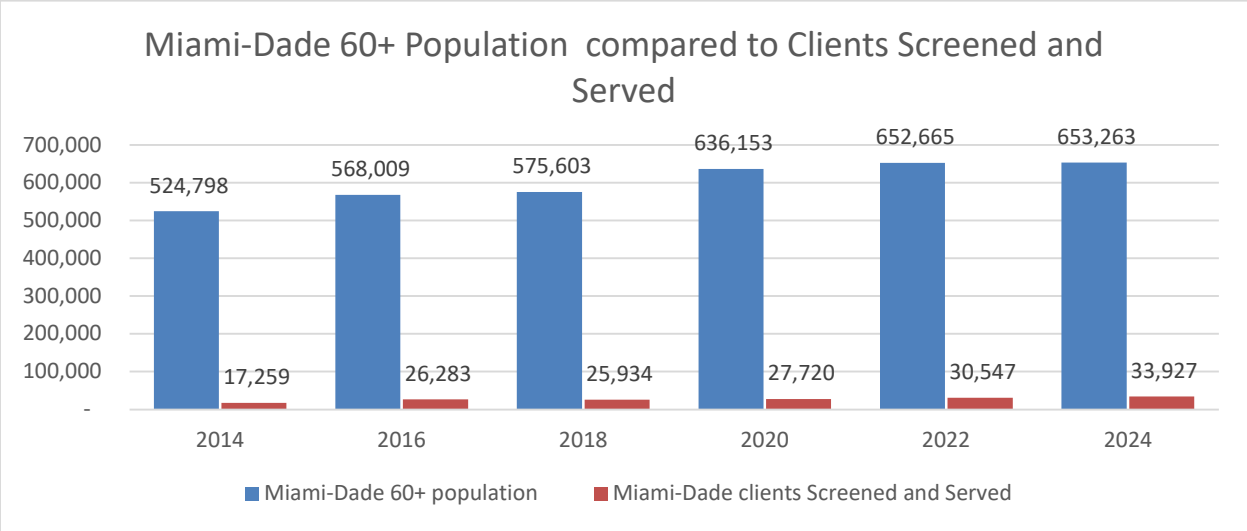
THREATS

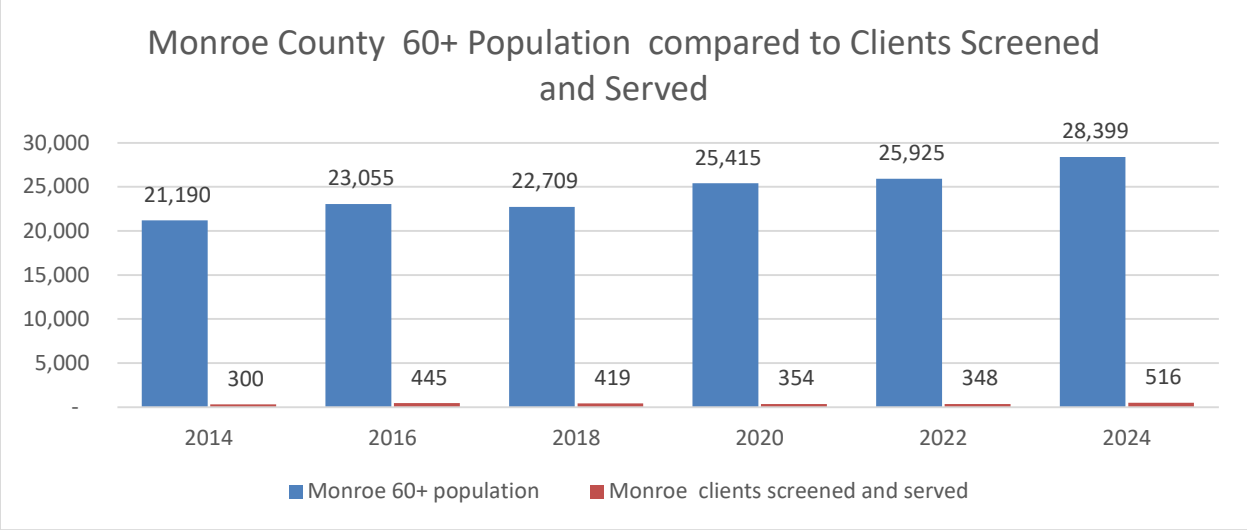
- Demand for home- and community-based services, long-term care navigation, caregiver support, housing assistance, and other essential services continues to exceed available funding and provider capacity.
- Rapid growth and increasing complexity of the older-adult population—including poverty, disability, chronic disease, dementia, limited English proficiency, social isolation, and caregiving needs—intensify pressure on the aging network.
- Federal and state policy changes, Medicaid reductions or eligibility changes, and shifting public funding priorities may increase unmet need while reducing available resources.
- Rising costs of housing, food, transportation, healthcare, insurance, and service delivery make it harder for older adults to remain independent and for the Alliance and its providers to maintain service levels.
- Caregiver and direct-service workforce shortages, noncompetitive wages, turnover, and burnout threaten provider stability and the availability and quality of in-home and community services.
- State systems and reporting requirements may remain cumbersome, insufficiently integrated, or inadequately supported by training and technology, increasing administrative burden on current staff.
- Public misunderstanding of the Alliance's role and funding structure can negatively affect reputation, expectations, philanthropy, and support from elected officials and community leaders.
- Competition for limited government, foundation, and philanthropic resources may strain collaboration among providers and other community organizations.
- Monroe County's geographic distance, dispersed population, limited provider pool, workforce constraints, and smaller organizational infrastructure create persistent access and procurement challenges.
- Older-adult homelessness, affordable-housing shortages, social isolation, mental-health needs, elder abuse, fraud, and caregiver stress may grow faster than the regional service system's capacity to respond.
- Hurricanes, extreme heat, public health emergencies, cyber incidents, and other disruptions pose elevated risks to vulnerable older adults and to continuity of aging-network operations.
- Failure to quickly modernize technology, improve responsiveness, retain skilled staff, and clearly demonstrate outcomes could erode public confidence and reduce the Alliance's competitiveness for funding and partnerships.

Performance Analysis and Targeted Outreach

Under Older Americans Act funding requirements, the Alliance is responsible for ensuring that people in the community are equitably served. This is measured by comparing the proportion of DOEA-established priority populations served with the proportion that they appear in the population (in other words, if 12% of elders have a characteristic, so should 12% of the Alliance's served population). DOEA then determines whether the Alliance's performance meets or exceeds expectations by comparing these numbers.

Since 2014, the 60+ population in PSA 11 has increased by 25%. During that same time, the total number of clients screened and served has increased by 96%. The **share of older adults served** increased from **3.2%** to **5.1%**, demonstrating improved program reach despite rapid population growth.





The following data represents people who were screened and served in 2024, the most recent available data. "Screened" is defined as telephone-screened using a 701S assessment by the Alliance's ADRC. This includes wait-list management, initial screenings for long-term care programs, and annual re-screening of individuals on the priority pre-enrollment list. "Served" is defined as having received home- and community-based services (state or federal, excluding OA3E caregiver services), or being placed on an OAA pre-enrollment list. These data do not include screenings conducted by Aging Network providers, referrals to community resources, or any services rendered to individuals on the Statewide Medicaid Managed Care Long-Term Care (SMMCLTC) pre-enrollment list.

Miami-Dade					
2024 Total Population 60+: 669,468 **Indicator**	**2024 Pop. for Indicator**	**Pop. of Indicator as % of Total Pop.**	**# Screened and Served in Indicator**	**Performance (% of those served)**	**Performance Against Standard**
85+	64,862	11%	9,589	28%	**SUPER Exceeds**
Below Poverty Level	104,679	17%	25,531	73%	**SUPER Exceeds**
Limited English Proficiency	247,017	39%	25,158	72%	**Standard + 10%**
Living Alone	136,731	22%	13,299	38%	**Standard + 10%**
Low Income Minority	78,572	13%	24,652	71%	**SUPER Exceeds**
Minority	475,700	76%	32,798	94%	**Standard + 10%**
Probable Alzheimer's Cases	53,170	9%	5,553	16%	**Meets or Exceeds**
Rural	3,591	1%	1	1%	**Meets or Exceeds**

Total Unduplicated Number Screened and Served in 2024: 35,156

1 Standard plus 10%+ indicator + 10%
2 Super Exceeds = indicator x 2
Source: DOEA 2024 Targeting Report and Dashboard

Given Miami-Dade's elder demographic profile, it is not difficult to identify minority elders with limited English proficiency who are living in poverty. In fact, the Alliance exceeds all performance standards among these priority populations.

Monroe					
2024 Total Population 60+: 27,166 **Indicator**	**2024 Pop. for Indicator**	**Pop. of Indicator as % of Total Pop.**	**# Screened and Served in Indicator**	**Performance (% of those served)**	**Performance Against Standard**
85+	1,641	7%	124	21%	**SUPER Exceeds**
Below Poverty Level	2,681	10%	236	40%	**SUPER Exceeds**
Limited English Proficiency	1,393	6%	163	28%	**SUPER Exceeds**
Living Alone	6,583	25%	285	48%	**Standard + 10%**
Low Income Minority	507	2%	130	22%	**SUPER Exceeds**
Minority	5,141	19%	257	44%	**SUPER Exceeds**
Probable Alzheimer's Cases	2,032	8%	79	14%	**Meets or Exceeds**
Rural	27,166	100%	357	60%	**Does not Meet**

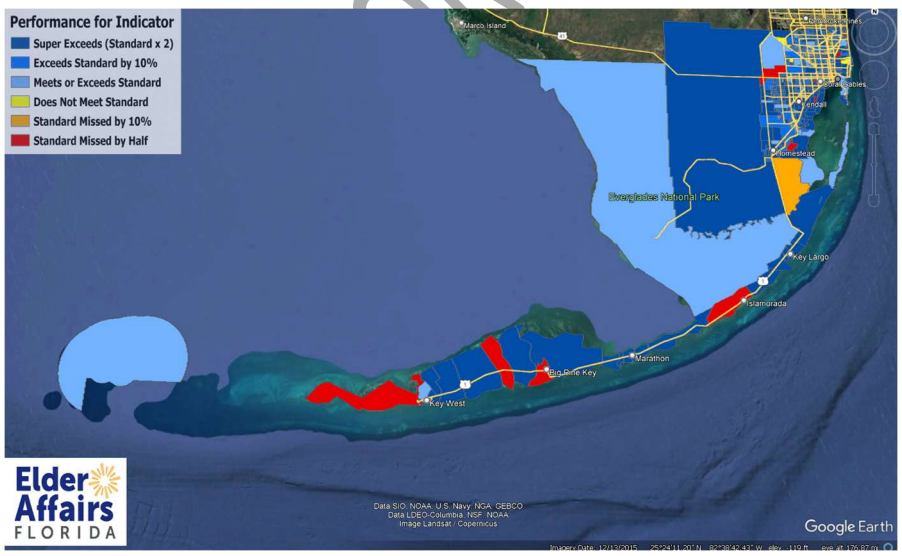
Total Unduplicated Number Screened and Served in 2024: 596

1 Standard plus 10%+ indicator + 10%

2 Super Exceeds = indicator x 2

Source: DOEA 2026 Targeting Report and Dashboard

PSA 11 meets or exceeds performance standards for all target population indicators in almost all geographic areas of both counties:



Efforts by the Alliance (and Monroe County Social Services, which conducts outreach and provides assessment and services in the county) also exceeded expectations for

elders in all categories but one. We will continue to collaborate with our existing service provider (MCSS), as well as with other Monroe community partners to identify opportunities for targeted outreach and education (i.e., health fairs) to the rural older adult population in Monroe County.

Challenges, Obstacles, Solutions

The relationship between conducting community outreach and ensuring equitable access to services for priority populations such as underserved racial/ethnic groups, specific geographic areas, and low-income elders is intricate and often non-linear. The conventional industry standard for outreach activities, like health fairs and community events, does not always effectively identify elders in need, refer them to assessment, and facilitate the receipt of necessary services. Financial constraints pose a major hurdle, limiting providers from conducting more intensive or targeted case-finding activities, such as door-to-door outreach during evenings and weekends. Even if such efforts do identify elders in need, tracking and documenting the outcomes of outreach initiatives remain challenging.

Key Informant respondents of the Alliance's 2023 Needs Assessment agreed that isolation was the biggest challenge that increased during the pandemic. Navigating unique ways to provide services while still ensuring the safety of their clients was a top priority for many. It was also important for stakeholder organizations that hosted in- person programming to create ways to stay connected with their clients and for their clients to stay connected with each other. With an increase in isolation, a few stakeholders also mention the effects of the pandemic on the mental health of the older adult population. It was noted that depression also increased for many older adults due to isolation and at times loss of a loved one.

Fortunately, the Alliance benefits from an extensive network of contracted providers within the Aging Network who regularly engage in community outreach. In Miami-Dade, the majority of the HCBS (Home and Community-Based Services) workforce is bilingual and bicultural, primarily comprising Hispanics, simplifying service provision for this demographic and aiding those with limited English proficiency. However, a significant challenge in Miami-Dade lies in ensuring that non-Spanish speakers, especially Haitian Creole-speaking elders, are effectively targeted for outreach and connected to vital services by a diverse range of community providers.

The Alliance strategically employs a blend of in-person and virtual outreach methods to maximize outreach and program delivery. Despite limitations on staff time due to workload in other areas of the ADRC, the Alliance optimizes outreach efforts by involving student interns and SHINE volunteers in numerous local community outreach events like health fairs. Full-time staff focuses on in-depth presentations at conferences and provider events, ensuring a balanced approach. Integrating a concise presentation about the

ADRC and SHINE into various events enables wider community awareness and engagement.

Engaging members of the Aging Network in targeted outreach efforts presents challenges, primarily due to financial constraints and the lack of financial incentives for providers to conduct extensive outreach. Mandating specific outreach activities can be difficult, given the constraints of organization scopes and budgets. Consequently, most agencies allocate their limited education and outreach funds to reach larger groups at public events, training events with captive audiences, or engaging professionals who can serve as additional referral sources. The pervasive unmet need in PSA 11 further complicates efforts, making it challenging to persuade providers to invest time and limited resources in identifying more individuals who might end up on waiting lists for services.

Nevertheless, almost every key stakeholder respondent of the Alliance's 2023 Needs Assessment stressed the need for older adults to know where to go for resources and how to access them. There are a lot of programs, but there is also a lack of understanding for these resources. Many stakeholders express that their client population have difficulty receiving services due to disconnected resources and service processes.

Targeted Outreach Plan:

To reach populations that have been identified as underserved the Alliance implements targeted outreach and inclusive targeting activities. This strategy aims to increase awareness, engagement, and participation among these communities, fostering inclusivity and meeting their unique needs.

Older adults and caregivers in need of services who contact the Aging and Disability Resource Center (ADRC)—or a provider in the Aging Network—are asked to complete an assessment that will determine their social and economic needs, as well as establish their eligibility for services through a variety of funding sources with different criteria (e.g., need for OAA and fragility for state-funded programs) and priorities (e.g., low-income elders, racial/ethnic minorities, rural elders, caregivers, people with Alzheimer's).

Social need is determined by looking at factors such as having a caregiver or living alone, and fragility is determined by factors such as disabilities, activities of daily living (ADLs), and instrumental activities of daily living (IADLs). Assessment results in a score that will determine the individual's priority on the wait list for services. Due to a lack of funding to serve everyone with established need, only those with the most critical need—as determined by assessment—receive services in PSA 11.

The process of receiving home- and community-based services for older adults is data-based and assessment-driven to ensure that it is equitable. But only elders who know to ask can receive services. Outreach conducted to date has resulted in a demand for services that exceeds supply. The Alliance has prioritized outreach efforts to these underserved elders groups, based on our extensive community health needs assessment:

Geographic Areas	Racial/Ethnic Groups	Special Subpopulations
•Monroe County, especially rural •South Dade, especially rural •Miami-Dade County's most distressed neighborhoods	•African American •Haitians •Limited English Speakers	•Caregivers •Elders with Alzheimer's •Elders/adults with a disability •Isolated/Homebound elders

The Alliance's outreach strategy includes partnering with providers in the Aging Network and other community-based organizations to maximize opportunities for outreach focusing on:

1. Priority populations as defined by the funding source
    a. OAA: need, with priority to low income, minorities, limited English proficiency
    b. HCE/CCE/ADI: most frail
2. Priority geographic locations where elders are underserved
3. Priority subpopulations: caregivers, elders with Alzheimer's, elders and adults with disabilities

As part of this strategy, the Alliance intends to participate in recurring events in the community where significant numbers of older adults and their caregivers are gathered. These annual events include:

Community Event (Miami-Dade)	Anticipated month	Est. # of attendees	Underserved area/pop.
Mount Sinai Medical Center's Annual Alzheimer's Public Educational Forum/Caregiving Conference	January	150	Yes
Annual Ministering to the Elderly Conference	May	120	
Culmer Community Health & Wellness Fair	May	100	Yes
Serving our Seniors Expo (Miami Lakes)	August	100	Yes
Volunteers of America/Sweetwater Towers Annual Health Fair	August	100	Yes
South Florida Senior Lifestyle and Health Expo	October	100	
DOH-Miami-Dade Community Partner Fair & Conference	October	1500	
Walk to End Alzheimer's	November	3500	No
Fearless Caregiver Conference	December	200	Yes

Through our Service Providers in Monroe County, we will participate in community events that target older adults, including:

Community Event (Monroe)		Est. # of attendees	Underserved area/pop.
AARP/Big Pine Key Senior Center	March	40	Yes
St. Bede's Outreach Event	July	100	Yes

Outreach conducted in Monroe County is our primary strategy for rural outreach.

In 2025, Alliance staff and volunteers participated in a total of 189 face to face events and 41 virtual events including health fairs food distribution drive throughs, and educational workshops. The face-to-face events reached an estimated 7,697 people. The virtual events reached an estimated 202 people. Almost one quarter (22%) of the events attended were new events to Alliance staff.

In 2025, Alliance Service Providers participated in a total of 90 in-person events and 7 virtual events, including food distribution events, and health fairs and public events. These events reached nearly 17,500 people. Twelve events were held in Monroe County and 18 were held in underserved communities.
Examples of targeted outreach events have included:

- Alzheimer's Faith Based Community Forum (partner: Alzheimer's Association)
- Low-income Housing Fair (partner: Lincoln Ave. Capital Family Resource Day)
- Para Mayores Radio Show (partner: Latin Center on Aging)
- EHEAP Outreach (partner: Haitian American Senior Center)
- EHEAP Outreach (partner: Singer Plaza Affordable Housing Community)
- Hialeah Health Fair
- Hialeah Gardens Halloween Celebration
- Pastors Association Outreach (partner: Miami-Dade County Office of the Mayor)
- National Senior Center Day Event (Monroe County)

Beyond scheduled events, the Alliance deliberately pursues ad hoc outreach opportunities as they arise throughout the year. In 2025, nearly one quarter (22%) of all events attended by Alliance staff and volunteers were new, reflecting an intentional strategy of expanding into communities and venues not previously reached. From October 2024 through June 2025, the Alliance participated in 14 new targeted outreach events, in communities including Hialeah Gardens, Richmond Heights, Miami Springs, and Opa-Locka. Recurring categories of ad hoc outreach include (EHEAP outreach during peak utility seasons, hurricane preparedness events at the start of storm season, resource fairs hosted by partners in Targeted Urban Areas, and events arising from new community partnerships). All outreach — scheduled and ad hoc — is logged in the Alliance's outreach activity database, which tracks the geographic areas, racial/ethnic groups, and special subpopulations reached, consistent with the Targeted Outreach Plan.

Priority Populations: Low-income Elders, Minorities, and People with Limited English Proficiency

Miami-Dade County is a highly diverse community, with 83% of its residents identifying as members of minority groups, and 25% living below 125% of the Federal Poverty Line (FPL). Additionally, 35% of the population experiences language barriers due to limited English proficiency. The Department of Elder Affairs (DOEA) Elder Index Maps offer valuable insights into the distribution of these underserved populations, yet the challenges they face are widespread across the county. To effectively address these issues, it is essential to adopt more targeted geographic and subpopulation-specific strategies for outreach.

In particular, there is a significant gap in meeting the needs of Hispanic elders in Miami-Dade County, especially those living in poverty or facing language barriers. While this group comprises a substantial portion of the elder population, service utilization data reveals that their representation in services outpaces their demographic share. In contrast, the Black elder population remains underserved, indicating the need for a more focused approach to outreach and service provision. Furthermore, the difficulty in identifying Haitian elders, both within the community and in the Electronic Comprehensive Information and Referral Tracking System (e-CIRTS), raises concerns about their notable underrepresentation. This underscores the critical need for outreach efforts that are both culturally and linguistically appropriate.

Miami-Dade County's Economic Advocacy Trust (MDEAT) identified several underserved communities that require combined efforts for economic improvement. These Targeted Urban Areas (TUAs) are MDEAT's focus for heightening the awareness of critical issues that impact the economic vitality of these communities:

North Areas
- Liberty City
- Carol City
- North Miami
- Opa Locka
- West Little River
- Golden Glades

Central Areas
- Little Haiti
- Overtown
- West Grove
- Gladeview
- South Miami

South Areas
- Homestead
- Naranja
- Perrine
- Goulds
- Richmond Heights
- Princeton
- Leisure City

These TUA's represent an opportunity for impactful outreach to individuals with unmet needs, and are included in the Alliance's priority target areas

The Alliance remains committed to prioritizing collaborative outreach activities. We strongly encourage Aging Network providers to join in these efforts, focusing on reaching low-income elders, racial/ethnic minorities, and individuals with limited English proficiency residing in Miami-Dade's "most distressed neighborhoods," characterized by low-income and majority-minority demographics.

In contrast, Monroe County's demographic landscape is predominantly White Non-Hispanic, with an 84% composition. Identifying racial and ethnic minorities grappling with

poverty and limited English proficiency here necessitates an in-depth understanding of the local communities. Outreach to these populations relies heavily on the expertise and dedication of Monroe County Social Services' bilingual, bicultural staff.

To bolster the local infrastructure in Monroe County, the Alliance seeks to forge partnerships with local organizations, facilitating events tailored to specific populations, including caregivers, and adults with disabilities, particularly those dealing with Alzheimer's. Many county residents prefer contacting County Social Services over the Aging and Disability Resource Center (ADRC), emphasizing the importance of maintaining close ties with the local community. Consequently, the Alliance will continue to engage Monroe County organizations and providers in task forces and committees, thereby expanding knowledge and access to the ADRC and county social services.

These outreach plans reflect our commitment to addressing the unique needs of priority elder populations in both Miami-Dade and Monroe Counties. By adopting targeted strategies, fostering collaboration, and embracing cultural competence, the Alliance will ensure that every elder in these communities receives the support and care they deserve.

Priority Populations: Elders in Rural Areas

Elders residing in rural areas within both Monroe and Miami-Dade Counties face unique challenges that demand our attention. Performance data has illuminated the reality of underserved elder populations in these remote regions. The Alliance is committed to addressing this disparity by implementing targeted outreach activities while encouraging our providers to align their efforts to meet this challenge.

The Alliance acknowledges that rural elders in Monroe and isolated areas of Miami-Dade have limited access to essential services. To bridge this gap, we will place a high priority on outreach activities specifically tailored to rural communities. This commitment extends to both counties.

In Miami-Dade County, our outreach efforts will concentrate on census tracts within farming areas situated on the outskirts of the Everglades. Notably, we will pay close attention to areas like the Redlands and regions to the east and west of Homestead and Florida City. These agricultural communities often suffer from a lack of accessible services, and it is imperative that we reach out to elders residing in these locations.

Monroe County presents its own set of challenges. Rural areas in Monroe are typically sandwiched between more densely populated regions. For instance, anyone residing in the stretch between Marathon and Lower Matecumbe Key falls within a rural area. There is a need for targeted outreach in these pockets of isolation. To address the specific needs of rural elders in Monroe County, the Alliance will collaborate closely with Monroe County Social Services to develop an Outreach Plan tailored to these unique rural areas. This plan will not only identify specific rural communities but also outline the strategies and resources required to ensure their needs are met effectively.

The Alliance will prioritize rural census tracts in South Dade and Monroe County, coordinate outreach with local partners, and evaluate whether rural residents are screened and served in proportion to their representation in the PSA.

Priority Populations: Caregivers and Adults with Disabilities

It is difficult to reliably quantify the number of caregivers and adults with disabilities in the community. These groups are considered as underserved populations as their needs may often go unmet. The local service infrastructure for these populations, including funding for all services, is limited, so the most effective targeting strategies are to partner with organizations that have direct contact with these populations to build capacity for a "no wrong door" approach to information dissemination that directs people to the Aging & Disability Resource Center (ADRC) or provider agencies who can conduct the assessment to determine need and eligibility. We will continue our work with local groups to improve our referrals to services available with community partners, such as the Agency for Persons with Disability, the Center for Independent Living, the Alzheimer's Association, Easter Seals, and the service providers in the Aging Network.

HCE/CCE/ADI Targeting: Frailty

One of the conditions of state funding for home- and community-based services for older adults is that those who are "most frail" (as determined by an assessment) should be served first, along with those at most risk for institutional placement. Unfortunately, demand for home- and community-based services in Miami-Dade far exceeds the supply available through current funding sources, even among the "most frail." The Alliance will continue to ensure that outreach activities, including from providers, targets populations that are the most frail.

Targeting by Age

Given that frailty becomes more likely with advanced age, it makes sense to include people of advanced age in outreach efforts. Although DOEA's Elder Needs Index can identify census tracts with the largest concentrations of elder age 85+, it does not tell us how many of these elders are already in nursing homes or assisted living facilities, and so is of limited utility for targeting elders age 85+ in the community. What it can do is assist providers in identifying which communities in their service area have relatively dense concentrations of adults of advanced age. This includes affluent areas in Monroe County and Miami-Dade (e.g., the beaches), as well as many of the "most distressed neighborhoods".

Targeting by Caregiver Need: Elders with Alzheimer's

Given the long-term consequences of caring for a loved one with Alzheimer's, as well as the estimated 11% of adults age 65+ in Miami-Dade (52,124) who may have Alzheimer's, the Alliance will prioritize outreach activities, and will encourage providers to target their outreach activities, in areas where people with Alzheimer's are most likely to live.

The highest rates of Alzheimer's nationally are found among Black and Hispanic older adults: among adults age 65 and older, 19% of Black individuals and 14% of Hispanic individuals have Alzheimer's dementia, compared with 10% of White individuals. Older Black Americans are about twice as likely, and older Hispanic Americans about one and a half times as likely, to have Alzheimer's or other dementias as older White Americans.
Source: Alzheimer's Association, 2026 Alzheimer's Disease Facts and Figures

Unmet Needs and Service Opportunities

Access to Services:

Many older adults who participated in the Community Conversations held across Miami-Dade and Monroe Counties reported a lack of awareness regarding available information resources, such as the Aging & Disability Resource Center (ADRC), the Elder Helpline, 311, and individual provider information lines. Participants strongly advocated for increased outreach efforts. Service providers echoed these concerns, acknowledging that many clients remain unaware of the resources at their disposal. In communities such as Miami Beach, a staff member dedicated to elder programming has become a trusted local resource for information. However, raising awareness among older adults about available resources requires an ongoing effort, including expanded outreach activities, health fairs, and other community events, as well as strengthened collaborations with organizations that serve older populations.

Even among those who are aware of available resources in both Miami-Dade and Monroe Counties, many report that these services are insufficient to meet their needs. A recurring theme in the Community Conversations was the significant barriers to accessing housing, transportation (particularly in Monroe County), supportive services, and, to a lesser degree, legal assistance. This issue is further demonstrated by the increasing number of calls to the ADRC, highlighting a growing concern. Demand for services has consistently outpaced capacity and available resources in recent years. While additional outreach may raise awareness, it is unlikely to address the fundamental challenge of actually helping older adults access these services. Without additional resources and improvements to intake, referral, and information processes, the increasing population of older adults in PSA-11 will continue to place undue pressure on ADRC resources.

Data from the Performance section of the Area Plan can be utilized to estimate the number of individuals in each priority category who have not been screened and may have unmet needs. These estimates suggest that the number of unserved older adults could range from several hundred in Monroe County to tens of thousands in Miami-Dade County.

Several key themes regarding access to services emerged from the Alliance's 2023 Needs Assessment, including:

Technology: Technology was a common barrier discussed by several stakeholders. Many older adults who are not as technologically savvy may find it difficult to navigate online systems and paperwork required for the delivery of services. This is supported by the 2023 Community Survey, where 11% and 20% of respondents indicated they were somewhat or not comfortable (respectively) with using the internet for communications, and another 3% indicated they did not have access to the internet.

This finding was reinforced by the Alliance for Aging's 2025 Client Satisfaction Survey. While a majority of respondents overall (61%) reported feeling comfortable using the

internet for email communication and finding information, comfort varied sharply by language: roughly 79% of English-speaking clients felt comfortable, compared with only about half of Spanish-, Creole-, and other-language speakers. This digital divide underscores that technology remains a significant barrier for the linguistically diverse elders who make up the majority of PSA 11's service population.

Language: Language is a significant barrier. There may be a lack of cultural connection that contributes to elders' lack of ability to best communicate their needs.

Wait Periods: Lastly, one of the common themes for barriers was the waiting periods for services. Often when there are communities that are underserved, longer wait periods happen due to a lack of understanding or visibility of a particular group. Stakeholders stress the need for collaboration among agencies to provide proper services in a timely fashion.

Potential Unmet Need: Access 2024*		**2024 Population in Each Category**	**Number Served and Screened in Category**	***# Not Screened and Served***
Miami-Dade	85+	64,862	9,589	55,273
	Below Poverty Level	104,679	25,531	79,148
	Limited English Proficiency	247,017	25,158	221,859
	Living Alone	136,731	13,299	123,432
	Low Income Minority	78,572	24,652	53,920
	Minority	475,700	32,798	442,902
	Probable Alzheimer's Cases	53,170	5,553	47,617
	Rural	3,591	1	3,590
Monroe	85+	1,641	124	1,517
	Below Poverty Level	2,681	236	2,445
	Limited English Proficiency	1,393	163	1,230
	Living Alone	6,583	285	6,298
	Low Income Minority	507	130	377
	Minority	5,141	257	4,884
	Probable Alzheimer's Cases	2,032	79	1,953
	Rural	27,166	357	26,809

Data Source: 2026 Targeting Report and Dashboard
**2026 Targeting Report uses 2024 data*

It would literally be impossible to screen and assess every elder in the service area in these priority populations. For example, of 78,572 low-income minorities in Miami-Dade, only 31% were screened and assessed for need. In Monroe, only 26% of low-income minority elders were screened and assessed.

Caregiver Support:

Respite care is the largest identifiable unmet need among local caregivers, and there has been high demand for caregiver services in PSA 11. This is supported by the results of the Alliance's 2023 Needs Assessment, in which a near-majority (47.6%) of survey respondents indicated that they did not have enough help with caregiving responsibilities, A large proportion (43.4%) indicated that they most needed help with household work, with 36.1% needing financial assistance and 34.9% needing emotional/mental support. Smaller but still substantial proportions of participants indicated a need for respite services (28.9%), a need for transportation (27.7%), and a need for information about resources (26.5%). In 2025, a total of 959 older adults (922 in Miami-Dade and 37 in Monroe) received respite care via multiple funding streams (i.e., OAA, CCE, LSP).

Service	Miami-Dade	Monroe
Respite Care – Home	899	32
Respite Care – Facility	23	5

Source: eCIRTS, July 16, 2026

As of July 16, 2026, there are a total of 24,100 people awaiting caregiver services in PSA 11; almost all of them live in Miami-Dade, and nearly 41% of them are ranked at the highest level (4 or 5).

Caregiver Programs Pre-Enrollment Lists	Miami-Dade	Monroe
OAAIIIE/OAIIIES/OAAIIIEG	204	32
ADI	5,484	
CCE	18,380	

Source: eCIRTS, July 16, 2026

Addressing the substantial demand for caregiver support services presents a significant challenge, as caregivers often display limited interest in participating in caregiving training programs or seeking assistance. However, they express greater enthusiasm for acquiring caregiving skills and engaging with fellow caregivers to share experiences. Our current marketing strategies seem to miss the mark with the intended audience. Additionally, caregivers frequently discontinue services due to an inability to allocate time away from their loved ones, jobs, or family obligations. Exploring online training and support services emerges as a viable solution, allowing for flexibility and convenience.

Data from the National Hispanic Council on Aging underscores the pressing need for tailored assistance, with 45% of Hispanic caregivers facing high burden situations. The majority of these caregivers provide unpaid care for a friend or family member, often an elderly spouse. This relentless caregiving, coupled with the complexities of the healthcare system, exacts a toll on their emotional and financial well-being. Sadly, research indicates that despite their burdens, Hispanic caregivers underutilize available services due to numerous barriers, such as limited awareness, language obstacles, financial constraints, and cultural insensitivity. These cultural barriers extend beyond the Hispanic community,

affecting those with limited English proficiency in Miami-Dade. Effective communication between non-Spanish speakers and professional caregivers becomes a challenge, hindering appropriate care provision.

Caregiver expectations regarding support services vary widely, highlighting the necessity for clear communication and aligning services with diverse caregiver needs. The ADRC plays a crucial role by providing essential information, referrals, emotional support, and guidance to caregivers navigating a challenging service landscape.

Community Conversations Summary of Caregiver Issues

Participants were asked to share what would be the best way to support professional and family caregivers as they care for older adults and adults with disabilities. The themes that were identified varied according to geographical area where participants reside.

Among caregivers who were present during the focus group sessions, facilitators asked if there are any organizations or other family members that provide respite to assist with the care of an older adult. One participant shared the difficulty in finding a qualified provider to care for a family member; as a result, the family member, an older adult, had to return to their native land to be cared for by other family members. This theme was also reflected among other participants who voiced their concern finding qualified providers to care for older adult family members since the main motive for many providers, according to their views, is to receive compensation.

In response to a second question posed by facilitators regarding the type of support a caregiver would need, one participant discussed the need to have someone come into their house and assist with bathing or other domestic service needs; to be able “to leave the house for a moment”. In addition to receiving relief on the caring of an older adult, another participant mentioned the importance of skill building for the caregiver—not only to be able to care for their loved one adequately, but also for the caregiver to know when to seek support for themselves as their responsibilities become more challenging. One participant stated the following: “Sometimes the caregiver doesn’t realize the emotional impact being absorbed by the caregiver—selfcare is critical, physical and emotional".

Housing, Transportation, Employment:

Affordable housing is the most critical unmet need for older adults in PSA 11, particularly but not exclusively among elders living in poverty. Approximately 44.5% of older adults age 65+ in PSA 11 spend more than 30% of their income on housing. This affects their ability to pay for basics like food and medication and limits their ability to pay out of pocket for much-needed home- and community-based services—even for elders who are not in poverty according to their income. The list of economically distressed communities in Miami-Dade (p. 49) represents areas in the county where this need is most critical, but all of Monroe County has a shortage of affordable housing for both elders and the workforce serving them.

Elder homelessness has continued to rise, primarily driven by increasing economic inequality exacerbated by the global pandemic, escalating housing costs, and shortages in affordable housing supply. Experiencing homelessness is an immensely arduous and distressing ordeal for individuals. It involves the profound loss of stability, whether brought about by eviction, financial hardships, or various other factors. This loss of stability and access creates an overwhelming emotional burden, disrupting individuals' sense of security and belonging, especially for older people who live with disabilities, and older members of Black, Indigenous, and other communities of color, who face significant disparities.

Results from Community Conversations revealed that in Miami-Dade, the biggest unmet transportation need is a free or low cost, door-to-door, on-demand transportation service. Although elders have increased access to medical appointments thanks to private shuttles operated by clinics, practices, HMOs, and Medicare Advantage programs, there is a lack of free or subsidized transportation to other locations of need (e.g., pharmacy, grocery store) or quality of life activities. STS services are available, which many older adults find helpful, but potential long wait and ride times make the service infeasible to others, particularly fragile health populations. Travel training for older adults to give them the skills needed to navigate the transit system that is free with their Golden Passport may prove beneficial, as well as elder pedestrian safety education to keep them safe while walking.

According to discussions with elders in several communities in Miami-Dade, one remaining challenge is getting elders from their homes that may be in suburban communities far from the main arteries served by transit. Elders in dense urban communities have easier access to more routes, but those with limited mobility still feel they have to walk too far to stops, which may lack age-friendly features like shaded benches with arm rails. Several said drivers may need reminders about the needs of elders, like using the kneeling bus feature more often. With a more limited system dependent on one main route, public transportation in Monroe faces similar challenges: getting elders from their homes to the main artery where transit operates.

The Alliance's 2023 Needs Assessment revealed that due to the geographic layout of Monroe County, many older residents are unable to travel freely to other cities. This also includes traveling to Miami Dade County for services that are not offered in Monroe. When there is a need for certain medical services, many older adults must find transportation or are faced with poor health outcomes as a result.

Community Conversations Summary of Housing Issues

Affordability

The topic of housing for older adults and adults with disabilities generated valuable conversations in all geographical areas where the Community Forums were facilitated. A major theme that was observed is the unaffordability of housing in Miami-Dade and Monroe Counties.

Importance of Staying at Home for as Long as Possible

As part of the Housing section of these conversations, participants were also asked to share whether it was important for older adults to stay in their homes for as long as possible. Participants from most geographical areas pointed out that older adults value their independence and want to age in their own homes. It was observed that this valuable component transcended all cultural backgrounds of residents who attended these conversations, as they felt that it enhanced their quality of life, physically and mentally. As one participant stated: "Older adults would be able to see their families whenever they want, eat what they feel like eating by aging in place in their own surroundings."

Even though all participants agreed that older adults prefer to "age in place" as opposed to being placed in a nursing home facility, many also felt that there are still barriers that would need to be addressed that would allow older adults and adults with disabilities to live in a safe and healthy environment. One of the barriers discussed extensively during these conversations is the limited access to affordable in-home services or support programs that would enhance the quality of life for older adults in their own homes. These would include transportation services, household maintenance, personal care, companionship, home modifications for older adults with disabilities - characterized by limited mobility - among others.

As noted earlier, in Monroe County, homelessness is a considerable issue especially among homeless veterans, who according to participants choose not to utilize all available services such as mental health treatment for fear of being stigmatized. Participants also shared that a case management component is needed due to the lack of "follow-through" often seen among the homeless population.

Considering the economic situation faced by many older adults in Miami-Dade and Monroe, many are more interested in employment than volunteerism. Local statistics and the experience of elder employment programs seem to indicate there are far more older adults who wish to work than there are places that want to hire them. The Alliance for Aging is fortunate to have an opportunity to collaborate on these issues with other community partners—including the United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, and Miami-Dade County—on an Age-Friendly Community initiative that seeks to address these issues through actions that have a collective impact on policy and systems that affect older adults.

Health Care

While most elders age 65+ have Medicare (87.8% in Miami-Dade and 95.61% in Monroe), elders in poverty may not be able to afford co-payments, specialty visits, or pharmacy costs. Approximately one-third (32%) of all elders in Miami-Dade County may be eligible for Medicaid due to low income, compared to just 21.0% in Monroe County. Older adults in Monroe are more likely to have insurance, but less likely to have access to facilities, so they must seek services in Miami-Dade while transportation may be a problem.

Other than natural causes, the top causes of death for older adults include cancer, heart disease, stroke, chronic lower respiratory disease, diabetes, and Alzheimer's disease. Miami-Dade's minority elder population is disproportionately affected by high rates of chronic disease, e.g., diabetes, heart disease, COPD, arthritis, HIV, and viral chronic Hepatitis B & C that are above the state and national rate. Older adults in Miami-Dade have higher rates of depression and disability than state and national rates, and local estimates suggest up to 20% of people age 55+ may have Alzheimer's.

Monroe's elder population is generally healthier than Miami-Dade, having lower than the state and national rates on most conditions (e.g., heart disease, stroke, diabetes, depression) but high rates of viral chronic Hepatitis B & C, skin cancer, and binge drinking. Chronic liver disease/cirrhosis is one of the five top leading causes of death in elders age 55-74 in Monroe County.

These statistics suggest the need for evidence-based healthy aging programming that addresses managing chronic conditions (especially heart disease, diabetes) and self-care limitations; general nutrition, preventing falls; improving physical health (e.g., Tai Chi); and behavioral health. The high rate of depression in Medicare Fee-for-Service data for Miami-Dade suggests there is also an unmet need among elders experiencing depressive symptoms for mental health interventions). Ancillary health care needs, such as hearing aids, eyeglasses, and dental care, are not covered by Medicare, so many elders in poverty go without or are dependent upon a few free or sliding-scale services. In Monroe, there is an extremely limited number of providers (particularly of free or low-cost services), so many older adults must go to Miami-Dade for these services or simply do without. There is clearly a need for additional resources to help older adults pay for visual, dental, and hearing services not covered by Medicare, particularly the 122,881 elders in Miami-Dade and the 2,688 elders in Monroe living below 125% poverty.

Food Insecurity

Feeding America's Map the Meal Gap study estimates that roughly 10% of the overall Miami-Dade County population is food insecure (10.4% in the most recent available data). In the 2023 Miami-Dade County Community Health Needs Assessment, 35% of respondents reported worrying that their food would run out before they could buy more, and 28% said it was very or somewhat difficult to afford fresh produce at an affordable price.

Because clients do not necessarily attend every day, providers must maintain a pool of eligible clients that slightly exceeds the number of meals in each site in order to avoid uneaten meals. A total of 20,004 clients were eligible to receive a congregate meal in 2022 in PSA 11. Federal funding in the form of Older Americans Act Title III C-2 supports home-delivered meals to a total of 32,090 eligible clients. Local Service Program funding increases the number of clients eligible for congregate meals in Miami-Dade by 2,874.

Supplemental Nutrition Assistance Program (SNAP)

Eligibility for SNAP (formerly known as Food Stamps) is based on gross and net income limits, which are—for a household of one elder—a maximum gross annual income under 130% of poverty) and a maximum net annual income under 100% of poverty.

	Miami-Dade		Monroe	
In 2025, for those Age 60+	**#**	**% elder population**	**#**	**% elder population**
Number of SNAP Participants	255,264	33%	2,201	7%
Number Potentially Eligible*	122,881	18%	2,688	9%

Source: DOEA, 2025 Profile of Older Floridians

Estimates of eligible participants provided by the Department of Elder Affairs are based on the number of people age 60+ living below 125% of poverty. This clearly underestimates the number of people actually eligible and would, therefore, account for the illusion that there is no unmet need or there is SNAP "overutilization" in Miami-Dade. There *is* an unmet need, but it is difficult to estimate because it exists in the gray area between 125% and 130% of poverty, and gross versus net income requirements. The Profile data indicate continued opportunity for SNAP outreach in Monroe County, but they do not provide a reliable count of eligible nonparticipants because the potentially eligible, annual participant, and current-beneficiary measures use different definitions and reporting periods.

Home and Community-Based Services (HCBS)

The high demand for free or low-cost home- and community-based services for older adults challenges the limited available funding, creating a significant unmet need across nearly all service areas in PSA 11. The pre-enrollment list is filled with individuals who, while not prioritized as "frail enough" to receive services, have nonetheless been assessed as needing them. Many older adults in the community share stories of individuals who are just slightly above the income threshold or who own a home—their only asset—making them ineligible for assistance. According to the 2025 Client Satisfaction Survey, 86% of respondents agreed that the services they received help maintain or improve their quality of life, and 85% expressed satisfaction with the quality of services received.

As pre-enrollment list times continue to lengthen, many older adults and their caregivers may experience declining health, depleted finances, and, in some cases, even death. At the same time, the growing number of elders in PSA 11 will continue to place increasing strain on the administrative and service delivery capabilities of the Alliance for Aging and the broader Aging Network in PSA 11.

The results of the Alliance's 2023 Community Health Needs Assessment (CHNA) survey highlighted that a higher proportion of participants responded "no" or "not sure" when asked about the accessibility of certain services, suggesting either limited availability or a lack of community awareness. These services included: legal services and assistance

(53.6% “no” or “not sure”), home care services (53.2%), mental or behavioral health care (44.6%), nutrition programs (45.1%), and disease self-management programs (43.0%).

Connection to Community

The need for social interaction, particularly among older adults who are especially vulnerable due to mobility constraints, age-related health issues, and diminished social circles caused by the loss of spouses, friends, and social networks remains high. Social isolation frequently culminates in loneliness, a significant factor in deteriorating health outcomes such as memory loss and dementia, according to mounting research.

The 2020 Community Health Needs Assessment conducted by the University of Miami Health highlighted that 20.1% of respondents aged 65 and above reported a decline in their mental health since the onset of the pandemic. Reinforcing this concern, the U.S. Surgeon General released an advisory in May 2023, urging the public to recognize loneliness and isolation as pressing public health issues. The advisory emphasized that a myriad of factors, encompassing our living spaces, neighborhoods, available transportation, workplaces, and digital environments, impact the levels of loneliness and isolation experienced.

Numerous elements addressed in this Area Plan bear an influence on the older population's ability to maintain social connections. This section delineates specific strategies to mitigate the impact. The Alliance's 2023 Needs Assessment Community Survey disclosed that 13% of respondents acknowledged "feeling lonely" as a major concern, while 11% indicated "feeling depressed" as a significant issue. Additionally, 17% and 24% respectively reported these concerns as minor problems.

Insights from key informants in the Alliance's 2023 Needs Assessment unveiled that, despite the tightly-knit community of Monroe County residents, there is a notable absence of tailored social programs for older adults. A stakeholder drew attention to the lack of a locally sponsored senior center in the Upper Keys, leaving residents to organize their own gatherings and events. Consequently, a considerable number of older adults find themselves isolated without meaningful social connections.

Summary of Key Informant Interviews conducted in support of the Alliance’s 2023 Needs Assessment

Gathering insights from key informants deeply involved with the welfare of older adults is imperative due to their integral roles in high-level decision-making processes. These individuals possess comprehensive knowledge of their respective communities and serve as influential advocates for necessary changes. Engaging with experts in the field of aging significantly enhanced our comprehension of the current needs of the older adult population and those responsible for their care.

A prevalent and vital theme arising from the key informant interviews centered around the concept of 'community.' In discussions concerning aging in place, the emphasis on

granting older adults the autonomy and freedom to age within their homes and communities stood out in stakeholder responses. Nevertheless, concerns regarding housing costs, program accessibility, and safety were prominently cited as primary barriers hindering the realization of aging in place. Furthermore, a lack of awareness among older adults regarding available resources emerged as a recurring theme.
Compounded by fragmented care coordination systems, older adults face prolonged wait times and potential care delays. An often-suggested solution was to establish a streamlined system that seamlessly connects services, ultimately averting these delays. Consensus among stakeholders highlighted isolation as a significant challenge for older adults during the pandemic. The shift away from traditional modes of client service delivery and the loss of regular community connections, be it through in-person meetings or communal meal sites, posed significant threats to the safety and well-being of older adults. Moreover, the necessity for older adults to adapt and become technologically proficient to maintain community connections shed light on prevailing stereotypes and biases in our society.

In the Alliance's 2023 CHNA survey, in response to the question, "how would you rate your need for the following community resources?" respondents indicated the following as "very important:":

	Percent
Activities for socializing	56.6%
Activities that are affordable to all residents	66.0%
Activities that involve both younger and older people	51.9%
A variety of cultural activities for diverse populations	57.4%
Conveniently located entertainment venues	59.1%
Continuing education classes or social clubs to pursue new interests, hobbies, or passions	61.7%

Emergency Preparedness

Community Conversations Summary of Disaster Preparedness Issues

A major difference observed between participants in our community conversations in both geographical areas is related to the emergency services that are available to residents during a natural disaster, such as a hurricane. Generally, most Miami-Dade County participants felt satisfied with the emergency services that are being offered by their local agencies, while several Monroe County participants stressed the need to improve the coordination of services specifically for the most vulnerable populations such as older adults. Participants shared that local agencies would need to improve upon emergency services currently in place as well as addressing the mental component that manifests as anxiety and stress during an emergency situation. It was noted by a participant that it is crucial to promote the "mental wellness" of older adults when faced with a natural disaster. According to this participant, this stress may lead older adults to "not want to believe that this thing is gonna [going to] happen."

In the 2025 Client Satisfaction Survey, 54% of respondents strongly agreed that they felt prepared for emergencies such as hurricanes, floods, and fires, with 73% expressing at least some level of agreement. Preparedness varied notably by language group: 86% of English-speaking respondents felt prepared, compared with 63% of Spanish-speaking and 68% of Creole-speaking respondents, pointing to a continued need for culturally and linguistically tailored emergency outreach."

Respondents of the 2023 CNA survey indicated their preferred method of receiving emergency alerts as follows, 65.2% preferred to receive alerts from local TV stations, followed closely by receiving text messages (59.6%). Other preferred methods of receiving alerts included radio stations (35.4%), automated phone calls (32.8%), email (25.8%), social media (24.2%), and through smartphone apps (24.2%). The Alliance will incorporate this information in its emergency preparedness planning.

Coordination:

Given Florida's vulnerability to natural disasters, specifically hurricanes, the Alliance for Aging's Emergency Operations Coordinator ensures that providers in the Aging Network have a disaster plan and continuation of operations plan that addresses how services will be provided in the event of a natural disaster. Aging Network providers and staff in the Aging and Disability Resource Center (ADRC) assist local elders in registering for evacuation assistance and special needs shelters, as well as connecting them with the Emergency Evacuation and Assistance program that offers specialized transportation, safe shelter, medical monitoring, and wellness checks. The Alliance is also a member of Volunteer Organizations Active in Disasters (VOAD), a local coalition of organizations responding to the needs of community members before, during, and after a natural disaster. VOAD agencies, including the United Way, Salvation Army, Switchboard of Miami, Emergency Management, and others, help coordinate responses to public

requests and resources for assistance with county agencies, emergency management, and other public and private entities. The Alliance is also a member of Monroe County COAD, which has a purpose similar to VOAD. The Alliance, members of the Aging Network, and other community partners will work together to identify elders in danger before disasters, and to meet the needs of elders during the recovery phase.

Emergency Contacts:

In the event of a disaster, the Alliance has identified the following local Emergency Management contact person(s):

Miami-Dade County

Organization	Name	Contact
Florida Department of Health	Natasha Strokin MDCHPC Public Health Co-Chair Public Health Preparedness Program Manager	Natasha.Strokin@flhealth.gov O: 786-336-1332 C: 786-972-5488
City of Miami Fire Rescue	Robert Hevia, DNP, ARNP Assistant Fire Chief EMS Support División	RobHevia@miamigov.com O: 305-416-5404 F: 305-400-534 C: 305-323-3745
M-D EOC	Curt Sommerhoff	OEMmanagement@miamidade.gov 305-468-5400
M-D Fire Rescue Office of Emergency Management	Alicia N. Horner, MPH Emergency Management Coordinator	*ahorner@miamidade.gov* O: (305) 468-5411
M-D CAHSD Elderly and Disability Services Division	Sonia Grice, Department Director	Sonia.Grice@miamidade.gov
OEM M-D Fire Rescue	Oscar Celerio Emergency Management Planner	Oscar.celerio@miamidade.gov
Miami-Dade Safety Hotline		305.375.2700
Miami Dade Disability Shelters	Vitia Fernandez	305-513-7700

Monroe County

Organization	Name	Contact
Florida Department of Health	Robert Eadie Administrator	Robert.Eadie@flhealth.gov O: 305-809-5610 C: 305-797-5561
Storm Ready Hotline		http://www.monroecountyem.com 800-955 -5504
The Salvation Army	Loretta Geotis Social Services	loretta.geotis@uss.salvationarmy.org 305-294-6505 813-892-3342
FL Keys Red Cross		305-294-9526
Monroe County Sheriff Office Non-Emergency:		305-289-2371
Special Needs Evacuation Assistance	Matt Massoud, Sr. Planner/Mass Care/Special Needs	SpecialNeeds@MonroeCounty-FL.gov massoud-matt@monroecounty-fl.gov 305-289-6043 office 305-563-1187 cell
Monroe County Emergency Management Director /Secondary EOC	Shannon Weiner	http://www.monroecountyem.com/782/Emergency-Management Weinier-shannon@monroecounty-fl.gov 305-289-6012

AAA Emergency Coordinating Officer:

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	WORK PHONE	E-MAIL ADDRESS
Martine Charles, ECO	305-671-6383	charlesm@allianceforaging.org
Lisa Mele, Alt ECO	305-671-6338	melel@allianceforaging.org

Continuity of Operations and Critical Services:

The following mission essential functions will be executed by the assigned organizational unit with pre-deployed resources.

Organizational Unit	Mission Essential Function
Fiscal Unit	Financial Support of lead agencies and local providers HCE Checks HR/Payroll
Helpline	Ensure the Helpline is staffed (or forwarded) to provide information to Elders and caregivers in the area Ensure that callers that are needing services are placed on the appropriate wait list for services
MIS	Continuation or reinitializing of computer systems to include ECIRTS, MIP Non-Profit Series Accounting System and I & R Database
Program Integrity & Accountability	Support of lead agencies and local providers as needed
ECO	Coordinate staff; Communication

Assessment and Resource Allocation:

In the case of a disaster, the Alliance will implement its COOP, and working with direct service providers and others in the community will serve as the firm foundation of an effective and stand-alone emergency management program. This will include local health departments, emergency management agencies, service providers. The Alliance will use a whole community approach, as defined by FEMA in all phases of emergency management to help reduce vulnerability and lessen the impact of disasters.

Goals, Objectives, and Strategies

Goal 1 **Strengthen and streamline the aging network's capacity, inspiring innovation, integrating best practices, and building efficiencies to respond to the growing and diversifying aging population.**

Objective 1.1 Expand the availability, integration, and access to assistive technology for older adults.	
Strategies	Progress
Promote access to assistive technology for older adults, and test technology options under the Technology Service, such as Uniper, CLARIS, ELLIQ, etc. Maintain at least 200 registered clients per year for Technology Services.	As of 1/1/26 the Alliance is funding Technology in OAA as a new service. Additionally, in May 2026, the Alliance was awarded a grant to innovate our ADRC infrastructure to streamline access to support for older adults. The Alliance is also applying for a grant to modernize our channels for people with disabilities.
Based on community response, expand successful technology options, to include at least 2 tech options.	As of 10/1/2024 the Alliance no longer has funding to continue or expand technology options.
Develop 1 partnership annually with organizations (such as Cyber Seniors, Senor Planet) that teach technology to older adults	The Alliance expanded its efforts to increase technology access and digital literacy for older adults by strengthening its partnership with Senior Planet during the reporting period. In May 2026, the CEO of Senior Planet served as the keynote speaker at the Alliance's Annual Conference, where the theme, *Aging in the Age of AI*, engaged hundreds of service providers, caregivers, older adults, and community advocates in discussions about technology and healthy aging. To further advance this collaboration, Alliance senior management conducted two site visits to the Senior Planet Wynwood location to explore opportunities for coordinated programming and referrals. As a result of these meetings, both organizations committed to expanding their partnership to enhance technology education and digital inclusion opportunities for older adults in the service area.

Objective 1.2 Increase the Alliance's functional capacity to serve older adults through strategic and meaningful partnerships and collaborations.	
Strategies	Progress
Collaborate with at least 3 Age Friendly partners (e.g., United Way, AARP, Health	Ongoing collaborations with UW, AARP, UHP. *Active collaborations maintained with 3 of 3*

Foundation of South Florida, Urban Health Partnerships, and others) to develop communities that support aging in place, by participating on local efforts to raise awareness about programs promoting active and independent living.	*Age Friendly partners (United Way, AARP, Urban Health Partnerships) through June 2026, including Age Friendly Park Certification and Age Friendly Library Certification.*
Identify 1 intervention or project that can be done in collaboration with one or more community partners who have housing/homelessness expertise, such as Carrfour, Homeless Trust, Camillus House, etc.	ADRC has established relationships with the Homeless Trust and its providers to ensure prompt and appropriate services to homeless elders. In April 2025, USAging interviewed Alliance and Homeless Trust management regarding this relationship and processes, which promotes efficiency and collaboration when working with older adults experiencing homelessness. The Alliance and the Homeless Trust have established an MOU to record the intentions and processes of their collaboration. Max B. Rothman, Alliance CEO, and the CEO from the AAA in PSA 5 will each present their initiatives with the Homeless Continuums of Care (COCs) at the upcoming 2026 USAging Conference
Expand the DCCI Miami Taskforce membership by 2 new members per year with organizations and providers who have dementia-related expertise.	2025-26 new members: M-D County Public Libraries, MedBetter Health

Objective 1.3 Explore new opportunities to reach previously underserved and emerging communities across all programs and services.	
Strategies	Progress
Participate in at least 4 targeted outreach events per year focused on underserved and emerging communities of elders that have not been the focus of outreach and targeting activities in the past.	5 new targeted outreach events were attended July 2025 through June 2026 including Hialeah Gardens, Homestead, Miami Springs, N. Miami, Miami Lakes. In partnership with the Office of the Mayor (Senior Advocate for Older Adults, Mental Health and Disabilities and the Faith and Community Leadership Liaison Office), the Alliance conducted two targeted Lunch and Learn outreach events on July 18, 2025, and March 20, 2026. These sessions engaged approximately 35 clergy serving historically underserved communities, strengthening relationships with trusted community leaders and expanding outreach to older adults who

	have not traditionally been reached through the Alliance's engagement efforts. The events increased awareness of Alliance programs and services, fostered new referral partnerships, and enhanced the organization's capacity to connect underserved older adults with available resources. Monthly contract outreach goals for SHINE, SMP and MIPPA were all met or exceeded. Groups and organizations that received presentations include but are not limited to: Betty Ferguson recreational complex, Allapattah YMCA, ILS Fountainebleu meal site, University of Miami Free Health Fair, Ward Towers, Hialeah Housing congregate meal site, Point East Senior Residences in Aventura, Miami Springs Senior Center, Baptist Health Systems employees in conjunction with their Transamerica Retirement seminar, University of Miami Osher School of Lifelong learning for senior learners, Little Havana Activity Center, Federation Gardens low income housing, AAR Corporation, Senior Lift Center, PACE Center, Pinewood Villas Senior Housing, South Miami AME Church.
Develop culturally sensitive outreach materials in multiple languages to effectively engage with identified communities.	Alliance for Aging flyers developed in 3 languages
Forge partnerships with community organizations, faith-based institutions, and other non-traditional service organizations (such as fire and rescue and local businesses) to gain credibility and access to underserved communities.	Partnership created with Feeding South Florida. Partnership under development with Miami Fire and Rescue. As of June 2025, the Alliance continues to collaborate with Feeding South Florida as needed but has not been able to identify funding opportunities to be able to partner with Miami Fire and Rescue.

Objective 1.4 Help older adults achieve better quality of life by ensuring those who seek assistance are seamlessly connected to supportive programs and services.		
Strategies		Progress
Ensure that the ADRC provides updated information and referrals to callers in English, Spanish, and Haitian Creole improving accessibility for a diverse range of individuals.		The Helpline provides information and referral in English, Spanish, and. has access to a live translation service for over 300 languages. From 6/1/2025 to 5/31/2026,], the Helpline answered 100,939 calls, over 70% in Spanish.

Enhance call center technology, performance reporting, and data analysis by implementing processes to reduce paper and increase electronic access to documents related to the assessment process.	Helpline management reports and referrals for screening are electronic and are not printed. In 2025, phone system prompts have been reviewed and revised, to provide certain recorded information to callers. Recorded information can provide certain basic information and reduce the need for callers to wait for a representative. The CIIO and ADRC Supervisors are researching new call center features with the goal of improving efficiency and caller experience.
Meet or exceed standards for "screened and served" priority populations, including individuals with limited English proficiency; low-literacy, low-income, individuals residing in rural populations; persons with disabilities who receive Medicare but are under the age of 65; grandparents caring for grandchildren; individuals with disabilities; and dual eligible across any Special Needs Population. This will include: • Partner with community organizations to conduct at least four (4) events per year targeting one or more of these high priority geographic areas, racial/ethnic groups, or special populations. • Encourage providers in the Aging Network to conduct outreach to these high priority populations. • Maintain a database of outreach activities that identifies events held that target specific geographic areas, racial/ethnic groups, or special subpopulations, as identified in the Targeted Outreach Plan.	The Alliance met or exceeded 7 of 8 Department targeting standards for screened and served priority populations in 2024 (most recent available year). The rural standard was not met; in response, the Alliance has expanded Monroe County outreach Supporting this, 5 outreach events were conducted through June 2026. SHINE Volunteer counselors were trained to screen all clients for the MSP and LIS programs and refer clients to our part-time MIPPA Specialist for application assistance and submission. A full-time MIPPA Specialist was recently hired. Ongoing partner referrals received from the Social Security Administration's Public Affairs Specialist and Baptist Hospital, Doctors Hospital, South Miami Hospital and other Baptist Health Systems Social Workers, and the Center for Independent Living in Key Largo. 191 SHINE presentations all incorporated information about the financial assistance programs that pay for Medicare costs. Participated in the Lower Keys Resource seminar. SHINE presentations all incorporate information about SMP and how to prevent, detect and report Medicare fraud. The Alliance for Aging SMP team participated in the statewide National Medicare Fraud Prevention week webinar. The Alliance for Aging SMP educated 1908 of consumers about current fraud trends. The Alliance for Aging SMP team facilitated 192 fraud prevention presentations in partnership with the CMS Fraud Divisions from Atlanta and Miami at sites selected by CMS to have the largest number of elders.

Implement a pre-intake review process within the ADRC to ensure that low-income, frail elders who contact the Helpline are appropriately screened and placed on the applicable pre-enrollment list(s) and are connected with community resources that can serve them intermittently while awaiting program enrollment.	Callers to the Helpline who are referred for screening of case-managed programs are informed of community resources and options which may be of assistance.

Objective 1.5 Bring attention and support to caregivers, enabling them to thrive in this fundamental role.	
Strategies	Progress
Develop specialized caregiver support services within the Aging and Disability Resource Center (ADRC) with a dedicated Caregiver Specialist. The Specialist will handle longer calls from caregivers with complex needs, provide community presentations on caregiver services, and engage in collaborative activities with other organizations to address the specific needs of caregivers in the service area. On an annual basis the Caregiver Specialist will handle an average of 900 calls from caregivers and will deliver 6 presentations.	From Sept 2023 to June 2024, the Family Caregiver Support Specialist assisted 792 caregivers and provided 10 presentations, in line with these goals. Through September 2024, 1,270 elders were served with caregiver support services (ADC, ADCO, RESP, RESF). After service intervention, 89% of caregivers self-reported being very confident about their ability to continue to provide care. The Alliance strengthened specialized caregiver support services within the ADRC by hiring a dedicated Family Caregiver Support Specialist in March 2026. Since joining the organization, the Specialist has responded to 310 calls from caregivers, providing individualized assistance to those with complex caregiving needs, and has participated in four community outreach events to increase awareness of available caregiver supports and resources. These activities have expanded the ADRC's capacity to provide specialized assistance, strengthen community partnerships, and connect caregivers with services that help them navigate the challenges of caregiving.
Partner with other community organizations that serve caregivers (e.g., Alzheimer's Association, Easter Seals, Memory Disorder Clinics) to better understand the needs of local caregivers, as well as their preferences for services and service delivery models.	The Alliance continues to collaborate with the three Memory Disorder Clinics (UM, Mt Sinai, and MHJS) and the Alzheimer's Association, to promote awareness, communication, and coordination with the provider network to enhance awareness of dementia and the resources available to individuals living with the condition and their caregivers.

Coordinate with the memory disorder clinics to participate in the required annual training for respite providers, ensuring that caregivers receive comprehensive and up-to-date support. Tailor services to address the unique challenges faced by caregivers, considering the specific needs of those caring for individuals with memory disorders.	By December 2026, the Alliance will coordinate with the memory disorder clinics training for ADI providers.
RELIEF provider will conduct outreach activities in the community to bring awareness to caregivers about the RELIEF program in addition to providing an annual in-service to the ADRC staff about the program and the available services in an effort to maximize the use of the funding	The Alliance's funded providers continue to include information about the RELIEF Program in their community outreach. Additionally, all ADRC staff have received training on the RELIEF program to enhance awareness and understanding of the referral process.

Goal 2	**Ensure that Florida is the nation's most dementia and age friendly state by increasing awareness and caregiver support, while enhancing collaboration across the aging network.**

Objective 2.1 Directly support communities in becoming dementia friendly.	
Strategies	Progress
Continue to cohost the Dementia Care and Cure Initiative (DCCI)/Miami Taskforce with six annual meetings. Provide active support to subcommittees, focusing on identifying and addressing the support needs of people living with dementia and their caregivers.	8 DCCI Taskforce meetings held from June 2025 through May 2026. 2 active subcommittees are supported: social media, memory café. A taskforce website has been created, offering information and resources to families.
Expand DCCI by 2 new taskforce members annually. Create or expand 1 new subcommittee annually	2025-26 new members: M-D Public Libraries, United Way Miami, Alzheimer's Association. 1 subcommittee was expanded to include memory cafes. A collaboration was created with MDPLS to host 4 cafes annually.
Share relevant information disseminated by the Florida Department of Elder Affairs (DOEA) through various channels, such as newsletters, social media, etc., to increase awareness and understanding of dementia-friendly practices	DOEA materials shared at all DCCI Taskforce meetings held through May 2026 and via the Alliance's website, newsletter, and social media posts.

Objective 2.2 Increase acceptance across communities by raising concern and building awareness through a commitment to targeted action.	
Strategies	Progress
Work with Age Friendly partners (e.g., United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, and others) to develop communities that support aging in place, by participating on local efforts to raise awareness about programs promoting active and independent living.	Promoted community participation in survey by UHP (AFI), participated in launch of Age Friendly Library certification and Age Friendly Parks certification.
Collaborate with other elder-serving organizations to advocate for increased resources for services for older adults, and educate the general population, and elected officials, about the growing need for services for older adults.	Participated in LIHEAP Action Day in Washington DC in Feb 2024. Advocated for funding increases to the LIHEAP program with several congressional offices. Discussed the needs of low-income elders in need of utility bill assistance through the EHEAP program. Strategy expanded, formalizing the role of Board members' private, local, and professional networks in raising awareness among elected officials and the public.
Participate in 2 local initiatives/events annually to raise awareness about programs promoting active and independent living,	From July 2025 through May 2026, Alliance staff participated in 285 events promoting active living.

tailoring initiatives to the unique needs of each community.	

Objective 2.3 Strengthen and enhance information sharing on dementia and aging issues to promote widespread support.	
Strategies	Progress
Hold a minimum of 6 Dementia Care and Cure Initiative (DCCI) Miami Taskforce meetings annually to explore collaboration opportunities, identify best practices, and share information on dementia and aging issues.	8 DCCI Taskforce meetings held through May 2026.
DCCI Miami Taskforce will create an educational PSA on dementia, to be shared electronically. Establish measurable metrics to track the reach and impact of the PSA, such as the number of views, shares, and engagement levels	4 ongoing educational PSAs were posted in September 2024. Site is averaging 800 views per month.
Collaborate with key organizations, including the Alzheimer's Association, Memory Disorder Clinics, and ADI case management agencies, to provide cross-training. Enhance caregiver awareness on dementia and available treatment services through shared resources and coordinated efforts.	The University of Miami coordinated and delivered the required three-hour ADRD training for adult day care providers offering respite services throughout 2024. Trainings were held on 8/12/24; 10/21/24; 12/4/24; and 4/23/25. Alliance-funded providers participated in these sessions. The Alliance has also reached out to the University of Miami and the Wein Center to explore future training collaborations.

Objective 2.4 Increase access to supportive housing with services and increase supports for older adults at risk of experiencing residential insecurity.	
Strategies	Progress
Collaborate with at least one homeless organization, such as Camillus House, Carrfour, Homeless Trust to increase support for older adults experiencing residential insecurity. Develop specific initiatives that address the unique needs of this population.	The Alliance continues to coordinate with the Homeless Trust and was featured on the U.S. Interagency Council on Homelessness website for our efforts to ensure the availability of services to older homeless adults. https://usich.gov/news-events/news/older-adults-and-homelessness-how-continuums-care-and-area-agencies-aging-can In April 2025, USAging interviewed Alliance and Homeless Trust management regarding this relationship and processes, which promotes efficiency and collaboration when working with older adults experiencing homelessness. The Alliance and the Homeless Trust have established an MOU to record the intentions and processes of their collaboration. Max B. Rothman, Alliance CEO, and the CEO from the AAA in PSA 5 will each present their initiatives with the Homeless

	Continuums of Care (COCs) at the July 2026 USAging Conference.
Advocate for policies addressing shortages of supportive housing options in Public Service Area (PSA) 11. Encourage targeting of elders identified as facing residential insecurity through policy changes or incentives that promote the development of supportive housing.	The Alliance and F4A are working on a process to collect more detailed data from callers experiencing housing issues. With the eCIRTS transition, focus has been placed on primary functions of the database, however this remains a follow up item for F4A. This remains a follow up item for F4A, as the data referenced will be collected in the statewide eCIRTS database.

Goal 3 **Enhance efforts to maintain and support healthy living, active engagement, and a sense of community for all older Floridians.**

Objective 3.1 Advocate with housing service providers, affordable housing developers, homeless programs, and other stakeholders to establish affordable housing options for older adults.	
Strategies	Progress
Work with Age Friendly partners (e.g., United Way, AARP, Health Foundation of South Florida, Urban Health Partnerships, and others) to develop communities that support aging in place.	Promoted community participation in Urban Health Partnerships' Age-Friendly Parks designation and Age-Friendly Libraries designation.
Participate in at least 1 local initiative such as the Greater Miami Chamber of Commerce's Housing Solutions Task Force, focusing on raising awareness and increasing collaboration regarding the need for affordable and accessible housing for older adults.	Collaboration with Homeless Trust (especially Mia Casa) and Carrfour has created numerous referrals to the ADRC. In April 2025, USAging interviewed Alliance and Homeless Trust management regarding this collaboration and processes, to share experiences and promote relationship building with other AAAs and Continuums of Care. The Alliance and the Homeless Trust have established an MOU to record the intentions and processes of their collaboration. Max B. Rothman, Alliance CEO, and the CEO from the AAA in PSA 5 will each present their initiatives with the Homeless Continuums of Care (COCs) at the upcoming 2026 USAging Conference.
Collaborate with at least 2 key stakeholders, including housing service providers, affordable housing developers, and homeless programs, to advocate for policies and initiatives that promote the establishment of affordable housing options for older adults.	The Florida Supportive Housing Coalition and Florida Association of Area Agencies on Aging joined together on Thursday, June 20, 2024 in Orlando, Florida for an Elder Housing Dialogue. The objectives of this dialogue were to (1) examine elders' housing challenges and needs; (2) explore current Area Agency on Aging activities, collaborations, and available data; (3) increase knowledge of permanent supportive housing models and their development as elder housing solutions; and (4) generate direction and consensus for collective action and support.

Objective 3.2 Promote empowered aging, socialization opportunities, and wellness, including mental health, healthy nutrition, exercise, and prevention activities.	
Strategies	Progress
Achieve at least 2000 participants annually in evidence-based programs that build self-confidence and reduce disease progression for older adults,	1,540 participants June 2025 through May 2026.

particularly those with chronic conditions. Programs include: ○ Living Healthy/Tomando Control de su Salud and Diabetes Self-Management/Program de Manejo Personal de la Diabetes ○ A Matter of Balance/Un Asunto de Equilibro and Bingocize ○ Home Meds ○ Enhance Fitness	
Achieve at least 300 participants annually in programs that empower elders to control their own health through community-level interventions, such as: ○ Live, Learn, Grow ○ Transforming Grief and Loss ○ Mind&Melody	Through the AMIGOS Project, funded by the Humana Foundation, the Alliance served over 3069 older adults across Live, Lean, Grow, Transforming Grief & Loss seminars, and Mind&Melody.
Successfully bid on at least two grants annually to help sustain continued funding through multiple sources for evidence-based wellness programs.	2 successful bids through June 2026.

Objective 3.3 Strengthen programs that promote uniting seniors and caregivers with community partners, enabling seniors to directly access service providers to meet their immediate needs.	
Strategies	Progress
Maintain specialized caregiver support services within the Aging and Disability Resource Center (ADRC) with a dedicated Caregiver Specialist. The specialist will handle longer calls from caregivers with complex needs, provide community presentations on caregiver services, and engage in collaborative activities with other organizations to address the needs of caregivers. The Caregiver Specialist will handle 900 calls from caregivers annually, and will deliver 6 presentations annually	From Sept 2023 to June 2024, the Family Caregiver Support Specialist assisted 792 caregivers and provided 10 presentations, in line with these goals After service intervention, 89% of caregivers self-reported being very confident about their ability to continue to provide care. The Caregiver Support Specialist assists caregivers and has participated in 4 outreach events and presentations to the community from March to June, 2026.
Partner with at least 2 community organizations that serve caregivers (e.g., Alzheimer's Association, Easter Seals, Memory Disorder Clinics) to better understand the needs of local	The Alliance funds ADI CM agencies and Title IIIE providers to serve caregivers and individuals diagnosed with Alzheimer's. The Alliance also continues to collaborate with the three Memory Disorder Clinics (UM, Mt Sinai, and MHJS) and the

caregivers, as well as their preferences for services and service delivery models.	Alzheimer's Association, to promote awareness, communication, and coordination with the provider network to enhance awareness of dementia and the resources available to individuals living with the condition and their caregivers.
Provide at least 5 referrals annually to Florida Alzheimer's Center of Excellence (FACE) which focuses on enhancing the infrastructure available to support impacted seniors, families and caregivers.	Through June 2026, the Alliance ADRC made 66 referrals to the FACE Care Navigation program, significantly exceeding the annual target of five referrals. To strengthen this partnership and ensure appropriate referrals for individuals with complex dementia-related needs, ADRC staff, including the Family Caregiver Support Specialist, participated in an in-service training led by FACE on March 20, 2026. Collaboration between the organizations continued throughout the year, including FACE's participation in the Alliance's Annual Conference in May 2026 and meetings with Alliance leadership to discuss the positive impact of the partnership on clients and caregivers. In July 2026, Alliance staff met with the FACE Care Navigator assigned to PSA 11 to further strengthen coordination and enhance service connections for older adults, families, and caregivers affected by dementia.

Goal 4 **Advocate for the safety and the physical and mental health of older adults by raising awareness and responding effectively to incidence of abuse, injury, exploitation, violence, and neglect.**

Objective 4.1 Increase effectiveness in responding to elder abuse and protecting older adults through expanded outreach, enhanced training, innovative practices, and strategic collaborations.	
Strategies	Progress
Collaborate with community partners, including mental and behavioral health organizations such as the South Florida Behavioral Health Network, to better understand the extent of mental and behavioral health issues among older adults in our service area, and the array of services currently available for older adults and their caregivers	Relationships established with NAMI and the Miami-Dade Office of the Mayor's Equity and Engagement Manager in 2026; participated in 6 joint meetings/activities through June 2026. The Alliance for Aging is an active member of the Southern Region Behavioral Health Interagency Collaboration that aims to improve the accessibility, availability, and quality of behavioral health services at the local level. The statutory requirement requires the Area Agencies, DCF, AHCA, Department of Health, Department of Education, Behavioral Health Service providers, hospitals, police department and other entities in the community to establish objectives based upon the specific needs of the region to address behavioral health service needs.
Collaborate with NAMI, local behavioral health organizations, and community partners in the Age-Friendly movement, to raise awareness about the need for more appropriate interventions for older adults.	Throughout the reporting period, the Alliance actively collaborated with the Age-Friendly Initiative, the National Alliance on Mental Illness (NAMI), behavioral health organizations, and funded provider partners to advance awareness of the unique behavioral health needs of older adults. Participation in these collaborative efforts strengthened cross-sector partnerships, promoted discussions on age-appropriate behavioral health interventions, and supported coordinated strategies to improve access to services and resources for older adults in the community.
Participate in at least 2 subcommittees of the Miami-Dade County Elder and Vulnerable Adult (EVA) Workgroup. This will promote increased public awareness, expanded opportunities to respond to elder abuse, and promote prevention initiatives.	Pending final report, EVA workgroup is in hiatus.

Objective 4.2 Increase capacity and expertise regarding the Department's ability to lead in efforts to stop abuse, neglect, and exploitation (ANE) of older adults and vulnerable populations.	
Strategies	Progress
Support primary prevention activities focused on preventing elder abuse, neglect, and exploitation, including working with Adult Protective Services (APS) to address the critical needs of older adults in immediate danger.	The Alliance has continued its commitment to supporting Adult Protective Services (APS) by providing targeted training to funded Lead Case Management Agencies. Three comprehensive training sessions were conducted on January 23, 2025, July 29, 2025 and January 29, 2026. In addition to these trainings, the Alliance coordinates and facilitates collaborative meetings involving representatives from the Department of Children and Families (DCF)/APS, Lead Case Management Agencies, and Alliance staff. The purpose of this meeting is to: • Review current APS requirements • Discuss enhancements to the APS referral process • Identify opportunities to improve efficiency and inter-agency coordination These efforts reflect the Alliance's ongoing dedication to strengthening the APS system and ensuring effective service delivery across all partner agencies.
Participate in at least 2 subcommittees of the Miami-Dade County Elder and Vulnerable Adult (EVA) Workgroup, to increase public awareness, and expand opportunities to both respond to instances of elder abuse and promote increased prevention.	The Alliance has a seat in the EVA Workgroup, which is currently in hiatus, pending publication of its final report.
Maintain at least 2 collaborative relationships with entities working to prevent elder abuse, neglect, and exploitation, such as Adult Protective Services and the Department of Children and Families.	Throughout the reporting period, the Alliance maintained active collaborative relationships with organizations dedicated to preventing elder abuse, neglect, and exploitation. The Alliance continued its participation in the Elder Victims Alliance (EVA) Workgroup and collaborated closely with the Equity and Engagement Manager for Older Adults, Mental Health, and Disabilities in the Miami-Dade County Office of the Mayor. These partnerships strengthened cross-system coordination, facilitated information sharing, and enhanced the Alliance's ability to connect older adults at risk of abuse, neglect, or exploitation with appropriate services and community resources.
Ensure that all APS High-Risk referrals are served within 72 hours and jointly staffing	The outcome measure to track the % of APS High Risk referrals served within 72 hours is not

APS cases with case management agencies and DCF to ensure that client needs have been met.	currently available in eCIRTS. However, the Alliance ensures through weekly staffings with the CCE Lead CM agencies and DCF, that all high risk APS cases are served within the first 72 hours or provide a documented reason why the requirement was not met which could include rejection or delays on behalf of the client.

Objective 4.3 Equip older adults, their loved ones, advocates, and stakeholders with information needed to identify and prevent abuse, neglect and exploitation, and support them in their ability to exercise their full rights.	
Strategies	Progress
Provide public education of the special needs of elders and the risk factors for abuse in vulnerable adults. Educate providers, caregivers, family members, and other community members on the signs of abuse and financial exploitation by delivering at least 12 workshops and presentations annually. Provide at least 8 trainings annually to professionals in community-based organizations by request. Expand websites, newsletters, presentations, and/or other community outreach activities to include prevention of abuse, neglect, and exploitation.	Eight professional trainings and 30 workshops were provided 7/2025 through 5/2026. Eight workshops were held in underserved areas.
Participate on at least 2 subcommittees of the Elder and Vulnerable Adult Work Group, a cross-disciplinary group working to address some root causes of elder abuse. This work group includes representatives from law enforcement, public safety, the Mayor's Office, the State Attorney's Office, and Senator Rene Garcia's office.	Participated in 2 EVA workgroup subcommittees.

Objective 4.4 Continue to improve older Floridian's access to legal services which have a direct positive impact on their ability to stay independent in their homes and communities, and most importantly, exercise their legal rights.	
Strategies	Progress
Participate in ongoing joint planning between the aging network and legal assistance providers to identify target groups, establish priority legal issue areas, and develop outreach mechanisms to ensure limited legal assistance resources are allocated in such a way as to reach those seniors who are most vulnerable	The Alliance has maintained its strong commitment to fostering collaboration between the aging network and legal assistance providers to better serve older adults. In September, 2025, the Alliance and the service providers actively participated in Legal Services of Greater Miami's Legal Needs Assessment. This initiative aimed to identify and prioritize the most

and have the most critical legal needs, including: ○ Annually cross-train all staff from the legal services provider, the ADRC/Elder Helpline, and Aging Network providers on how to identify need and provide information on the legal services available to older adults. ○ Work with the Department of Elder Affairs and Legal Services of Greater Miami to report annual service data to the Florida Elder Law Program to demonstrate legal compliance with ACL/OAA reporting requirements and accountability to OAA targeting provisions and to statewide standards.	pressing legal issues affecting older adults in the region. To further strengthen this partnership, the Alliance coordinated its annual cross-training initiative in collaboration with Legal Services of Greater Miami. These sessions brought together: • Aging and Disability Resource Center (ADRC) staff • Funded service providers • Members of the Alliance's Older Americans Act (OAA) Advisory Council To strengthen coordination between the aging network and legal assistance providers, the Alliance continued joint planning efforts focused on improving identification of legal needs, increasing awareness of available legal services, and enhancing referral pathways for older adults with the greatest vulnerability and most critical legal issues. As part of this effort, the Alliance conducted annual cross-training sessions designed to equip Aging Network partners with the knowledge needed to identify legal service needs and make appropriate referrals. Training was provided to the OAA Advisory Council in August 2025 and to funded providers on April 16, 2026. These sessions promoted greater understanding of available legal resources, strengthened collaboration across the aging network, and supported more effective service coordination for older adults. These efforts underscore the Alliance's dedication to integrated planning and capacity-building across the aging and legal services networks.

Goal 5	Increase Disaster Preparation and Resiliency

Objective 5.1 Strengthen emergency preparedness through comprehensive planning, partnerships, and education.	
Strategies	Progress
Develop and maintain at least 2 agreements with local, state, and federal entities that provide disaster relief and recovery, including: ○ Miami-Dade Voluntary Organizations Active in Disasters (VOAD), which coordinates disaster preparedness and response among local nonprofits (e.g., United Way, Salvation Army, Switchboard of Miami, and others). ○ Monroe County COAD which coordinates disaster preparedness and response among local nonprofits (e.g., Salvation Army, Red Cross, Habitat Lower Keys, and others).	Maintained 2 agreements: VOAD and COAD
Require all contracted providers to: ○ Submit an annual Continuation of Operations/Disaster plan that details steps to be taken to ensure the continuation of services to clients before, during, and/or after a disaster. ○ Submit an emergency contact form that also indicates whether they will be able to serve additional clients in the event of an emergency or serve as distribution points for DOEA resources. ○ Identify and plan for consumer needs, encouraging advance registration for special needs shelters and evacuation assistance programs, and assisting with the dissemination of information on available resources during the recovery phase after a disaster. Post at least 1 social media reminder annually at the start of Hurricane Season.	All providers have submitted required information. Social Media reminders were posted in June 2026.

Objective 5.2 Ensure communication and collaboration between the Department, emergency partners, and the Aging Network, before, during, and after severe weather, public health, and other emergency events.	
Strategies	Progress
Develop and maintain at least 2 agreements with local, state, and federal entities that provide disaster relief and recovery, including: ○ Miami-Dade Voluntary Organizations Active in Disasters (VOAD) ○ Monroe County COAD	Maintained 2 agreements: VOAD and COAD.
Develop and maintain 2 agreements with local TV stations and radio stations that would be able to alert elders of an emergency.	Outreach initiated.

Objective 5.3 Explore and support efforts to make community disaster shelters more responsive to elder needs in general, with specific emphasis on providing appropriate emergency shelter to elders with dementia-related concerns.	
Strategies	Progress
Meet annually with Miami-Dade and Monroe Counties' Emergency Management Offices to explore opportunities to identify opportunities to make disaster shelters more accessible to elders.	Participated in 4 meetings with M-D VOAD/CORE and Monroe County COAD, which includes each County's ECO.

Objective 5.4 Collaborate with state-wide and local emergency response authorities to increase levels of elder self-determination to evacuate once notices have been issued.	
Strategies	Progress
Post at least 2 social media reminders annually, encouraging advance registration for special needs shelters and evacuation assistance programs, and assisting with the dissemination of information on available resources during the recovery phase after a disaster.	One posting completed (June 2026, start of hurricane season); second posting scheduled for August 2026.
Disseminate evacuation zone rosters to staff and partners, to ensure client locations are known for preparation and relief efforts.	Evacuation zone rosters disseminated to all staff and partners in May 2026, ahead of hurricane season.

DIRECT SERVICE WAIVER REQUEST FORM

OAA Title: ☒ III B III C1 III C2 III D III E

Service: Intake

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

(i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;

☒ (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or

(iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

In 2012, the Alliance for Aging's Aging Resource Center (ARC), initially established in 2008, became the Aging and Disability Resource Center (ADRC). Since then, the Alliance for Aging has continuously and successfully provided intake services to older adults, adults with disabilities, and their family caregivers.

The ADRC also manages a number of pre-enrollment lists for home- and community-based services. This includes the Statewide Managed Care Long Term Care program, which provides long-term services to adults with disabilities and older adults eligible for Medicaid. The intake process conducted by the ADRC using standardized intake instruments provides a risk score that enables a prioritized ranking of clients based on need.

Unlike some other service areas, PSA 11's Aging Network includes multiple lead agencies serving a single county (Miami-Dade). Having an impartial entity conducting intake and wait list management ensures impartiality in the referral process, and the Alliance's ability to coordinate with multiple service providers to determine where funding is available allows for greater consumer choice. Intake can be more economically delivered by the Alliance, with comparable quality and improved access, than if it were contracted to providers that lack the infrastructure of the Aging and Disability Resource Center (ADRC) and its close relationship to Program Integrity and Accountability.

The Alliance is requesting a continuation of a waiver to provide this service through OAA funding directly. Through the use of OAA funds, the Alliance was able to provide Intake service at a cost of $746,214 in 2024 and $707,071 in 2025 and is anticipating a cost of $699,521 in 2026 to OAA funds. The Alliance's unit rate for intake under OAA is very competitive, at $67.43 per unit, the same as the intake rate for state-funded programs such as CCE, HCE, and ADI.

III. Provide documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

No public hearing was held as the services have been provided continuously for several years.

DIRECT SERVICE WAIVER REQUEST FORM

OAA Title: ☐ III B ☐ III C1 ☐ III C2 ☒ III D ☐ III E

Service: Chronic Disease Self-Management Program

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- ☒ (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- ☐ (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- ☐ (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Alliance for Aging issued an RFP for IIID programs in Monroe County in September 2024. Monroe County Social Services was awarded the 2025 IIID contract in Monroe County. The provider has not moved forward in any processes to enable them to provide the workshops and has requested a de-obligation of those funds. There were no other bids to provide these services.

As a result, a very limited amount of OAA IIID programs are being delivered in Monroe County. The one remaining OAA IIID provider in Monroe County has been unable to implement any IIID programs in Monroe to date. The Alliance has approached several potential providers in Monroe County to see if they would be interested, and all have declined. There is not an adequate supply of interested providers.

The Alliance for Aging held a virtual public hearing on October 23, 2025 (2:30 pm-3:15 pm); however, there were no interested contractors in attendance. As shown below, the notice was posted in Florida Administrative Register and on the Alliance website on October 8, 2025.

The Alliance for Aging has a long-standing record of successfully delivering evidence-based Title IIID programs and developing a robust network of community partners,

certified peer leaders, coaches, and trainers who conduct workshops throughout Planning and Service Area (PSA) 11 in both English and Spanish. The Alliance's Health and Wellness Program Manager holds a Master Trainer certification in *A Matter of Balance (MOB)* and Leader certifications in *Chronic Disease Self-Management (CDSMP)* and *Diabetes Self-Management (DSMP)*. A key responsibility of this position is to expand the network of community partners, and to recruit and train certified Leaders and Coaches to ensure the availability of a comprehensive suite of evidence-based workshops.

Approval of this Direct Service Waiver will allow the Alliance to sustain and expand program delivery, ensuring a sufficient number of qualified trainers and workshops to meet the growing needs of older adults throughout Monroe County.

Beginning in 2026, one contracted provider will be approved to conduct evidence-based workshops. The Alliance intends to utilize a hybrid service model, blending both direct and contracted services. In addition, the Alliance is actively engaging potential health care partners to explore opportunities for collaboration in providing evidence-based workshops that improve patient outcomes and yield measurable value to participating organizations.

With approval of this waiver, the Alliance proposes to deliver English-language CDSMP workshops using available IIID funding to ensure equitable access to evidence-based health promotion programs for all older adults in Monroe County.

III. Documentation of the public hearing held to gather public input on the proposal to directly provide service(s).

DIRECT SERVICE WAIVER REQUEST FORM

OAA Title: ☐ III B☐ III C1 ☐ III C2 ☒ III D☐ III E

Service: Fit and Strong

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- ☒ (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an adequate supply of such services;
- ☐ (ii) such services are directly related to such State agency's or Area Agency on Aging's administrative functions; or
- ☐ (iii) such services can be provided more economically, and with comparable quality, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Alliance for Aging, Inc. issued a Request for Proposals (RFP) in September 2024 for several Title IIID Evidence-Based Health Promotion programs. This procurement resulted in two successful bidders to deliver IIID programs within Miami-Dade County. Two IIID programs were not awarded because there were no bidders in Miami-Dade County - Fit and Strong and Tai Chi Quan Moving for Better Balance..

Currently, these programs are not being offered across the County. To ensure that these programs are accessible County-wide—particularly in underserved areas—the Alliance for Aging requests approval of a Direct Service Waiver to deliver the Fit and Strong in Miami-Dade County.

Funding for this initiative will be derived from unused funds generated by absence of applicants for available funds for this IIID service.

A virtual public hearing was held on October 23, 2025 (2:30 p.m. – 3:15 p.m.), during which no interested vendors were in attendance. As shown below, public notice of the hearing was posted in the *Florida Administrative Review* and on the Alliance's website on October 8, 2025.

The Alliance for Aging has a long-standing record of successfully delivering evidence-based Title IIID programs and developing a robust network of community partners, certified peer leaders, coaches, and trainers who conduct workshops throughout Planning and Service Area (PSA) 11 in both English and Spanish. The Alliance's Health and Wellness Program Manager holds a Master Trainer certification in *A Matter of Balance (MOB)* and Leader certifications in *Chronic Disease Self-Management (CDSMP)* and *Diabetes Self-Management (DSMP)*. A key responsibility of this position is to expand the network of community partners, and to recruit and train certified Leaders and Coaches to ensure the availability of a comprehensive suite of evidence-based workshops.

Approval of this Direct Service Waiver will allow the Alliance to sustain and expand program delivery, ensuring a sufficient number of qualified trainers and workshops to meet the growing needs of older adults throughout Miami-Dade County.

Beginning in 2026, two contracted providers will be approved to conduct OAA-funded evidence-based workshops in Miami-Dade. The Alliance intends to utilize a hybrid service model, blending both direct and contracted services. In addition, the Alliance is actively engaging potential health care partners to explore opportunities for collaboration in providing evidence-based workshops that improve patient outcomes and yield measurable value to participating organizations.

With approval of this waiver, the Alliance proposes to deliver English-language Fit and Strong workshops using available IIID funding to ensure equitable access to evidence-based health promotion programs for all older adults in Miami-Dade County.

DIRECT SERVICE WAIVER REQUEST FORM

OAA Title: ☐ III B ☐ III C1 ☐ III C2 ☒ III D ☐ III E

Service: Tai Chi Quan Moving For Better Balance (TCQMBB)

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- ☒ (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- ☐ (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- ☐ (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Alliance for Aging, Inc. issued a Request for Proposals (RFP) in September 2024 for several Title IIID Evidence-Based Health Promotion programs. This procurement resulted in two successful bidders to deliver IIID programs within Miami-Dade County. Two IIID programs were not awarded because there were no bidders in Miami-Dade County - Fit and Strong and Tai Chi Quan Moving for Better Balance..

Currently, these programs are not being offered across the County. To ensure that these programs are accessible County-wide—particularly in underserved areas—the Alliance for Aging requests approval of a Direct Service Waiver to deliver the TCQMBB in Miami-Dade County.

Funding for this initiative will be derived from unused funds generated by absence of applicants for available funds for this IIID service.

A virtual public hearing was held on October 23, 2025 (2:30 p.m. – 3:15 p.m.), during which no interested vendors were in attendance. As shown below, public notice of the hearing was posted in the *Florida Administrative Review* and on the Alliance's website on October 8, 2025.

The Alliance for Aging has a long-standing record of successfully delivering evidence-based Title IIID programs and developing a robust network of community partners, certified peer leaders, coaches, and trainers who conduct workshops throughout Planning and Service Area (PSA) 11 in both English and Spanish. The Alliance's Health and Wellness Program Manager holds a Master Trainer certification in *A Matter of Balance (MOB)* and Leader certifications in *Chronic Disease Self-Management (CDSMP)* and *Diabetes Self-Management (DSMP)*. A key responsibility of this position is to expand the network of community partners, and to recruit and train certified Leaders and Coaches to ensure the availability of a comprehensive suite of evidence-based workshops.

Approval of this Direct Service Waiver will allow the Alliance to sustain and expand program delivery, ensuring a sufficient number of qualified trainers and workshops to meet the growing needs of older adults throughout Miami-Dade County.

Beginning in 2026, two contracted providers will be approved to conduct OAA-funded evidence-based workshops in Miami-Dade. The Alliance intends to utilize a hybrid service model, blending both direct and contracted services. In addition, the Alliance is actively engaging potential health care partners to explore opportunities for collaboration in providing evidence-based workshops that improve patient outcomes and yield measurable value to participating organizations.

With approval of this waiver, the Alliance proposes to deliver TCQMBB workshops using available IIID funding to ensure equitable access to evidence-based health promotion programs for all older adults in Miami-Dade County.

DIRECT SERVICE WAIVER REQUEST FORM

OAA Title: ☐ III B ☐ III C1 ☐ III C2 ☐ III D ☐ III E

Service: Chronic Disease Self-Management Program

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- ☐ (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an adequate supply of such services;
- ☐ (ii) such services are directly related to such State agency's or Area Agency on Aging's administrative functions; or
- ☐ (iii) such services can be provided more economically, and with comparable quality, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Alliance for Aging, Inc. issued a Request for Proposals (RFP) in September 2024 for several Title IIID Evidence-Based Health Promotion programs. This procurement resulted in two successful bidders to deliver IIID programs within Miami-Dade County.

Two IIID programs offered in the OAA RFP were separated as different awards as English and Spanish. These were bid on and awarded to Little Havana Activities and Nutrition Centers (LHANC). Just recently LHANC has informed the AAA that they are unable to provide the workshops in English. There were no other bids to provide these services. These two workshops in English are Diabetes Self-Management (DSMPG) and Chronic Disease Self-Management (CDSMPG). Currently, these programs are not being offered consistently across the County and are available only in Spanish. To ensure that these programs are accessible County-wide—particularly in underserved areas—the Alliance for Aging requests approval of a Direct Service Waiver to deliver the English-language Chronic Disease Self-Management Program (CDSMP) in Miami-Dade County.

Funding for this initiative will be derived from surplus funds generated by the IIID service provider's inability to fully expend their awarded allocations.

A virtual public hearing was held on October 23, 2025 (2:30 p.m. – 3:15 p.m.), during which no interested vendors were in attendance. As shown below, public notice of the hearing was posted in the *Florida Administrative Review* and on the Alliance's website on October 8, 2025.

The Alliance for Aging has a long-standing record of successfully delivering evidence-based Title IIID programs and developing a robust network of community partners, certified peer leaders, coaches, and trainers who conduct workshops throughout Planning and Service Area (PSA) 11 in both English and Spanish. The Alliance's Health and Wellness Program Manager holds a Master Trainer certification in *A Matter of Balance (MOB)* and Leader certifications in *Chronic Disease Self-Management (CDSMP)* and *Diabetes Self-Management (DSMP)*. A key responsibility of this position is to expand the network of community partners, and to recruit and train certified Leaders and Coaches to ensure the availability of a comprehensive suite of evidence-based workshops.

Approval of this Direct Service Waiver will allow the Alliance to sustain and expand program delivery, ensuring a sufficient number of qualified trainers and workshops to meet the growing needs of older adults throughout Miami-Dade County.

Beginning in 2026, two contracted providers will be approved to conduct evidence-based workshops. The Alliance intends to utilize a hybrid service model, blending both direct and contracted services. In addition, the Alliance is actively engaging potential health care partners to explore opportunities for collaboration in providing evidence-based workshops that improve patient outcomes and yield measurable value to participating organizations.

With approval of this waiver, the Alliance proposes to deliver English-language CDSMP workshops using available IIID funding to ensure equitable access to evidence-based health promotion programs for all older adults in Miami-Dade County.

DIRECT SERVICE WAIVER REQUEST FORM

OAA Title: ☐ III B ☐ III C1 ☐ III C2 ☒ III D ☐ III E

Service: Diabetes Self-Management Program

Section 307(a)(8) of the Older Americans Act provides that services will not be provided directly by the State Agency or an Area Agency on Aging unless, in the judgment of the State agency, it is necessary due to one or more of the three provisions listed below.

I. Please select the basis for which the waiver is requested (more than one may be selected).

- ☒ (i) provision of such services by the State agency or the Area Agency on Aging is necessary to assure an **adequate supply** of such services;
- ☐ (ii) such services are directly related to such State agency's or Area Agency on Aging's **administrative functions**; or
- ☐ (iii) such services can be provided **more economically, and with comparable quality**, by such State agency or Area Agency on Aging.

II. Provide a detailed justification for the waiver request.

The Alliance for Aging, Inc. issued a Request for Proposals (RFP) in September 2024 for several Title IIID Evidence-Based Health Promotion programs. This procurement resulted in two successful bidders ~~to deliver~~ IIID programs within Miami-Dade County.

Two IIID programs were offered in the OAA RFP were separated as different awards as English and Spanish. These were bid on and awarded to Little Havana Activities and Nutrition Centers (LHANC). Just recently LHANC has informed the AAA that they are unable to provide the workshops in English. There were no other bids to provide these services. These two workshops in English are Diabetes Self-Management (DSMPG) and Chronic Disease Self-Management (CDSMPG). Currently, these programs are not being offered consistently across the County and are available only in Spanish. To ensure that these programs are accessible County-wide—particularly in underserved areas—the Alliance for Aging requests approval of a Direct Service Waiver to deliver the English-language Diabetes Self-Management Program (DSMP) in Miami-Dade County.

Funding for this initiative will be derived from surplus funds generated by the IIID service provider's inability to fully expend their awarded allocations

A virtual public hearing was held on October 23, 2025 (2:30 p.m. – 3:15 p.m.), during which no interested vendors were in attendance. As shown below, public notice of the hearing was posted in the *Florida Administrative Review* and on the Alliance's website on October 8, 2025.

The Alliance for Aging has a long-standing record of successfully delivering evidence-based Title IIID programs and developing a robust network of community partners, certified peer leaders, coaches, and trainers who conduct workshops throughout Planning and Service Area (PSA) 11 in both English and Spanish. The Alliance's Health and Wellness Program Manager holds a Master Trainer certification in *A Matter of Balance (MOB)* and Leader certifications in *Chronic Disease Self-Management (CDSMP)* and *Diabetes Self-Management (DSMP)*. A key responsibility of this position is to expand the network of community partners, and to recruit and train certified Leaders and Coaches to ensure the availability of a comprehensive suite of evidence-based workshops.

Approval of this Direct Service Waiver will allow the Alliance to sustain and expand program delivery, ensuring a sufficient number of qualified trainers and workshops to meet the growing needs of older adults throughout Miami-Dade County.

Beginning in 2026, two contracted providers will be approved to conduct evidence-based workshops. The Alliance intends to utilize a hybrid service model, blending both direct and contracted services. In addition, the Alliance is actively engaging potential health care partners to explore opportunities for collaboration in providing evidence-based workshops that improve patient outcomes and yield measurable value to participating organizations.

With approval of this waiver, the Alliance proposes to deliver English-language DSMP workshops using available IIID funding to ensure equitable access to evidence-based health promotion programs for all older adults in Miami-Dade County.

Assurances & Attestations

Section 306 Older Americans Act

The Alliance for Aging, Inc. assures that all provisions of 42 U.S.C. § 3026 and 42 U.S.C. § 3027, including but not limited to the specific provisions detailed below, are adhered by, including:

1. The AAA assures that an adequate proportion, as required under section 307(a)(2) of the OAA and ODA Policy 205.00, Priority Services, of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services: services associated with access to services (transportation, health services including behavioral and mental health services, outreach, information and assistance and case management services), in-home services, and legal assistance; and assurances that the AAA will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. (§306(a)(2))

2. The AAA assures it will set specific objectives for providing services to older individuals with greatest economic need, greatest social need, or disabilities, with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. (§306(a)(4)(A)(i))

3. The AAA assures that it will include in each agreement made with a provider of any service under this title, a requirement that such provider will:

a. Specify how the provider intends to satisfy the service needs of low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider.
b. To the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
c. Meet specific objectives established by the AAA, for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area. (§306(a)(4)(ii))

4. The AAA assures it will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:

a. Older individuals residing in rural areas.
b. Older individuals with greatest economic need (with particular attention to low-income minority older individuals and older individuals residing in rural areas);
c. Older individuals with greatest social need (with particular attention to low-income minority older individuals and older individuals residing in rural areas);
d. Older individuals with severe disabilities.
e. Older individuals with limited English proficiency.
f. Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
g. Older individuals at risk for institutional placement, specifically including survivors of the Holocaust.

5.The AAA further assures that it will inform the older individuals referred to above, and the caretakers of such individuals, of the availability of such assistance. (§306(a)(4)(B))

6. The AAA assures it will ensure that each activity undertaken, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. (§306(a)(4)(C))

7. The AAA assures it will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities and those at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities. (§306(a)(5))

8. The AAA assures that it will provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title. (§306(a)(10))

9. The AAA assures it will provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as older Native Americans) including:

a. Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the AAA will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
b. An assurance that the AAA will, to the maximum extent practicable, coordinate the services provided under Title VI; and
c. An assurance that the AAA will make services under the area plan available to the same extent; as such services are available to older individuals within the planning and service area, who are older Native Americans. (§306(a)(11))

10. The AAA assures it will maintain the integrity and public purpose of services provided, and service providers, under 42 USCS §§ 3021 *et seq*. in all contractual and commercial relationships. (§306(a)(13)(A))

11. The AAA assures it will disclose to the Assistant Secretary and the State Agency:

a. The identity of each non-governmental entity with which such agency has a contract or commercial relationships relating to providing any service to older individuals; and
b. The nature of such contract or such relationship. (§306(a)(13)(B))

12. The AAA assures it will demonstrate that a loss or diminution on the quantity or quality of the services provided, or to be provided, under 42 USCS §§ 3021 *et seq*. by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships. (§306(a)(13)(C))

13. The AAA assures it will demonstrate that the quantity and quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships. (§306(a)(13)(D))

14. The AAA assures it will, on the request of the Assistant Secretary of State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals (§306(a)(13)(E))

15. The AAA assures that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the AAA to carry out a contract or commercial relationship that is not carried out to implement this title. (§306(a)(14))

16. The AAA assures that preference in receiving services under this title will not be given by the AAA to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. (§306(a)(14))

17. The AAA assures that funds received under this title will be used:
   a. To provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
   b. In compliance with the assurances specified in paragraph (13) and the limitations specified in section 212. (§306(a)(15))

18. The AAA assures that data will be collected to determine that services are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019 and to determine the effectiveness of the programs, policies, and services provided by AAAs in assisting such individuals. (§306(a)(18))

19. The AAA assures that outreach efforts will be used to identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019. (§306(a)(19))

Area Agency on Aging President and CEO

Name: Max B. Rothman, JD, LL.M. Signature: _____

Date: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATIONS TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

The Alliance for Aging, Inc. hereinafter called the "recipient," HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq*) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR§ 80) issued pursuant to the title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the recipient receives federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of federal financial assistance extended to the recipient by the Department, this assurance shall obligate the recipient, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the federal financial assistance is extended or for another purpose involving the provision of similar service or benefits. If any personal property is so provided, this assurance shall obligate the recipient for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the recipient for the period during which the federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, property, discounts, or other federal financial assistance extended after the date hereof to the recipient by the Department, including installment payments after such date on account of the applications for federal financial assistance which were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the recipient.

Area Agency on Aging President and CEO

Name:Max B. Rothman, JD, LL.M._____ Signature:_____

Date: _____

DEPARTMENT OF HEALTH AND HUMAN SERVICES SECTION 504 OF THE REHABILITATION ACT OF 1973

The Alliance for Aging, Inc. hereinafter called the "recipient," HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. § 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to [45 C.F.R. § 84.5(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts, (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of the Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means.

This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health and Human Services or provided for in [45 C.F.R. § 84.5]. Pursuant to 45 C.F.R. § 84.7(a), if the recipient employs fifteen or more persons, the recipient designates the following person(s) to coordinate its efforts to comply with the regulation.

Name of Designee(s):	Max B. Rothman, JD, LL.M
Title:	President & CEO
Recipient's Address:	760 NW 107th Avenue, Suite 214 Miami, FL 33172

Pursuant to 45 C.F.R. § 84.7(b), if the recipient employs fifteen persons or more, the recipient shall adopt grievance procedures that incorporate appropriate due process standards and that provide for the prompt and equitable resolution of complaints alleging any action prohibited by this part. Such procedures need not be established with respect to complaints from applicants for employment or from applicants for admission to postsecondary educational institutions.

IRS Employer I.D. Number: 65-0101947

AAA Board Chair

I certify that the above information is complete and correct to the best of my knowledge.
Name: Peter J. Lopez Signature: _____
Date: _____

AVAILABILITY OF DOCUMENTS

The Alliance for Aging, Inc. HEREBY GIVES FULL ASSURANCE that the following documents are current and maintained in the administrative office of the AAA and will be filed in such a manner as to ensure ready access for inspection by DOEA or its designee(s) at any time. The AAA further understands that these documents are subject to review during monitoring by DOEA.

(1) Current board roster
(2) Articles of Incorporation
(3) AAA Corporate By-Laws
(4) AAA Advisory Council By-Laws and membership composition
(5) Corporate fee documentation
(6) Insurance coverage verification
(7) Bonding verification
(8) AAA staffing plan
    (a) Position descriptions
    (b) Pay plan
    (c) Organizational chart
    (d) Executive director's resume and performance evaluation
(9) AAA personnel policies manual
(10) Financial procedures manual
(11) Functional procedures manual
(12) Interagency agreements
(13) Affirmative Action Plan
(14) Civil Rights Checklist
(15) Conflict of interest policy
(16) AAA Board of Directors and Advisory Council meeting minutes
(17) Documentation of public forums conducted in the development of the area plan, including attendance records and feedback from providers, consumers, and caregivers
(18) Consumer outreach plan
(19) ADA policies
(20) Documentation of match commitments for cash, voluntary contributions, and building space, as applicable
(21) Detailed documentation of AAA administrative budget allocations and expenditures
(22) Detailed documentation of AAA expenditures to support cost reimbursement contracts
(23) Subcontractor Background Screening Affidavit of Compliance

Certification by Authorized Agency Official: I hereby certify that the documents identified above currently exist and are properly maintained in the administrative office of the Area Agency on Aging. Assurance is given that DOEA or its designee(s) will be given immediate access to these documents, upon request.

AAA Board Chair

Name: Peter J. Lopez Signature: _____

Date: _____ Title: Board Chair