

## STATE OF FLORIDA INTERAGENCY AGREEMENT

### **THE DEPARTMENT OF CHILDREN AND FAMILIES (DCF) AND THE DEPARTMENT OF ELDER AFFAIRS (DOEA), FOR THE TRANSITIONING OF CCDA AND HCDA CLIENTELE**

The purpose of this agreement is to create guidelines for transitioning individuals receiving Community Care for Disabled Adults (CCDA) and Home Care for Disabled Adults (HCDA) services through the DCF's Adult Services to community-based services provided through the DOEA.

The DCF and the DOEA mutually agree to comply with the provisions set forth in this agreement.

#### **1. The DCF Adult Services Program Office will provide quarterly lists of individuals "Aging Out."**

The DCF Adult Services Program Office will email to DOEA a list of individuals currently receiving services through the CCDA and HCDA programs who are turning 60 during the next five quarters. DCF will provide an updated list quarterly (March, June, September, December). The list will include the individuals' name, county of residence, date of birth, program(s) they are currently enrolled in, the current annual care plan cost.

#### **2. DCF district offices will make a referral to the AAA for each individual "Aging Out."**

- A. No later than three months prior to an individual turning 60, the DCF case manager will make a referral to the AAA serving the county in which the individual resides. The DCF case manager will include the individual's latest DCF assessment, most current care plan with annualized costs, service authorization(s), narratives (field notes) from the previous twelve months, medical documentation, and a completed *60<sup>th</sup> Birthday List for CCDA and HCDA Clients form* (see attached).
- B. The AAA will distribute all information provided by the DCF to the new AAA/Lead Agency case manager.
- C. The AAA/Lead Agency case manager, upon receiving the referral packet, will review and make contact with the DCF case manager (listed on the *60<sup>th</sup> Birthday List for CCDA and HCDA Clients form*) to discuss information contained in the referral packet and provide their contact information.

**3. Transition meeting(s) held with the DCF case manager, Area Agency on Aging/Lead Agency case manager, and the “Aging Out” client.**

- A. Prior to an individual turning 60, The DCF case manager will organize and participate in a meeting with the Area Agency on Aging/Lead Agency case manager and the individual who is “Aging Out”. The purpose of this meeting is to introduce the individual to their new case manager and provide the individual with contact information. The phone number for the Elder Helpline at the Area Agency on Aging (AAA) that oversees the county in which the individual resides is to be provided to the individual, along with the new case manager’s contact information. The AAA/Lead Agency case manager will explain their responsibilities during and following the transition period.
- B. The AAA/Lead Agency case manager may choose to conduct an assessment at this time or schedule a future time to perform the assessment. The DCF case manager will not participate in nor be present during the assessment.

**4. The “Aging Out” individual is assessed and a care plan developed before services begin.**

- A. The AAA/Lead Agency case manager will ensure that a full assessment is performed and a care plan is developed for each individual before services begin. Services shall not begin prior to an individual turning 60. All available services will be reviewed when determining which services are necessary for the individual, not solely those services offered under the equivalent program in which the individual is enrolled (for example, services other than CCE services may be offered to an individual currently receiving CCDA services). The available services may differ from those being offered under the individual’s current care plan.
- B. The DCF shall not provide services to the individual once the individual turns 60 years of age.
- C. When services are not currently available, the AAA/Lead Agency case manager shall ensure that “Aging Out” individuals are prioritized for services only after “APS High Risk” and “Imminent Risk” individuals. The priority levels are as follows:
  - 1. “APS High Risk” individuals;
  - 2. Individuals at “Imminent Risk” of being placed in a nursing home (“Aging Out” and non-“Aging Out” individuals);
  - 3. “Aging Out” individuals (regardless of priority rank); and,
  - 4. Non-“Aging Out” individuals (with individuals ranked highest served first).

In an effort to minimize the amount of time “Aging Out” individuals spend waiting for services, “Aging Out” individuals that had requested services during previous quarters will be given priority over individuals with the same level of risk requesting services during subsequent quarters.

**5. Health Insurance Portability and Accountability Act (HIPAA) of 1996.**

- A. The DCF and DOEA, in accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, will provide all clients with their agency authorized HIPAA statement that allows clients the right to restrict the use and disclosure of their health information.
  
- B. The AAA will execute a Business Associate Agreement with their local DCF program administrator for HIPAA compliance.

This agreement between the DCF and the DOEA will be effective upon execution by both parties and shall continue in full force and effect unless otherwise revised in writing and signed by both parties or terminated by any one of the two parties upon written notice at least ninety (90) days prior to the proposed termination date.

DCF:  
THE DEPARTMENT OF CHILDREN  
AND FAMILIES

DOEA:  
THE DEPARTMENT OF ELDER  
AFFAIRS

SIGNED BY: \_\_\_\_\_  
NAME: Jerry Regier \_\_\_\_\_  
TITLE: Secretary \_\_\_\_\_  
DATE: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_  
NAME: Terry White \_\_\_\_\_  
TITLE: Secretary \_\_\_\_\_  
DATE: \_\_\_\_\_