

CHAPTER 3

Description of DOEA Coordination with Other State/Federal Programs

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Overview and Specific Legal Authority

OVERVIEW:

The programs referred to in this chapter are grant-funded programs, programs that are funded through specific appropriation, and/or programs whose funding and rulemaking authority are not under the jurisdiction of the Department of Elder Affairs (DOEA). In such cases, DOEA participates as a partner in these programs. What follows is a summary of these programs with references where more detailed information may be obtained. Information about these programs may also be found on the DOEA website at <http://elderaffairs.state.fl.us>.

PROGRAM NAME	SPECIFIC LEGAL AUTHORITY
A. Adult Care Food Program	<ul style="list-style-type: none"> • 7 Code of Federal Regulations (CFR) 226
B. AmeriCorps Program	<ul style="list-style-type: none"> • 45 CFR 2500-2504 • Citizens Service Act of 2002 (amending the National AmeriCorps and Community Service Act of 1990) • Domestic Volunteer Service Act of 1990 • Section 430.07(8), Florida Statutes (F.S.)
C. CARES Program	<ul style="list-style-type: none"> • Title XIX of the Social Security Act of 1965 • 42 CFR 456 • 42 CFR 483.100-483.138 (Subpart C) • Section 409.985 • Chapter 59G-4. 180 and Chapter 59G-4.290, Florida Administrative Cod. (F.A.C.)
D. EHEAP	<ul style="list-style-type: none"> • Low Income Energy Assistance Act of 1981 • 42 United States Code (U.S.C.) 8621 et seq. • Title XXVI of Public Law 97-35, as amended • 45 CFR 96, Subpart H • Section 409.508, F.S • Chapter 73C-26, F.A.C. • Low Income Home Energy Assistance Program State Plan • State of Florida LIHEAP Policies and Procedures Manual
E. LSP	<ul style="list-style-type: none"> • General Appropriations Act, State of Florida
F. LTCOP	<ul style="list-style-type: none"> • Title VII of the Older Americans Act • 42 U.S.C. 3001 et. seq. as amended by Public Law 1 • 06-501 • Chapter 400, Part I, F.S

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Overview and Specific Legal Authority

PROGRAM NAME	SPECIFIC LEGAL AUTHORITY
<p>G. Medicaid HCBS Programs</p> <p>1. SMMC LTC</p> <p>2. Pace</p>	<ul style="list-style-type: none"> • Section 1915(a), (b), (c) of the Social Security Act as amended • 42 CFR 441.302 • Section 409.906(13), F.S • Section 1915(a), (b), (c) of the Social Security Act as amended • Part IV of Chapter 409, F.S. Federal Balanced Budget Act of 1997 42 CFR 460 Sections 430.701-430.709, F.S
<p>H. Senior Companion</p>	<ul style="list-style-type: none"> • Public Law 93-113, Domestic Volunteer Service Act • 45 CFR 1207, 2551 • Sections 430.07- 430.071, F.S.
<p>I. SCSEP</p>	<ul style="list-style-type: none"> • Title V of the Older Americans Act • 42 U.S.C. 3001 et seq. as amended by Public Law 106-501 • 20 CFR, Part 641
<p>J. SHINE</p>	<ul style="list-style-type: none"> • Omnibus Budget Reconciliation Act of 1990, Section 4360 • Section 430.07, F.S.
<p>K. OPPG</p>	<ul style="list-style-type: none"> • Chapter 744, F.S.

ADULT CARE FOOD PROGRAM:

The Adult Care Food Program is a component of the United States Department of Agriculture's (USDA) Child and Adult Care Food Program. The program provides meal reimbursement for up to three meals/snacks served to eligible participants in approved adult day care facilities or other eligible facilities.

Centers eligible to receive meal reimbursement include the following:

- Licensed Adult Day Care Centers and public or proprietary centers (Proprietary centers must receive Medicaid Title XIX funding for at least 25% of their participants.);
- Mental Health Day Treatment or Psychosocial Centers;
- In-Facility Respite Centers under contract with Department-funded programs;
- Habilitation Centers approved by the Department of Children and Families, operated by a municipal, county, state, or federal government agency;
- Private non-profit organization federally tax-exempt institution (have tax-exempt status under the Internal Revenue Code of 1986); or
- For-profit organizations (must receive compensation under Title XIX Medicaid Program) of the Social Security Act.

Additionally, at least 25% of enrolled participants of a for-profit organization must receive Title XIX benefits.

Centers may be reimbursed for up to three meals per participant per day. Allowable feeding combinations include:

- Two meals (breakfast, lunch, or supper) and one snack; or
- One meal (breakfast, lunch, or supper) and two snacks

The goal of the program is to assist eligible organizations providing elders and functionally impaired adults with nutritious and wholesome meals within a community-based setting. The meals are provided to improve the nutritional status of participants and better enable them to remain in their homes and community.

AMERICORPS:

AmeriCorps is a network of national service programs that engages a multi-generational corps of members (volunteers) who receive a living allowance and commit to one year of service in exchange for an education award. Members serve on a full-time, part-time or quarter-time basis annually for 1,700 hours, 900 hours and 450 hours, respectively. AmeriCorps programs recruit members and community volunteers for intensive service to meet critical needs in education, public safety, health and the environment. AmeriCorps services provided by the Department include respite, education and community outreach to elders, caregivers and families.

The Department receives funding for the Legacy Corps program from the University of Maryland, Department of Health Services Administration, through a National Direct AmeriCorps grant from the Corporation for National and Community Service (CNCS). DOEA partners with Easter Seals South Florida for the Legacy Corps program, which focuses on in-home respite services for low-income seniors with Alzheimer's Disease or related disorder, with an emphasis on serving veterans. This project area was selected by the University of Maryland because of the local Hispanic demographic. The contract was granted to Easter Seals South Florida, based on its interest and ability to recruit, train and retain AmeriCorps members and community volunteers. The Department provides grant oversight, contract management and technical assistance to the local service provider ensuring all AmeriCorps service provisions, contractual obligations and programmatic and financial reporting requirements are met.

AmeriCorps grants are authorized by the National and Community Service Act of 1990, as amended, and Section 430.07(8), Florida Statutes. Grantees must comply with the requirements of the Act and its implementing regulations. Grantees must also comply with the applicable federal and state cost principles, administrative requirements, and audit requirements as outlined in the program contract and AmeriCorps Program Director's Manual.

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Other Program Components

Comprehensive Assessment and Review for Long-Term Care Services (CARES)

COMPREHENSIVE ASSESSMENT AND REVIEW FOR LONG-TERM CARE SERVICES (CARES):

The CARES Program performs federally mandated functions for Medicaid long-term care programs and is administered by the Agency for Health Care Administration through an interagency agreement with DOEA. The primary responsibilities of the CARES Program are:

- 1) To conduct pre-admission screening on all nursing facility applicants age 21 and older for the presence of serious mental illness or intellectual disability.

This pre-admission screening program is called PASRR (Pre-Admission Screening and Resident Review). CARES must ensure that long-term care services are provided in the setting most appropriate to the needs of the person and that premature institutionalization is prevented. CARES must also ensure that specialized services are provided to those individuals who require specialized services. Pre-admission screening is conducted by CARES registered nurses and/or social workers.

- 2) To determine medical eligibility for adults applying for Medicaid to pay for the cost of nursing facility care or home and community-based services.

CARES registered nurses and/or social workers conduct comprehensive assessments and medical review of applicants to determine the medical level of care needed for the applicant. Recommendations for level of care are reviewed by physicians and/or registered nurses prior to approval.

CARES determines medical eligibility for the following Medicaid programs:

- Adult Cystic Fibrosis Waiver
- Familial Dysautonomia Waiver
- Institutional Care Program
- Project Aids Care Waiver
- Program of All-Inclusive Care for the Elderly (PACE)
- Statewide Medicaid Managed Care Long-Term Care Program
- State Mental Health Hospital Program
- Traumatic Brain and Spinal Cord Injury

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Other Program Components

Comprehensive Assessment and Review for Long-Term Care Services (CARES)

- 3) To assist the elderly and adults with disabilities by working closely with a number of Florida state agencies:
 - The Department of Children and Families - The agency responsible for determining Medicaid financial eligibility for nursing facility and home and community-based services. They also oversee the state mental health program.
 - The Agency for Persons with Disabilities – The state intellectual disability authority.
 - The Agency for Health Care Administration - The single state agency for Medicaid.

- 4) To provide education and training on CARES functions to members of the Aging Network or to the public upon request.

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***EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM
(EHEAP):***

- A.** The Emergency Home Energy Assistance for the Elderly Program (EHEAP) is funded by the U.S. Department of Health and Human Services (HHS) through a contract with the Florida Department of Economic Opportunity (DEO) to assist low-income households, with at least one person aged 60 or older, experiencing a home energy emergency.
- B.** DOEA administers the program through contracts with Area Agencies on Aging (AAA).
- C.** These funds are intended to make payments to utility companies and fuel suppliers for heating and cooling purposes; for the purchase of blankets, portable heaters, fans, and air conditioners; for the repair or replacement of existing heating or cooling equipment; or the payment of deposits, late fees, disconnect and reconnection fees, for the provision of temporary emergency shelter, and for resolution of other heating and cooling emergencies. Eligible households may be provided one benefit per season, payable to the vendor.
- D.** In the event of a weather-related/supply shortage event, additional assistance may become available if authorized by the President, the Governor, or DEO.
- E.** Monitoring, training and technical assistance are performed by DOEA and AAA staff.

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Other Program Components

Local Service Program

LOCAL SERVICES PROGRAM:

Local Services Program provides additional funding to expand long-term care alternatives enabling elders to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement.

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LONG-TERM CARE OMBUDSMAN PROGRAM:

The Florida Long-Term Care Ombudsman Program (LTCOP) performs investigations to determine the presence of conditions which constitute a threat to the rights, health, safety, or welfare of the residents of long-term care facilities through a statewide system of 13 districts which are under the leadership of the State Ombudsman.

Ombudsmen identify, investigate and resolve complaints made by, or on behalf of, residents of nursing homes, assisted living facilities and adult family care homes. In addition, the program:

- A.** Monitors and comments on the development and implementation of federal, state and local laws, regulations and policies that pertain to the health, safety, welfare and rights of residents in long-term care facilities;
- B.** Provides information and referrals regarding long-term care facilities or other issues affecting long-term care residents;
- C.** Conducts administrative assessments of all long-term care facilities annually. The assessment focuses on factors affecting the rights, health, safety and welfare of residents; and
- D.** Provides assistance for the development of resident and family councils to protect the residents' well-being.

The Long-Term Care Ombudsman Program is administratively housed within DOEA.

Anyone may report a concern on behalf of a resident of a long-term care facility—nursing home, assisted living facility or adult family-care home. Concerns may also be received on behalf of residents living in facilities offering extended congregate care. There is no fee for any ombudsman service, and there are no financial or residency requirements for those reporting concerns to the program.

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MEDICAID HOME AND COMMUNITY-BASED SERVICES PROGRAMS:

Medicaid waiver programs are home and community-based programs designed to allow individuals to attain or maintain their highest practicable physical, mental, and psychosocial well-being and live in the least restrictive environment possible. Florida's Agency for Health Care Administration (AHCA) is the single state Medicaid agency designated by the Centers for Medicare and Medicaid Services (CMS) with responsibility for this waiver. Through cooperative agreements with AHCA, DOEA is responsible for the monitoring and waitlist management of this program.

DOEA is responsible for the monitoring and waitlist management of the following Medicaid programs:

- A. Statewide Medicaid Managed Care Long-term Care (SMMC LTC).**
- 1. Description:** The Statewide Medicaid Managed Care Long-term Care Medicaid provides home- and community- based services and nursing facility services to older persons (65+) and disabled individuals (ages 18-64) who need nursing facility level care.
 - 2. Eligibility:** Persons must meet the age, income, and asset and medical eligibility criteria of individuals seeking Medicaid assistance for nursing homes.
 - 3. Services Provided:** Adult Companion Services; Adult Day Health Care, Assisted Living, Attendant Care, Case Management, Home Accessibility Adaption, Home Delivered Meals, Homemaker, Hospice, Intermittent and Skilled Nursing, Medical Equipment and Supplies, Medication Management, Nursing Facility, Nutritional Assessment/Risk Reduction, Personal Care, Personal Emergency Response System, Respite Care, Therapies (Occupations, Physical, Respiratory, and Speech), Non-Emergency Transportation. For further information, please refer to the AHCA's web site at <http://ahca.myflorida.com/smmc>.

Other Program Components

Medicaid Home and Community-Based Services Programs

B. Program of All Inclusive Care for the Elderly (PACE):

1. **Description:** The Program of All Inclusive Care for the Elderly (PACE) is implemented through a joint effort between the Centers for Medicare and Medicaid Services (CMS) and the state. PACE targets individuals who would otherwise qualify for Medicaid nursing home placement and provides them with a comprehensive array of home and community-based services.
 - a. PACE providers receive both Medicare and Medicaid capitated payments and are responsible for providing the full continuum of medical and long-term care services.
 - b. PACE sites also receive an enhanced capitation payment from Medicare, beyond that of a traditional Medicare Health Maintenance Organization (HMO).
 - c. PACE also has a unique service delivery system, with many services being delivered through adult day care centers and case management provided by inter-disciplinary teams.
2. **Services Provided:** In addition to services covered under SMMC LTC, the PACE project includes all Medicare covered acute care services.
3. **Eligibility:** To be eligible for PACE, an individual must be age 55 or older, eligible for Medicare or Medicaid with income and assets up to the Institutional Care Program (ICP) level, meet ICP medical eligibility criteria and live in the PACE service area.
4. For further information, please refer to DOEA's web site at <http://elderaffairs.state.fl.us/index/php>

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SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP):

The Senior Community Service Employment Program (SCSEP) is a program administered by the Department of Labor that serves unemployed, low-income persons who are 55 years of age or older and who have poor employment prospects. The program trains them in part-time community service assignments and assists them in developing skills and experience to facilitate their transition to unsubsidized employment.

The program has three purposes:

- A.** To foster and promote useful part-time opportunities in community service assignments for unemployed low-income persons who are 55 years of age or older, particularly persons who have poor employment prospects;
- B.** To foster individual economic self-sufficiency; and
- C.** To increase the number of older persons who may enjoy the benefits of unsubsidized employment in both the public and private sectors.

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SENIOR CORPS-SENIOR COMPANION PROGRAM:

The Senior Companion Program is a national community service peer-volunteer program. Senior Companion volunteers provide services to elders at risk of institutionalization due to chronic illnesses, disabilities or isolation. Low-income volunteers receive a stipend to help defray expenses, a local transportation reimbursement, and an annual medical checkup. Volunteers are 55 years of age or older who meet 200% of the Department of Health and Human Services poverty guidelines, to conform to the Edward M. Kennedy Serve America Act of 2009. The volunteers receive a \$2.65/hour stipend to defray expenses of volunteering at least 15 hours a week. The stipend does not affect the volunteer's eligibility for any government assistance programs and provides volunteers an opportunity for improved health as a result of volunteering, as well as additional funds to assist with personal expenses, such as food and prescription medications. Recipients of Senior Companion volunteer services are elders, 60 years of age or older, who are at risk of institutionalization due to chronic illness, disability or isolation.

The Corporation for National and Community Service awards the Senior Companion grant to the Department and specifies the number of Volunteer Service Years (annual hours to be served) that will be funded. Local government agencies and not-for-profit organizations are selected based on their ability to recruit and retain the necessary number of volunteers, as well as provide required local match funding.

The Senior Companion grant is authorized by and subject to the National and Community Service Act of 1990 as amended, codified as 42 U.S.C. 12501 *et seq.* and 45 C.F.R. 1207 and 2551 *et seq.* Grantees must comply with the requirements of the Act and its implementing regulations. Grantees must also comply with the applicable federal and state cost principles, administrative requirements, and audit requirements as outlined in the DOEA contract and Senior Companion Operations Handbook.

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SERVING HEALTH INSURANCE NEEDS OF ELDERS (SHINE):

SHINE (Serving Health Insurance Needs of Elders) is a program offered by DOEA in partnership with the local Aging and Disability Resource Centers (ADRC) at no cost to the beneficiary, their families and caregivers. Specially-trained volunteers can help clients with the following services:

- Help a client understand their Medicare benefits;
- Determine which Medicare Prescription Drug Plan best fits a client's needs;
- Assist with questions about Medigap, long-term care insurance policies, and other health insurance programs for seniors;
- Assist Medicare beneficiaries in specific areas such as home health benefits, Medicare claims and appeals, and other Medicare issues;
- Provide details about benefits available in a client's local area and refer them to other helpful programs; and
- Offer educational presentations or public speeches on a variety of health insurance topics.

SHINE is part of the National State Health Insurance Assistance Program (SHIP) network.

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OFFICE OF PUBLIC AND PROFESSIONAL GUARDIANS (OPPG):

The Office of Public and Professional Guardians (OPPG), formerly the Statewide Public Guardianship Office was established by the Legislature to provide for the establishment of offices of public guardians for the purpose of providing guardianship services for incapacitated persons when no private guardian is available. On March 10, 2016, the Legislature expanded the duties to include oversight and discipline of professional guardians.

Guardianship is the process designed to protect and exercise the legal rights of individuals who lack the capacity to manage at least some of their property, or to meet at least some of the essential health and safety requirements of the person. Before a guardianship is established, it must be determined that the alleged incapacitated person lacks the capacity to make decisions. Guardianship should be the last resort.

People who need guardianship may have the following conditions:

- A.** Dementia;
- B.** Alzheimer's disease;
- C.** A developmental disability;
- D.** Chronic illness; or
- E.** Other such conditions that generally cause functional limitations, such as traumatic brain injury or mental health disability.

The purpose of the Public Guardianship Act is to provide a public guardian only to those persons whose needs cannot be met through less drastic means of intervention. The Office of Public and Professional Guardians designates Florida's public guardians, who serve indigent persons who lack the ability to make their own decisions and have no willing or qualified family or friend to act as their guardian. In 2013, the public guardianship program expanded to cover all of Florida's 67 counties. A current list of public guardians and the counties served is located on the Office of Public and Professional Guardians' web page at: <http://elderaffairs.state.fl.us>.

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Other Program Components

Office of Public and Professional Guardian (OPPG)

In addition, the Office of Public and Professional Guardians is responsible for the registration, oversight and discipline of all professional guardians. The annual registration of professional guardians includes documentation of the statutory bonding and educational requirements, as well as receipt and review of credit and criminal investigations. The Office of Public and Professional Guardians is responsible for communicating with the courts and advising them of the registration compliance of every professional guardian. With the expanded duties given by the legislature, the Office of Public and Professional Guardians is responsible for investigation of all allegations of misconduct by a professional guardian. A guardian found to have taken actions determined by statute and the Department as misconduct will be subject to disciplinary action, ranging from expanded education and monitoring, to removal of registration statewide.