Chapter 3

Description of DOEA Coordination With Other State and Federal Programs
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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](http://elderaffairs.state.fl.us).

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### Overview and Specific Legal Authority

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| G. Medicaid HCBS Programs | • Section 1915(a), (b), (c) of the Social Security Act as amended  
• 42 CFR 441.302  
• Section 409.906(13), F.S. |
| 1. SMMC LTC | • Section 1915(a), (b), (c) of the Social Security Act as amended  
• Part IV of Chapter 409, F.S. |
| 2. PACE | Federal Balanced Budget Act of 1997  
42 CFR 460  
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| H. Senior Companion | • Public Law 93-113, Domestic Volunteer Service Act  
• 45 CFR 1207, 2551  
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| I. SCSEP | • Title V of the Older Americans Act, as amended by Public Law 114-14420 CFR, Part 641 |
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• Section 430.07, F.S. |
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• 58M-2.001 – 58M-2.011 F.A.C. |
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 reimbursement for up to three meals and snacks served to eligible participants in approved adult day care centers or other eligible facilities.

Facilities eligible to receive meal reimbursement include the following:

- Licensed Adult Day Care Centers, including 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 institutions (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 providing 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 quarter-time basis annually for 450 hours, 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 and military families. 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.
COMPREHENSIVE ASSESSMENT AND REVIEW FOR LONG-TERM CARE SERVICES (CARES):

The CARES program is responsible for conducting federally mandated preadmission screenings for nursing home applicants, as well as a medical assessment of each individual who requests Medicaid reimbursement for nursing facility placement or seeks to receive home and community-based services through Medicaid waivers. The Department of Elder Affairs is responsible for the federal program through an interagency agreement with the Agency for Health Care Administration. Seventeen CARES field offices are located throughout the state.

The primary responsibilities of the CARES Program are:

1) To conduct preadmission screening on all nursing facility applicants age 21 and older for the presence of serious mental illness or intellectual disability. This preadmission screening program is called PASRR (Preadmission Screening and Resident Review).

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 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 or registered nurses prior to approval.

CARES determines medical eligibility for the following Medicaid programs:

- Familial Dysautonomia Waiver;
- Institutional Care Program;
- Program of All-Inclusive Care for the Elderly (PACE);
- Statewide Medicaid Managed Care Long-Term Care Program; and
- State Mental Health Hospital Program.
3) To assist the elderly and adults with disabilities by working closely with several 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.
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 (AAAs).

C. These funds are intended for payments to energy vendors for heating and cooling purposes, including payment of deposits, late, disconnect, and reconnection fees; purchase blankets, portable heaters, fans, and air conditioners; repair or replace existing heating or cooling equipment; provide temporary emergency shelter; or resolve 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.


LOCAL SERVICES PROGRAM:

Local Services Program provides additional funding to expand long-term care alternatives. Services provided through this special program enable elders to maintain an acceptable quality of life in their own homes and communities, and avoid or delay nursing home placement.
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 rights, health, safety, and welfare 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. Helps with 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.
MEDICAID HOME AND COMMUNITY-BASED SERVICES (HCBS) PROGRAMS:

Medicaid waiver and similar 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 Medicaid programs.

Through interagency agreements with AHCA, DOEA is partially responsible for monitoring the Statewide Medicaid Managed Care program (SMMC), and operationally responsible for that of the Program of All-Inclusive Care for the Elderly program, both detailed as follows:

A. Statewide Medicaid Managed Care Long-term Care (SMMC LTC).

1. **Description**: The SMMC LTC provides home- and community-based services and nursing facility services to older persons (65+) and disabled individuals (ages 18-64), adults with traumatic brain and spinal cord injury, or adults eligible under the previous Project AIDS CARE waiver who need nursing facility level care, and adults with Cystic Fibrosis at risk of hospitalization.

2. **Eligibility**: Persons must meet the age, income and asset, and medical eligibility criteria of individuals seeking Medicaid assistance Institutional Care Program (ICP).

3. **Services Provided**: Adult Companion Services; Adult Day Health Care, Assisted Living, Attendant Nursing 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](http://ahca.myflorida.com/smmc).
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 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 Organizations receive both Medicare and Medicaid capitated payments and are responsible for providing the full continuum of medical and long-term care services.

   b. PACE Organizations also receive an enhanced capitation payment from Medicare for their enrollees with Medicare.

   c. PACE 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 program covers all medically necessary services as determined by the applicable interdisciplinary team, not just those covered by Medicaid/Medicare.

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 (nursing home level of care) 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
SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP):

The Senior Community Service Employment Program (SCSEP) is a program administered by the U.S. 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. Participants may receive training in the program for a maximum duration of 48 months throughout their lifetime.

The program has a dual purpose:

A. To foster individual economic self-sufficiency 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; and

B. To increase the number of older persons who may enjoy the benefits of unsubsidized employment in both the public and private sectors.
SENIOR CORPS-SENIOR COMPANION PROGRAM:

The Senior Companion Program (SCP) is a national community service peer-volunteer program. SCP volunteers are 55 years of age or older and meet 200% of the Department of Health and Human Services poverty guidelines. Low-income volunteers receive a stipend to help defray expenses, a local transportation reimbursement, and an annual medical checkup. The volunteers receive a $2.65/hour stipend to defray expenses of volunteering a minimum of 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 because 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. The Department partners with seven community-based organizations that serve as volunteer stations and assist in the recruitment, training, and assignment of volunteers serving clients in seven counties.

The Senior Companion grant is authorized by and subject to the Edward M. Kennedy Serve America Act of 2009, which amended the National and Community Service Act of 1990 and the Domestic Volunteer Service Act of 1973, 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.
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.
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 guardian for 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 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. 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.
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. 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 that are not in compliance with the governing statute or administrative rules will be subject to disciplinary action, ranging from expanded education and monitoring, to removal of registration statewide.