

By the Committee on Children, Families, and Elder Affairs; and
Senator Grall

586-02241-26

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A bill to be entitled

An act relating to aging and disability services;
amending s. 409.979, F.S.; requiring the Department of
Elderly Affairs to maintain a statewide pre-enrollment
list, rather than a wait list, for certain services;
deleting expired requirements for Medicaid recipients
to receive an offer for enrollment for long-term care
services; requiring aging and disability resource
center personnel to place on and release certain
clients from the pre-enrollment lists; requiring
certain staff to administer a rescreening under
certain circumstances; deleting a requirement for the
Comprehensive Assessment and Review for Long-term Care
Services (CARES) program to conduct prerelease
assessments; requiring an aging and disability
resource center to conduct a prerelease assessment;
authorizing individuals who meet financial and medical
eligibility criteria to enroll in the long-term care
managed care program; conforming provisions to changes
made by the act; amending s. 409.983, F.S.; requiring
the CARES program to review or perform the initial
assessment of an enrollee's level of care; amending s.
430.03, F.S.; revising the purposes of the department
to include the provision of services for certain
programs only under certain circumstances; amending s.
430.04, F.S.; making a technical change; creating s.
430.09, F.S.; providing procurement requirements for
area agencies on aging; prohibiting an administrative
employee of an area agency on aging from receiving a

586-02241-26

20261630c1

specified salary amount; providing construction;
amending s. 430.203, F.S.; revising definitions;
amending s. 430.204, F.S.; deleting certain funding
responsibilities of the department and certain
entities; prohibiting the area agency on aging from
directly providing core services; providing
exceptions; deleting the responsibility of provider
agencies to collect and assess fees for certain
services; amending s. 430.205, F.S.; deleting certain
funding responsibilities of the department; deleting a
provision providing construction; revising frequency
of inservice training for certain providers; requiring
that high-risk vulnerable adults be given priority
consideration for receiving community-care-for-the-
elderly services; replacing the term "primary
consideration" with "priority consideration"; amending
s. 430.2053, F.S.; renaming aging resource centers as
aging and disability resource centers; revising the
purposes and duties of such centers; authorizing aging
and disability resource centers to place on and
release certain individuals from pre-enrollment lists;
deleting a requirement for a work group to be
convened; deleting a requirement to provide enrollment
and coverage information to certain individuals;
requiring the aging and disability resource center to
receive a waiver from the department to be the
provider of certain direct services; revising the
services for which the department and an area agency
on aging may not make payments; deleting an

586-02241-26

20261630c1

eligibility requirement for an area agency on aging to transition to an aging resource center; revising with whom the department may consult to develop capitation rates; revising construction; conforming provisions to changes made by the act; amending s. 430.503, F.S.; deleting the responsibility of provider agencies to collect and assess fees for certain purposes; amending s. 430.605, F.S.; revising certain subsidy payments to include food and nutritional supplements; creating s. 430.72, F.S.; providing the purpose of and legislative intent for the Florida Alzheimer's Center of Excellence; encouraging certain actions related to innovative and efficient program development; defining terms; providing powers and duties of the center; requiring the center to work with specified entities to ensure full use of state infrastructure; authorizing the center to provide direct services or contract for the provision of services; providing eligibility criteria for services; authorizing the center to provide assistance to persons meeting such criteria, subject to availability of funds and resources; amending s. 430.901, F.S.; conforming provisions to changes made by the act; amending s. 744.2003, F.S.; revising professional and public guardians' continuing education requirements to include Alzheimer's disease and related dementias; amending ss. 744.2004 and 744.20041, F.S.; revising certain disciplinary actions and penalties; amending s. 744.2104, F.S.; authorizing the Office of Public

586-02241-26

20261630c1

and Professional Guardians to issue certain subpoenas to certain entities to compel the production of records in conducting certain investigations; authorizing the office to petition the court for a certain purpose under certain circumstances; reenacting s. 110.501(4), F.S., relating to definitions, to incorporate the amendment made to s. 430.204, F.S., in a reference thereto; reenacting s. 430.504, F.S., relating to confidentiality of information, to incorporate the amendment made to s. 430.503, F.S., in a reference thereto; reenacting s. 430.603, F.S., relating to home care for the elderly and rules, to incorporate the amendment made to s. 430.605, F.S., in a reference thereto; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsections (2) and (3) of section 409.979, Florida Statutes, are amended to read:

409.979 Eligibility.—

(2) PRE-ENROLLMENT ~~ENROLLMENT~~ OFFERS.—Subject to the availability of funds, the Department of Elderly Affairs shall make offers for enrollment to eligible individuals based on a pre-enrollment list ~~wait-list~~ prioritization. Before making enrollment offers, the agency and the Department of Elderly Affairs shall determine that sufficient funds exist to support additional enrollment into plans.

~~(a) A Medicaid recipient enrolled in one of the following~~

586-02241-26

20261630c1

~~Medicaid home and community-based services waiver programs who meets the eligibility criteria established in subsection (1) is eligible to participate in the long-term care managed care program and must be transitioned into the long-term care managed care program by January 1, 2018:~~

~~1. Traumatic Brain and Spinal Cord Injury Waiver.~~

~~2. Adult Cystic Fibrosis Waiver.~~

~~3. Project AIDS Care Waiver.~~

~~(b) The agency shall seek federal approval to terminate the Traumatic Brain and Spinal Cord Injury Waiver, the Adult Cystic Fibrosis Waiver, and the Project AIDS Care Waiver once all eligible Medicaid recipients have transitioned into the long-term care managed care program.~~

(3) PRE-ENROLLMENT WAIT LIST, RELEASE, AND OFFER PROCESS.—

The Department of Elderly Affairs shall maintain a statewide pre-enrollment wait list for enrollment for home and community-based services through the long-term care managed care program.

(a) The Department of Elderly Affairs shall prioritize individuals for potential enrollment for home and community-based services through the long-term care managed care program using a frailty-based screening tool that results in a priority score. The priority score is used to set an order for releasing individuals from the pre-enrollment wait list for potential enrollment in the long-term care managed care program. If capacity is limited for individuals with identical priority scores, the individual with the oldest date of placement on the pre-enrollment wait list shall receive priority for release.

1. Pursuant to s. 430.2053, aging and disability resource center personnel certified by the Department of Elderly Affairs

586-02241-26

20261630c1

146 shall perform the screening for each individual requesting
147 enrollment for home and community-based services through the
148 long-term care managed care program. Aging and disability
149 resource center personnel shall place on and release from the
150 pre-enrollment lists clients eligible for the Alzheimer's
151 Disease Initiative or the Community Care for the Elderly, Home
152 Care for the Elderly, or Statewide Medicaid Managed Care Long-
153 Term Care programs. The Department of Elderly Affairs shall
154 request that the individual or the individual's authorized
155 representative provide alternate contact names and contact
156 information.

157 2. The individual ~~requesting the long-term care services,~~
158 or the individual's authorized representative, must participate
159 in an initial screening or rescreening for placement on the pre-
160 enrollment ~~wait~~ list. The screening or rescreening must be
161 completed in its entirety before placement on the pre-enrollment
162 ~~wait~~ list.

163 3. Pursuant to s. 430.2053, staff authorized and certified
164 by the Department of Elderly Affairs ~~aging resource center~~
165 ~~personnel~~ shall administer rescreening annually or upon
166 notification of a significant change in an individual's
167 circumstances for an individual with a high priority score.
168 Aging and disability resource center personnel may administer
169 rescreening annually or upon notification of a significant
170 change in an individual's circumstances for an individual with a
171 low priority score.

172 4. The Department of Elderly Affairs shall adopt by rule a
173 screening tool that generates the priority score and shall make
174 publicly available on its website the specific methodology used

586-02241-26

20261630c1

to calculate an individual's priority score.

(b) Upon completion of the screening or rescreening process, the Department of Elderly Affairs shall notify the individual or the individual's authorized representative that the individual has been placed on the pre-enrollment ~~wait~~ list, unless the individual has a low priority score. The Department of Elderly Affairs must maintain contact information for each individual with a low priority score for purposes of any future rescreening. Aging and disability resource center personnel shall inform individuals with low priority scores of community resources available to assist them and inform them that they may contact the aging and disability resource center for a new assessment at any time if they experience a change in circumstances.

(c) If the Department of Elderly Affairs is unable to contact the individual or the individual's authorized representative to schedule an initial screening or rescreening, and documents the actions taken to make such contact, it shall send a letter to the last documented address of the individual or the individual's authorized representative. The letter must advise the individual or his or her authorized representative that he or she must contact the Department of Elderly Affairs within 30 calendar days after the date of the notice to schedule a screening or rescreening and must notify the individual that failure to complete the screening or rescreening will result in his or her termination from the screening process and the pre-enrollment ~~wait~~ list.

(d) After notification by the agency of available capacity, the ~~CARES program shall conduct a prerelease assessment. The~~

586-02241-26

20261630c1

Department of Elderly Affairs shall release individuals from the pre-enrollment ~~wait~~ list based on the priority scoring process ~~and prerelease assessment results~~. The aging and disability resource center shall conduct a prerelease assessment. Upon release, individuals who meet all financial and medical eligibility criteria may enroll in the long-term care managed care program.

(e) The Department of Elderly Affairs may terminate an individual's inclusion on the pre-enrollment ~~wait~~ list if the individual:

1. Does not have a current priority score due to the individual's action or inaction;
2. Requests to be removed from the pre-enrollment ~~wait~~ list;
3. Does not keep an appointment to complete the rescreening without scheduling another appointment and has not responded to three documented attempts by the Department of Elderly Affairs to contact the individual;
4. Receives an offer to begin the eligibility determination process for the long-term care managed care program; or
5. Begins receiving services through the long-term care managed care program.

An individual whose inclusion on the pre-enrollment ~~wait~~ list is terminated must initiate a new request for placement on the pre-enrollment ~~wait~~ list, and any previous priority considerations must be disregarded.

(f) Notwithstanding this subsection, the following individuals are afforded priority enrollment for home and

586-02241-26

20261630c1

community-based services through the long-term care managed care program and do not have to complete the screening or pre-enrollment list ~~wait-list~~ process if all other long-term care managed care program eligibility requirements are met:

1. An individual who is 18, 19, or 20 years of age who has a chronic debilitating disease or condition of one or more physiological or organ systems which generally make the individual dependent upon 24-hour-per-day medical, nursing, or health supervision or intervention.

2. A nursing facility resident who requests to transition into the community and who has resided in a Florida-licensed skilled nursing facility for at least 60 consecutive days.

3. An individual who is referred by the Department of Children and Families pursuant to the Adult Protective Services Act, ss. 415.101-415.113, as high risk and who is placed in an assisted living facility temporarily funded by the Department of Children and Families.

(g) The Department of Elderly Affairs and the agency may adopt rules to implement this subsection.

Section 2. Subsection (4) of section 409.983, Florida Statutes, is amended to read:

409.983 Long-term care managed care plan payment.—In addition to the payment provisions of s. 409.968, the agency shall provide payment to plans in the long-term care managed care program pursuant to this section.

(4) The initial assessment of an enrollee's level of care shall be reviewed or performed ~~made~~ by the Comprehensive Assessment and Review for Long-Term Care Services (CARES) program, which shall assign the recipient into one of the

586-02241-26

20261630c1

following levels of care:

(a) Level of care 1 consists of recipients residing in or who must be placed in a nursing home.

(b) Level of care 2 consists of recipients at imminent risk of nursing home placement, as evidenced by the need for the constant availability of routine medical and nursing treatment and care, and who require extensive health-related care and services because of mental or physical incapacitation.

(c) Level of care 3 consists of recipients at imminent risk of nursing home placement, as evidenced by the need for the constant availability of routine medical and nursing treatment and care, who have a limited need for health-related care and services and are mildly medically or physically incapacitated.

The agency shall periodically adjust payment rates to account for changes in the level of care profile for each managed care plan based on encounter data.

Section 3. Subsection (7) of section 430.03, Florida Statutes, is amended to read:

430.03 Purposes.—The purposes of the Department of Elderly Affairs are to:

(7) Oversee implementation of federally funded and state-funded programs and services for the state's elderly population. The department may provide direct services for the Community Care for the Elderly Program, Home Care for the Elderly Program, and the Alzheimer's Disease Initiative only in the event of a state of emergency or in the event a contracted service provider or subcontractor is unable to provide services.

Section 4. Present paragraph (g) of subsection (2) of

586-02241-26

20261630c1

section 430.04, Florida Statutes, is redesignated as paragraph (h), a new paragraph (g) is added to that subsection, and paragraph (f) of that subsection is amended to read:

430.04 Duties and responsibilities of the Department of Elderly Affairs.—The Department of Elderly Affairs shall:

(2) Be responsible for ensuring that each area agency on aging operates in a manner to ensure that the elderly of this state receive the best services possible. The department shall rescind designation of an area agency on aging or take intermediate measures against the agency, including corrective action, unannounced special monitoring, temporary assumption of operation of one or more programs by the department, placement on probationary status, imposing a moratorium on agency action, imposing financial penalties for nonperformance, or other administrative action pursuant to chapter 120, if the department finds that:

(f) The agency has failed to properly determine client eligibility as defined by the department.

(g) The agency has failed to ~~or~~ efficiently manage program budgets.

Section 5. Section 430.09, Florida Statutes, is created to read:

430.09 Area agencies on aging expenditures.—

(1) The procurement of commodities or contractual services by an area agency on aging and its subcontractors must comply with applicable state and federal law and follow all regulations.

(a) Area agencies on aging shall competitively procure all contracts in excess of \$35,000.

586-02241-26

20261630c1

(b) The department shall impose financial consequences, as established by the department and incorporated into the contract, for noncompliance with applicable local, state, or federal law for the procurement of commodities or contractual services.

(2) An administrative employee of an area agency on aging may not receive a salary in excess of 150 percent of the annual salary paid to the secretary of the Department of Elderly Affairs from state-appropriated funds or from state-appropriated federal funds. This limitation applies regardless of the number of contracts an area agency on aging may execute with the department. This subsection does not prohibit any party from providing compensation that is not from state funds to an area agency on aging administrative employee.

Section 6. Subsections (3) and (5) and paragraph (c) of subsection (9) of section 430.203, Florida Statutes, are amended to read:

430.203 Community care for the elderly; definitions.—As used in ss. 430.201-430.207, the term:

(3) "Community care service system" means a service network comprising a variety of home-delivered services, day care services, and other basic services, hereinafter referred to as "core services," for functionally impaired elderly persons which are provided by or through a designated ~~single~~ lead agency by the area agency on aging. Its purpose is to provide a continuum of care encompassing a full range of preventive, maintenance, and restorative services for functionally impaired elderly persons.

(5) "Core services" means a variety of home-delivered

586-02241-26

20261630c1

349 services, day care services, and other basic services that may
350 be provided by several entities. Core services are those
351 services that are most needed to prevent unnecessary
352 institutionalization. ~~The area agency on aging shall not~~
353 ~~directly provide core services.~~

354 (9) "Lead agency" means an agency designated at least once
355 every 6 years by an area agency on aging as the result of a
356 competitive procurement conducted through a request for
357 proposal.

358 (c) In each community care service system, the lead agency
359 must be given the authority and responsibility to coordinate
360 some or all of the services, either directly or through
361 subcontracts, for functionally impaired elderly persons. These
362 services must include case management, homemaker and chore
363 services, respite care, ~~adult day care~~, personal care services,
364 home-delivered meals, counseling, ~~information and referral~~, and
365 emergency home repair services. The lead agency must compile
366 community care statistics and monitor, when applicable,
367 subcontracts with agencies providing core services.

368 Section 7. Subsections (1), (4), (5), and (8) of section
369 430.204, Florida Statutes, are amended to read:

370 430.204 Community-care-for-the-elderly core services;
371 departmental powers and duties.—

372 (1)~~(a)~~ The department shall fund, through each area agency
373 on aging, at least one community care service system the primary
374 purpose of which is the prevention of unnecessary
375 institutionalization of functionally impaired elderly persons
376 through the provision of community-based core services. Whenever
377 feasible, an area agency on aging shall be the contracting

586-02241-26

20261630c1

agency of preference to engage only in the planning and funding of community-care-for-the-elderly core services for functionally impaired elderly persons.

~~(b) The department shall fund, through each area agency on aging in each county as defined in s. 125.011(1), more than one community care service system the primary purpose of which is the prevention of unnecessary institutionalization of functionally impaired elderly persons through the provision of community-based core services.~~

(4) The department or contracting agency shall contract for the provision of the core services required by a community care service area. The area agency on aging may not directly provide core services unless the designated lead agency is unable to perform its duties or in the event of a state of emergency and the department approves.

~~(5) Entities contracting to provide core services under ss. 430.201-430.207 must provide a minimum of 10 percent of the funding necessary for the support of project operations. In-kind contributions, whether materials, commodities, transportation, office space, other types of facilities, or personal services, and contributions of money or services from functionally impaired elderly persons may be evaluated and counted as part or all of the required local funding.~~

~~(8) Provider agencies are responsible for the collection of fees for services in accordance with rules adopted by the department. Provider agencies shall assess fees for services rendered in accordance with those rules. To help pay for services received from community care for the elderly, a functionally impaired elderly person shall be assessed a fee~~

586-02241-26

20261630c1

~~based on an overall ability to pay. The fee to be assessed shall be fixed according to a schedule established by the department in cooperation with area agencies, lead agencies, and service providers.~~

Section 8. Subsections (1), (2), and (4) and paragraph (a) of subsection (5) of section 430.205, Florida Statutes, are amended to read:

430.205 Community care service system.—

(1)~~(a)~~ The department, through the area agency on aging, shall fund in each planning and service area at least one community care service system that provides case management and other in-home and community services as needed to help the older person maintain independence and prevent or delay more costly institutional care.

~~(b) The department shall fund, through the area agency on aging in each county as defined in s. 125.011(1), more than one community care service system that provides case management and other in-home and community services as needed to help elderly persons maintain independence and prevent or delay more costly institutional care.~~

(2) Core services and other support services may be furnished by public or private agencies or organizations. Each community care service system must be under the direction of a lead agency that coordinates the activities of individual contracting agencies providing community-care-for-the-elderly services. When practicable, the activities of a community care service area may be directed from a multiservice senior center, as defined in s. 430.901, and coordinated with other services offered therein. ~~This subsection does not require programs in~~

586-02241-26

20261630c1

~~existence prior to the effective date of this act to be
relocated.~~

(4) A preservice and annual inservice training program for community-care-for-the-elderly service providers and staff may be designed and implemented to help assure the delivery of quality services. The department shall specify in rules the training standards and requirements for the community-care-for-the-elderly service providers and staff. Training must be sufficient to ensure that quality services are provided to clients and that appropriate skills are developed to conduct the program.

(5) Any person who has been classified as a functionally impaired elderly person is eligible to receive community-care-for-the-elderly core services.

(a) Those elderly persons who are determined by protective investigations to be high risk vulnerable adults in need of services, pursuant to s. 415.104(3)(b), or to be victims of abuse, neglect, or exploitation who are in need of immediate services to prevent further harm and are referred by the adult protective services program, shall be given priority ~~primary~~ consideration for receiving community-care-for-the-elderly services. As used in this paragraph, the term "priority ~~primary~~ consideration" means that an assessment and services must commence within 72 hours after referral to the department or as established in accordance with department contracts by local protocols developed between department service providers and the adult protective services program. Regardless, a community-care-for-the-elderly services provider may dispute a referral under this paragraph by requesting that adult protective services

586-02241-26

20261630c1

negotiate the referral placement of, and the services to be provided to, a vulnerable adult or victim of abuse, neglect, or exploitation. If an agreement cannot be reached with adult protective services for modification of the referral decision, the determination by adult protective services shall prevail.

Section 9. Section 430.2053, Florida Statutes, is amended to read:

430.2053 Aging and disability resource centers.—

(1) The department, in consultation with the Agency for Health Care Administration and the Department of Children and Families, shall develop pilot projects for aging and disability resource centers.

(2) The purposes of an aging and disability resource center ~~are shall be~~:

(a) To provide Florida's elders, adults with disabilities, and their families with a locally focused, coordinated approach to integrating information and referral for all available services for persons ~~elders~~ with the eligibility determination entities for state and federally funded long-term-care services.

(b) To provide for easier access to long-term-care services by Florida's elders, adults with disabilities, and their families by creating multiple access points to the long-term-care network that flow through one established entity with wide community recognition.

(3) The duties of an aging and disability resource center are to:

(a) Develop referral agreements with local community service organizations, such as senior centers, existing elder service providers, volunteer associations, and other similar

586-02241-26

20261630c1

494 organizations, to better assist clients who do not need or do
495 not wish to enroll in programs funded by the department or the
496 agency. The referral agreements must also include a protocol,
497 developed and approved by the department, which provides
498 specific actions that an aging and disability resource center
499 and local community service organizations must take when a
500 person or a person's ~~an elder or an elder's~~ representative
501 seeking information on long-term-care services contacts a local
502 community service organization before ~~prior to~~ contacting the
503 aging and disability resource center. The protocol shall be
504 designed to ensure that persons ~~elders~~ and their families are
505 able to access information and services in the most efficient
506 and least cumbersome manner possible.

507 (b) Provide an initial screening of all clients who request
508 long-term-care services to determine whether the person would be
509 most appropriately served through any combination of federally
510 funded programs, state-funded programs, locally funded or
511 community volunteer programs, or private funding for services.

512 (c) Determine eligibility for the programs and services
513 listed in subsection (9) for persons residing within the
514 geographic area served by the aging and disability resource
515 center and determine a priority ranking for services which is
516 based upon the potential recipient's frailty level and
517 likelihood of institutional placement without such services.

518 (d) Place on and release from the pre-enrollment lists
519 clients eligible for the Alzheimer's Disease Initiative or the
520 Community Care for the Elderly, Home Care for the Elderly, or
521 Statewide Medicaid Managed Care Long-term Care programs.

522 (e) Manage the availability of financial resources for the

586-02241-26

20261630c1

523 programs and services listed in subsection (9) for persons
524 residing within the geographic area served by the aging and
525 disability resource center.

526 ~~(f)-(e)~~ When financial resources become available, refer a
527 client to the most appropriate entity to begin receiving
528 services. The aging and disability resource center shall make
529 referrals to lead agencies for service provision that ensure
530 that persons ~~individuals~~ who are vulnerable adults in need of
531 services pursuant to s. 415.104(3)(b), or who are victims of
532 abuse, neglect, or exploitation in need of immediate services to
533 prevent further harm and are referred by the adult protective
534 services program, are given priority ~~primary~~ consideration for
535 receiving community-care-for-the-elderly services in compliance
536 with the requirements of s. 430.205(5)(a) and that other
537 referrals for services are in compliance with s. 430.205(5)(b).

538 ~~(f) Convene a work group to advise in the planning,~~
539 ~~implementation, and evaluation of the aging resource center. The~~
540 ~~work group shall be comprised of representatives of local~~
541 ~~service providers, Alzheimer's Association chapters, housing~~
542 ~~authorities, social service organizations, advocacy groups,~~
543 ~~representatives of clients receiving services through the aging~~
544 ~~resource center, and any other persons or groups as determined~~
545 ~~by the department. The aging resource center, in consultation~~
546 ~~with the work group, must develop annual program improvement~~
547 ~~plans that shall be submitted to the department for~~
548 ~~consideration. The department shall review each annual~~
549 ~~improvement plan and make recommendations on how to implement~~
550 ~~the components of the plan.~~

551 (g) Enhance the existing area agency on aging in each

586-02241-26

20261630c1

552 planning and service area by integrating, either physically or
553 virtually, the staff and services of the area agency on aging
554 with the staff of the department's local CARES Medicaid
555 preadmission screening unit and a sufficient number of staff
556 from the Department of Children and Families' Economic Self-
557 Sufficiency Unit necessary to determine the financial
558 eligibility for all persons age 60 and older residing within the
559 area served by the aging and disability resource center that are
560 seeking Medicaid services, Supplemental Security Income, and
561 food assistance.

562 (h) Assist clients who request long-term care services in
563 being evaluated for eligibility for enrollment in the Medicaid
564 long-term care managed care program as eligible plans become
565 available in each of the regions pursuant to s. 409.981(2).

566 ~~(i) Provide enrollment and coverage information to Medicaid~~
567 ~~managed long-term care enrollees as qualified plans become~~
568 ~~available in each of the regions pursuant to s. 409.981(2).~~

569 ~~(j)~~ Assist Medicaid recipients enrolled in the Medicaid
570 long-term care managed care program with informally resolving
571 grievances with a managed care network and assist Medicaid
572 recipients in accessing the managed care network's formal
573 grievance process as eligible plans become available in each of
574 the regions defined in s. 409.981(2).

575 (4) The department shall select the entities to become
576 aging and disability resource centers based on each entity's
577 readiness and ability to perform the duties listed in subsection
578 (3) and the entity's:

579 (a) Expertise in the needs of each target population the
580 center proposes to serve and a thorough knowledge of the

586-02241-26

20261630c1

581 providers that serve these populations.

582 (b) Strong connections to service providers, volunteer
583 agencies, and community institutions.

584 (c) Expertise in information and referral activities.

585 (d) Knowledge of long-term-care resources, including
586 resources designed to provide services in the least restrictive
587 setting.

588 (e) Financial solvency and stability.

589 (f) Ability to collect, monitor, and analyze data in a
590 timely and accurate manner, along with systems that meet the
591 department's standards.

592 (g) Commitment to adequate staffing by qualified personnel
593 to effectively perform all functions.

594 (h) Ability to meet all performance standards established
595 by the department.

596 (5) The aging and disability resource center shall have a
597 governing body which shall be the same entity described in s.
598 20.41(7), and an executive director who may be the same person
599 as described in s. 20.41(7). The governing body shall annually
600 evaluate the performance of the executive director.

601 (6) The aging and disability resource center may not be a
602 provider of direct services other than information and referral
603 services, outreach, and screening, and intake. The aging and
604 disability resource center must receive a waiver from the
605 department to be the provider of any other direct services.

606 (7) The aging and disability resource center must agree to
607 allow the department to review any financial information the
608 department determines is necessary for monitoring or reporting
609 purposes, including financial relationships.

586-02241-26

20261630c1

610 (8) The duties and responsibilities of the community care
611 for the elderly lead agencies within each area served by an
612 aging and disability resource center shall be to:

613 (a) Develop strong community partnerships to maximize the
614 use of community resources for the purpose of assisting persons
615 ~~elders~~ to remain in their community settings for as long as it
616 is safely possible.

617 (b) Conduct comprehensive assessments of clients that have
618 been determined eligible and develop a care plan consistent with
619 established protocols that ensures that the unique needs of each
620 client are met.

621 (9) The services to be administered through the aging and
622 disability resource center shall include those funded by the
623 following programs:

624 (a) Community care for the elderly.

625 (b) Home care for the elderly.

626 (c) Contracted services.

627 (d) Alzheimer's Disease Initiative.

628 (e) Older Americans Act.

629 (10) The department shall, before ~~prior to~~ designation of
630 an aging and disability resource center, develop by rule
631 operational and quality assurance standards and outcome measures
632 to ensure that clients receiving services through all long-term-
633 care programs administered through an aging and disability
634 resource center are receiving the appropriate care they require
635 and that contractors and subcontractors are adhering to the
636 terms of their contracts and are acting in the best interests of
637 the clients they are serving, consistent with the intent of the
638 Legislature to reduce the use of and cost of nursing home care.

586-02241-26

20261630c1

The department shall by rule provide operating procedures for aging and disability resource centers, which shall include:

(a) Minimum standards for financial operation, including audit procedures.

(b) Procedures for monitoring and sanctioning of service providers.

(c) Minimum standards for technology utilized by the aging and disability resource center.

(d) Minimum staff requirements which shall ensure that the aging and disability resource center employs sufficient quality and quantity of staff to adequately meet the needs of the elders residing within the area served by the aging and disability resource center.

(e) Minimum accessibility standards, including hours of operation.

(f) Minimum oversight standards for the governing body of the aging and disability resource center to ensure its continuous involvement in, and accountability for, all matters related to the development, implementation, staffing, administration, and operations of the aging and disability resource center.

(g) Minimum education and experience requirements for executive directors and other executive staff positions of aging and disability resource centers.

(h) Minimum requirements regarding any executive staff positions that the aging and disability resource center must employ and minimum requirements that a candidate must meet in order to be eligible for appointment to such positions.

(11) In an area in which the department has designated an

586-02241-26

20261630c1

area agency on aging as an aging and disability resource center, the department and the agency may ~~shall~~ not make payments for the services listed in subsection (9) and the Statewide Medicaid Managed Care Long-term Care Program ~~Long-Term Care Community Diversion Project~~ for such persons who were not screened and enrolled through the aging and disability resource center. The department shall cease making payments for recipients in eligible plans as eligible plans become available in each of the regions defined in s. 409.981(2).

(12) Each aging and disability resource center shall enter into a memorandum of understanding with the department for collaboration with the CARES unit staff. The memorandum of understanding shall outline the staff person responsible for each function and shall provide the staffing levels necessary to carry out the functions of the aging and disability resource center.

(13) Each aging and disability resource center shall enter into a memorandum of understanding with the Department of Children and Families for collaboration with the Economic Self-Sufficiency Unit staff. The memorandum of understanding shall outline which staff persons are responsible for which functions and shall provide the staffing levels necessary to carry out the functions of the aging and disability resource center.

(14) If any of the state activities described in this section are outsourced, either in part or in whole, the contract executing the outsourcing shall mandate that the contractor or its subcontractors shall, either physically or virtually, execute the provisions of the memorandum of understanding instead of the state entity whose function the contractor or

586-02241-26

20261630c1

subcontractor now performs.

~~(15) (a) In order to be eligible to begin transitioning to an aging resource center, an area agency on aging board must ensure that the area agency on aging which it oversees meets all of the minimum requirements set by law and in rule.~~

~~(16) (a) Once an aging resource center is operational,~~ The department, in consultation with the aging and disability resource center agency, may develop capitation rates for any of the programs administered through the agency ~~aging resource center~~. Capitation rates for programs shall be based on the historical cost experience of the state in providing those same services to the population age 60 or older residing within each area served by an aging and disability resource center. Each capitated rate may vary by geographic area as determined by the department.

(b) The department and the agency may determine for each area served by an aging and disability resource center whether it is appropriate, consistent with federal and state laws and regulations, to develop and pay separate capitated rates for each program administered through the aging and disability resource center or to develop and pay capitated rates for service packages which include more than one program or service administered through the aging and disability resource center.

(c) Once capitation rates have been developed and certified as actuarially sound, the department and the agency may pay service providers the capitated rates for services when appropriate.

(d) The department, in consultation with the agency, shall annually reevaluate and recertify the capitation rates,

586-02241-26

20261630c1

adjusting forward to account for inflation, programmatic changes.

~~(16)(17)~~ This section does ~~shall~~ not be construed to allow an aging and disability resource center to restrict, manage, or impede the local fundraising activities of service providers.

Section 10. Section 430.503, Florida Statutes, is amended to read:

430.503 Alzheimer's Disease Initiative; short title ~~fees and administrative expense.~~

~~(1)~~ Sections 430.501-430.504 may be cited as the "Alzheimer's Disease Initiative."

~~(2) Provider agencies are responsible for the collection of fees for services in accordance with rules adopted by the department. Provider agencies shall assess fees for services rendered in accordance with those rules. To help pay for services received pursuant to the Alzheimer's Disease Initiative, a functionally impaired elderly person shall be assessed a fee based on an overall ability to pay. The fee to be assessed shall be fixed according to a schedule to be established by the department. Services of specified value may be accepted in lieu of a fee. The fee schedule shall be developed in cooperation with the Alzheimer's Disease Advisory Committee, area agencies on aging, and service providers.~~

Section 11. Subsection (3) of section 430.605, Florida Statutes, is amended to read:

430.605 Subsidy payments.—The department shall develop a schedule of subsidy payments to be made to persons providing home care, and to providers of goods and services, for certain eligible elderly persons. Payments must be based on the

586-02241-26

20261630c1

financial status of the person receiving care. Payments must include, but need not be limited to:

(3) When necessary, special supplements to provide for any goods and services, including food and nutritional supplements, and specialized care required to maintain the health, safety, and well-being of the elderly person. Extraordinary medical, dental, or pharmaceutical expenses may be paid as a special supplement.

Section 12. Section 430.72, Florida Statutes, is created to read:

430.72 Florida Alzheimer's Center of Excellence.—

(1) PURPOSE AND INTENT.—

(a) The purpose of this section is to assist and support persons with Alzheimer's disease or related forms of dementia and their caregivers by connecting them with resources in their communities. The Legislature intends to create a holistic care model for persons with Alzheimer's disease or related forms of dementia and their caregivers to address two primary goals:

1. To allow Floridians living with Alzheimer's disease or related forms of dementia to age in place.

2. To empower family caregivers to improve their own well-being.

(b) The development of innovative approaches to program management, staff training, and service delivery which have an impact on cost-avoidance, cost-effectiveness, and program efficiency is encouraged.

(2) DEFINITIONS.—As used in this section, the term:

(a) "Center" means the Florida Alzheimer's Center of Excellence.

586-02241-26

20261630c1

(b) "Department" means the Department of Elderly Affairs.

(3) POWERS AND DUTIES.—

(a) There is created within the department the Florida Alzheimer's Center of Excellence, which shall be responsible for improving the quality of care for persons living with Alzheimer's disease or related forms of dementia and improved quality of life for family caregivers.

(b) The center shall aim to address, at a minimum, all of the following:

1. Early and accurate diagnosis.

2. Caregiver health.

3. Improved access to care.

4. Health care use costs.

5. Strengthening a dementia-capable workforce.

6. Underreporting of Alzheimer's disease and related forms of dementia.

7. Disparities in access to dementia care.

(c) The center shall provide caregivers access to services, including, but not limited to, all of the following:

1. Care consultation.

2. Support groups.

3. Education and training programs.

4. Caregiver support services such as:

a. Caregiver companions.

b. Caregiver wellness programs.

c. Care support teams.

d. Technology-based services.

e. Coordinating or monitoring care and services.

f. Assistance in obtaining diagnosis or prognosis of

586-02241-26

20261630c1

dementia.

g. Assistance in obtaining end-of-life care.

h. Assistance connecting to resources for medical care.

i. Assistance with planning for current or future care.

j. Guidance for coping with relationship changes for persons with dementia and their caregivers.

k. Skills for communicating with persons with dementia.

l. Understanding or managing behavioral symptoms of dementia.

(d) The center shall work with area agencies on aging; the Alzheimer's Disease Advisory Committee; the Alzheimer's Disease Initiative, including the state-funded memory disorder clinics; the Dementia Care and Cure Initiative; universities; hospitals; and other available community resources to ensure full use of the state's infrastructure.

(e) As necessary to fulfill its duties under this section, the center may provide direct services or contract for the provision of services.

(4) ELIGIBILITY FOR SERVICES.—

(a) Persons seeking assistance from the center must meet all of the following criteria to be eligible for services:

1. At least one person in the household is a caregiver for a person who has been diagnosed with, or is suspected of having, Alzheimer's disease or a related form of dementia.

2. The caregiver or person diagnosed with, or suspected of having, Alzheimer's disease or a related form of dementia is a resident of this state.

3. Have the goal of providing in-home care for the person who has been diagnosed with, or is suspected of having,

586-02241-26

20261630c1

842 Alzheimer's disease or a related form of dementia.

843 (b) If the person seeking assistance meets the criteria in
844 paragraph (a), the center may provide assistance to the
845 caregiving family, subject to the availability of funds and
846 resources.

847 Section 13. Subsection (2) of section 430.901, Florida
848 Statutes, is amended to read:

849 430.901 Multiservice senior center; definition; purpose.—A
850 "multiservice senior center" is:

851 (2) An entity that may partner with an aging and disability
852 resource center to provide for easier access to long-term care
853 services by seniors and their families who reside within the
854 local community.

855 Section 14. Subsection (3) of section 744.2003, Florida
856 Statutes, is amended to read:

857 744.2003 Regulation of professional guardians; application;
858 bond required; educational requirements.—

859 (3) Each professional guardian as defined in s. 744.102(17)
860 and public guardian must receive a minimum of 40 hours of
861 instruction and training. Each professional guardian must
862 receive a minimum of 30 hours of continuing education every 2
863 calendar years after the year in which the initial 40-hour
864 educational requirement is met. The required continuing
865 education must include at least 2 hours on fiduciary
866 responsibilities; 2 hours on professional ethics; 1 hour on
867 advance directives; 1 hour on Alzheimer's disease and related
868 dementias; 3 hours on abuse, neglect, and exploitation; and 3 4
869 hours on guardianship law. The instruction and education must be
870 completed through a course approved or offered by the Office of

586-02241-26

20261630c1

Public and Professional Guardians. The expenses incurred to satisfy the educational requirements prescribed in this section may not be paid with the assets of any ward. This subsection does not apply to any attorney licensed to practice law in this state or an institution acting as guardian under s. 744.2002(7).

Section 15. Subsection (2) of section 744.2004, Florida Statutes, is amended to read:

744.2004 Complaints; disciplinary proceedings; penalties; enforcement.—

(2) The Office of Public and Professional Guardians shall establish disciplinary proceedings, conduct hearings, and take administrative action pursuant to chapter 120. Disciplinary actions may include, but are not limited to, requiring a professional guardian to participate in additional educational courses provided or approved by the Office of Public and Professional Guardians, imposing additional monitoring by the Office of Public and Professional Guardians, imposing a fine ~~office of the guardianships to which the professional guardian is appointed~~, and suspension or revocation of a professional guardian's registration.

Section 16. Paragraph (g) is added to subsection (2) of section 744.20041, Florida Statutes, to read:

744.20041 Grounds for discipline; penalties; enforcement.—

(2) When the Office of Public and Professional Guardians finds a professional guardian guilty of violating subsection (1), it may enter an order imposing one or more of the following penalties:

(g) Requirement that the professional guardian pay a fine, not to exceed \$500 per violation.

586-02241-26

20261630c1

Section 17. Present subsection (2) of section 744.2104, Florida Statutes, is redesignated as subsection (4), and a new subsection (2) and subsection (3) are added to that section, to read:

744.2104 Access to records by the Office of Public and Professional Guardians; confidentiality.—

(2) In conducting an investigation, the Office of Public and Professional Guardians may issue subpoenas duces tecum to financial institutions, insurance companies, the ward's caregivers, any facility in which the ward is residing or has resided, and the facility's professional guardians or employees to compel the production of records relevant to the investigation conducted by the office.

(3) If there is substantial noncompliance with a subpoena duces tecum issued by the Office of Public and Professional Guardians, the office may petition the court in the county in which the noncompliant person resides or has her or his place of business for an order requiring the person to produce such records as specified in the subpoena duces tecum.

Section 18. For the purpose of incorporating the amendment made by this act to section 430.204, Florida Statutes, in a reference thereto, subsection (4) of section 110.501, Florida Statutes, is reenacted to read:

110.501 Definitions.—As used in this act:

(4) "Volunteer" means any person who, of his or her own free will, provides goods or services, or conveys an interest in or otherwise consents to the use of real property pursuant to chapter 260, to any state department or agency, or nonprofit organization, with no monetary or material compensation. A

586-02241-26

20261630c1

929 person registered and serving in Older American Volunteer
930 Programs authorized by the Domestic Volunteer Service Act of
931 1973, as amended (Pub. L. No. 93-113), shall also be defined as
932 a volunteer and shall incur no civil liability as provided by s.
933 768.1355. A volunteer shall be eligible for payment of volunteer
934 benefits as specified in Pub. L. No. 93-113, this section, and
935 s. 430.204.

936 Section 19. For the purpose of incorporating the amendment
937 made by this act to section 430.503, Florida Statutes, in a
938 reference thereto, section 430.504, Florida Statutes, is
939 reenacted to read:

940 430.504 Confidentiality of information.—Information about
941 clients of programs created or funded under s. 430.501 or s.
942 430.503 which is received through files, reports, inspections,
943 or otherwise, by the department or by authorized departmental
944 employees, by persons who volunteer services, or by persons who
945 provide services to clients of programs created or funded under
946 s. 430.501 or s. 430.503 through contracts with the department
947 is confidential and exempt from the provisions of s. 119.07(1).
948 Such information may not be disclosed publicly in such a manner
949 as to identify a person who receives services under s. 430.501
950 or s. 430.503, unless that person or that person's legal
951 guardian provides written consent.

952 Section 20. For the purpose of incorporating the amendment
953 made by this act to section 430.605, Florida Statutes, in a
954 reference thereto, section 430.603, Florida Statutes, is
955 reenacted to read:

956 430.603 Home care for the elderly; rules.—The department
957 shall by rule establish minimum standards and procedures for the

586-02241-26

20261630c1

provision of home care for the elderly and for the approval of persons seeking to provide such care. Any person who is approved to provide care, goods, or services for an elderly person shall be eligible for the subsidy payments described in s. 430.605. However, the home care for the elderly program must be operated within the funds appropriated by the Legislature.

Section 21. This act shall take effect July 1, 2026.