

# FLORIDA HOUSE OF REPRESENTATIVES FINAL BILL ANALYSIS

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**BILL #:** [CS/HB 1121](#)

**TITLE:** Aging and Disability Services

**SPONSOR(S):** Rizo and Basabe

**COMPANION BILL:** [CS/SB 1630](#) (Grall)

**LINKED BILLS:** None

**RELATED BILLS:** None

**FINAL HOUSE FLOOR ACTION:** 113 Y's 2 N's

**GOVERNOR'S ACTION:** Approved

## SUMMARY

### Effect of the Bill:

The bill revises aging and disability services provided by the Department of Elder Affairs (DOEA). The bill adds food and nutritional supplements as allowable uses of subsidy payments under the Home Care for the Elderly program.

The bill establishes competitive procurement requirements and salary limits for the Chief Executive Officer or Executive Director of an Area Agency on Aging (AAA). The bill authorizes AAAs to provide core services to seniors in certain circumstances, and clarifies when a AAA's designation must be rescinded.

The bill expands the regulatory and enforcement powers of the Office of Public and Professional Guardians (OPPG) over professional guardians, providing subpoena power, access to confidential clerk records for investigations, and authority to fine guardians. The bill eliminates the requirement that OPPG's executive director be an attorney. Additionally, the bill requires DOEA to provide unredacted copies of OPPG complaints received in 2025, along with corresponding investigative reports, and letters sent to the complainants and guardians concerning the outcomes of those complaints, to the Legislature.

The bill also adds a continuing education requirement for professional guardians regarding Alzheimer's disease.

### Fiscal or Economic Impact:

The bill may have an indeterminate, insignificant negative fiscal impact on DOEA, which can be absorbed within existing resources.

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## ANALYSIS

### EFFECT OF THE BILL:

#### Department of Elder Affairs

The bill makes several revisions to programs administered by the Department of Elder Affairs (DOEA), including the [Community Care for the Elderly \(CCE\)](#), Home Care for the Elderly (HCE), and [Statewide Medicaid Managed Care Long-Term Care \(SMMC LTC\)](#) programs.

#### Aging and Disability Resource Centers

The bill makes various changes to streamline processes and remove duplicated efforts in order to reduce wait times for seniors to receive services. The bill specifies that Aging and Disability Resource Center (ADRC) personnel must place on and release clients, eligible for the Alzheimer's Disease Initiative, CCE, HCE, and SMMC LTC programs, from the pre-enrollment list after performing the screening for each individual requesting enrollment for home and community-based services through the SMMC LTC program. (Sections [1](#), [2](#) & [8](#))

The bill requires staff, authorized and certified by DOEA, to administer the annual rescreening for individuals on the pre-enrollment list for home and community-based services through the SMMC LTC program. This expands who can administer these rescreening beyond the ADRCs. The bill also requires DOEA to release individuals from

**STORAGE NAME:** h1121z

**DATE:** 3/11/2026

the SMMC LTC pre-enrollment list based on the priority scoring process after a prerelease assessment by ADRC personnel. The bill authorizes the Comprehensive Assessment and Review for Long-Term Care Services (CARES) program to review or perform the initial assessment to determine medical eligibility for the SMMC LTC program. This will allow CARES staff to use the most recent assessment conducted by the ADRC instead of performing a duplicative assessment, decreasing wait times for seniors to receive services. (Sections [1](#), [2](#) & [8](#))

The bill also expands the direct services that ADRCs can provide to include outreach and intake. The bill specifies that ADRCs must receive a waiver from DOEA to provide any other direct services. These changes align Florida law with the Federal Older Americans Act (OAA). (Section [8](#))

The bill removes the requirement for an ADRC to convene an advisory work group regarding the planning, implementation and evaluation of the ADRC and develop an annual program improvement plan. Under current law, the advisory work group must include local service providers, Alzheimer’s Association chapters, housing authorities, social service organizations, advocacy groups, and representatives of clients receiving services through the ADRCs. Currently, the ADRCs are not complying with this requirement; however, Florida’s Aging Network, which is comprised of DOEA, Area Agencies on Aging (AAAs), CCE lead agencies, and direct service providers, meet quarterly.<sup>1</sup>(Section [8](#))

The bill changes the term “waitlist” to “pre-enrollment list” to conform with terminology used by DOEA. The bill also changes the term “Aging and Resource Centers” to “Aging and Disability Resource Centers” to align with the OAA and conform to terminology used by DOEA. (Sections [1](#), [8](#), & [10](#)) The bill also removes outdated language related to the transition of the Medicaid waiver to Statewide Medicaid Managed Care. (Section [1](#))

### **Area Agencies on Aging**

The bill establishes competitive procurement requirements and salary limitations for the AAAs. Specifically, the bill requires the AAAs to use a competitive solicitation process to procure any commodities or contractual services in excess of \$35,000. The bill prohibits the use of federal and state funds to pay the salary of the Chief Executive Officer or Executive Director of a AAA in excess of 150% of the salary of the Secretary of DOEA. The bill does not prohibit any party from providing cash that is not from appropriated state funds to the chief executive officer or the executive director of a AAA.(Section [4](#))

The bill removes the prohibition against AAAs directly providing core services. Under the bill, the AAAs will be able to directly provide core services if a CCE lead agency is unable to and DOEA approves. This will allow AAAs to provide core services during a state of emergency, upon termination of a CCE lead agency’s contract, or if a CCE lead agency is unable to provide core services for any other reason. (Sections [5](#) & [6](#))

Additionally, the bill changes the definition of “community care service system” to allow services to be provided by any lead agency designated by the AAA, not just a single lead agency. This change conforms with current DOEA practice. (Section [5](#))

The bill restructures the list of AAA failings that are grounds for DOEA to take action against a AAA, by separately listing failures related to properly determining client eligibility and managing program budgets. This restructure has no substantive impact. (Section [3](#))

### **Home Care for the Elderly**

The bill codifies current DOEA practice by adding food and nutritional supplements as allowable uses of subsidy payments under the Home Care for the Elderly program.<sup>2</sup> (Section [9](#))

<sup>1</sup> Department of Elder Affairs, *2026 Agency Legislative Bill Analysis on HB 1121*, on file with the Human Services Subcommittee.

<sup>2</sup> *Id.*

## Office of Public and Professional Guardians

### Investigations and Discipline

The bill expands the investigative authority of the Office of Public and Professional Guardians (OPPG) over professional guardians, authorizing OPPG to issue subpoenas duces tecum to financial institutions, insurance companies, the ward's caregivers, any facility at which a ward has resided, and the professional guardian and their employees to compel records relevant to the investigation of the complaint submitted to OPPG. The bill also authorizes OPPG to petition the court in the appropriate county for a court order requiring compliance, in the event of substantial noncompliance by the subject of the subpoena. (Section [15](#))

The bill authorizes the clerk of court to disclose [confidential information](#) related to guardianship records to DOEA as provided by court order. This expands the clerk's ability to disclose confidential records beyond the Department of Children and Families and law enforcement. (Section [16](#))

The bill grants OPPG the ability to fine professional guardians, as part of discipline imposed for a violation of the standards of practice. A fine imposed on a professional guardian may not exceed \$500 per violation. (Sections [13](#) & [14](#))

The bill requires DOEA to provide to the President of the Senate and the Speaker of the House of Representatives unredacted copies of the following by August 1, 2026:

- Complaints received during the 2025 calendar year, along with corresponding investigative reports, and dismissal letters issued to the complainant and guardian, for all complaints that were dismissed; and
- Complaints received during the 2025 calendar year, along with corresponding investigative reports, and Letters of Concern, notices of noncompliance, and any other written cautionary communication or notice to the guardian who was the subject of the complaint, addressing the complaint allegations, and letters or notices provided to the complainant. (Section [17](#))

This provision addresses DOEA's failure to comply with the requirement in current law that OPPG publish all substantiated complaints and disciplinary actions within each [guardian profile](#) on the DOEA website. A 2025 [Auditor General report](#) documented this failure, which has not yet been corrected by DOEA. The records will also allow the Legislature to confirm that professional guardians who have violated applicable law or standards of practice have been held accountable and disciplined appropriately.

### OPPG Executive Director

The bill expands the pool of potential candidates who may qualify for the position of executive director of the OPPG by removing the requirement that the executive director be a member of the Florida Bar. (Section [11](#))

### Guardian Education

The bill amends the 30-hour continuing education requirements for professional guardians by adding 1 hour of mandatory training in Alzheimer's Disease and Related Disorders and reducing the hours for training in guardianship law from 4 hours to 3 hours. This ensures that professional guardians are competent to manage wards with neurodegenerative conditions. (Section [12](#))

The bill was approved by the Governor on May 11, 2026, ch. 2026-74, L.O.F., and will become effective on July 1, 2026. (Section [18](#))

### **FISCAL OR ECONOMIC IMPACT:**

**STATE GOVERNMENT:**

There may be a negative fiscal impact on DOEA due to the addition of OPPG subpoena power, which may lead to increased investigative costs associated with the service of subpoenas, which can be absorbed within existing resources.

**PRIVATE SECTOR:**

The bill may have an indeterminate positive fiscal impact on the AAA's, to the extent that the limitation on the executive salaries and procurement requirements for the AAAs result in reduced administrative costs.

**RELEVANT INFORMATION****SUBJECT OVERVIEW:****[Department of Elder Affairs](#)**

The Department of Elder Affairs (DOEA) is designated as the state unit on aging as defined in the Older Americans Act (OAA) of 1965, exercising all responsibilities pursuant to the act.<sup>3</sup> DOEA is responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all state activities related to the objectives of the OAA.<sup>4</sup> DOEA also administers all human services and long-term care programs for the state's elderly population. DOEA contracts with Area Agencies on Aging to plan and coordinate services for the state's seniors.<sup>5</sup>

DOEA oversees the implementation of federally funded and state funded programs and services.<sup>6</sup> The state funded programs include:<sup>7</sup>

- Adult Protective Services Referrals
- Alzheimer's Disease Initiative
- Alzheimer's Disease and Related Dementias Training
- Community Care for the Elderly
- Home Care for the Elderly
- Local Service Programs
- Respite for Elders Living in Everyday Families
- Office of Public and Professional Guardians
- RELIEF Program

OAA funded programs include:<sup>8</sup>

- Supportive Services
- Congregate Meals
- Home Delivered Meals
- Nutrition Service Incentive Program
- Disease Prevention and Health Promotion Services
- National Family Caregiver Support Program

<sup>3</sup> [S. 20.41, F.S.](#)

<sup>4</sup> S. 305(a)(1)(C), Older Americans Act.

<sup>5</sup> [S. 430.04, F.S.](#)

<sup>6</sup> [S. 430.03, F.S.](#)

<sup>7</sup> Department of Elder Affairs, *2025 Annual Monitoring Report Summary*, (December 2025), on file with the Human Services Subcommittee; Department of Elder Affairs, *Live Well and Age Well, 2024 Department Overview*, <https://elderaffairs.org/wp-content/uploads/2026/02/2024-Year-Review.pdf> (last visited March 16, 2026).

<sup>8</sup> Department of Elder Affairs, *Live Well and Age Well, 2024 Department Overview*, <https://elderaffairs.org/wp-content/uploads/2026/02/2024-Year-Review.pdf> (last visited March 16, 2026).

- Senior Community Service Employment Program
- Long-Term Care Ombudsman Program
- Elder Abuse Prevention

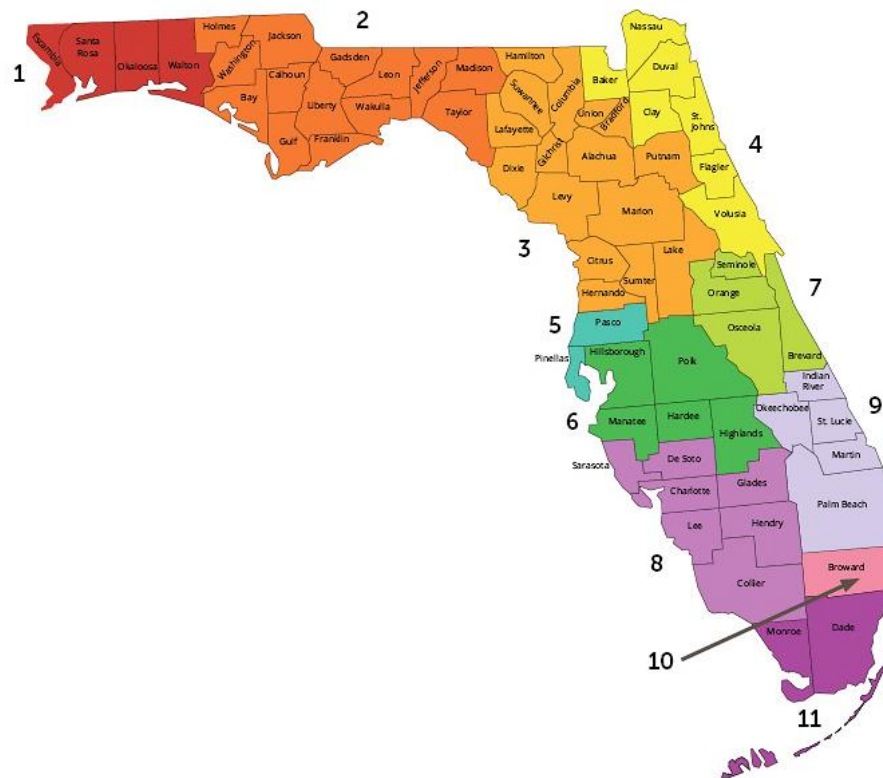
Programs federally funded outside of the OAA are funded by the U.S. Department of Health and Human Services, U.S. Department of Agriculture, and the Centers for Medicare and Medicaid, and include:<sup>9</sup>

- Adult Care Food Program
- Senior Farmers' Market Nutrition Program
- Emergency Home Energy Assistance for the Elderly Program
- Serving Health Insurance Needs of Elders Program (SHINE)
- Senior Medicare Patrol (SMP), and
- Medicare Improvement for Patients and Providers Act (MIPPA) Programs

### Area Agencies on Aging

Area Agencies on Aging (AAAs) are the designated private non-profit entities that advocate, plan, coordinate and fund a system of elder support services in their respective Planning and Service Areas. There are 11 AAAs within the state and each of the AAAs operate as an Aging and Disability Resource Center (ADRC).

The 11 ADRCs are distributed throughout the state as shown on the map below.<sup>10</sup>



<sup>9</sup> *Id.*

<sup>10</sup> *Id.*

DOEA is tasked with ensuring that the AAAs operate in a manner that guarantees the best services for the state's elderly population. DOEA is statutorily required to rescind the designation of a AAA or take intermediate measures against a AAA, such as corrective action, unannounced special monitoring, temporary assumption of operation of one or more programs, placement on probationary status, imposing a moratorium on agency actions, imposing financial penalties for nonperformance, or other administrative action pursuant to Chapter 120, if the department makes certain findings. Those findings include:<sup>11</sup>

- An intentional or negligent act of the ADRC has materially affected the health, welfare, or safety of clients, or substantially and negatively affected the operation of an aging services program.
- The ADRC lacks financial stability or contractual funds have been misappropriated.
- The ADRC has committed multiple or repeated violations of legal and regulatory requirements or DOEA standards.
- The ADRC has failed to continue the provision or expansion of services after the declaration of a state of emergency.
- The ADRC has exceeded its authority or otherwise failed to adhere to the terms of its contract or provisions provided in statute or rule.
- The ADRC has failed to properly determine client eligibility or efficiently manage program budgets.
- The ADRC has failed to implement and maintain a DOEA approved client grievance resolution procedure.

### **Aging and Disability Resource Centers**

The primary functions of the ADRCs include providing information and referral services, ensuring that eligibility determinations are done properly and efficiently, triaging clients who require assistance, and managing the availability of financial resources for certain key long-term care programs targeted for elders to ensure financial viability and stability.<sup>12</sup>

The ADRCs contract with one or more Community Care for the Elderly (CCE) lead agency that provides and coordinates services for elders throughout the state. Each ADRC contracts with a CCE lead agency for the provisions of long-term care services at least once every six years using a request for proposal process. The CCE lead agencies are given the authority and responsibility to coordinate some or all of the services, either directly or through subcontracts, for functionally impaired elderly persons. The services must include:<sup>13</sup>

- Case management
- Homemaking and chore services
- Respite care
- Adult day care
- Personal care services
- Home-delivered meals
- Counseling
- Information and referral
- Emergency home repair services

<sup>11</sup> *Supra*, note 5.

<sup>12</sup> Department of Elder Affairs, *Aging and Disability Resource Centers (ADRCs)*, <https://elderaffairs.org/resource-directory/aging-and-disability-resource-centers-adrcs/> (last visited March 16, 2026).

<sup>13</sup> *S. 430.203, F.S.*

## Community Care for the Elderly Lead Agencies

There are 47 Community Care for the Elderly (CCE) lead agencies serving Florida. Lead agency providers are either non-profit corporations or county government agencies. Lead agencies contract with local service providers, which serve the state's seniors.<sup>14</sup>

### Community Care for the Elderly Program

The CCE program provides community-based services to help seniors with functional impairments live in the least-restrictive and most cost-effective environment suitable to their needs. DOEA administers the CCE program through contracts with the AAAs, which subcontract with CCE lead agencies.

Individuals age 60 and over who are functionally impaired, as determined by an initial comprehensive assessment and annual reassessments qualify for CCE services and goods. Services provided by CCEs include:

- Adult day care
- Health care
- Case management
- Case aide
- Chore
- Companionship
- Consumable medical supplies
- Counseling
- Escort services
- Emergency alert response
- Housing improvement
- Home-delivered meals
- Home health aide
- Homemaker
- Skilled nursing services
- Legal assistance
- Material aid
- Medical therapeutic services
- Personal care
- Pest control
- Respite
- Shopping assistance
- Transportation

## Home Care for the Elderly

The Home Care for the Elderly Program (HCE) helps Floridians age 60 and older in family-type living arrangements within private homes as an alternative to institutional or nursing facility care. A basic subsidy is provided for the support and maintenance of the elder, including some medical costs.<sup>15</sup>

Individuals age 60 and over who meet the Institutional Care Program<sup>16</sup> asset and income limitation, are at risk of nursing home placement, and have an approved adult caregiver living with them who is willing and able to provide or help arrange for care qualify for HCE subsidies.

<sup>14</sup> *Supra*, note 8.

<sup>15</sup> Department of Elder Affairs, *Home Care for the Elderly (HCE) Program*, <https://elderaffairs.org/programs-and-services/home-care-for-the-elderly-hce-program/> (last visited March 16, 2026).

Most HCE participants receive a monthly subsidy of \$160 per month.<sup>17</sup> Special subsidies are authorized for some participants and can be used for the following:

- Incontinence supplies
- Medications
- Medical supplies
- Wheelchairs
- Assistive devices
- Ramps and home accessibility modifications
- Nutritional supplements
- Home health aides
- Skilled nursing services, and other services to help maintain the individual at home

Formal case management is provided when needed.<sup>18</sup>

### **Statewide Medicaid Managed Long-Term Care Managed Care**

The Statewide Medicaid Managed Care Long-Term Program (SMMC LTC) provides long-term care services, including nursing facility and home and community-based services, to eligible Medicaid recipients. The SMMC LTC uses a managed care delivery system to provide long-term care to individuals who are dually eligible for Medicare and Medicaid or to Medicaid-eligible adults with a disability. The SMMC LTC, through a monthly capitated rate, funds all home and community-based services and nursing home care. Clients are able to receive an array of long-term services, such as:<sup>19</sup>

- Adult day health care
- Assisted living
- Assistive care services
- Attendant care
- Behavioral management
- Care coordination and case management
- Caregiver training
- Home accessibility adaptation
- Homemaker services
- Hospice
- Intermittent and skilled nursing
- Medical equipment and supplies
- Medication administration
- Medication management
- Nursing facility services
- Nutritional assessment and risk reduction
- Personal care
- Personal emergency response system
- Respite care

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<sup>16</sup> The Institutional Care Program is Medicaid coverage that helps individuals in nursing homes pay for the cost of their care and provides general medical coverage. See

<https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=802> (last visited March 16, 2026).

<sup>17</sup> *Supra*, note 15.

<sup>18</sup> *Id.*

<sup>19</sup> Department of Elder Affairs, *Statewide Medicaid Managed Care Long-Term Care Program*, <https://elderaffairs.org/programs-and-services/statewide-medicare-managed-care-long-term-care-program/> (last visited March 16, 2026).

- Therapies (occupational, physical, respiratory, and speech)
- Non-emergency transportation

### Eligibility

To be eligible for SMMC LTC, an individual must meet age, income, and asset requirements, as determined by the Department of Children and Families (DCF), and clinical requirements, as determined by the Comprehensive Assessment and Review Long-Term Care Services (CARES) preadmission screening program within DOEA.<sup>20</sup> A CARES registered nurse or assessor performs face-to-face client assessments. A physician or registered nurse reviews each application to determine the medical eligibility (level of care) for the applicant. By identifying long-term care needs, the program makes it possible for individuals to remain safely in their homes using home and community-based services or in alternative community settings such as assisted living facilities.<sup>21</sup>

In order to qualify, an individual must:<sup>22</sup>

- Be age 65 or older and eligible for Medicaid, or age 18 or older and eligible for Medicaid by reason of a disability; and
- Be in need of nursing home care or be at imminent risk of requiring nursing home care.

When determining the need for nursing home care, DOEA considers the nature of the services prescribed, the level of nursing or other health care personnel necessary to provide such services, and the availability of and access to community or alternative resources. An individual at risk of nursing home care requires services that are sufficiently medically complex to require supervision, assessment, planning, or intervention by a registered nurse because of a mental or physical incapacitation. Imminent risk of nursing home placement can be evidenced by the need for medical observation throughout a 24-hour period and the need for care performed on a daily or intermittent basis by, or under the direct supervision of, a registered nurse or other health care professional.<sup>23</sup>

### Enrollment

The SMMC LTC enrollment process is administered by the Agency for Health Care Administration (AHCA), DCF, and DOEA. AHCA is responsible for setting coverage policy, and getting individuals eligible for services enrolled in a SMMC LTC plan. DCF is responsible for determining financial eligibility for services. DOEA is responsible for determining medical eligibility and the level of care enrollees need.<sup>24</sup>

An individual in need of services or seeking services must contact the appropriate ADRC to request a screening. Currently, only ADRC staff are permitted to complete an eligibility screening for potential placement on the pre-enrollment list. The screening is intended to provide the ADRC with information describing the individual's level of frailty. During the screening, the ADRC gathers basic information about the individual, including general health information and any assistance the individual needs with daily activities. Based on the screening, the individual receives a priority score, which indicates the level of need for services and reflects the level of the individual's frailty. Using the priority score, the individual is then placed on the pre-enrollment list. An individual seeking SMMC LTC services may request a rescreening any time his or her circumstances changes. In addition, ADRC staff are required to rescreen waitlisted individuals on an annual basis.<sup>25</sup>

<sup>20</sup> DOEA administers CARES in partnership with the Agency for Health Care Administration. There are 17 CARES field offices located throughout the state. CARES personnel include administrative support staff, assessors, office supervisors, registered nurses, physicians, and regional program supervisors.

<sup>21</sup> *Supra*, note 9.

<sup>22</sup> [S. 409.979, F.S.](#)

<sup>23</sup> [S. 409.985, F.S.](#)

<sup>24</sup> Agency for Health Care Administration, *Statewide Medicaid Managed Care Long-term Care Program*, <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/long-term-care-program> (last visited March 17, 2026).

<sup>25</sup> *Supra*, note 22.

When there is availability in SMMC LTC, the CARES program must conduct a prerelease assessment. DOEA releases individuals from the waitlist based on the individuals' priority score and the prerelease assessment results. Upon release, individuals who meet both medical and financial eligibility can enroll in the SMMC LTC program.<sup>26</sup>

For individuals who are enrolled in a DOEA administered program with a current comprehensive assessment, the ADRC must then perform a screening to place them onto the SMMC LTC pre-enrollment list. The screening tool for SMMC LTC is performed by the ADRC and the comprehensive assessments for DOEA programs are performed by DOEA certified staff who are not ADRC. Both the screening and comprehensive assessment use the same methodology. If a client is released from the SMMC LTC pre-enrollment list and referred to CARES, CARES must perform another comprehensive assessment, identical to the current comprehensive assessment on file, which has resulted in inefficiency, increased wait times for seniors in need of services, and increased workloads for ADRCs and CARES.<sup>27</sup>

## Guardianship

When an individual is unable to make legal decisions regarding his or her person or property, a court may adjudicate the individual incapacitated and appoint a guardian to oversee that individual's person or property, or both. The individual is thereafter referred to as a ward.<sup>28</sup> A family member or friend may be appointed as a guardian; other persons, a bank, or corporation may also act as a guardian.<sup>29</sup> If a ward has limited financial means and has no family member or friend, other person, bank, or corporation to serve as guardian, the ward will be assigned a public guardian.<sup>30</sup>

A guardian who has at any time rendered services to three or more non-relative wards is considered a professional guardian, including public guardians, and is regulated by the Office of Public and Professional Guardians.<sup>31</sup>

### Confidentiality of Guardianship Records

Guardianship records, including initial, annual, and final guardianship reports, as well as any amendments thereto, are confidential. These reports and any court record relating to the settlement of a claim on behalf of the ward are only subject to inspection by:<sup>32</sup>

- The court
- The clerk or the clerk's representative
- The guardian and the guardian's attorney
- The guardian ad litem with regard to the settlement of the claim
- The ward, in certain circumstances, and the ward's attorney

The court may disclose confidential information to DCF or law enforcement agencies for other purposes as provided by court order. If anyone other than the statutorily-identified individuals wish to inspect guardianship records, he or she must petition the court for access and show good cause as to why access should be granted. Additionally, the court may direct disclosure of guardianship records in connection with a real property transaction or for such other purposes as the court deems appropriate.<sup>33</sup>

<sup>26</sup> *Id.*

<sup>27</sup> *Supra* note 1.

<sup>28</sup> [S. 744.102, F.S.](#)

<sup>29</sup> [S. 744.2007, F.S.](#)

<sup>30</sup> *Id.*

<sup>31</sup> *Supra*, note 28.

<sup>32</sup> [S. 744.3701, F.S.](#)

<sup>33</sup> *Id.*

## Office of Public and Professional Guardians

The Office of Public and Professional Guardians (OPPG), within DOEA, regulates professional guardians. OPPG is responsible for the registration and education of professional guardians. OPPG is also responsible for appointing 15 local public guardian offices to provide guardianship services to people who have neither adequate income nor assets to afford a private guardian, nor any willing family or friend to serve as such.<sup>34</sup>

OPPG is responsible for investigating and disciplining professional guardians who have violated the standards of practice.<sup>35</sup>

### *OPPG Executive Director*

The secretary of DOEA appoints an executive director to be the head of OPPG. Under current law, the executive director must:<sup>36</sup>

- Be a member of the Florida Bar;
- Be knowledgeable of guardianship law and of the social services available to meet the needs of incapacitated persons;
- Serve on a full-time basis; and
- Personally, or through a representative of the office, carry out the purposes and functions of OPPG in accordance with state and federal law.

The executive director of OPPG is responsible for the oversight of all professional guardians. The executive director's oversight responsibilities include, but are not limited to:<sup>37</sup>

- Developing and implementing a monitoring tool to use for periodic monitoring activities of professional guardians;
- Developing procedures for the review of an allegation that a professional guardian has violated an applicable statute, fiduciary duty, standard of practice, rule, regulation, or other requirement governing the conduct of professional guardians; and
- Establishing disciplinary proceedings, conducting hearing, and taking administrative action under ch. 120, F.S.

### *Complaints and Investigations*

OPPG is required to investigate allegations of suspected wrongdoing committed by professional guardians. Once OPPG receives a complaint, OPPG is required to:<sup>38</sup>

- Review and, if determined legally sufficient, initiate an investigation within 10 business days;
- Notify the complainant no later than 10 business days after OPPG determines the complaint is not legally sufficient;
- Complete and provide initial investigative finding and recommendations, if any, to the professional guardian and the complainant within 45 days after receipt of the complaint;
- Obtain supporting information or documentation to determine the legal sufficiency of the complaint;
- Interview the ward, family member, or interested party, to determine the legal sufficiency of a complaint;
- Dismiss any complaint that is not legally sufficient;

<sup>34</sup> Department of Elder Affairs, *Office of Public & Professional Guardians (OPPG)*,

<https://elderaffairs.org/programsservices/office-of-public-professional-guardians-oppg/> (last visited March 16, 2026).

<sup>35</sup> *Id.*

<sup>36</sup> [S. 744.2001, F.S.](#)

<sup>37</sup> *Id.*

<sup>38</sup> [S. 744.2004, F.S.](#)

- Provide to the complainant and the professional guardian a written statement specifying any finding of a violation or specifying no such violation was found within 10 business days after completing the investigation; and
- Coordinate with the clerks of court to avoid duplication of duties, with regard to the financial audits prepared by the clerks pursuant to [s. 744.368, F.S.](#)

### *Investigatory Tools*

Current law grants OPPG statutory authority to interview a ward, family member, or interested party to determine the legal sufficiency of a complaint.<sup>39</sup> It does not, however, grant OPPG the ability to compel records as part of an investigation.

While most investigations are based solely on court records and witness testimony, some require other records. For instance, if a guardian is suspected of mismanaging a ward's finances, OPPG cannot compel the bank and the guardian to provide the ward's bank statements. Similarly, OPPG has no statutory authority to require production of a ward's medical records from a healthcare provider in investigating allegations of abuse or neglect and cannot compel visitor logs from a ward's nursing home when investigating allegations that a guardian has not visited their ward. These records are necessary to conduct a thorough investigation and reach a determination as to whether the professional guardian has violated a standard of practice.<sup>40</sup>

### *Subpoena Power*

Currently, OPPG does not have statutory authority to issue subpoenas to investigate complaints or prosecute violations. Other state agencies that have statutory authority to conduct administrative investigations, however, do have subpoena power. The Department of Health (DOH) and Department of Business and Professional Regulation have the power to issue subpoenas supported by affidavit, serve subpoenas, and compel the attendance of witnesses and the production of books, papers, documents, and other evidence.<sup>41</sup> The Department of Financial Services has the power to subpoena witnesses, compel their attendance and testimony, and require by subpoena the production of books, papers, records, files, correspondence, documents or other relevant evidence.<sup>42</sup>

### *Discipline*

OPPG must take disciplinary action against a professional guardian for:<sup>43</sup>

- Making a misleading, deceptive, or fraudulent representation in or related to the practice of guardianship;
- Violating any rule governing guardians or guardianship adopted by OPPG;
- Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to a crime which relates to the practice of, or ability to practice as a professional guardian;
- Failing to comply with the educational course requirements for professional guardians;
- Having a registration, license, or authority to practice a regulated profession revoked;
- Knowingly filing a false report or complaint with OPPG against another guardian;
- Attempting to obtain, obtaining, or renewing a registration or license to practice a profession by bribery, fraud, or a known error;
- Failing to report a violation of ch. 744, F.S. or the rules of OPPG to OPPG;
- Failing to perform a legal or statutory obligation;
- Making or filing a false report that is signed in the person's capacity as professional guardian;

<sup>39</sup> [S. 744.2004\(1\)\(e\), F.S.](#)

<sup>40</sup> Department of Elder Affairs, *An Act Relating to Aging and Disability Services: Subpoena Power Info*, on file with the Human Services Subcommittee.

<sup>41</sup> [Ss. 456.071, 455.223, F.S.](#)

<sup>42</sup> [S. 624.321\(1\)\(b\), F.S.](#)

<sup>43</sup> [S. 744.20041, F.S.](#)

- Using the position of guardian for financial gain;
- Violating or failing to comply with an order from OPPG;
- Improperly interfering with an investigation;
- Using the guardianship relationship to engage or attempt to engage in sexual activity;
- Failing to report to OPPG within 30 days of being convicted or found guilty of, or enter a plea of guilty or nolo contendere to a crime;
- Being unable to perform the functions of guardian;
- Failing to post and maintain a blanket fiduciary bond;
- Failing to maintain all records relating to a guardianship for specified time; or
- Violating any provision of ch. 744, F.S., or any rules adopted thereunder.

When OPPG finds that a professional guardian is guilty of any of the grounds for discipline, OPPG may take action against the professional guardian by entering an order imposing one or more penalties on the professional guardian. When determining what action is appropriate against a professional guardian, prior to consideration of any mitigation or rehabilitation for the professional guardian, OPPG must first consider what sanctions are necessary to safeguard the wards and protect the public.<sup>44</sup>

OPPG may impose any combination of the following penalties:<sup>45</sup>

- Refusal to register an applicant as a professional guardian;
- Suspension or revocation of a professional guardian’s registration;
- Requirement that the professional guardian undergo treatment, attend continuing education courses, or submit to reexamination;
- Payment of restitution; or
- Remedial education;
- Issuance of a reprimand or letter of concern.

OPPG may impose a penalty other than those provided if there are mitigating or aggravating circumstances.<sup>46</sup>

After imposing discipline, current law requires OPPG to publish the discipline imposed within the guardian’s profile on DOEA’s website.<sup>47</sup>

### [Guardian Profiles](#)—Disciplinary Actions

In 2022, the Legislature required OPPG to publish profiles of each registered professional guardian on the DOEA website.<sup>48</sup> These profiles must include the guardian’s name and business address, whether the guardian meets statutory education and bonding requirements, the number and type of substantiated complaints submitted against the guardian, and any disciplinary action taken by OPPG against the guardian. This requirement is consistent with other licensure programs under DOH and AHCA.

In 2025, the Auditor General published a [report](#) of its audit of OPPG operations, including a finding that OPPG failed to include all substantiated complaints and disciplinary actions on the DOEA website, as indicated by the table below.<sup>49</sup>

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<sup>44</sup> *Id.*

<sup>45</sup> *Id.*

<sup>46</sup> *Id.*

<sup>47</sup> [S. 744.2001\(7\)\(a\), F.S.](#)

<sup>48</sup> Chapter 2022-218, L.O.F.

<sup>49</sup> Auditor General, *Operational Audit of the Department of Elder Affairs, Finding 4*, Office of Public and Professional Guardians, Report No. 2025-092 (January 2025), [https://flauditor.gov/pages/pdf\\_files/2025-092.pdf](https://flauditor.gov/pages/pdf_files/2025-092.pdf) (last visited March 16, 2026).

**Comparison of OPPG Complaint Records to Online Guardian Profiles**

Guardian	Number of Substantiated Complaints	
	Per OPPG Records	Per OPPG Web Site
A	15	2
B	2	1
C	2	1
D	2	1
E	2	-
F	3	1
G	2	1
<b>Totals</b>	<b><u>28</u></b>	<b><u>7</u></b>

Source: Audit analysis of OPPG records and Web site.

The audit found that OPPG only published complaints that had resulted in a formal Final Order after adjudication, excluding complaints for which it has issued Letters of Concern.<sup>50</sup> However, a Letter of Concern qualifies as disciplinary action under [s. 744.20041, F.S.](#) The Auditor General concluded that failure to publish all substantiated complaints submitted against, and discipline imposed upon, a professional guardian frustrated the intent of the law and the public’s ability to assess the fitness of the guardian.<sup>51</sup>

As of this date, OPPG has not published the Letters of Concern issued in 2025.

*Guardian Education*

Current law requires each professional guardian to receive a minimum of an initial 40 hours of instruction and training and a minimum of 30 hours of continuing education every 2 calendar years after the year in which the 40-hour educational requirement is met. The continuing education must include at least 2 hours on fiduciary responsibilities; 2 hours on professional ethics; 1 hour on advance directives; 3 hours on abuse, neglect, and exploitation; and 4 hours on guardianship law.<sup>52</sup>

**RECENT LEGISLATION:**

YEAR	BILL #/SUBJECT	HOUSE/SENATE SPONSOR(S)	OTHER INFORMATION
2025	<a href="#">HB 1457</a> - Aging and Disability Services	Rizo/ Simon	Died in House.

<sup>50</sup> *Id* at pg. 12.

<sup>51</sup> *Id.*

<sup>52</sup> [S. 744.2003\(3\), F.S.](#)