

By Senator Grall

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A bill to be entitled

An act relating to aging and disability services; amending s. 409.979, F.S.; deleting expired requirements for Medicaid recipients to receive an offer for enrollment for long-term care services; requiring the Department of Elderly Affairs to maintain a statewide pre-enrollment list, rather than a wait list, for certain 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 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 expenditures; prohibiting an administrative employee

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of an area agency on aging from receiving a 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 an exception; 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 construction; revising frequency of inservice training for certain providers; authorizing high-risk vulnerable adults to 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 purpose and duties of such centers; authorizing aging and disability resource centers to place and release certain individuals on or from pre-enrollment lists; deleting a requirement for an aging and disability resource center to convene a work group for certain purposes; deleting a requirement for an aging and disability resource center to provide enrollment and coverage information to certain individuals; requiring the aging and disability resource center to receive a waiver to be the provider of certain direct services;

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revising the programs to which the department and the agency on aging may not make payments; deleting an eligibility requirement for an area agency on aging to transition to an aging resource center; revising whom the department may consult with 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; defining terms; providing powers and duties of the center; providing eligibility requirements for services; 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 specifically include Alzheimer's disease and related dementias; amending ss. 744.2004 and 744.20041, F.S.; revising disciplinary actions; amending s. 744.2104, F.S.; providing powers for the Office of Public and Professional Guardians in conducting certain investigations; 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

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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 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~~

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

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information.

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

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

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

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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 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:

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

216  
217 An individual whose inclusion on the pre-enrollment ~~wait~~ list is  
218 terminated must initiate a new request for placement on the pre-  
219 enrollment ~~wait~~ list, and any previous priority considerations  
220 must be disregarded.

221           (f) Notwithstanding this subsection, the following  
222 individuals are afforded priority enrollment for home and  
223 community-based services through the long-term care managed care  
224 program and do not have to complete the screening or pre-  
225 enrollment list ~~wait-list~~ process if all other long-term care  
226 managed care program eligibility requirements are met:

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

232           2. A nursing facility resident who requests to transition



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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 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

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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 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 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

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291 action, unannounced special monitoring, temporary assumption of  
292 operation of one or more programs by the department, placement  
293 on probationary status, imposing a moratorium on agency action,  
294 imposing financial penalties for nonperformance, or other  
295 administrative action pursuant to chapter 120, if the department  
296 finds that:

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

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

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

303 430.09 Area agencies on aging expenditures.—

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

308 (a) In accordance with s. 287.017(2), area agencies on  
309 aging shall competitively procure all contracts.

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

315 (2) An administrative employee of an area agency on aging  
316 may not receive a salary in excess of 150 percent of the annual  
317 salary paid to the secretary of the Department of Elderly  
318 Affairs from state-appropriated funds, or from state-  
319 appropriated federal funds. This limitation applies regardless

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

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

(c) In each community care service system, the lead agency

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349 must be given the authority and responsibility to coordinate  
350 some or all of the services, either directly or through  
351 subcontracts, for functionally impaired elderly persons. These  
352 services must include case management, homemaker and chore  
353 services, respite care, ~~adult day care~~, personal care services,  
354 home-delivered meals, counseling, ~~information and referral~~, and  
355 emergency home repair services. The lead agency must compile  
356 community care statistics and monitor, when applicable,  
357 subcontracts with agencies providing core services.

358 Section 7. Subsections (1), (4), (5), and (8) of section  
359 430.204, Florida Statutes, are amended to read:

360 430.204 Community-care-for-the-elderly core services;  
361 departmental powers and duties.—

362 (1)~~(a)~~ The department shall fund, through each area agency  
363 on aging, at least one community care service system the primary  
364 purpose of which is the prevention of unnecessary  
365 institutionalization of functionally impaired elderly persons  
366 through the provision of community-based core services. Whenever  
367 feasible, an area agency on aging shall be the contracting  
368 agency of preference to engage only in the planning and funding  
369 of community-care-for-the-elderly core services for functionally  
370 impaired elderly persons.

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

377 (4) The department or contracting agency shall contract for

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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 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 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

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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 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.

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(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 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



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resource centers.

(2) The purposes of an aging and disability resource center 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 organizations, to better assist clients who do not need or do not wish to enroll in programs funded by the department or the agency. The referral agreements must also include a protocol, developed and approved by the department, which provides specific actions that an aging and disability resource center and local community service organizations must take when a person or a person's ~~an elder or an elder's~~ representative seeking information on long-term-care services contacts a local community service organization before ~~prior to~~ contacting the aging and disability resource center. The protocol shall be designed to ensure that persons ~~elders~~ and their families are

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able to access information and services in the most efficient and least cumbersome manner possible.

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

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

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

(e) Manage the availability of financial resources for the programs and services listed in subsection (9) for persons residing within the geographic area served by the aging and disability resource center.

~~(f)-(e)~~ When financial resources become available, refer a client to the most appropriate entity to begin receiving services. The aging and disability resource center shall make referrals to lead agencies for service provision that ensure that persons ~~individuals~~ who are vulnerable adults in need of services pursuant to s. 415.104(3)(b), or who are victims of abuse, neglect, or exploitation in need of immediate services to prevent further harm and are referred by the adult protective

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services program, are given priority ~~primary~~ consideration for receiving community-care-for-the-elderly services in compliance with the requirements of s. 430.205(5)(a) and that other referrals for services are in compliance with s. 430.205(5)(b).

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

(g) Enhance the existing area agency on aging in each planning and service area by integrating, either physically or virtually, the staff and services of the area agency on aging with the staff of the department's local CARES Medicaid preadmission screening unit and a sufficient number of staff from the Department of Children and Families' Economic Self-Sufficiency Unit necessary to determine the financial eligibility for all persons age 60 and older residing within the area served by the aging and disability resource center that are seeking Medicaid services, Supplemental Security Income, and food assistance.

(h) Assist clients who request long-term care services in

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being evaluated for eligibility for enrollment in the Medicaid long-term care managed care program as eligible plans become available in each of the regions pursuant to s. 409.981(2).

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

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

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

(a) Expertise in the needs of each target population the center proposes to serve and a thorough knowledge of the providers that serve these populations.

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

(c) Expertise in information and referral activities.

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

(e) Financial solvency and stability.

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

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

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

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

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

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

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

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

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

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

(a) Community care for the elderly.

(b) Home care for the elderly.

(c) Contracted services.

(d) Alzheimer's disease initiative.

(e) Older Americans Act.

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

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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 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

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668 collaboration with the CARES unit staff. The memorandum of  
669 understanding shall outline the staff person responsible for  
670 each function and shall provide the staffing levels necessary to  
671 carry out the functions of the aging and disability resource  
672 center.

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

680 (14) If any of the state activities described in this  
681 section are outsourced, either in part or in whole, the contract  
682 executing the outsourcing shall mandate that the contractor or  
683 its subcontractors shall, either physically or virtually,  
684 execute the provisions of the memorandum of understanding  
685 instead of the state entity whose function the contractor or  
686 subcontractor now performs.

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

691 ~~(16) (a) Once an aging resource center is operational, The~~  
692 department, in consultation with the aging and disability  
693 resource center agency, may develop capitation rates for any of  
694 the programs administered through the agency ~~aging resource~~  
695 ~~center~~. Capitation rates for programs shall be based on the  
696 historical cost experience of the state in providing those same



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697 services to the population age 60 or older residing within each  
698 area served by an aging and disability resource center. Each  
699 capitated rate may vary by geographic area as determined by the  
700 department.

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

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

713 (d) The department, in consultation with the agency, shall  
714 annually reevaluate and recertify the capitation rates,  
715 adjusting forward to account for inflation, programmatic  
716 changes.

717 ~~(16)(17)~~ This section does ~~shall not be construed to~~ allow  
718 an aging and disability resource center to restrict, manage, or  
719 impede the local fundraising activities of service providers.

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

722 430.503 Alzheimer's Disease Initiative; short title ~~fees~~  
723 ~~and administrative expense.~~

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

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~~(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 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.—

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(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.

(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.

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784       3. Improved access to care.  
785       4. Health care use costs.  
786       5. Strengthening a dementia-capable workforce.  
787       6. Underreporting of Alzheimer's disease and related forms  
788 of dementia.  
789       7. Disparities in access to dementia care.  
790       (c) The center shall provide caregivers access to services,  
791 including, but not limited to, all of the following:  
792       1. Care consultation.  
793       2. Support groups.  
794       3. Education and training programs.  
795       4. Caregiver support services such as:  
796       a. Caregiver companions.  
797       b. Caregiver wellness programs.  
798       c. Care support teams.  
799       d. Technology-based services.  
800       e. Coordinating or monitoring care and services.  
801       f. Assistance in obtaining diagnosis or prognosis of  
802 dementia.  
803       g. Assistance in obtaining end-of-life care.  
804       h. Assistance connecting to resources for medical care.  
805       i. Assistance with planning for current or future care.  
806       j. Guidance for coping with relationship changes for  
807 persons with dementia and their caregivers.  
808       k. Skills for communicating with persons with dementia.  
809       1. Understanding or managing behavioral symptoms of  
810 dementia.  
811       (d) The center shall work with area agencies on aging; the  
812 Alzheimer's Disease Advisory Committee; the Alzheimer's Disease

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

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

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

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

(2) An entity that may partner with an aging and disability resource center to provide for easier access to long-term care

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services by seniors and their families who reside within the local community.

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

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

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

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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.

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

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900 to compel the production of records relevant to the  
901 investigation conducted by the office.

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

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

912 110.501 Definitions.—As used in this act:

913 (4) "Volunteer" means any person who, of his or her own  
914 free will, provides goods or services, or conveys an interest in  
915 or otherwise consents to the use of real property pursuant to  
916 chapter 260, to any state department or agency, or nonprofit  
917 organization, with no monetary or material compensation. A  
918 person registered and serving in Older American Volunteer  
919 Programs authorized by the Domestic Volunteer Service Act of  
920 1973, as amended (Pub. L. No. 93-113), shall also be defined as  
921 a volunteer and shall incur no civil liability as provided by s.  
922 768.1355. A volunteer shall be eligible for payment of volunteer  
923 benefits as specified in Pub. L. No. 93-113, this section, and  
924 s. 430.204.

925 Section 19. For the purpose of incorporating the amendment  
926 made by this act to section 430.503, Florida Statutes, in a  
927 reference thereto, section 430.504, Florida Statutes, is  
928 reenacted to read:



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

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

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