

By Senator Grall

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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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59 revising the programs to which the department and the
60 agency on aging may not make payments; deleting an
61 eligibility requirement for an area agency on aging to
62 transition to an aging resource center; revising whom
63 the department may consult with to develop capitation
64 rates; revising construction; conforming provisions to
65 changes made by the act; amending s. 430.503, F.S.;
66 deleting the responsibility of provider agencies to
67 collect and assess fees for certain purposes; amending
68 s. 430.605, F.S.; revising certain subsidy payments to
69 include food and nutritional supplements; creating s.
70 430.72, F.S.; providing the purpose of and legislative
71 intent for the Florida Alzheimer's Center of
72 Excellence; defining terms; providing powers and
73 duties of the center; providing eligibility
74 requirements for services; amending s. 430.901, F.S.;
75 conforming provisions to changes made by the act;
76 amending s. 744.2003, F.S.; revising professional and
77 public guardians' continuing education requirements to
78 specifically include Alzheimer's disease and related
79 dementias; amending ss. 744.2004 and 744.20041, F.S.;
80 revising disciplinary actions; amending s. 744.2104,
81 F.S.; providing powers for the Office of Public and
82 Professional Guardians in conducting certain
83 investigations; reenacting s. 110.501(4), F.S.,
84 relating to definitions, to incorporate the amendment
85 made to s. 430.204, F.S., in a reference thereto;
86 reenacting s. 430.504, F.S., relating to
87 confidentiality of information, to incorporate the

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88 amendment made to s. 430.503, F.S., in a reference
89 thereto; reenacting s. 430.603, F.S., relating to home
90 care for the elderly and rules, to incorporate the
91 amendment made to s. 430.605, F.S., in a reference
92 thereto; providing an effective date.

93

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

95

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

98 409.979 Eligibility.—

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

106 (a) ~~A Medicaid recipient enrolled in one of the following
107 Medicaid home and community-based services waiver programs who
108 meets the eligibility criteria established in subsection (1) is
109 eligible to participate in the long-term care managed care
110 program and must be transitioned into the long-term care managed
111 care program by January 1, 2018:~~

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

113 2. ~~Adult Cystic Fibrosis Waiver.~~

114 3. ~~Project AIDS Care Waiver.~~

115 (b) ~~The agency shall seek federal approval to terminate the
116 Traumatic Brain and Spinal Cord Injury Waiver, the Adult Cystic~~

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117 ~~Fibrosis Waiver, and the Project AIDS Care Waiver once all~~
118 ~~eligible Medicaid recipients have transitioned into the long-~~
119 ~~term care managed care program.~~

120 (3) PRE-ENROLLMENT WAIT LIST, RELEASE, AND OFFER PROCESS.—
121 The Department of Elderly Affairs shall maintain a statewide
122 pre-enrollment wait list for enrollment for home and community-
123 based services through the long-term care managed care program.

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

134 1. Pursuant to s. 430.2053, aging and disability resource
135 center personnel certified by the Department of Elderly Affairs
136 shall perform the screening for each individual requesting
137 enrollment for home and community-based services through the
138 long-term care managed care program. Aging and disability
139 resource center personnel shall place on and release from the
140 pre-enrollment lists clients eligible for the Alzheimer's
141 Disease Initiative or the Community Care for the Elderly, Home
142 Care for the Elderly, or Statewide Medicaid Managed Care Long-
143 Term Care programs. The Department of Elderly Affairs shall
144 request that the individual or the individual's authorized
145 representative provide alternate contact names and contact

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146 information.

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

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

162 4. The Department of Elderly Affairs shall adopt by rule a
163 screening tool that generates the priority score and shall make
164 publicly available on its website the specific methodology used
165 to calculate an individual's priority score.

166 (b) Upon completion of the screening or rescreening
167 process, the Department of Elderly Affairs shall notify the
168 individual or the individual's authorized representative that
169 the individual has been placed on the pre-enrollment ~~wait~~ list,
170 unless the individual has a low priority score. The Department
171 of Elderly Affairs must maintain contact information for each
172 individual with a low priority score for purposes of any future
173 rescreening. Aging and disability resource center personnel
174 shall inform individuals with low priority scores of community

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175 resources available to assist them and inform them that they may
176 contact the aging and disability resource center for a new
177 assessment at any time if they experience a change in
178 circumstances.

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

192 (d) After notification by the agency of available capacity,
193 the ~~CARES program shall conduct a prerelease assessment.~~ The
194 Department of Elderly Affairs shall release individuals from the
195 pre-enrollment wait list based on the priority scoring process
196 ~~and prerelease assessment results.~~ The aging and disability
197 resource center shall conduct a prerelease assessment. Upon
198 release, individuals who meet all financial and medical
199 eligibility criteria may enroll in the long-term care managed
200 care program.

201 (e) The Department of Elderly Affairs may terminate an
202 individual's inclusion on the pre-enrollment wait list if the
203 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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233 into the community and who has resided in a Florida-licensed
234 skilled nursing facility for at least 60 consecutive days.

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

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

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

244 409.983 Long-term care managed care plan payment.—In
245 addition to the payment provisions of s. 409.968, the agency
246 shall provide payment to plans in the long-term care managed
247 care program pursuant to this section.

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

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

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

260 (c) Level of care 3 consists of recipients at imminent risk
261 of nursing home placement, as evidenced by the need for the

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262 constant availability of routine medical and nursing treatment
263 and care, who have a limited need for health-related care and
264 services and are mildly medically or physically incapacitated.

265

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

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

271 430.03 Purposes.—The purposes of the Department of Elderly
272 Affairs are to:

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

280 Section 4. Present paragraph (g) of subsection (2) of
281 section 430.04, Florida Statutes, is redesignated as paragraph
282 (h), a new paragraph (g) is added to that subsection, and
283 paragraph (f) of that subsection is amended to read:

284 430.04 Duties and responsibilities of the Department of
285 Elderly Affairs.—The Department of Elderly Affairs shall:

286 (2) Be responsible for ensuring that each area agency on
287 aging operates in a manner to ensure that the elderly of this
288 state receive the best services possible. The department shall
289 rescind designation of an area agency on aging or take
290 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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320 of the number of contracts an area agency on aging may execute
321 with the department. This subsection does not prohibit any party
322 from providing compensation that is not from state funds to an
323 area agency on aging administrative employee.

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

327 430.203 Community care for the elderly; definitions.—As
328 used in ss. 430.201-430.207, the term:

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

338 (5) "Core services" means a variety of home-delivered
339 services, day care services, and other basic services that may
340 be provided by several entities. Core services are those
341 services that are most needed to prevent unnecessary
342 institutionalization. The area agency on aging shall not
343 directly provide core services.

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

348 (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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378 the provision of the core services required by a community care
379 service area. The area agency on aging may not directly provide
380 core services unless the designated lead agency is unable to
381 perform its duties and the department approves.

382 ~~(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.~~

390 ~~(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.~~

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

403 430.205 Community care service system.—

404 (1) ~~(a)~~ The department, through the area agency on aging,
405 shall fund in each planning and service area at least one
406 community care service system that provides case management and

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407 other in-home and community services as needed to help the older
408 person maintain independence and prevent or delay more costly
409 institutional care.

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

416 (2) Core services and other support services may be
417 furnished by public or private agencies or organizations. Each
418 community care service system must be under the direction of a
419 lead agency that coordinates the activities of individual
420 contracting agencies providing community-care-for-the-elderly
421 services. When practicable, the activities of a community care
422 service area may be directed from a multiservice senior center,
423 as defined in s. 430.901, and coordinated with other services
424 offered therein. ~~This subsection does not require programs in~~
425 ~~existence prior to the effective date of this act to be~~
426 ~~relocated.~~

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

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

439 (a) Those elderly persons who are determined by protective
440 investigations to be high risk vulnerable adults in need of
441 services, pursuant to s. 415.104(3)(b), or to be victims of
442 abuse, neglect, or exploitation who are in need of immediate
443 services to prevent further harm and are referred by the adult
444 protective services program, shall be given priority primary
445 consideration for receiving community-care-for-the-elderly
446 services. As used in this paragraph, the term "priority primary
447 consideration" means that an assessment and services must
448 commence within 72 hours after referral to the department or as
449 established in accordance with department contracts by local
450 protocols developed between department service providers and the
451 adult protective services program. Regardless, a community-care-
452 for-the-elderly services provider may dispute a referral under
453 this paragraph by requesting that adult protective services
454 negotiate the referral placement of, and the services to be
455 provided to, a vulnerable adult or victim of abuse, neglect, or
456 exploitation. If an agreement cannot be reached with adult
457 protective services for modification of the referral decision,
458 the determination by adult protective services shall prevail.

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

461 430.2053 Aging and disability resource centers.—

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

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465 resource centers.

466 (2) The purposes of an aging and disability resource center
467 shall be:468 (a) To provide Florida's elders, adults with disabilities,
469 and their families with a locally focused, coordinated approach
470 to integrating information and referral for all available
471 services for persons elders with the eligibility determination
472 entities for state and federally funded long-term-care services.473 (b) To provide for easier access to long-term-care services
474 by Florida's elders, adults with disabilities, and their
475 families by creating multiple access points to the long-term-
476 care network that flow through one established entity with wide
477 community recognition.478 (3) The duties of an aging and disability resource center
479 are to:480 (a) Develop referral agreements with local community
481 service organizations, such as senior centers, existing elder
482 service providers, volunteer associations, and other similar
483 organizations, to better assist clients who do not need or do
484 not wish to enroll in programs funded by the department or the
485 agency. The referral agreements must also include a protocol,
486 developed and approved by the department, which provides
487 specific actions that an aging and disability resource center
488 and local community service organizations must take when a
489 person or a person's ~~an elder or an elder's~~ representative
490 seeking information on long-term-care services contacts a local
491 community service organization before prior to contacting the
492 aging and disability resource center. The protocol shall be
493 designed to ensure that persons elders and their families are

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

573 (c) Expertise in information and referral activities.

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

577 (e) Financial solvency and stability.

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

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

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

585 (5) The aging and disability resource center shall have a
586 governing body which shall be the same entity described in s.
587 20.41(7), and an executive director who may be the same person
588 as described in s. 20.41(7). The governing body shall annually
589 evaluate the performance of the executive director.

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

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

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

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

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

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

613 (a) Community care for the elderly.
614 (b) Home care for the elderly.
615 (c) Contracted services.
616 (d) Alzheimer's disease initiative.
617 (e) Older Americans Act.

618 (10) The department shall, before prior to designation of
619 an aging and disability resource center, develop by rule
620 operational and quality assurance standards and outcome measures
621 to ensure that clients receiving services through all long-term-
622 care programs administered through an aging and disability
623 resource center are receiving the appropriate care they require
624 and that contractors and subcontractors are adhering to the
625 terms of their contracts and are acting in the best interests of
626 the clients they are serving, consistent with the intent of the
627 Legislature to reduce the use of and cost of nursing home care.
628 The department shall by rule provide operating procedures for
629 aging and disability resource centers, which shall include:

630 (a) Minimum standards for financial operation, including
631 audit procedures.
632 (b) Procedures for monitoring and sanctioning of service
633 providers.
634 (c) Minimum standards for technology utilized by the aging
635 and disability resource center.
636 (d) Minimum staff requirements which shall ensure that the
637 aging and disability resource center employs sufficient quality
638 and quantity of staff to adequately meet the needs of the elders

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639 residing within the area served by the aging and disability
640 resource center.

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

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

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

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

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

666 (12) Each aging and disability resource center shall enter
667 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 capititated 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 capititated rates for
705 each program administered through the aging and disability
706 resource center or to develop and pay capititated 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 capititated 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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755 (1) PURPOSE AND INTENT.—

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

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

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

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

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

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

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

774 (3) POWERS AND DUTIES.—

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

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

782 1. Early and accurate diagnosis.
783 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 l. 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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813 Initiative, including the state-funded memory disorder clinics;
814 the Dementia Care and Cure Initiative; universities; hospitals;
815 and other available community resources to ensure full use of
816 the state's infrastructure.

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

820 (4) ELIGIBILITY FOR SERVICES.—

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

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

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

829 3. Have the goal of providing in-home care for the person
830 who has been diagnosed with, or is suspected of having,
831 Alzheimer's disease or a related form of dementia.

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

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

838 430.901 Multiservice senior center; definition; purpose.—A
839 "multiservice senior center" is:

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

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

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

846 744.2003 Regulation of professional guardians; application;
847 bond required; educational requirements.—

848 (3) Each professional guardian as defined in s. 744.102(17)
849 and public guardian must receive a minimum of 40 hours of
850 instruction and training. Each professional guardian must
851 receive a minimum of 30 hours of continuing education every 2
852 calendar years after the year in which the initial 40-hour
853 educational requirement is met. The required continuing
854 education must include at least 2 hours on fiduciary
855 responsibilities; 2 hours on professional ethics; 1 hour on
856 advance directives; 1 hour on Alzheimer's disease and related
857 dementias; 3 hours on abuse, neglect, and exploitation; and 3 4
858 hours on guardianship law. The instruction and education must be
859 completed through a course approved or offered by the Office of
860 Public and Professional Guardians. The expenses incurred to
861 satisfy the educational requirements prescribed in this section
862 may not be paid with the assets of any ward. This subsection
863 does not apply to any attorney licensed to practice law in this
864 state or an institution acting as guardian under s. 744.2002(7).

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

867 744.2004 Complaints; disciplinary proceedings; penalties;
868 enforcement.—

869 (2) The Office of Public and Professional Guardians shall
870 establish disciplinary proceedings, conduct hearings, and take

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871 administrative action pursuant to chapter 120. Disciplinary
872 actions may include, but are not limited to, requiring a
873 professional guardian to participate in additional educational
874 courses provided or approved by the Office of Public and
875 Professional Guardians, imposing additional monitoring by the
876 Office of Public and Professional Guardians, imposing a fine
877 ~~office of the guardianships to which the professional guardian~~
878 ~~is appointed,~~ and suspension or revocation of a professional
879 guardian's registration.

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

882 744.20041 Grounds for discipline; penalties; enforcement.—

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

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

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

893 744.2104 Access to records by the Office of Public and
894 Professional Guardians; confidentiality.—

895 (2) In conducting an investigation, the Office of Public
896 and Professional Guardians may issue subpoenas duces tecum to
897 financial institutions, insurance companies, the ward's
898 caregivers, any facility in which the ward is residing or has
899 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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929 430.504 Confidentiality of information.—Information about
930 clients of programs created or funded under s. 430.501 or s.
931 430.503 which is received through files, reports, inspections,
932 or otherwise, by the department or by authorized departmental
933 employees, by persons who volunteer services, or by persons who
934 provide services to clients of programs created or funded under
935 s. 430.501 or s. 430.503 through contracts with the department
936 is confidential and exempt from the provisions of s. 119.07(1).
937 Such information may not be disclosed publicly in such a manner
938 as to identify a person who receives services under s. 430.501
939 or s. 430.503, unless that person or that person's legal
940 guardian provides written consent.

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

945 430.603 Home care for the elderly; rules.—The department
946 shall by rule establish minimum standards and procedures for the
947 provision of home care for the elderly and for the approval of
948 persons seeking to provide such care. Any person who is approved
949 to provide care, goods, or services for an elderly person shall
950 be eligible for the subsidy payments described in s. 430.605.
951 However, the home care for the elderly program must be operated
952 within the funds appropriated by the Legislature.

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