

CHAPTER 3

Description of DOEA Coordination with Other State/Federal Programs

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OVERVIEW:

The programs referred to in this chapter are grant-funded programs, programs that are funded through specific appropriation, and/or programs whose funding and rulemaking authority are not under the jurisdiction of the Department of Elder Affairs (DOEA). In such cases, DOEA participates as a partner in these programs. What follows is a summary of these programs with references where more detailed information may be obtained. Information about these programs may also be found on the DOEA Web site at <http://elderaffairs.state.fl.us>.

Specific Legal Authority:

<u>Program Name:</u>	<u>Specific Legal Authority:</u>
A. Adult Care Food Program	<ul style="list-style-type: none">● 7 Code of Federal Regulations (CFR) 226
B. AmeriCorps Program	<ul style="list-style-type: none">● 45 CFR 2500-2504● Citizens Service Act of 2002 (amending the National AmeriCorps and Community Service Act of 1990)● Domestic Volunteer Service Act of 1990● Section 430.07(8), Florida Statutes (F.S.)
C. CARES Program	<ul style="list-style-type: none">● 42 CFR 456, 483● Title XIX of the Social Security Act of 1995● Section 430.704, F.S.● Chapter 59G, Florida Administrative Code (F.A.C.)
D. EHEAP	<ul style="list-style-type: none">● Low Income Energy Assistance Act of 1981● 42 United States Code (U.S.C.) 8621 et seq.● Title XXVI of Public Law 97-35, as amended● 45 CFR 96● Section 409.508, F.S.● Chapter 9B-65, F.A.C.● Low Income Home Energy Assistance Program State Plan
E. LSP	<ul style="list-style-type: none">● General Appropriations Act, State of Florida

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Overview and Specific Legal Authority

<u>Program Name:</u>	<u>Specific Legal Authority:</u>
F. LTCOP	<ul style="list-style-type: none">• Title VII of the Older Americans Act• 42 U.S.C. 3001 et. seq. as amended by Public Law 106-501• Chapter 400, Part I, F.S
G. Medicaid HCBS Waiver Programs	<ul style="list-style-type: none">• Section 1915(a), (b), (c) of the Social Security Act as amended• 42 CFR 441.302• Section 409.906(13), F.S.
1. ADHC Waiver	<ul style="list-style-type: none">• Section 1915(b), (c) of the Social Security Act as amended
2. ADA Waiver	<ul style="list-style-type: none">• Section 1915(c) of the Social Security Act as amended• 42 CFR 441.302• Section 409.906(13), F.S.
3. ALE Waiver	<ul style="list-style-type: none">• Section 1915(c) of the Social Security Act as amended
4. CDC + Waiver	<ul style="list-style-type: none">• 1915(j) State Plan Amendment
5. Channeling Waiver	<ul style="list-style-type: none">• 1915(c) of the Social Security Act as amended
6. LTC Community Diversion Project	<ul style="list-style-type: none">• Section 1915(a), (c) of the Social Security Act• Federal Balanced Budget Act of 1997• 42 CFR 460• Sections 430.701-430.709, F.S.
7. PACE	<ul style="list-style-type: none">• Federal Balanced Budget Act of 1997• 42 CFR 460• Sections 430.701-430.709, F.S.

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Overview and Specific Legal Authority

<u>Program Name:</u>	<u>Specific Legal Authority:</u>
H. RELIEF	<ul style="list-style-type: none">• Section 430.071, F.S.
I. Senior Companion	<ul style="list-style-type: none">• Public Law 93-113, Domestic Volunteer Service Act• 45 CFR 1207, 2551• Sections 430.07- 430.071, F.S.
J. SCSEP	<ul style="list-style-type: none">• Title V of the Older Americans Act• 42 U.S.C. 3001 et seq. as amended by Public Law 106-501• 20 CFR, Part 641
K. SHINE	<ul style="list-style-type: none">• Omnibus Budget Reconciliation Act of 1990, Section 4360• Section 430.07, F.S.
L. SPGO	<ul style="list-style-type: none">• Chapter 744, F.S.

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Other Program Components

Adult Care Food Program

ADULT FOOD CARE PROGRAM:

The Adult Food Care Program is a component of the United States Department of Agriculture's (USDA) Child and Adult Care Food Program. The program provides meal reimbursement for up to three meals/snacks served to eligible individuals in approved adult day care facilities or other eligible facilities.

The goal of the program is to assist eligible organizations providing elders and functionally impaired adults with nutritious and wholesome meals within a community-based setting. The meals are provided to improve the nutritional status of clients and better enable them to remain in their homes and community.

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Other Program Components

AmeriCorps

AMERICORPS:

AmeriCorps is a network of national service programs that engages a multi-generational corps of members who receive a living allowance and commit to one year of service in exchange for an education award. Members serve on a full-time, part-time or quarter-time basis annually for 1,700 hours, 900 hours and 450 hours, respectively, for no more than two years. AmeriCorps programs recruit members and community volunteers for intensive service to meet critical needs in education, public safety, health and the environment. AmeriCorp services provided by the Department include respite, education and community outreach to elders, caregivers and families.

The Department receives funding for the Legacy Corps program from the University of Maryland Center for Health & Independent Living through a National Direct AmeriCorps grant from the Corporation for National and Community Service (CNCS). DOEA partners with Easter Seals of South Florida for the Legacy Corps program and focuses on in-home and facility-based respite services. This project area was selected by the University of Maryland because the local Hispanic demographic. The contract was granted to Easter Seals of South Florida based on its interest and ability to recruit, train and retain AmeriCorps members and community volunteers. The Department provides oversight, contract management and technical assistance to the local service provider ensuring all AmeriCorps service provisions, contractual obligations and programmatic and financial reporting requirements are met.

AmeriCorps grants are authorized by the National and Community Service Act of 1990, as amended, and Section 430.07(8), Florida Statutes. Grantees must comply with the requirements of the Act and its implementing regulations. Grantees must also comply with the applicable federal and state cost principles, administrative requirements, and audit requirements as outlined in the program contract and AmeriCorps Program Director's Manual.

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Other Program Components

Comprehensive Assessment and Review for Long Term Care Services (CARES)

COMPREHENSIVE ASSESSMENT AND REVIEW FOR LONG-TERM CARE SERVICES (CARES):

CARES is Florida's mandated pre-admission screening program for nursing home applicants. A registered nurse and/or social worker perform client assessments. A physician or registered nurse reviews each application to determine level of care needed. The purpose of the assessment is to:

- A.** Identify long-term care needs;
- B.** Establish functional eligibility for nursing facility admission (level of care); and
- C.** Recommend the least restrictive, most appropriate placement.

Emphasis is on enabling individuals to remain in their homes through provision of home-based services or with alternate community placements such as assisted living facilities.

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Other Program Components

Emergency Home Energy Assistance for the Elderly Program (EHEAP)

EMERGENCY HOME ENERGY ASSISTANCE FOR THE ELDERLY PROGRAM (EHEAP):

- A.** The Emergency Home Energy Assistance for the Elderly Program (EHEAP) is funded through a contract with the Florida Department of Community Affairs to assist low-income households, with at least one person aged 60 or older, experiencing a home energy emergency.
- B.** DOEA administers the program through contracts with AAAs.
- C.** Payments are provided for home heating or cooling and other emergency energy-related costs. Eligible households may be provided one benefit per season. Payments are made to the vendor or by a two-party check to the vendor and client for electricity, natural gas, propane, fuel oil, kerosene or wood.
- D.** The purchase of blankets and portable heaters, fans, repairs of existing heating or cooling equipment and payment of re-connection fees are also allowed. Additional funds with increased benefits may be issued by the President of the United States during seasonal emergencies.
- E.** Monitoring, training and technical assistance are performed by DOEA and AAA staff.

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Other Program Components

Local Services Program

LOCAL SERVICES PROGRAM:

Local Services Program provides additional funding to expand long-term care alternatives enabling elders age 60 or older to maintain an acceptable quality of life in their own homes and avoid or delay nursing home placement.

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LONG-TERM CARE OMBUDSMAN PROGRAM:

The Long-Term Care Ombudsman Program is a statewide, volunteer-based system of district councils which protect, defend and advocate on behalf of long-term care facility residents. Ombudsmen identify, investigate and resolve complaints made by, or on behalf of, residents.

Volunteers investigate all complaints and devise a means to resolve the problems brought to the attention of the program by, or on behalf of, residents of long-term care facilities. In addition, the program:

- A.** Monitors and comments on the development and implementation of federal, state and local laws, regulations and policies that pertain to the health, safety, welfare and rights of residents in long-term care facilities;
- B.** Provides information and referrals regarding long-term care facilities;
- C.** Conducts administrative assessments of all long-term care facilities, at least annually. The assessment focuses on factors affecting the rights, health, safety and welfare of residents; and
- D.** Provides assistance for the development of resident and family councils to protect the residents' well-being.

The Long-Term Care Ombudsman Program is administered by DOEA. There are 17 district offices.

Anyone may report a concern on behalf of a resident of a long-term care facility—nursing home, assisted living facility or adult family-care home. There is no fee for any ombudsman service, and there are no financial or residency requirements for those reporting concerns to the program.

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MEDICAID HOME AND COMMUNITY-BASED SERVICES WAIVER PROGRAMS:

Medicaid waiver programs are home- and community-based programs designed to allow individuals to attain or maintain their highest practicable physical, mental and psychosocial well being and live in the least restrictive environment possible. Florida's Agency for Health Care Administration (AHCA) is the single state Medicaid agency designated by the Centers for Medicare and Medicaid Services (CMS) with responsibility for these waivers. Through cooperative agreements with AHCA, DOEA is responsible for the operations of these waiver programs.

DOEA is responsible for the operations of the following Medicaid Waiver programs:

A. Adult Day Health Care (ADHC) Waiver:

1. The Adult Day Health Care Waiver Program is designed to meet the health and supportive needs of adults with functional and/or cognitive impairments through an individual plan of care implemented at an adult day health care center. To be eligible for this program, individuals must:
 - a. Be eligible to participate in the Medicaid program using Supplemental Security Income (SSI) or Institutional Care Program (ICP) standards;
 - b. Be age 60 years of age or older;
 - c. Live with a caregiver;
 - d. Not be a resident of a nursing facility or other institutional setting;
 - e. Not be enrolled in hospice;
 - f. Not be enrolled in another Medicaid home and community-based service waiver;
 - g. Be a resident of Lee County; and
 - h. Meet nursing facility level of care.

2. The goal of the program is to prevent or delay placement into a nursing home or other more expensive care settings. This is accomplished by improving and preserving each individual's physical and mental health and improving quality of life.

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Other Program Components Medicaid Home and Community-Based Services Waiver Programs

3. Adult day health care services provide older adults with chronic conditions an opportunity to live successfully in the community while providing the family/caregiver with relief from 24-hour caregiving responsibilities.
4. The program provides a variety of health and social services under one roof.
5. Service providers shall follow the guidelines found in DOEA's contract for these services.

B. Aged and Disabled Adult (ADA) Waiver:

1. The Aged and Disabled Adult Medicaid Waiver program provides home- and community- based services to older persons (60+) and disabled individuals assessed as:
 - a. Frail;
 - b. Functionally impaired; and
 - c. At risk of nursing home placement.
2. Persons must meet the age, income and other technical criteria of individuals seeking Medicaid assistance for nursing homes.
3. The services provided under the ADA Waiver and the service provider guidelines are included in the "Aged and Disabled Adult Waiver Services Coverage and Limitation Handbook."
4. For further information, please refer to DOEA's Web site at <http://elderaffairs.state.fl.us/index.php>.

C. Assisted Living for the Frail Elderly (ALE) Waiver:

1. The ALE Medicaid Waiver program is designed to provide services to individuals age 60 or older who are:
 - a. At risk of nursing home placement; and
 - b. Meet additional specific functional criteria.

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Other Program Components Medicaid Home and Community-Based Services Waiver Programs

2. These individuals are in need of additional support and services not available in Assisted Living Facilities (ALFs) with a standard license. These services are made available in ALFs licensed as Extended Congregate Care (ECC) or Limited Nursing Services (LNS).
3. Services and provider guidelines provided under the ALE Waiver are included in the “Assistive Care Services and Assisted Living for the Elderly Waiver Services Coverage and Limitation Handbook.”
4. For further information, please refer to DOEA’s Web site at <http://elderaffairs.state.fl.us/index.php>.

D. Channeling Waiver:

1. The Channeling Waiver Program is a home and community-based services program that is operated through a contract with an organized health care delivery system. The contractor is paid a per diem rate for each enrollee. Enrollees must meet the following criteria:
 - a. Be eligible to participate in the Medicaid program using Supplemental Security Income (SSI) or Institutional Care Program (ICP) standards;
 - b. Be age 65 years of age or older;
 - c. Have two unmet service needs;
 - d. Meet nursing facility level of care;
 - e. Be a resident of Broward or Miami-Dade Counties;
 - f. Have a cost of care that does not exceed 85% of the Medicaid nursing home payment in Broward or Dade Counties;
 - g. Not be enrolled in another Medicaid home and community-based service waiver; and
 - h. Not be a resident of a nursing facility or other institutional setting.

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Other Program Components Medicaid Home and Community-Based Services Waiver Programs

2. **Services Provided:** Adult Day Health Care, Adult Companion Services, Case Management, Chore Services, Environmental Accessibility Adaptations, Family Training, Financial Education and Protection Services, Home Health Aide Services, In-Home Counseling, Occupational Therapy, Personal Care Services, Personal Emergency Response System, Physical Therapy, Respite, Skilled Nursing Services, Special Drug and Nutritional Assessment Services, Special Home Delivered Meals, Special Medical Equipment, Special Medical Supplies, and Speech Therapy.

E. Consumer-Directed Care Plus (CDC+) Waiver Program:

1. The Consumer-Directed Care Plus Waiver Program began as a research, demonstration and evaluation project. It was funded by the Robert Wood Johnson Foundation and the U.S. Department of Health and Human Services to demonstrate that some clients or their representative can manage their own care and arrange for services to meet their needs and improve the quality of their lives. The demonstration project ended on October 1, 2003.
2. For further information, please visit DOEA's Web site at: <http://elderaffairs.state.fl.us/index.php>.

F. Long-Term Care Community-Based Diversion Project:

1. The Long-Term Care Community Diversion Project (Diversion Program) is designed to target the frailest individuals who would otherwise qualify for Medicaid nursing home placement, instead offering them community-based alternatives. The project uses a managed care delivery system to provide comprehensive acute and long-term care services to individuals who are dually eligible for Medicare and Medicaid. Specifically, clients choose to receive care in a managed care delivery setting intended to increase the coordination of their care between service providers and Medicare. The state, through a monthly capitated rate, covers all home and community-based services and nursing home care. The rate also pays for Medicare co-insurance and deductibles. Contractors are at risk for in-home and nursing home services and may choose to use assisted living facilities as a lower-cost option when appropriate as an alternative to nursing home care. By receiving integrated acute and long-term services, such as home delivered meals, coordination of health services and intensive case management, clients are better able to remain in the community.

Other Program Components Medicaid Home and Community-Based Services Waiver Programs

- 2. Services Provided:** Project participants receive long-term and acute care services. Long-term care services provided to project participants include a choice of at least two providers for adult companion, adult day health, assisted living services, case management, chore services, consumable medical supplies, environmental accessibility adaptation, escort, family training, financial assessment/risk reduction, home-delivered meals, homemaker, nutritional assessment/risk reduction, personal care, personal emergency response systems, respite care, occupational, physical and speech therapy, nursing facility services, and optional Transportation. Acute-care services are covered for Medicaid recipients based on the Medicaid state plan approved by the federal Centers for Medicare and Medicaid services. These services are covered in the project to the extent that they are not covered by Medicare, or are reimbursed by Medicaid pursuant to Medicaid-Medicare cost-sharing policies and included in the capitation rate. Managed care organizations contracting with the Department under the Diversion Program are responsible for Medicare co-payments and deductible.

- 3. Eligibility:** Diversion project enrollees must be 65 years of age or older; Medicare eligible; Medicaid eligible up to the Institutional Care Program (ICP) income and asset levels; reside in the project service area; be determined by CARES to be a person who, on the effective date of enrollment, can be safely served with home and community-based services; and be determined by CARES to be at risk of nursing home placement and meet one or more of the following clinical criteria:

 - a.** Require some help with five or more activities of daily living (ADLs);
 - b.** Require some help with four ADLs plus requiring supervision or administration of medication;
 - c.** Require total help with two or more ADLs;
 - d.** Have a diagnosis of Alzheimer's disease or another type of dementia and require some help or supervision with three or more ADLs;
 - e.** Have a diagnosis of a degenerative or chronic condition requiring daily nursing services.

G. Program of All Inclusive Care for the Elderly (PACE):

1. **Description:** The PACE model is similar to the Medicaid Waiver Long-Term Care Community-Based Diversion Project. It targets individuals who would otherwise qualify for Medicaid nursing home placement and provides them with a comprehensive array of home and community-based services at a cost less than nursing home care. PACE is unique, however, in several respects:
 - a. PACE providers receive both Medicare and Medicaid capitated payments and are responsible for providing the full continuum of medical and long-term care services.
 - b. In addition, PACE sites receive an enhanced capitation payment from Medicare, beyond that of a traditional Medicare Health Maintenance Organization (HMO).
 - c. PACE also has a unique service delivery system, with many services being delivered through adult day care centers and case management provided by multi-disciplinary teams.
2. **Services Provided:** In addition to services covered under the Community-Based Diversion Project, the PACE project includes all Medicare covered services.
3. **Eligibility:** To be eligible for PACE an individual must be age 55 or older, eligible for Medicare or Medicaid with income and assets up to the Institutional Care Program (ICP) level, live in the PACE service area, and meet Medicaid nursing home level frailty criteria.
4. For further information, please refer to DOEA's web site at <http://elderaffairs.state.fl.us/index.php>.

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RESPITE FOR ELDERS LIVING IN EVERYDAY FAMILIES (RELIEF) PROGRAM:

The RELIEF program offers respite services to caregivers of frail elders and those with Alzheimer's disease and related dementia. The intent is to provide respite to family caregivers to increase their ability to continue caring for a homebound elder without becoming ill themselves. Individuals not currently receiving other DOEA services are the first priority.

A multigenerational corps of volunteers receives pre-service training. Volunteers are individually matched with clients to ensure personalities, skills, interests and abilities are a good fit with the elders and caregivers they will be serving. Some volunteers may receive stipends.

RELIEF respite may be provided predominantly during evenings and weekends, times usually not covered by other respite programs. Volunteers spend up to four hours per visit providing companionship to a frail, homebound elder, allowing the caregiver the opportunity to take a much-needed break. Activities may include conversation, reading together, playing board games or preparing a light snack. The program is operational in eleven counties.

The RELIEF program is funded entirely by General Revenue as authorized by Section 430.071, Florida Statutes. Services are administered through AAAs with contract management by the Department. Contracts are granted to providers based on their ability to recruit and retain the necessary number of volunteers.

Providers recruit, select and train volunteers according to department policies and procedures for volunteer service. The providers are responsible for identifying and matching clients with volunteers. Contracts require regular reporting of activities and expenses. Grantees must comply with applicable state cost principles, administrative requirements, and audit requirements as outlined in the program contract and program operations manual.

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SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP):

The Senior Community Service Employment Program (SCSEP) is a program administered by the Department of Labor that serves unemployed, low-income persons who are 55 years of age or older and who have poor employment prospects. The program trains them in part-time community service assignments and assists them in developing skills and experience to facilitate their transition to unsubsidized employment.

The program has three purposes:

- A.** To foster and promote useful part-time opportunities in community service assignments for unemployed low-income persons who are 55 years of age or older, particularly persons who have poor employment prospects;
- B.** To foster individual economic self-sufficiency; and
- C.** To increase the number of older persons who may enjoy the benefits of unsubsidized employment in both the public and private sectors.

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SENIOR CORPS-SENIOR COMPANION PROGRAM:

Senior Companion is a national community service peer-volunteer program. Senior Companion volunteers provide services to elders at risk of institutionalization due to chronic illnesses, disabilities or isolation. Low-income volunteers receive a stipend to help defray expenses, a local transportation reimbursement, and an annual medical checkup. Volunteers are 55 years of age or older who meet 200% of the Department of Health and Human Services poverty guidelines, to conform to the Edward M. Kennedy Serve America Act of 2009. The volunteers receive a \$2.65/hour stipend to defray expenses of volunteering at least 15 hours a week. The stipend does not affect the volunteer's eligibility for any other federal programs and provides volunteers an opportunity for improved health as a result of volunteering, as well as additional funds to assist with personal expenses, such as food and prescription medications. Recipients of Senior Companion volunteer services are elders, 60 years of age or older, who are at risk of institutionalization due to chronic illness, disability or isolation.

The Corporation for National and Community Service awards the Senior Companion grant to the Department and specifies the number of Volunteer Service Years (annual hours to be served) that will be funded. Local government agencies and not-for-profit organizations are selected based on their ability to recruit and retain the necessary number of volunteers, as well as provide required local match funding.

The Senior Companion grant is authorized by and subject to the National and Community Service Act of 1990 as amended, codified as 42 U.S.C. 12501 *et seq.*, and 45 C.F.R. 1207 and 2551 *et seq.* Grantees must comply with the requirements of the Act and its implementing regulations. Grantees must also comply with the applicable federal and state cost principles, administrative requirements, and audit requirements as outlined in the DOEA contract and Senior Companion Operations Handbook.

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Other Program Components

Serving Health Insurance Needs of Elders (SHINE)

SERVING HEALTH INSURANCE NEEDS OF ELDERS (SHINE):

SHINE (Serving Health Insurance Needs of Elders) is a program offered by DOEA in partnership with the local AAA at no cost to the beneficiary. Specially-trained volunteers can assist with Medicare, Medicaid and health insurance questions by providing one-on-one counseling and information to people with Medicare, their families and caregivers. SHINE services are free, unbiased and confidential.

SHINE is part of the National State Health Insurance Assistance Program (SHIP).

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STATEWIDE PUBLIC GUARDIANSHIP OFFICE (SPGO):

The Statewide Public Guardianship Office is charged with the responsibility of ensuring that every Floridian in need of a guardian receives the services of a qualified guardian.

Guardianship, which is sometimes confused with the Guardian Ad Litem program, is the process designed to protect and exercise the legal rights of individuals whose functional limitations prevent them from being able to make their own decisions and who have not made plans for their current situation.

People who need guardianship may have the following conditions:

- A. Dementia;
- B. Alzheimer's disease;
- C. A developmental disability;
- D. Chronic illness; or
- E. Other such conditions that generally cause functional limitations.

Before a guardianship is established, it must be determined that the alleged incapacitated person lacks the capacity to make decisions. Guardianship should be the last resort.

Information regarding the guardianship process can be found in the DOEA publication "Guardianship Basics - A Handbook for Guardians" located on the internet at: <http://elderaffairs.state.fl.us>.

The Statewide Public Guardianship Office designates Florida's public guardians, who serve indigent persons who lack the ability to make their own decisions and have no willing or qualified family or friend to act as their guardian. At the present time, public guardianship offices exist in numerous counties throughout the State of Florida with some of the offices providing service to more than one county. A current list of public guardians and the counties served is located on the Statewide Public Guardianship Office web page at: <http://elderaffairs.state.fl.us>. The Statewide Public Guardianship Office is responsible for the registration of all professional guardians.