1988

Session Law 88-350

Florida Senate & House of Representatives

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### Committee Records

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Rehabilitative Services encourage innovative and efficient approaches to program management, staff training, and service delivery.

Section 3. Definitions.--As used in this act:

(1) "Disabled adult" means any person at least 18 years of age but less than 60 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations other than a developmental disability as defined in s. 393.063, Florida Statutes, which restrict his ability to perform the normal activities of daily living and impede his capacity to live independently or with relatives or friends without the provision of community-based services.

(2) "Home care" means full-time care that a person provides, without profit, for three or fewer disabled adults through a family-like arrangement in a private home, and that includes basic services of maintenance and supervision and specialized services as needed.

(3) The "department" means the Department of Health and Rehabilitative Services.

Section 4. Community care for disabled adults program; powers and duties of the department.--

(1) In each district, the department shall operate or contract for a community care for disabled adults program which shall have as its primary purpose the prevention of unnecessary institutionalization of disabled adults through the provision of community-based services.

(2) Any person who has been classified as a disabled adult pursuant to section 5 is eligible to receive the services of the community care for disabled adults program.

Disabled adults who are determined to be at risk of
A bill to be entitled
An act relating to services for disabled adults; providing a short title; providing legislative intent; providing definitions; authorizing the Department of Health and Rehabilitative Services to provide a community care program for disabled adults; providing for powers and duties of the department; providing a method to determine fitness to provide home care; providing for subsidy payments for home care providers; authorizing the department to charge fees for services; providing for confidentiality of certain information; providing for rules; providing an effective date.

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

Section 1. Short title.--This act may be cited as "The Community Care for Disabled Adults Act."

Section 2. Legislative intent.--The purpose of this act is to assist disabled adults to live dignified and reasonably independent lives in their own homes or in the homes of relatives or friends. The Legislature intends through this act to provide for the development, expansion, and coordination of community-based services for disabled adults but not to supplant existing programs. The Legislature further intends to establish a continuum of services so that disabled adults may be assured the least restrictive environment suitable to their needs. In addition, the Legislature intends that the Department of Health and

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(7) Providers and staff members in the community care for disabled adults program shall participate in training at least annually.

(8) Trained volunteers shall be used to provide services for the disabled adult.

(9) The department may conduct or contract for demonstration projects to determine the desirability of new concepts of organization, administration, or service delivery designed to prevent the institutionalization of disabled adults.

(10) Beginning October 1, 1989, the department shall biennially evaluate the progress of the community care for disabled adults program.

Section 5. Home care for disabled adults program, department duties and powers.--

(1) The department shall operate a program that pays subsidies and supplemental payments to persons who provide home care to certain eligible disabled adults.

(2) To determine eligibility for the home care for disabled adults program, the department shall use either the criteria for determining eligibility for assistance under Title XVI of the Social Security Act, as it existed on July 1, 1977, or the criteria for determining financial eligibility for nursing home care under s. 409.266, Florida Statutes.

(3) The department may pay providers:

(a) A subsidy for support and maintenance which includes the cost of housing, food, clothing, and incidentals; and

(b) Reimbursement for the cost of medical, pharmaceutical, and dental services and specialized devices.
institutionalization shall be given priority for receipt of such services.

(3) Each community care for disabled adults program shall include case management services and at least one other community service. Community services may include, but are not limited to the provision of: adult day care, chore assistance, emergency alert and response services, escort services, group activity therapy, home delivered meals, home health aid, home nursing, interpreter services, medical equipment or supplies, personal care, respite care, physical or mental examinations, transportation, and medical therapeutic services. Case management services shall ensure that arrangements are made for appropriate services.

(4) If independent living is no longer possible for a disabled adult, the case manager shall assist the person in locating the most appropriate and cost-effective living arrangement in the least restrictive setting.

(5) Existing community resources available to disabled adults in each district shall be coordinated to provide a continuum of services. The department shall ensure that all available funding sources have been explored prior to using funds of the community care for disabled adults program. The department may provide advance funding for community care for disabled adults programs.

(6) The department and providers shall charge fees for services that the department provides a disabled adult either directly or through its agencies or contractors. The department shall establish by rule a schedule of fees based on the disabled adult's ability to pay. The disabled adult may pay the fees with money, goods, or services.
Section 7. Rulemaking.--The department shall adopt rules to implement this act. The rules shall define each community service, establish minimum standards for the delivery of services, establish a fee schedule, and make other provisions necessary to implement this act.

Section 8. This act shall take effect October 1, 1988.

SENATE SUMMARY

Creates the "Community Care for Disabled Adults Act," intended to prevent unnecessary institutionalization of disabled adults. Prescribes the duties of the Department of Health and Rehabilitative Services with respect to this community care. Allows home care providers to receive subsidies. Allows the department to regulate providers, to conduct demonstration projects, and to biennially evaluate the program. Provides that certain information is confidential and shall not be disclosed so as to reveal a disabled adult's identity.
essential to maintain the health of the eligible disabled
adult and not covered by Medicaid or any form of insurance.

(4) The department shall develop a payment schedule
for the subsidies. This schedule shall be based on the
financial status of the eligible disabled adult.

(5) In accordance with the provisions of s. 400.402,
Florida Statutes, a person who cares for a disabled adult and
who is related to such adult by blood or marriage is not
subject to the provisions of the Adult Congregate Living
Facilities Act. The department shall determine, through a
home study, the fitness of a person to receive payments under
this program. If, after the home study, the department finds
the provider to be unfit, the department shall notify the
provider that it finds such provider to be unfit, and the
provider shall be ineligible for subsidy payments. A provider
who has been found unfit by the department may petition the
circuit court to resolve the question of fitness.

Section 6. Confidentiality of information.--
Notwithstanding s. 119.14, Florida Statutes, information
received through files, reports, inspection, or otherwise, by
the department or by authorized departmental employees, by
persons who volunteer services, or by persons who provide
services to disabled adults under this act through contracts
with the department is confidential information and may not be
disclosed publicly in such a manner as to identify a disabled
adult unless the disabled adult or his legal guardian provides
written consent. This information is exempt from disclosure
under s. 119.07, Florida Statutes. This exemption is subject
to the Open Government Sunset Review Act in accordance with s.
119.14, Florida Statutes.
Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 410.601, Florida Statutes, is created to read:

410.601 Short title.—Sections 410.601-410.606 may be cited as "The Community Care for Disabled Adults Act."

Section 2. Section 410.602, Florida Statutes, is created to read:

410.602 Legislative intent.—The purpose of this act is to assist disabled adults to live dignified and reasonably independent lives in their own homes or in the homes of relatives or friends. The Legislature intends through this act to provide for the development, expansion, and coordination of community-based services for disabled adults, but not to supplant existing programs. The Legislature further intends to establish a continuum of services so that disabled adults may be assured the least restrictive environment suitable to their needs. In addition, the Legislature intends that the Department of Health and Rehabilitative Services encourage innovative and efficient approaches to program management, staff training, and service delivery.

Section 3. Section 410.603, Florida Statutes, is created to read:

410.603 Definitions.—As used in this act:

(1) "Department" means the Department of Health and Rehabilitative Services.

(2) "Disabled adult" means any person at least 18 years of age, but under 60 years of age, who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his

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A bill to be entitled
An act relating to services for disabled adults; creating s. 410.601, F.S.; providing a short title; creating s. 410.602, F.S.; providing legislative intent; creating s. 410.603, F.S.; providing definitions; creating s. 410.604, F.S.; directing the Department of Health and Rehabilitative Services to provide a community care program for disabled adults; providing eligibility; providing for a continuum of services, providing for funding and fees; requiring evaluation and reports; creating s. 410.605, F.S.; providing confidentiality; providing for review and repeal; creating s. 410.606, F.S.; providing for the adoption of rules; amending s. 410.031, F.S.; including disabled adults in legislative intent; amending s. 410.032, F.S.; expanding the definition of "elderly person" to include any person 60 years of age or over; defining "disabled adult"; amending s. 410.033, F.S.; including disabled adults in the home care for the elderly program; amending s. 410.035, F.S.; requiring the department to develop a schedule of subsidy payments for disabled adults and elderly persons by October 1, 1988; creating s. 410.037, F.S.; providing confidentiality; providing for review and repeal; requiring the department to conduct a study; providing an appropriation; providing an effective date.

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institutionalization; or whose income is at or below the existing institutional care program eligibility standard.

(3) Each community care for disabled adults program shall include case management services and at least one other community service. Community services may include, but are not limited to, the provision of: adult day care, homemaker and chore services, escort services, group activity therapy, health maintenance services, home delivered meals, interpreter services, medical equipment or supplies, respite care, and transportation. Case management services shall ensure that arrangements are made for appropriate services.

(4) If independent living is no longer possible for a disabled adult, the case manager shall assist the person in locating the most appropriate and cost-effective living arrangement in the least restrictive setting.

(5) Existing community resources available to disabled adults in each district shall be coordinated to provide a continuum of services. The department shall ensure that all available funding sources have been explored prior to using funds of the community care for disabled adults program. Funds appropriated for community care for disabled adults shall be used only for the provision of services to disabled adults, case management, and directly related expenditures. The department may provide advance funding for community care for disabled adults programs.

(6) The department and providers shall charge fees for services that the department provides a disabled adult whose income is above the existing institutional care program eligibility standard, either directly or through its agencies or contractors. The department shall establish by rule, by January 1, 1989, a schedule of fees based on the disabled...
ability to perform the normal activities of daily living and
impede his capacity to live independently or with relatives or
friends without the provision of community-based services.

(3) "District" means a specified geographic service
area, as defined in s. 20.19(5)(a), in which the programs of
the department are administered and services are delivered.

(4) "Health maintenance service" means those routine
health services necessary to help maintain the health of a
disabled adult, but shall be limited to medical therapeutic
services, nonmedical prevention services, personal care
services, home health aide services, home nursing services,
emergency response services, and physical or mental
examinations.

Section 4. Section 410.604, Florida Statutes, is
created to read:

410.604 Community care for disabled adults program;
powers and duties of the department.--

(1) In each district, the department shall operate or
contract for a community care for disabled adults program
which shall have as its primary purpose the prevention of
unnecessary institutionalization of disabled adults through
the provisions of community-based services.

(2) Any person who meets the definition of a disabled
adult pursuant to s. 410.603(2) is eligible to receive the
services of the community care for disabled adults program.
However, the community care for disabled adults program shall
operate within the funds appropriated by the Legislature.
Priority shall be given to disabled adults who are not
eligible for comparable services in programs of or funded by
the department; or who are determined to be at risk of

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Section 6. Section 410.606, Florida Statutes, is created to read:

410.606 Rulemaking.--The department shall adopt rules to implement this act. The rules shall define each community service, establish minimum standards for the delivery of services, establish a fee schedule, and make other provisions necessary to implement this act.

Section 7. Section 410.031, Florida Statutes, is amended to read:

410.031 Legislative intent.--It is the intent of the Legislature to encourage the provision of care for disabled adults and the elderly in family-type living arrangements in private homes as an alternative to institutional or nursing home care for such persons. The provisions of ss. 410.031-410.036 are intended to be supplemental to the provisions of chapter 400, relating to the licensing and regulation of nursing homes and adult congregate living facilities, and shall not operate to exempt any person who is otherwise subject to regulation under the provisions of said chapter.

Section 8. Subsection (1) of section 410.032, Florida Statutes, is amended, and subsection (4) is added to said section, to read:

410.032 Definitions.--As used in ss. 410.031-410.036:

(1) "Elderly person" means any person 60 65 years of age or over who is currently a resident of this state and has an intent to remain resided in this state for no less than 1 year.

(4) "Disabled adult" means any person at least 18 years of age, but under 60 years of age, who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his

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adult's ability to pay. Services of a specified value may be 
accepted in lieu of a monetary contribution.

(7) Providers and staff members in the community care 
for disabled adults program shall participate in training at 
least annually.

(8) Trained volunteers shall be used to provide 
services for the disabled adult.

(9) The department may conduct or contract for 
demonstration projects to determine the desirability of new 
concepts of organization, administration, or service delivery 
designed to prevent the institutionalization of disabled 
adults.

(10) Beginning October 1, 1989, the department shall 
biennially evaluate the progress of the community care for 
disabled adults program and submit such evaluation to the 
Speaker of the House of Representatives and the President of 
the Senate.

Section 5. Section 410.605, Florida Statutes, is 
created to read:

410.605 Confidentiality of information.--
Notwithstanding s. 119.14, information received through files, 
reports, inspection, or otherwise, by the department or by 
authorized departmental employees, by persons who volunteer 
services, or by persons who provide services to disabled 
adults under this act through contracts with the department is 
confidential information and may not be disclosed publicly in 
such a manner as to identify a disabled adult, unless the 
disabled adult or his legal guardian provides written consent. 
This information is exempt from disclosure under s. 119.07. 
This exemption is subject to the Open Government Sunset Review 
Act in accordance with s. 119.14.

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adult or elderly person and not covered by Medicare, Medicaid, or any form of insurance.

(c) When necessary, special supplements to provide for any service and specialized care required to maintain the health and well-being of the disabled adult or elderly person.

(2) The department shall develop a plan for the implementation of the schedule of subsidy payments to persons providing home care for disabled adults or the elderly. This schedule shall be based on the financial status of the eligible disabled adult or elderly person.

Section 11. Section 410.037, Florida Statutes, is created to read:

410.037 Confidentiality of information.--
Notwithstanding s. 119.14, information received through files, reports, inspection, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults or elderly persons under this act through contracts with the department, is confidential information and may not be disclosed publicly in such a manner as to identify a disabled adult or elderly person, unless such person or his legal guardian provides written consent. This information is exempt from disclosure under s. 119.07. This exemption is subject to the Open Government Sunset Review Act in accordance with s. 119.14.

Section 12. (1) The Department of Health and Rehabilitative Services, with the cooperation of the Department of Labor and Employment Security, shall conduct a study of the disabled adult population in the state. The purposes of the study shall be to identify the disabled adult population; describe the needs of such population; define and
ability to perform the normal activities of daily living and

impede his capacity to live independently.

Section 9. Section 410.033, Florida Statutes, is
amended to read:

410.033 Home care for disabled adults and the elderly;

rules.—The department shall by rule establish minimum
standards and procedures for the provision of home care for
disabled adults and the elderly, and for the approval of
persons wishing to provide such care. Priority shall be given
to disabled adults who are not eligible for comparable
services in programs of and funded by the department. Any
person who is approved by the department to provide such care
for a disabled adult or an elderly person shall be eligible
for the subsidy payments described in s. 410.035. However,
the home care for disabled adults and the elderly program
shall operate within the funds appropriated by the
Legislature.

Section 10. Section 410.035, Florida Statutes, is
amended to read:

410.035 Subsidy payments.—

(1) The department shall develop by October 1, 1988
1983, a schedule of subsidy payments to be made to persons
providing home care for certain eligible disabled adults or
elderly persons. Payments shall be based on the financial
status of the person receiving care. Payments shall include,
but not be limited to:

(a) A support and maintenance element, to include
costs of housing, food, clothing, and incidentals.

(b) Payments for medical, pharmaceutical, and dental
services essential to maintain the health of the disabled

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STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
COMMITTEE SUBSTITUTE FOR
Senate Bill 45

1. provides a definition for "health maintenance service" and deletes a definition for "home care;"

2. removes the ability to pay for services with goods;

3. places the home care for disabled adults provisions in chapter 410, F.S;

4. strikes the requirement in current law that in order to qualify for the Home Care for the Elderly program, a person must have resided in this state for a year;

5. specifies that Community Care for Disabled Adults and the home care programs must operate within their legislative appropriations; and

6. directs HRS to conduct a study of the disabled adult population, provides the study's purposes, requires a report to the Legislature and Governor no later than March 1, 1989, and appropriates $50,000 from General Revenue.
describe the continuum of services needed to allow each
disabled adult to live as independently as possible; identify
the appropriate agency and organizational structure which
should be responsible for providing such services; describe
the services currently available, including vocational
rehabilitation provided by the Department of Labor and
Employment Security; define and describe the gaps in the
existing service delivery system which prevent the operation
of a complete continuum of care; identify the need for
establishment of a personal care attendant program; identify
the components necessary for successful implementation of such
a program; and evaluate whether such a program should be
located within the community care for disabled adults program
or another agency or program. The department shall submit a
report based on the results of this study to the Legislature
and Governor no later than March 1, 1989.

(2) There is hereby appropriated from the General
Revenue Fund to the Department of Health and Rehabilitative
Services the sum of $50,000, for fiscal year 1988-1989, for
the purpose of conducting the study described herein.

Section 13. This act shall take effect July 1, 1988,
or upon becoming a law, whichever occurs later.
Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 410.601, Florida Statutes, is created to read:

410.601 Short title.--Sections 410.601-410.606 may be cited as "The Community Care for Disabled Adults Act."

Section 2. Section 410.602, Florida Statutes, is created to read:

410.602 Legislative intent.--The purpose of this act is to assist disabled adults to live dignified and reasonably independent lives in their own homes or in the homes of relatives or friends. The Legislature intends through this act to provide for the development, expansion, and coordination of community-based services for disabled adults, but not to supplant existing programs. The Legislature further intends to establish a continuum of services so that disabled adults may be assured the least restrictive environment suitable to their needs. In addition, the Legislature intends that the Department of Health and Rehabilitative Services encourage innovative and efficient approaches to program management, staff training, and service delivery.

Section 3. Section 410.603, Florida Statutes, is created to read:

410.603 Definitions.--As used in this act:

(1) "Department" means the Department of Health and Rehabilitative Services.

(2) "Disabled adult" means any person at least 18 years of age, but under 60 years of age, who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his

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adults; creating s. 410.601, F.S.; providing a
short title; creating s. 410.602, F.S.;
providing legislative intent; creating s.
410.603, F.S.; providing definitions; creating
s. 410.604, F.S.; directing the Department of
Health and Rehabilitative Services to provide a
community care program for disabled adults;
providing eligibility; providing for a
continuum of services; providing for funding
and fees; requiring evaluation and reports;
creating s. 410.605, F.S.; providing
confidentiality; providing for review and
repeal; creating s. 410.606, F.S.; providing
for the adoption of rules; amending s. 410.031,
F.S.; including disabled adults in legislative
intent; amending s. 410.032, F.S.; expanding
the definition of "elderly person" to include
any person 60 years of age or over; defining
"disabled adult"; amending s. 410.033, F.S.;
including disabled adults in the home care for
the elderly program; amending s. 410.035, F.S.;
requiring the department to develop a schedule
of subsidy payments for disabled adults and
elderly persons by October 1, 1988; creating s.
410.037, F.S.; providing confidentiality;
providing for review and repeal; requiring the
department to conduct a study; providing an
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institutionalization; and whose income is at or below the
existing institutional care program eligibility standard.

(3) Each community care for disabled adults program
shall include case management services and at least one other
community service. Community services may include, but are
not limited to, the provision of: adult day care, homemaker
and chore services, escort services, group activity therapy,
health maintenance services, home delivered meals, interpreter
services, medical equipment or supplies, respite care, and
transportation. Case management services shall ensure that
arrangements are made for appropriate services.

(4) If independent living is no longer possible for a
disabled adult, the case manager shall assist the person in
locating the most appropriate and cost-effective living
arrangement in the least restrictive setting.

(5) Existing community resources available to disabled
adults in each district shall be coordinated to provide a
continuum of services. The department shall ensure that all
available funding sources have been explored prior to using
funds of the community care for disabled adults program.
Funds appropriated for community care for disabled adults
shall be used only for the provision of services to disabled
adults, case management, and directly related expenditures.
The department may provide advance funding for community care
for disabled adults programs.

(6) The department and providers shall charge fees for
services that the department provides a disabled adult whose
income is above the existing institutional care program
eligibility standard, either directly or through its agencies
or contractors. The department shall establish by rule, by
January 1, 1989, a schedule of fees based on the disabled

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ability to perform the normal activities of daily living and
impede his capacity to live independently or with relatives or
friends without the provision of community-based services.

(3) "District" means a specified geographic service
area, as defined in s. 20.19(5)(a), in which the programs of
the department are administered and services are delivered.

(4) "Health maintenance service" means those routine
health services necessary to help maintain the health of a
disabled adult, but shall be limited to medical therapeutic
services, nonmedical prevention services, personal care
services, home health aide services, home nursing services,
emergency response services, and physical or mental
examinations.

Section 4. Section 410.604, Florida Statutes, is
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410.604 Community care for disabled adults program;
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(1) In each district, the department shall operate or
contract for a community care for disabled adults program
which shall have as its primary purpose the prevention of
unnecessary institutionalization of disabled adults through
the provisions of community-based services.

(2) Any person who meets the definition of a disabled
adult pursuant to s. 410.603(2) is eligible to receive the
services of the community care for disabled adults program.
However, the community care for disabled adults program shall
operate within the funds appropriated by the Legislature.
Priority shall be given to disabled adults who are not
eligible for comparable services in programs of or funded by
the department; who are determined to be at risk of

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Section 6. Section 410.606, Florida Statutes, is created to read:

410.606 Rulemaking.--The department shall adopt rules to implement this act. The rules shall define each community service, establish minimum standards for the delivery of services, establish a fee schedule, and make other provisions necessary to implement this act.

Section 7. Section 410.031, Florida Statutes, is amended to read:

410.031 Legislative intent.--It is the intent of the Legislature to encourage the provision of care for disabled adults and the elderly in family-type living arrangements in private homes as an alternative to institutional or nursing home care for such persons. The provisions of ss. 410.031-410.036 are intended to be supplemental to the provisions of chapter 400, relating to the licensing and regulation of nursing homes and adult congregate living facilities, and shall not operate to exempt any person who is otherwise subject to regulation under the provisions of said chapter.

Section 8. Subsection (1) of section 410.032, Florida Statutes, is amended, and subsection (4) is added to said section, to read:

410.032 Definitions.--As used in ss. 410.031-410.036:

(1) "Elderly person" means any person 60 65 years of age or over who is currently a resident of this state and has an intent to remain resided in this state for no less than 1 year.

(4) "Disabled adult" means any person at least 18 years of age, but under 60 years of age, who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his

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adult's ability to pay. Services of a specified value may be accepted in lieu of a monetary contribution.

(7) Providers and staff members in the community care for disabled adults program shall participate in training at least annually.

(8) Trained volunteers shall be used to provide services for the disabled adult.

(9) The department may conduct or contract for demonstration projects to determine the desirability of new concepts of organization, administration, or service delivery designed to prevent the institutionalization of disabled adults.

(10) Beginning October 1, 1989, the department shall biennially evaluate the progress of the community care for disabled adults program and submit such evaluation to the Speaker of the House of Representatives and the President of the Senate.

Section 5. Section 410.605, Florida Statutes, is created to read:

410.605 Confidentiality of information.--
Notwithstanding s. 119.14, information received through files, reports, inspection, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults under this act through contracts with the department is confidential information and may not be disclosed publicly in such a manner as to identify a disabled adult, unless the disabled adult or his legal guardian provides written consent. This information is exempt from disclosure under s. 119.07. This exemption is subject to the Open Government Sunset Review Act in accordance with s. 119.14.
adult or elderly person and not covered by Medicare, Medicaid, or any form of insurance.

(c) When necessary, special supplements to provide for any service and specialized care required to maintain the health and well-being of the disabled adult or elderly person.

(2) The department shall develop a plan for the implementation of the schedule of subsidy payments to persons providing home care for disabled adults or the elderly. This schedule shall be based on the financial status of the eligible disabled adult or elderly person.

Section 11. Section 410.037, Florida Statutes, is created to read:

410.037 Confidentiality of information.-- Notwithstanding s. 119.14, information received through files, reports, inspection, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults or elderly persons under this act through contracts with the department, is confidential information and may not be disclosed publicly in such a manner as to identify a disabled adult or elderly person, unless such person or his legal guardian provides written consent. This information is exempt from disclosure under s. 119.07. This exemption is subject to the Open Government Sunset Review Act in accordance with s. 119.14.

Section 12. (1) The Department of Health and Rehabilitative Services, with the cooperation of the Department of Labor and Employment Security, shall conduct a study of the disabled adult population in the state. The purposes of the study shall be to identify the disabled adult population; describe the needs of such population; define and

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ability to perform the normal activities of daily living and
impede his capacity to live independently.

Section 9. Section 410.033, Florida Statutes, is
amended to read:

410.033 Home care for disabled adults and the elderly;
rules.--The department shall by rule establish minimum
standards and procedures for the provision of home care for
disabled adults and the elderly, and for the approval of
persons wishing to provide such care. Priority shall be given
to disabled adults and the elderly who are not eligible for
comparable services in programs of and funded by the
department. Any person who is approved by the department to
provide such care for a disabled adult or an elderly person
shall be eligible for the subsidy payments described in s.
410.035. However, the home care for disabled adults and the
elderly program shall operate within the funds appropriated by
the Legislature.

Section 10. Section 410.035, Florida Statutes, is
amended to read:

410.035 Subsidy payments.--
(1) The department shall develop by October 1, 1988
1983, a schedule of subsidy payments to be made to persons
providing home care for certain eligible disabled adults or
elderly persons. Payments shall be based on the financial
status of the person receiving care. Payments shall include,
but not be limited to:

(a) A support and maintenance element, to include
costs of housing, food, clothing, and incidentals.
(b) Payments for medical, pharmaceutical, and dental
services essential to maintain the health of the disabled
describe the continuum of services needed to allow each
disabled adult to live as independently as possible; identify
the appropriate agency and organizational structure which
should be responsible for providing such services; describe
the services currently available, including vocational
rehabilitation provided by the Department of Labor and
Employment Security; define and describe the gaps in the
existing service delivery system which prevent the operation
of a complete continuum of care; identify the need for
establishment of a personal care attendant program; identify
the components necessary for successful implementation of such
a program; and evaluate whether such a program should be
located within the community care for disabled adults program
or another agency or program. The department shall submit a
report based on the results of this study to the Legislature
and Governor no later than March 1, 1989.

(2) There is hereby appropriated from the General
Revenue Fund to the Department of Health and Rehabilitative
Services the sum of $50,000, for fiscal year 1988-1989, for
the purpose of conducting the study described herein.

Section 13. This act shall take effect July 1, 1988,
or upon becoming a law, whichever occurs later.

STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
COMMITTEE SUBSTITUTE FOR COMMITTEE SUBSTITUTE FOR
Senate Bill 45

Revises the criteria under which priority is given for
services to disabled adults.
The criteria for prioritization for Home Care services shall
apply to the elderly population as well as the disabled
population.

CODING: Words struck are deletions; words underlined are additions.
I. SUMMARY:

A. Present Situation:

The Community Care for Disabled Adults (CCDA) Program provides an array of community and home based services to low income, disabled adults between the ages of 18 and 59. Its target population is those disabled adults who do not qualify for other programs. Administered by the Aging and Adult Services Program Office of the Department of Health and Rehabilitative Services (HRS), CCDA has been in place since 1979 and is currently funded by General Revenue dollars. It has no statutory base, and in the absence of law and related administrative rules, the program operates inconsistently throughout the state.

According to a study conducted by the Brehon Institute and Florida State University, the number of non-institutionalized, disabled adults in Florida is 510,470. Of that number, 341,503 qualify for CCDA at its current income standard ($390/month or less) and an additional 168,967 have incomes between that amount and $881 (the Medicaid Institutional Care Program level prior to January 1, 1988) which makes them financially eligible for Medicaid supported nursing home care but not for CCDA.

Subsections 410.031-410.036, Florida Statutes, establish the home care for the elderly (HCE) program which is intended "to encourage the provision of care for the elderly in family-type living arrangements in private homes as an alternative to institutional or nursing home care..." (s. 410.031, F.S.). The program is limited to persons 65 years of age or over. Subsidy payments which are based on the financial status of the HCE client are made to care givers and include payment for support and maintenance and for essential medical, pharmaceutical, and dental services not covered by Medicare, Medicaid, or any insurance. All HCE clients meet strict financial eligibility criteria and most meet the medical criteria for Medicaid-supported nursing home placement.

B. Effect of Proposed Changes:

The proposed legislation establishes the Community Care for Disabled Adults Act. The Department of Health and Rehabilitative Services is directed to operate or contract for a CCDA program in each district to serve persons who are 18 through 59, who are not eligible for vocational rehabilitation services, and who have one or more permanent physical or mental limitations which restrict their ability to perform normal activities of daily living and to live in the community. Priority for services is given to disabled adults who are at risk of institutionalization.

The legislation specifies the services which are to be part of CCDA, directs HRS to establish a fee schedule for disabled adults whose income is above the Medicaid nursing home (ICP)
standard, provides for training and the use of trained
volunteers, requires an evaluation and report to the
Legislature, and authorizes the department to conduct or
contract for demonstration projects.

The proposed legislation also establishes the home care for
disabled adults program, providing the same subsidy support to
eligible disabled persons between 18 and 60 that is currently
provided for eligible persons 65 and older under HCE.

II. ECONOMIC IMPACT AND FISCAL NOTE:

A. Public:

Disabled persons who meet the eligibility criteria for either
CCDA or home care for disabled adults could avoid or delay
institutionalization and the costs associated with such
placement. Eligible CCDA clients whose income is above the ICP
standard would be required to pay a fee, the amount of which
will be established in rule.

B. Government:

Establishing CCDA in statute would not necessarily impact state
General Revenue because CCDA is not an entitlement program and
is limited by its appropriation. However, the legislation sets
income eligibility for services without a fee at the ICP
standard (currently $918 per month) which is higher than the
$390 per month how being used for CCDA. The resulting expanded
potential population could be the basis for workload issues in
future legislative budget requests.

The department estimates that establishing home care for
disabled adults would cost $1,333,920 during its first year of
implementation, of which $1,301,586 would be General Revenue
funds. Estimated costs for the second year are $2,888,477.
Included in these estimates are 6 staff for the first year and
a total of 15 for the second year.

III. COMMENTS:

None.

IV. AMENDMENTS:

None.
SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

ANALYST
1. Whiddon

STAFF DIRECTOR
Wilson

REFERENCE
1. HRS
2. FTC
3. AP
4. 

ACTION
Fav/CS

SUBJECT:
Disabled Adults/Community Care

BILL NO. AND SPONSOR:
CS/SB 45 by Committee on HRS and Senator Malchon

I. SUMMARY:

A. Present Situation:

1. The Community Care for Disabled Adults (CCDA) Program provides community and home based services to low income, disabled adults between the ages of 18 and 59. Its target population is those disabled adults who do not qualify for other programs. Administered by the Aging and Adult Services Program Office of the Department of Health and Rehabilitative Services (HRS), CCDA has been in place since 1979 and is currently funded by General Revenue dollars. It has no statutory base, and in the absence of law and related administrative rules, the program operates inconsistently throughout the state.

According to a study conducted by the Brehon Institute and Florida State University, the number of non-institutionalized, disabled adults in Florida is 510,470. Of that number, 341,503 qualify for CCDA at its current income standard ($390/month or less) and an additional 168,967 have incomes between that amount and $881 (the Medicaid Institutional Care Program level prior to January 1, 1988) which makes them financially eligible for Medicaid supported nursing home care but not for CCDA.

2. Subsections 410.031-410.036, Florida Statutes, establish the home care for the elderly (HCE) program which is intended "to encourage the provision of care for the elderly in family-type living arrangements in private homes as an alternative to institutional or nursing home care..." (s. 410.031, F.S.). The program is limited to persons 65 years of age or over who are Florida residents and who have lived in this state no less than one year [ss. 410.032(1), F.S.] Subsidy payments which are based on the financial status of the HCE client are made to care givers and include payment for support and maintenance and for essential medical, pharmaceutical, and dental services not covered by Medicare, Medicaid, or any insurance. All HCE clients meet strict financial eligibility criteria and most meet the medical criteria for Medicaid-supported nursing home placement. In FY 1986-87, the HCE program served 8,333 persons at an average annual cost of $1,026/client which the department estimates meets 8.38% of the need.

B. Effect of Proposed Changes:

1. The proposed legislation establishes the Community Care for Disabled Adults Act. The Department of Health and Rehabilitative Services is directed to operate or contract for a CCDA program in each district to serve persons who are 18 to 59, who are not eligible for vocational rehabilitation services, and who have one or more permanent physical or mental limitations which restrict their ability to perform normal activities of daily living and to live in the community. Priority for services is given to disabled adults who are not eligible for comparable HRS programs, are at risk of...
in institutionalization, or whose income is at or below the Medicaid nursing home standard (ICP).

The legislation specifies the services which are to be part of CCDA, directs HRS to establish a fee schedule for disabled adults whose income is above the ICP standard, provides for training and the use of trained volunteers, requires an evaluation and report to the Legislature, authorizes the department to conduct or contract for demonstration projects, and directs HRS to adopt the rules necessary to implement the act. Further, the department is appropriated $50,000 for a study of the disabled adult population to be conducted with cooperation from the Department of Labor and Employment Security. The study's specified purposes include an analysis across departmental lines of the services which should be included in a continuum to serve all disabled adults with particular attention to the need for a personal care attendant program. A report to the Legislature is required by March 1, 1989.

2. The proposed legislation also amends ss. 410.031-310.036, F.S., expanding the HCE program to certain disabled adults from age 18 through 59 and lowering the age of eligibility as an elderly person from 65 to 60. The department is directed to establish rules for the program which will give priority to disabled adults who are not eligible for other comparable departmental programs.

Subsection 410.037, F.S., is created to provide for confidentiality of certain information.

II. ECONOMIC IMPACT AND FISCAL NOTE:

A. Public:

Disabled and elderly persons who meet the eligibility criteria for either CCDA or HCE could avoid or delay institutionalization and the costs associated with such placement. Eligible CCDA clients whose income is above the ICP standard would be required to pay a fee, the amount of which will be established in rule.

B. Government:

1. Establishing CCDA in statute would not necessarily impact state General Revenue because CCDA is not an entitlement program and is limited by its appropriation. However, the legislation sets income eligibility for services without a fee at the ICP standard (currently $918 per month) which is higher than the $390 per month being used for CCDA. The resulting expanded potential population could be the basis for workload issues in future legislative budget requests.

2. The Home Care for the Elderly program is also not an entitlement and must operate within its General Revenue appropriation. The proposed expansion of the program to disabled adults and elderly persons ages 60 through 64 would increase the program's potential population and could be reflected in future legislative budget requests.

3. The bill appropriates $50,000 to HRS for a study of the disabled adult population.

III. COMMENTS:

None.

IV. AMENDMENTS:

None.
STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
COMMITTEE SUBSTITUTE FOR
Senate Bill 45

1. provides a definition for "health maintenance service" and deletes a definition for "home care;"
2. removes the ability to pay for services with goods;
3. places the home care for disabled adults provisions in chapter 410, F.S.;
4. strikes the requirement in current law that in order to qualify for the Home Care for the Elderly program, a person must have resided in this state for a year;
5. specifies that Community Care for Disabled Adults and the home care programs must operate within their legislative appropriations; and
6. directs HRS to conduct a study of the disabled adult population, provides the study's purposes, requires a report to the Legislature and Governor no later than March 1, 1989, and appropriates $50,000 from General Revenue.

Committee on Health and Rehabilitative Services

Staff Director

(FILE THREE COPIES WITH THE SECRETARY OF THE SENATE)
thereof, unless a warrant is first obtained from the circuit court authorizing such entry. The warrant requirement shall extend only to a facility which the department has reason to believe is being operated or maintained as a facility without a license. Any application for a license or renewal thereof made pursuant to this part shall constitute permission for, and complete acquiescence in, any entry or inspection of the premises for which the license is sought, in order to facilitate verification of the information submitted on or in connection with the application; to discover, investigate, and determine the existence of abuse or neglect; or to elicit, receive, respond to, and resolve complaints. Any current valid license shall constitute unconditional permission for, and complete acquiescence in, any entry or inspection of the premises by authorized personnel.

Section 2. Subsections (3) and (4) of section 400.419, Florida Statutes, are amended to read:

400.419 Violations; penalties.--

(3) Each violation shall be classified according to the nature of the violation and the gravity of its probable effect on facility residents. The department shall indicate the classification of each violation on the face of the notice of the violation as follows:

(a) Class "I" violations are those conditions or occurrences related to the operation and maintenance of a facility or to the personal care of residents which the department determines present an imminent danger to the residents or guests of the facility or a substantial probability that death or serious physical or emotional harm would result therefrom. The condition or practice constituting a class I violation shall be abated or eliminated.
A bill to be entitled
An act relating to health care facilities;
amending s. 400.434, F.S.; providing for right
of entry into and inspection of adult
congregate living facilities, amending s.
400.419, F.S.; increasing civil penalties for
violations relating to adult congregate living
facilities and providing for license
revocation; amending s. 400.477, F.S.;
prohibiting license renewal for home health
agencies owing fines in excess of $1,000;
providing penalties; providing an effective
date.

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

Section 1. Section 400.434, Florida Statutes, is
amended to read:

400.434 Right of entry and inspection.-- Any duly
designated officer or employee of the department, the state or
local fire marshal, or a member of the state or district
nursing home and long-term care facility ombudsman council
shall have the right to enter unannounced upon and into the
premises of any facility licensed pursuant to this part in
order to determine the state of compliance with the provisions
of this part and of rules or standards in force pursuant
thereto. The right of entry and inspection shall also extend
to any premises which the department has reason to believe is
being operated or maintained as a facility without a license;
but no such entry or inspection of any premises may be made
without the permission of the owner or person in charge

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class III violation is corrected within the time specified, no
civil penalty may be imposed, unless it is a repeated offense.
(4) The department may set and levy a fine not to
exceed $1,000 $588 for each violation which cannot be
classified according to subsection (3). In no event may such
fine in the aggregate exceed $15,000 $5,888.

Section 3. Paragraph (a) of subsection (1) of section
400.477, Florida Statutes, is amended to read:
400.477 Expiration of license; renewal; conditional
license or permit.--

(1)(a) Licenses issued for the operation of an agency,
unless sooner suspended or revoked, shall expire 1 year from
the date of issuance. Sixty days prior to the expiration
date, an application for renewal shall be submitted to the
department on forms furnished by the department, and licenses
shall be renewed if the applicant has first met the
requirements established under this act and all rules
promulgated hereunder. The agency shall file with the
application satisfactory proof that the agency is in
compliance with this act and all rules and minimum standards
promulgated hereunder and satisfactory proof of financial
ability to operate and conduct the agency in accordance with
the requirements of this act. No license for the operation of
an agency shall be renewed if the agency seeking renewal owes
fines in excess of $1,000.

Section 4. This act shall take effect October 1, 1988

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within 24 hours, unless a fixed period, as determined by the department, is required for correction. A class I violation is subject to a civil penalty in an amount not less than $10,000 $10,000 and not exceeding $15,000 $15,000 for each violation. A fine may be levied notwithstanding the correction of the violation. A finding by the department of commission of a class I violation on two different occasions shall mandate revocation of license.

(b) Class "II" violations are those conditions or occurrences related to the operation and maintenance of a facility or to the personal care of residents which the department determines directly threaten the physical or emotional health, safety, or security of the facility residents, other than class I violations. A class II violation is subject to a civil penalty in an amount not less than $5,000 $5,000 and not exceeding $10,000 $10,000 for each violation. A citation for a class II violation shall specify the time within which the violation is required to be corrected. If a class II violation is corrected within the time specified, no civil penalty may be imposed, unless it is a repeated offense.

(c) Class "III" violations are those conditions or occurrences related to the operation and maintenance of a facility or to the personal care of residents which the department determines indirectly or potentially threaten the physical or emotional health, safety, or security of facility residents, other than class I or II violations. A class III violation is subject to a civil penalty of not less than $1,000 $1,000 and not exceeding $5,000 $5,000 for each violation. A citation for a class III violation shall specify the time within which the violation is required to be corrected. If a
**HOUSE SUMMARY**

Provides for right of entry into and inspection of adult congregate living facilities, and increases civil penalties for violations relating to such facilities, including an increase in fines and a provision for license revocation. Prohibits license renewal for home health agencies owing fines in excess of $1,000.

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thereof, unless a warrant is first obtained from the circuit court authorizing such entry. The warrant requirement shall extend only to a facility which the department has reason to believe is being operated or maintained as a facility without a license. Any application for a license or renewal thereof made pursuant to this part shall constitute permission for, and complete acquiescence in, any entry or inspection of the premises for which the license is sought, in order to facilitate verification of the information submitted on or in connection with the application; to discover, investigate, and determine the existence of abuse or neglect; or to elicit, receive, respond to, and resolve complaints. Any current valid license shall constitute unconditional permission for, and complete acquiescence in, any entry or inspection of the premises by authorized personnel.

Section 2. Subsection (3) of section 400.419, Florida Statutes, is amended to read:

400.419 Violations; penalties.--

(3) Each violation shall be classified according to the nature of the violation and the gravity of its probable effect on facility residents. The department shall indicate the classification of each violation on the face of the notice of the violation as follows:

(a) Class "I" violations are those conditions or occurrences related to the operation and maintenance of a facility or to the personal care of residents which the department determines present an imminent danger to the residents or guests of the facility or a substantial probability that death or serious physical or emotional harm would result therefrom. The condition or practice constituting a class I violation shall be abated or eliminated.

CODING: Words stricken are deletions; words underlined are additions.
A bill to be entitled
An act relating to health care facilities;
amending s. 400.434, F.S., providing for right
of entry into and inspection of adult
congregate living facilities; amending s.
400.419, F.S., increasing civil penalties for
violations relating to adult congregate living
facilities and providing for license
revocation; amending s. 400.417, F.S.,
prohibiting license renewal for adult
congregate living facilities owing fines in
excess of $1,000; providing penalties;
providing an effective date.

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

Section 1. Section 400.434, Florida Statutes, is
amended to read:

400.434 Right of entry and inspection.-- Any duly
designated officer or employee of the department, the state or
local fire marshal, or a member of the state or district
nursing home and long-term care facility ombudsman council
shall have the right to enter unannounced upon and into the
premises of any facility licensed pursuant to this part in
order to determine the state of compliance with the provisions
of this part and of rules or standards in force pursuant
thereto. The right of entry and inspection shall also extend
to any premises which the department has reason to believe is
being operated or maintained as a facility without a license;
but no such entry or inspection of any premises may be made
without the permission of the owner or person in charge

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citation for a class III violation shall specify the time within which the violation is required to be corrected. If a class III violation is corrected within the time specified, no civil penalty may be imposed, unless it is a repeated offense.

Section 3. Subsection (1) of section 400.417, Florida Statutes, is amended to read:

400.417 Expiration of license; renewal; conditional license.--

(1) Annual licenses issued for the operation of a facility, unless sooner suspended or revoked, shall expire automatically 1 year from the date of issuance. The department shall notify the facility by certified mail 120 days prior to the expiration of the license that relicensure is necessary to continue operation. Ninety days prior to the expiration date, an application for renewal shall be submitted to the department. A license shall be renewed upon the filing of an application on forms furnished by the department if the applicant has first met the requirements established under this part and all rules promulgated hereunder. The failure to file a timely application shall result in a late fee charged to the facility in an amount equal to 50 percent of the fee in effect on the last preceding regular renewal date or $100, whichever is greater. Late fees shall be deposited into the trust fund established by s. 400.418. The facility shall file with the application satisfactory proof of ability to operate and conduct the facility in accordance with the requirements of this part. An applicant for renewal of a license who has complied on the initial license application with the provisions of s. 400.411 with respect to proof of financial ability to operate shall not be required to provide proof of financial ability on renewal applications unless the facility

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within 24 hours, unless a fixed period, as determined by the department, is required for correction. A class I violation is subject to a civil penalty in an amount not less than $2,000 and not exceeding $5,000 for each violation. A fine may be levied notwithstanding the correction of the violation. A finding by the department of commission of a class I violation on two different occasions shall mandate revocation of license if there is evidence that both violations could result directly in death or serious physical harm to residents.

(b) Class "II" violations are those conditions or occurrences related to the operation and maintenance of a facility or to the personal care of residents which the department determines directly threaten the physical or emotional health, safety, or security of the facility residents, other than class I violations. A class II violation is subject to a civil penalty in an amount not less than $1,000 and not exceeding $1,500 for each violation. A citation for a class II violation shall specify the time within which the violation is required to be corrected. If a class II violation is corrected within the time specified, no civil penalty may be imposed, unless it is a repeated offense.

(c) Class "III" violations are those conditions or occurrences related to the operation and maintenance of a facility or to the personal care of residents which the department determines indirectly or potentially threaten the physical or emotional health, safety, or security of facility residents, other than class I or II violations. A class III violation is subject to a civil penalty of not less than $200 and not exceeding $1,000 for each violation.
has demonstrated financial instability as evidenced by bad
checks, delinquent accounts, or nonpayment of withholding
taxes, utility expenses, or other essential services.

However, the department shall have access to books, records,
and any other financial documents maintained by the facility
to the extent necessary to carry out the purpose of this
section. No license for the operation of a facility shall be
renewed if the licensee seeking renewal owes fines in excess
of $1,000.

Section 4. This act shall take effect October 1, 1985.

HOUSE SUMMARY

Provides for right of entry into and inspection of adult
congregate living facilities, and increases civil
penalties for violations relating to such facilities,
including an increase in fines and a provision for
license revocation. Prohibits license renewal for adult
congregate living facilities owing fines in excess of
$1,000.

This publication was produced at an average cost of 1.12 cents
per single page in compliance with the Rules and for
the information of members of the Legislature and the public.

CODING: Words stricken are deletions; words underlined are additions.
I. SUMMARY:

A. PRESENT SITUATION:

Section 400.434, F.S., authorizes employees of the Department of Health and Rehabilitative Services (HRS), the state or local fire marshal, or a member of the state or district nursing home and long-term care facility ombudsman council to make unannounced inspections of licensed adult congregate living facilities (ACLFs). This right of entry extends to any unlicensed facility, except that no entry or inspection may be made without the permission of the owner, unless a warrant is obtained. Any application for a license or renewal of such license for an ACLF constitutes permission for entry or inspection of premises. Section 400.419, F.S., establishes violations and penalties for ACLFs not in compliance with promulgated standards. Class "I" violations are those conditions related to the operation of a facility or to the personal care of residents which the department determines present an imminent danger to the residents of a facility or a substantial probability that death or serious physical or emotional harm could result from such violation. A class I violation is subject to a civil penalty in an amount not less than $1,000 and not exceeding $5,000 for each violation.

Class "II" violations are those conditions related to the operation of a facility or to the personal care of residents which the department determines directly threaten the physical or emotional health, safety, or security of the facility residents, other than class I or II violations. A class II violation is subject to a civil penalty of not less than $100 and not exceeding $500 for each violation.

Class "III" violations are those conditions related to the operation and maintenance of a facility or to the personal care of residents which the department determines indirectly or potentially threaten the physical or emotional health, safety, or security of facility residents, other than class I or II violations. A class III violation is subject to a civil penalty of not less than $100 and not exceeding $500 for each violation.

The department is authorized to set and levy a fine not to exceed $500 for each violation which cannot be classified as a class I, II, or III violation, but the fine is not in the aggregate to exceed $5,000.

Section 400.477, F.S., requires annual licensure for home health agencies.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring or First Year Start-Up Effects:

   Fines collected by HRS should increase given the substantial increase in fines for violations. However, appeals by ACLFs may also increase due to the increase in fines, which will cost HRS an indeterminate amount of money.

2. Recurring or Annualized Continuation Effects:

   See above.

3. Long Run Effects Other Than Normal Growth:

   None

4. Appropriations Consequences:

   See above.
B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring or First Year Start-Up Effects:
   None.

2. Recurring or Annualized Continuation Effects:
   None.

3. Long Run Effects Other Than Normal Growth:
   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:
   Increasing fines for violations may result in closing down
   ACLFs which would otherwise continue operation. Funds which
   could otherwise be used to upgrade the facility may be used
   to appeal the imposition of the fine or to pay the fine.
   The number of home health agencies with fines in excess of
   $1,000 is unknown.

2. Direct Private Sector Benefits:
   Unknown.

3. Effects on Competition, Private Enterprise, and Employment
   Markets:
   Unknown.

D. FISCAL COMMENTS:
   None.

III. LONG RANGE CONSEQUENCES:

   Increasing the fines may result in increasing the cost of business to
   the extent that facilities with low to moderate rates may be forced out
   of business or forced to increase the rates, such that persons with low
   to average incomes cannot afford care in an ACLF.

IV. COMMENTS:

   Section 400.21, F.S., establishes fines for nursing home deficiencies
   which are similar to the current ACLF fines. In a nursing home, a
   class I deficiency is one which presents an imminent danger to the
   residents or a substantial probability that death or serious physical
   harm would result from the deficiency. The fine is in an amount not
   less than $1,000 and not exceeding $5,000 for each deficiency. A class
   II deficiency is one having a direct or immediate relationship to the
   health, safety, or security of the nursing home residents, other than
   class I deficiencies. The fine is in an amount not less than $500 and
   not exceeding $1,000 for each deficiency. A class III deficiency is
   one having an indirect or potential relationship to the health, safety, or
   security of the residents, other than class I or II deficiencies. The
   fine is in an amount not less than $100 and not exceeding $500 for
   each deficiency.

V. AMENDMENTS:

VI. SIGNATURES:

SUBSTANTIVE COMMITTEE:
Prepared by:

FINANCE & TAXATION:
Prepared by:

APPROPRIATIONS:
Prepared by:

Staff Director:

Staff Director:

Staff Director:
BILL #: HB 844
RELEATING TO: Health Care Facilities
SPONSOR(S): Representative Gonzalez-Quevedo
EFFECTIVE DATE: October 1, 1988
COMPANION BILL(S): SB 897
OTHER COMMITTEES OF REFERENCE: (1) Appropriations

I. SUMMARY:

A. PRESENT SITUATION:

Section 400.434, F.S., authorizes employees of the Department of Health and Rehabilitative Services (DRS), the state or local fire marshal, or a member of the state or district nursing home and long-term care facility ombudsman council to make unannounced inspections of licensed adult-congregate living facilities (ACLFs). This right of entry extends to any unlicensed facility, except that no entry or inspection may be made without the permission of the owner, unless a warrant is obtained. Any application for a license or renewal of such license for an ACLF constitutes permission for entry or inspection of premises.

Section 400.419, F.S., establishes violations and penalties for ACLFs not in compliance with promulgated standards. Class "I" violations are those conditions related to the operation of a facility or to the personal care of residents which the Department determines present an imminent danger to the residents of a facility or a substantial probability that death or serious physical or emotional harm could result from such violation. A class I violation is subject to a civil penalty in an amount not less than $1,000 and not exceeding $5,000 for each violation.

Class "II" violations are those conditions related to the operation of a facility or to the personal care of residents which the Department determines directly threaten the physical or emotional health, safety, or security of the facility residents, other than class I or II violations. A class III violation is subject to a civil penalty in an amount not less than $1,000 and not exceeding $500 for each violation.

The Department is authorized to set and levy a fine not to exceed $500 for each violation which cannot be classified as a class I, II, or III violation, but the fine is not in the aggregate to exceed $5,000.

Section 400.477, F.S., requires annual licensure for home health agencies.

B. EFFECT OF PROPOSED CHANGES:

Amends s. 400.434, F.S., to add clarifying language to ensure that the warrant requirement applies only to unlicensed facilities and to ensure that a current license constitutes unconditional permission for any entry or inspection of the ACLF.

Amends s. 400.419, F.S., to increase fines. A fine for a class I violation is in an amount not less than $10,000 and not exceeding $15,000. Also, revocation of a license is mandated after a finding by the department of a class I violation on two different occasions. A fine for a class II violation is in an amount not less than $5,000 and not exceeding $10,000. A class III violation is in an amount not less than $1,000 and not exceeding $5,000. Nonclassified violations are not to exceed $1,000 and are not in the aggregate to exceed $15,000.

Amends s. 400.477, F.S., pertaining to annual licensure of home health agency licenses. Prohibits renewal of a license if the agency owes fines in excess of $1,000.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring or First Year Start-Up Effects:

Fines collected by DRS should increase given the substantial increases in fines for violations. However, appeals by ACLF may also increase, due to the increase in fines, which will cost DRS an indeterminate amount of money.

2. Recurring or Annualized Continuation Effects:

See above.

3. Long Run Effects Other Than Normal Growth:

None.

4. Appropriations Consequences:

See above.
B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE.

1. Non-recurring or First Year Start-Up Effects:
   None.

2. Recurring or Annualized Continuation Effects:
   None.

3. Long Run Effects Other Than Normal Growth:
   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:
   Increasing fines for violations may result in closing down ACLFs which would otherwise continue operation. Funds which could otherwise be used to upgrade the facility may be used to appeal the imposition of the fine or to pay the fine.

   The number of home health agencies with fines in excess of $1,000 is unknown.

2. Direct Private Sector Benefits:
   Unknown.

3. Effects on Competition, Private Enterprise, and Employment Markets:
   Unknown.

D. FISCAL CONSEQUENCES:
   None.

III. LONG RANGE CONSEQUENCES:

Increasing the fines may result in increasing the cost of business to the extent that facilities with low to moderate rates may be forced out of business or forced to increase the rates, such that persons with low to average incomes cannot afford care in an ACLF.

IV. CONCLUSIONS:

Section 400.23, F.S., establishes fines for nursing home deficiencies which are similar to the current ACLF fines. In a nursing home, a class I deficiency is one which presents an imminent danger to the residents or a substantial probability that death or serious physical harm would result from the deficiency. The fine is in an amount not less than $1,000 and not exceeding $5,000 for each deficiency. A class II deficiency is one having a direct or immediate relationship to the health, safety, or security of the nursing home residents, other than class I or II deficiencies. The fine is in an amount not less than $100 and not exceeding $500 for each deficiency.

V. AMENDMENTS:

Amendment 81. Increases fines for a class I violation to $5,000 and not exceeding $10,000.

Amendment 82. Increases fines for a class II violation to $2,500 and not exceeding $5,000.

Amendment 83. Increases fines for a class III violation to $500 and not exceeding $2,500.

Amendment 84. Increases fines for nonclassified violations to $750.

Amendment 85. Increases the maximum of nonclassified fines in the aggregate to $10,000.

Amendment 86. For revocation of license based on class I violations, such violations could have resulted directly in death or serious physical harm to residents.

Amendment 87. Establishes a new section 3 to relate to ACLFs rather than home health agencies.

Amendment 88. Title Amendment.

VI. SIGNATURES:

SUBSTANTIVE COMMITTEE:
Prepared by:

Joy C. Frank

Staff Director:

Tom Batchelor, Ph.D.

FINANCE & TAXATION:
Prepared by:

APPROPRIATIONS:
Prepared by:

Staff Director:

STANDARD FORM 3/88
Amends § 400.419, F.S., to increase fines. A fine for a class I violation is in an amount not less than $2,000 and not exceeding $5,000. Also, revocation of a license is mandated after a finding by the department of a class I violation on two different occasions if there is evidence that both violations could result directly in death or serious physical harm to residents. A fine for a class II violation is in an amount not less than $1,000 and not exceeding $1,500. A class III violation is in an amount not less than $200 and not exceeding $1,000.

Amends § 400.417, F.S., pertaining to annual licensure of adult congregate living facilities. Prohibits renewal of a license if the licensee owes fines in excess of $1,000.

II FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring or First Year Start-Up Effects.
   Fines collected by HRS should increase given the increase in fines for violations. However, appeals by ACFLs may also increase due to the increase in fines, which will cost HRS an indeterminate amount of money.

2. Recurring or Annualized Continuation Effects.
   See above

3. Long Run Effects Other Than Normal Growth:
   None

4. Appropriations Consequences:
   See above

STANDARD FORM 3/88
B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring or First Year Start-Up Effects:
   None

2. Incurred or Annualized Continuation Effects:
   None

3. Long Run Effects Other Than Normal Growth:
   None

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR

1. Direct Private Sector Costs:
   Increasing fines for violations may result in closing down
   ACLF facilities which would otherwise continue operation. Funds which
   could otherwise be used to upgrade the facility may be used to appeal
   the imposition of the fine or to pay the fine.

2. Direct Private Sector Benefits:
   Unknown

3. Effects on Competition, Private Enterprise, and Employment
   Markets:
   Unknown

FISCAL COMMENTS

None

III. LONG RANGE CONSEQUENCES

Increasing the fines may be a deterrent to continued violations by
facilities. Alternately, increasing the fines may result in increasing
the cost of business to the extent that facilities with low to moderate
rates may be forced out of business or forced to increase the rates,
such that persons with low to average incomes cannot afford care in an
ACLF.

IV. COMMENTS

Section 405(23), F.S., establishes fines for nursing home deficiencies
which are similar to the current ACLF fines. In a nursing home, a
class I deficiency is one which presents an imminent danger to the
residents or a substantial probability that death or serious physical
harm would result from the deficiency. The fine is in an amount not
less than $1,000 and not exceeding $5,000 for each deficiency. A class
II deficiency is one having a direct or immediate relationship to the
health, safety, or security of the nursing home residents, other than
class I deficiencies. The fine is in an amount not less than $500 and
not exceeding $1,000 for each deficiency. A class III deficiency is
one having an indirect or potential relationship to the health, safety,
or security of the residents, other than class I or II deficiencies.
The fine is in an amount not less than $100 and not exceeding $500 for
each deficiency.

AMENDMENTS:

VI. SIGNATURES:

STANDARDS FORM 3/88

STANDARD FORM 3/88
SUMMARY

A PRESENT SITUATION:

An adult congregate living facility (ACLF) is defined as a facility which provides, for a period exceeding 24 hours, housing, food service, and one or more personal services for four or more adults. These facilities are licensed by the Department of Health and Rehabilitative Services (HRS). As of March 31, 1988, there were 1,465 licensed ACLFs.

Section 400.407, F.S., makes it unlawful to operate or maintain an ACLF without first obtaining a license. A person operating an unlicensed ACLF who, upon notification by the department, fails to apply for a license is guilty of a felony of the third degree. There is currently no penalty for referring persons for residency to an unlicensed ACLF.

Section 400.414, F.S., authorizes employees of HRS, the state or local fire marshal, or a member of the State or District Nursing Home and Long-term Care Facility Ombudsman Council to make unannounced inspections of ACLFs. This right of entry extends to any unlicensed facility, except that no entry or inspection may be made without the permission of the owner, unless a warrant is obtained. Any application for a license or renewal of such license for an ACLF constitutes permission for entry or inspection of the premises.

B. EFFECT OF PROPOSED CHANGES:

Committee Substitute for House Bill 844 adds clarifying language pertaining to the right of entry or inspection of ACLFs. The renewal of an ACLF license is prohibited if the licensee has any outstanding fines. The legislation makes it unlawful for any
person to knowingly refer a person for residency to an unlicensed ACLF. The department is directed to conduct a study of mentally ill persons residing in ACLFs and submit it to the Legislature and Governor by March 1, 1989.

The legislation creates ss. 410.601-410.606, F.S., the Community Care for Disabled Adults Act. The department is required to operate or contract for a Community Care for Disabled Adult program in each district. Furthermore, the legislation amends the statutes pertaining to the Home Care for the Elderly program and expands it to include disabled adults 18-59 years of age. The definition of "elderly person" is amended to include anyone 60 years of age or older.

SECTION-BY-SECTION ANALYSIS

Section 1. Amends s. 400.434, F.S., to add clarifying language to ensure that the warrant requirement applies only to unlicensed facilities and to ensure that a current license constitutes unconditional permission for any entry or inspection of the ACLF.

Section 2. Amends s. 400.417, F.S., pertaining to annual licensure of ACLFs. Prohibits renewal of a license if the licensee has any outstanding fines.

Sections 3 and 4. Directs HRS to conduct a study of mentally ill persons residing in ACLFs and to describe their mental health needs. The study is to recommend whether a specialized ACLF should be developed for mentally ill persons and the impact of such facility on the remaining ACLF population and providers. The study is to be submitted to the Legislature and Governor by March 1, 1989.


Section 6. Creates s. 410.602, F.S., providing for legislative intent. States as the purpose of the act the assistance of disabled adults to live dignified and reasonably independent lives. The act is intended to provide for disabled adults but is not to supplant existing programs. Innovative and efficient approaches to program management, staff training, and service delivery are to be encouraged.

Section 7. Creates s. 410.603, F.S., providing definitions. Defines disabled adult as any person at least 18 years of age but not less than 60 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living. Defines health maintenance services as routine health services necessary to help maintain the health of a disabled adult and lists those services.

Section 8. Creates s. 410.604, F.S., providing for the Community Care for Disabled Adults program, describing the powers and duties of HRS. Requires the Community Care for Disabled Adults program to operate within the funds appropriated by the Legislature. Requires HRS to operate or contract for a program in each district. Each program is to include case management services and at least one other community service. Community services may include adult day care, homemaker and chore services, escort services, group activity therapy, health maintenance services, home delivered meals, interpreter services, medical equipment or supplies, respite care, and transportation. The department must assure that all available funding sources have been explored prior to using funds of the Community Care for Disabled Adults program. Requires HRS to charge fees for disabled adults whose income is above a certain level.

Section 9. Creates s. 410.605, F.S., providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 10. Creates s. 410.606, F.S., requires HRS to adopt rules implementing the act.

Sections 11-14. Amends ss. 410.031, 410.032, 410.033, and 410.035, F.S., and expands the Home Care for the Elderly program to include anyone 60 years of age or older. Defines disabled adult as any person at least 18 years of age but less than 60 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living. Requires that the program operate within the funds appropriated by the Legislature.

Section 15. Creates s. 410.037, F.S., providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 16. Requires HRS to conduct a study of disabled adults. The purpose of the study is to identify and describe the needs of the disabled adult population, including the need for a personal care attendant program. Provides an appropriation of $50,000 to conduct the study.

Section 17. Creates s. 410.048, F.S., to provide that any individual who knowingly refers a person to an unlicensed ACLF is guilty of a noncriminal violation and subject to a fine not to exceed $500. The department is directed to:

1. Maintain current lists of licensed facilities, and
2. Notify physicians, hospitals, nursing homes, and certain HRS employees that it is unlawful to knowingly refer persons to unlicensed ACLFs, the penalty involved, and
The manner by which to check the licensure status of any facility prior to making a referral.

Section 18. Provides an effective date of July 1, 1988.

FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS

1 Non-recurring or First Year Start-up Effects

Expenditures:
- HRS
- Disabled Adult Population Study $50,000

The department will incur the costs of conducting the study of mentally ill persons residing in ACLFs.

2 Recurring or Annualized Continuation Effects

The department will incur moderate costs associated with the requirement that current lists of ACLFs be maintained and that specified persons and facilities be notified of the penalty for referring persons to unlicensed ACLFs.

3 Long Run Effects Other Than Normal Growth

None

B FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE

1 Non-recurring or First Year Start-up Effects

None

2 Recurring or Annualized Continuation Effects

None

3 Long Run Effects Other Than Normal Growth

None

C DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR

1 Direct Private Sector Costs

None

III. LONG RANGE CONSEQUENCES:

Requiring outstanding fines to be paid prior to relicensure may result in facilities meeting minimum standards to avoid such fines. Preventing persons from referring clients to unlicensed ACLFs should reduce the number of unlicensed facilities.

The study of mentally ill persons residing in ACLFs should contain recommendations for improving placement decisions and services to such residents.

The goal of both the Community Care for Disabled Adults program and the Home Care for the Elderly program is the avoidance of unnecessary institutionalization. Presumably, the expansion of these programs will preclude such institutionalization and allow persons to remain in their homes.

IV. COMMENTS

According to a study conducted by the Brehon Institute and Florida State University, the number of non-institutionalized disabled adults in Florida is 510,216. Of that number, 341,503 persons qualify for the Community Care for Disabled Adults program at its current income standard ($390/month or less) and an additional 168,967 persons have incomes between that amount and $881 (the Medicaid Institutional Care Program level prior to January 1, 1988) which makes them financially eligible for Medicaid supported nursing.
home care, but not for the Community Care for Disabled Adults program.

SIGNATURES:

SUBSTANTIVE COMMITTEE.
Prepared by
Joy C. Frank

FINANCIAL & TAXATION.
Prepared by

APPROPRIATIONS
Prepared by

Staff Director

Staff Director:

Staff Director:

Staff Director:

STANDARD FORM 5/88
Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 410.601, Florida Statutes, is created to read:

410.601 Short title.--Sections 410.601-410.606 may be cited as "The Community Care for Disabled Adults Act."

Section 2. Section 410.602, Florida Statutes, is created to read:

410.602 Legislative intent.--The purpose of this act is to assist disabled adults to live dignified and reasonably independent lives in their own homes or in the homes of relatives or friends. The Legislature intends through this act to provide for the development, expansion, and coordination of community-based services for disabled adults, but not to supplant existing programs. The Legislature further intends to establish a continuum of services so that disabled adults may be assured the least restrictive environment suitable to their needs. In addition, the Legislature intends that the Department of Health and Rehabilitative Services encourage innovative and efficient approaches to program management, staff training, and service delivery.

Section 3. Section 410.603, Florida Statutes, is created to read:

410.603 Definitions.--As used in this act:

(1) "Department" means the Department of Health and Rehabilitative Services.

(2) "Disabled adult" means any person at least 18 years of age, but under 60 years of age, who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his

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A bill to be entitled
An act relating to services for disabled adults; creating s. 410.601, F.S.; providing a short title; creating s. 410.602, F.S.; providing legislative intent; creating s. 410.603, F.S.; providing definitions; creating s. 410.604, F.S.; directing the Department of Health and Rehabilitative Services to provide a community care program for disabled adults; providing eligibility; providing for a continuum of services; providing for funding and fees; requiring evaluation and reports; creating s. 410.605, F.S.; providing confidentiality; providing for review and repeal; creating s. 410.606, F.S.; providing for the adoption of rules; amending s. 410.031, F.S.; including disabled adults in legislative intent; amending s. 410.032, F.S.; expanding the definition of "elderly person" to include any person 60 years of age or over; defining "disabled adult"; amending s. 410.033, F.S.; including disabled adults in the home care for the elderly program; amending s. 410.035, F.S.; requiring the department to develop a schedule of subsidy payments for disabled adults and elderly persons by October 1, 1988; creating s. 410.037, F.S.; providing confidentiality; providing for review and repeal; requiring the department to conduct a study; providing an appropriation; providing an effective date.

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institutionalization) or whose income is at or below the
existing institutional care program eligibility standard.

(3) Each community care for disabled adults program
shall include case management services and at least one other
community service. Community services may include, but are
not limited to, the provision of: adult day care, homemaker
and chore services, escort services, group activity therapy,
health maintenance services, home delivered meals, interpreter
services, medical equipment or supplies, respite care, and
transportation. Priority shall be given to personal care
services. Case management services shall ensure that
arrangements are made for appropriate services.

(4) If independent living is no longer possible for a
disabled adult, the case manager shall assist the person in
locating the most appropriate and cost-effective living
arrangement in the least restrictive setting.

(5) Existing community resources available to disabled
adults in each district shall be coordinated to provide a
continuum of services. The department shall ensure that all
available funding sources have been explored prior to using
funds of the community care for disabled adults program.
Funds appropriated for community care for disabled adults
shall be used only for the provision of services to disabled
adults, case management, and directly related expenditures.
The department may provide advance funding for community care
for disabled adults programs.

(6) The department and providers shall charge fees for
services that the department provides a disabled adult whose
income is above the existing institutional care program
eligibility standard, either directly or through its agencies
or contractors. The department shall establish by rule, by

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ability to perform the normal activities of daily living and
impede his capacity to live independently or with relatives or
friends without the provision of community-based services.

(3) "District" means a specified geographic service
area, as defined in s. 20.1915(a), in which the programs of
the department are administered and services are delivered.

(4) "Health maintenance service" means those routine
health services necessary to help maintain the health of a
disabled adult, but shall be limited to medical therapeutic
services, nonmedical prevention services, personal care
services, home health aide services, home nursing services,
emergency response services and physical or mental
examinations.

Section 4. Section 410.604, Florida Statutes, is
created to read:

410.604 Community care for disabled adults program;
powers and duties of the department.--

(1) In each district, the department shall operate or
contract for a community care for disabled adults program
which shall have as its primary purpose the prevention of
unnecessary institutionalization of disabled adults through
the provisions of community-based services.

(2) Any person who meets the definition of a disabled
adult pursuant to s. 410.603(2) is eligible to receive the
services of the community care for disabled adults program.
However, the community care for disabled adults program shall
operate within the funds appropriated by the Legislature.
Priority shall be given to disabled adults who are not
eligible for comparable services in programs of or funded by
the department, or who are determined to be at risk of

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This exemption is subject to the Open Government Sunset Review Act in accordance with s. 119.14.

Section 6. Section 410.606, Florida Statutes, is created to read:

410.606 Rulemaking. -- The department shall adopt rules to implement this act. The rules shall define each community service, establish minimum standards for the delivery of services, establish a fee schedule, and make other provisions necessary to implement this act.

Section 7. Section 410.031, Florida Statutes, is amended to read:

410.031 Legislative intent. -- It is the intent of the Legislature to encourage the provision of care for disabled adults and the elderly in family-type living arrangements in private homes as an alternative to institutional or nursing home care for such persons. The provisions of ss. 410.031-410.036 are intended to be supplemental to the provisions of chapter 400, relating to the licensing and regulation of nursing homes and adult congregate living facilities, and shall not operate to exempt any person who is otherwise subject to regulation under the provisions of said chapter.

Section 8. Subsection (1) of section 410.032, Florida Statutes, is amended, and subsection (4) is added to said section, to read:

410.032 Definitions. -- As used in ss. 410.031-410.036:

(1) "Elderly person" means any person 60 years of age or over who is currently a resident of this state and has resided in this state for no less than 1 year.

(4) "Disabled adult" means any person at least 18 years of age, but under 60 years of age, who is not eligible for vocational rehabilitation services and who has one or more

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January 1, 1989, a schedule of fees based on the disabled adult's ability to pay. The disabled adult may pay the fees with money, goods, or services.

(7) Providers and staff members in the community care for disabled adults program shall participate in training at least annually.

(8) Trained volunteers shall be used to provide services for the disabled adult.

(9) The department may conduct or contract for demonstration projects to determine the desirability of new concepts of organization, administration, or service delivery designed to prevent the institutionalization of disabled adults.

(10) Beginning October 1, 1989, the department shall biennially evaluate the progress of the community care for disabled adults program and submit such evaluation to the Speaker of the House of Representatives and the President of the Senate.

Section 5. Section 410.605, Florida Statutes, is created to read:

410.605 Confidentiality of information.— Notwithstanding s. 119.14, information received through files, reports, inspection, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults under this act through contracts with the department is confidential information and may not be disclosed publicly in such a manner as to identify a disabled adult, unless the disabled adult or his legal guardian provides written consent. This information is exempt from disclosure under s. 119.07.

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adult or elderly person and not covered by Medicare, Medicaid, or any form of insurance.

(c) When necessary, special supplements to provide for any service and specialized care required to maintain the health and well-being of the disabled adult or elderly person.

(2) The department shall develop a plan-for-the implementation-of-the schedule of subsidy payments to persons providing home care for disabled adults or the elderly. This schedule shall be based on the financial status of the eligible disabled adult or elderly person.

Section 11. Section 410.037, Florida Statutes, is created to read:

410.037 Confidentiality of information.-- Notwithstanding s. 119.14, information received through files, reports, inspection, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults or elderly persons under this act through contracts with the department, is confidential information and may not be disclosed publicly in such a manner as to identify a disabled adult or elderly person, unless such person or his legal guardian provides written consent. This information is exempt from disclosure under s. 119.07. This exemption is subject to the Open Government Sunset Review Act in accordance with s. 119.14.

Section 12. (1) The Department of Health and Rehabilitative Services, with the cooperation of the Department of Labor and Employment Security, shall conduct a study of the disabled adult population in the state. The purposes of the study shall be to identify the disabled adult population, describe the needs of such population, define and

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permanent physical or mental limitations which restrict his
ability to perform the normal activities of daily living and
impede his capacity to live independently.

Section 9. Section 410.033, Florida Statutes, is
amended to read:

410.033 Home care for disabled adults and the elderly;
rules.--The department shall by rule establish minimum
standards and procedures for the provision of home care for
disabled adults and the elderly, and for the approval of
persons wishing to provide such care. Priority shall be given
to disabled adults who are not eligible for comparable
services in programs of and funded by the department. Any
person who is approved by the department to provide such care
for a disabled adult or an elderly person shall be eligible
for the subsidy payments described in s. 410.035. However,
the home care for disabled adults and the elderly program
shall operate within the funds appropriated by the
Legislature.

Section 10. Section 410.035, Florida Statutes, is
amended to read:

410.035 Subsidy payments.--
(1) The department shall develop by October 1, 1988
a schedule of subsidy payments to be made to persons
providing home care for certain eligible disabled adults or
everly persons. Payments shall be based on the financial
status of the person receiving care. Payments shall include,
but not be limited to:
(a) A support and maintenance element, to include
costs of housing, food, clothing, and incidentals.
(b) Payments for medical, pharmaceutical, and dental
services essential to maintain the health of the disabled

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HOUSE SUMMARY

Creates "The Community Care for Disabled Adults Act."
Provides legislative intent and definitions. Directs the
Department of Health and Rehabilitative Services to
establish a community care for disabled adults program
Provides eligibility, specifies program contents, and
authorizes charging fees for services. Requires biennial
evaluation and reports to the Legislature. Provides for
confidentiality of information. Authorizes the
department to adopt rules. Expands application of
provisions relating to home care for the elderly to
include disabled adults and any person 60 (rather than
65) years of age or over. Requires the department to
develop a schedule of subsidy payments for disabled
adults and elderly persons by October 1, 1988. Provides
for confidentiality of information under said provisions.
Provides for review and repeal of exemptions from the
public records law. Requires the department to conduct a
study of the disabled adult population in the state.
Requires a report to Governor and Legislature. Provides
an appropriation to fund the study.

This publication was produced at an average cost of 1.12 cents
per single page in compliance with the Rules and for
the information of members of the Legislature and the public.

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describe the continuum of services needed to allow each disabled adult to live as independently as possible; identify the appropriate agency and organizational structure which should be responsible for providing such services; describe the services currently available, including vocational rehabilitation provided by the Department of Labor and Employment Security; define and describe the gaps in the existing service delivery system which prevent the operation of a complete continuum of care; identify the need for establishment of a personal care attendant program; identify the components necessary for successful implementation of such a program; and evaluate whether such a program should be located within the community care for disabled adults program or another agency or program. The department shall submit a report based on the results of this study to the Legislature and Governor no later than March 1, 1989.

(2) There is hereby appropriated from the General Revenue Fund to the Department of Health and Rehabilitative Services the sum of $50,000, for fiscal year 1988-1989, for the purpose of conducting the study described herein.

Section 13. This act shall take effect July 1, 1988, or upon becoming a law, whichever occurs later.
Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 410.601, Florida Statutes, is created to read:

410.601 Short title.—Sections 410.601-410.606 may be cited as "The Community Care for Disabled Adults Act."

Section 2. Section 410.602, Florida Statutes, is created to read:

410.602 Legislative intent.—The purpose of this act is to assist disabled adults to live dignified and reasonably independent lives in their own homes or in the homes of relatives or friends. The Legislature intends through this act to provide for the development, expansion, and coordination of community-based services for disabled adults, but not to supplant existing programs. The Legislature further intends to establish a continuum of services so that disabled adults may be assured the least restrictive environment suitable to their needs. In addition, the Legislature intends that the Department of Health and Rehabilitative Services encourage innovative and efficient approaches to program management, staff training, and service delivery.

Section 3. Section 410.603, Florida Statutes, is created to read:

410.603 Definitions.—As used in this act:

(1) "Department" means the Department of Health and Rehabilitative Services.

(2) "Disabled adult" means any person at least 18 years of age but under 60 years of age, who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his

CODING: Words struck out are deletions; words underlined are additions.
A bill to be entitled
An act relating to services for disabled
adults; creating s. 410.601, F.S.; providing a
short title; creating s. 410.602, F.S.;
providing legislative intent; creating s.
410.603, F.S.; providing definitions; creating
s. 410.604, F.S.; directing the Department of
Health and Rehabilitative Services to provide a
community care program for disabled adults;
providing eligibility; providing for a
continuum of services; providing for funding
and fees; requiring evaluation and reports;
creating s. 410.605, F.S.; providing
confidentiality; providing for review and
repeal; creating s. 410.606, F.S.; providing
for the adoption of rules; amending s. 410.031,
F.S.; including disabled adults in legislative
intent; amending s. 410.032, F.S.; expanding
the definition of "elderly person" to include
any person 60 years of age or over; defining
"disabled adult"; amending s. 410.033, F.S.;
including disabled adults in the home care for
the elderly program; amending s. 410.035, F.S.;
requiring the department to develop a schedule
of subsidy payments for disabled adults and
elderly persons by October 1, 1988; creating s.
410.037, F.S.; providing confidentiality;
providing for review and repeal; requiring the
department to conduct a study; providing an
appropriation; providing an effective date.

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institutionalization and whose income is at or below the
existing institutional care program eligibility standard.

(3) Each community care for disabled adults program
shall include case management services and at least one other
community service. Community services may include, but are
not limited to, the provision of: adult day care, homemaker
and chore services, escort services, group activity therapy,
health maintenance services, home delivered meals, interpreter
services, medical equipment or supplies, respite care, and
transportation. Priority shall be given to personal care
services. Case management services shall ensure that
arrangements are made for appropriate services.

(4) If independent living is no longer possible for a
disabled adult, the case manager shall assist the person in
locating the most appropriate and cost-effective living
arrangement in the least restrictive setting.

(5) Existing community resources available to disabled
adults in each district shall be coordinated to provide a
continuum of services. The department shall ensure that all
available funding sources have been explored prior to using
funds of the community care for disabled adults program.
Funds appropriated for community care for disabled adults
shall be used only for the provision of services to disabled
adults, case management, and directly related expenditures.
The department may provide advance funding for community care
for disabled adults programs.

(6) The department and providers shall charge fees for
services that the department provides a disabled adult whose
income is above the existing institutional care program
eligibility standard; either directly or through its agencies
or contractors. The department shall establish by rule, by

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ability to perform the normal activities of daily living and
impede his capacity to live independently or with relatives or
friends without the provision of community-based services.

(3) "District" means a specified geographic service
area, as defined in s. 20.195(5)(a), in which the programs of
the department are administered and services are delivered.

(4) "Health maintenance service" means those routine
health services necessary to help maintain the health of a
disabled adult, but shall be limited to medical therapeutic
services, nonmedical prevention services, personal care
services, home health aide services, home nursing services,
emergency response services and physical or mental
examinations.

Section 4. Section 410.604, Florida Statutes, is
created to read:

410.604 Community care for disabled adults program.

(1) In each district, the department shall operate or
contract for a community care for disabled adults program
which shall have as its primary purpose the prevention of
unnecessary institutionalization of disabled adults through
the provisions of community-based services.

(2) Any person who meets the definition of a disabled
adult pursuant to s. 410.603(2) is eligible to receive the
services of the community care for disabled adults program.
However, the community care for disabled adults program shall
operate within the funds appropriated by the Legislature.
Priority shall be given to disabled adults who are not
eligible for comparable services in programs of or funded by
the department; or who are determined to be at risk of

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This exemption is subject to the Open Government Sunset Review Act in accordance with s. 119.14.

Section 6. Section 410.606, Florida Statutes, is created to read:

410.606 Rulemaking.--The department shall adopt rules to implement this act. The rules shall define each community service, establish minimum standards for the delivery of services, establish a fee schedule, and make other provisions necessary to implement this act.

Section 7. Section 410.031, Florida Statutes, is amended to read:

410.031 Legislative intent.--It is the intent of the Legislature to encourage the provision of care for disabled adults and the elderly in family-type living arrangements in private homes as an alternative to institutional or nursing home care for such persons. The provisions of ss. 410.031-410.036 are intended to be supplemental to the provisions of chapter 400, relating to the licensing and regulation of nursing homes and adult congregate living facilities, and shall not operate to exempt any person who is otherwise subject to regulation under the provisions of said chapter.

Section 8. Subsection (1) of section 410.032, Florida Statutes, is amended, and subsection (4) is added to said section, to read:

410.032 Definitions.--As used in ss. 410.031-410.036:

(1) "Elderly person" means any person 60 65 years of age or over who is currently a resident of this state and has an intent to remain resided in this state for no less than 1 year.

(4) "Disabled adult" means any person at least 18 years of age, but under 60 years of age, who is not eligible...
January 1, 1989, a schedule of fees based on the disabled adult's ability to pay. The disabled adult may pay the fees with money, goods, or services.

(7) Providers and staff members in the community care for disabled adults program shall participate in training at least annually.

(8) Trained volunteers shall be used to provide services for the disabled adult.

(9) The department may conduct or contract for demonstration projects to determine the desirability of new concepts of organization, administration, or service delivery designed to prevent the institutionalization of disabled adults.

(10) Beginning October 1, 1989, the department shall biennially evaluate the progress of the community care for disabled adults program and submit such evaluation to the Speaker of the House of Representatives and the President of the Senate.

Section 5. Section 410.605, Florida Statutes, is created to read:

410.605 Confidentiality of information.-- Notwithstanding s. 119.14, information received through files, reports, inspection, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults under this act through contracts with the department is confidential information and may not be disclosed publicly in such a manner as to identify a disabled adult, unless the disabled adult or his legal guardian provides written consent. This information is exempt from disclosure under s. 119.07.

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(b) Payments for medical, pharmaceutical, and dental services essential to maintain the health of the disabled adult or elderly person and not covered by Medicare, Medicaid, or any form of insurance.

(c) When necessary, special supplements to provide for any service and specialized care required to maintain the health and well-being of the disabled adult or elderly person.

(2) The department shall develop a plan-for-the implementation-of-the schedule of subsidy payments to persons providing home care for disabled adults or the elderly. This schedule shall be based on the financial status of the eligible disabled adult or elderly person.

Section 11. Section 410.037, Florida Statutes, is created to read:

410.037 Confidentiality of information.--
Notwithstanding s. 119.14, information received through files, reports, inspection, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults or elderly persons under this act through contracts with the department, is confidential information and may not be disclosed publicly in such a manner as to identify a disabled adult or elderly person, unless such person or his legal guardian provides written consent. This information is exempt from disclosure under s. 119.07. This exemption is subject to the Open Government Sunset Review Act in accordance with s. 119.14.

Section 12. (1) The Department of Health and Rehabilitative Services, with the cooperation of the Department of Labor and Employment Security, shall conduct a study of the disabled adult population in the state. The
for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living and impede his capacity to live independently.

Section 9. Section 410.033, Florida Statutes, is amended to read:

410.033 Home care for disabled adults and the elderly; rules.--The department shall by rule establish minimum standards and procedures for the provision of home care for disabled adults and the elderly, and for the approval of persons wishing to provide such care. Priority shall be given to disabled adults and the elderly who are not eligible for comparable services in programs of and funded by the department. Any person who is approved by the department to provide such care for a disabled adult or an elderly person shall be eligible for the subsidy payments described in s. 410.035. However, the home care for disabled adults and the elderly program shall operate within the funds appropriated by the Legislature.

Section 10. Section 410.035, Florida Statutes, is amended to read:

410.035 Subsidy payments.--

(1) The department shall develop by October 1, 1988, a schedule of subsidy payments to be made to persons providing home care for certain eligible disabled adults or elderly persons. Payments shall be based on the financial status of the person receiving care. Payments shall include, but not be limited to:

(a) A support and maintenance element, to include costs of housing, food, clothing, and incidentals.

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HOUSE SUMMARY

Creates "The Community Care for Disabled Adults Act."
Provides legislative intent and definitions. Directs the
Department of Health and Rehabilitative Services to
establish a community care for disabled adults program.
Provides eligibility, specifies program contents, and
authorizes charging fees for services. Requires biennial
evaluation and reports to the Legislature. Provides for
confidentiality of information. Authorizes the
department to adopt rules. Expands application of
provisions relating to home care for the elderly to
include disabled adults and any person 60 (rather than
65) years of age or over. Requires the department to
develop a schedule of subsidy payments for disabled
adults and elderly persons by October 1, 1988. Provides
for confidentiality of information under said provisions.
Provides for review and repeal of exemptions from the
public records law. Requires the department to conduct a
study of the disabled adult population in the state.
Requires a report to Governor and Legislature. Provides
an appropriation to fund the study.

This publication was produced at an average cost of 1.12 cents
per single page in compliance with the Rules and for
the information of members of the Legislature and the public.

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purposes of the study shall be to identify the disabled adult
population; describe the needs of such population; define and
describe the continuum of services needed to allow each
disabled adult to live as independently as possible; identify
the appropriate agency and organizational structure which
should be responsible for providing such services; describe
the services currently available, including vocational
rehabilitation provided by the Department of Labor and
Employment Security; define and describe the gaps in the
existing service delivery system which prevent the operation
of a complete continuum of care; identify the need for
establishment of a personal care attendant program; identify
the components necessary for successful implementation of such
a program; and evaluate whether such a program should be
located within the community care for disabled adults program
or another agency or program. The department shall submit a
report based on the results of this study to the Legislature
and Governor no later than March 1, 1989.

(2) There is hereby appropriated from the General
Revenue Fund to the Department of Health and Rehabilitative
Services the sum of $50,000, for fiscal year 1988-1989, for
the purpose of conducting the study described herein.

Section 13. This act shall take effect July 1, 1988,
or upon becoming a law, whichever occurs later.

CODING: Words stricken are deletions; words underlined are additions.
I. SUMMARY:

A. PRESENT SITUATION:

The Community Care for Disabled Adults program, which serves income eligible disabled adults with an array of community services, is currently operating without a statutory base. Historically, the program was referred to as Local Services Program and was funded by Title XX of the Social Security Act. It served disabled persons 18-59 years of age and elderly persons 60 years of age and older. Under Title XX, funds were received to finance social services for needy individuals meeting established federal and state eligibility criteria. In 1983, federal funding (Title XX) was withdrawn from the Local Services Program leaving a smaller program funded with General Revenue. As a result of fewer resources and because other programs existed to serve the elderly, the Aging and Adult Services Program Office changed the policy to serve the 18-59 age group exclusively and requested districts to shift the 60 and older clients to Community Care for the Elderly, Home Care for the Elderly, and Older Americans Act programs.

Sections 410.031-410.036, Florida Statutes, establishes the Home Care for the Elderly program. Legislative intent states that the program is to encourage the provision of care for the elderly in family-type living arrangements in private homes as an alternative to institutional or nursing home care. The Department of Health and Rehabilitative Services (HRS) makes subsidy payments to persons providing home care for certain eligible elderly persons. Payments are based on the financial status of the persons receiving care and include support and maintenance and payments for certain medical services not covered by Medicaid, Medicare, or other forms of insurance. Eligibility criteria are the same criteria used to determine eligibility for assistance under Title XVI of the Social Security Act, as it existed on July 1, 1977, or other financial criteria used to determine eligibility for nursing home care under s. 409.266, Florida Statutes. Elderly persons are defined as persons 65 years of age or over who are currently residents of Florida and have resided in Florida for no less than 1 year. Consequently, persons under the age of 65 are not eligible for the program.
B. EFFECT OF PROPOSED CHANGES:

The bill creates ss. 410.601-410.606, Florida Statutes, the Community Care for Disabled Adults Act. The department is required to operate or contract for a Community Care for Disabled Adults program in each district. Furthermore, the bill amends the statutes pertaining to the Home Care for the Elderly program and expands it to include disabled adults 18-59 years of age. The definition of "elderly persons" is amended to include anyone 60 years of age or older.

C. SECTION-BY-SECTION ANALYSIS:

Section 1. Creates s. 410.601, Florida Statutes, providing a short title.

Section 2. Creates s. 410.602, Florida Statutes, providing for legislative intent. States as the purpose of the act the assistance of disabled adults to live dignified and reasonably independent lives. It is intended to provide for disabled adults, but is not to supplement existing programs. Innovative and efficient approaches to program management, staff training, and service delivery are to be encouraged.

Section 3. Creates s. 410.603, Florida Statutes, providing definitions. Defines disabled adult as any person at least 18 years of age but not less than 60 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living. Defines health maintenance services as routine health services necessary to help maintain the health of a disabled adult and lists those services.

Section 4. Creates s. 410.604, Florida Statutes, providing for the Community Care for Disabled Adults program; describing the powers and duties of HRS. Requires the Community Care for Disabled Adults program to operate within the funds appropriated by the Legislature. Requires HRS to operate or contract for a program in each district. Each program is to include case management services and at least one other community service. Community services may include adult day care, homemaker and chore services, escort services, group activity therapy, health maintenance services, home delivered meals, interpreter services, medical equipment or supplies, respite care and transportation. The department must assure that all available funding sources have been explored prior to using funds of the Community Care for Disabled Adults program. Requires HRS to charge fees for disabled adults whose income is above a certain level.

Section 5. Creates s. 410.605, Florida Statutes, providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 6. Creates s. 410.606, Florida Statutes, requiring HRS to adopt rules implementing the act.

Sections 7-10. Expands the Home Care for the Elderly program to include anyone 60 years of age and older. Defines disabled adult as any person at least 18 years of age but less than 60 years of age who is not
eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living. Requires that the program operate within the funds appropriated by the Legislature.

Section 11. Creates s. 410.037, Florida Statutes, providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 12. Requires HRS to conduct a study of disabled adults. The purpose of the study is to identify and describe the needs of the disabled adult population, including the need for a personal care attendant program. Provides an appropriation of $50,000 to conduct the study.

Section 13. Provides an effective date of July 1, 1988, or upon becoming law, whichever occurs later.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring or First Year Start-Up Effects:

The bill appropriates $50,000 to HRS for a study of the disabled adult population.

2. Recurring or Annualized Continuation Effects:

Establishing the Community Care for Disabled Adults program in statute would not necessarily impact state General Revenue because the program is not an entitlement program and is limited by its appropriation. However, the legislation sets income eligibility for services without a fee at the Institutional Care Program (nursing home) standard (currently $918 per month) which is higher than the $390 per month now being used for the Community Care for Disabled Adults program. The resulting expanded potential population could be the basis for workload issues in future legislative budget requests.

The Home Care for the Elderly program is also not an entitlement and must operate within its General Revenue appropriation. The proposed expansion of the program to disabled adults and elderly persons ages 60 to 64 would increase the program's potential population and could be reflected in future legislative budget requests.

3. Long Run Effects Other Than Normal Growth:

See above.

4. Appropriations Consequences:

As stated above, the Community Care for Disabled Adults program is limited by its appropriation. The Legislature appropriated $3,546,244 for the 1987-88 Fiscal Year. The Governor's Amended Budget Recommendation does not include an increase for the 1988-89 Fiscal Year.
As stated above, the Home Care for the Elderly program is also not an entitlement and must operate within its General Revenue appropriation. The expansion of the Home Care for the Elderly program to include disabled adults age 18-59 and elderly persons 60-64 years of age will require new funding. The Legislature appropriated $9,801,615 for the 1987-88 Fiscal Year. The Governor's Amended Budget Recommendation did not include an increase for the 1988-89 Fiscal Year.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring or First Year Start-Up Effects:
   None.

2. Recurring or Annualized Continuation Effects:
   None.

3. Long Run Effects Other Than Normal Growth:
   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

1. Direct Private Sector Costs:
   Disabled and elderly persons who meet the eligibility criteria for either the Community Care for Disabled Adults program or the Home Care for the Elderly program could avoid or delay institutionalization and the costs associated with such placement. Eligible Community Care for Disabled Adults clients whose income is above the Institutional Care Program (nursing home) star would be required to pay a fee, the amount of which will be established by rule.

2. Direct Private Sector Benefits:
   See above.

3. Effects on Competition, Private Enterprise, and Employment Markets:
   Insignificant.

D. FISCAL COMMENTS:

None.

III. LONG RANGE CONSEQUENCES:

The goal of both the Community Care for Disabled Adults program and the Home Care for the Elderly program is the avoidance of unnecessary institutionalization. Presumably, the expansion of these programs will preclude such institutionalization and allow persons to remain in their homes.

IV. COMMENTS:
According to a study conducted by the Brehon Institute and Florida State University, the number of non-institutionalized disabled adults in Florida is 510,470. Of that number, 341,503 qualify for the Community Care for Disabled Adults program at its current income standard ($390/month or less) and an additional 168,967 have incomes between that amount and $881 (the Medicaid Institutional Care Program level prior to January 1, 1988) which makes them financially eligible for Medicaid supported nursing home care but not for the Community Care for Disabled Adults program.

The current definition of an elderly person for purposes of the Home Care for the Elderly program is a person, in addition to the age limitation, who is currently a resident of Florida and has resided in Florida for not less than 1 year. Such a residency requirement is constitutionally suspect. Language requiring a person to have an "intent to remain" in the state would resolve the problem.

V. AMENDMENTS:

VI. SIGNATURES:

SUBSTANTIVE COMMITTEE:
Prepared by: 

Joy C. Franks

FINANCE & TAXATION:
Prepared by: 

Staff Director: Tom Batchelor, Ph.D.

APPROPRIATIONS:
Prepared by: 

Staff Director:
The Community Care for Disabled Adults program, which serves income eligible disabled adults with an array of community services, is currently operating without a statutory base. Historically, the program was referred to as Local Services Program and was funded by Title XX of the Social Security Act. It served disabled persons 18-59 years of age and elderly persons 60 years of age and older. Under Title XX, funds were received to finance social services for needy individuals meeting established federal and state eligibility criteria. In 1983, federal funding (Title XX) was withdrawn from the Local Services Program leaving a smaller program funded with General Revenue. As a result of fewer resources and because other programs existed to serve the elderly, the Aging and Adult Services Program Office changed the policy to serve the 18-59 age group exclusively and requested districts to shift the 60 and older clients to Community Care for the Elderly, Home Care for the Elderly, and Older Americans Act programs.

Sections 410.031-410.036, Florida Statutes, establishes the Home Care for the Elderly program. Legislative intent states that the program is to encourage the provision of care for the elderly in family-type living arrangements in private homes as an alternative to institutional or nursing home care. The Department of Health and Rehabilitative Services (HRS) makes subsidy payments to persons providing home care for certain eligible elderly persons. Payments are based on the financial status of the persons receiving care and include support and maintenance and payments for certain medical services not covered by Medicaid, Medicare, or other forms of insurance. Eligibility criteria are the same criteria used to determine eligibility for assistance under Title XVI of the Social Security Act, as it existed on July 1, 1977, or other financial criteria used to determine eligibility for nursing home care under...
persons 65 years of age or over who are currently residents of Florida and have resided in Florida for no less than 1 year. Consequently, persons under the age of 65 are not eligible for the program.

B. EFFECT OF PROPOSED CHANGES:

The bill creates ss. 410.601-410.606, Florida Statutes, the Community Care for Disabled Adults Act. The department is required to operate or contract for a Community Care for Disabled Adults program in each district. Furthermore, the bill amends the statutes pertaining to the Home Care for the Elderly program and expands it to include disabled adults 18-59 years of age. The definition of "elderly persons" is amended to include anyone 60 years of age or older.

C. SECTION-BY-SECTION ANALYSIS:

Section 1. Creates s. 410.601, Florida Statutes, providing a short title.

Section 2. Creates s. 410.602, Florida Statutes, providing for legislative intent. States as the purpose of the act the assistance of disabled adults to live dignified and reasonably independent lives. The act is intended to provide for disabled adults, but is not to supplant existing programs. Innovative and efficient approaches to program management, staff training, and service delivery are to be encouraged.

Section 3. Creates s. 400.603, Florida Statutes, providing definitions. Defines disabled adult as any person at least 18 years of age but not less than 60 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living. Defines health maintenance services as routine health services necessary to help maintain the health of a disabled adult and lists those services.

Section 4. Creates s. 410.604, Florida Statutes, providing for the Community Care for Disabled Adults program; describing the powers and duties of HRS. Requires the Community Care for Disabled Adults program to operate within the funds appropriated by the Legislature. Requires HRS to operate or contract for a program in each district. Each program is to include case management services and at least one other community service. Community services may include adult day care, homemaker and chore services, escort services, group activity therapy, health maintenance services, home delivered meals, interpreter services, medical equipment or supplies,
respite care and transportation. The department must assure that all available funding sources have been explored prior to using funds of the Community Care for Disabled Adults program. Requires HRS to charge fees for disabled adults whose income is above a certain level.

Section 5. Creates s. 410.605, Florida Statutes, providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 6. Creates s. 410.606, Florida Statutes, requiring HRS to adopt rules implementing the act.

Sections 7-10 Expands the Home Care for the Elderly program to include anyone 60 years of age and older. Defines disabled adult as any person at least 18 years of age but less than 60 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living. Requires that the program operate within the funds appropriated by the Legislature.

Section 11. Creates s. 410.037, Florida Statutes, providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 12. Requires HRS to conduct a study of disabled adults. The purpose of the study is to identify and describe the needs of the disabled adult population, including the need for a personal care attendant program. Provides an appropriation of $50,000 to conduct the study.

Section 13. Provides an effective date of July 1, 1988, or upon becoming law, whichever occurs later.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring or First Year Start-Up Effects:

The bill appropriates $50,000 to HRS for a study of the disabled adult population.

2. Recurring or Annualized Continuation Effects:

Establishing the Community Care for Disabled Adults program in statute would not necessarily impact state General Revenue because the program is not an entitlement program and is limited by its appropriation. However, the legislation sets income eligibility for services without a fee at the
Institutional Care Program (nursing home) standard (currently $918 per month) which is higher than the $390 per month now being used for the Community Care for Disabled Adults program. The resulting expanded potential population could be the basis for workload issues in future legislative budget requests.

The Home Care for the Elderly program is also not an entitlement and must operate within its General Revenue appropriation. The proposed expansion of the program to disabled adults and elderly persons ages 60 to 64 would increase the program's potential population and could be reflected in future legislative budget requests.

3. **Long Run Effects Other Than Normal Growth:**

   See above.

4. **Appropriations Consequences:**

   As stated above, the Community Care for Disabled Adults program is limited by its appropriation. The Legislature appropriated $3,546,244 for the 1987-88 Fiscal Year. The Governor's Amended Budget Recommendation does not include an increase for the 1988-89 Fiscal Year.

   As stated above, the Home Care for the Elderly program is also not an entitlement and must operate within its General Revenue appropriation. The expansion of the Home Care for the Elderly program to include disabled adults age 18-59 and elderly persons 60-64 years of age will require new funding. The Legislature appropriated $9,801,615 for the 1987-88 Fiscal Year. The Governor's Amended Budget Recommendation did not include an increase for the 1988-89 Fiscal Year.

B. **FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:**

   1. **Non-recurring or First Year Start-Up Effects:**

      None.

   2. **Recurring or Annualized Continuation Effects:**

      None.

   3. **Long Run Effects Other Than Normal Growth:**

      None.

C. **DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:**

   1. **Direct Private Sector Costs:**

      Disabled and elderly persons who meet the eligibility criteria for either the Community Care for Disabled Adults program or the Home Care for the Elderly program could avoid
or delay institutionalization and the costs associated with such placement. Eligible Community Care for Disabled Adults clients whose income is above the Institutional Care Program (nursing home) standard would be required to pay a fee, the amount of which will be established in rule.

2. Direct Private Sector Benefits:

See above.

3. Effects on Competition, Private Enterprise, and Employment Markets:

Insignificant.

D. FISCAL COMMENTS:

None.

III. LONG RANGE CONSEQUENCES:

The goal of both the Community Care for Disabled Adults program and the Home Care for the Elderly program is the avoidance of unnecessary institutionalization. Presumably, the expansion of these programs will preclude such institutionalization and allow persons to remain in their homes.

IV. COMMENTS:

According to a study conducted by the Brehon Institute and Florida State University, the number of non-institutionalized disabled adults in Florida is 510,470. Of that number, 341,503 qualify for the Community Care for Disabled Adults program at its current income standard ($390/month or less) and an additional 168,967 have incomes between that amount and $881 (the Medicaid Institutional Care Program level prior to January 1, 1988) which makes them financially eligible for Medicaid supported nursing home care but not for the Community Care for Disabled Adults program.

The current definition of an elderly person for purposes of the Home Care for the Elderly program is a person, in addition to the age limitation, who is currently a resident of Florida and has resided in Florida for not less than 1 year. Such a residency requirement is constitutionally suspect. Language requiring a person to have an "intent to remain" in the state would resolve the problem.

V. AMENDMENTS:

Amendment #1: Page 6, line 28 - removes one year residency requirement.

Amendment #2: Page 4, line 1 - replaces "or" with "and" to require that priority for services be given to disabled adults who are at risk of institutionalization and whose income is at or below the institutional care program eligibility standard.
Amendment #3: Page 7, line 11 - includes as priority for services the elderly who are not eligible for comparable services in programs funded by the department.

VI. SIGNATURES:

SUBSTANTIVE COMMITTEE:
Prepared by:
Joy C. Frank

FINANCE & TAXATION:
Prepared by:

APPROPRIATIONS:
Prepared by:

Staff Director: Tom Batchelor, Ph.D.
HOUSE OF REPRESENTATIVES
COMMITTEE ON HEALTH & REHABILITATIVE SERVICES
STAFF ANALYSIS & ECONOMIC IMPACT STATEMENT

BILL #: CS/HB 357
PLATING TO: Services for Disabled Adults
SPONSOR(S): Gonzalez-Quevedo

TITL E DATE: July 1, 1988 or upon becoming law
ACCOMPANYING BILL(S): SB 45
HM COMMITTEE(S) OF REFERENCE: (1) Finance and Taxation
(2) Appropriations

1 SUMMARY

A PRESENT SITUATION

The Community Care for Disabled Adults program, which serves income eligible disabled adults with an array of community services, is currently operating without a statutory base. Historically, the program was referred to as Local Services Program and was funded by Title XX of the Social Security Act. It served disabled persons 18-59 years of age and elderly persons 60 years of age and older. Under Title XX, funds were received to finance social services for needy individuals meeting established federal and state eligibility criteria. In 1983, federal funding (Title XX) was withdrawn from the Local Services Program leaving a smaller program funded with General Revenue. As a result of fewer resources and because other programs existed to serve the elderly, the Aging and Adult Services Program Office changed the policy to serve the 18-59 age group exclusively and requested districts to shift the 60 and older clients to Community Care for the Elderly, Home Care for the Elderly, and Older Americans Act programs.

Sections 410.011-410.036, Florida Statutes, establishes the Home Care for the Elderly program. Legislative intent states that the program is to encourage the provision of care for the elderly in family-type living arrangements in private homes as an alternative to institutional or nursing home care. The Department of Health and Rehabilitative Services (HRS) makes subsidy payments to persons providing home care for certain eligible elderly persons. Payments are based on the financial status of the persons receiving care and include support and maintenance and payments for certain medical services not covered by Medicaid, Medicare, or other forms of insurance. Eligibility criteria are the same criteria used to determine eligibility for assistance under Title XVI of the Social Security Act, as it existed on July 1, 1977, or other financial criteria used to determine eligibility for nursing home care under s. 409.266, Florida Statutes. Elderly persons are defined as persons 65 years of age or over who are currently residents of Florida and have resided in Florida for no less than 1 year. Consequently, persons under the age of 65 are not eligible for the program.

B EFFECT OF PROPOSED CHANGES:

The bill creates s. 410.601-410.606, Florida Statutes, the Community Care for Disabled Adults Act. The committee is required to operate or contract for a Community Care for Disabled Adults program in each district. Furthermore, the bill amends the statutes pertaining to the Home Care for the Elderly program and expands it to include disabled adults 18-59 years of age. The definition of "elderly persons" is amended to include anyone 60 years of age or older.

C. SECTION-BY-SECTION ANALYSIS:

Section 1. Creates s. 410.601, Florida Statutes, providing a short title.

Section 2. Creates s. 410.602, Florida Statutes, providing for legislative intent. States as the purpose of the act the assistance of disabled adults to live dignified and reasonably independent lives. The act is intended to provide for disabled adults, but is not to supplant existing programs. Innovative and efficient approaches to program management, staff training, and service delivery are to be encouraged.

Section 3. Creates s. 410.603, Florida Statutes, providing definitions. Defines disabled adult as any person at least 18 years of age but not less than 60 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living. Defines health maintenance services as routine health services necessary to help maintain the health of a disabled adult and lists those services.

Section 4. Creates s. 410.604, Florida Statutes, providing for the Community Care for Disabled Adults program; describing the powers and duties of HRS. Requires the Community Care for Disabled Adults program to operate within the funds appropriated by the Legislature. Requires HRS to operate or contract for a program in each district. Each program is to include case management services and at least one other community service. Community services may include adult day care, homemaker and chore services, escort services, group activity therapy, health maintenance services, home delivered meals, interpreter services, medical equipment or supplies.
respite care and transportation. The department must assure that all available funding sources have been explored prior to using funds of the Community Care for Disabled Adults program. Requires HRS to charge fees for disabled adults whose income is above a certain level.

Section 5. Creates § 410.605, Florida Statutes, providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 6. Creates § 410.606, Florida Statutes, requiring HRS to adopt rules implementing the act.

Sections 7-10

Expands the Home Care for the Elderly program to include anyone 60 years of age or older. Defines disabled adult as any person at least 18 years of age but less than 60 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living. Requires that the program operate within the funds appropriated by the Legislature.

Section 11. Creates § 410.037, Florida Statutes, providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 12. Requires HRS to conduct a study of disabled adults. The purpose of the study is to identify and describe the needs of the disabled adult population, including the need for a personal care attendant program. Provides an appropriation of $50,000 to conduct the study.

Section 13. Provides an effective date of July 1, 1988, or upon becoming law, whichever occurs later.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS:

1. Non-recurring or First Year Start-Up Effects

   The bill appropriates $50,000 to HRS for a study of the disabled adult population.

2. Recurring or Annualized Continuation Effects

   Establishing the Community Care for Disabled Adults program in statute would not necessarily impact state General Revenue because the program is not an entitlement program and is limited by its appropriation. However, the legislation sets income eligibility for services without a fee at the

   Institutional Care Program (nursing home) standard (currently $918 per month) which is higher than the $390 per month now being used for the Community Care for Disabled Adults program. The resulting expanded potential population could be the basis for workload issues in future legislative budget requests.

   The Home Care for the Elderly program is also not an entitlement and must operate within its General Revenue appropriation. The proposed expansion of the program to disabled adults and elderly persons ages 60 to 64 would increase the program's potential population and could be reflected in future legislative budget requests.

3. Long Run Effects Other Than Normal Growth:

   See above.

4. Appropriations Consequences:

   As stated above, the Community Care for Disabled Adults program is limited by its appropriation. The Legislature appropriated $3,546,244 for the 1987-88 Fiscal Year. The Governor's Amended Budget Recommendation does not include an increase for the 1988-89 Fiscal Year.

   As stated above, the Home Care for the Elderly program is also not an entitlement and must operate within its General Revenue appropriation. The expansion of the Home Care for the Elderly program to include disabled adults age 18-59 and elderly persons 60-64 years of age will require new funding. The Legislature appropriated $9,801,615 for the 1987-88 Fiscal Year. The Governor's Amended Budget Recommendation did not include an increase for the 1988-89 Fiscal Year.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE:

1. Non-recurring or First Year Start-Up Effects

   None.

2. Recurring or Annualized Continuation Effects

   None.

3. Long Run Effects Other Than Normal Growth

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR

1. Direct Private Sector Costs

   Disabled and elderly persons who meet the eligibility criteria for either the Community Care for Disabled Adults program or the Home Care for the Elderly program could...
or delay institutionalization and the costs associated with such placement. Eligible Community Care for Disabled Adults clients whose income is above the Institutional Care Program (nursing home) standard would be required to pay a fee, the amount of which will be established in rule.

2. Direct Private Sector Benefits:
   See above.

3. Effects on Competition, Private Enterprise, and Employment Markets:
   Insignificant.

D. FISCAL COMMENTS:
   None.

III LONG RANGE CONSEQUENCES:

The goal of both the Community Care for Disabled Adults program and the Home Care for the Elderly program is the avoidance of unnecessary institutionalization. Presumably, the expansion of these programs will preclude such institutionalization and allow persons to remain in their homes.

IV. COMMENTS:

According to a study conducted by the Brehon Institute and Florida State University, the number of non-institutionalized disabled adults in Florida is 510,470. Of that number, 341,503 qualify for the Community Care for Disabled Adults program at its current income standard ($390/month or less) and an additional 168,967 have incomes between that amount and $881 (the Medicaid Institutional Care Program level prior to January 1, 1988) which makes them financially eligible for Medicaid supported nursing home care but not for the Community Care for Disabled Adults program.

The current definition of an elderly person for purposes of the Home Care for the Elderly program is a person, in addition to the age limitation, who is currently a resident of Florida and has resided in Florida for not less than 1 year. Such a residency requirement is constitutionally suspect. Language requiring a person to have an "intent to remain" in the state would resolve the problem.

V. AMENDMENTS

VI SIGNATURES:

Prepared by

Joy C. Frank

FINANCE & TAXATION

APPROPRIATIONS

Prepared by

Staff Director:

STANDARD FORM 3/88
HOUSE OF REPRESENTATIVES
COMMITTEE ON HEALTH & REHABILITATIVE SERVICES

AS PASSED BY THE LEGISLATURE

C:\l,1RA1>F NAMF \dw8sum\h357-f hrs!Jf/dv

BILLS

AS PASSED BY THE LEGISLATURE

CS/HB 357 (Passed as CS/HB 8__!! Sect�ons 5 thru 16)

RELATING TO: Services for Disabled Adults

SPONSOR(S) House HRS Committee, Representative Metcalf and others

EFFECTIVE DATE: July 1, 1988 or upon becoming law

DATE BECAME LAW July 6, 1988

CHAPTER 186-3 88-150 Laws of Florida

COMPANION BILL(S) CS/HB 844, CS/CS/SB 45

OTHER COMMITTEES OF REFERENCE: (1) Finance and Taxation
(2) Appropriations

SUMMARY

A. PRESENT SITUATION

The Community Care for Disabled Adults program, which serves income eligible disabled adults with an array of community services, is currently operating without a statutory base. Historically, the program was referred to as Local Services Program and was funded by Title XX of the Social Security Act. It served disabled persons 18-59 years of age and elderly persons 60 years of age and older. Under Title XX, funds were received to finance social services for needy individuals meeting established federal and state eligibility criteria. In 1983, federal funding (Title XX) was withdrawn from the Local Services Program leaving a smaller program funded with General Revenue. As a result of fewer resources and because other programs existed to serve the elderly, the Aging and Adult Services Program Office changed the policy to serve the 18-59 age group exclusively and requested districts to shift the 60 and older clients to Community Care for the Elderly, Home Care for the Elderly, and Older Americans Act programs.

Sections 410.031-410.036, F.S, establish the Home Care for the Elderly program. Legislative intent states that the program is to encourage the provision of care for the elderly in family-type living arrangements in private homes as an alternative to institutional or nursing home care. The department makes subsidy payments to persons providing home care for certain eligible elderly persons. Payments are based on the financial status of the persons receiving care and include support and maintenance and payments for certain medical services not covered by Medicaid, Medicare, or other forms of insurance. Eligibility criteria are the same criteria used to determine eligibility for assistance under Title XVI of the Social Security Act, as it existed on July 1, 1977, or other financial criteria used to determine eligibility for nursing home care under s. 409.266, F.S. Elderly persons are defined as persons 65 years of age or over who are currently residents of Florida and have resided in Florida for not less than 1 year. Consequently, persons under the age of 65 are not eligible for the program.

B. EFFECT OF PROPOSED CHANGES

The legislation creates ss. 410.601-410.606, F.S., the Community Care for Disabled Adults Act. The department is required to operate or contract for a Community Care for Disabled Adult program in each district. Furthermore, the legislation amends the statutes pertaining to the Home Care for the Elderly program and expands it to include disabled adults 18-59 years of age. The definition of "elderly person" is amended to include anyone 60 years of age or older.

C. SECTION-BY-SECTION ANALYSIS:


Section 6. Creates s. 410.602, F.S., providing for legislative intent. States as the purpose of the act the assistance of disabled adults to live dignified and reasonably independent lives. The act is intended to provide for disabled adults but is not to supplant existing programs. Innovative and efficient approaches to program management, staff training, and service delivery are to be encouraged.

Section 7. Creates s. 410.603, F.S., providing definitions. Defines disabled adult as any person at least 18 years of age but not less than 60 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living. Defines health maintenance services as routine health services necessary to help maintain the health of a disabled adult and lists those services.

Section 8. Creates s. 410.604, F.S., providing for the Community Care for Disabled Adults program, describing the powers and duties of HRS. Requires the Community Care for Disabled Adults program to operate within the funds appropriated by the Legislature. Requires HRS to operate or contract for a program in each district. Each program is to include case
managementservices and at least one other community service. Community services may include adult day care, homemaker and chore services, escort services, group activity therapy, health maintenance services, home delivered meals, interpreter services, medical equipment or supplies, respite care, and transportation. The department must assure that all available funding sources have been explored prior to using funds of the Community Care for Disabled Adults program. Requires HRS to charge fees for disabled adults whose income is above a certain level.

Section 9 Creates s. 410.605, F.S., providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 10. Creates s. 410.606, F.S., requires HRS to adopt rules implementing the act.

Sections 11 - 14. Amends ss. 410.031, 410.032, 410.033, and 410.035, F.S., and expands the Home Care for the Elderly program to include anyone 60 years of age or older. Defines disabled adult as any person at least 18 years of age but less than 60 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living. Requires that the program operate within the funds appropriated by the Legislature.

Section 15. Creates s. 410.037, F.S., providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 16. Requires HRS to conduct a study of disabled adults. The purpose of the study is to identify and describe the needs of the disabled adult population, including the need for a personal care attendant program. Provides an appropriation of $50,000 to conduct the study.

FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE AGENCIES/STATE FUNDS

1. Non-recurring or First Year Start-Up Effects:
   Expenditures
   HRS
   Disabled Adult Population Study $50,000

2. Recurring or Annualized Continuation Effects
   See below

3. Long Run Effects Other Than Normal Growth
   None

B. FISCAL IMPACT ON LOCAL GOVERNMENTS AS A WHOLE

1. Non-recurring or First Year Start-Up Effects:
   None

2. Recurring or Annualized Continuation Effects:
   None

3. Long Run Effects Other Than Normal Growth:
   None

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR

1. Direct Private Sector Costs:
   Disabled and elderly persons who meet the eligibility criteria for either the Community Care for Disabled Adults program or the Home Care for the Elderly program could avoid or delay institutionalization and the costs associated with such placement. Eligible Community Care for Disabled Adults clients whose income is above the Institutional Care Program (nursing home) standard would be required to pay a fee, the amount of which will be determined in the rules.

2. Direct Private Sector Benefits:
   See above

3. Effects on Competition, Private Enterprise, and Employment Markets:
   Insignificant.

D. FISCAL COMMENTS:

The General Appropriations Act appropriates $4,420,989 from the General Revenue Fund and $313,083 from the Operations and Maintenance Trust Fund to HRS to continue the Community Care for Disabled Adults program. In addition, $50,000 in General Revenue is included in the act for the study referenced in this legislation.

III. LONG RANGE CONSEQUENCES:

The goal of both the Community Care for Disabled Adults program and the Home Care for the Elderly program is the avoidance of...
unnecessary institutionalization. Presumably, the expansion of these programs will preclude such institutionalization and allow persons to remain in their homes.

IV COMMENTS

According to a study conducted by the Brehon Institute and Florida State University, the number of non-institutionalized disabled adults in Florida is 510,470. Of that number, 141,953 persons qualify for the Community Care for Disabled Adults program at its current income standard ($390/month or less) and an additional 168,967 persons have incomes between that amount and $881 (the Medicaid Institutional Care Program level prior to January 1, 1988) which makes them financially eligible for Medicaid supported nursing home care, but not for the Community Care for Disabled Adults program.
A bill to be entitled

An act relating to services for disabled adults; creating s. 410.601, F.S.; providing a short title; creating s. 410.602, F.S.; providing legislative intent, creating s. 410.603, F.S.; providing definitions; creating s. 410.604, F.S.; authorizing the Department of Health and Rehabilitative Services to provide a community care program for disabled adults; providing for fees for services; requiring evaluation and reports; creating s. 410.605, F.S.; providing for confidentiality of information; creating s. 410.606, F.S.; providing for the adoption of rules; amending s. 410.031, F.S.; including disabled adults in legislative intent; amending s. 410.032, F.S.; expanding the definition of elderly persons to include any persons 60 years of age or over; defining disabled adult; amending s. 410.033, F.S.; including disabled adults in the home care for the elderly program; amending s. 410.035, F.S.; requiring the department to develop a schedule of subsidy payments for disabled adults and elderly persons by October 1, 1987; creating s. 410.037; F.S.; providing for confidentiality of information; providing an effective date.

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

1:enc

CODING: Words stricken are deletions; words underlined are additions.
Section 1. Section 410.601, Florida Statutes, is created to read:

410.601 Short title.--Sections 410.601-410.606 may be cited as "The Community Care for Disabled Adults Act."

Section 2. Section 410.602, Florida Statutes, is created to read:

410.602 Legislative intent.--The purpose of this act is to assist disabled adults to live dignified and reasonably independent lives in their own homes or in the homes of relatives or friends. The Legislature intends through this act to provide for the development, expansion, and coordination of community-based services for disabled adults, but not to supplant existing programs. The Legislature further intends to establish a continuum of services so that disabled adults may be assured the least restrictive environment suitable to their needs. In addition, the Legislature intends that the Department of Health and Rehabilitative Services encourage innovative and efficient approaches to program management, staff training, and service delivery.

Section 3. Section 410.603, Florida Statutes, is created to read:

410.603 Definitions.--As used in this act:

1. "Department" means the Department of Health and Rehabilitative Services.

2. "Disabled adults" means any person at least 18 years of age, but less than 60 years of age, who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living and impede his capacity to live independently or with...
relatives or friends without the provision of community-based services.

(3) "District" means a specified geographic area, as defined in s. 20.19(5)(a), in which the programs of the department are administered and services are delivered.

(4) "Health maintenance service" means those routine health services necessary to help maintain the health of a disabled adult, but shall be limited to medical therapeutic services, nonmedical prevention services, personal care services, home health aide services, home nursing services, emergency response services and physical or mental examinations.

Section 4. Section 410.604, Florida Statutes, is created to read:

410.604 Community care for disabled adults program; powers and duties of the department.--

(1) In each district, the department shall operate or contract for a community care for disabled adults program which shall have as its primary purpose the prevention of unnecessary institutionalization of disabled adults through the provisions of community-based services.

(2) Any person who has been classified as a disabled adult is eligible to receive the services of the community care for disabled adults program. Priority shall be given to disabled adults who are not eligible for comparable services in programs of or funded by the department. Disabled adults who are determined to be at risk of institutionalization shall be given priority for receipt of such services.

(3) Each community care for disabled adults program shall include case management services and at least one other community service. Community services may include, but are

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not limited to the provision of: adult day care, homemaker
and chore services, escort services, group activity therapy,
health maintenance services, home delivered meals, interpreter
services, medical equipment or supplies, respite care, and
transportation. Case management services shall ensure that
arrangements are made for appropriate services.

(4) If independent living is no longer possible for a
disabled adult, the case manager shall assist the person in
locating the most appropriate and cost-effective living
arrangement in the least restrictive setting.

(5) Existing community resources available to disabled
adults in each district shall be coordinated to provide a
continuum of services. The department shall ensure that all
available funding sources have been explored prior to using
funds of the community care for disabled adults program.
Funds appropriated for community care for disabled adults
shall be used only for the provision of services to disabled
adults, case management, and directly related expenditures.
The department may provide advance funding for community care
for disabled adults programs.

(6) The department and providers shall charge fees for
services that the department provides a disabled adult either
directly or through its agencies or contractors. The
department shall establish by rule a schedule of fees based on
the disabled adult's ability to pay. The disabled adult may
pay the fees with money, goods, or services.

(7) Providers and staff members in the community care
for disabled adults program shall participate in training at
least annually.

(8) Trained volunteers shall be used to provide
services for the disabled adult.
(9) The department may conduct or contract for demonstration projects to determine the desirability of new concepts of organization, administration, or service delivery designed to prevent the institutionalization of disabled adults.

(10) Beginning October 1, 1988, the department shall biennially evaluate the progress of the community care for disabled adults program and submit such evaluation to the Speaker of the House of Representatives and the President of the Senate.

Section 5. Section 410.605, Florida Statutes is created to read:

410.605 Confidentiality of information.-- Notwithstanding s. 119.14, information received through files, reports, inspection, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults under this act through contracts with the department is confidential information and may not be disclosed publicly in such a manner as to identify a disabled adult, unless the disabled adult, or his legal guardian provides written consent. This information is exempt from disclosure under s. 119.07. This exemption is subject to the Open Government Sunset Review Act in accordance with s. 119.14.

Section 6. Section 410.606, Florida Statutes, is created to read:

410.606 Rulemaking--The department shall adopt rules to implement this act. The rules shall define each community service, establish minimum standards for the delivery of services, establish a fee schedule, and make other provisions necessary to implement this act.

CODING: Words struck are deletions; words underlined are additions.
Section 7. Section 410.031, Florida Statutes, is amended to read:

410.031 Legislative intent.—It is the intent of the Legislature to encourage the provision of care for disabled adults and the elderly in family-type living arrangements in private homes as an alternative to institutional or nursing home care for such persons. The provisions of ss. 410.031-410.036 are intended to be supplemental to the provisions of chapter 400, relating to the licensing and regulation of nursing homes and adult congregate living facilities, and shall not operate to exempt any person who is otherwise subject to regulation under the provisions of said chapter.

Section 8. Subsection (1) of section 410.032, Florida Statutes, is amended and subsection (4) is added to said section, to read:

410.032 Definitions.—As used in ss. 410.031-410.036
(1) "Elderly person" means any person 65 years of age or over who is currently a resident of this state and has resided in this state for no less than 1 year.
(4) "Disabled adult" means any person at least 18 years of age, but less that 60 years of age, who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living and impede his capacity to live independently.

Section 9. Section 410.033, Florida Statutes, is amended to read:

410.033 Home care for disabled adults and the elderly; rules.—The department shall by rule establish minimum standards and procedures for the provision of home care for disabled adults and the elderly, and for the approval of

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persons wishing to provide such care. Priority shall be given to disabled adults who are not eligible for comparable services in programs of and funded by the department. Any person who is approved by the department to provide such care for a disabled adult or an elderly person shall be eligible for the subsidy payments described in s. 410.035.

Section 10. Section 410.035, Florida Statutes, is amended to read:

410.035 Subsidy payments.--

(1) The department shall develop by October 1, 1987, a schedule of subsidy payments to be made to persons providing home care for certain eligible disabled adults or elderly persons. Payments shall be based on the financial status of the person receiving care. Payments shall include, but not be limited to:

(a) A support and maintenance element, to include costs of housing, food, clothing, and incidentals.

(b) Payments for medical, pharmaceutical, and dental services essential to maintain the health of the disabled adult or elderly person and not covered by Medicare, Medicaid, or any form of insurance.

(c) When necessary, special supplements to provide for any service and specialized care required to maintain the health and well-being of the disabled adult or elderly person.

(2) The department shall develop a plan-for-the implementation of the schedule of subsidy payments to persons providing home care for disabled adults or the elderly. This schedule shall be based on the financial status of the eligible disabled adult or elderly person.

Section 11. Section 410.037, Florida Statutes, is created to read:

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173-650-4-7

410.037 Confidentiality of information.--

Notwithstanding s. 119.14, information received through files, reports, inspection, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults or elderly persons under this act through contracts with the department is confidential information and may not be disclosed publicly in such a manner as to identify a disabled adult or elderly person, unless such person or his legal guardian provides written consent. This information is exempt from disclosure under s. 119.07. This exemption is subject to the Open Government Sunset Review Act in accordance with s. 119.14.

Section 12. This act shall take effect July 1, 1987.
HOUSE SUMMARY

Creates "The Community Care for Disabled Adults Act."
Provides legislative intent and definitions. Directs the Department of Health and Rehabilitative Services to establish a community care for disabled adults program.
Specifies program contents and authorizes charging fees for services. Requires biennial evaluation and reports to the Legislature. Provides for confidentiality of information. Authorizes the department to adopt rules.
Expands application of provisions relating to home care for the elderly to include disabled adults and any person 60 (rather than 65) years of age or over. Requires the department to develop a schedule of subsidy payments for disabled adults and elderly persons by October 1, 1987.
Provides for confidentiality of information under said provisions.

CODING: Words stricken are deletions; words underlined are additions.
HOUSE OF REPRESENTATIVES
COMMITTEE ON HEALTH & REHABILITATIVE SERVICES
STAFF ANALYSIS - GENERAL LEGISLATION

BILL # PCB 10
RELATING TO Services for Disabled Adults
SPONSOR(S) Committee on Health and Rehabilitative Services

EFFECTIVE DATE July 1, 1987
COMPANION BILL(S) SB 191
OTHER COMMITTEES OF REFERENCE (1)

I. SUMMARY:

A. Present Situation:

The Community Care for Disabled Adults program, which serves income-eligible disabled adults with an array of community services, is currently operating without a statutory base. Historically, the program was referred to as Local Services Program (LSP) and was funded by Title XX of the Social Security Act. It served disabled persons 18-59 years of age and older. Under Title XX, funds were received to finance social services for needy individuals meeting established federal and state eligibility criteria. In 1983, federal funding (Title XX) was withdrawn from the Local Services Program leaving a smaller program funded with General Revenue. As a result of fewer resources and because other programs existed to serve the elderly, the Aging and Adult Services Program Office changed the policy to serving the 18-59 age group exclusively and requested districts to shift the 60 and older clients to Community Care for the Elderly, Home Care for the Elderly and Older Americans Act programs. Portions of the Title XX eligibility criteria were used along with departmental guidelines to continue to operate the program.

Section 410.032-410.036, Florida Statutes, establishes the home care for the elderly program. Legislative intent states that the program is intended to encourage the provision of care for the elderly in family-type living arrangements in private homes as an alternative to institutional or nursing home care. The department makes subsidy payments to persons providing home care for certain eligible elderly persons. Payments are based on the financial status of the persons receiving care and include support and maintenance and payments for certain medical services not covered by Medicaid. Medicare or other forms of insurance. Eligibility criteria is the same criteria used to determine eligibility for assistance under Title XVI of the Social Security Act, as amended, on July 1, 1977, or other financial criteria used to determine eligibility for nursing home care under the s 409.266. F.S Elderly persons are defined as persons 65 years of age or over who are currently residents of Florida and have resided in Florida no less than a year. Consequently, persons under the age of 65 are not eligible for the program.

B. Effect of Proposed Changes:

The PCB creates ss. 410.601 - 410.606, Florida Statutes, the Community Care for the Disabled Adults Act. The Department of Health and Rehabilitative Services (HRS) is required to operate or contract for a Community Care for Disabled Adults program in each district. Furthermore, the PCB amends the statutes pertaining to the Home Care for the Elderly program and expands it to include disabled adults 18-59 years of age. The definition of "elderly persons" is amended to include anyone 60 years of age or older.

C. Section by Section Analysis:

Section 1. Creates Section 410.601, Florida Statutes, providing a short title.

Section 2. Creates s. 410.602, Florida Statutes, providing for legislative intent. States as the purpose of the act the assistance of disabled adults to live dignified and reasonably independent lives. The act is intended to provide for the development of community-based services for disabled adults, but is not to supplant existing programs. Innovative and efficient approaches to program management, staff training, and service delivery is to be encouraged.

Section 3. Creates s. 400 601. Florida Statutes, providing definitions. Defines disabled adult as any person at least 18 years of age but less than 60 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations other than a developmental.
disability which restrict his ability to perform the normal activities of daily living. Defines health maintenance services as routine health services necessary to help maintain the health of a disabled adult and lists those services.

Section 4. Creates s. 410.604, Florida Statutes, providing for the Community Care for Disabled Adults program; describing the powers and duties of the department. Requires HRS to operate or contract for a program in each district. Each program is to include case management services and at least one other community service. Community services may include adult daycare, homemaker and chore services, group activity therapy, health maintenance services, home delivered meals, interpreter services, medical equipment or supplies, respite care and transportation. The department must ensure that all available funding sources have been explored prior to using funds of the community care for disabled adults program.

Funds appropriated for this program are only to be used for services to disabled adults, case management and directly related expenditures. The department and providers are to charge fees for services based on the disabled adult's ability to pay. The disabled adult may pay such fees with money, goods, or services. A biennial evaluation is required beginning October 1, 1988.

Section 5. Creates s. 410.605, Florida Statutes, providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 6. Creates s. 410.606, Florida Statutes, requiring the department to adopt rules implementing the act.

Sections 7 - 10 Expands the home care for the elderly program to include disabled adults and amends the definition of elderly persons to include anyone 60 years of age and older. Defines disabled adult as any person at least 18 years of age who is less than 65 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations other than a developmental disability which restrict his ability to perform the normal activities of daily living.

Section 11. Creates s. 110.037, Florida Statutes, providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 12. Provides an effective date of July 1, 1987.

II. ECONOMIC IMPACT

A. Public:

Disabled adults and elderly persons who are eligible for these programs would avoid unnecessary institutionalization and the costs associated with such institutionalization.

B. Government:

According to the department, establishing the Community Care for Disabled Adults program into statute would not have an immediate impact for program implementation since the current appropriations serves as a limitation on the program. The PCB does remove the income eligibility barriers ($390 per month) and, therefore, expands the potential target population that could be the basis for workload issues in the future. However, the imposition of fees could result in program expansion. Also, other funding sources have to be explored prior to using program funds.

The Community Care for Disabled Adults program is the sole provider of community based services for physically and mentally disabled adults between the ages of 18 and 59 who meet income eligibility and who cannot be rehabilitated. The current year estimated expenditures are $3,801,614. The department requested $6,549,226 for the 1987-88 Fiscal Year and $9,680,241 for the 1988-89 Fiscal Year. The Governor has requested $3,797,361 for the 1987-88 Fiscal Year and $3,992,641 for the 1988-89 Fiscal Year.

The expansion of the Home Care for the Elderly program to include disabled adults age 18-59 and elderly persons 65 years of age will require new funding. The department
requested resources to serve 200 clients age 60-64 and 800
clients age 18-59 for the 1987-88 Fiscal Year. For the
1988-89 Fiscal Year funding was requested for 300 elderly
clients and up to 1,200 disabled adults. To fund the
disabled adults portion $1,586,198 was requested for the
1987-88 Fiscal Year and $2,748,149 for the 1988-89 Fiscal
Year. Economic Services requested a total of 10 positions
for the 1987-89 Biennium to determine eligibility for
persons applying for Home Care: 5 positions in the 1987-88
Fiscal Year for $112,108 and 5 positions in the 1988-89
Fiscal Year for $138,337. The Governor's budget did not
include these requests.

III. STATE COMPREHENSIVE PLAN IMPACT

None.

IV. COMMENTS

In January, 1987, at the request of the Office of Aging
and Adult Services, the Inspector General's Office (Office
of Evaluation) selected Community Care for Disabled Adults
for a program evaluation. The evaluation is not yet
complete. However, the department has indicated that the
preliminary results show that the program needs a stronger
base, more policy direction, better planning at the
district level, and better outreach and public awareness.
The preliminary findings include:

- Out of 116 clients that applied for services during
  the one-month study, 26 (or 22%) were ineligible for
  services due to income and, therefore, were denied
  services. The upper income is $390 per month.

- The Aging and Adult Services Program Office has sent
  repeated instructions to the districts about
targeting the 18-59 disabled groups. However, two
districts are still serving clients 60 years of age
and older with Community Care for Disabled Adults
funds.

- Some districts were serving clients who appeared to
  be more appropriately served by Temporary Emergency
  Shelter, indicating either a need for more clarity on
  eligibility or stricter monitoring.

- The case management is divided. Some districts
  purchase the service while other districts provide
case management directly.

- The range of services varies dramatically in each
district.

V. AMENDMENTS

Amendment 1: Technical amendment to reflect correct
spelling of the word "disable." Amend Page 7, line 11
to delete "disable" and insert "disabled."
The Community Care for Disabled Adults program, which serves income eligible disabled adults with an array of community services, is currently operating without a statutory base. Historically, the program was referred to as Local Services Program (LSP) and was funded by Title XX of the Social Security Act. It served disabled persons 18-59 years of age and elderly persons 60 years of age and older. Under Title XX, funds were received to finance social services for needy individuals meeting established federal and state eligibility criteria. In 1983, federal funding (Title XX) was withdrawn from the Local Services Program leaving a smaller program funded with General Revenue. As a result of fewer resources and because other programs existed to serve the elderly, the Aging and Adult Services Program Office changed the policy to serving the 18-59 age group exclusively and requested districts to shift the 60 and older clients to Community Care for the Elderly, Home Care for the Elderly and Older Americans Act programs. Portions of the Title XX eligibility criteria were used along with departmental guidelines to continue to operate the program.

The bill creates ss 410.601-410.606, Florida Statutes, the Community Care for the Disabled Adults Act. The Department of Health and Rehabilitative Services (HRS) is required to operate or contract for a Community Care for Disabled Adults program in each district. Furthermore, the bill amends the statutes pertaining to the Home Care for the Elderly program and expands it to include disabled adults 18-59 years of age. The definition of "elderly persons" is amended to include anyone 60 years of age or older.
perform the normal activities of daily living. Defines health maintenance services as routine health services necessary to help maintain the health of a disabled adult and lists those services.

Section 4. Creates s. 410.604, Florida Statutes, providing for the Community Care for Disabled Adults program; describing the powers and duties of the department; Requires HRS to operate or contract for a program in each district. Each program is to include case management services and at least one other community service. Community services may include adult day care, homemaker and chore services, escort services, group activity therapy, health maintenance services, home delivered meals, interpreter services, medical equipment or supplies, respite care and transportation. The department must ensure that all available funding sources have been explored prior to using funds of the community care for disabled adults program.

Funds appropriated for this program are only to be used for services to disabled adults, case management and directly related expenditures. The department and providers are to charge fees for services based on the disabled adult's ability to pay. The disabled adult may pay such fees with money, goods, or services. A biennial evaluation is required beginning October 1, 1988.

Section 5. Creates s. 410.605, Florida Statutes, providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 6. Creates s. 410.606, Florida Statutes, requiring the department to adopt rules implementing the act.

Sections 7 - 10. Expands the home care for the elderly program to include disabled adults and amends the definition of elderly persons to include anyone 60 years of age and older. Defines disabled adult as any person at least 18 years of age but less than 60 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living.

Section 11. Creates s. 410.037, Florida Statutes, providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 12. Provides an effective date of July 1, 1987.

II. ECONOMIC IMPACT

A. Public:

Disabled adults and elderly persons who are eligible for these programs would avoid unnecessary institutionalization and the costs associated with such institutionalization.

B. Government:

According to the department, establishing the Community Care for Disabled Adults program into statute would not have an immediate impact for program implementation since the current appropriations serves as a limitation on the program. The bill does remove the income eligibility barriers ($390 per month) and, therefore, expands the potential target population that could be the basis for workload issues in the future. However, the imposition of fees could result in program expansion. Also, other funding sources have to be explored prior to using program funds.

The Community Care for Disabled Adults program is the sole provider of community based services for physically and mentally disabled adults between the ages of 18 and 59 who meet income eligibility and who cannot be rehabilitated. The current year estimated expenditures are $3,861,634. The department requested $6,549,226 for the 1987-88 Fiscal Year and $9,680,241 for the 1988-89 Fiscal Year. The Governor has requested $3,797,361 for the 1987-88 Fiscal Year and $3,992,641 for the 1988-89 Fiscal Year.

The expansion of the Home Care for the Elderly program to include disabled adults age 18-59 and elderly persons 60-64 years of age will require new funding. The department requested resources to serve 200 clients age 60-64 and 810 clients age 18-59 for the 1987-88 Fiscal Year. For the

STANDARD FORM - 1/10/86
1988-89 Fiscal Year funding was requested for 300 elderly clients and up to 1,200 disabled adults. To fund the disabled adults portion $1,586,198 was requested for the 1987-88 Fiscal Year and $2,748,149 for the 1988-89 Fiscal Year. Economic Services requested a total of 10 positions for the 1987-89 Biennium to determine eligibility for persons applying for Home Care; 5 positions in the 1987-88 Fiscal Year for $112,408 and 5 positions in the 1988-89 Fiscal Year for $138,337. The Governor's budget did not include these requests.

III. STATE COMPREHENSIVE PLAN IMPACT

None.

IV. COMMENTS

In January, 1987, at the request of the Office of Aging and Adult Services, the Inspector General's Office (Office of Evaluation) selected Community Care for Disabled Adults for a program evaluation. The evaluation is not yet complete. However, the department has indicated that the preliminary results show that the program needs a stronger base, more policy direction, better planning at the district level, and better outreach and public awareness. The preliminary findings include:

- Out of 116 clients that applied for services during the one-month study, 26 (or 22%) were ineligible for services due to income, and, therefore, were denied services. The upper income is $390 per month.

- The Aging and Adult Services Program Office has sent repeated instructions to the districts about targeting the 18-59 disabled groups. However, two districts are still serving clients 60 years of age and older with Community Care for Disabled Adults funds.

- Some districts were serving clients who appeared to be more appropriately served by Temporary Emergency Shelter, indicating either a need for more clarity on eligibility or stricter monitoring.

- The case management is divided. Some districts purchase the service while other districts provide case management directly.

- The range of services varies dramatically in each district.

V. AMENDMENTS
Section 1. Section 410.601, Florida Statutes, is created to read:

410.601 Short title.--Sections 410.601-410.606 may be cited as "The Community Care for Disabled Adults Act."

Section 2. Section 410.602, Florida Statutes, is created to read:

410.602 Legislative intent.--The purpose of this act is to assist disabled adults to live dignified and reasonably independent lives in their own homes or in the homes of relatives or friends. The Legislature intends through this act to provide for the development, expansion, and coordination of community-based services for disabled adults, but not to supplant existing programs. The Legislature further intends to establish a continuum of services so that disabled adults may be assured the least restrictive environment suitable to their needs. In addition, the Legislature intends that the Department of Health and Rehabilitative Services encourage innovative and efficient approaches to program management, staff training, and service delivery.

Section 3. Section 410.603, Florida Statutes, is created to read:

410.603 Definitions.--As used in this act:

1) "Department" means the Department of Health and Rehabilitative Services.

2) "Disabled adults" means any person at least 18 years of age, but less than 60 years of age, who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living and impede his capacity to live independently or with

CODING: Words stricken are deletions; words underlined are additions.
A bill to be entitled

An act relating to services for disabled
adults; creating s. 410.601, F.S.; providing a
short title; creating s. 410.602, F.S.;
providing legislative intent, creating s.
410.603, F.S.; providing definitions, creating
s. 410.604, F.S.; authorizing the Department of
Health and Rehabilitative Services to provide a
community care program for disabled adults;
providing for fees for services, requiring
evaluation and reports, creating s. 410.605,
F.S., providing for confidentiality of
information; creating s. 410.606, F.S.;
providing for the adoption of rules; amending
s. 410.031, F.S.; including disabled adults in
legislative intent; amending s. 410.032, F.S.;
expanding the definition of elderly persons to
include any persons 60 years of age or over,
defining disabled adult, amending s. 410.033,
F.S.; including disabled adults in the home
care for the elderly program; amending s.
410.035, F.S., requiring the department to
develop a schedule of subsidy payments for
disabled adults and elderly persons by October
1, 1987; creating s. 410.037, F.S., providing
for confidentiality of information; providing
an effective date.

Be It Enacted by the Legislature of the State of Florida.
not limited to the provision of: adult day care, homemaker
and chore services, escort services, group activity therapy,
health maintenance services, home delivered meals, interpreter
services, medical equipment or supplies, respite care, and
transportation. Case management services shall ensure that
arrangements are made for appropriate services.

(4) If independent living is no longer possible for a
disabled adult, the case manager shall assist the person in
locating the most appropriate and cost-effective living
arrangement in the least restrictive setting.

(5) Existing community resources available to disabled
adults in each district shall be coordinated to provide a
continuum of services. The department shall ensure that all
available funding sources have been explored prior to using
funds of the community care for disabled adults program.
Funds appropriated for community care for disabled adults
shall be used only for the provision of services to disabled
adults, case management, and directly related expenditures.
The department may provide advance funding for community care
for disabled adults programs.

(6) The department and providers shall charge fees for
services that the department provides a disabled adult either
directly or through its agencies or contractors. The
department shall establish by rule a schedule of fees based on
the disabled adult's ability to pay. The disabled adult may
pay the fees with money, goods, or services.

(7) Providers and staff members in the community care
for disabled adults program shall participate in training at
least annually.

(8) Trained volunteers shall be used to provide
services for the disabled adult.

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relatives or friends without the provision of community-based services.

(3) "District" means a specified geographic service area, as defined in s. 20.19(5)(a), in which the programs of the department are administered and services are delivered.

(4) "Health maintenance service" means those routine health services necessary to help maintain the health of a disabled adult, but shall be limited to medical therapeutic services, nonmedical prevention services, personal care services, home health aide services, home nursing services, emergency response services and physical or mental examinations.

Section 4 Section 410.604, Florida Statutes, is created to read.

410.604 Community care for disabled adults program: powers and duties of the department.--

(1) In each district, the department shall operate or contract for a community care for disabled adults program which shall have as its primary purpose the prevention of unnecessary institutionalization of disabled adults through the provisions of community-based services.

(2) Any person who has been classified as a disabled adult is eligible to receive the services of the community care for disabled adults program. Priority shall be given to disabled adults who are not eligible for comparable services in programs of or funded by the department. Disabled adults who are determined to be at risk of institutionalization shall be given priority for receipt of such services.

(3) Each community care for disabled adults program shall include case management services and at least one other community service. Community services may include, but are
Section 7. Section 410.031, Florida Statutes, is amended to read.

410.031 Legislative intent.--It is the intent of the Legislature to encourage the provision of care for disabled adults and the elderly in family-type living arrangements in private homes as an alternative to institutional or nursing home care for such persons. The provisions of ss. 410.031-410.036 are intended to be supplemental to the provisions of chapter 400, relating to the licensing and regulation of nursing homes and adult congregate living facilities, and shall not operate to exempt any person who is otherwise subject to regulation under the provisions of said chapter.

Section 8. Subsection (1) of section 410.032, Florida Statutes, is amended and subsection (4) is added to said section, to read:

410.032 Definitions.--As used in ss. 410.031-410.036:

(1) "Elderly person" means any person 60 or over who is currently a resident of this state and has resided in this state for no less than 1 year.

(4) "Disabled adult" means any person at least 18 years of age, but less than 60 years of age, who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living and impede his capacity to live independently.

Section 9. Section 410.033, Florida Statutes, is amended to read:

410.033 Home care for disabled adults and the elderly; rules.--The department shall by rule establish minimum standards and procedures for the provision of home care for disabled adults and the elderly, and for the approval of

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(9) The department may conduct or contract for demonstration projects to determine the desirability of new concepts of organization, administration, or service delivery designed to prevent the institutionalization of disabled adults.

(10) Beginning October 1, 1988, the department shall biennially evaluate the progress of the community care for disabled adults program and submit such evaluation to the Speaker of the House of Representatives and the President of the Senate.

Section 5. Section 410.605, Florida Statutes is created to read:

410.605 Confidentiality of information.-- Notwithstanding s. 119.14, information received through files, reports, inspection, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults under this act through contracts with the department is confidential information and may not be disclosed publicly in such a manner as to identify a disabled adult, unless the disabled adult, or his legal guardian provides written consent. This information is exempt from disclosure under s. 119.07. This exemption is subject to the Open Government Sunset Review Act in accordance with s. 119.14.

Section 6. Section 410.606, Florida Statutes, is created to read:

410.606 Rulemaking--The department shall adopt rules to implement this act. The rules shall define each community service, establish minimum standards for the delivery of services, establish a fee schedule, and make other provisions necessary to implement this act.

CODING: Words struck are deletions; words underlined are additions.
410.037 Confidentiality of information.--

Notwithstanding s. 119.14, information received through files, reports, inspection, or otherwise, by the department or by authorized departmental employees, by persons who volunteer services, or by persons who provide services to disabled adults or elderly persons under this act through contracts with the department is confidential information and may not be disclosed publicly in such a manner as to identify a disabled adult or elderly person, unless such person or his legal guardian provides written consent. This information is exempt from disclosure under s. 119.07. This exemption is subject to the Open Government Sunset Review Act in accordance with s. 119.14.

Section 12. This act shall take effect July 1, 1987.

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HOUSE SUMMARY

Creates "The Community Care for Disabled Adults Act."
Provides legislative intent and definitions. Directs the Department of Health and Rehabilitative Services to establish a community care for disabled adults program. Specifies program contents and authorizes charging fees for services. Requires biennial evaluation and reports to the Legislature. Provides for confidentiality of information. Authorizes the department to adopt rules. Expands application of provisions relating to home care for the elderly to include disabled adults and any person 60 (rather than 65) years of age or over. Requires the department to develop a schedule of subsidy payments for disabled adults and elderly persons by October 1, 1987. Provides for confidentiality of information under said provisions.

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persons wishing to provide such care. Priority shall be given to disabled adults who are not eligible for comparable services in programs of and funded by the department. Any person who is approved by the department to provide such care for a disabled adult or an elderly person shall be eligible for the subsidy payments described in s. 410.035.

Section 10. Section 410.035, Florida Statutes, is amended to read:

410.035 Subsidy payments.—

(1) The department shall develop by October 1, 1987 a schedule of subsidy payments to be made to persons providing home care for certain eligible disabled adults or elderly persons. Payments shall be based on the financial status of the person receiving care. Payments shall include,

(a) A support and maintenance element, to include costs of housing, food, clothing, and incidentals.

(b) Payments for medical, pharmaceutical, and dental services essential to maintain the health of the disabled adult or elderly person and not covered by Medicare, Medicaid, or any form of insurance.

(c) When necessary, special supplements to provide for any service and specialized care required to maintain the health and well-being of the disabled adult or elderly person.

(2) The department shall develop a plan-for-the implementation-of-the schedule of subsidy payments to persons providing home care for disabled adults or the elderly. This schedule shall be based on the financial status of the eligible disabled adult or elderly person.

Section 11. Section 410.037, Florida Statutes, is created to read:
HOUSE OF REPRESENTATIVES  
COMMITTEE ON HEALTH & REHABILITATIVE SERVICES  
STAFF ANALYSIS - GENERAL LEGISLATION

BILL # HB 1391

RELATING TO Services for Disabled Adults

SPONSOR(S) HRS Committee, Representatives Metcalf, Crady, and others

EFFECTIVE DATE July 1, 1987

COMPANION BILL(S) SR 131

OTHER COMMITTEES OF REFERENCE (1) Finance and Taxation  
(2) Appropriations

I. SUMMARY:

A. Present Situation:

The Community Care for Disabled Adults program, which serves income eligible disabled adults with an array of community services, is currently operating without a statutory base. Historically, the program was referred to as Local Services Program (LSP) and was funded by Title XX of the Social Security Act. It served disabled persons 18-59 years of age and elderly persons 60 years of age and older. Under Title XX, funds were received to finance social services for needy individuals meeting established federal and state eligibility criteria. In 1983, federal funding (Title XX) was withdrawn from the Local Services Program leaving a smaller program funded with General Revenue. As a result of fewer resources and because other programs existed to serve the elderly, the Aging and Adult Services Program Office changed the policy to serving the 18-59 age group exclusively and requested districts to shift the 60 and older clients to Community Care for the Elderly, Home Care for the Elderly and Older Americans Act programs. Portions of the Title XX eligibility criteria were used along with departmental guidelines to continue to operate the program.

Section 410.012-410.036, Florida Statutes, establishes the home care for the elderly program. Legislative intent states that the program is intended to encourage the provision of care for the elderly in family-type living arrangements in private homes as an alternative to institutional or nursing home care. The department makes institutional or nursing home care. The department makes

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institutional or nursing home care. The department makes

subsidy payments to persons providing home care for certain eligible elderly persons. Payments are based on the financial status of the persons receiving care and include support and maintenance and payments for certain medical services not covered by Medicaid, Medicare or other forms of insurance. Eligibility criteria is the same criteria used to determine eligibility for assistance under Title XVI of the Social Security Act, as it existed on July 1, 1977, or other financial criteria used to determine eligibility for nursing home care under s. 409.266, F.S. Elderly persons are defined as persons 65 years of age or over who are currently residents of Florida and have resided in Florida for no less than 1 year. Consequently, persons under the age of 65 are not eligible for the program.

B. Effect of Proposed Changes:

The bill creates ss. 410.601 - 410.606, Florida Statutes, the Community Care for the Disabled Adults Act. The Department of Health and Rehabilitative Services (HRS) is required to operate or contract for a Community Care for Disabled Adults program in each district. Furthermore, the bill amends the statutes pertaining to the Home Care for the Elderly Program and expands it to include disabled adults 18-59 years of age. The definition of "elderly persons" is amended to include anyone 60 years of age or older.

C. Section by Section Analysis:

Section 1. Creates Section 410.601, Florida Statutes, providing a short title.

Section 2. Creates s. 410.602, Florida Statutes, providing for legislative intent. States as the purpose of the act the assistance of disabled adults to live dignified and reasonably independent lives. The act is intended to provide for the development of community-based services for disabled adults, but is not to supplant existing programs. Innovative and efficient approaches to program management, staff training, and service delivery is to be encouraged.

Section 3. Creates s. 400.603, Florida Statutes, providing definitions. Defines disabled adult as any person at least 18 years of age but less than 60 years of age who is not eligible for vocational rehabilitation services and who has one
or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living. Defines health maintenance services as routine health services necessary to help maintain the health of a disabled adult and lists those services.

Section 4. Creates s. 410.604, Florida Statutes, providing for the Community Care for Disabled Adults program; describing the powers and duties of the department. Requires HRS to operate or contract for a program in each district. Each program is to include case management services and at least one other community service. Community services may include adult day care, homemaking and chore services, escort services, group activity therapy, health maintenance services, home delivered meals, interpreter services, medical equipment or supplies, respite care and transportation. The department must ensure that all available funding sources have been explored prior to using funds of the Community Care for disabled adults program.

Funds appropriated for this program are only to be used for services to disabled adults, case management and directly related expenditures. The department and providers are to charge fees for services based on the disabled adult's ability to pay. The disabled adult may pay such fees with money, goods, or services. A biennial evaluation is required beginning October 1, 1988.

Section 5. Creates s. 410.605, Florida Statutes, providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 6. Creates s. 410.606, Florida Statutes, requiring the department to adopt rules implementing the act.

Sections 7 - 10. Expands the home care for the elderly program to include disabled adults and amends the definition of elderly persons to include anyone 60 years of age and older. Defines disabled adult as any person at least 18 years of age but less than 60 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations which restrict his ability to perform the normal activities of daily living.

Section 11. Creates s. 410.037, Florida Statutes, providing for confidentiality of certain information. Requires that exemption is subject to the Open Government Sunset Review Act.

Section 12. Provides an effective date of July 1, 1987.

II. ECONOMIC IMPACT

A. Public:

Disabled adults and elderly persons who are eligible for these programs would avoid unnecessary institutionalization and the costs associated with such institutionalization.

B. Government:

According to the department, establishing the Community Care for Disabled Adults program into statute would not have an immediate impact for program implementation since the current appropriations serves as a limitation on the program. The bill does remove the income eligibility barriers ($390 per month) and, therefore, expands the potential target population that could be the basis for workload issues in the future. However, the imposition of fees could result in program expansion. Also, other funding sources have to be explored prior to using program funds.

The Community Care for Disabled Adults program is the sole provider of community based services for physically and mentally disabled adults between the ages of 18 and 59 who meet income eligibility and who cannot be rehabilitated. The current year estimated expenditures are $3,861,634. The department requested $6,549,226 for the 1987-88 Fiscal Year and $9,680,241 for the 1988-89 Fiscal Year. The Governor has requested $3,797,361 for the 1987-88 Fiscal Year and $3,992,641 for the 1988-89 Fiscal Year.

The expansion of the Home Care for the Elderly program to include disabled adults age 18-59 and elderly persons 60-64 years of age will require new funding. The department
clients age 18-59 for the 1987-88 Fiscal Year. For the 1988-89 Fiscal Year funding was requested for 300 elderly clients and up to 1,200 disabled adults. To fund the disabled adults portion $1,586,198 was requested for the 1987-88 Fiscal Year and $2,748,149 for the 1988-89 Fiscal Year. Economic Services requested a total of 10 positions for the 1987-89 Biennium to determine eligibility for persons applying for Home Care; 5 positions in the 1987-88 Fiscal Year for $112,408 and 5 positions in the 1988-89 Fiscal Year for $138,337. The Governor's budget did not include these requests.

III. STATE COMPREHENSIVE PLAN IMPACT

None.

IV. COMMENTS

In January, 1987, at the request of the Office of Aging and Adult Services, the Inspector General's Office (Office of Evaluation) selected Community Care for Disabled Adults for a program evaluation. The evaluation is not yet complete. However, the department has indicated that the preliminary results show that the program needs a stronger base, more policy direction, better planning at the district level, and better outreach and public awareness. The preliminary findings include:

- Out of 116 clients that applied for services during the one-month study, 26 (or 22%) were ineligible for services due to income and, therefore, were denied services. The upper income is $390 per month.

- The Aging and Adult Services Program Office has sent repeated instructions to the districts about targeting the 18-59 disabled groups. However, two districts are still serving clients 60 years of age and older with Community Care for Disabled Adults funds.

- Some districts were serving clients who appeared to be more appropriately served by Temporary Emergency Shelter, indicating either a need for more clarity on eligibility or stricter monitoring.

- The case management is divided. Some districts purchase the service while other districts provide case management directly.

- The range of services varies dramatically in each district.

V. AMENDMENTS

VI. PREPARED BY Joy C. Frank

VII. STAFF DIRECTOR Tom Batchelor, Ph.D.
Rehabilitative Services encourage innovative and efficient approaches to program management, staff training, and service delivery.

Section 3. Definitions.--As used in this act:

(1) "Disabled adult" means any person at least 18 years of age but less than 60 years of age who is not eligible for vocational rehabilitation services and who has one or more permanent physical or mental limitations other than a developmental disability as defined in s. 393.063, Florida Statutes, which restrict his ability to perform the normal activities of daily living and impede his capacity to live independently or with relatives or friends without the provision of community-based services.

(2) "Home care" means full-time care that a person provides, without profit, for three or fewer disabled adults through a family-like arrangement in a private home, and that includes basic services of maintenance and supervision and specialized services as needed.

(3) The "department" means the Department of Health and Rehabilitative Services.

Section 4. Community care for disabled adults program; powers and duties of the department.--

(1) In each district, the department shall operate or contract for a community care for disabled adults program which shall have as its primary purpose the prevention of unnecessary institutionalization of disabled adults through the provision of community-based services.

(2) Any person who has been classified as a disabled adult pursuant to section 5 is eligible to receive the services of the community care for disabled adults program.

Disabled adults who are determined to be at risk of

CODING: Words stricken are deletions; words underlined are additions.
A bill to be entitled
An act relating to services for disabled
adults; providing a short title; providing
legislative intent; providing definitions;
authorizing the Department of Health and
Rehabilitative Services to provide a community
care program for disabled adults; providing for
powers and duties of the department; providing
a method to determine fitness to provide home
care; providing for subsidy payments for home
care providers; authorizing the department to
charge fees for services; providing for
confidentiality of certain information;
providing for rules; providing an effective
date.

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

Section 1. Short title.--This act may be cited as "The
Community Care for Disabled Adults Act."

Section 2. Legislative intent.--The purpose of this
act is to assist disabled adults to live dignified and
reasonably independent lives in their own homes or in the
homes of relatives or friends. The Legislature intends
through this act to provide for the development, expansion,
and coordination of community-based services for disabled
adults but not to supplant existing programs. The Legislature
further intends to establish a continuum of services so that
disabled adults may be assured the least restrictive
environment suitable to their needs. In addition, the
Legislature intends that the Department of Health and
(7) Providers and staff members in the community care for disabled adults program shall participate in training at least annually.

(8) Trained volunteers shall be used to provide services for the disabled adult.

(9) The department may conduct or contract for demonstration projects to determine the desirability of new concepts of organization, administration, or service delivery designed to prevent the institutionalization of disabled adults.

(10) Beginning October 1, 1988, the department shall biennially evaluate the progress of the community care for disabled adults program.

Section 5. Home care for disabled adults program;
department duties and powers.--

(1) The department shall operate a program that pays subsidies and supplemental payments to persons who provide home care to certain eligible disabled adults.

(2) To determine eligibility for the home care for disabled adults program, the department shall use either the criteria for determining eligibility for assistance under Title XVI of the Social Security Act, as it existed on July 1, 1977, or the criteria for determining financial eligibility for nursing home care under s. 409.266, Florida Statutes.

(3) The department may pay providers:

(a) A subsidy for support and maintenance which includes the cost of housing, food, clothing, and incidentals;

and

(b) Reimbursement for the cost of medical, pharmaceutical, and dental services and specialized devices.

CODING: Words stricken are deletions; words underlined are additions.
institutions shall be given priority for receipt of such services.

(3) Each community care for disabled adults program shall include case management services and at least one other community service. Community services may include, but are not limited to the provision of adult day care, chore assistance, emergency alert and response services, escort services, group activity therapy, home delivered meals, home health aid, home nursing, interpreter services, medical equipment or supplies, personal care, respite care, physical or mental examinations, transportation, and medical therapeutic services. Case management services shall ensure that arrangements are made for appropriate services.

(4) If independent living is no longer possible for a disabled adult, the case manager shall assist the person in locating the most appropriate and cost-effective living arrangement in the least restrictive setting.

(5) Existing community resources available to disabled adults in each district shall be coordinated to provide a continuum of services. The department shall ensure that all available funding sources have been explored prior to using funds of the community care for disabled adults program. The department may provide advance funding for community care for disabled adults programs.

(6) The department and providers shall charge fees for services that the department provides a disabled adult either directly or through its agencies or contractors. The department shall establish by rule a schedule of fees based on the disabled adult's ability to pay. The disabled adult may pay the fees with money, goods, or services.
Section 7. Rulemaking.—The department shall adopt rules to implement this act. The rules shall define each community service, establish minimum standards for the delivery of services, establish a fee schedule, and make other provisions necessary to implement this act.

Section 8. This act shall take effect October 1, 1987.

*****************************************

SENATE SUMMARY

Creates the "Community Care for Disabled Adults Act," intended to prevent unnecessary institutionalization of disabled adults. Prescribes the duties of the Department of Health and Rehabilitative Services with respect to this community care. Allows home care providers to receive subsidies. Allows the department to regulate providers, to conduct demonstration projects, and to biennially evaluate the program. Provides that certain information is confidential and shall not be disclosed so as to reveal a disabled adult's identity.

CODING: Words struck are deletions; words underlined are additions.
essential to maintain the health of the eligible disabled
adult and not covered by Medicaid or any form of insurance.

(4) The department shall develop a payment schedule
for the subsidies. This schedule shall be based on the
financial status of the eligible disabled adult.

(5) In accordance with the provisions of s. 400.402,
Florida Statutes, a person who cares for a disabled adult and
who is related to such adult by blood or marriage is not
subject to the provisions of the Adult Congregate Living
Facilities Act. The department shall determine, through a
home study, the fitness of a person to receive payments under
this program. If, after the home study, the department finds
the provider to be unfit, the department shall notify the
provider that it finds such provider to be unfit, and the
provider shall be ineligible for subsidy payments. A provider
who has been found unfit by the department may petition the
circuit court to resolve the question of fitness.

Section 6. Confidentiality of information.--
Notwithstanding s. 119.14, Florida Statutes, information
received through files, reports, inspection, or otherwise, by
the department or by authorized departmental employees, by
persons who volunteer services, or by persons who provide
services to disabled adults under this act through contracts
with the department is confidential information and may not be
disclosed publicly in such a manner as to identify a disabled
adult unless the disabled adult or his legal guardian provides
written consent. This information is exempt from disclosure
under s. 119.07, Florida Statutes. This exemption is subject
to the Open Government Sunset Review Act in accordance with s.
119.14, Florida Statutes.

CODING: Words stricken are deletions; words underlined are additions.
COMMUNITY CARE FOR DISABLED ADULTS EVALUATION

E-87-7

Office of Inspector General
Evaluation and Management Review
Department of Health and Rehabilitative Services
Tallahassee, Florida

June, 1987
responsible only for CCDA clients tended to be somewhat more familiar with overall policy and procedures as well as current updates on policy directives.

The structure of intake and referral seemed to work smoothly and efficiently in most districts. However, in cases where budget "proviso" included additional appropriations under CCDA for 60+ year old clients, case management was more complicated and apparently less efficient.

Interviews and observations revealed that, with few exceptions, caseworkers were diligent in their efforts to identify and foster alternative or additional program resources and support systems. However, data from referral logs indicated that many districts are currently serving clients which may be more appropriately served by other programs altogether or in conjunction with CCDA, particularly Vocational Rehabilitation, Developmental Disabilities and Community Mental Health.

Interviews with key program staff indicated that the CCDA budget is distributed among the districts based on old Title XX Federal Guidelines which include districts' abilities to match funds. As such, funds are "... not distributed equitably among districts". This contributes to the general frustration among district staff that planning a comprehensive CCDA service system is difficult at best.

Based on study findings, the following recommendations are summarized:

1. Efforts have been made to clarify program policy regarding the number of 60+ clients currently served by CCDA. These efforts should continue with appropriate deadlines for transferring all ineligible clients out of CCDA; Strategies for community "outreach" should be drafted in each district outlining who the program serves, what the eligibility requirements are and who should be contacted to request services.

2. Program efforts have begun and should continue to define "disability", emphasizing criteria and procedures for determining level, duration and risk of institutionalization; a suggestion would be to use the Channeling Project's criteria. A focus on program design and planning which clearly defines who is eligible to be served by CCDA will facilitate further improvements in the program as a whole.

3. Policy concerning eligibility criteria should include emphasis on defining disabilities which indicate additional or alternative program resources particularly those disabilities which are determined eligible for Vocational Rehabilitation, Developmental Disabilities and Community Mental Health.

4. Continued growth of the CCDA program should focus on the development of a more comprehensive set of core services to fill
Executive Summary

Community Care for Disabled Adults (CCDA) Program provides community and home based services to low income, disabled adults between the ages of 18 and 59. Implemented under the name Local Service Program (LSP) in FY 1983-84, CCDA, as it is now called, served 21,134 clients at a cost of $3,731,047 in FY 1986. This program is an integral part of the Aging and Adult continuum of care and examination of program policy and procedures is essential to the planning of the Aging and Adult Service system as a whole. This evaluation was a descriptive, qualitative study which focused on a description of broad based policy issues: 1) the target population, 2) current scope and geographic distribution of services, 3) indicators of need for expanded services, 4) eligibility requirements and 5) program structures including intake and referral processes.

Results of the study indicate that while general revenue funding has decreased, CCDA caseloads have increased since FY 1983-84. While funding is limited many "slots" for 18-59 year olds were found vacant in several districts which were typically filled by elderly clients (age 60 and over) on Community Care for the Elderly (CCE) waiting lists. These elderly clients, in fact, comprised 85 percent of the CCDA client population in FY 85-86. Interviews with various area hospital staff and CARES team staff revealed that there was not widespread community knowledge of the CCDA program.

Various CCDA data sources indicated that there is a wide range of levels and duration as well as types of disabilities documented. For the most part, the program is serving permanently impaired clients at varying risks of institutionalization, but there are documented cases of clients with temporary, low risk injuries as well. This raises the issue of policy regarding disability criteria for receiving CCDA services. The definition of disability and the criteria for receiving services is unclear.

In terms of the scope and distribution of services, the study revealed that there is a need for a more comprehensive service plan in many districts. While case management is provided in 91 percent of the counties and homemaker is available in 73 percent, all other services listed under the CCDA program are provided in less than 40 percent of all 67 counties. Findings indicated that a particular emphasis should be placed on the expansion of transportation, medical supplies and equipment, home delivered meals and home health aides.

In districts where CCDA case management is contracted out it appears caseworkers are more likely to deal solely with CCDA clients as opposed to direct service staff who are typically required to handle other program responsibilities as well. This difference seems to impact on a caseworker's general level of knowledge about the CCDA program. Those staff who were
perceived gaps in all districts particularly where there are counties with extremely limited CCDA service.

5. Districts should focus on assigning CCDA as a sole responsibility to staff where feasible or examine the potential for contracting out CCDA case management. In-service training of staff responsible for CCDA clients should continue to be improved. In those districts where budget "proviso" allows additional appropriations under CCDA for the elderly a special Client Information System (CIS) code should be assigned to help facilitate case management and to avoid inaccurate or misleading CCDA client counts.

6. Until funding for CCDA increases and a more equitable formula for distributing funds can be implemented the possibility of "shifting" existing funds for a more equitable distribution across districts should be re-examined.
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1. Low Income Disabled Adults for 1986
2. Percent of Clients who Require Help or Are Unable to Perform ADL's and IADL's
Historical Background

From 1975 to 1982 SSA Title XX funded a program known as the Local Service Program (LSP). This program provided community and home-based services to all disabled adults 18 years and older whose income was $390 per month or less. In FY 1983-84 Title XX funding was removed from the LSP budget leaving it a program funded entirely through general revenue. This shift in funding created a concern that while there were other funding sources for those clients who were 60+ years old (Community Care for the Elderly, Title III, and Home Care for the Elderly), the only funding source providing services to disabled adults 18 to 59 years old was the LSP. As a result, the Aging and Adult Program Office determined that a shift in program policy was necessary to protect this valuable general revenue funding and began efforts to re-target the LSP to serve only those disabled clients who were 18 to 59 years old.

Several policy directives were issued to all district Aging and Adult Program offices requiring them to "accept disabled adults, 18-59 years of age, as new clients. Vacancies in LSP projects can be filled with clients 60+ only after all 18-59 disabled adults in the geographical area covered by the project have had the opportunity to request and/or receive services. Eligibility for LSP is based on the policies and procedures established in HRSM 195-1, Title XX Eligibility Determination Manual." It was hoped that this "phase-in" process would assist the districts in re-targeting the Local Service Program, renamed in 1984-85 Community Care for Disabled Adults (CCDA) to serve only those eligible clients who were 18-59 years of age.
Chapter I
Background

Introduction

Community Care for Disabled Adults (CCDA) provides supportive services and case management to low income, disabled adults between the ages of 18 and 59. The intended purpose of the CCDA program is to serve this target population with community and home based services in order to nurture independence and to prevent premature or inappropriate institutionalization. The program philosophy is outlined specifically to be used as a last resort to ensure that existing community resources, client formal and/or informal support systems, and purchasable services are accessed. The CCDA manual lists the following program goals:

a. To assist the client in utilizing available community and/or personal resources to fulfill their unmet needs;

b. To assist the eligible client to remain in the least restrictive environment possible;

c. To nurture independence and to prevent premature or inappropriate institutionalization;

d. To provide a comprehensive and well coordinated community and home-based care system which will enhance the quality of life for disabled adults;

e. To provide a focal point for comprehensive planning and advocacy for this population group through HRS districts, in coordination with the Aging and Adult Services State Advisory Council, and other pertinent groups.
To date, the LSP or the CCDA program as it is now called has never been evaluated in terms of who the program is serving and what service needs are being meet. This evaluation will focus on a description of broad based policy issues: the target population, current scope and geographic distribution of services, indicators of need for expanded services, eligibility requirements and intake and referral processes. Examination of these policy issues will contribute to a better understanding of the functioning process of the CCDA program so that well informed policy decisions for program improvement can be made.
A Client Status Form (Appendix A) was designed to collect information on a random sample of 10 clients aged 18-59 from each district. In addition, a copy of the HRS-AA 3003 Form, Client Assessment, was requested for each of the selected clients. To obtain statewide estimates a "weight" was applied to each of the response items on both the 3003 and the Client Status Form. This weight was determined by the actual number of clients in each district.

Referral logs which were designed to monitor intake and referral (Appendix A) were implemented for a period of one month in three different settings including all district Aging and Adult unit offices, the Comprehensive Assessment and Review for Long Term Care Services (CARES) teams in each district, and four major hospitals throughout the state. The purpose of these logs was to generally describe the types of clients who were requesting services in terms of disability and income. In addition the logs were used to determine whether individual districts were able to meet the service needs of clients as demonstrated through waiting lists as well as clients who were turned away due to incomes which did not meet eligibility criteria (income <$390).

To describe the scope and geographic location of services provided statewide, Aging and Adult Program documents were cross-referenced with a request for a listing of CCDA services provided by each district office.

In order to determine whether there is any potential for alternative programs to expand already available services to the
Chapter II
Methodology

Evaluation Design

With input from the Aging and Adult Services CCDA Program Office, the following evaluation objectives were outlined:

1. To describe the CCDA client population in terms of the types and number of disabilities and the service needs of clients across districts.
2. To describe the scope and geographic location of services provided statewide.
3. To determine any indicators of need for expansion of CCDA services.
4. To identify any problems associated with CCDA eligibility requirements.
5. To describe generally any problems with the administrative process e.g., case management and referral, etc.
6. To identify any potential for alternative programs to expand coverage to the target population.
7. To describe the cost per client by district.

Data Sources

There were several primary data sources for this evaluation. Four districts which represented the north, central and southern regions of the state were selected for on-site observation and interviews. These site visits included interviews with unit supervisors and counselors as well as service provider staff and the district CCDA contract managers.
"target" population, on-site interviews were conducted as well as a review of disabilities and service needs recorded on the referral logs mentioned above.

In order to determine the need for CCDA program services it is necessary to be able to define the target population in terms of the total number of disabled adults, 18-59 years of age who reside in the state of Florida. A needs assessment of this magnitude would be costly and time consuming. As an alternative approach in this study the Office of Florida Applied Demographics was subcontracted to calculate a "projected" estimate of this population. The technique used referred to as Synthetic Estimation Technique (Gollay, 1981), statistically "projects" the number of disabled persons in Florida based on the 1980 census and age-income specific disability rates obtained from the Survey of Income and Education (SIE). The SIE was a national probability, sample survey conducted by the U.S. Government in 1976 and included 6,281 interviews of people living in Florida.
TABLE 1
LOW INCOME DISABLED
1986

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<th>AGE/Per Month</th>
<th>Income</th>
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<th>$511 - 630</th>
<th>$631 - 750</th>
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TABLE 2
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Chapter III
Findings

Target Population

The total estimated population of Florida's low income, disabled adults aged 18-59 in 1986 was 510,470. Tables 1 through 3 provide the estimates (exclusive of developmental disabilities) for 1986 through 1988, respectively, by age, and income. With a projected, average growth rate of approximately 9.7 percent the estimate jumps to 520,512 for 1988.

In terms of the age distribution of this projected population, a majority (approximately 62.6%) fall between the ages of 40-59. This has implications for planning Aging and Adult policy which includes a continuum of care for the elderly as well as for 18-59 year old disabled adults.

The projected estimates indicate, as seen in Figure 1, that a majority (67%) of the low income, disabled receive $390 per month or less with 33 percent receiving between $391 and $840 per month. This data contradicts the belief held by many district and service provider staff that "...most 18-59 year old disabled have incomes slightly higher than the CCDA, $390 cap".

In the context of the Synthetic Estimation Technique used to project the population estimates, disability has been defined in terms of 14 items in the SIE which was used as part of the technique to derive age-income-specific disability rates. If one or more of the following conditions was checked by a respondent
as being present, he/she was considered to be disabled:

1. Deafness
2. Hard of hearing
3. Blindness or difficulty seeing
4. Emotionally disturbed
5. Speech impairment
6. Crippled
7. Arthritis or rheumatism
8. Back or spinal injury
9. Heart trouble
10. Chronic nervous disorder
11. Respiratory disorder
12. Digestive disorder
13. Retarded
14. Other disabling condition

While population estimates, such as the Synthetic Estimation Technique, are a useful tool for planning it should be noted that the limitations of the technique make it unclear what actual percentage of the "estimated" population would be eligible, in terms of level of disability, for CCDA or any other program services.

**CCDA Client Demographics**

According to the Client Information System the total number of active clients served in FY 85-86 was 21,134. Of that number, only 3,075 (15%) were aged 18-59. The remaining 85 percent of clients served by CCDA in FY 85-86 were 60 years of age or older. More than one-half of these 60+ CCDA clients were located in District 11.
Figure 1. Estimated Low Income Disabled Adults for 1986.
PERCENTAGES OF CCDA CLIENTS WHO REQUIRE HELP OR ARE UNABLE TO PERFORM ADL'S AND IADL'S

Figure 2. Percent of Clients who Require Help or Are Unable to Perform ADL's and IADL's
Of the 18-59 year old clients served a significant proportion (42%) are female and, in accordance with the population estimates, range in age between 40 and 59. The Client Status Forms indicate that more than half (58%) of the CCDA clients are currently living with someone such as a spouse or relative who typically serve as informal caregivers. Interestingly, the primary source of referral for these clients was not a spouse or relative; 48 percent listed "other" as source of referral. The remaining 52% were distributed among listed sources of referral including self (14%), Council on Aging (.5%), HRS (15.8%), spouse/family (3.5%), hospitals (.2%), Social Security (1.7%) and Home Health Care Agencies (16.2%).

Sources of income vary for CCDA clients. Approximately 63 percent receive SSI benefits and more than half receive Medicaid and food stamps. In terms of private insurance, 72 percent of CCDA clients were listed as having none, however, the Client Status Form revealed that there was no information available about insurance coverage for almost 20 percent of the sampled clients.

Functional abilities of clients vary in terms of their levels of impairment. Data obtained from the Client Assessment Form (3003) provides levels of impairment in terms of client ability to perform Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) as seen in Figure 2. The mean score for the total sample of CCDA clients on the ADL/IADL or Functional Status Summary with a range of 15 points.
In terms of medical conditions which affect or cause client impairment, the 3003 data indicated that 15 percent of CCDA clients have no present and interfering medical condition/disease, however, the large majority (85%) have at least one or more conditions which interfer with functional abilities. In addition, referral logs indicated nine percent of the clients documented during the logging period received services for mental or emotional illness.

Data from referral logs and the Client Status Forms indicating general duration of disabilities showed that for the most part clients served through CCDA are judged as permanently or indefinitely impaired. However, the logs indicated there are clients in a majority of districts with temporary impairments as well, such as recovery from surgery or a broken limb. Some district staff felt, in fact, that a major purpose of the CCDA program was to serve individuals who do not qualify for long term care or services but who are judged to be "in need", i.e., "... these are individuals who fall through the cracks".

Case workers were asked on the Client Status Form to judge the risk of institutionalization to clients if they were unable to receive particular services requested. At least 80 percent of the clients in the sample were considered to be at a high risk of institutionalization if they were unable to receive services including Home Health Aide, Case Management and Personal Care. In terms of clients at risk, hospital logs indicated 41 percent of their patients were considered high risk while 59 percent were
(no impairment) to 45 points (total impairment) was 24.2\(^1\). CCDA clients tend to be somewhat less impaired when compared to CCE clients whose mean score was 28.87 as reported in the Community Care for the Elderly Evaluation (1985).

To further describe the functioning level of CCDA clients, in this study, the Functional Status Summary was formatted as a summative scale. Arbitrary cut off scores were selected for the purpose of description to differentiate clients who were low functioning (45-35 pts), moderate functioning (34-25 pts), or high functioning (24-15 pts). This data indicated that 48 percent of the clients were high functioning, 33 percent were moderate functioning and 19 percent were low functioning in terms of a total Functional Status (ADL/IADL) score.

In terms of levels of impairment, an additional analysis was conducted to determine the number of clients who met the Channeling Project's criteria for services. Channeling criteria are as follows:

- Total impairment (unable) in two or more ADL's
- Total impairment in three or more IADL's
- Total impairment in one ADL and two or more IADL's.

Fifty-eight percent of the CCDA clients sampled met the Channeling criteria. Again, this is a slightly lower percentage than CCE clients sampled in the 1985 evaluation with 61 percent meeting the criteria.

\(^1\) The standard deviation = 10.7.
Table 4a

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considered to be at moderate or low risk of institutionalization. CARES team logs indicated that 68 percent (n = 25) of clients assessed for nursing home placement during the specified period were judged to be in need of long term community services to prevent inappropriate or premature institutionalization.

**Definition of Disability**

The definition of "disability" in terms of the criteria for receiving CCDA services is quite difficult in this context. Each district was requested to list the types of disabilities of clients they are currently serving. Sixty-seven different medical conditions/diseases were listed for the eight districts responding. Client case reviews, referral logs and the Client Status Form reveal that there is a wide range of levels and duration as well as types of disabilities. Again, while many clients were listed with permanent disabilities and with varying degrees of risk of institutionalization, several clients were listed with temporary, low risk injuries.

**CCDA Program Characteristics**

The distribution and scope of services provided through CCDA varies across districts. Tables 4a and 4b list, by district, the services provided in each county. The data indicate that eight counties are not receiving CCDA services of any kind. While 31 counties are providing five or more services, nine counties are providing only one or two services and only three or four services are being provided in 19 counties. Case management is

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2 Data from hospitals included only Jackson Memorial Dade with n = 66 "potential" client referrals.
provided in 91 percent of the counties and homemaker is available in 73 percent. All other services listed under the CCDA program are provided in less than 40 percent of all 67 counties.

In this study referral logs requested the number of clients who were put on waiting lists as an indication of need for expansion of the scope and number of services. Data indicated that with the exception of districts 2, 7 and 11, which showed more than 60 percent of their "new" clients waiting for services, all remaining districts which referred clients for a specified period of time were able to provide services. There were, in fact, many vacant CCDA service "slots" for 18-59 year olds. As mentioned earlier, the belief held by many staff that most 18-59 year old disabled have incomes which exceed the $390 cap was used to explain the service vacancies. These slots were typically used for elderly clients on CCE waiting lists. This information led to the request for similar "referral log data" from hospitals and the CARES teams. Initial interviews with hospital social work directors and various CARES team members revealed that little or no knowledge of the CCDA program existed. Invariably, those interviewed had never heard of CCDA or thought that the community services offered through local Aging and Adult offices were restricted to the elderly. In any event, while district referral logs did not seem to indicate a need for expansion of services, hospital and CARES team logs suggested that there is a particular need for expanded transportation services (this was corroborated in interviews with district staff), medical supplies and equipment, home delivered meals and home health aides or some equivalent home health service.
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the base for district distribution funding to be allocated to
Districts 6 and 11 to continue social group services for clients
60 years of age and over. At this time these clients are entered
in the Client Information System (CIS) under CCDA. Site visit
data indicated that this affected case management, making it more
complicated and less efficient.

Total expenditures from FY 82-83 to FY 85-86 for CCDA are
depicted in Table 5 below. As can be seen, after federal funding
was removed in FY 83-84, general revenue funding has decreased
while caseloads have increased.

| Table 5 |
| CCDA Expenditures and Caseloads |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
|                             | 82-83                       | 83-84                       | 84-85                       | 85-86                       |
| Total Expenditures          | *$9,489,754                 | $3,763,177                  | $3,598,287                  | $3,731,047                  |
| Total Clients               | 19,704                      | 18,995                      | 12,111                      | 21,134                      |
| Annual Per Client           | $481.62                     | $198.11                     | $297.11                     | $176.54                     |
| Expenditure                 |                             |                             |                             |                             |

*This figure includes federal funding for LSP.

Information from the Aging and Adult Data and Fiscal
Analysis Unit (PDAFA) concerning FY 85-86 expenditures revealed
that while a formula for equitably distributing funding across
districts has been developed it has not been implemented. Budget
distribution has been based, since 1976, on Title XX guidelines
which included districts' abilities to match funds, and as such
Data from the Client Status Form indicated that the CCDA services most frequently provided by the districts included case management and homemaker services with 80 and 66 percent of the clients receiving these services, respectively. Home delivered meals (32%) and transportation (31%) as well as Personal Care (20%) were also listed at a relatively higher frequency across districts. All other services listed under CCDA were provided to less than 15 percent of the sampled clients.

In terms of CCDA program structure, interviews and observation revealed that each district operates differently. For example, a majority of districts have case management as a direct service. However, intake and referral is handled differently in these districts depending, typically, on the number of available staff. Few of these districts are able to assign the CCDA program as a sole responsibility to any staff member. In the four districts where case management is contracted out there appeared to be a greater number of service provider staff who were able to deal solely with CCDA clients. Information gathered through interviews of staff suggested that in cases where staff were responsible primarily for CCDA clients, the level of knowledge about CCDA policy and procedures was somewhat higher as opposed to staff who were responsible for CCDA in addition to other Aging and Adult program duties.

Interviews with unit supervisors and staff indicated that, in general, there were no significant problems with intake and referral in most districts. However, since FY 84-85 the CCDA budget category has included proviso language that set aside from
Alternative Community and Program Resources

For the most part, interviews and observation revealed that caseworkers were diligent in their efforts to identify and foster alternative or additional support systems, however, there were a small number of cases in which family and/or neighbor support systems could have successfully been fostered to some extent and were not. In addition, referral logs indicated a number of disabilities which may be more appropriately served by other programs. For example, conditions/diseases which are classified under eligibility criteria for Developmental Disabilities Service Program such as cerebral palsy, epilepsy, and diabetes were documented on CCDA referral logs. Also documented were a number of amputees which appeared to require vocational rehabilitation services. Yet, in some instances no action to refer these clients to such alternative programs was documented.
"... is not equitably distributed among districts". As can be seen in Table 6 there is a wide range of distribution across districts from $70.62 per client expenditure in District 11 to $679.37 per client expenditure in District 4. According to the PDAFA unit administrator, the problem is that until funding is increased a more equitable distribution of available funds would require a "shifting" of funds which would result in a cut in funding to some districts who have built service plans around their current budgets.

Table 6

CCDA Expenditures and Caseloads for Districts 1-11, FY 1985-86

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<th>Total Population</th>
<th>District Caseload</th>
<th>Total Expenditure</th>
<th>Per Client Expenditure</th>
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3 Based on study findings, the caseload in District 11 may reflect a high percentage of clients who are no longer active clients. As a result of this finding, the program office has initiated efforts to remove all inactive cases statewide.
CCDA Criteria for Service: Client Disabilities

Client case reviews, referral logs and the Client Status Forms revealed that there is a wide range of levels and duration as well as types of disabilities. For the most part, clients served through CCDA were judged as permanently or indefinitely impaired. However, the logs indicate there are clients in a majority of districts with temporary impairments as well, such as recovery from surgery or a broken limb. The 3003 assessment which includes the Functional Status Summary suggests that CCDA clients tend to be moderately impaired. Fifty-eight percent of the CCDA clients did, however, meet the Channeling criteria defined in the previous chapter.

Case workers were asked on the Client Status Form to judge the risk of institutionalization to clients if they were unable to receive particular services requested. At least 80 percent of the clients in the sample were considered to be at high risk of institutionalization if they were unable to receive services including Home Health Aide, Case Management, and Personal Care. Hospital logs indicated that 41 percent of their patients, eligible for CCDA, were considered high risk, however, the majority (59%) were considered to be at moderate or low risk of institutionalization. For the specified one month period CARES teams identified 17 of a sample of 25 CCDA clients to be in need of long term community services to prevent inappropriate or premature institutionalization.

This data raises the issue of policy regarding disability criteria for receiving CCDA services. While many clients were
Chapter IV
Conclusions and Recommendations

Description of the Population: Who is Being Served?

A large percentage of the clients served in FY 85-86 were 60 years of age or older. This was a result, in part, of program directives which until recently allowed districts to serve the elderly if there were vacancies. The number of CCDA vacancies found in many districts were attributed to a belief by staff that a majority of 18-59 year old disabled have incomes which exceed the CCDA income cap, making these potential clients ineligible for services. However, the data indicated that an estimated 67 percent of this population have incomes of $390 or less. Interviews with area hospital staff suggest that, in fact, lack of community knowledge about the CCDA program may be a reason for the vacancies.

Recommendation

1. Efforts have begun to clarify program policy regarding the number of 60+ clients currently served by CCDA. It is recommended that these efforts continue with appropriate deadlines for transferring all ineligible clients out of CCDA.

2. It is recommended that each district identify any/all potential referral sources and that a strategy for "outreach" be drafted which outlines who the program serves, what the eligibility requirements are and who should be contacted to request services.
available data from hospital and CARES team logs suggest that there is a particular need for the expansion of several services including transportation, medical supplies and equipment, home delivered meals and home health aides or some equivalent home health service.

**Recommendation**

Continued growth of the CCDA program should focus on the distribution of services across counties. The development of a more comprehensive set of core services to fill perceived gaps in many districts should be emphasized particularly in districts where there are counties with no available CCDA services of any kind.

**CCDA Program Structure**

A majority of districts have case management as a direct service. Due to the number of available staff few of these districts are able to assign the CCDA program as a sole responsibility to any staff member. On the other hand, in the four districts where case management is contracted out there appeared to be a greater number of service provider staff who were able to deal solely with CCDA clients. This seemed to impact on the general level of knowledge about CCDA policy and procedures. Those staff interviewed who were responsible solely for CCDA clients tended to be somewhat more familiar with overall policy and procedures as well as current updates on policy directives.

There did not appear to be any significant problems with intake and referral in most districts. However, in cases where
listed with permanent disabilities and with varying degrees of risk of institutionalization, many clients were listed who could be considered to have temporary, low risk injuries. The definition of "disability" and the criteria for receiving CCDA services is unclear.

Recommendation

1. Steps have been taken by the CCDA program office to define "disability". These efforts should continue with emphasis on levels of impairment, duration of impairment, and the risk of pre-mature institutionalization.

2. It is recommended that criteria and procedures for determining the level and duration of disability and the risk of institutionalization be developed and/or improved; a suggestion might be to use the Channeling Project's criteria.

Program Scope and Geographic Distribution of Service

Data revealed that while 31 counties are providing five or more services, nine counties are providing only one or two services and only three or four services are being provided in 19 counties. Case management is provided in 91 percent of the counties and homemaker is available in 73 percent. All other services listed under the CCDA program are provided in less than 40 percent of all 67 counties, and there are, in fact, eight counties which are not receiving CCDA services of any kind.

Due to the somewhat limited knowledge base of the community about the CCDA program it is difficult to accurately determine any real need for expansion of services based on the documented number of clients on waiting lists in each district. However,
Recommendation

Policy concerning eligibility criteria should include emphasis on defining disabilities which indicate additional or alternative program resources. Staff should be knowledgeable about those disabilities which are determined eligible for Vocational Rehabilitation, Developmental Disabilities and Community Mental Health.

Appropriation of District Funds

According to the PDAFA unit administrator, the CCDA budget is distributed among the districts based on old Title XX Federal Guidelines which include districts' abilities to match funds. And, as such is "... not distributed equitably among districts."

Recommendation

Until funding for CCDA increases and a more equitable formula for distributing funds can be implemented the possibility of "shifting" existing funds for a more equitable distribution across districts should be re-examined.

Summary

Overall, CCDA appears to be a needed program. However, it is clear many issues need to be resolved to improve the program including a need to identify service gaps and the development of comprehensive service plans, strategies for "outreach" to inform the public about the services that are available in each county, program structures for case management should be examined for efficiency and thoroughness, and staff training should be improved particularly where staff are responsible for additional program duties, etc. But most importantly, before program
funding included an additional appropriation under CCDA for 60+ year old clients, case management was more complicated and apparently less efficient.

Recommendations

1. Districts should focus on assigning CCDA as a sole responsibility to staff where feasible or examine the potential for contracting out CCDA case management.

2. Each district should continue to improve in-service training of staff particularly where there are circumstances which require staff to be responsible for CCDA in addition to other program tasks.

3. In those districts where budget "proviso" allows additional appropriations under CCDA for the elderly a special CIS code should be assigned to clients who fall under this appropriation to facilitate case management and avoid inaccurate or misleading CCDA client counts.

Alternative Community and Program Resources

Interviews and observation revealed that most caseworkers with few exceptions were diligent in their efforts to identify and foster alternative or additional support systems. However, findings did suggest that many districts are currently serving clients with disabilities such as cerebral palsy, epilepsy, diabetes, amputees, etc. which may be more appropriately served by other programs altogether or in conjunction with CCDA services.

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structures or procedures can be improved or any accurate assessment of need established the question "Who should be served?" must be answered. A focus on program design and planning which clearly defines who is eligible to be served by CCDA will facilitate further improvements in the program as a whole.
APPENDIX A

CLIENT STATUS FORM
CCDA REFERRAL LOG - ELIGIBLE CASES,
CCDA REFERRAL LOG - NON-ELIGIBLE CASES,
CARES TEAM REFERRAL LOG, AND
HOSPITAL REFERRAL LOG
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Community Care for Disabled Adults
Client Status Form

District_________________________ Client Name__________________________

Case Number of Client _______________________

County Residence of Client _______________________

Telephone # of Client (____) _______________________

Name of Person Completing this Form _______________________

Date of Completion ________________

Does the client live ____ alone ____ with someone?

Does the client have an informal caregiver? yes ____ no ____

Caregiver's Name ___________________________ Phone (____) _________

Caregivers Relationship to Client _______________________

1. Date of first referral/inquiry: ________________

2. Source of referral: _______________________

3. Age of client: __________

4. Total Income/Month: __________

      Number of Others Dependent on Income __________

5. Subsidy/supplement payments received: (check all that apply)
   ____ Social Security     ____ Medicaid
   ____ SSI                 ____ Food Stamps
   ____ SSDI                ____ Other (specify)
   ____ Medicare

6. Is there an application pending for any of the services listed above? yes ____ no ____
   If yes, specify ________________

7. Does the client have any private insurance coverage?
   ____ Yes      ____ No      ____ Don't Know
   If Yes, what type? _______________________

8. Has the client been assessed by Vocational Rehabilitation? yes ____ no ____ Don't Know
   If Yes, are they eligible? ____ Yes    ____ No    ____ Don't know

9. Is the client eligible for Community Mental Health Services?
   ____ Yes    ____ No    ____ Don't know

10. Is the client eligible for Developmental Disabilities Services?
    ____ Yes    ____ No    ____ Don't know

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NON-INSURED PATIENT REFERRAL LOG

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## PATIENT REFERRAL LOG

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CARES TEAM: ________________

County: ___________________

Telephone: (___) __________