Chapter 4

Administration of the Community Care for the Elderly (CCE) Program

TABLE OF CONTENTS

PURPOSE OF THE CCE PROGRAM:

A. **Chapter Contents:** This chapter provides program policies, standards and procedures for use by the Department and all contractors and subcontractors in administering the Community Care for the Elderly (CCE) program.

B. **Purpose:** The primary purpose of the CCE program is to prevent, reduce or delay premature or inappropriate placement of older persons in nursing homes and other institutions.

Additional purposes of the CCE program are to provide the following:

1. A continuum of service alternatives to meet the diverse needs of older people;

2. Access to services for elders most in need; and

3. A local resource that will coordinate delivery of services for the frail elder/caregiver.

LEGAL BASIS AND SPECIFIC LEGAL AUTHORITY:

A. **CCE Act:** The Florida Legislature demonstrated its commitment to meeting the special needs of Florida's aging citizens by passing the CCE Act in 1973. This Act was amended in 1976, authorizing the funding and implementation of demonstration projects to determine acceptable and cost-effective ways of keeping elderly persons in their own homes to prevent, postpone or reduce inappropriate or unnecessary institutional placements. The seven demonstration projects established as a result of the Act served seniors with the greatest need who were frail or functionally impaired and required ongoing help. FS 430.205, The Department, through the area agency on aging shall fund in each planning and service area, at least one community care service system that provides case management and other in-home and community services as needed to help the older person maintain independence and prevent or delay more costly institutional care. Today, CCE funding is available in all 67 counties.

B. **Specific Authority:**

1. Chapter 430.201-207, F.S.

2. Chapter 58C-1, F.A.C.

SERVICES PROVIDED UNDER THE CCE PROGRAM:

State funds appropriated for CCE services must be used to fund an array of services that meet the diverse needs of functionally impaired elders. These categories of services are most needed to prevent unnecessary institutionalization. The Area Agencies on Aging (AAA) shall be the only organization conducting CCE intake services, unless a waiver is approved by DOEA. The AAA shall not provide any other CCE funded services. not provide CCE funded services. Refer to Appendix A, “Service Descriptions and Standards,” for a description of each service. The services include the following categories:

A. **Core Services**: Core Services include a variety of in-home services, day care services, and other basic services that are most needed to prevent or delay institutionalization.

1. Adult Day Care;
2. Chore Services;
3. Companionship;
4. Escort;
5. Financial Risk Reduction;
6. Home Delivered Meals;
7. Homemaker;
8. Housing Improvement;
9. Legal Assistance;
10. Pest Control Services;
11. Respite Services;
12. Shopping Assistance; and
13. Transportation.

B. Health Maintenance Services: Health Maintenance Services are routine health services that are necessary to help maintain the health of functionally impaired elders. The services are limited to medical therapeutic services, non-medical prevention services, personal care services, home health aide services, home nursing services, and emergency response systems.

1. Adult Day Health Care;
2. Emergency Alert Response;
3. Gerontological Counseling;
4. Health Support;
5. Home Health Aide;
6. Medication Management;
7. Mental Health Counseling/Screening;
8. Nutrition Counseling;
9. Occupational Therapy;
10. Personal Care;
11. Physical Therapy;
12. Skilled Nursing Services;
13. Specialized Medical Equipment, Services and Supplies; and
14. Speech Therapy.

C. Other Support Services: Other Support Services expand the array of care options to assist functionally impaired elders and their caregivers.

1. Caregiver Training/Support;
2. Case Aid;
3. Case Management;
4. Intake;
5. Material Aid; and
6. Other.

COMMUNITY CARE SERVICE SYSTEM:

A. **Description:** The CCE law defines the community care service system as a service network comprised of a variety of in-home and other basic services for functionally- impaired elderly persons. Services may be provided by several agencies under the direction of a single Lead Agency. The purpose of the community care service system is to provide a continuum of care encompassing a range of preventive, maintenance and restorative services.

GENERAL ELIGIBILITY CRITERIA:

Listed below are the eligibility criteria for the CCE program:

A. **Age:** Individuals 60 years of age or older.

B. **Functional Impairment:** Functional impairment is characterized by physical or mental limitations, which restrict the ability to perform the normal activities of daily living and which impede the capacity to live independently without the provision of services through the CCE program. Functional impairment shall be determined through a functional assessment as determined by the 701S screening used to prioritize applicants for the program who have not begun to receive CCE services.

1. The functional assessment process determines functional impairment and risk of institutionalization, facilitating the identification of the appropriate array of services needed to maintain the independence of the client. Two forms are used for conducting screening and assessment to determine functional impairment activities. Applicants can be prioritized by greatest need and risk of institutionalization without CCE services. A priority score and rank are produced when the assessment is entered in CIRTS. The Comprehensive Assessment (701B) is used for enrollment into the program prior to the initiation of services, at reassessment and to assess and update the significant change in the client's situation. A risk score is produced from the 701B and a priority score and rank from either assessment form type.

Only after completing the assessment is a determination of an individual's functional impairment made for eligibility determination. If the individual is determined by the case manager to be functionally impaired, he or she is eligible to receive CCE services. The case manager also determines the individual's risk of institutionalization without CCE services. Priority is given to the individual most at risk.

In summary, client eligibility is based on age, need and risk of institutionalization without CCE services.

2. A client comprehensive assessment must be completed annually for each client receiving CCE services to ensure ongoing eligibility.

C. Clients may not be dually enrolled in the CCE program and a Medicaid capitated long-term care program.

PRELIMINARY ELIGIBILITY DETERMINATION AT INTAKE:

A. Approval to begin the eligibility process for Department-funded programs is determined by the availability of funds and the priority ranking of individuals. Priority groups are described on page 11..

B. If the applicant appears to be eligible for CCE services based on the preliminary information received, an appointment should be made for a screening as soon as possible. The person conducting the intake process will explain that a more thorough discussion of the applicant's situation and need for services is required.

C. If the person clearly does not appear to meet the CCE eligibility requirements, the person conducting the intake process must explain the eligibility criteria. Referral to other agencies must be made, if appropriate. The referral (if applicable) and determination of ineligibility must be documented.

PRIORITY GROUPS:

Clients in the following subgroups are priority recipients for CCE case management and CCE services. The subgroups are listed in order, beginning with the highest priority.

If two individuals are assessed as the same priority level and are at risk of nursing home placement, priority must be given to the individual with the lesser ability to pay for services. If the ability to pay is the same, the individual with the greatest length of time on the assessed priority consumer list must be given priority.

A. Assessment and Prioritization of Service Delivery for New Clients

. Any person who has been classified as a functionally impaired elderly person is eligible to receive community-care-for-the-elderly core services. The following are the criteria used to prioritize new clients in the sequence below for service delivery. It is not the intent of the Department to remove current clients from any services in order to serve new clients being assessed and prioritized for service delivery.

1. Department of Children and Families (DCF) Adult Protective Services (APS) High Risk individuals: The Contractor shall ensure that pursuant to Section 430.205(5)(a), Florida Statutes, those elderly persons who are determined by DCF APS protective investigations to be vulnerable adults in need of services or to be victims of abuse, neglect, or exploitation who are in need of immediate services to prevent further harm, and are referred by APS, will be given primary consideration for receiving CCE services. As used in this subsection, "primary consideration" means that an assessment and services must commence within 72 hours after referral to the Department or as established in accordance with Department contracts by local protocols developed between Department service Contractors and APS.

Designated as a “high risk referral”, the referral will be staffed by APS and the lead agency to determine the specific services needed. Such services may be time limited and designed to resolve the emergency or crisis situation that could place the person at risk of further harm. For referrals received during business hours, the lead agency must initiate the emergency or crisis resolving service(s) within 72 hours of receipt of the phone call/fax from APS. Case management alone does not meet this requirement. For high risk referrals that are currently receiving services funded by DOEA, the 72-hour time frame includes not only existing services, but also any additional emergency or crisis resolving services

Upon receipt of the referral, the lead agency must communicate to the consumer that services put in place may be limited to 31 days. The provision services(s) may exceed 31 days if:

a. The emergency or crisis still exists, and continuation of the services is needed for resolution, or
b. The crisis is likely to return without the provision of services.

A 701B comprehensive assessment must be completed in person within 72 hours of receipt of the APS Referral Tracking Tool (ARTT) referral packet for high risk referrals received during business hours. For high-risk referrals received after business hours, the 72 hours begins when the phone call/fax from APS is received. A 701S, 701A, or 701B assessment must be completed within 14 calendar days for intermediate and low-risk referrals.

Before services are terminated after 31 days, the client will be seen face-to-face by a lead agency case manager. If it is determined that services can be safely terminated, APS will be contacted (using contact information in the ARTT). APS staff will participate in a discussion of the client regardless of the status of the case.

CCE co-payments for services will be waived for high-risk referrals during the first 31 days of service or until the vulnerable adult’s crisis has been resolved as determined by the lead agency and APS staff.

If both parties agree that crisis-resolving services can safely be terminated, the client may be placed on a waitlist for additional services if appropriate. The case manager will complete and enter the new 701B Form in CIRTS.

If both parties do not agree that services can safely be terminated, the lead agency case manager will assess the client's needs, and the assessment will be entered in CIRTS. An APS investigator supervisor and a case manager supervisor at the lead agency will jointly review the case to resolve the issue(s), identified at staffing.

The Contractor shall follow guidelines for DCF APS High Risk referred individuals established in the APS Referrals Operations Manual, which is incorporated by reference.

2. Imminent Risk Individuals: Individuals in the community whose mental or physical health condition has deteriorated to the degree that self-care is not possible, there is no capable caregiver, and nursing home placement is likely within a month or very likely within three (3) months.

Regarding question 19 (on the 701S) or 21 (on the 701A): "The individual is transitioning out of a nursing facility (NF)," certified screeners and assessors/case managers should respond, "N" because individuals in nursing homes are not considered IR according to the definition. It is the responsibility of certified screeners and assessors/case managers to screen and assess only individuals who are residing in the community (private residence, assisted living facility, or adult family care home). Please note that if an individual is currently in an NF and interested in NF services, long-term care program education should be provided, and the individual should be referred to CARES.

Regarding question 20 (on the 701S) or 22 (on the 701A): As the current IR definition only includes those individuals in the community, only question number 20 on the 701S screening form should be used by the ADRC for IR designations. "Individual is at imminent risk of NF placement," certified screeners and assessors/case managers should only respond "Y" if during completion of the assessment, the individual or their representative provides information that indicates the individual's "mental or physical health condition has deteriorated to the degree that self-care is not possible, there is no capable caregiver, and nursing home placement is likely within a month or very likely within three (3) months."

The certified screener or assessor/case manager will not ask the individual or their representative the question but will instead check an answer based upon the observations by the screener or assessor. The screener or assessor will document justification for the designation in the appropriate "Notes and Summary" sections of the assessment form, including supervisor approval. Additionally, the Department may request Aging and Disability Resource Centers (ADRCs) to rescreen any individual ranked imminent risk prior to Enrollment Management System (EMS) release to confirm the IR designation.

3. Aging Out Individuals: Individuals receiving Community Care for Disabled Adults (CCDA) and Home Care for Disabled Adults (HCDA) services through the Department of Children and Families' Adult Services transitioning to community-based services provided through the Department when services are not currently available.

4. Service priority for induvial not included in (1), (2), or (3) above, regardless of referral source, will be determined through the Department's assessment administered to each applicant, to the extent funding is available. The Contractor shall ensure that priority is given to applicants at the higher levels of frailty and risk of nursing home placement. For individuals assessed at the same priority and risk of nursing home placement, priority will be given to applicants with the lesser ability to pay for services.

Referrals for Medicaid Services:

1. The contractor shall require subcontractors to identify potential Medicaid eligible CCE clients through the assessment instrument and refer them to apply for Statewide Medicaid Managed Care Long-Term Care (SMMC LTC) Program.

2. Individuals identified as being potentially Medicaid eligible are required to apply for waiver services to receive CCE services and can only receive CCE services while the SMMC LTC Program eligibility determination is pending. If the individual is found ineligible for Medicaid r services for any reason other than failure to provide required documentation, the individual may continue to receive CCE services.

3. Medicaid probable is defined as current CCE active clients whose self-reported income and assets fall below limits of established standards per the SSI-Related Programs Financial Eligibility Standards

4. Individuals who have been identified as being potentially Medicaid eligible must be advised of their responsibility to apply for SMMC LTC services as a condition of receiving CCE services during the eligibility determination process.

5. Individuals enrolled in CCE who have been terminated from the Medicaid waiver eligibility process for not meeting the required timeframes in the currently established Enrollment Management System (EMS) may remain active in CCE for an additional 30 days following termination from the process. If the individual completes the eligibility step associated with termination of the process within the 30 days, the Medicaid eligibility process can resume. However, if the individual does not complete the step associated with termination within the 30 days, CCE enrollment will be terminated with notice in accordance with the grievance procedures outlined in Appendix D of the Programs and Services Handbook.

SERVICE PROVISION

Services may be provided to eligible CCE clients after the completion of the client comprehensive assessment and the development of the care plan. CCE clients are assessed co-payments based upon their ability to pay. A co-payment is assessed for all clients receiving any core services and/or health maintenance services. In accordance with NOI 060619-1-I-SWCBS, no co-payments with be assessed on any client whose income is at, or below, the federal poverty level (FPL) as established each year by the U.S. Department of Health and Human Services. The co-payment fee schedule will commence at $1 above the established FPL each year.

No client may have their services terminated for inability to pay their assessed co-payment. Area Agencies on Aging, in conjunction with provider agencies, must establish procedures to remedy financial hardships associated with co-payments and ensure there is no interruption in service(s) for inability to pay. If a client's co-payment is reduced or waived entirely, a written explanation for the change must be placed in the client file. See Appendix B for instructions for assessing co-payments.

Adult Protective Services (APS) Referrals:

A. The Department of Elder Affairs (DOEA) and the Department of Children and Families (DCF) signed a memorandum of agreement to ensure the delivery of timely services to vulnerable elders in need of services or victims of abuse, neglect or exploitation. The agreement called for development of joint local written procedures through a memorandum of understanding for serving Adult Protective Services referrals.

B. Every AAA, DCF region and Lead Agency is responsible for jointly creating and signing a memorandum of understanding that defines:

1. The APS referral process;

2. Method for tracking referrals in CIRTS and the APS Referral Tracking Tool (ARTT); and

3. Service delivery guidelines.

SERVICES TO PERSONS IN ALTERNATE CARE:

Assisted Living Facilities (ALFs) and Adult Family Care Homes (AFCHs):
Residents of assisted living facilities and adult family care homes may receive such services as home health aide or transportation; however, provision of any service would be a low priority.

RESPONSIBILITIES OF STAKEHOLDERS:

A. DOEA:

1. Purpose: The purpose of DOEA in the community care system is to budget, coordinate and develop policy at the state level necessary to carry out the CCE program.

2. Responsibilities: The responsibilities of DOEA are listed below:

a. Develop an area plan format, which includes CCE information.

b. Develop an allocation formula for distributing CCE funds to Planning and Service Areas (PSAs).

c. Allocate CCE funds to service providers through the Area Agencies on Aging (AAAs).

d. Prepare CCE service provider application guidelines.

e. Serve as a statewide advocate for functionally-impaired older persons.

f. Ensure provision of quality services through the monitoring process.

g. Establish policies and procedures for AAA, Lead Agency and CCE subcontractors.

h. Evaluate the quality and effectiveness of services and client satisfaction with the CCE program, as required.

i. Develop program reports.

j. Provide for staff development and training.

k. Review the required area plan annual update and all revisions as necessary.

l. Provide and monitor program policies and procedures for the PSAs.

m. Review and make recommendations for improvement on program reports.

n. Provide technical assistance to the AAAs in program planning and development and ongoing operations, as needed.

o. Assume AAA responsibilities, if necessary, for a period not to exceed 180 days, except as provided for in Section 306 (e)(3)(B) of the Older Americans Act.

p. Assist the AAAs and Lead Agencies in determining CCE services to be funded within the PSAs.

q. Co-monitor with the AAAs, if feasible.

r. Process payments to the contract agencies. Assess the availability of a 10 percent match for the AAA's budget.

s. Develop co-payment guidelines.

B. AREA AGENCIES ON AGING (AAA):

1. Purpose: The purpose of the AAA in the community care system is to monitor and fund Lead Agencies and other agencies.

2. Responsibilities: The AAA's responsibilities are listed below:

a. Develop PSA level allocation formula for distribution of CCE funds.

b. Plan for, advertise, and approve funding for Lead Agencies.

c. Prepare and revise the area plan update.

d. Plan with Lead Agencies to determine CCE services to be funded.

e. Designate Lead Agencies and establish vendor agreements at the AAA level, when applicable.

f. Conduct CCE intake services.

g. Provide technical assistance to Lead Agencies and vendors to ensure provision of quality services.

h. Require annual submission of CCE applications or updates, for funding of current Lead Agencies using minimum guidelines provided by DOEA.

i. Notify applicants of acceptability of applications and any further action.

j. Assess the applicant's ability to be a Lead Agency or vendor, as well as its ability to establish subcontracts, if the applicant indicates plans to do so.

k. Assess Lead Agency fiscal management capabilities.

l. Monitor and evaluate Lead Agency case management capabilities.

m. Assess the availability of a 10 percent match for Lead Agency budget.

n. Establish agreements for Lead Agency and CCE services according to manuals, rules and agreement procedures of DOEA. Establish vendor agreements, when applicable.

o. Monitor and evaluate contracts, subcontracts and vendor agreements for programmatic and fiscal compliance.

p. Submit timely payments to contractors in accordance with Section 287.0585, F.S.

q. Arrange in-service training for lead agencies at least annually

r. Establish appeal procedures for handling disputes involving Lead Agency, CCE services and vendor agreements.

s. Establish procedures for handling recipient complaints concerning such adverse actions as service termination, suspension or reduction in services. Lead Agency case management capabilities. Ensure compliance with Client Information and Registration Tracking System (CIRTS) regulations.

t. Monitor performance objective achievements in accordance with targets set by the Department.

u. Ensure implementation of co-payment guidelines.

v. Conduct client satisfaction surveys to evaluate and improve service delivery.

C. LEAD AGENCY:

1. Purpose: The purpose of the Lead Agency in the community care service system is to provide case management to all CCE clients and to ensure service integration and coordination of service providers within the community care service system.

2. Responsibilities: The Lead Agency's responsibilities are to:

a. Ensure that all other funding sources available have been exhausted before targeting CCE funds.

b. Ensure that coordination is established with all community-based health and social services for functionally impaired older persons funded wholly or in part by federal, state and local funds to provide a continuum of care.

c. Provide directly or establish subcontracts or vendor agreements, when applicable, for CCE services. If the lead agency subcontracts with an entity to provide direct services, the entity must be selected as the result of a procurement decision using competitive or non-competitive method (i.e. sole source) to provide services pursuant to a legally executed agreement.

d. Provide case management to applicants and ongoing recipients of CCE services.

e. Assess and collect co-payments for core services and health maintenance services provided through the CCE program.

f. Train and use volunteers as possible to provide services to clients and assist with other Lead Agency activities.

g. Compile accurate reports.

h. Monitor subcontracts and vendor agreements to ensure quality services and efficient use of funds. Make payments to subcontractors for CCE services.

i. Initiate and maintain coordination among agencies.

j. Arrange in-service training for staff, including volunteers and CCE service subcontractors, at least once a year. Monthly, or at least quarterly, training is recommended. An in-service training on abuse, neglect, and exploitation of vulnerable adults shall be provided to staff and volunteers annually.

k. Accept voluntary contributions, gifts and grants to carry out a community care service system.

l. Demonstrate innovative approaches to program management, staff training and service delivery that impact on cost avoidance, cost effectiveness, and program efficiency.

m. Establish and follow procedures for handling recipient complaints concerning such adverse actions as service termination, suspension, or reduction in services.

n. Conduct client satisfaction surveys to evaluate and improve service delivery.

LINES OF COMMUNICATION:

Lead Agencies shall request and receive technical assistance from the AAA. When additional interpretation is needed, the AAA should forward the request to DOEA. DOEA will address all requests and provide a timely response.

CO-PAYMENT ASSESSMENT:

Co-payment assessment information is included in Appendix B of this handbook.

GRIEVANCE PROCEEDINGS:

Please refer to Appendix D, “Minimum Guidelines for Recipient Grievance Procedures,” in this Handbook.