Chapter 5

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

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PURPOSE OF THE CCE PROGRAM:

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. 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:

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

B. Access to services for elders most in need.

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

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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, in 1973, the CCE Act. 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. 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.

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SERVICES PROVIDED UNDER THE CCE PROGRAM:

State funds appropriated for CCE services must be used to fund case management and core services. Core services consist of a variety of home-delivered services, daycare services, and other basic services that may be provided by several entities. Core services are those services that are most needed to prevent unnecessary institutionalization. The area agencies on aging shall not provide core services. Core services shall be limited to those below. Refer to Appendix A, Service Descriptions and Standards, for a description of each service.

A. Adult Day Care

B. Adult Day Health Care

C. Caregiver Training/Support

D. Case Aide

E. Case Management

F. Chore

G. Chore (Enhanced)

H. Companionship

I. Counseling (Gerontological)

J. Counseling (Mental Health/Screening)

K. Emergency Alert Response System

L. Escort

M. Financial Risk Reduction (Assessment)

N. Financial Risk Reduction (Maintenance)

O. Health Support

P. Home Delivered Meals

Q. Home Health Aide Service

R. Homemaker

S. Housing Improvement

T. Intake

U. Legal Assistance

V. Material Aid

W. Medication Management

X. Nutrition Counseling

Y. Occupational Therapy

Z. Other Services

A1. Personal Care

B1. Pest Control (Enhanced Initiation)

C1. Pest Control (Initiation)

D1. Pest Control (Maintenance)

E1. Pest Control (Rodent)

F1. Physical Therapy

G1. Respite (Facility Based)

H1. Respite (In-Home)

I1. Shopping Assistance

J1. Skilled Nursing Services

K1. Specialized Medical Equipment, Services and Supplies

L1. Speech Therapy

M1. Transportation

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PROGRAM REQUIREMENTS:

The Community Care for the Elderly program requirements are listed in the following pages under components A through I.

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A. COMMUNITY CARE SERVICE SYSTEM:

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.

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B. GENERAL ELIGIBILITY CRITERIA:

Listed below are the eligibility criteria for the CCE program:

1. **AGE:** Individuals 60 years of age or older.

2. **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 core services. Functional impairment shall be determined through a functional assessment administered to each applicant for Community Care for the Elderly core services.

   a. 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 activities. The Prioritization Assessment Form (701A) is used to prioritize applicants for services who have not begun to receive services. Applicants can be prioritized by greatest need to be assessed and to receive needed services. A priority ranking score is produced. The Assessment Instrument (701B) is used at initiation of services, at reassessment, and to assess and update significant change in the client's situation. A risk score is produced from the 701B and a priority ranking score is produced from either form.

   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 core services. The case manager also determines the individual's risk of institutionalization without core services. Priority is given to the individual most at risk.

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

b. A client assessment must be completed annually for each client receiving community care core services to ensure ongoing eligibility.

3. Clients MAY NOT be dually enrolled in the CCE program and a Medicaid capitated long-term care program.

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C. PRELIMINARY ELIGIBILITY DETERMINATION AT INTAKE:

1. 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 in Section D. below.

2. If the applicant appears to be eligible for CCE services based on the preliminary information received, an appointment should be made for a home visit and assessment or a telephone 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.

3. 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.

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D. PRIORITY GROUPS:

Clients in the following subgroups are priority recipients for CCE case management and core 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.

Clients in the following groups are priority recipients for CCE services, listed in the order of the highest priority:

1. Abuse, Neglect and Exploitation:

The provider shall ensure that, pursuant to Section 430.205(5), Florida Statutes, those elderly persons determined by adult protective services (APS) to be victims of abuse, neglect, or exploitation and who are in need of immediate services to prevent further harm and are referred by adult protective services as "high risk", 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 agreements by local protocols developed between department service contractors and APS.

2. Priority Criteria for Individuals in Nursing Homes in Receivership:

The provider shall ensure that, pursuant to Section 400.126, (12) Florida Statutes, those elderly persons determined through a CARES assessment to be persons who could be cared for in a less restrictive setting or who do not meet the criteria for skilled or intermediate care in a nursing home, are referred for such care, as appropriate.

Residents referred pursuant to this subsection shall be given primary consideration for receiving services under the Community Care for the Elderly program in a manner as persons classified to receive such services pursuant to Section 430.205, F.S.

3. Priority Criteria for Service Delivery:

a. Individuals in nursing homes under Medicaid who could be transferred to the community;

b. Individuals in nursing homes under Medicaid whose Medicare coverage is exhausted and may be diverted to the community;

c. Individuals in nursing homes that are closing and can be discharged to the community; or

d. Individuals whose mental or physical health conditions have deteriorated to the degree that self care is not possible, there is no capable caregiver, and institutional placement will occur within 72 hours.

e. For the purpose of transitioning individuals receiving Community Care for Disabled Adults (CCDA) and Home Care for Disabled Adults (HCDA) services through the Department of Children and Families (DCF) Adult Services to community-based services provided through the department, when services are not currently available, the AAA/Lead Agency case manager shall ensure that “Aging Out” individuals are prioritized for services only after Adult Protective Services (APS) High Risk and Imminent Risk individuals.

4. Priority Criteria for Service Delivery for Other Assessed Individuals:

Service priority for individuals not included in groups one, two or three above, regardless of referral source, shall be determined through the department's assessment instrument administered to each applicant, to the extent funding is available. First priority will be 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.

5. Referrals for Medicaid Waiver Services:

a. The contractor shall require subcontractors to identify potential Medicaid eligible CCE clients through the assessment instrument and refer them to apply for Medicaid waiver services (hereafter referred to as "waiver services").

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

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

E. SERVICE PROVISION:

Services may be provided to eligible CCE clients after the completion of the client assessment and the development of the care plan. The case manager must exhaust Medicaid, Medicare, and other resources before using CCE services. CCE clients are assessed co-payments based upon their ability to pay. See Appendix B for instructions for assessing co-payments.

ADULT PROTECTIVE SERVICES (APS) REFFERALS:

The Department of Elder Affairs 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. 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 tracking tool (ARTT); and
3. Service delivery guidelines.

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F. 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.

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G. RESPONSIBILITIES OF STAKEHOLDERS:

1. DOEA:

a. **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.

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

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

ii Develop an allocation formula for distributing CCE funds to planning and service areas (PSAs).

iii. Allocate CCE funds to service providers through the area agencies on aging (AAAs).

iv. Prepare CCE service provider applications guidelines.

v. Serve as a statewide advocate for functionally impaired older persons.

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

vii. Establish policies and procedures for AAA, lead agency, and CCE subcontractors.

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

ix. Develop program reports.

x. Provide for staff development and training.

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

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

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

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

xv. 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.

xvi. Assist the AAAs and lead agencies in determining core services to be funded within the PSAs.

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

xviii. Process payments to the contract agencies.

xix. Develop co-payment guidelines.

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2. AREA AGENCIES ON AGING (AAA):

a. Purpose: The purpose of the AAA in the community care system is to monitor and fund lead agencies and other agencies.

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

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

ii. Plan for, advertise, and approve funding for lead agencies.

iii. Prepare and revise the area plan update.

iv. Plan with lead agencies to determine core services to be funded.

v. Designate lead agencies and establish vendor agreements at the AAA level, when applicable.

vi. Provide technical assistance to lead agencies and vendors to ensure provision of quality services.

vii. Require annual submission of CCE applications, or updates, for funding of current lead agencies using minimum guidelines provided by DOEA.

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

ix. 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.

x. Assess lead agency fiscal management capabilities.

xi. Monitor and evaluate lead agency case management capabilities.

xii. Assess the availability of a 10 percent match for lead agency budget.

xiii. Establish agreements for lead agency and core services according to manuals, rules, and agreement procedures of the department. Establish vendor agreements, when applicable.

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

xv. Submit payments to contractors.

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

xvii. Establish appeal procedures for handling disputes involving lead agency, core services, and vendor agreements.

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

xix. Ensure compliance with Client Information and Registration Tracking System (CIRTS) regulations.

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

xxi. Ensure implementation of co-payment guidelines.

xxii. Conduct client satisfaction surveys to evaluate and

improve service delivery.

3. LEAD AGENCY:

a. 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.

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

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

ii. 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 in order to provide a continuum of care.

iii. Provide directly or establish subcontracts or vendor agreements, when applicable, for core services.

iv. Provide case management to applicants and ongoing recipients of core services.

v. Assess and collect co-payments for core services.

vi. Train and use volunteers to the fullest extent possible to provide services to clients and assist with other lead agency activities.

vii. Compile accurate reports.

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

ix. Initiate and maintain coordination among agencies.

x. Arrange in-service training for staff, including volunteers and core service subcontractors, at least once a year. Monthly, or at least quarterly, training is **highly** recommended.

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

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

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

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

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H. 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.

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I. CO-PAYMENT ASSESSMENT:

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

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GRIEVANCE PROCEEDINGS:

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

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