

CHAPTER 2026-74

Committee Substitute for House Bill No. 1121

An act relating to aging and disability services; amending s. 409.979, F.S.; revising requirements for Medicaid recipients to receive an offer for enrollment for long-term care services; requiring the Department of Elderly Affairs to maintain a statewide pre-enrollment list for certain services; requiring aging and disability resource center personnel to place individuals on certain lists; requiring certain staff to administer rescreening under certain circumstances; authorizing individuals who meet specified criteria to enroll in the long-term care managed care program; amending s. 409.983, F.S.; providing that the initial assessment of an enrollee shall be reviewed or performed by the Comprehensive Assessment and Review for Long-term Care Services program; amending s. 430.04, F.S.; revising provisions relating to intermediate measures taken against an area agency on aging; creating s. 430.09, F.S.; providing definitions; providing requirements for the procurement of commodities or contractual services by area agencies on aging; limiting the salary of the chief executive officer and executive director of an area agency on aging; providing construction; requiring the department to impose certain penalties; amending s. 430.203, F.S.; revising the definitions of the terms “community care service system” and “core services”; amending s. 430.204, F.S.; authorizing an area agency on aging to directly provide core services under certain circumstances; amending s. 430.205, F.S.; removing obsolete language; revising frequency of inservice training for certain providers; requiring certain elderly persons to be given priority consideration for receiving certain services; amending s. 430.2053, F.S.; redesignating aging resource centers as aging and disability resource centers; revising the purpose thereof; authorizing aging and disability resource centers to place certain clients on and release certain clients from pre-enrollment lists; removing a requirement to convene a work group for certain purposes; removing a requirement to provide enrollment and coverage information to certain individuals; requiring the aging and disability resource center to receive a waiver to be the provider of other direct services; revising the program to which the department and the agency on aging may not make payments; removing an eligibility requirement for an area agency on aging to transition to an aging resource center; revising the entity with which the department may consult to develop capitation rates; amending s. 430.605, F.S.; revising certain subsidy payments to include supplements to provide for food and nutritional supplements and certain care; amending s. 430.901, F.S.; conforming a provision to changes made by the act; amending s. 744.2001, F.S.; revising the required qualifications of the executive director of the Office of Public and Professional Guardians; amending s. 744.2003, F.S.; revising continuing education requirements for a professional guardian; amending ss. 744.2004 and 744.20041, F.S.; revising disciplinary actions taken by the office; amending s. 744.2104, F.S.; providing certain

authority for the office in conducting certain investigations; amending s. 744.3701, F.S.; requiring the clerk to disclose confidential information to the department under certain circumstances; requiring the department to provide specified records to the Legislature by a specified date; providing an effective date.

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

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

409.979 Eligibility.—

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

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

- ~~1. Traumatic Brain and Spinal Cord Injury Waiver.~~
- ~~2. Adult Cystic Fibrosis Waiver.~~
- ~~3. Project AIDS Care Waiver.~~

~~(b) The agency shall seek federal approval to terminate the Traumatic Brain and Spinal Cord Injury Waiver, the Adult Cystic Fibrosis Waiver, and the Project AIDS Care Waiver once all eligible Medicaid recipients have transitioned into the long-term care managed care program.~~

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

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

1. Pursuant to s. 430.2053, aging and disability resource center personnel certified by the Department of Elderly Affairs shall perform the screening for each individual requesting enrollment for home and community-based services through the long-term care managed care program. Aging and disability resource center personnel shall place on and release from the pre-enrollment lists clients eligible for the Alzheimer's Disease Initiative, community care for the elderly, home care for the elderly, and the Statewide Medicaid Managed Care Long-term Care program. The Department of Elderly Affairs shall request that the individual or the individual's authorized representative provide alternate contact names and contact information.

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

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

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

(b) Upon completion of the screening or rescreening process, the Department of Elderly Affairs shall notify the individual or the individual's authorized representative that the individual has been placed on the pre-enrollment wait list, unless the individual has a low priority score. The Department of Elderly Affairs must maintain contact information for each individual with a low priority score for purposes of any future rescreening. Aging and disability resource center personnel shall inform individuals with low priority scores of community resources available to assist them and inform them that they may contact the aging and disability resource center for a new assessment at any time if they experience a change in circumstances.

(c) If the Department of Elderly Affairs is unable to contact the individual or the individual's authorized representative to schedule an initial screening or rescreening, and documents the actions taken to make such contact, it shall send a letter to the last documented address of the individual or the individual's authorized representative. The letter must advise the individual or his or her authorized representative that he or she must contact the Department of Elderly Affairs within 30 calendar days

after the date of the notice to schedule a screening or rescreening and must notify the individual that failure to complete the screening or rescreening will result in his or her termination from the screening process and the pre-enrollment wait list.

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

(e) The Department of Elderly Affairs may terminate an individual's inclusion on the pre-enrollment wait list if the individual:

1. Does not have a current priority score due to the individual's action or inaction;
2. Requests to be removed from the pre-enrollment wait list;
3. Does not keep an appointment to complete the rescreening without scheduling another appointment and has not responded to three documented attempts by the Department of Elderly Affairs to contact the individual;
4. Receives an offer to begin the eligibility determination process for the long-term care managed care program; or
5. Begins receiving services through the long-term care managed care program.

An individual whose inclusion on the pre-enrollment wait list is terminated must initiate a new request for placement on the pre-enrollment wait list, and any previous priority considerations must be disregarded.

(f) Notwithstanding this subsection, the following individuals are afforded priority enrollment for home and community-based services through the long-term care managed care program and do not have to complete the screening or pre-enrollment list wait-list process if all other long-term care managed care program eligibility requirements are met:

1. An individual who is 18, 19, or 20 years of age who has a chronic debilitating disease or condition of one or more physiological or organ systems which generally make the individual dependent upon 24-hour-per-day medical, nursing, or health supervision or intervention.
2. A nursing facility resident who requests to transition into the community and who has resided in a Florida-licensed skilled nursing facility for at least 60 consecutive days.

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

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

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

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

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

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

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

(c) Level of care 3 consists of recipients at imminent risk of nursing home placement, as evidenced by the need for the constant availability of routine medical and nursing treatment and care, who have a limited need for health-related care and services and are mildly medically or physically incapacitated.

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

Section 3. Subsection (2) of section 430.04, Florida Statutes, is amended to read:

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

(2) Be responsible for ensuring that each area agency on aging operates in a manner to ensure that the elderly of this state receive the best services possible. The department shall rescind designation of an area agency on aging or take intermediate measures against the agency, including corrective action, unannounced special monitoring, temporary assumption of operation of one or more programs by the department, placement on probationary status, imposing a moratorium on agency action, imposing

financial penalties for nonperformance, or other administrative action pursuant to chapter 120, if the department finds that:

(a) An intentional or negligent act of the agency has materially affected the health, welfare, or safety of clients, or substantially and negatively affected the operation of an aging services program.

(b) The agency lacks financial stability sufficient to meet contractual obligations or that contractual funds have been misappropriated.

(c) The agency has committed multiple or repeated violations of legal and regulatory requirements or department standards.

(d) The agency has failed to continue the provision or expansion of services after the declaration of a state of emergency.

(e) The agency has exceeded its authority or otherwise failed to adhere to the terms of its contract with the department or has exceeded its authority or otherwise failed to adhere to the provisions specifically provided by statute or rule adopted by the department.

(f) The agency has failed to properly determine client eligibility as defined by the department.

(g) The agency has failed to or efficiently manage program budgets.

(h)(g) The agency has failed to implement and maintain a department-approved client grievance resolution procedure.

Section 4. Section 430.09, Florida Statutes, is created to read:

430.09 Area agencies on aging expenditures.—

(1) As used in this section, the term:

(a) “Commodity” means any of the various supplies, materials, goods, merchandise, food, equipment, information technology, and other personal property purchased, leased, or otherwise contracted for by an area agency on aging.

(b) “Competitive solicitation” means the process of requesting and receiving two or more sealed bids, proposals, or replies submitted by responsive vendors in accordance with the terms of a competitive process, regardless of the method of procurement.

(c) “Contractual services” means the rendering by a contractor of its time and effort rather than the furnishing of specific commodities. The term applies only to those services rendered by individuals and firms that are independent contractors, and such services may include, but are not limited to, evaluations; consultations; maintenance; accounting; security; management systems; management consulting; educational training programs;

research and development studies or reports on the findings of consultants engaged thereunder; and professional, technical, and social services.

(2) The procurement of commodities or contractual services in excess of \$35,000 by an area agency on aging is subject to the competitive solicitation process. Any competitive solicitation shall be made available simultaneously to all vendors, must include the time and date for the receipt of bids, proposals, or replies and of the public opening, and must include all contractual terms and conditions applicable to the procurement, including the criteria to be used in determining acceptability and relative merit of the bid, proposal, or reply.

(3) The chief executive officer or the executive director of an area agency on aging may not receive a salary in excess of 150 percent of the annual salary paid to the Secretary of Elderly Affairs from state and federal funds. This limitation applies regardless of the number of contracts an area agency on aging holds with the department. This subsection does not prohibit any party from providing cash that is not from appropriated state funds to the chief executive officer or the executive director of an area agency on aging.

(4) The department must impose financial penalties or sanctions, as established by the department and incorporated into the contract, for noncompliance with this section.

Section 5. Subsections (3) and (5) of section 430.203, Florida Statutes, are amended to read:

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

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

(5) “Core services” means a variety of home-delivered services, day care 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 agency on aging shall not directly provide core services.~~

Section 6. Subsection (4) of section 430.204, Florida Statutes, is amended to read:

430.204 Community-care-for-the-elderly core services; departmental powers and duties.—

(4)(a) The department or contracting agency shall contract for the provision of the core services required by a community care service area.

(b) The area agency on aging may only directly provide core services if the designated lead agency is unable to perform its duties and the department approves.

Section 7. Subsections (2) and (4) and paragraph (a) of subsection (5) of section 430.205, Florida Statutes, are amended to read:

430.205 Community care service system.—

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

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

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

(a) Those elderly persons who are determined by protective investigations to be high-risk vulnerable adults in need of services, pursuant to s. 415.104(3)(b), or to be high-risk victims of abuse, neglect, or exploitation who are in need of immediate services to prevent further harm and are referred by the adult protective services program, shall be given priority primary consideration for receiving community-care-for-the-elderly services. As used in this paragraph, “priority 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 providers and the adult protective services program. Regardless, a community-care-for-the-elderly services provider may dispute a referral under this paragraph by requesting that adult protective services negotiate the referral placement of, and the services to be provided to, a vulnerable adult or victim of abuse, neglect, or exploitation. If an agreement cannot be reached with adult protective services for modification of the referral decision, the determination by adult protective services shall prevail.

Section 8. Section 430.2053, Florida Statutes, is amended to read:

430.2053 Aging and disability resource centers.—

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

(2) The purposes of an aging and disability resource center shall be:

(a) To provide Florida's elders, adults with disabilities, and their families with a locally focused, coordinated approach to integrating information and referral for all available services for persons ~~elders~~ with the eligibility determination entities for state and federally funded long-term-care services.

(b) To provide for easier access to long-term-care services by Florida's elders, adults with disabilities, and their families by creating multiple access points to the long-term-care network that flow through one established entity with wide community recognition.

(3) The duties of an aging and disability resource center are to:

(a) Develop referral agreements with local community service organizations, such as senior centers, existing elder service providers, volunteer associations, and other similar organizations, to better assist clients who do not need or do not wish to enroll in programs funded by the department or the agency. The referral agreements must also include a protocol, developed and approved by the department, which provides specific actions that an aging and disability resource center and local community service organizations must take when a person or a person's ~~an elder or an elder's~~ representative seeking information on long-term-care services contacts a local community service organization before ~~prior to~~ contacting the aging and disability resource center. The protocol shall be designed to ensure that persons ~~elders~~ and their families are able to access information and services in the most efficient and least cumbersome manner possible.

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

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

(d) Place on and release from the pre-enrollment lists clients eligible for the Alzheimer's Disease Initiative, community care for the elderly, home

care for the elderly, and the Statewide Medicaid Managed Care Long-term Care program.

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

(f)(e) When financial resources become available, refer a client to the most appropriate entity to begin receiving services. The aging and disability resource center shall make referrals to lead agencies for service provision that ensure that persons ~~individuals~~ who are vulnerable adults in need of services pursuant to s. 415.104(3)(b), or who are victims of abuse, neglect, or exploitation in need of immediate services to prevent further harm and are referred by the adult protective services program, are given priority ~~primary~~ consideration for receiving community-care-for-the-elderly services in compliance with the requirements of s. 430.205(5)(a) and that other referrals for services are in compliance with s. 430.205(5)(b).

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

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

(h) Assist clients who request long-term care services in being evaluated for eligibility for enrollment in the Medicaid long-term care managed care program as eligible plans become available in each of the regions pursuant to s. 409.981(2).

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

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

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

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

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

(c) Expertise in information and referral activities.

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

(e) Financial solvency and stability.

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

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

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

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

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

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

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

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

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

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

(a) Community care for the elderly.

(b) Home care for the elderly.

(c) Contracted services.

(d) Alzheimer's disease initiative.

(e) Older Americans Act.

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

(a) Minimum standards for financial operation, including audit procedures.

(b) Procedures for monitoring and sanctioning of service providers.

(c) Minimum standards for technology utilized by the aging and disability resource center.

(d) Minimum staff requirements which shall ensure that the aging and disability resource center employs sufficient quality and quantity of staff to adequately meet the needs of the elders residing within the area served by the aging and disability resource center.

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

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

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

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

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

(12) Each aging and disability resource center shall enter into a memorandum of understanding with the department for collaboration with the CARES unit staff. The memorandum of understanding shall outline the staff person responsible for each function and shall provide the staffing levels necessary to carry out the functions of the aging and disability resource center.

(13) Each aging and disability resource center shall enter into a memorandum of understanding with the Department of Children and Families for collaboration with the Economic Self-Sufficiency Unit staff. The memorandum of understanding shall outline which staff persons are responsible for which functions and shall provide the staffing levels necessary to carry out the functions of the aging and disability resource center.

(14) If any of the state activities described in this section are outsourced, either in part or in whole, the contract executing the outsourcing shall mandate that the contractor or its subcontractors shall, either physically or virtually, execute the provisions of the memorandum of understanding instead of the state entity whose function the contractor or subcontractor now performs.

~~(15) In order to be eligible to begin transitioning to an aging resource center, an area agency on aging board must ensure that the area agency on aging which it oversees meets all of the minimum requirements set by law and in rule.~~

~~(15)(a)(16)(a)~~ Once an aging resource center is operational, The department, in consultation with the aging and disability resource center agency, may develop capitation rates for any of the programs administered through the aging and disability resource center. Capitation rates for programs shall be based on the historical cost experience of the state in providing those same services to the population age 60 or older residing within each area served by an aging and disability resource center. Each capitated rate may vary by geographic area as determined by the department.

(b) The department and the agency may determine for each area served by an aging and disability resource center whether it is appropriate, consistent with federal and state laws and regulations, to develop and pay separate capitated rates for each program administered through the aging and disability resource center or to develop and pay capitated rates for service packages which include more than one program or service administered through the aging and disability resource center.

(c) Once capitation rates have been developed and certified as actuarially sound, the department and the agency may pay service providers the capitated rates for services when appropriate.

(d) The department, in consultation with the agency, shall annually reevaluate and recertify the capitation rates, adjusting forward to account for inflation, programmatic changes.

~~(16)(17)~~ This section does shall not be construed to allow an aging and disability resource center to restrict, manage, or impede the local fundraising activities of service providers.

Section 9. Subsection (3) of section 430.605, Florida Statutes, is amended to read:

430.605 Subsidy payments.—The department shall develop a schedule of subsidy payments to be made to persons providing home care, and to providers of goods and services, for certain eligible elderly persons. Payments must be based on the financial status of the person receiving care. Payments must include, but need not be limited to:

(3) When necessary, special supplements to provide for any goods and services, food and nutritional supplements, and specialized care required to maintain the health, safety, and well-being of the elderly person. Extraordinary medical, dental, or pharmaceutical expenses may be paid as a special supplement.

Section 10. Subsection (2) of section 430.901, Florida Statutes, is amended to read:

430.901 Multiservice senior center; definition; purpose.—A “multiservice senior center” is:

(2) An entity that may partner with an aging and disability resource center to provide for easier access to long-term care services by seniors and their families who reside within the local community.

Section 11. Subsection (1) and paragraph (e) of subsection (2) of section 744.2001, Florida Statutes, are amended to read:

744.2001 Office of Public and Professional Guardians.—There is created the Office of Public and Professional Guardians within the Department of Elderly Affairs.

(1) The Secretary of Elderly Affairs shall appoint the executive director, who shall be the head of the Office of Public and Professional Guardians. The executive director must be ~~a member of The Florida Bar~~, knowledgeable of guardianship law and of the social services available to meet the needs of incapacitated persons, shall serve on a full-time basis, and shall personally, or through a representative of the office, carry out the purposes and functions of the Office of Public and Professional Guardians in accordance with state and federal law. The executive director shall serve at the pleasure of and report to the secretary.

(2) The executive director shall, within available resources:

(e) Produce and make available information about alternatives to and types of guardianship for dissemination by area agencies on aging as defined in s. 430.203 and aging and disability resource centers as described in s. 430.2053.

Section 12. Subsection (3) of section 744.2003, Florida Statutes, is amended to read:

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

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

Section 13. Subsection (2) of section 744.2004, Florida Statutes, is amended to read:

744.2004 Complaints; disciplinary proceedings; penalties; enforcement.

(2) The Office of Public and Professional Guardians shall establish disciplinary proceedings, conduct hearings, and take administrative action pursuant to chapter 120. Disciplinary actions may include, but are not limited to, requiring a professional guardian to participate in additional educational courses provided or approved by the Office of Public and Professional Guardians, imposing additional monitoring by the Office of Public and Professional Guardians of the guardianships to which the professional guardian is appointed, imposing a fine, and suspension or revocation of a professional guardian's registration.

Section 14. Paragraph (f) of subsection (2) of section 744.20041, Florida Statutes, is redesignated as paragraph (g), and a new paragraph (f) is added to that subsection to read:

744.20041 Grounds for discipline; penalties; enforcement.—

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

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

Section 15. Subsection (2) of section 744.2104, Florida Statutes, is renumbered as subsection (4), and new subsections (2) and (3) are added to that section to read:

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

(2) In conducting an investigation, the Office of Public and Professional Guardians may issue subpoenas duces tecum to financial institutions, insurance companies, the ward's caregivers, any facility at which the ward resides or has resided, and the professional guardian or employees to compel the production of records relevant to the investigation conducted by the office.

(3) If there is substantial noncompliance with a subpoena duces tecum issued by the office, the office may petition the court in the county in which the person resides or has resided or his place of business for an order requiring the person to produce such records as specified in the subpoena duces tecum.

Section 16. Subsection (4) of section 744.3701, Florida Statutes, is amended to read:

744.3701 Confidentiality.—

(4) The clerk may disclose confidential information to the Department of Children and Families, ~~the Department of Elderly Affairs,~~ or law enforcement agencies for other purposes as provided by court order.

Section 17. Consistent with s. 11.0431(2), Florida Statutes, the Department of Elderly Affairs shall submit all of the following unredacted Office of Public and Professional Guardians records to the President of the Senate and the Speaker of the House of Representatives by August 1, 2026:

(1) For all complaints received during calendar year 2025 that were dismissed pursuant to s. 744.2004(1)(f), Florida Statutes:

(a) The original complaint.

(b) The final investigation report.

(c) The dismissal letter issued to the complainant and guardian as required by s. 744.2004(1)(g), Florida Statutes.

(2) For all complaints received during calendar year 2025 that resulted in the issuance of a letter of concern, notice of noncompliance, or other written cautionary communication concerning the complaint that was not a dismissal letter sent pursuant to s. 744.2004(1)(g), Florida Statutes:

(a) The original complaint.

(b) The final investigation report.

(c) The letter of concern, notice of noncompliance, or other written communication or notice provided to the guardian.

(d) The letter or notice provided to the complainant.

Section 18. This act shall take effect July 1, 2026.

Approved by the Governor May 11, 2026.

Filed in Office Secretary of State May 11, 2026.