

Chapter 11

Administration of the Home Care for the Elderly (HCE) Program

DEPARTMENT OF ELDER AFFAIRS PROGRAMS AND SERVICES HANDBOOK

Chapter 11: Administration of the Home Care for the Elderly (HCE) Program

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Section I: Overview of the HCE Program

The purpose of the HCE Program is to encourage the provision of care for elders in family-type living arrangements in private homes as an alternative to nursing homes or other institutional care settings. Additionally, the program provides the following:

- Basic support and maintenance; and
- Assistance in arranging specialized services as needed.

Section II: Legal Basis and Specific Legal Authority:

A. Legal Basis:

The provisions of sections 430.601 through 430.608, Florida Statutes as created by Chapter 95-418, Laws of Florida, established the HCE Program. The legislative intent is to encourage the provision of care of the frail elderly at risk of institutionalization in family-type living arrangements in private homes.

Chapter 58H-1, Florida Administrative Code (F.A.C.) Home Care for the Elderly Program, is the promulgated rule mandated by Section 430.603, F.S.

B. Specific Legal Authority:

- Sections 430.601–608, F.S. as created by Chapter 95-418, Laws of Florida
- Chapter 58H-1, F.A.C.

Section III. Services Provided Under the HCE Program

The descriptions of these services can be found in Appendix A, “Service Descriptions and Standards.”

A. Requirements: Subsidy payments may be made to caregivers and service providers of eligible HCE clients.

1. Subsidy vs. Nursing Home Cost: The total of subsidy payments per client may not exceed the amount expended in general revenue annually per person for nursing home care.
2. Authorization: The subsidy must be authorized on the client’s care plan prior to payment.
3. Restrictions: For all HCE clients, services must not be available through Medicare, Medicaid, Veterans Administration (VA), or other insurance.
4. Additionally, special subsidies for HCE clients (enrolled after March 1, 2019) shall

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not be authorized for services provided and available under other funding sources specifically SMMC LTC.

5. **Cost versus Coverage:** Costs for services or items partially covered by Medicare or other insurance are reimbursable in the amount of the difference in cost and coverage reimbursed by the insurance provider.
6. **List of Covered Services:** The Lead Agency should contact the Agency for Health Care Administration Medicaid Area Office to obtain a list of covered services for elderly recipients.
7. **Payment Exclusion:** Premium payments for health, nursing home or life insurance are not reimbursable items.

B. Case Management:

1. Case Management, Case Aide, and Intake services are provided as needed to the HCE client and caregiver.

C. Basic Subsidy: The basic subsidy amount is a standard \$160.

1. **Authorization:** The basic subsidy must be authorized on the client's care plan prior to payment.
2. **Coverage:** The basic subsidy is for support and health maintenance to assist with the cost of the following expenses:
 - Housing;
 - Food;
 - Clothing; and
 - Medical or dental services and incidentals, not covered by Medicaid, Medicare, or any other insurance.
3. **Monthly Payment:** The basic subsidy amount is paid to the caregiver when the client is in the home for any part of a month.
4. **Hospitalization:** If the client is hospitalized, or otherwise institutionalized, but was in the home at any point during the reporting period, the basic subsidy check will be sent to the caregiver.
5. **Absence From the Home:** The client may remain in the HCE Program when out of the home for up to three (3) months, but no basic subsidy check will be paid to the caregiver, except as cited in 'b' above.

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6. Termination: If after three (3) months the client does not return home, then the client will be terminated from the HCE Program
- D. Other: All other HCE Services (Special Subsidies): This combines payments for goods and services necessary for maintenance of the health and well-being of the elder client.
1. Flexibility: The special subsidy is intended to be flexible, and few restrictions are placed on the types of services and special equipment that may be arranged to support the well-being of the client.
 2. Authorization: The special subsidy shall be authorized on the client's care plan prior to payment. However, information related to specific services may vary.
 3. Applicability: The services or supplies authorized for special subsidy directly relate to the client's health conditions.
 4. Specialized Service: A case manager may choose to require a physician's prescription or verification of the need for the specialized service prior to approval for special subsidy.

Section IV Program Requirements

A. General Eligibility Criteria: To be eligible for HCE the client must meet the following criteria:

1. Age: Be sixty (60) years or older;
2. Be a current resident of the State of Florida with the intent to remain in the state; and
3. Meet the program criteria for functional and financial eligibility set forth in Attachment 5 and below:
 - a. Be at risk of nursing home placement based on 701B assessment;
 - b. Have self-declared income and assets which do not exceed the ICP limits established by Medicaid and DCF, or
 - c. Receive Supplemental Security Income (SSI), or
 - d. Receive benefits as a Qualified Medicare Beneficiary (QMB) or as a Special Low-Income Medicare Beneficiary (SLMB); and
 - e. Have an approved caregiver who meets the caregiver requirements pursuant

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to Rule 58H-1.006, F.A.C., and the dwelling requirements pursuant to Rule 58H-1.007, F.A.C.

B. HCE Caregiver:

To be eligible for HCE the caregiver shall meet the following criteria:

1. Be age 18 or above, capable of providing a family type living environment and willing to accept the responsibility for the social, physical, and emotional needs of the home care client;
2. Be a relative or friend who has been accepted by the client as surrogate family or is a responsible adult with whom the client has made an arrangement to provide home care services;
3. Be willing to accept the responsibility for the social, physical, and emotional needs of the recipient;
4. Be physically present to provide supervision and to assist in arrangement of services for the client;
 - a. Be living in the home with the client or have alternative arrangements for care to be assumed temporarily by another adult.
5. Maintain the residential dwelling free of conditions that pose an immediate threat to the life, safety, health, and well-being of the home care client pursuant to rule 58H-1.007, F.A.C.;
6. Be without record of conviction of abuse, neglect, or exploitation of another person;
7. A Level II Background Screening will need to be completed for all HCE caregivers who are non-relatives of the client;
8. The case management agency may exempt a caregiver from certain requirements as specified in its contract with the Area Agency on Aging.
 - a. Willing and able to provide care or assist in arranging services for the client; and
 - b. Qualified as an HCE caregiver based on the client's choice and the case manager's assessment.

C. Unsuitable Caregivers: HCE caregivers are not considered suitable under the following conditions:

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1. They hold themselves out to the public as one of the following:
 - a. Adult family care home;
 - b. Group home;
 - c. Half-way house;
 - d. Assisted living facility; or
 - e. Other similar facility offering room, board, and personal services.
2. Conversion: They are existing HCE caregivers who intend to convert a home-style living environment into one of the group living arrangements as mentioned in (1) above.

D. Eligibility Process: The client eligibility process includes an assessment of the individual's risk of nursing home placement and financial eligibility for the HCE program.

1. **Functional Eligibility:** The case manager must administer the comprehensive assessment (701B) for all HCE applicants to determine the applicant's need for services, level of impairment and risk of institutional placement. The client assessment will be completed according to guidelines in Chapter 2, "Intake, Screening, Prioritization, Assessment, and Case Management."
 - a. Scoring the Assessment: eCIRTS shall determine the prioritization score on the 701B for each HCE client.
 - b. Prioritization: The priority score and rank for the HCE applicant must consider the risk category score.
 - c. The following are the criteria to prioritize new clients in the sequence below for service delivery. It is not the Department's intent to remove current clients from any services to serve new clients being assessed and prioritized for service delivery.
 1. 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. For additional information on Imminent Risk, please reference Chapter 1.
 2. 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' (DCF) Adult Services transitioning to community-based services provided through the Department when services are not currently available.

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3. Service priority for individuals not included in 1 and 2 above, regardless of referral source, will be determined through the Department's functional 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, risk of nursing home placement, and to applicants with the lesser ability to pay.

2. **Financial Eligibility:** Once the applicant's functional status has been assessed using the 701B, the case manager must then determine the applicant's financial eligibility.

- a. **Persons with Automatic Eligibility and Methods of Benefit Verification:** The case manager need not proceed further in the determination of income or assets if any of these benefits can be verified. The case manager will note in the case narrative what evidence was used as verification of the receipt of SSI, QMB, or SLMB. These clients automatically meet financial eligibility:

1. Supplemental Security Income (SSI):
 - a. A copy of the SSI award letter or form, dated within 30 days from the time of application; and,
 - b. Florida Medicaid Management Information System (FMMIS). Medicaid's Fiscal Agent provides verification of recipient eligibility. For information about how to access recipient eligibility data from the fiscal agent, go to <http://ahca.myflorida.com>.
2. QMB—Medicare Supplement Policy sponsored by the State Medicaid Program:
 - a. Refer to ii (B) SSI above;
 - b. Copy of award letter;
 - c. Copy of DCF Form 2014 (Authorization of Medicaid Eligibility Form sent from DCF to FMMIS); or
 - d. Documentation of client benefits from the DCF "My ACCESS Account."
3. SLMB—Vendor Payment for Medicare premiums sponsored by the State Medicaid Program:
 - a. Award letter; or
 - b. Documentation of client benefits from their DCF "My ACCESS Account."

- b. **Persons Without Automatic Financial Eligibility:** Non-SSI or related

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program eligible individuals' financial eligibility will be determined using a procedure like the Medicaid Institutional Care Program eligibility determination method.

1. **Self-Declaration:** This procedure is less rigorous in that the applicant's self-declaration of income and assets may be accepted.
2. **Optional Verification:** The self-declaration method does not preclude the case manager from requesting written documentation of income and assets or verifying this information through other means if it is suspected that the client is providing inaccurate or false information.
3. **Optional Verification Time Limit:** If financial verification is requested, a 30-day time limit may be placed for receiving the information.
4. **Financial Worksheet:** The financial worksheet (Attachment 1) containing the client's signature attesting to the truthfulness of the information given, must be completed, signed, and placed in the client file.
 - i. **Institutional Care Program (ICP) Standard:** The monthly income eligibility threshold is a total from all sources that does not exceed the Institutional Care Program standard as provided by the Department of Children and Families. https://www.myflfamilies.com/service-programs/access/docs/esspolicymanual/a_09.pdf. Income includes the following sources:
 - Social Security benefits;
 - Veterans Administration benefits;
 - Disability Payments Including Worker's Compensation;
 - Retirement pensions;
 - Interest and dividends;
 - Annuity Income;
 - Rental property;
 - Estate/Trust Fund Income;
 - Child support or alimony;
 - Contributions from others; and
 - Other Income.
 - ii. **Assets:** Assets shall not exceed the Institutional Care Program (ICP) Standards as provided by the Department of

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Children and Families.

(https://www.myflfamilies.com/service-programs/access/docs/esspolicymanual/a_09.pdf)

NOTE: Only the income and assets of HCE applicants are counted, even if they are married. If both husband and wife are applying, their income and assets are added and compared to the standard for couples.

iii. **Examples of Assets:** The following are examples of assets which are counted in determining eligibility:

- Bank accounts-checking/savings;
- Certificates of deposit;
- Money market accounts;
- Individual Retirement Accounts;
- Christmas clubs;
- Revocable burial contracts;
- Life insurance;
- Mutual funds;
- Stocks;
- Bonds;
- Second automobile; and
- Real property (other than homestead).

Note: Financial Definitions: See attachment 1 regarding included and excluded assets.

iv. **Potential Supplemental Security Income (SSI) Eligibility:** If the client appears to be eligible for SSI, the case manager will assist them in applying for these benefits at the Social Security Administration (SSA).

- a. **SSI Application Process:** HCE services can commence if all other eligibility criteria are met during the SSI application process.
- b. **Follow-up:** The case manager would have to follow up to determine the actual amount approved by Social Security.

NOTE: Each HCE client should be instructed to inform the case manager of any changes in income or assets.

v. **Applicant Determined Financially Eligible:** Once it is determined that the applicant is eligible, the case manager should enroll the client.

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- vi. **Client File:** The Financial Worksheet is placed in the client file. The basic subsidy amount is entered in eCIRTS in accordance with procedures in this Handbook regarding eCIRTS data entry.

3. Required Forms: The case manager must complete the following forms as part of the eligibility process:

- a. Comprehensive Assessment (DOEA 701B);
- b. Care Plan (DOEA Form 203A);
- c. Notice of Case Action (Attachment 3); and
- d. Financial Worksheet (for clients not identified as automatically financially eligible—Attachment 1).

E. Home Visit and Environment:

1. **Potential Eligibility:** If the applicant appears to be eligible for HCE services based on the preliminary information received, the case manager should contact the applicant and schedule a home visit appointment.
2. **Purpose of Home Visit:** The case manager will explain to the applicant that the purpose of the home visit will be to have a thorough discussion of the following topics:
 - a. The applicant's physical condition;
 - b. Income and assets;
 - c. Need for services;
 - d. Suitability of the home; and
 - e. Caregiver eligibility.
3. **Income and Asset Worksheet:** The applicant should be sent a copy of the income and asset worksheet, or the information should be given in detail over the phone so that the applicant will have the facts readily available when the case manager makes the first home visit.
4. **Ineligibility:** If the person does not meet the HCE eligibility requirements based on preliminary intake information, the intake worker or case manager must explain the reason for the determination of ineligibility for the program.
 - a. **Referral to Other Sources:** Referrals to other programs must be made, if appropriate. The referral (if applicable) and determination of ineligibility must be documented for Lead Agency records.
5. **Caregiver Assessment:** During the home visit, the case manager shall assess the primary caregiver to determine the individual's willingness and ability to

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perform two basic tasks:

- a. Provide basic services of maintenance and supervision of the client; and
 - b. Provide or arrange for specialized services for the client.
- 6. Assessment Instrument Caregiver Section:** The caregiver assessment shall minimally include the completion of Section K, Social Resources, and Section L, Caregiver, of the comprehensive assessment (DOEA 701B).
- 7.** During the home visit, the HCE case manager will assess the home environment and surroundings. Generally, the home shall be:
- a. **Dwelling Type:** A family-type dwelling occupied as the residence of the HCE client or caregiver;
 - b. **Type of Ownership:** Owned, leased, or rented;
 - c. **Safety:** Safety for the client as determined by the case manager's assessment using the environmental assessment section (Section H) of the DOEA 701B.
 - d. **Critical and Essential Elements:** The case manager's notes on section H of the comprehensive DOEA 701B are based on personal observations and answers to questions like those found in the optional Safety and Accessibility Worksheet (Attachment 2).

Attention must be paid to:

- Structural damage;
 - Access barriers;
 - Electrical and fire hazards;
 - Unsanitary or infested conditions;
 - Insufficient water or hot water;
 - Insufficient heat or air conditioning;
 - Inaccessibility of community services; and
 - Client inability to exit the home in an emergency.
- e. **Walk Through:** When completing this section of the comprehensive assessment, the case manager shall walk through all rooms of the house along with making observations concerning the yard and neighborhood.
 - f. **Assessment Goal:** The case manager's major goal in the environmental assessment is to address any potential safety or accessibility problems for the client.

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- **Identified Problems:** The caregiver should be strongly encouraged to take steps necessary to correct any problems identified during the safety and accessibility assessment.
- **Corrective Action Plan:** The case manager and caregiver shall develop a plan to address any unresolved problems. Documentation shall be noted in the client file.

F. Documentation of Assessment and Recommendations:

Case Narrative: The results of the caregiver, home and client eligibility assessments will become part of the client file. The recommendation of the case manager, whether positive or negative, must be supported with documentation that justifies the decision in the case narrative.

1. Annual Eligibility Determination: An annual eligibility re-determination shall be performed in accordance with the following instructions:

- a. An annual eligibility re-determination shall be completed every 12 months, and no later than the month of the anniversary date of the completed client assessment. Re-determination includes:
 - Completion of the eligibility process as outlined in this chapter;
 - Providing updates to the eCIRTS system based on changes in client information and status; and
 - Completion of a new or update to the existing client care plan. In either case the care plan form must be signed annually by the client, caregiver, and case manager in confirmation of the agreed upon services.

1. Care Plan Development: The HCE client/client's representative, caregiver and case manager shall develop a care plan designed to serve as an agreement between these persons regarding HCE services (e.g., basic subsidy, special subsidies, and case management) to identify the client's:

- Service needs to be addressed; and
 - Services to be delivered by HCE and other contributing programs.
- a. **Caregiver:** The needs of the caregiver may be included on the care plan as they pertain to the caregiver's role in providing care. Please refer to the Role of the Caregiver, in this chapter, for additional guidance on care planning for caregivers.

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- b. **Care Plan Signatures:** The client/client’s representative, caregiver and case manager must sign the care plan. The signed care plan and the program enrollment criteria become the signed agreement that the caregiver will provide HCE services for the client and will be paid a basic subsidy.
- c. **Notice of Case Action:** A “Notice of Case Action” form is sent to the client/caregiver stating the client’s eligibility for the program. (Attachment 3 to this chapter)
- d. **Program Enrollment Criteria:** A copy of the Program Enrollment Criteria is given to the caregiver. (Attachment 5)
- e. **eCIRTS Registration:**
 - i. **Case Manager Responsibility:** For subsidies and case management payments to be paid, the case manager must register the HCE client in the Enterprise Client Information and Registration Tracking System (eCIRTS) in accordance with eCIRTS data entry procedures included in this Handbook.
 - ii. **Cut Off Date:** The client and caregiver registration cut-off date is the 15th of the month to receive the basic subsidy. Anyone registered after the 15th shall have the first day of the subsequent month as an eligibility date.

Examples:

| <u>Client</u> | <u>eCIRTS Start Date</u> | <u>Basic Subsidy (and Special Subsidy, if authorized) Received For</u> |
|---------------|--------------------------|--|
| A | 08/13/22 | August 2022 |
| B | 08/20/22 | September 2022 |

- iii. **Units of Case Management:** Case managers shall continue the provision of case management services in accordance with Chapter 2 of this Handbook and report units of case management into the eCIRTS database by the 20th of the month.

G. Role of HCE Caregiver: The HCE caregiver will be responsible for ensuring that basic support and maintenance services are provided for the client, such as: supervision, housekeeping, meal preparation, basic personal care as needed such as bathing and grooming and maintaining a safe and accessible home environment for the client in accordance with eligibility criteria established in this chapter.

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1. **Third Party Services:** Services to be provided by the HCE caregiver shall not be supplanted by purchasing these services from third parties using DOEA program resources.
2. **Exception to Policy:** The exception to the policy stated above involves a caregiver who is also functionally limited, unable to lift or move the client and perform household tasks.
 - a. **Availability of Resources:** If in the case manager's judgment, the caregiver is unable to perform these tasks due to functional limitations and if sufficient program resources exist to purchase such services, the case manager may authorize the services on the care plan to maintain the home care arrangement.
 - b. **Assistance Unavailable:** If third party assistance is unavailable to assist the functionally limited caregiver to provide the necessary care for the client, then the HCE client is no longer eligible and must be terminated from the program. The client may qualify for other programs and may need the case manager to make referrals if the HCE services are terminated.
3. **Documentation:** These actions by the case manager for the caregiver and client referred to above must be documented in the care plan and the case narrative.
4. **Supervision:** Supervision must be provided as determined by the client's functional status and level of dependency.
 - a. **Frequency of Observation:** The requirement for the caregiver's personal observation, and the frequency of such observation, is based on the individual client's situation and what is needed to ensure the client's well-being.
 - b. **Critical Factor:** The critical factor is the dependent status of the client at any time due to illness, mobility problems, assistance with assistive devices and the potential for harm that could occur should the client not be adequately supervised.
 - c. **Caregiver Arrangements:** Supervision must be continued during periods when the caregiver is not physically in the home. The HCE case manager must approve the caregiver's arrangements for supervising the client during periods when the caregiver is not in the home.
 - i. **Absences:** During absences, the caregiver will identify a competent adult person to supervise and observe the status of the client.
 - ii. **Alternate Caregiver:** When absences from the home are daily or of a routine nature, i.e., primary caregiver has part-time or full-time

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employment, then, arrangements for care must be made with an alternate caregiver to promote continuity of relationship and to prevent unnecessary confusion for the client.

- d. Arrangements for Supervision: The caregiver should plan for supervision, including the name(s) of the person(s) to be providing supervision in the absence of the caregiver.
 - i. Supervision Schedule: The primary caregiver must develop a schedule that meets the client's needs and clearly indicates who will be caring for the client and when.
 - ii. In-Home Care: Plans will be based on the client being cared for within the home of residence.
 - iii. Case Manager Approval: The HCE case manager must approve the plans.
 - iv. Case Manager Disapproval: The case manager will not approve plans containing a pattern of numerous periods of absence during the day, regardless of whether these are temporary or prolonged.
- e. Continued Caregiver Absence: If the case manager frequently finds that neither the caregiver nor alternate caregiver is present when making telephone calls or home visits, the following procedure shall be followed:
 - i. Discussion with Caregiver: The case manager shall explain to the caregiver at the earliest opportunity, (preferably during a home visit, but a phone call or a letter may be used in certain circumstances) that the client is at risk when the caregiver is not present to supervise the client and assist with the client's activities of daily living.
 - ii. Unannounced Contacts: Through a series of unannounced visits and phone calls, the case manager will determine whether the caregiver's (primary or alternate) absence is an ongoing problem. The case manager may also talk with the client to determine whether the client feels safe and feels that his/her needs are being met by the caregiver.
 - iii. Supervisory Consultation: If the problem continues, the case manager will share the information gathered with his/her supervisor and with the case management agency director.
 - iv. Termination and Referrals: A decision may be made to terminate the client from the program. The client may qualify for other programs and may need the case manager to make referrals if the HCE services are

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terminated.

5. Caregiver Responsibility for Service Arrangement and Accountability:

- a. **Arranging HCE Services:** The caregiver is involved in arranging for the delivery of medical or special support services pre-authorized by the case manager as a special subsidy on the care plan.
- b. **Types of Arrangements:** Two arrangements are possible for special subsidy services:
 - i. **Caregiver Reimbursement:** The caregiver may first pay for pre-authorized services and later be reimbursed by the AAA.
 - **Remaining Balance:** Consideration can be given to making subsequent payments on medical equipment for which there is a remaining balance.
 - **Interest Exclusion:** Interest or credit costs incurred in purchase arrangements for such equipment are not reimbursable.
 - **Documentation:** The caregiver must obtain documentation for expenditures made for such services:
 - Dated receipts marked "Paid" must support expenditures.
 - The caregiver must sign the back of each receipt.
 - **Time Limits:** The caregiver must submit the receipts to the case manager within 30 days. Caregivers shall be reimbursed within 60 days of submitting the original receipts.
 - **Case Manager Assistance:** The case manager should assist the caregiver in the development of an organized system to collect and account for expenditure receipts.
 - **eCIRTS:** The case manager forwards the payment information to the AAA via eCIRTS as outlined in the eCIRTS data entry requirements but retains the receipts for a paper trail in the client record.
 - ii. **Vendor Reimbursement:** Special subsidy services may be authorized through a vendor agreement between the Lead Agency and a provider of goods and services on behalf of the caregiver and client. The Lead Agency may also be a vendor of services.

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- Advantage: In this method the client and/or caregiver's personal funds do not become involved in the purchase of the services.
 - eCIRTS: The Lead Agency transmits the payment information for the subsidy via eCIRTS, as outlined in the eCIRTS data entry procedures.
- iii. Recoupment: Subsidy amounts, which are found to be in error due to false information provided to the case manager, will be considered fraudulent. The case management agency in conjunction with the AAA will establish a recoupment schedule with the caregiver or vendor for repayment of the funds.

Section V SERVICE COORDINATION WITH OTHER DOEA SERVICE PROGRAMS

A. HCE clients may also be eligible for home-based services under programs such as:

1. Community Care for the Elderly (CCE);
2. Alzheimer's Disease Initiative (ADI);
3. The Older Americans Act (OAA);
4. Local Services Programs (LSP); and
5. Statewide Medicaid Managed Care Long-term Care (SMMC LTC) program.
 - HCE clients who are released from the SMMC Program enrollment may keep their HCE BASI caregiver subsidy benefit if desired. HCE Basic Subsidy benefits may apply for such benefits but must still meet program participation requirements and may only be enrolled if available funding exists.
 - If an existing SMMC LTC client applies for HCE Basic Subsidy, and there is insufficient budget in the HCE program to enroll the client in HCE, they will be waitlisted as is the current process when resources are not available for adding new clients.

NOTE: Dual enrollment is allowable if the situation is such that the client benefits from it and it is still more cost effective to do so rather than have the client institutionalized.

B. Upon funding availability, the HCE program may be considered as a funding source for case management activities when:

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- The client only receives HCE services; or
- The client receives HCE services and CCE, Local Services Program (LSP), OAA, or ADI services.

C. HCE Case Management Coordination:

- The HCE client's services will be managed by only one case manager. The case manager will work with the client to ensure the most appropriate mix of services and will provide coordination between all service providers and the client. The case manager must be designated in the client record.
- If a client is enrolled in multiple programs, the service providers for the client will cooperatively decide which program/entity will provide and fund the case management.
- For clients enrolled in HCE Basic Subsidy and SMMC LTC (no Special Subsidy), there is no need to develop a care plan for these clients as that function will be conducted by their SMMC LTC case manager. HCE case managers are responsible for completing the annual eligibility re-determination every 12 months (no later than the month of the anniversary date of the complete client assessment). Case Aids shall complete monthly HCE caregiver calls (or case managers where there are not case aids).
- Clients enrolled in both HCE Basic Subsidy and SMMC LTC will be allowed to choose Participant Directed Options (PDO); the client's enrollment in HCE should not be affected if they are in SMMC PDO.

Section VI: Agency and Stakeholder Responsibilities

A. DOEA RESPONSIBILITIES

- 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 HCE Act.
- 2. Responsibilities:** The responsibilities of DOEA are listed below:
 - a.** Require the inclusion of HCE information in the development of the area plan;
 - b.** Develop an allocation formula for distributing HCE funds to the Planning and Service Areas (PSAs);
 - c.** Allocate HCE funds through the AAAs for funding service providers;

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- d. Provide technical assistance on the HCE program;
- e. Establish policies and procedures for AAAs, case management agencies and HCE subcontractors;
- f. Evaluate the quality of services, effectiveness, and client satisfaction with the HCE program;
- g. Develop program reports;
- h. Review the required AAA/HCE area plan annual update and all revisions as necessary;
- i. Review program reports and make recommendations for program improvement;
- j. Provide technical assistance to the AAAs in program planning and development and ongoing operations as needed; and
- k. Process payments to the AAAs based on approved invoices.

B. Area Agencies on Aging (AAAs) Responsibilities:

1. **Purpose:** The purpose of the AAA in the community care system is to act as the agency to plan for, monitor, and fund Lead Agencies and other agencies involved in the HCE program.
2. **Responsibilities:** Responsibilities of the AAA are as follows:
 - a. Develop the PSA level allocation formula for distribution of HCE funds;
 - b. Plan for, advertise, and approve funding for local service providers;
 - c. Prepare and revise the AAA area plan update;
 - d. Plan with local service providers to determine service needs;
 - e. Provide technical assistance to local service providers and vendors to ensure the provision of quality HCE services;
 - f. Require an annual submission of HCE application or updates for funding of current local service providers and vendors;
 - g. Assess and monitor the local service provider's fiscal and programmatic management capabilities;

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- h. Establish agreements for services in accordance with DOEA rules and agreement procedures;
- i. Review and evaluate contractor agreements, subcontractor agreements, and vendor agreements for programmatic and fiscal compliance;
- j. Submit timely payments to subcontractors in accordance with Section 287.0585, F.S.;
- k. Arrange in-service training for case management agencies and vendors annually;
- l. Ensure that case management agencies follow established grievance procedures regarding denial, reduction, or termination of HCE services to clients;
- m. Ensure compliance with eCIRTS regulations.
- n. Monitor performance objective achievements in accordance with targets set by the Department; and
- o. Conduct client satisfaction surveys to evaluate and improve service delivery.

C. Case Management Agency Responsibilities:

1. **Purpose:** The purpose of the case management agency in the community care system is to provide case management to HCE clients as needed and to ensure service integration and coordination of HCE service providers within the community care system.
2. **Responsibilities:** Responsibilities of the case management agency are as follows:
 - a. Ensure that all other funding sources available are exhausted before targeting HCE funds;
 - b. Ensure coordination is established with all community-based health and social services for functionally impaired older persons funded wholly or in part by HCE to provide a continuum of care;
 - c. Use volunteers as possible to provide services to clients as well as to assist in other activities of the Lead Agency;
 - d. Compile accurate reports;

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- e. Monitor subcontractors to ensure quality services and efficient use of funds and make payments to subcontractors for core services;
- f. Arrange in-service training, including prevention of elder abuse, neglect, and exploitation, for staff, including volunteers and core service subcontractors and vendors at least annually;
- g. Follow established grievance procedures regarding denial, reduction, or termination of HCE services to clients;
- h. Determine applicants' eligibility for program;
- i. Enroll clients into the program;
- j. Carefully track available funding; and
- k. Ensure caregiver meets the criteria for the role of the HCE caregiver.

NOTE: Case management agencies shall request and receive technical assistance from the Area Agencies on Aging. When additional interpretation is needed, the AAA staff will forward the request for technical assistance to DOEA.

NOTE: DOEA will address all requests and provide a timely response.

NOTE: Please refer to Appendix D, "Minimum Guidelines for Recipient Grievance Procedures," in this Handbook.

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Section VII: Attachment 1

HCE Financial Worksheet

HOME CARE FOR THE ELDERLY FINANCIAL WORKSHEET:

This worksheet is for use with HCE applicants and clients who **ARE NOT** recipients of SSI, QMB, or SLMB.

Applicant/Client

Name: _____

NOTE: Information refer only to the **APPLICANT’S/CLIENT’S** income and assets.

| INCOME INFORMATION | | | | |
|---|---|----------------|---------------|---------------|
| Ask the applicant/client: “Do you receive income from any of the following sources, and if so, in what amounts?” | | | | |
| # | Income Source: | Yes (✓) | No (✓) | Amount |
| 1. | Social Security (SSA)* | | | \$ |
| | 1a) Supplemental Security Income (SSI) | | | \$ |
| | 1b) Social Security Disability Income (SSDI) | | | \$ |
| 2. | Veteran’s Administration (VA) | | | \$ |
| 3. | Disability Payments including Worker’s Compensation (Not, SSI, SSDI, or VA)** | | | \$ |
| 4. | Retirement Pensions (Railroad, Union, Government) | | | \$ |
| 5. | Interest and Dividends | | | \$ |
| 6. | Annuity Income including Civil Service | | | \$ |
| 7. | Rental property | | | \$ |
| 8. | Estate/Trust Fund Income | | | \$ |
| 9. | Alimony/child support | | | \$ |
| 10. | Contributions from another person | | | \$ |
| 11. | Other income | | | \$ |
| TOTAL APPLICANT/ CLIENT INCOME | | | | \$ |

* Gross SSA income needs to be counted. The SSA check is the net amount after the Medicare premiums are deducted.

** Disability payments should only include private disability insurance payments. State and federal disability payments should not be included.

| |
|-------------------------------------|
| COMMENTS/NOTES/CALCULATIONS: |
| |

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| ASSET INFORMATION | | | |
|---|--|----------------|---------------|
| Ask the applicant/client: "Do you have any of the following assets, and if so, what are their values?" | | | |
| # | Asset: | Yes (✓) | No (✓) |
| 1. | More than one automobile (include amount only if car is less than 7 years old or more than 25 years old) | | \$ |
| 2. | Life Insurance Policies that have a total face value of over \$2,500. | | \$ |
| 3. | Cash on hand | | \$ |
| 4. | Checking Account(s) | | \$ |
| 5. | Savings Account(s) | | \$ |
| 6. | Certificate(s) of Deposit | | \$ |
| 7. | Individual Retirement Account(s) | | \$ |
| 8. | Revocable Burial Contract | | \$ |
| 9. | Trust(s) | | \$ |
| 10. | Stocks/Bonds/Mutual Funds | | \$ |
| 11. | Real Property (not homestead) | | \$ |
| 12. | Christmas Club savings | | \$ |

*** If the applicant's/client's assets are valued at over \$2,000, he/she can specifically designate up to \$2,500 worth of assets as burial funds in a written statement to the case manager. The designated amount of burial funds will then be subtracted from the total asset amount to determine the total countable asset amount.**

TOTAL APPLICANT/CLIENT COUNTABLE ASSETS: \$ _____

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| FINANCIAL ELIGIBILITY DETERMINATION | | |
|---|----------------|---------------|
| 1. Income | Yes (✓) | No (✓) |
| If the applicant's/client's gross income is less than the current Institutional Care Program (ICP) standard, then he/she meets the income eligibility requirement. (Please refer to the current ICP standard issued each year by the Department of Elder Affairs). Does the applicant/client meet the income eligibility requirement? | | |
| 2. Assets | | |
| If the applicant's/client's countable assets amount is \$2,000 or less (after the \$2,500 of designated assets are subtracted), then he/she meets the asset eligibility requirement. Does the applicant/client meet the asset eligibility requirement? | | |
| 3. Financial Eligibility | | |
| If the applicant/client meets both eligibility requirements cited in 1 and 2 above, then he/she is financially eligible for the HCE program. Does the applicant/client meet both requirements? | | |

The applicant/client must read, sign and date the following statement attesting to the accuracy of the financial information provided. The case manager will also sign and date the financial worksheet and include in the applicant/client file.

ATTESTATION:

I hereby attest that the income and asset information I have provided is accurate and true based on my present financial circumstances. I hereby grant the HCE case manager my permission to verify any of the information I have provided if there is any question about its validity and will sign a specific release of information for that purpose if requested.

Applicant/Client Signature: _____

Date: _____

Worksheet prepared by: _____

Date: _____

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FINANCIAL DEFINITIONS:

Assets:

Assets are the valuable possessions individuals accumulate over time. Applicants can have some of these possessions without affecting their eligibility. The remainder of these possessions is counted towards the program's asset limit. Assets fall into two types of categories: excluded and included. They are listed in the following matrices:

Excluded Assets:

| # | Term | Definition |
|----|------------------------------|---|
| 1. | Automobile | The individual's automobile, which includes any mode of transportation regardless of use or value. |
| 2. | Burial (Funds set aside for) | Up to \$2,500.00 in otherwise included assets may be excluded if they are specifically designated by the individual as assets to be used for their burial. These assets include liquid assets such as savings, certificates of deposit, savings bonds, and stocks; or real/non-liquid assets such as automobiles, land, jewelry, farm or business equipment, or any other real property so designated |
| 3. | Burial Spaces Inclusions: | A burial space for each individual and immediate family which includes the following individuals: A. Spouse; B. Minor or adult children; C. Stepchildren; D. Adopted children; E. Brothers and sisters; F. Parents; G. Adopted parents; and H. Spouse of any of the above. |

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| # | Term | Definition |
|----|---------------------------------------|--|
| 3 | Burial Spaces Inclusions: | Exclusions: Immediate family does not include members of the spouse’s family, the individual’s grandchildren, or other relatives. |
| 4. | Homestead | The individual’s principal place of residence including the following: A. All land appertaining to the home; B. All buildings located on such land, and C. Any adjoining land and any land which would adjoin it if it was not for roads, streams, rivers, easements, or public rights of way. Note: Only one residence may be excluded. |
| 5. | Household Goods and Personal Effects | Usual household goods and personal effects are presumed to be excluded. However, if the individual claims to have a collection of personal items or effects they consider to be worth a large amount of money, then the value is counted except for one wedding ring, one engagement ring, and medical equipment. |
| 6. | Irrevocable Pre-Paid Burial Contracts | Those contracts between the individual and a funeral director or funeral home, which are considered irrevocable as stated in the contract regardless of the value. |
| 7. | Life Estate in Non-Home Property | The type of ownership in which the individual is given legal title or deed of ownership to another but retains a lifetime interest in the property. Life estate is of no marketable value and is thus excluded. |
| 8. | Life Insurance Policies | Total face values of all policies owned by the individual is \$2,500.00 or less. Any term insurance and burial insurance policies are excluded regardless of face value. |
| 9. | Property Essential To-Self-Support | Income producing property. This would include stores, service stations, beauty shops, condominiums, mobile homes, and any other property, which is producing income for the client’s self-support. |

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| | | |
|------------|------------------------------------|---|
| 10. | Real Property Which is Up for Sale | Any real property, regardless of value, which the individual is making a bona fide effort to sell, is excluded if it is on the market. If the property is not marketable due to the condition, nature, or location of the property, then the property is excluded |
|------------|------------------------------------|---|

Included Assets:

| # | Term | Definition |
|----|---|---|
| 1. | Additional Automobiles | One or more additional automobiles other than the one excluded |
| 2. | Cash on Hand | Any cash in the individual's possession that is not income for the month is considered as an asset. |
| 3. | Certificates of Deposit (CD) and Individual Retirement Accounts (IRA) | These accounts are considered assets in the amount of their cash surrender value (current cash value minus any penalties for early withdrawal). IRAs are designated for retirement, so they cannot be considered for burial funds. However, CDs can be designated for burial funds. |
| 4. | Checking and Savings Accounts | <p>The lowest balance of the individual's bank accounts as of any day in the month minus any deposits made to the account from income received during the month is considered an asset.</p> <p>A. If an HCE applicant jointly holds an account with another person (John Smith "and" Mary Wilson), then the funds and any interest received are equally divided.</p> <p>B. If an HCE recipient has unrestricted access to the funds (John Smith "or" Mary Wilson), then the whole balance and all interest received is considered the applicants.</p> |
| 5. | Life Insurance | If the total face value of life insurance policies exceeds \$2,500.00, then the cash value of those policies must be considered as an asset. These policies may be designated for burial and the cash value would be added to other burial assets. Up to \$2,500.00 of those assets would be excluded. |

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| 6. | Real Property (Other than Homestead) | This is land and other associated buildings on land in which the individual has ownership interest. Ownership is either simple (individual alone) or shared. If shared, the value is divided equally among the owners. It includes mineral rights, timber rights, leasehold, or allotment to farm on a piece of land. | | | | | | |
|-----------------------------|--------------------------------------|--|--------------|----------------------------|-----------------------------|---------------------|-------------------|--|
| 7. | Revocable Burial Contracts | Revocable burial contracts/agreements do not have the word "irrevocable" on the document and therefore the individual can withdraw the money. The balance of these burial funds is added to any other burial designated funds and up to \$2,500.00 is excluded | | | | | | |
| 8. | Stocks, Bonds, Mutual Funds Shares | <p>Stocks represent ownership in a corporation. The value would be determined by the closing price as of the date of application.</p> <p>Bonds are a promise to pay cash. They cannot be redeemed for their stated value until the specified date of maturity.</p> <p>Mutual Fund is a company that buys and sells securities and other property.</p> <p>Verification: Values can be verified as follows:</p> <table border="0" data-bbox="625 1186 1356 1354"> <thead> <tr> <th data-bbox="625 1186 1031 1228">Type:</th> <th data-bbox="1031 1186 1356 1228">Verification Method</th> </tr> </thead> <tbody> <tr> <td data-bbox="625 1249 1031 1312">Stocks, bonds, mutual funds</td> <td data-bbox="1031 1249 1356 1312">Stockbroker Bank</td> </tr> <tr> <td data-bbox="625 1312 1031 1354">U.S. Savings Bond</td> <td></td> </tr> </tbody> </table> | Type: | Verification Method | Stocks, bonds, mutual funds | Stockbroker Bank | U.S. Savings Bond | |
| Type: | Verification Method | | | | | | | |
| Stocks, bonds, mutual funds | Stockbroker Bank | | | | | | | |
| U.S. Savings Bond | | | | | | | | |
| 9. | Trusts | <p>Trusts are money or property held by a trustee for the of the individual who is the beneficiary. This type of asset the only one that is also considered income in the same.</p> <p>A. The principal balance of the trust is not usually available to the beneficiary, this is not considered an asset.</p> <p>B. Exception: If the individual for his/her own benefit set up the trust fund or if the spouse set up a trust fund for the individual, regardless of availability, the total balance of the trust is considered an asset. This type of asset is the only one that is also considered income in the same month.</p> | | | | | | |

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Section VII: Attachment 2

HCE Safety and Accessibility Worksheet

OPTIONAL HCE SAFETY AND ACCESSIBILITY WORKSHEET:

| AREA OF CONCERN | No Risk | Low Risk | Moderate Risk | High Risk |
|---|----------------|-----------------|----------------------|------------------|
| Structure of Home, Floors—Overall Risk | | | | |
| Exposed wiring | | | | |
| Creaking or uneven floors | | | | |
| Ceilings with water marks | | | | |
| Doors open with difficulty | | | | |
| Windows cannot be opened | | | | |
| Outside structure appears to be leaning | | | | |

Questions and Responses:

1. How old is your home?

Response: _____

2. Have you or your caregiver consulted anyone about problems with the structure of the home?

Response: _____

| AREA OF CONCERN | No Risk | Low Risk | Moderate Risk | High Risk |
|---|----------------|-----------------|----------------------|------------------|
| Access—Overall Risk | | | | |
| Client lives above the 1 st floor of the building | | | | |
| Client lives above the 1 st floor of the building with no elevator | | | | |
| Client has limited/deteriorating mobility | | | | |
| Client lives in 2-story home with bedrooms upstairs | | | | |
| Client cannot climb stairs | | | | |
| Client uses a wheelchair for mobility | | | | |
| Entrance to the home has steps | | | | |
| Doorways are too narrow, rooms too small to safely maneuver | | | | |

Question and Response:

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1. If the client uses a wheelchair for mobility, ask how he/she can maneuver within and in and out of the home?

Response: _____

| AREA OF CONCERN | No Risk | Low Risk | Moderate Risk | High Risk |
|--|---------|----------|---------------|-----------|
| Electrical System—Overall Risk | | | | |
| Electrical cords are frayed | | | | |
| Extension cords are overused | | | | |
| Electric plugs are partially hanging out of the wall | | | | |
| The wiring in the home is poor | | | | |

Questions and Responses:

1. Have you or your caregiver ever been shocked trying to plug or unplug anything?

Response: _____

2. Do you have to change fuses frequently?

Response: _____

3. Has your electric bill increased significantly even though you are not using more appliances?

Response: _____

| AREA OF CONCERN | No Risk | Low Risk | Moderate Risk | High Risk |
|--|---------|----------|---------------|-----------|
| Fire Safety—Overall Risk | | | | |
| Wall-to-wall clutter | | | | |
| Client and/or caregiver smoke | | | | |
| No smoke alarms or alarms do not work (no batteries) | | | | |
| Use of non-vented space heater | | | | |
| Fireplace used without a screen guard | | | | |

Questions and Responses:

1. Have you or your caregiver ever fallen asleep while smoking?

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Response: _____

2. Do you or your caregiver forget food cooking on the stove or in the oven?

Response: _____

3. Do you have a fire extinguisher, and do you know how to use it?

Response: _____

4. Have you checked the smoke alarm and changed batteries lately?

Response: _____

5. Do you set a timer when using the oven or toaster oven?

Response: _____

| AREA OF CONCERN | No Risk | Low Risk | Moderate Risk | High |
|---|----------------|-----------------|----------------------|-------------|
| Sanitation—Overall Risk | | | | |
| Unpleasant odor in the house | | | | |
| House is unclean | | | | |
| Bathrooms are unclean and odorous | | | | |
| Furniture/carpet are soiled | | | | |
| Evidence of pest or pest's droppings in the house | | | | |
| Evidence of dead pest odor | | | | |
| Evidence of pet odor | | | | |

Questions and Responses:

1. Do you have pest control service?

Response: _____

2. Do you have pests in the house such as roaches, rats, or mice?

Response: _____

3. Do you use sprays or tablets for control?

Response: _____

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| AREA OF CONCERN | No Risk | Low Risk | Moderate Risk | High Risk |
|--|----------------|-----------------|----------------------|------------------|
| Hot Water/Water—Overall Risk | | | | |
| Evidence of excessive amounts of dirty dishes from lack of water | | | | |
| Client is unkempt, unclean and has body odor | | | | |
| Client's clothing is unclean | | | | |

Questions and Responses:

1. Do you have running water?

Response: _____

2. Do you have hot water?

Response: _____

Additional Comments:

| AREA OF CONCERN | No Risk | Low Risk | Moderate Risk | High Risk |
|--|----------------|-----------------|----------------------|------------------|
| Heating/Air Conditioning—Overall Risk | | | | |
| Temperature in the house is too warm or cold | | | | |
| Room is stuffy even with air conditioner on | | | | |

Questions and Responses:

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1. How do you keep warm in the winter?

Response: _____

2. Do you have a central air and heating system? Does it work adequately?

Response: _____

3. Do you have to unplug another appliance to run a space heater or air conditioner?

Response: _____

4. Do you sleep with a space heater on at night?

Response: _____

5. Does the heat bother you in the warm months?

Response: _____

6. Why don't you run your air conditioner?

Response: _____

| AREA OF CONCERN | No Risk | Low Risk | Moderate Risk | High Risk |
|---|----------------|-----------------|----------------------|------------------|
| Shopping Accessibility—Overall Risk | | | | |
| Evidence of little or no food in cabinets/pantry/refrigerator | | | | |
| Evidence of prescriptions not filled | | | | |

Questions and Responses:

1. How do you do your shopping/errands?

Response: _____

2. When was your last trip to the grocery store?

Response: _____

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3. Can you afford to pay someone to do your shopping and pick up your prescriptions?

Response: _____

| AREA OF CONCERN | No Risk | Low Risk | Moderate Risk | High Risk |
|--|---------|----------|---------------|-----------|
| Transportation Accessibility—Overall Risk | | | | |
| Client is unable to get to local transportation pickup | | | | |
| Client does not drive or have anyone who can drive him/her | | | | |
| Caregiver does not drive | | | | |

Questions and Responses:

1. How do you and your caregiver get to stores to shop, run errands?

Response: _____

2. Is transportation available from other local agencies?

Response: _____

3. Are you able to get on a bus?

Response: _____

| AREA OF CONCERN | No Risk | Low Risk | Moderate Risk | High Risk |
|---|---------|----------|---------------|-----------|
| Telephone Accessibility—Overall Risk | | | | |
| No telephone is visible | | | | |
| No phone number is listed on the referral | | | | |

Questions and Responses:

1. Are you able to afford a telephone?

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Response: _____

2. Is the client able to use the telephone?

Response: _____

3. Are you able to use a neighbor or friend's phone?

Response: _____

4. How can I reach you or you reach me when necessary?

Response: _____

5. How do you get help in an emergency?

Response: _____

6. May I contact your family to discuss the possibility of getting you a telephone?

Response: _____

| AREA OF CONCERN | No Risk | Low Risk | Moderate Risk | High Risk |
|--|---------|----------|---------------|-----------|
| Emergency Evacuation Capability—Overall Risk | | | | |
| The doors and windows are boarded up, nailed shut, covered with burglar bars or otherwise will not open | | | | |
| The client is unable to walk, transfer to a wheelchair, open doors or manage stairs, making evacuation attempts impossible | | | | |
| Exit access is obstructive (clutter, furniture, etc.) | | | | |
| Client's bedroom does not have two means of unobstructed exit | | | | |

Questions and Responses:

1. Do you feel that you could evacuate the home safely in an emergency?

Response: _____

2. Can you describe what you would do in case of an emergency?

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Response: _____

3. Would the caregiver be able to get both himself/herself and the client out of the home in case of an emergency?

Response: _____

Additional Comments:

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Section VII: Attachment 3

Notice of Case Action

**STATE OF FLORIDA DEPARTMENT OF ELDER AFFAIRS
HOME CARE FOR THE ELDERLY
NOTICE OF CASE ACTION**

| | |
|--|---|
| SECTION 1 | |
| Applicant's Name | |
| Address: | |
| Telephone | |
| Caregiver's Name: | |
| This form is to notify you of your eligibility determination for receiving Home Care for the Elderly (HCE) Services. | |
| SECTION 2a: ELIGIBILITY: | |
| You are eligible to receive HCE services effective: _____ | |
| The amount of your monthly basic subsidy is \$_____ | |
| You are responsible for immediately notifying your case manager of any change in your physical or financial conditions. | |
| SECTION 2b: ELIGIBILITY | |
| _____ A. | The results of the assessment instrument do not meet the eligibility standards. |
| _____ B. | You are financially ineligible. |
| _____ C. | You do not have an adult caregiver. |
| _____ D. | Other: |
| SECTION 3: CHANGE IN ELIGIBILITY | |
| Your services are being: | _____ Terminated _____ Suspended _____ Reduced |
| For the following reason (s): | |
| _____ A. | Your caregiver is no longer eligible. |
| _____ B. | You are temporarily out of the home. |
| _____ C. | Your medical condition has improved. |
| _____ D. | You are financially ineligible. |
| SECTION 4: GRIEVANCE RIGHTS | |
| If you believe this decision is incorrect, please contact me so that we may discuss the situation. You have the right to file a grievance regarding this decision. Should you desire to file a grievance, you have 30 days from the date of this notice to make your request | |

Case Manager: _____ **Date:** _____

Agency Address: _____ **Phone:** _____

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Section VII: Attachment 4

Notice of Case Review

**STATE OF FLORIDA DEPARTMENT OF ELDER AFFAIRS
HOME CARE FOR THE ELDERLY
NOTICE OF CASE REVIEW**

| SECTION 1 | |
|---|--------------------------------|
| Applicant's Name | |
| Address: | |
| | |
| Telephone | |
| Caregiver's Name: | |
| This form is to notify you of the decision regarding review of your case action. | |
| SECTION 2: DECISION | |
| Based on all the information involved in this reconsideration, the Lead Agency: | |
| _____ A. | Confirms the decision. |
| _____ B. | Does not confirm the decision. |
| Comments: _____ | |
| _____ | |
| _____ | |
| SECTION 3: GRIEVANCE RIGHTS | |
| If you do not agree with this decision, you have the right to file a grievance regarding this decision by requesting a review of the case action by the Area Agency on Aging no later than 15 calendar days from the date of this notice. Please send your request to the following address | |

Case Manager: _____
Agency Address: _____

Date: _____
Phone: _____

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Chapter 11: Administration of the Home Care for the Elderly (HCE) Program

Section VII: Attachment 5 Program Enrollment Criteria for HCE Caregivers

1. **Responsibility for Recipient:** Accepting responsibility for the social, physical, mental, and emotional needs of the home care recipient with whom they live.
2. **Physical Presence:** Living in the home with the client to provide supervision and assist in arrangements of services for the recipient.
3. **Emergency Arrangements:** Having alternative arrangements for care planned with another adult (18 years or older) in the case of an emergency.
4. **Alternate Caregiver:** Planning for an alternate caregiver to provide caregiver services in the home when absences from the home are daily or routine. The alternate must also meet all the enrollment criteria for caregivers.
5. **Maintaining Safe Environment:** Maintaining the residential dwelling free of conditions that pose an immediate threat to the life, safety, health, or well-being of the home care recipient.
6. **Personal Relationship:** Maintaining a positive personal relationship with the recipient.
7. **Abuse, Neglect, Exploitation:** Being free of conviction of the abuse, neglect, or exploitation of another person.
8. **Maintaining Family Environment:** Maintaining a family type living environment and not pursuing, or planning to pursue, a group living arrangement.
9. **Reporting Changes:** Maintaining contact with the case manager, immediately reporting any changes in the client's medical condition, financial condition or living arrangement.
10. **Care Plan Development:** Assisting in the development of the care plan, signing the plan, and assisting in carrying out the plan with the client and case manager.
11. **Case Manager Access to Client:** Providing the case manager with unlimited access to the home and client.
12. **Use of Basic Subsidy:** Using the basic subsidy payment to assist with reimbursement of costs associated with the basic needs of the client such as:

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- A. Housing;
 - B. Food;
 - C. Clothing;
 - D. Medical services;
 - E. Dental services; and
 - F. Incidentals not covered by Medicaid, Medicare or any other insurance.
13. **Use of Special Subsidy:** Using the special subsidy payments authorized prior to purchase as reimbursement for specific services or items purchased for the client.
14. **Receipts of Purchases:** Providing the case manager with receipts for special subsidies within 30 days of the purchase.
15. **Eligibility Determination:** Providing information needed for determining eligibility available for the case manager at the time of assessment and reassessment.