**DATE:** April 2, 2001

# HOUSE OF REPRESENTATIVES COMMITTEE ON ELDER & LONG TERM CARE ANALYSIS

**BILL #:** CS/HB 605

**RELATING TO:** Nursing Homes and Related Health Care Facilities

**SPONSOR(S):** Committee on Elder Affairs & Long Term Care, Rep. Gibson & others

TIED BILL(S):

## ORIGINATING COMMITTEE(S)/COUNCIL(S)/COMMITTEE(S) OF REFERENCE:

(1) ELDER & LONG TERM CARE YEAS 11 NAYS 0

(2) HEALTH & HUMAN SERVICES APPROPRIATIONS

(3)

(4)

(5)

## I. SUMMARY:

CS/HB 605 specifies required dementia-specific training for all staff of assisted living facilities, nursing homes, adult day care centers, adult family care homes, and certain home health agencies and their staff who care for persons with Alzheimer's Disease or a related disorder. Currently only administrators and managers of ALFs are required to complete training on Alzheimer's Disease and related disorders.

The bill requires the Department of Elder Affairs (DOEA) to approve both the trainers and the proposed curricula. Rule writing authority is granted to DOEA and to the Department of Children & Family Services.

DOEA projects a fiscal impact of at least \$68,868 for one additional FTE to implement this program with private vendors conducting the training. If DOEA staff were required to conduct the training, the cost would be substantially higher. DOEA reports that they currently spend more than \$266,217 on ALF training costs.

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# II. SUBSTANTIVE ANALYSIS:

## A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

1.	Less Government	Yes []	No [x]	N/A []
2.	Lower Taxes	Yes []	No []	N/A [x]
3.	Individual Freedom	Yes []	No []	N/A [x]
4.	Personal Responsibility	Yes []	No []	N/A [x]
5.	Family Empowerment	Yes []	No []	N/A [x]

For any principle that received a "no" above, please explain:

The bill establishes new requirements that certain employees of some of the health related facilities licensed under chapter 400 receive varying levels of training about persons with Alzheimer's Disease and related disorders. The bill provides statutory and rule requirements related to the content and providers of training to employees of assisted living facilities, home health agencies, adult day centers, and adult family care homes.

#### B. PRESENT SITUATION:

Alzheimer's Disease (AD) is a degenerative neurological disorder. Over time, the affected person experiences progressive dementia, brain atrophy, and cognitive impairment. It is incurable and irreversible. AD is the most common form of dementia and is the fourth leading cause of death in the United States among adults. AD is estimated to cost the nation between \$80 billion and \$90 billion dollars a year. This includes direct financial outlays and indirect costs such as lost productivity.

Alzheimer's Disease is *not* a normal inevitable part of aging. The disease usually manifests between the ages of 65-85, but isolated cases have been reported with onset as early as age 40. Alzheimer's Disease affects all groups regardless of gender, race, ethnicity, or nationality.

AD progresses steadily, but unpredictably. Deterioration of the brain takes place in three stages over a period from three to twenty years. Ultimately, the person forgets how to swallow, eat, dress, walk, or recognize danger and react appropriately.

In the last stages of the disease, the caregivers become totally responsible for meeting all of the person's needs and assuring his or her safety.

More than 4 million people in the U.S. suffer with AD. In Florida in 1995, there were an estimated 202,000 cases. A survey conducted by the Agency for Health Care Administration (AHCA) in 1993 found that 64% of nursing facility residents had short-term memory loss and 60.4% had long-term memory problems. Memory loss is one of the primary indicators used to diagnose AD. The agency concluded that the majority of nursing home residents suffer from some form of dementia. This is consistent with the findings of the Joint Commission on Accreditation of Healthcare Facilities. The Joint Commission has reported that at least 50 percent of nursing home residents suffer with a form of dementia. There are no reliable data regarding the number of residents in congregate care settings who have dementia.

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Currently, DOEA is responsible for the administrative rule regarding training for assisted living facility (ALF) administrators and managers in Alzheimer's Disease and related disorders. DOEA approves both the trainers and their proposed curricula. There are more than 100 training providers approved. In some instances, DOEA reports that their staff actually conducts the training.

In the current administrative rule, the training fees are as follows:

# 1. Assisted Living Facility Core Training:

	Number of OSS Residents	Fee
1	Less than 30% OSS residents	\$160
2	Between 30% and 49% OSS residents	\$120
3	Between 50% and 69% OSS residents	\$80
4	Between 70% and 89% OSS residents	\$ 40
5	90% or more OSS residents	no charge

There are slightly more than 2,400 ALFs in the state now. The Florida Assisted Living Association (FALA) seems to represent the largest group of them. FALA reports that they conduct regular training for their members and Alzheimer's and related disorders are among the topics covered.

#### C. EFFECT OF PROPOSED CHANGES:

The bill will require that providers licensed under Part II Nursing Homes, Part III Assisted Living Facilities, Part IV Home Health Agencies, Part V Adult Day Care Centers, and Part VII Adult Family Care Homes that care for persons with Alzheimer's disease and related disorders must provide training to their employees. DOEA, or its designee, must approve the training and the trainers.

ALFs must provide the initial up to four-hour course to all of their employees regardless of their work assignment and contact with residents.

Facilities in which more than 90% of the residents or clients receive Optional State Supplementation (OSS) payments are not to be charged for the training; however, this provision is not applicable to nursing facilities. Persons living in nursing homes are not eligible to receive OSS. CS/HB 605 requires the department, or its designee, to keep a current list of approved dementia-specific training providers.

#### D. SECTION-BY-SECTION ANALYSIS:

This section need be completed only in the discretion of the Committee.

**Section 1**. This act may be cited as the "Florida Alzheimer's Training Act."

**Section 2.** Amends section 400.4178, F.S., in Part III (related to assisted living facilities) in chapter 400, F.S. This section provides that any facility that "admits or provides care to a person" must meet specific training requirements. It deletes the provisions related to persons who have only incidental contact with residents be given at least general information about Alzheimer's Disease and instead requires that <u>all employees</u> must complete up to four hours of "initial dementia-specific training" developed or approved by the Department of Elder Affairs within three months of beginning

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employment. Individuals who provide direct care must participate in a minimum of another four hours of training during the first nine months of employment. Direct caregivers must participate in a minimum of four hours of dementia-specific training each calendar year.

**Section 3.** Creates section 400.1755, F.S., in Part II of chapter 400. It sets out the standards for training persons who are employed by a nursing facility that cares for residents with Alzheimer's Disease or related disorders. Within the first three months after beginning employment, the employee must complete "up to four hours of initial dementia specific" training. Individuals who provide direct care to residents with Alzheimer's or related disorders must complete the initial training and an additional four hours within the nine months after beginning employment. Direct caregivers also must participate in a minimum of four contact hours of dementia-specific continuing education every calendar year. The Department of Elder Affairs must approve the continuing education. Further, this section specifies that a certificate will be issued by the trainer, and that an individual who leaves employment at an ALF and moves to a nursing home, home health agency, adult day care center, or adult family-care home does not have to repeat the training in the topic for which he or she holds a certificate.

**Section 4**. This section of CS/HB 605 creates section 400.4786, F.S., in Part IV (related to Home Health agencies) in chapter 400, F.S. This section requires that all persons employed by a home health agency, must complete the "initial dementia-specific" training within three months of employment. Direct caregivers must complete an additional four hours of training within nine months of beginning employment. Further, direct caregivers must participate in a minimum of four hours of continuing education each calendar year. This section specifies that a certificate be issued by the trainer, and that an individual who leaves employment at a home health agency and moves to a nursing home, an ALF, an adult day care center, or an adult family-care home does not have to repeat the training in the topic for which he or she holds a certificate. DOEA or its designee shall approve the initial and continuing education courses and providers. The department must keep a current list of providers who are approved to provide initial and continuing education and rules to establish standards for the trainers and training referenced in this section.

**Section 5.** Creates section 400.55715, F.S., related to dementia-specific training for persons who are employed by an adult day care center. All employees must complete four hours of initial training within three months of beginning work and complete an additional four hours within nine months of beginning work. An additional four hours of continuing education is required every calendar year thereafter. Employees who change jobs to a different adult day care center, to an ALF, a nursing a home, home health agency, or an adult family-care home are not required to repeat training in any topic for which they hold a certificate. DOEA, or its designee, must approve the courses and the providers and keep a current list of providers who are approved to provide initial and continuing education. The department must adopt rules to establish standards for the trainers and training referenced in this section.

**Section 6.** Creates section 400.626, F.S., in Part VII (adult family care homes) of Chapter 400. Provides that a person who operates or is employed by an adult family care home (AFCH) that cares for persons with Alzheimer's Disease or related disorders must complete up to four hours of the "initial dementia-specific training" developed or approved by the department within three months after employment. An AFCH employee who is a direct caregiver must participate in at least four contact hours of dementia-specific continuing education each calendar year.

Trainers must provide a certificate as evidence of completion. Employees who move to another AFCH, nursing home, ALF, home health agency or adult day care center are not required to repeat training in a topic for which they have a certificate.

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**Section 7.** Effective July 1, 2001, the Department of Elder Affairs shall convene a workgroup to develop training guidelines and materials for the required levels of training specified in this act. The group must meet no later than September 14 for the first time and finalize its recommendations by July1, 2002. DOEA will provide staff support to the workgroup. New employees have until July 1, 2002 to comply with the training requirements and existing employees shall have until July 1, 2003.

**Section 8.** This act shall take effect July 1, 2001.

## III. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT:

#### A. FISCAL IMPACT ON STATE GOVERNMENT:

## 1. Revenues:

It is unclear if DOEA will be able to charge trainers for the costs associated with approving them or if the department will be able to charge licensed facilities for the costs associated with developing the training.

# 2. Expenditures:

DOEA projects a fiscal impact of at least \$68,868 for one additional FTE to implement this program with private vendors conducting the training.

#### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

N/A

Expenditures:

N/A

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

Owners of assisted living facilities, home health agencies, adult day centers, and adult family care homes, will face some cost with providing to their affected employees the approved initial, secondary and continuing education hours. The 679 nursing homes, the 1,081 home health agencies, 350 adult day care centers and 359 adult family care homes currently operating are not currently required to provide any type of dementia-specific training.

#### D. FISCAL COMMENTS:

The department expressed concern that they do not have statutory authority to collect fees from applicants for the costs associated with approving training providers and curricula, or maintaining a current list of approved training providers.

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IV.	CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:					
	A.	A. APPLICABILITY OF THE MANDATES PROVISION:				
		N/A				
	B.	REDUCTION OF REVENUE RAISING AUTHORITY:				
		N/A				
	C.	REDUCTION OF STATE TAX SHARED WITH COUNTIES AND MUNICIPALITIES:				
	N/A					
V.	V. <u>COMMENTS</u> :					
	A.	CONSTITUTIONAL ISSUES:				
		None.				
	B.	RULE-MAKING AUTHORITY:				
		The Elder Affairs is granted rule-making authority for the standards for trainers and the training to implement the various sections.				
	C.	OTHER COMMENTS:				
		In their bill analysis, DOEA reports that they anticipate increased costs to the department related to professional and support staff time for processing the training provider applications will be significant, considering the growing number of facilities and home health agencies which will be affected by the new provisions.				
VI.	AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:					
	The	e above section by section reflects the changes made by the C/S. Those include:				
	All of train	e owner/operator and the employees of an AFCH must be trained. direct care staff in ALFs, home health agencies, and nursing homes must receive the specified ning. ect care staff who work in adult day care centers that care for persons with dementia must receive specified training.				
	DO	EA must convene a workgroup to develop the training materials and guidelines required in the bill.				
VII.	SIG	SIGNATURES:				
	СО	MMITTEE ON ELDER & LONG TERM CARE:				
		Prepared by: Staff Director:				
	_	Melanie Meyer Tom Batchelor, Ph.D.				

STORAGE NAME:

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