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DATE: April 19, 2001

**HOUSE OF REPRESENTATIVES
AS FURTHER REVISED BY THE
COUNCIL FOR HEALTHY COMMUNITIES
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 AND HUMAN SERVICES APPROPRIATIONS YEAS 10 NAYS 0
- (3) COUNCIL FOR HEALTHY COMMUNITIES YEAS 14 NAYS 0
- (4)
- (5)

I. SUMMARY:

CS/HB 605 requires that all nursing home, home health agency, adult day care center and adult family care home employees, upon starting employment on or after July 1, 2002, receive information about interacting with persons with Alzheimer's disease or related disorders. All employees with direct contact with residents are required to have one hour of initial training on dementias and basic communication skills within three months and an additional three hours within nine months on managing problem behaviors, promoting independence and working with families and caregivers.

Rule-writing authority is granted to DOEA to establish training standards and to implement the requirements of CS/HB 605.

After further review, DOEA projects a fiscal impact to the department of at least \$1,160,277 and two additional positions to implement this program with private vendors conducting the training.

SUBSTANTIVE ANALYSIS:

A. DOES THE BILL SUPPORT THE FOLLOWING PRINCIPLES:

- | | | | |
|-----------------------------------|------------------------------|--|---|
| 1. <u>Less Government</u> | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. <u>Lower Taxes</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. <u>Individual Freedom</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 4. <u>Personal Responsibility</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 5. <u>Family Empowerment</u> | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |

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 percent of nursing facility residents had short-term memory loss and 60.4 percent 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.

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.

Facilities in which more than 90 percent 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:

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 all employees 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 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. 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 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.

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 July 1, 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.

II. 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:

After further review, DOEA projects a fiscal impact of at least \$1,160,277 and two additional positions to implement this program with private vendors conducting the training.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

N/A

2. 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 costs 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. According to DOEA, industry association estimates the first year cost would be \$5,643,237 with recurring annual costs of \$2,726,816 after Medicaid reimbursement.

According to DOEA, the change from all employees to only those beginning employment on or after July, 1, 2002, reduces the economic impact from \$5.6 million to \$1,410,800, or \$682,000 after Medicaid reimbursement.

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.

III. CONSEQUENCES OF ARTICLE VII, SECTION 18 OF THE FLORIDA CONSTITUTION:

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

IV. COMMENTS:

A. CONSTITUTIONAL ISSUES:

None.

B. RULE-MAKING AUTHORITY:

The Department of Elderly 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, which will be significant, considering the growing number of facilities and home health agencies that will be affected by the new provisions.

V. AMENDMENTS OR COMMITTEE SUBSTITUTE CHANGES:

On March 20, 2001, the Elder and Long Term Care Committee passed a committee substitute that required all employees of assisted living facilities, nursing homes, home health agencies, adult day care centers and adult family care homes to receive an initial four hours of dementia-specific training. Direct care givers are required to receive four additional hours of training, followed by four hours of continuing education thereafter. The committee substitute also requires that DOEA must convene a workgroup to develop the training materials and guidelines required in the bill. The committee substitute also removed the training fee originally required for nursing homes, adult day care centers and adult family care homes.

On April 17, 2001, the Committee on Health and Human Services Appropriations adopted a strike-all amendment which is traveling with the committee substitute. The amendment removes the revisions to assisted living facilities, reduces the hours of initial training from 4 hours to one and additional training from four hours to three, requires that the provisions apply only to new employees on or after July 1, 2002, eliminates the work group, authorizes a contract between DOEA and an advocacy organization to review trainers and training materials, requires a dementia-specific care provider network, encourages Alzheimer's disease and related disorders training curricula in post-secondary education, makes the provisions of the bill subject to an appropriation in the General Appropriations Act.

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VI. SIGNATURES:

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