

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

BILL: CS/CS/SB 2098

SPONSOR: Health, Aging, and Long-Term Care Committee, Children and Families Committee, and Senators Wise and Webster

SUBJECT: Caregivers for Disabled or Elderly Adults

DATE: April 13, 2004 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Collins</u>	<u>Whiddon</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Parham</u>	<u>Wilson</u>	<u>HC</u>	<u>Fav/CS</u>
3.	_____	_____	<u>AHS</u>	_____
4.	_____	_____	<u>AP</u>	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

This bill provides legislative intent to foster the development of caregiving for disabled or elderly adults as a non-licensed paraprofessional activity and to promote caregivers’ use of best practices. The bill creates the Florida Caregiver Institute, Inc., as an independent not-for-profit corporation administratively housed in the Florida Policy Exchange Center on Aging (FPECA) at the University of South Florida. The bill further specifies the purposes, duties, and powers of the corporation. The responsibilities of the corporation include:

- Seeking state, federal, and private funding;
- Working with state universities to develop training materials, identify best-practices techniques, and develop a curriculum;
- Conducting needs assessments of caregivers working in the community or certain facilities;
- Making recommendations to the appropriate state agencies regarding policy and related changes to help improve the quality, availability, and retention of non-licensed caregivers;
- Reviewing the need for non-licensed caregivers in specified areas;
- Making recommendations to the Legislature and Governor on proposed legislative changes and budget-related items; and
- Developing agreements with state agencies for the purpose of accessing state-owned buildings and state employees to provide training and professional development.

The bill creates a 13-member board of directors of the corporation. The bill mandates the membership of the board, terms of office for board members, meeting requirements, and the powers and duties of the board. Annual reports must be submitted to the Governor and Legislature from the corporation.

The Office of Program Policy Analysis and Government Accountability (OPPAGA) is directed to conduct an evaluation and review of the corporation and to provide a report to the Governor and the Legislature by October 1, 2007.

This bill creates two undesignated sections of law.

II. Present Situation:

Caregiving

About 10.1 million people over the age of 18 in the U.S., or 3.8 percent of the population, need another person's assistance to carry out activities such as bathing, feeding, cleaning, or grocery shopping.¹ Within this group, it is estimated that 4.2 million are age 65 or older. Most of them live at home. Others live in nursing homes and other institutional settings, but some could live at home or in the community if appropriate, affordable support was available.² Family members and friends provide most of the needed assistance for people in home and community-based settings, but home care workers, personal assistants, direct support professionals and other direct-care workers are a critical resource for many. Individuals and families rely on these workers to provide them with comfort, companionship, and care in an atmosphere that preserves their dignity and well-being. Such workers are already in short supply in many regions and demand is expected to grow rapidly, due to a combination of consumer demand and changes in public policy.

Nursing homes, assisted living facilities, adult family care homes, and adult day care centers employ staff who are responsible for "caregiving" or providing certain types of care or assistance to persons that enable them to live as independently as possible. The requirements for staff training and education vary depending upon the setting and the specific job responsibilities of the caregiver.

Although the Omnibus Budget Reconciliation Act of 1987 enhanced the training required of certified nursing assistants in nursing homes and home health aides in certified home health agencies, Federal regulations for paraprofessional training are inconsistent and often fall short of what is necessary to develop workers with the requisite skills to meet the complex needs of individuals needing long-term care services. Federal health care training resources are typically reserved for the development of professionals (doctors, nurses, etc.); few are directed toward the development of the country's several million paraprofessional caregivers who work in nursing homes, assisted living facilities, adult day care centers, and private homes.

Assisted Living Facilities

Assisted living facilities (ALFs) are residential care facilities that provide housing, meals, personal care, and supportive services to older persons and disabled adults who are unable to live independently. ALFs are intended to be a less costly alternative to more restrictive, institutional

¹ McNeil, Jack. 2001. *Americans with disabilities: Household economic studies*. Washington, DC: US Department of Commerce, Economics and Statistics Administration, US Census Bureau.

² U.S. Department of Health and Human Services. 2000. *Understanding Medicaid Home and Community Services: A primer*. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation.

settings for individuals who do not require 24-hour nursing supervision. ALFs are regulated in a manner so as to encourage dignity, individuality, and choice for residents, while providing reasonable assurance for their safety and welfare. To reside in a standard ALF, a person must meet the standard ALF “residency criteria,” which is defined by state regulations and by facility policy. Generally speaking, ALFs provide supervision, assistance with personal and supportive services, and assistance with or administration of medications to elders and disabled adults who require such services.

In addition to a standard ALF license, there are three “specialty” licenses: extended congregate care (ECC), limited nursing services (LNS), and limited mental health (LMH). An ALF holding an ECC license may provide additional nursing services and total assistance with personal care services. Residents living in ECC-licensed facilities may have higher impairment levels than those living in a standard ALF. Residents living in an ALF holding a LNS or LMH license must meet the same residency criteria as a standard-licensed ALF.

Regardless of the facility’s license status, residents living in ALFs cannot have conditions that require 24-hour nursing supervision. The only exception is for an existing resident who is receiving licensed hospice services while residing in the ALF.

Administrators, managers, and staff of ALFs are required to obtain specific training and education pursuant to s. 400.452, F.S., and ch. 58A-5.0191, F.A.C. ALF Training requirements are dependant on the individual's responsibilities within the facility.

ALF Training Requirements

The following training requirements are taken from the ALF statute and administrative code and are specific to administrators, managers, ECC supervisors, and ALF staff. These training requirements are known as Core Training requirements.

ALF Statutory Training Requirements

Section 400.452, F.S., provides that administrators and other ALF staff must meet the minimum training and education requirements established by Department of Elder Affairs (DOEA) by rule. This training and education is intended to assist facilities to appropriately respond to the needs of residents, to maintain resident care and facility standards, and to meet licensure requirements.

DOEA is required to establish a competency test and a minimum required score to indicate successful completion of the training and educational requirements. The competency test must be developed by DOEA in conjunction with the Agency for Health Care Administration (AHCA) and providers. The required training and education must cover at least the following topics:

- State law and rules relating to ALFs;
- Resident rights and identifying and reporting abuse, neglect, and exploitation;
- Special needs of elderly persons, persons with mental illness, and persons with developmental disabilities and how to meet those needs;
- Nutrition and food service, including acceptable sanitation practices for preparing, storing, and serving food;

- Medication management, recordkeeping, and proper techniques for assisting residents with self-administered medication;
- Fire safety requirements, including fire evacuation drill procedures and other emergency procedures; and
- Care of persons with Alzheimer's disease and related disorders.

Effective January 1, 2004, a new ALF administrator is required to complete the required training and education, including the competency test, within a reasonable time after being employed as an administrator, as determined by the department. Failure to do so is a violation of s. 400.452, F.S., and subjects the violator to an administrative fine as prescribed in s. 400.419, F.S. Nursing home administrators licensed in accordance with ch. 468, part II, F.S., are exempt from this requirement. Other licensed professionals may be exempted, as determined by DOEA by rule. ALF administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years.

Staff involved with the management of medications and assisting with the self-administration of medications under s. 400.4256, F.S., must complete a minimum of 4 additional hours of training provided by a registered nurse, licensed pharmacist, or DOEA staff. DOEA is required to establish by rule the minimum requirements of this additional training. Other facility staff are required to participate in training relevant to their job duties as specified by rule of DOEA.

If DOEA or AHCA determine that there are problems in a facility that could be reduced through specific staff training or education beyond that already required under this section, DOEA or AHCA may require, and provide, or cause to be provided, the training or education of any personal care staff in the ALF. DOEA is required to adopt rules related to these training requirements, the competency test, and testing fees. Staff working in ALFs are also required to receive training in other areas related to resident and facility care. Each of these areas have their own specific requirements. These include:

Staff In-service Training

ALFs are required to provide various in-service training to facility staff and to adopt rules related to these training requirements, the competency test, and testing fees. Individual in-service training requirements may vary due to differences in staff qualifications.

HIV/AIDS Training

All ALF staff, including administrators and managers, are required to complete, biennially, a continuing education course on HIV and AIDS. Pursuant to s. 381.0035, F.S., HIV/AIDS training may be provided by training providers approved by the Department of Health or a health-related professional board.

First Aid and CPR

ALFs are required to have at least one staff member who has completed courses in First Aid and CPR and holds a currently valid card documenting completion of such courses in the facility at all times.

Assistance with Self-Administered Medication

ALFs that utilize unlicensed staff to assist residents with self-administered medications must ensure that those staff receive a minimum of 4 hours of training prior to assuming this responsibility.

Nutrition and Food Service

The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an ALF.

Extended Congregate Care Training

The administrator and ECC supervisor, if different from the administrator, must complete the ALF Core Training program and 6 hours of initial training in ECC provided by ECC training providers prior to the facility's receiving its ECC license or within three months of beginning employment in the facility as an administrator or ECC supervisor. Completion of Core Training is a prerequisite for this training. Supervisors who attended Core Training prior to April 20, 1998, are not required to take the Core Training competency test.

Limited Mental Health Training

Pursuant to s. 400.4075, F.S., administrators, managers, and staff in direct contact with mental health residents in a facility with a Limited Mental Health license must receive a minimum of 6 hours training provided or approved by DCF within 6 months of the facility's receiving an LMH license or within six months of employment in a facility holding an LMH license.

Alzheimer's Disease and Related Disorders

Facilities which advertise that they provide special care for persons with Alzheimer's disease and related disorders, or who maintain secured areas as described in 58A-5.023, F.A.C., must ensure that facility staff receive training in this area.

Adult Family Care Homes

An adult family care home (AFCH) is a family-type living arrangement in a private home. AFCHs are licensed in accordance with ch. 400, part VII, F.S., to provide room, board, and personal care on a 24-hour basis for up to five individuals. AFCHs are intended to be an alternative to more restrictive, institutional settings for individuals who need housing and supportive services, but who do not need 24-hour nursing supervision. The provider must own or rent and live in the home.

Staff in AFCHs are either employed or under contract with the provider to render services to residents. All AFCH providers must attend a 12-hour, Adult Family Care Home Basic Training program that covers the minimum requirements of s. 400.6211, F.S., prior to accepting any residents, or for providers who already have persons residing in the home that will be considered residents, prior to licensing.

In addition to the basic training, the AFCH provider is required to annually obtain 3 hours of continuing education in topics related to the care and treatment of frail elders or disabled adults, or the management and administration of an AFCH. AFCH providers must also attend update

training for any portion of the basic course that has been updated as the result of new legislation or rule amendment.

First Aid/CPR

The AFCH provider, each relief person, and any person left in sole charge of residents, which may include staff, household members or volunteers, must hold a currently valid card documenting completion of courses in First Aid and CPR. A licensed nurse is considered as having met the training requirement for First Aid.

Relief Persons/Staff

Prior to assuming responsibility for the care of residents or within 30 days of employment, the AFCH provider shall ensure that each relief person and all staff receive training in areas that are relevant to the person's job duties, including, emergency and evacuation procedures, universal precautions, food safety, reporting abuse and neglect, and resident rights.

Adult Day Care Centers

Adult Day Care Centers (ADCC) are licensed under ch. 400, part V, F.S., to provide therapeutic programs of social and health services as well as activities for adults in a non-institutional setting. Participants may utilize a variety of services offered during any part of a day, but less than a 24-hour period. All staff employed by an ADCC must receive basic written information about interacting with participants who have Alzheimer's disease or dementia related disorders. Section 400.5571, F.S., requires new employees having direct contact with participants who suffer from Alzheimer's disease or other dementia related disorders to complete certain training within specified time periods. Training requirements of staff employed by an ADCC vary based upon the work performed by the individual.

Caregiver Training Providers

Until 2003, the Florida Administrative Code (58A-5.0191) specified that DOEA would provide Core, Core Update, and Extended Congregate Care training for particular ALF and AFCH personnel, which DOEA accomplished through its Assisted Living Training Program. Adult day care staff did not receive training from this program. While the Core Training was being provided by DOEA, it was not unusual for staff other than the administrator and the managers to attend this training and take the state exam. Training was provided by 11 trainers, employed by DOEA, located in each Planning and Service Area throughout the state. The trainers provided the Core Training and ECC Training, but also provided training in other areas, including medication management, first aid/CPR, HIV/AIDS, and food safety, required by statute. The trainers also provided technical assistance to local ALFs and AFCHs on survey requirements and quality of care concerns.

Costs for the Core Training provided by DOEA staff ranged from "no charge" to \$160 depending on the number of residents receiving Optional State Supplementation (OSS) funding at the facility. Facilities with recipients receiving OSS funding were given discounted rates for the training. The costs for the examination were paid by DOEA and ranged in price from "no charge" to \$45 depending on the number of residents receiving OSS funding at the facility.

An evaluation of the training program at DOEA was completed by the Pepper Institute on Aging at the Florida State University in early 2003.³ According to the report, the benefits of this training included a very high level of customer satisfaction with the training, the provision of technical assistance and consultation by the trainers following the completion of training, and the provision of valuable input by trainers into policymaking at DOEA. This report reflected that DOEA-provided training was both cost efficient and effective.

In accordance with Senate Bill 22-A (2003), DOEA is no longer directly providing training to administrators and staff of ALFs. However, the training requirements still exist for facilities. Facilities are required to contract with private trainers to make sure that facility staff receive the training mandated in statute. Currently, s. 400.4176, F.S., requires the owner of ALF to provide documentation within 90 days that a new administrator has completed the applicable core educational requirements under s. 400.452, F.S. New administrative rules are in the process of being developed based on the changes made in SB 22-A.

There are currently 13 entities providing the ALF Core Training statewide, 11 of which are the original trainers from DOEA. Private trainers do not have to be certified by DOEA. However, in order to be listed on the DOEA website as a training provider, trainers must submit training materials to DOEA for review and suggested changes.

Since the passage of SB 22-A, concerns have been raised regarding decreased availability of trainers and increased costs to facilities, especially those facilities serving OSS residents. The cost of training has increased in some areas to \$250 per person, and the cost for the examination has increased from \$45 to \$100.⁴ Prior to March 2004, the newly privatized training was not available in the northern part of the state. Persons needing this training were required to travel to Jacksonville or Tampa, resulting in additional travel expenses to attend the five-day training. It is reported by DOEA that only ALF administrators and managers are currently attending the Core Training classes.

Caregiver Training Testing

Until 1997, DOEA provided the Core Training and testing through the department. Trainers taught the course, developed the testing materials, and administered the test. In order to validate the training DOEA was providing, DOEA began to contract out for the development of testing materials and the distribution of the test for the Core Training. DOEA has contracted, and currently contracts, with the Institute for Instructional Research and Practice at USF to develop the testing materials for the ALF Core Training requirements and administer the test. DOEA is involved in the test development (questions and format) with USF. This contract expires in December 2004. Once the new ALF rule related to training is approved, USF will convene a workgroup to once again reevaluate the testing materials and rewrite any questions as deemed necessary.

³ DOEA Assisted Living Training Program Evaluation and Privatization Feasibility Study, Conducted for the Department of Elder Affairs (September 30, 2002), Pepper Institute on Aging, Florida State University.

⁴ Costs have increased due to the fees charged for training by the privatized trainers and an increase in the cost of the exam by the University of South Florida.

University Research on Aging

There are a number of research institutes and centers on aging affiliated with Florida's state universities. Each institute has a specific focus for research and policy related to aging and long-term care. Research areas include work and retirement, pensions, long-term care, assisted living, technology and aging, dementia and caregiving, well-being, life satisfaction, the impact of Alzheimer's disease on families and communities, intergenerational relations, Social Security, and health and aging.

There is one policy exchange center on aging at the University of South Florida. The Florida Policy Exchange Center on Aging collects and analyzes information related to older adults, especially older Floridians. The Center is charged with informing policymakers, media representatives, scholars, and advocates on policies, programs, and services for older adults.

III. Effect of Proposed Changes:

Section 1. Creates the Florida Caregiver Institute, Inc.

Subsection 1 provides for legislative intent to foster the development of caregiving as a non-licensed paraprofessional activity to provide care for frail and vulnerable Floridians who live in the community, reside in a licensed assisted living facility or adult family care home, or attend a licensed adult day care center. This subsection specifies legislative intent to promote the use of nationally recognized best-practices information by caregivers to improve the quality of care, as well as improve uniformity of techniques, practices, and standards that are used in caring for the state's most vulnerable residents.

Subsection 2 creates the Florida Caregiver Institute, Inc., which is referred to as "the corporation." The corporation is created for the purpose of developing best-practices information and placing that information in the hands of persons providing care for persons living in the community, residing in an assisted living facility or adult family care home, or attending an adult day care center. The corporation is to be organized as a not-for-profit corporation in compliance with ch. 617, F.S., and is not a unit or entity of state government. The corporation is administratively housed within the Florida Policy Exchange Center on Aging at the University of South Florida.

Subsection 3 directs the corporation to assist FPECA with the development of policy recommendations to enhance FPECA's efforts to improve the availability and skills of individuals seeking to work as caregivers in the home or community, or in an AFCH, ALF, or ADCC. The corporation is directed to exercise certain responsibilities including:

- Seeking state, federal, and private funding to provide training in the use of best practices;
- Working with universities to develop training materials, identify best-practices techniques, and develop a curriculum;
- Conducting a needs assessment of non-licensed caregivers working in the community or facilities licensed under part III, V, or VII of ch. 400, F.S.;

- Making recommendations to DOEA, the Department of Children and Family Services (DCF), and AHCA regarding policy and related changes to help improve the quality, availability, and retention of non-licensed caregivers;
- Reviewing the need for non-licensed caregivers in specified areas;
- Making recommendations to the Legislature and Governor on proposed legislative changes and budget-related items; and
- Developing agreements with AHCA, DOEA, DOH, DCF, and any other state agency for the purpose of accessing state-owned buildings and state employees to provide training and professional development.

This subsection authorizes the corporation to charge a reasonable fee, on a sliding scale as provided in the bylaws of the corporation, to provide training for caregivers. The corporation is further authorized to offer core training to staff of ALFs, AFCHs, and ADCCs. DOEA, in consultation with the corporation and the contractor responsible for the development of the core training testing materials, must annually evaluate the testing materials.

This subsection directs the corporation to collect information regarding non-licensed caregivers who work in the community and in facilities licensed under part III, part V, or part VII of ch. 400, F.S. It specifies that the information collected must include but is not limited to the salary rates for various positions, professional development needs of caregivers, turnover and retention, and the number of caregivers using best-practices information in day-to-day care related activities.

The corporation must also develop a memorandum of understanding with FPECA describing how the corporation will interact in carrying out its responsibilities. The corporation must develop an agreement with FPECA for the center's provision of start-up and administrative support, with the expectation that the corporation will not rely on FPECA staff or financial assistance after June 1, 2006. The corporation is authorized to contract with FPECA for the provision of staff support, research, technical assistance, and data storage under a memorandum of agreement.

Subsection (4) provides that the board of directors of the corporation is to consist of 13 members who represent the views, interests, and perspectives of the parties, individuals, and stakeholders affected by the activities of the corporation. Each member is to be appointed to a two-year term and may not be reappointed to more than three additional terms with the exception of initial legislative appointments that shall be for three years. The board of directors for the corporation shall include:

- One member appointed by the Florida Association of Homes for the Aging;
- One member appointed by the Florida Assisted Living Affiliation;
- One member appointed by the Alzheimer's Association;
- One member appointed by the Florida Council on Aging;
- One member appointed by the Florida Adult Day Care Association;
- One member appointed by the Florida Respite Council;
- One member appointed by the State Long-Term Care Ombudsman;
- Two members appointed by the Governor;

- Two members appointed by the President of the Senate; and
- Two members appointed by the Speaker of the House of Representatives.

This subsection requires the Governor, President of the Senate, and the Speaker of the House of Representatives to make their initial appointments no later than September 1, 2004. Appointed members serve at the pleasure of the entity that appointed them and may be removed by the appointing entity without cause.

The chair is to be elected by the members and may not serve more than two one-year terms and may not be a state employee. The corporation is directed to develop by-laws, follow Robert's Rules of Order, and to meet quarterly unless the chair considers it appropriate to meet more often. The majority of the corporation membership constitutes a quorum. The corporation is accountable to the board of directors and is directed to make its meetings open to the public and accept input from stakeholders. The chair is responsible for ensuring that accurate meeting minutes are kept and may appoint advisory committees to advise the corporation on particular issues. The chair of the committee may also appoint advisory committees to advise the corporation on specific issues as well as remove a member of the board for three unexcused absences from regularly scheduled meetings. Members of the board and its advisory committees must serve at their own expense.

Subsection (5) requires the chairman of the board of the corporation to establish an audit committee consisting of at least three board members, to annually review and report on the financial condition of the corporation. The committee is to provide to the board members, the Governor, and the Legislature, by January 10 of each year, a report that includes a complete accounting for all revenues and expenses incurred by the corporation during that year. This subsection authorizes the corporation to employ staff, contract with consultants, and otherwise retain the necessary staff, within available funds, to accomplish its goals and purposes.

This subsection requires the corporation to annually evaluate and report to the Legislature and the Governor the status of its work relative to promoting the use of best practices by caregivers and developing non-licensed caregivers. This annual report is due by January 10 of each year.

This subsection requires public-sector agencies that provide training or support to non-licensed caregivers who work in the community, ALFs, AFCHs, and ADCCs, to cooperate with the corporation. FPECA is required to certify, using criteria that includes communication, timeliness of response, and coordination efforts, as to whether the corporation is receiving the necessary support from the various public-sector entities that provide training to non-licensed caregivers.

Section 2. Directs OPPAGA to conduct a review of the Florida Caregiver Institute, Inc., by October 1, 2007. OPPAGA is required to report to the Legislature and the Governor as to whether the corporation has been effective in helping the state meet its goals of improving the retention of non-licensed caregivers in the community and in facilities licensed under part III, part V, or part VII of ch. 400, F.S., and whether it has been successful in promoting the use of best-practice techniques by caregivers who care for Florida's frail and disabled adult population.

Section 3. Provides that this act will take effect on July 1, 2004.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

The provisions of this bill have no impact on municipalities and the counties under the requirements of Art. VII, s. 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Art. I, s. 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Art. III, s. 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

The corporation will need funding for start-up. The cost associated with establishing a similar corporation established by the 2003 Legislature was \$250,000.

There is an as yet undetermined cost for the corporation to perform the responsibilities assigned by the bill. These responsibilities include developing training curricula and materials, conducting a caregiver needs assessment, reviewing the need for caregivers in certain areas, developing core training materials, and collecting and reporting information regarding the caregiver population.

C. Government Sector Impact:**Florida Policy Exchange Center on Aging**

FPECA will need a minimum of \$100,000 in funding for the start-up and operation of the Caregiver Institute and to carry out the tasks identified for the Institute in the bill.

Department of Elder Affairs

There will be costs incurred by DOEA, departments providing office space, and staffing resources to the corporation. DOEA reports that they no longer have the staffing or infrastructure capacity to meet the provisions of the bill because their training program was privatized during the 2003 Legislative Session.

Agency for Health Care Administration

According to AHCA, one full-time equivalent position will be required to participate in the training to be provided by the corporation. The position, located in Tallahassee, will travel to different locations around the state as needed to provide the training. The comparable position identified for this training is a Health Services and Facilities Consultant (pay grade 24). It is estimated that there will be \$18,200 in travel expenses annually. The trainer would travel to seven districts quarterly with the following travel expenses: \$300 airfare, \$300 hotel expenses (3 days) and \$50 for incidentals. This would be a \$650 travel expense for each trip totaling \$18,200 annually. Deducting the allowance for travel of \$3,550 that is already included in the annual standard expenditure allowance for a position, an additional travel amount of \$14,650 per year would be needed. This would be a total cost to AHCA (salary and travel) in year 1 of \$79,341 and in year 2 of \$76,163. Additionally, AHCA survey and licensure staff will participate on an as-needed basis within existing resources.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Section 1, subsection (1) of the bill provides legislative intent. The term “caregiver” is not defined for the purposes of this legislation.

Section 1, subsection (3) of the bill also provides that the corporation shall develop agreements with AHCA, DOEA, DOH, DCF, and any other state agency for the purpose of accessing state-owned buildings and state employees to provide training and professional development. Most state agencies do not have the resources immediately available to provide the support for the corporation that is directed by this bill. For example, since the ALF Core Training program was privatized on July 1, 2003, DOEA does not provide training or support for either licensed or non-licensed caregivers. It is not clear how the actions directed by the bill fit with the priorities that have been established and funded by the Legislature for the various public agencies.

Section 1, subsection (5) requires the corporation to establish an audit committee consisting of board members, to annually review and report on the financial condition of the corporation. The committee is to provide to the Governor and Legislature a report that includes a complete accounting for all revenues and expenses incurred by the corporation. The bill does not address mechanisms for the corporation to accept and manage funding. Further, it is not clear that the membership of the board will include persons who are qualified to complete a financial audit. Certified public accountants are typically used to complete these types of audits to ensure accuracy and unbiased reporting. The bill does authorize the corporation to hire staff, so, if funding is available, it would be possible for someone to be hired with the expertise needed to complete the audit.

VIII. Amendments:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.
