

**HOUSE OF REPRESENTATIVES STAFF ANALYSIS**

**BILL #:** HB 911 CS

Multiservice Senior Centers

**SPONSOR(S):** Anderson

**TIED BILLS:**

**IDEN./SIM. BILLS:** SB 1722

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1) Elder & Long-Term Care Committee	8 Y, 0 N, w/CS	Walsh	Liem
2) Health & Families Council			
3)			
4)			
5)			

**SUMMARY ANALYSIS**

Committee Substitute for HB 911 creates new section 430.901, F.S., redefining and providing for multiservice senior centers. The CS deletes the existing definition.

The CS relocates s. 430.206, F.S., from the Community Care for the Elderly Act to new s. 430.902, F.S., and amends it to encourage multiservice senior centers to seek national accreditation by the National Institute of Senior Centers (NISC).

The CS has an effective date of July 1, 2005.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. HOUSE PRINCIPLES ANALYSIS:

The CS does not appear to implicate any of the House principles.

#### B. EFFECT OF PROPOSED CHANGES:

The Community Care for the Elderly Act<sup>1</sup> is intended to assist functionally impaired elderly persons to live reasonably independent lives in their own homes or in the homes of relatives or caregivers through the use of various community-based services. These services are provided by the Department of Elder Affairs (DOEA), through the Area Agencies on Aging.<sup>2</sup> The Area Agencies, through local lead agencies, direct community care service systems that are intended to prevent or delay the need for costly institutional care.<sup>3</sup> The Act provides that lead agencies<sup>4</sup>

coordinate the activities of individual contracting agencies providing community-care-for-the-elderly services. **When practicable, the activities of a community care service area must be directed from a multiservice senior center and coordinated with other services offered therein.** [emphasis supplied]

Multiservice senior centers are community organizations --- generally city, county or private entities --- which provide various services to seniors and other adults in their localities. They are not state regulated; however, some centers may receive state funding, and some centers are contractors under the Community Care for the Elderly program.

The current definition of multiservice senior center is found at s. 430.203(10):

"Multiservice senior center" means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health, including mental health, social, nutritional, and education services, and the provision of facilities for recreational activities **for persons 60 years of age or older.** [emphasis provided]

CS for HB 797 removes the definition of multiservice senior center from the Community Care for the Elderly Act. It creates a new section of statute and provides a new definition and purpose for multiservice senior centers that emphasizes "the needs and interests of independent older persons." [at line 22] This definition would suggest a change in mission of the centers from their currently defined role as a provider of services to frail elders.

The definition provides that the centers:

- Are highly visible focal points to provide services suited to independent older persons, including meals, health, mental health, social, wellness, respite care, education services, and recreational activities<sup>5</sup>
- May partner with Aging Resource Centers to provide easier access to long-term care services
- Provide opportunities for participants to stay connected to their communities

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<sup>1</sup> S. 430.202 – 430.207, F.S.

<sup>2</sup> Or through an Aging Resource Center; see s. 430.2053, F.S.

<sup>3</sup> S. 430.205(1), F.S.

<sup>4</sup> S. 430.205(2), F.S.

<sup>5</sup> The term "focal point" is used in both the Older Americans Act and the NISC Accreditation Standards to define and describe multiservice senior centers.

- Are designed to offer preventive services to divert seniors from extensive in-home services and to reduce, delay or prevent premature institutionalization
- Are designed for easy access.

The CS relocates s. 430.206, F.S., from the Community Care for the Elderly Act to new s. 430.902, F.S., and amends it to encourage multiservice senior centers to seek national accreditation by the National Institute of Senior Centers (NISC). The NISC is part of the National Council on the Aging and provides accreditation to those senior centers which meet their standards. Five of the 260 senior centers in Florida are accredited by the NISC.<sup>6</sup>

The CS provides a cross-reference within the Community Care for the Elderly Act to the new definition of multiservice senior center.

#### C. SECTION DIRECTORY:

Section 1: Creates s. 430.901, F.S.; provides a new definition of and purposes for multiservice senior centers.

Section 2: Relocates and amends s. 430.206, F.S., to newly-created s. 430.902, F.S.; encourages multiservice senior centers to seek national accreditation.

Section 3: Amends s. 430.203(10), F.S.; deletes the subsection to remove definition of multiservice senior center.

Section 4: Amends s. 430.205(2); provides cross-reference to new definition of multiservice senior center in s. 430.901, F.S.

Section 5: Provides an effective date of July 1, 2005.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

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

##### 1. Revenues:

None.

##### 2. Expenditures:

None.

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

##### 1. Revenues:

None.

##### 2. Expenditures:

None.

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

None.

<sup>6</sup> See generally DOEA's website at <http://elderaffairs.state.fl.us/doea/english/SeniorCenter/seniorCenter.html>

D. FISCAL COMMENTS:

None.

**III. COMMENTS**

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The municipal/county mandates provision in section 18 of article VII of the Florida Constitution does not appear to be applicable since the CS does not appear to require counties or municipalities to take action requiring the expenditure of funds, does not appear to reduce the authority that counties or municipalities have to raise revenue in the aggregate, and does not appear to reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

**IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES**

At its March 23, 2005, meeting, the Committee on Elder & Long-Term Care adopted a Committee Substitute which incorporated three technical amendments intended to clarify the description of multiservice senior centers.

This analysis is drafted to the Committee Substitute.