

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 601 Department of Elderly Affairs

SPONSOR(S): Hudson

TIED BILLS: **IDEN./SIM. BILLS:** SB 804

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Healthy Families Subcommittee	11 Y, 0 N	Poche	Schoolfield
2) Government Operations Subcommittee	11 Y, 0 N	Stramski	Williamson
3) Health & Human Services Committee	15 Y, 0 N	Poche	Calamas

SUMMARY ANALYSIS

House Bill 601 directs the Office of Program Policy Analysis and Government Accountability (OPPAGA) to conduct a review and evaluation of the Department of Elderly Affairs (DOEA) and its offices, divisions, programs, and functions. The bill requires OPPAGA to examine the specific purpose and funding of each office, division, program, and function, then determine whether each entity within DOEA can be organized in a different manner to maximize efficiency and effectiveness. OPPAGA must address the impact on workload of all entities of DOEA as a result of the expiration of Medicaid waivers on October 1, 2013. OPPAGA is also required to determine if any department office, division, program, or function can be performed more effectively and efficiently by another agency in state government and, if so, to recommend restructuring and relocation to the most appropriate agency.

In conducting its review and evaluation, the bill requires OPPAGA to consult with the Department of Agriculture and Consumer Services, the Department of Financial Services, the Agency for Healthcare Administration, the Department of Children and Families, the Department of Health, the Department of Economic Opportunity, the Justice Administrative Commission, and other interested stakeholders to solicit information and input about DOEA.

The bill requires OPPAGA to submit a report including the findings of the review and evaluation and recommendations for the disposition, if any, of department offices, divisions, programs, and functions to the Governor, the presiding legislative officers, the Secretary of DOEA, and the chairs of appropriate substantive and appropriations committees in both the House of Representatives and the Senate by December 31, 2013.

The bill does not appear to have a fiscal impact.

The bill provides an effective date of July 1, 2013.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

The Department of Elderly Affairs

Florida has nearly 4,400,000 residents aged 60 and older.¹ The state is first in the nation in the percentage of citizens who are elders, measuring 23 percent of total population in 2010 and estimated to soar to 35 percent of total population in 2030.²

The Department of Elderly Affairs (DOEA or department), established in 1992, serves as the primary agency for administering human services programs for the elderly and developing policy recommendations for long-term care.³ Section 20.41, F.S., creates DOEA and details some of the roles and responsibilities of the department.⁴ For example, the department is statutorily required⁵ to administer the State Long-Term Care Ombudsman Council⁶ and the local long-term care ombudsman councils,⁷ which provide advocacy on behalf of residents of long-term care facilities by identifying, investigating, and resolving complaints made by or on behalf of residents.

DOEA is designated as the State Unit on Aging, as defined in the Older Americans Act of 1965 (OAA).⁸ Under the OAA, DOEA is responsible for organizing, coordinating, and providing community-based services and opportunities for older Floridians and their families, including the oversight of services to help elders age in place with dignity and independence and to preserve the rights of the most vulnerable.⁹

DOEA contracts with an Area Agency on Aging (AAA) in each of 11 Planning and Service Areas (PSAs) to provide coordinated and integrated long-term care services and prevention and early intervention services to the elderly population of Florida.¹⁰ Each of the AAAs then contract with community care lead agencies to provide actual services to the elderly in each PSA.¹¹

DOEA is authorized to administer certain trust funds, in conjunction with federal funds provided to the state, to operate programs and provide services for the elderly.¹² The programs and services include:

Older Americans Act Programs and Services

The federal Older Americans Act (OAA)¹³ provides assistance in the development of programs to help older persons by awarding grants to the states for community planning and services. OAA Title III, Title V, and Title VII allotments to the states are calculated by using a statutory formula based on a state's population and prior funding history.¹⁴

¹ Florida Office of Economic and Demographic Research, *2010 Census Summary File 1 Profiles-Detailed Age by Race/Hispanic Origin by Gender*, available at <http://edr.state.fl.us/Content/population-demographics/2010-census/data/index.cfm> (last viewed March 19, 2013).

² Florida Department of Elderly Affairs, *Summary of Programs and Services 2013*, page 9, available at <http://elderaffairs.state.fl.us/doea/pubs/pubs/sops2013/2013%20SOPS.pdf> (last viewed March 19, 2013).

³ Section 430.03(1), F.S.

⁴ Art. IV, s. 12 of the Florida Constitution permits the creation of the Department of Elderly Affairs. The number of executive branch agencies is capped at twenty-five, exclusive of agencies specifically mentioned in the constitution.

⁵ Section 20.41(4), F.S.

⁶ Section 400.0067, F.S.

⁷ Section 400.0069, F.S.

⁸ Section 20.41(5), F.S.

⁹ Section 430.04, F.S.

¹⁰ Section 20.41(6), F.S.

¹¹ *Id.*

¹² Section 20.415, F.S.

¹³ 42 U.S.C. s. 3021, *et seq.*

¹⁴ See *supra*, FN 2 at page 57.

Florida's OAA Title III funds are allocated by formula to the 11 Area Agencies on Aging, which in turn contract with local service providers to deliver services to eligible individuals age 60 and older and their caregivers. Total funding for fiscal year 2012-13 was \$86,721,590, which allowed the state to serve 74,439 residents in various programs¹⁵, including:

- Title III B, which provides supportive services to boost the well-being of elders and to help them live independently in their home environment and the community. Services include transportation, outreach, information and referral assistance, case management, homemaker, home health aide, telephone reassurance, chore, legal services, escort, residential repair and renovation, and health support.¹⁶ In fiscal year 2012-13, federal funding for supportive services totaled \$26,054,949, which served 35,020 residents.¹⁷
- Title III C1, which provides congregate meals and nutrition education in strategically located centers such as schools, churches, community centers, senior centers, and other public or private facilities where persons may receive other social and rehabilitative services.¹⁸ In fiscal year 2012-13, federal funding totaled \$31,278,922, which served 32,582 clients.¹⁹
- Title III C2, which provides home-delivered meals and nutrition education to homebound individuals.²⁰ Federal funding in fiscal year 2012-2013 totaled \$15,812,575, which served 20,169 clients.²¹
- Title III D, which provides disease prevention and health promotion evidence-based services. These services are designed to help elders age 60 and older through education and implementation activities that support healthy lifestyles and promote healthy behaviors.²² In fiscal year 2012-13, federal funding for this program amounted to \$1,527,137.²³
- Title III E, which provides services through the National Family Caregiver Support Program to assist families caring for frail older members and to assist grandparents or older relatives who are caregivers for children 18 and younger or for children of any age who have disabilities.²⁴ Federal funding for fiscal year 2012-13 totaled \$12,023,622, and 20,452 clients were served.²⁵

The Senior Community Service Employment Program (SCSEP), funded under Title V of the OAA, provides unemployed, low-income persons aged 55 and older with work experience through participation in a community service assignment, training, and assistance with finding unsubsidized employment.²⁶ Services provided by the program include outreach and recruitment, eligibility determination, assessments, preparation of an individual employment plan, program orientation, supportive services, annual free physical examinations, job training, personal and employment-related counseling, part-time paid work experience in community-service assignments, job development, job referrals, placement in unsubsidized employment, and follow-up activities.²⁷ In fiscal year 2012-13, Florida was allotted 540 slots in the SCSEP, out of 2,111 slots available nationally, and received a federal allocation of \$5,235,172.²⁸

OAA Title VII funding supports programs and services to protect elders from abuse and provides public education, training, and information regarding elder abuse prevention.²⁹ The Elder Abuse Prevention program is designed to increase awareness of the problem of elder abuse, neglect, and exploitation. The program includes training and dissemination of elder abuse prevention materials and funds special projects to provide training and prevention activities.³⁰ DOEA administers the program through

¹⁵ Id. at page 60.

¹⁶ Id. at page 61.

¹⁷ Id.

¹⁸ Id. at page 65.

¹⁹ Id.

²⁰ Id. at page 66.

²¹ Id.

²² Id. at page 69.

²³ Id.

²⁴ Id. at page 71.

²⁵ Id.

²⁶ Id. at page 72.

²⁷ Id.

²⁸ Id. at page 73.

²⁹ Id. at page 75.

³⁰ Id.

contracts with Area Agencies on Aging and local service providers. In fiscal year 2012-13, the state received \$359,354 in federal funds to support the prevention program.³¹

Medicaid Waivers³²

Medicaid waiver programs allow states to cover services generally not covered by Medicaid. Long-term care is currently provided to elderly recipients through nursing home placement and through home and community based services (HCBS). These services are provided in a community setting, instead of a nursing home or other institution. DOEA administers Medicaid waiver programs to deliver HCBS, health services, and social services designed to meet the long-term care needs of elder Floridians and to delay or avoid institutional placement. The HCBS are provided through six Medicaid waiver programs administered by DOEA, in partnership with AHCA. These waiver programs are administered through contracts with the 11 Aging Resource Centers³³ and local service providers, and provide alternative, less restrictive long-term care options for elders who qualify for skilled nursing home care. These waivers are described below:

- Aged and Disabled Adult: Provides HCBS based on a comprehensive assessment of an individual's needs, which must be at a nursing home level of care.³⁴ The goal is to help elder Floridians remain in the community longer as they age. In fiscal year 2012-13, the program was funded with \$106,651,856, of which 55 percent came from the federal government and 45 percent was contributed by the state.³⁵ An estimated 11,346 persons received services during this time period.³⁶
- Assisted Living: Provides individuals aged 60 and over, at risk for nursing home placement and needing additional support, with services in assisted living and case management and incontinence supplies, including attendant care, behavior management, medication management, occupational therapy, physical therapy, speech therapy, and therapeutic and recreational services.³⁷ In fiscal year 2012-13, the program was funded with \$37,257,303, of which 55 percent came from the federal government and 45 percent was contributed by the state.³⁸ An estimated 4,878 persons received services from the program in that time period.³⁹
- Channeling: Provides, manages, and coordinates long-term care needs, including health care, counseling, training, financial education, therapy services, meals, skilled nursing services, and medical supplies.⁴⁰ In fiscal year 2012-13, the program was funded with \$8,740,761, and allowed an estimated 1,600 persons to receive services.⁴¹
- Long-Term Care Diversion Pilot Project: Provides community based alternatives for individuals otherwise qualified for Medicaid nursing home placement. Individuals receive long-term care

³¹ Id. at page 76.

³² The Medicaid waiver programs will expire on October 1, 2013, when statewide Medicaid managed care for the long-term care population is implemented, pursuant to s. 409.978, F.S. On February 1, 2013, AHCA received approval of its waiver application from Center for Medicare and Medicaid Services to operate the "Florida Long-Term Care Managed Care" program. See Letter from Centers for Medicare and Medicaid Services, Center for Medicaid & CHIP Services, Disabled & Elderly Health Programs Group, Ralph F. Lollar and Nancy Klimon, to Justin Senior, Deputy Secretary for Medicaid, Florida Agency for Health Care Administration, February 1, 2013 (on file with Healthy Families subcommittee staff).

³³ The 2004 Legislature created the Aging Resource Center initiative to reduce fragmentation in the elder services system. To provide easier access to elder services, the Legislature directed DOEA to establish a process to help the eleven area agencies on aging transition to Aging Resource Centers. The legislation required each area agency to transition to an Aging Resource Center by taking on additional responsibilities, while at the same time maintaining its identity as a local area agency on aging. All eleven area agencies on aging are now functioning as Aging Resource Centers. The Aging Resource Centers are intended to perform eight primary functions that are intended to improve the elder services system: increase access to elder services; provide more centralized and uniform information and referral; increase screening of elders for services; improve triaging and prioritizing of elders for services; streamline Medicaid eligibility determination; improve long-term care options counseling; enhance fiscal control and management of programs; and increase quality assurance.

³⁴ Office of Program Policy Analysis and Government Accountability, *Profile of Florida's Medicaid Home and Community-Based Services Waivers*, Report No. 12-03, January 2012, page 1; see also Florida Department of Elderly Affairs, *Summary of Programs and Services 2013*, page 116, available at <http://elderaffairs.state.fl.us/doea/pubs/pubs/sops2013/2013%20SOPS.pdf> (last viewed March 19, 2013).

³⁵ Id.

³⁶ Id.

³⁷ Id., *Profile* at page 4; *Summary of Programs and Services* at page 118.

³⁸ Id., *Summary of Programs and Services* at page 119.

³⁹ Id.

⁴⁰ Id., *Profile* at page 5; *Summary of Programs and Services* at page 120.

⁴¹ Id.

and acute services in a managed care delivery setting.⁴² The Program for All Inclusive Care for the Elderly (PACE), operating in Charlotte, Collier, Hardee, Highlands, Hillsborough, Lee, Miami-Dade, Palm Beach and Pinellas counties, which provides these services through a single provider, is funded through this project as well.⁴³ In fiscal year 2012-13, the diversion pilot project received federal and state funds in the amount of \$359,036,110, which provided services to 23,657 persons.⁴⁴ The PACE program received federal and state funds in the amount of \$26,578,951, which provided services to approximately 1,300 persons.⁴⁵

Comprehensive Assessment and Review for Long-Term Care Services Program

The Comprehensive Assessment and Review for Long-Term Care Services (CARES) program is Florida's federally mandated pre-admission screening program for individuals seeking Medicaid long-term care either in a nursing home or through one of the long-term care waivers.⁴⁶ CARES is operated by ACHA through an inter-agency agreement with DOEA.⁴⁷

A CARES assessor or a registered nurse assesses an applicant's physical and mental capabilities and limitations, health care needs, and social support systems. A consulting physician then reviews the assessment with CARES staff and makes a level of care determination about the applicant's medical eligibility for Medicaid. Only individuals requiring a nursing facility level of care are eligible to receive services.⁴⁸

If the individual meets the level of care standard for Medicaid, CARES staff makes a recommendation for the least restrictive placement that will meet the applicant's service needs.⁴⁹ The recommendation may be to place the client in a nursing home, an assisted living facility, an adult family care home, or to provide needed services in the client's own home or the home of a caregiver.⁵⁰ An emphasis is placed on enabling people to remain in their homes with the provision of in-home services or with alternative community placement such as an assisted living facility. Additionally, CARES staff conducts reviews of nursing home residents to ensure that they continue to meet the level of care criteria.⁵¹

In fiscal year 2012-13, the program was funded with \$17,183,815, of which 75 percent was contributed by the federal government and 25% was contributed by the state.⁵² An estimated 120,000 persons were screened through CARES in that time period, and an estimated 30 percent of those persons were diverted from nursing home care to home and community based services.⁵³

Alzheimer's Disease and Related Disorders (ADRD) Training Providers and Curricula Approval

This program reviews and approves training providers and curricula for employees of facilities which provide services to individuals with Alzheimer's disease or related dementia disorders.⁵⁴ The ADRD training providers and curricula approval program has two major components with respect to the approval process for:

- Alzheimer's disease and related disorder training providers, and curricula for assisted living facilities that advertise that they provide special care for persons with Alzheimer's disease and related disorders; and

⁴² Id., *Profile* at pages 6-7; *Summary of Programs and Services* at page 126.

⁴³ Id., *Summary of Programs and Services* at page 128.

⁴⁴ Id. at page 127.

⁴⁵ Id. at pages 128-29.

⁴⁶ Section 409.912(15), F.S.

⁴⁷ Id.

⁴⁸ Section 409.912(15)(a), F.S.

⁴⁹ See supra, FN 2 at page 121.

⁵⁰ Id.

⁵¹ Id.

⁵² See supra, FN 2 at page 123.

⁵³ Id.

⁵⁴ Id. at page 84.

- Alzheimer’s disease and related disorder training providers and training curricula for all licensed nursing homes, hospices, adult day care centers, and home health agencies in Florida.⁵⁵

In addition, the program is required to maintain a website informing the public of all approved Alzheimer’s disease training providers in the state.⁵⁶

In fiscal year 2012-13, the state funded this program with \$73,935. This funding level has remained constant over the last four fiscal years.⁵⁷

Alzheimer’s Disease Initiative

This initiative is comprised of four distinct programs to address the impact of Alzheimer’s disease on Floridians:

- Support services, including counseling and respite for caregivers.⁵⁸ In fiscal year 2012-13, the state provided \$9,554,262 to this element of the initiative, allowing an estimated 3,401 persons to receive services.⁵⁹
- Memory disorder clinics. In fiscal year 2012-13, the state allocated \$2,968,081 to the clinics, which provided services to an estimated 6,722 persons.⁶⁰
- Model day care program. In fiscal year 2012-13, the state allocated \$340,065 to this program to facilitate research into new techniques and approaches to adult day care, which served 113 persons.⁶¹
- Research database and brain bank. In fiscal year 2012-13, the state allocated \$117,535 to operation of the database and brain bank.⁶² In the same time period, 130 individuals registered to participate in the database and brain bank and 120 autopsies were conducted for use in the database and brain bank.⁶³

Community Care for the Elderly (CCE)

This program provides community based services along a continuum of care to allow impaired elders to live in the least restrictive and most cost effective environment that addresses their long-term care needs. Services include adult day care, supplies, transportation, and other assistance. In fiscal year 2012-13, \$41,479,617 was allocated to this program. An estimated 13,790 persons were served in that time period.

Home Care for the Elderly (HCE)

This program provides support and maintenance for elderly Floridians aged 60 and above who are currently living in a private home as an alternative to institutional care.⁶⁴ A basic subsidy of \$106 is provided for support and maintenance of the elder, including some medical costs. A special subsidy may also be provided for services and/or supplies.⁶⁵ In fiscal year 2012-13, the state allocated \$7,903,357 to this program, which served an estimated 2,628 persons.⁶⁶

Local Services Program

This program provides additional funding for an array of services to help elder Floridians age at home and delay, or avoid, nursing home placement.⁶⁷ In fiscal year 2012-13, the state allocated \$7,465,811 to this program, which served and estimated 6,306 persons.⁶⁸

Respite for Elders Living in Everyday Families (RELIEF)

⁵⁵ Id.
⁵⁶ Id.
⁵⁷ Id. at page 90.
⁵⁸ Id. at page 91.
⁵⁹ Id. at page 95.
⁶⁰ Id. at page 96.
⁶¹ Id. at pages 92-93.
⁶² Id. at page 97.
⁶³ Id.
⁶⁴ Id. at page 99.
⁶⁵ Id.
⁶⁶ Id. at page 100.
⁶⁷ Id. at page 105.
⁶⁸ Id. at page 106.

This program provides respite services to caregivers of frail elders and those with Alzheimer's Disease and related dementia. Services are provided primarily during evenings and weekends, times that are not usually covered by other respite programs. Volunteers may spend up to four hours per visit providing companionship to a frail homebound elder, giving the caregiver an opportunity to take a much-needed break.⁶⁹ Activities may include conversation, reading together, playing board games, or preparing a light snack.⁷⁰ In fiscal year 2012-13, the state provided \$909,034 to fund this program, which served an estimated 400 elders and caregivers.⁷¹ Services were provided by approximately 350 volunteers for a total of 130,000 service hours.⁷²

Consumer Assistance Programs

DOEA is responsible for operating the following consumer assistance programs:

- Long-Term Care Ombudsman Program: Provides advocacy on behalf of residents of long-term care facilities through a statewide system of 17 district councils comprised of volunteer ombudsmen.⁷³ Ombudsmen identify, investigate, and resolve complaints made by or on behalf of residents of nursing homes, assisted living facilities adult family-care homes, and continuing care retirement communities.⁷⁴ In fiscal year 2012-13, the program received \$1,821,163 from the federal government and \$1,305,344 from the state, for a total allocation of \$3,126,507.⁷⁵ The program performed assessments at 4,074 facilities and investigated an estimated 8,000 complaints.⁷⁶
- Statewide Public Guardianship Office (SPGO): Established in 1999, the SPGO is responsible for designating public guardians through contracts with 13 local Offices of Public Guardian throughout Florida, as directed by statute, to provide guardianship services to persons who do not have adequate income or assets to afford a private guardian and there is no willing family or friend to serve.⁷⁷ In fiscal year 2012-13, the SPGO received \$2,592,051 from the state and served an estimated 2,500 persons.⁷⁸
- Serving Health Insurance Needs of Elders (SHINE) Program: Provides free educational materials and Medicare and Medicaid counseling to eligible beneficiaries and their caregivers to help elders understand and receive the health insurance coverage they need through Medicare, Medicaid, Prescription Assistance, Long-Term Care Planning & Insurance, and other sources of assistance.⁷⁹ In fiscal year 2012-13, SHINE received \$3,001,141 from the federal government and, through approximately 500 volunteers, processed an estimated 116,660 contacts from Floridians.⁸⁰

DOEA also operates the Elder Helpline, Long-Term Care Resident Complaint line, and the Elder Abuse Hotline.

DOEA Budget

The following chart tracks the growth of DOEA's budget, beginning in fiscal year 2008-2009. The budget nearly doubled in fiscal year 2009-2010 when the Legislature transferred responsibility for administration of the Medicaid waiver budgets from the Agency for Health Care Administration to DOEA. Following expiration of the Medicaid waivers on October 1, 2013, it is anticipated that the DOEA budget will more closely resemble the fiscal year 2008-2009 budget.

Department of Elder Affairs (DOEA) Budget Summary FY 2012-13⁸¹

⁶⁹ Id. at page 108.

⁷⁰ Id.

⁷¹ Id. at page 109.

⁷² Id.

⁷³ Id. at page 77; *see also* s. 400.0065, F.S.

⁷⁴ Id.

⁷⁵ Id. at page 78.

⁷⁶ Id. at page 79.

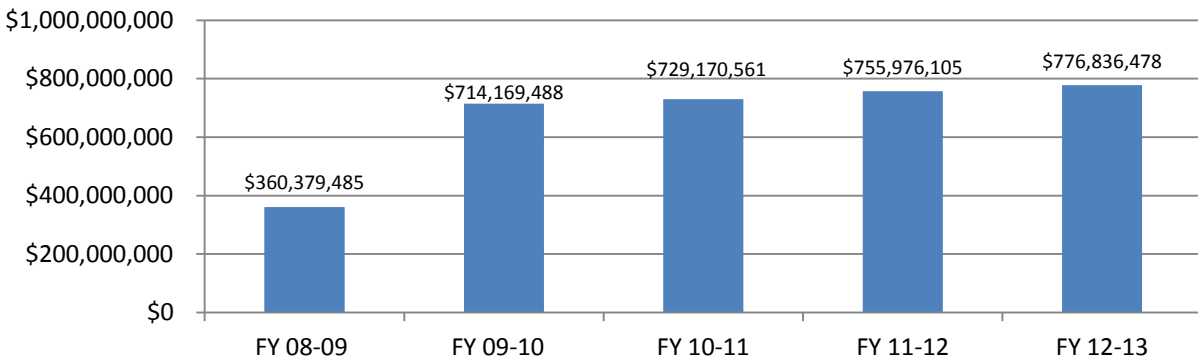
⁷⁷ Id. at page 110-111; *see also* s. 744.7021, F.S.

⁷⁸ Id. at page 111.

⁷⁹ Id. at page 145.

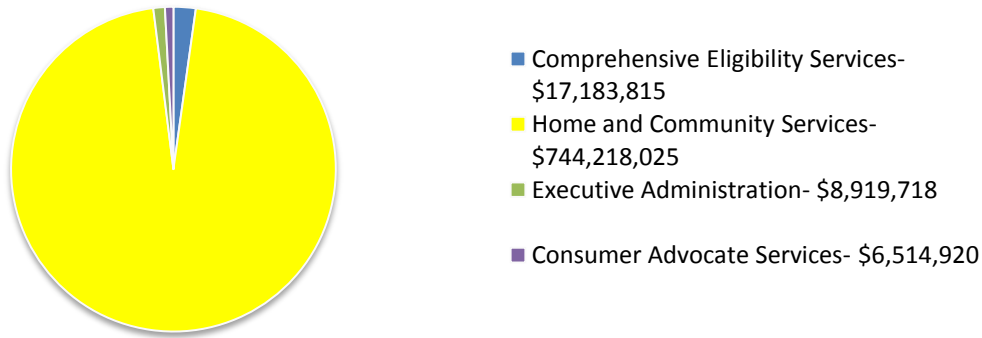
⁸⁰ Id. at page 146.

⁸¹ Id. at page 155.

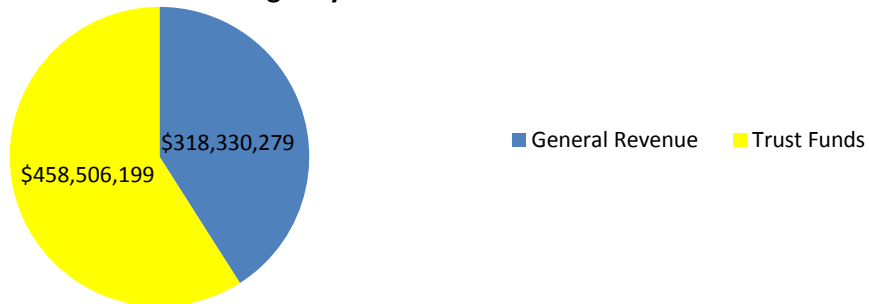


The next two charts illustrate the current DOE budget by program area and by source of funds, respectively.⁸² Nearly 96 percent of the department’s budget is dedicated to funding HCBS, many of which are provided under Medicaid waivers, which will expire later in 2013. Also, 59 percent of the DOE budget comes from state and federal trust funds, while 41 percent of the budget is funded by General Revenue.

FY 2012-13 Budget by Program Area



FY 2012-13 Budget by Source of Funds



The Office of Program Policy Analysis and Government Accountability

The Office of Program Policy Analysis and Government Accountability (OPPAGA) is an office of the Legislature created in 1994 with the purpose of helping improve the performance and accountability of state government. OPPAGA provides data, evaluative research, and objective analyses to assist legislative budget and policy deliberations. OPPAGA conducts research as directed by state law, the presiding legislative officers, or the Joint Legislative Auditing Committee. One of the research services provided by OPPAGA is performance evaluation and policy review of state government agencies and programs.

Effect of Proposed Changes

⁸² Id. at page 154.
 STORAGE NAME: h0601e.HHSC
 DATE: 4/4/2013

The bill directs OPPAGA to conduct a review and evaluation of DOEA in its entirety. The evaluation of the department must identify the purpose of and funding for each office, division, program, and function of the department. The evaluation must address the impact on the workload of each office, division, program and function within the department of the expiration of the Medicaid waiver programs on October 1, 2013. The expiration of these programs will significantly decrease the department's budget.

The review and evaluation of DOEA must determine if the department can be organized in a more efficient and effective manner. The bill also requires OPPAGA to determine if the goals and functions of the offices, divisions, programs, and functions of DOEA need to be revised to more accurately reflect the more effective and efficient mission of those entities. Also, the bill requires OPPAGA to determine if any office, division, program, or function may be operated more efficiently and effectively housed in another government agency. OPPAGA must include in its report recommendations for restructuring and relocating department offices, divisions, programs, and functions.

In completing its review and evaluation, OPPAGA is required to consult with the Department of Agriculture and Consumer Services, the Department of Financial Services, the Agency for Health Care Administration, the Department of Children and Families, the Department of Health, the Department of Economic Opportunity, and the Justice Administrative Commission. All other state agencies are requested to assist OPPAGA in its review. In addition, OPPAGA must consult with interested stakeholders to solicit information and input regarding the review and evaluation of DOEA and the recommended disposition, if any, of its offices, divisions, programs, and functions.

By December 31, 2013, OPPAGA must provide a report detailing its review and evaluation of DOEA, including specific recommendations as detailed above, to the Governor, the presiding legislative officers, the Secretary of DOEA, and the chairs of the appropriations and appropriate substantive committees in both the Senate and the House of Representatives.

B. SECTION DIRECTORY:

Section 1: Creates an unnumbered section of law directing OPPAGA to conduct a review and evaluation of the functions of the Department of Elderly Affairs, requiring the office to consult with and obtain the assistance of certain state agencies and to consult with certain stakeholders regarding the review and evaluation, and requiring OPPAGA to submit the report to the Governor, the Legislature, and the Secretary of Elder Affairs by a certain date.

Section 2: Provides an effective date of July 1, 2013.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

See FISCAL COMMENTS.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

OPPAGA has determined that it can complete the review and evaluation of DOEA, as required by the bill, with existing resources.⁸³

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

Not applicable. Rule-making authority is not required by the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

None.

⁸³ E-mail correspondence from OPPAGA staff dated February 27, 2013 (on file with Healthy Families subcommittee staff).
STORAGE NAME: h0601e.HHSC
DATE: 4/4/2013