

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

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BILL #: [CS/CS/HB 493](#)

TITLE: Memory Care

SPONSOR(S): Redondo

COMPANION BILL: [SB 1588](#) (Simon)

LINKED BILLS: None

RELATED BILLS: None

Committee References

[Health Care Facilities & Systems](#)

17 Y, 0 N, As CS



[Health & Human Services](#)

23 Y, 0 N, As CS

SUMMARY

Effect of the Bill:

The bill creates minimum licensure standards for assisted living facilities (ALFs) who claim to provide memory care services to ensure ALF residents receive the memory care specialty services that they pay for, by holding ALFs accountable to the provision of such services as advertised.

The bill also creates the Florida Alzheimer's Center of Excellence (FACE) within the Department of Elder Affairs (DOEA) to assist persons with Alzheimer's disease or related forms of dementia as well as their caregivers by connecting them to community resources.

Fiscal or Economic Impact:

The Agency for Health Care Administration may incur administrative costs associated with enforcement of the minimum licensure standards created by the bill; however, any such costs will be absorbable with existing agency resources. The bill has a negative fiscal impact on DOEA to fund the operations of FACE.

[JUMP TO](#)

[SUMMARY](#)

[ANALYSIS](#)

[RELEVANT INFORMATION](#)

[BILL HISTORY](#)

ANALYSIS

EFFECT OF THE BILL:

Assisted Living Facilities – Memory Care

Current law does not require [assisted living facilities](#) (ALFs) who advertise that they provide special care for persons with [Alzheimer's disease](#), or other forms of dementia, to comply with any minimum standards or additional licensure requirements beyond those currently required for an ALF with a standard license. As a result, the Agency for Health Care Administration (AHCA) lacks the regulatory authority to ensure ALFs are providing special services for individuals with Alzheimer's disease or related forms of dementia, when they claim to be.

The bill provides AHCA with the regulatory authority necessary to ensure ALFs who advertise, or otherwise claim to provide [memory care](#) services, are actually providing those services. Specifically, the bill requires an ALF who advertises, or otherwise claims to provide memory care services, including, but not limited to services for residents with Alzheimer's disease, dementia, or other memory disorders, to meet certain standards of operation, to include: (Section [1](#))

- Developing and implementing policies and procedures on admittance criteria, and the care and services necessary to address the needs of persons admitted for memory care services;
- Providing activities specifically designed and offered for individuals admitted for memory care services; and
- Maintaining a log of residents admitted as receiving memory care services.

STORAGE NAME: h0493b.HHS

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Additionally, the bill requires an ALF memory care provider to ensure that all resident [contracts](#) specify all the memory care services to be provided, as well as any related costs. (Section [1](#))

The bill requires an ALF memory care provider to notify a physician, and the resident's representative, upon signs of a resident's dementia getting worse, and to assist in making appointments to treat such a change in condition. Such notification must occur within 30 days after facility staff acknowledges such a change in condition. If the resident's representative or designee is unresponsive or cannot be located, the facility must arrange for the necessary care and services for treatment of the change in condition with the appropriate health care provider. (Section [1](#))

The bill repeals s. 429.178, F.S., which requires ALFs who advertise to provide special care for persons with Alzheimer's disease, or other related disorders, to: (Section [2](#))

- For facilities with 17 or more residents, have an awake staff member on duty all the time; and
- Employ staff who must complete training and continuing education required under s. 430.5025, F.S.

However, the bill retains and revises the substance of that statute. Under the bill, all memory care facilities must have one staff member awake and present at all times to provide care and services, instead of only those with 17 or more beds. That staff member must have completed the [training and continuing education on Alzheimer's disease](#), as required under s. 430.5025, F.S., and must be certified in first aid and cardiopulmonary resuscitation. (Section [1](#))

Under the bill, a staff member administering medication or assisting with self-administration of medication only, does not count toward the requirement to have one staff member present at all times to provide care and services. (Section [1](#))

Florida Alzheimer's Center of Excellence

The Department of Elder Affairs (DOEA) oversees the Alzheimer's Disease Initiative (ADI) that provides temporary relief for individuals with Alzheimer's disease and related forms of dementia and their family members. Services include the Brain Bank research program, memory disorder clinics, respite care, and support services for caregivers. It does not, however, provide personalized care on an individual family basis for as long as the family needs it.

The bill creates the Florida Alzheimer's Center of Excellence (FACE) within the Department of Elder Affairs (DOEA) to assist persons with Alzheimer's disease and related forms of dementia as well as their caregivers by connecting them to community resources on an ongoing basis so that those with dementia may remain in the community. FACE is tasked with: (Section [3](#))

- Conducting caregiver assessments to measure caregiver burden;
- Creating personalized plans that guide caregivers to appropriate resources to assist them in providing effective caregiving;
- Educating and assisting caregivers with strategies for caregiving for someone with Alzheimer's disease or a related form of dementia;
- Providing online educational resources for caregivers;
- Tracking outcomes, including decreased hospitalizations, reduced emergency department visits, reduction in falls of individuals with Alzheimer's or related forms of dementia and reduction in caregiver burnout; and
- By December 1 each year, submit a report to the Governor and Legislature addressing the number of families served, the types of services provided and the outcomes achieved.

The bill requires FACE to work with the Area Agencies on Aging, the Alzheimer's Disease Advisory Committee, the Alzheimer's Disease Initiative, including the state-funded memory disorder clinics, DOEA's Dementia Care and Cure Initiative task forces, universities, hospitals, and other available community resources. (Section [3](#))

The bill establishes eligibility criteria for services: (Section [3](#))

- At least 1 person in the household must be a caregiver for a person diagnosed with Alzheimer’s disease or a related form of dementia;
- The caregiver or person diagnosed with, or suspected to have, Alzheimer’s disease or a related form of dementia, is a resident of this state; and
- The person seeking assistance has the goal of providing in-home care for the person diagnosed with, or suspected to have, Alzheimer’s disease or a related form of dementia.

If these criteria are met, FACE may provide assistance to the caregiving family, subject to the availability of funds and resources. (Section [3](#))

DOEA has been providing these services through a contract with Navigating Aging Needs, LLC, since 2022. This bill codifies these functions.

The bill provides an effective date of July 1, 2025; however, the repeal of s. 429.178, F.S., as provided in section 2 of the bill, is effective January 1, 2026.

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

AHCA may incur administrative costs associated with enforcement of the minimum licensure standards created by the bill; however, any such costs will be absorbable with existing agency resources.

DOEA has the funds necessary to operate FACE, created by the bill. The Legislature appropriated \$677,000 recurring and \$357,000 non-recurring in Fiscal Year 2023-2024 to DOEA for contractual services¹ and an additional \$2,100,000 in Fiscal Year 2024-2025 for contractual services for these functions.²

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Alzheimer’s Disease

Alzheimer’s disease is a form of dementia, a general term for memory loss. It is a progressive brain disorder that damages and eventually destroys brain cells, leading to memory loss and changes in the functions of the brain. Alzheimer’s disease accounts for 60 to 80 percent of dementia cases. Alzheimer’s disease is a progressive disease in which dementia symptoms worsen gradually over time. In the early stages of Alzheimer’s disease, memory loss is mild; in late-stages, individuals lose the ability to carry on a conversation and respond to their environment. Currently, the disease has no cure, but treatment can temporarily slow the worsening of symptoms.³

There are an estimated 6.9 million people in the United States with Alzheimer’s disease.⁴ By 2050, the number of people age 65 and older with Alzheimer’s disease in the U.S. is expected to double to a projected 12.7 million people.⁵

¹ Ch. 2023.239, L.O.F.

² Ch. 2024-231, L.O.F.

³ Alzheimer’s Association, *2024 Alzheimer’s Disease Facts and Figures*, available at <https://www.alz.org/getmedia/76e51bb6-c003-4d84-8019-e0779d8c4e8d/alzheimers-facts-and-figures.pdf> (last visited March 31, 2025).

⁴ Rajan K, Weuve J, Barnes L, McAninch E, Wilson R, Evans D, *Population Estimate of People with Clinical AD and Mild Cognitive Impairment in the United States* (April 27, 2021), PubMed Central, available at <https://pmc.ncbi.nlm.nih.gov/articles/PMC9013315/> (last visited March 31, 2025).

⁵ *Id.*

Florida has an increasing number of individuals with Alzheimer’s disease. An estimated 580,000 Floridians have Alzheimer’s disease. The projected number of Floridians with Alzheimer’s disease is estimated to increase by 24% to 720,000 individuals by 2025.⁶

Assisted Living Facilities

An assisted living facility (ALF) is a residential establishment, or part of a residential establishment, that provides housing, meals, and one or more personal services for a period exceeding 24 hours to one or more adults who are not relatives of the owner or administrator.⁷ A personal service is direct physical assistance with, or supervision of, the activities of daily living and the self-administration of medication.⁸ Activities of daily living include ambulation, bathing, dressing, eating, grooming, toileting, and other similar tasks.⁹

ALFs are licensed and regulated by the Agency for Health Care Administration (AHCA) under part I of ch. 429, F.S., and part II of ch. 408, F.S., and rule 59A-36, F.A.C.

An ALF must provide appropriate care and services to meet the needs of the residents admitted to the facility. The owner or facility administrator determines whether an individual is appropriate for admission to the facility based on certain criteria, including the needs and preferences of the resident and the care and services offered by the facility.¹⁰ Each resident must be examined by a physician or nurse practitioner within 30 days after admission to the facility.¹¹

An ALF must offer a [contract](#) to each resident, prior to admission of the resident, setting forth: the services and accommodations to be provided by the facility; the rates or anticipated charges; provision for at least 30 days’ notice of a rate increase; and the rights, duties, and obligations of the resident.¹²

ALF Memory Care

In addition to a standard license, an ALF may have one or more specialty licenses that allow the ALF to provide additional care. These specialty licenses include limited nursing services,¹³ limited mental health services,¹⁴ and extended congregate care services.¹⁵

Current law does not include a licensure designation for ALFs that provide special care for individuals with Alzheimer’s disease, nor does it require ALFs to notify AHCA that they provide special care for persons with Alzheimer’s disease or other related disorders. Under current law, an ALF that claims to provide special care for persons with Alzheimer’s disease is only required to disclose those services in its advertisements, or in a separate document, and maintain a copy of such advertisements and documents in its record for AHCA to examine as part of the licensure renewal procedure.¹⁶

⁶ Florida Department of Elder Affairs, *Alzheimer’s Disease Advisory Committee Annual Report (2023)*, available at <https://elderaffairs.org/wp-content/uploads/ADAC-Report-2023.pdf> (last visited March 31, 2025).

⁷ S. 429.02(5), F.S.

⁸ S. 429.02(16), F.S.

⁹ S. 429.02(1), F.S.

¹⁰ S. 429.26(1), F.S.

¹¹ S. 429.26(5), F.S.

¹² S. 429.24, F.S.

¹³ S. 429.02(14), F.S. ALFs licensed to provide limited nursing services may provide services beyond those provided by standard licensed ALFs, including the application and care of routine dressings and care of casts, braces, and splints.

¹⁴ S. 429.075, F.S., requires any facility serving one or more mental health residents to obtain a limited mental health license. *See also* s. 429.02(16), F.S. A mental health resident is “an individual who receives social security disability income due to a mental disorder as determined by the Social Security Administration or receives supplemental security income due to a mental disorder as determined by the Social Security Administration and receives optional state supplementation.”

¹⁵ S. 429.07(3)(b), F.S. The Extended Congregate Care (ECC) specialty license allows an ALF to provide, directly or through contract, services performed by licensed nurses and supportive services to individuals who would otherwise be disqualified from continued residency in an ALF. The primary purpose of ECC services is to allow residents, as their acuity level rises, to remain in a familiar setting.

¹⁶ S. 429.177, F.S.

Section 429.178, F.S., requires ALFs that advertise to provide special care for persons with Alzheimer’s disease, or other related disorders, to meet certain minimum standards, some of which are requirements for all ALFs elsewhere in statute or rule. The minimum standards include:

- For facilities with 17 or more residents, have an awake staff member on duty all the time (this is already required for all ALFs in rule 59A-36.010(3)(a)4., F.A.C., so it is not unique to memory care ALFs);
- For facilities with fewer than 17 residents have mechanisms in place to monitor and ensure the safety of the facility’s residents.
- Offer activities specifically designed for persons who are cognitively impaired.
- Have a physical environment that provides for the safety and welfare of the facility’s residents (this is already required for all ALFs, so it is not unique to memory care ALFs¹⁷).
- Employ staff who must complete the training and continuing education required under s. 430.5025, F.S. (this is already required under s. 430.5025, F.S., so it is duplicative).

ALFs who advertise to provide special care for individuals with Alzheimer’s disease or other related disorders are required to ensure their staff complete certain training and continuing education requirements, including:¹⁸

- Upon beginning employment, ALFs must provide all employees basic written information about interacting with persons who have Alzheimer’s disease or related forms of dementia.
- Within 30 days of employment, each employee who provides personal care to, or has regular contact with residents, must complete a one-hour training program provided by the Department of Elderly Affairs.
- Within three months of beginning employment, each employee who provides personal care to, or has regular contact with residents, must complete an additional three hours of training on behavior management, promoting the person’s independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
- Within six months of beginning employment, each employee who provides personal care must complete an additional 4 hours of dementia-specific training.
- Each employee who provides personal care must complete at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning technology.

AHCA is required to identify ALFs with special care units or programs on its consumer information website ([FloridaHealthFinder](#)) to help consumers select the best facility for themselves or their loved ones.¹⁹ AHCA relies on facilities to self-report this information for inclusion on the consumer information website.²⁰ As of February 28, 2025, there were 2,966 licensed ALFs in Florida, 788 of which claimed to be memory care providers.²¹

AHCA conducted a review of the total number of complaints received and the total number of those complaints that were substantiated, for memory care providers and non-memory care providers, from 2020 to present. AHCA found there were more complaints made and substantiated against memory care providers than non-memory care providers, despite the fact that there were almost four times as many non-memory care providers than memory care providers.²² During that same period of time, AHCA issued 207 class I deficiencies to memory care providers.²³

Department of Elder Affairs Alzheimer’s Services

¹⁷ S. 429.14(1)(a), F.S., authorizes AHCA to deny, revoke, or suspend any license and impose an administrative fine on a licensee, if the licensee or any facility staff commits an intentional or negligent act seriously affects the *health, safety, or welfare* of a resident

¹⁸ S. 430.5025(4)(e), F.S.

¹⁹ S. 429.55(1)(o), F.S.

²⁰ Florida Agency for Health Care Administration, Agency Analysis of 2025 HB 493 (February 28, 2025).

²¹ *Id.*

²² *Id.*

²³ S. 429.19(2)(a), F.S., and s. 408.813(2)(a), F.S. Class I violations are those conditions or occurrences related to the operation and maintenance of a provider or to the care of clients which AHCA determines present an imminent danger to the clients of the provider or a substantial probability that death or serious physical or emotional harm would result therefrom. AHCA may impose an administrative fine for a cited class I violation of not less than \$5,000 and not more than \$10,000 for each violation.

The Department of Elder Affairs is charged with administering programs and services for seniors across the state of Florida, including services for those affected by Alzheimer’s disease and related forms of dementia.²⁴

Alzheimer’s Disease Initiative

In 1985, the Legislature established the Alzheimer’s Disease Initiative (ADI), intended to provide services for individuals and families that have been affected by Alzheimer’s disease.²⁵ The Dementia Director, appointed by the Secretary of DOEA, is responsible for providing support to memory disorder clinics throughout the state, facilitating coordination for services between a variety of providers, and monitoring data on the impact of Alzheimer’s disease in Florida.²⁶

Services for Individuals and Families Affected by Alzheimer’s Disease

Memory disorder clinics throughout the state provide diagnostic and therapeutic settings for individuals with Alzheimer’s disease. These setting allow for the research of Alzheimer’s disease and training of professional who care for individuals with Alzheimer’s disease.²⁷

Respite care provides temporary relief for caregivers and may be provided in conjunction with a memory disorder clinic. Respite options for caregivers of individuals with Alzheimer’s disease may include:

- In-home care;
- Facility-based care;
- Specialized adult day care;
- Emergency respite care; and
- Extended care up to 30 days.²⁸

Other supportive services for caregivers may include:

- Case management;
- Specialized medical equipment and supplies;
- Caregiver counseling and support groups; and
- Caregiver training and relief.²⁹

Florida Alzheimer’s Center of Excellence

In 2022, DOEA created the Florida Alzheimer’s Center of Excellence (FACE) to support people with Alzheimer’s and related dementias and their caregivers in the community using evidence-based and no-wrong-door strategies. This effort addresses the fifth and final pillar of the Governor’s five-point dementia action plan announced in 2019.³⁰

²⁴ Florida Department of Elder Affairs, *Live Well and Age Well, 2024 Department Overview*, p.2, available at <https://elderaffairs.org/wp-content/uploads/2024-Year-Review.pdf> (last visited Apr. 14, 2025).

²⁵ Florida Department of Elder Affairs, *Alzheimer’s Disease Initiative (ADI)*, available at <https://elderaffairs.org/programs-services/bureau-of-elder-rights/alzheimers-disease-initiative/> (last visited Apr. 11, 2025).

²⁶ S. 430.5015, F.S.

²⁷ S. 430.502, F.S.

²⁸ Florida Department of Elder Affairs, *Alzheimer’s Disease Initiative (ADI)*, available at <https://elderaffairs.org/programs-services/bureau-of-elder-rights/alzheimers-disease-initiative/> (last visited Apr. 11, 2025).

²⁹ *Id.*

³⁰ Florida Department of Elder Affairs, *Live Well and Age Well, 2024 Department Overview*, p.13, available at <https://elderaffairs.org/wp-content/uploads/2024-Year-Review.pdf> (last visited Apr. 14, 2025).

FACE addresses two primary goals: to allow Floridians living with Alzheimer’s disease and related dementias to age in place and to empower family caregivers with increased capacity and stamina.³¹

Through FACE, Care Navigators offer ongoing care planning services, expert referrals, counsel, and encouragement.³²

Navigating Aging Needs

To facilitate FACE, DOEA has contracted with Navigating Aging Needs since March 2022 to provide individualized care plans to individuals with Alzheimer’s or other forms of dementia and their caregivers. This assistance, unlike the assistance provided by ADI, is not temporary, but is provided as long as it is needed. One of the key components of the model is the Care Navigation Program, which utilizes Care Navigators, who guide caregivers to community resources, empowering them with the skills, education, support, and planning necessary for effective caregiving. They assist caregivers access local resources and ensure that they make the best use of community-based services to reduce the need for Medicaid long-term facility placement.³³ Since 2022, FACE has demonstrated outcomes, including reduced hospitalizations, falls and caregiver stress.³⁴

³¹ *Id.*

³² *Id.*

³³ Florida Department of Elder Affairs, *Agency HHS Analysis Updated* (March 17, 2025) p. 3, on file with the House Human Services Subcommittee.

³⁴ Florida Department of Elder Affairs, *Agency Bill Analysis* (March 17, 2025) p. 4, on file with the House Human Services Subcommittee.

BILL HISTORY

COMMITTEE REFERENCE	ACTION	DATE	STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY
Health Care Facilities & Systems Subcommittee	17 Y, 0 N, As CS	4/2/2025	Calamas	Guzzo

THE CHANGES ADOPTED BY THE COMMITTEE:

Health & Human Services Committee	23 Y, 0 N, As CS	4/15/2025	Calamas	Guzzo
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THE CHANGES ADOPTED BY THE COMMITTEE:

- Creates the Florida Alzheimer’s Center of Excellence (FACE) within the Department of Elder Affairs to allow persons with Alzheimer’s disease and related forms of dementia to age in place and to empower their family caregivers to improve their own well-being.
- Requires FACE to:
 - Conduct caregiver assessments to measure burnout;
 - Create personalized plans that guide caregivers to community resources to provide effective caregiving to their loved ones with Alzheimer’s disease or a related form of dementia;
 - Educate and assist caregivers with strategies for caregiving for someone with Alzheimer’s disease or a related form of dementia and all aspects of home-based care;
 - Provide online educational resources for caregivers;
 - Track outcomes, including decreased hospitalizations, reduced emergency department visits, reduction on in falls, and reduction in caregiver burnout;
 - By December 1 each year, submit an annual report addressing the number of families served, types of services provided, and outcomes achieved.

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.
