

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

Prepared By: The Professional Staff of the Appropriations Committee on Health and Human Services

BILL: CS/SB 1404

INTRODUCER: Health Policy Committee and Senator Burton

SUBJECT: Memory Care

DATE: February 17, 2026

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Brown</u>	<u>HP</u>	<u>Fav/CS</u>
2.	<u>Gerbrandt</u>	<u>McKnight</u>	<u>AHS</u>	<u>Favorable</u>
3.	_____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1404 amends, creates, and repeals several sections of law to create a new assisted living facility (ALF or facility) specialty license type for “memory care services.” The bill requires an ALF, under certain conditions, to obtain a memory care services license, within a specified timeframe, to provide memory care services, serve memory care residents, or advertise or hold itself out to provide such services or serve such residents.

The bill defines the terms “memory care resident” and “memory care services” and requires the Agency for Health Care Administration (AHCA) to adopt rules by October 1, 2026, establishing minimum standards for memory care services licenses and providing criteria for what such standards must address. Additionally, the bill provides criteria for how a memory care resident may choose to stay at an ALF should the ALF not be able to obtain a memory care services license.

The bill also creates s. 430.71, F.S., to establish the Florida Alzheimer’s Center of Excellence (Center) to assist and support persons with Alzheimer’s disease and related forms of dementia (ADRD) and their caregivers by connecting them with resources in their communities. The bill creates the Center within the Department of Elderly Affairs (DOEA) and tasks the Center with specified activities related to its stated goals. Additionally, the bill establishes eligibility criteria for a person to qualify for services through the Center and requires the Center to submit an annual report to the Governor and the Legislature with specific data related to the services provided by the Center.

Lastly, effective upon the date when the AHCA's rules implementing memory care services licenses take effect, the bill repeals ss. 429.178 and 429.177, F.S.

The bill has no fiscal impact on the DOEA. The bill may have a workload impact on the AHCA, which can be absorbed within existing resources. **See Section V., Fiscal Impact Statement.**

The bill takes effect upon becoming law.

II. Present Situation:

Alzheimer's Disease and Related Dementias (ADRD)

ADRD are debilitating conditions that impair memory, thought processes, and functioning, primarily among older adults. The effects of these diseases can be devastating, both for individuals afflicted with ADRD and for their families. People with ADRD may require significant amounts of health care and intensive long-term services and supports – including, but not limited to, management of chronic conditions, help taking medications, round-the-clock supervision and care, or assistance with personal care activities, such as eating, bathing, and dressing. In the United States, ADRD affects as many as five million people and nearly 40 percent of the population aged 85 and older. Roughly 13.2 million older Americans are projected to have ADRD by 2050.¹

Assisted Living Facilities (ALF)

An ALF is a residential facility, or part of a residential facility, which 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.² According to the Agency for Health Care Administration (AHCA), an ALF is designed to provide personal care services in the least restrictive and most home-like environment.³ ALFs can range in size from one resident to several hundred and may offer a wide variety of personal and nursing services designed specifically to meet an individual's personal needs.⁴

Facilities are licensed to provide routine personal care services under a standard license, or more specific services under the authority of specialty licenses. The purpose of specialty licenses is to allow individuals to age in place⁵ in familiar surroundings that can adequately and safely meet

¹ What is Alzheimer's Disease and Related Dementias, U.S. Department of Health and Human Services, available at <https://aspe.hhs.gov/collaborations-committees-advisory-groups/napa/what-ad-adrd>, (last visited Jan 28, 2026).

² Section 429.02(5), F.S.

³ Assisted Living Facility, Florida Agency for Health Care Administration, available at <http://ahca.myflorida.com/health-quality-assurance/bureau-of-health-facility-regulation/assisted-living-unit/assisted-living-facility>, (last visited Jan. 27, 2026).

⁴ *Id.*

⁵ Section 429.02(4), F.S., defines "aging in place" as the process of providing increased or adjusted services to a person to compensate for the physical or mental decline that may occur with the aging process, in order to maximize the person's dignity and independence and permit them to remain in a familiar, noninstitutional, residential environment for as long as possible. Such services may be provided by facility staff, volunteers, family, or friends, or through contractual arrangements with a third party.

their continuing health care needs.⁶ In addition to a standard license, an ALF can also be licensed to provide one or more of extended congregate care (ECC), limited nursing services (LNS), or limited mental health (LMH) services.⁷ Currently there are 2,989 licensed ALFs in Florida with 171 licensed to provide ECC, 396 licensed to provide LNS, and 703 licensed to provide LMH services.⁸

Extended Congregate Care (ECC)

The purpose of an ECC license is to allow an ALF to provide services, directly or through contract, beyond those allowed by a standard ALF license, including nursing and supportive services, to persons who would otherwise be disqualified from continued residence in a standard licensed facility.⁹ An ALF with an ECC license is exempt from criteria for continued residency established for standard ALFs¹⁰ and may establish its own guidelines for continued residency as long as such guidelines meet the criteria for ECC policies in Rule 59A-36.021, F.A.C.¹¹ Additionally, ECC facilities are prohibited from serving residents who require 24-hour nursing supervision.¹²

Limited Nursing Services (LNS)

A LNS license authorizes an ALF to provide nursing services¹³ to a resident such as the care of routine dressings and care of casts, braces, and splints.¹⁴ A LNS license does not exempt the facility from meeting admission and continued residency criteria for a standard ALF license unless the facility is also licensed to provide ECC. Additionally, a LNS license does not authorize the provision of 24-hour nursing care.¹⁵

Limited Mental Health (LMH)

An ALF that serves one or more mental health residents is required to obtain a LMH license. 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.¹⁶ A facility with a LMH license is required to:

- Ensure that, within six months after receiving the LMH license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than six hours related to their duties.
- Provide appropriate supervision and staffing to provide for the health, safety, and welfare of its mental health residents.

⁶ Section 429.02(5), F.S.

⁷ Section 429.07(3), F.S.

⁸ Florida Health Finder Report, available at <https://quality.healthfinder.fl.gov/Facility-Provider/ALF?&type=1>, (last visited Jan. 27, 2026).

⁹ Section 429.07(3)(b), F.S.

¹⁰ Rule 59A-36.006(4), F.A.C.

¹¹ Section 429.07(3)(b)5, F.S.

¹² *Id.*

¹³ Services authorized to be provided by someone licensed under Part I of ch. 464, F.S.

¹⁴ Section 429.02(14), F.S.

¹⁵ *Id.*

¹⁶ Section 429.02(16), F.S.

- Have a copy of each mental health resident's community living support plan¹⁷ and the cooperative agreement¹⁸ with the mental health care services provider or provide written evidence that a request for the community living support plan and the cooperative agreement was sent to the resident's Medicaid managed care plan or the appropriate managing entity under contract with the Department of Children and Families (DCF) within 72 hours after admission. The support plan and the agreement may be combined.
- Have documentation provided by the DCF that each mental health resident has been assessed and determined to be able to live in the community in an assisted living facility that has a limited mental health license or provide written evidence that a request for documentation was sent to the department within 72 hours after admission.
- Make the community living support plan available for inspection by the resident, the resident's legal guardian or health care surrogate, and other individuals who have a lawful basis for reviewing this document.
- Assist the mental health resident in carrying out the activities identified in the resident's community living support plan.¹⁹

Memory Care in Assisted Living Facilities in Florida

Although many Florida ALFs claim to be memory care facilities or advertise as providing specialized care for persons with ADRD, there is currently no licensure category specific to memory care and very few regulations in either law or rule for providing such care. Rules that do exist require an ALF that claims to provide special care for persons with ADRD to:

- Disclose in its advertisements or in a separate document those services that distinguish the care as being especially able to, or suitable for, such persons. The facility must give a copy of all such advertisements or documents to any person who requests them and must maintain a copy of each in its records. The AHCA is required to examine all such advertisements and documents as part of the facility's license renewal procedure.²⁰
- Have an awake staff member on duty at all hours of the day and night, or, if the facility has fewer than 17 residents, have mechanisms in place to monitor and ensure the safety of the facility's residents.²¹
- Offer activities specifically designed for persons who are cognitively impaired.²²

¹⁷ Section 429.02(8), F.S., defines "community living support plan" as a written document prepared by a mental health resident and the resident's mental health case manager in consultation with the administrator of an assisted living facility with a limited mental health license or the administrator's designee. A copy must be provided to the administrator. The plan must include information about the supports, services, and special needs of the resident which enable the resident to live in the assisted living facility and a method by which facility staff can recognize and respond to the signs and symptoms particular to that resident which indicate the need for professional services.

¹⁸ Section 429.02(9), F.S., defines "cooperative agreement" to mean a written statement of understanding between a mental health care provider and the administrator of the assisted living facility with a limited mental health license in which a mental health resident is living. The agreement must specify directions for accessing emergency and after-hours care for the mental health resident. A single cooperative agreement may service all mental health residents who are clients of the same mental health care provider.

¹⁹ Section 429.075, F.S.

²⁰ Section 429.177, F.S.

²¹ Section 429.178, F.S.

²² *Id.*

- Have a physical environment that provides for the safety and welfare of the facility’s residents;²³ and
- Employ staff who must complete the training and continuing education required under s. 430.5025, F.S., that includes:
 - Within three months after beginning employment, each employee who provides personal care to, or has regular contact with, residents with ADRD complete an additional three hours of training as specified.
 - Within six months after beginning employment, each employee who provides personal care must complete an additional four hours of dementia-specific training. Such training must include, but is not limited to, understanding ADRD, the stages of Alzheimer’s disease, communication strategies, medical information, and stress management.
 - Thereafter, each employee who provides personal care must participate in at least four hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning technology.

While the existing law and rules provide some minimum requirements, there is little specificity as to how those requirements must be implemented. This lack of specificity largely leaves the decisions on how to implement those requirements up to each individual ALF. As such, the type and quality of care a resident may receive from one memory care ALF to another may vary widely.

III. Effect of Proposed Changes:

Sections 1 through 3 amend ss. 429.02 and 429.07, F.S., and create s. 429.076, F.S., respectively, to establish a new specialty Assisted Living Facility (ALF) license type for “memory care services.” The bill defines the terms:

- “Memory care resident” to mean a person who suffers from Alzheimer’s Disease and Related Dementias (ADRD) who is a resident of an ALF that claims or otherwise represents that it provides specialized care, services, or activities specifically to support such resident’s ADRD, irrespective of whether such care, services, or activities were listed in the resident’s contract; and
- “Memory care services” to mean specific specialized or focused care, services, or activities an ALF agrees to provide to a memory care resident to support his or her ADRD. Such services do not include services, care, or activities provided by the ALF as optional supportive services that are available to all residents of the facility.

The bill requires an ALF to obtain a memory care services license if the ALF serves one or more memory care residents or advertises or otherwise holds itself out as providing memory care services. However, the bill specifies that an ALF is not required to obtain a memory care services license if the facility solely provides optional supportive services²⁴ for residents with ADRD which are available to all residents of the facility so long as the facility complies with rules the bill requires the Agency for Health Care Administration (AHCA) to adopt on advertising.

²³ Section 429.178, F.S.

²⁴ Section 429.02(27), F.S., defines “supportive services” as services designed to encourage and assist aged persons or adults with disabilities to remain in the least restrictive living environment and to maintain their independence as long as possible.

The bill requires the AHCA to adopt rules for minimum standards for memory care services licenses by October 1, 2026, and specifies that such rules must include, but are not limited to:

- Policies and procedures for providing memory care services.
- Standardized admittance criteria for memory care residents.
- The minimum level of care, services, and activities that must be provided to memory care residents.
- Minimum training requirements for staff at a facility with a memory care services license, which must meet or exceed training requirements established in s. 430.5025, F.S.
- Safety requirements specific to memory care residents, including, but not limited to, requiring a memory care services licensee to maintain at least one awake staff member to be on duty at all hours.
- Physical plant requirements for a facility, or parts of a facility as specified by the licensee, serving memory care residents.
- Requirements for contracts with memory care residents which, in addition to the requirements established by s. 429.24, F.S., must require a memory care services licensee to specify the memory care services that will be provided to the memory care resident.
- Reasonable limitations on how an assisted living facility may advertise or hold itself out as providing optional supportive services for residents with Alzheimer's disease and related dementias without obtaining a memory care services license.

An ALF that is licensed on or after the effective date of the AHCA's rules must obtain a memory care services license to provide memory care services, serve memory care residents, or advertise or hold itself out as providing memory care services or otherwise serving memory care residents. If the facility was licensed prior to the effective date of the rules, it must obtain a memory care services license upon licensure renewal in order to start or continue to provide such services or serve such residents.

Lastly, the bill provides that if an ALF serves one or more memory care residents who were accepted before the effective date AHCA's rules, that ALF may continue to serve those residents without obtaining a memory care services license if the ALF:

- Demonstrates to the AHCA that it is unable to reasonably obtain such license.
- Notifies any memory care residents the facility serves and their caregivers, if applicable, that:
 - The facility is required to obtain a memory care services license.
 - The facility is unable to obtain such license; and
 - The memory care resident may relocate to a facility with a memory care services license, if desired.
- Upon request, assists memory care residents or, if applicable, their caregivers with finding a suitable alternate facility.
- No longer accepts any new memory care residents without first obtaining a memory care services license.

Should a resident, or his or her caregiver if applicable, decide to remain at a facility under these conditions, the facility must:

- Amend the resident's contract to include the memory care services that are being provided to the resident;

- Maintain records pertaining to when and how such services were provided to the resident; and
- Provide such records to the resident, his or her caregivers, or the AHCA upon request.

Section 4 creates s. 430.71, F.S., to establish the Florida Alzheimer's Center of Excellence (Center) within the Department of Elderly Affairs (DOEA). The bill provides that the purpose of the Center is to assist and support persons with ADRD and their caregivers by connecting them with resources in their communities to address the following goals:

- To allow residents of this state living with ADRD to age in place.
- To empower family caregivers to improve their own wellbeing.

The bill allows the Center to contract for services necessary to implement its goals and requires the Center to:

- Conduct caregiver assessments to measure caregiver burden.
- Create personalized plans that guide caregivers to community resources, empowering them with the skills, education, support, and planning necessary for effective caregiving, including addressing any medical, emotional, social, legal, or financial challenges experienced by the person with ADRD.
- Educate and assist caregivers with strategies for caregiving for someone with ADRD and provide guidance on all aspects of home-based care, including home safety, physical and mental health, legal and financial preparedness, communication skills, and hands-on care techniques.
- Provide online educational resources for caregivers.
- Track outcomes, including, but not limited to, decreased hospitalizations, reduced emergency department visits, reduction in falls, and reduction in caregiver burnout.
- By December 1 of each year, submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives which addresses the number of families served, the types of services provided, and the outcomes achieved.

The bill requires the Center to work with all of the following:

- Area agencies on aging as defined in s. 430.203, F.S.
- The Alzheimer's Disease Advisory Committee established under s. 430.501, F.S.
- The Alzheimer's Disease Initiative established under ss. 430.501 through 430.504, F.S.
- The state-funded memory disorder clinics established under s. 430.502, F.S.
- The DOEA's Dementia Care and Cure Initiative task forces.
- Universities.
- Hospitals.
- Other available community resources to ensure full use of the state's infrastructure.

To qualify for services from the Center, an individual or caregiver must:

- Live in a household where at least one person is a caregiver for a person diagnosed or suspected to have ADRD and either the caregiver or the person diagnosed or suspected to have ADRD is a resident of Florida; and
- Have the goal of providing in-home care for the person diagnosed with or suspected to have ADRD.

The Center is authorized to provide assistance to eligible caregiving families, subject to the availability of funds and resources.

Section 5 repeals ss. 429.177 and 429.178, F.S., effective upon the adoption of rules establishing minimum standards for memory care services licenses.

Section 6 provides that the bill takes effect upon becoming law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may have an indeterminate negative fiscal impact on those Assisted Living Facilities (ALFs) that are required to meet additional criteria to obtain a memory care services license.

C. Government Sector Impact:

The bill has no fiscal impact on the Department of Elderly Affairs. The bill may have a workload impact on the Agency for Health Care Administration (AHCA), due to the creation of a new license type for ALFs, which will require the AHCA to review

additional information during an ALF's licensure renewal process. According to the AHCA this impact can be absorbed within existing resources.²⁵

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 429.02 and 429.07.

This bill creates the following sections of the Florida Statutes: 429.076 and 430.71.

This bill repeals the following sections of the Florida Statutes: 429.177 and 429.178.

IX. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on February 2, 2026:

The CS:

- Replaces current memory care provisions in the bill and creates a new “memory care services” specialty license type which an Assisted Living Facilities (ALF) may obtain in addition to the standard ALF license.
- Defines terms and requires an ALF to obtain a memory care services license under certain circumstances.
- Requires the Agency for Health Care Administration (AHCA) to adopt rules for minimum standards to obtain and maintain a memory care services license.
- Provides a timeline for ALFs to obtain a memory care services license.
- Provides flexibility for ALF residents who need memory care services to choose to stay at an ALF even if the ALF would be required to obtain a memory care services license under certain circumstances.
- Effective upon the adoption of AHCA's rules for memory care services licenses, repeals ss. 429.177 and 429.178, F.S.
- Changes the effective date of the bill to effective upon becoming law.

- B. **Amendments:**

None.

²⁵ The Agency for Health Care Administration, *2026 Agency Bill Analysis, CS/SB 1404* (on file with the Senate Appropriations Committee on Health and Human Services).

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
