

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 1630

INTRODUCER: Children, Families, and Elder Affairs Committee and Senator Grall

SUBJECT: Aging and Disability Services

DATE: February 11, 2026 **REVISED:** _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Kennedy</u>	<u>Tuszynski</u>	<u>CF</u>	<u>Fav/CS</u>
2.	<u>Gerbrandt</u>	<u>McKnight</u>	<u>AHS</u>	<u>Pre-meeting</u>
3.	_____	_____	<u>FP</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1630 revises Florida’s aging and disability services statutes under the Department of Elder Affairs (DOEA) to modernize terminology, clarify service access pathways, expand dementia-related infrastructure, and strengthen administrative and guardianship oversight for elderly Floridians and adults with disabilities.

The bill:

- Replaces “wait list” terminology with “pre-enrollment list” and deletes expired statutory requirements related to receiving an offer for enrollment.
- Authorizes Aging and Disability Resource Centers (ADRC) personnel to place and release individuals on and from pre-enrollment lists and requires rescreening under specified circumstances.
- Shifts responsibility for prerelease assessments to ADRCs (rather than Comprehensive Assessment and Review for Long-Term Care Services – CARES - Program) and requires the CARES program to review or perform the initial level-of-care assessment for long-term care enrollees.
- Revises the purposes and duties of the DOEA to authorize direct service provision under specified circumstances.
- Establishes new expenditure and procurement requirements for area agencies on aging (AAA), and imposes an administrative salary cap of 150 percent of the DOEA Secretary’s salary for certain administrative employees of the AAAs paid from state-appropriated funds.

- Redesignates “aging resource centers” as “aging and disability resource centers” (ADRC) to reflect expanded service populations and revises ADRC duties accordingly.
- Deletes certain responsibilities for provider agencies related to collecting and assessing fees for specified purposes and updates subsidy payment language to include food and nutritional supplements as part of covered supports.

The bill creates s. 430.72, F.S., establishing the Florida Alzheimer’s Center of Excellence within DOEA to support and connect individuals with Alzheimer’s disease or related dementias and their caregivers to services and resources. The bill also provides that high-risk vulnerable adults may receive priority consideration for Community Care for the Elderly (CCE) services.

The bill strengthens oversight of professional and public guardians by revising continuing education requirements to include Alzheimer’s disease and related dementias and by enhancing enforcement and investigative authority to include the issuance of subpoenas and fines.

The bill does not have a fiscal impact on state expenditures however, the bill may have a indeterminate positive fiscal impact on state revenues due to the bill’s provisions that authorize the DOEA to collect a fine. **See Section V, Fiscal Impact Statement.**

The bill takes effect July 1, 2026.

II. Present Situation:

The Medicaid Program

The Florida Medicaid program is a partnership between the federal and state governments. Each state operates its own Medicaid program under a state plan approved by the federal Centers for Medicare & Medicaid Services (CMS). The state plan outlines Medicaid eligibility standards, policies, and reimbursement methodologies.

Florida Medicaid is administered by the Agency for Health Care Administration (AHCA) and financed with federal and state funds.¹ Approximately 4.2 million Floridians are currently enrolled in Medicaid, and the program’s estimated expenditures for FY 2025–26 are over \$35.6 billion.²

Eligibility for Florida Medicaid is based on a number of factors, including age (or other eligibility category), household or individual income, and coverage group assets.³ State Medicaid coverage/payment categories are provided in s. 409.903, F.S. (Mandatory Payments for Eligible Persons) and s. 409.904, F.S. (Optional Payments for Eligible Persons), which authorize the AHCA to make payments for covered groups who are determined eligible subject

¹ Florida Agency for Health Care Administration, *Medicaid overview* page: available at <https://ahca.myflorida.com/medicaid> (last visited 1/20/2026).

² Social Services Estimating Conference, *Medicaid Caseloads and Expenditures, July 17, 24, and 30, 2025 — Executive Summary*: available at <http://edr.state.fl.us/Content/conferences/medicaid/exccsummary.pdf> (last visited 1/20/2026).

³ Florida Department of Children and Families, *Medicaid Eligibility*: available at <https://www.myflfamilies.com/medicaid> (last visited 1/20/2026); and Florida Department of Children and Families, *Determining your Income Limit*: available at <https://www.myflfamilies.com/medicaid/determining-your-income-limit> (last visited 1/20/2026).

to the income, assets, and categorical eligibility tests set forth in federal and state law.⁴ Minimum coverage thresholds are established in federal law for certain population groups, including children, through mandatory coverage requirements in federal Medicaid regulations.⁵

Statewide Medicaid Managed Care

The Statewide Medicaid Managed Care (SMMC) program is Florida's statewide, integrated managed care delivery system for Medicaid covered services.⁶ In the SMMC program, Medicaid recipients generally receive their services through a managed care plan, rather than through multiple separate payment entities, with the SMMC structure organized into the Managed Medical Assistance (MMA), Long-Term Care (LTC), and Dental components.⁷ The SMMC program is administered by the AHCA and is financed with federal and state funds. Eligibility for Medicaid (and therefore eligibility to participate in SMMC, if enrolled in managed care) is determined by the Department of Children and Families (DCF) for most non-Supplemental Security Income (SSI) coverage groups (and by the Social Security Administration for SSI recipients).⁸

Within the SMMC program, the MMA program provides primary and acute medical assistance and related services to enrollees.⁹ The LTC Program provides services to frail elderly or disabled Medicaid recipients in nursing facilities and in community settings, including an individual's home, an assisted living facility, or an adult family care home.¹⁰

Implementation of the LTC Program required federal approval from the CMS under concurrent s. 1915(b) and s. 1915(c) waiver authority submitted by the AHCA, with CMS approving Florida's LTC waiver approach on February 1, 2013, for an effective start of July 1, 2013.¹¹ The currently approved 1915(b) LTC managed care waiver period is April 1, 2022 through March 31, 2027, and the AHCA's home and community based services (HCBS) s. 1915(c) LTC waiver (FL.0962) reflects an approved effective date of April 1, 2022.¹²

⁴ Section 409.903 and Section 409.904, F.S.

⁵ Electronic Code of Federal Regulations, 42 C.F.R. § 435.118, *Infants and children under age 19*: available at <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-435/subpart-B/subject-group-ECFR5862e2658e2b5d6/section-435.118> (last visited 1/20/2026).

⁶ Section 409.964, F.S.

⁷ Florida Agency for Health Care Administration, *Statewide Medicaid Managed Care*: available at <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care> (last visited 1/20/2026); and Florida Agency for Health Care Administration, *A Snapshot of the Florida Statewide Medicaid Managed Care Program*: available at https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/mma/SMMC_Snapshot.pdf (last visited 1/20/2026).

⁸ Florida Agency for Health Care Administration, *Eligibility for Medicaid Services*: available at <https://ahca.myflorida.com/medicaid/medicaid-policy-quality-and-operations/medicaid-policy-and-quality/medicaid-policy/program-policy/eligibility-for-medicare-services> (last visited 1/20/2026).

⁹ Section 409.971, F.S.

¹⁰ Florida Agency for Health Care Administration, *Find Out About Long-Term Care Services*: available at <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/long-term-care-program/find-out-about-long-term-care-services> (last visited 1/20/2026).

¹¹ Florida Agency for Health Care Administration, *Florida Medicaid 1915(b) Managed Care Waiver—Long-Term Care Program (Waiver #FL-17)*: available at https://ahca.myflorida.com/content/download/26140/file/FL_Long-Term-Managed-Care_FL-17_2025_Amendment%20PDF%20version.pdf (last visited 1/20/2026).

¹² Florida Agency for Health Care Administration, *Florida Medicaid 1915(b) Managed Care Waiver—Long-Term Care Program (Waiver #FL-17) (Effective Dates: 4/1/22–3/31/27) (PDF)*: available at https://ahca.myflorida.com/content/download/26140/file/FL_Long-Term-Managed-Care_FL-17_2025_Amendment%20PDF%20version.pdf (last visited 1/20/2026).

Long-Term Care Program

The LTC Program provides long-term care services, including nursing facility and home and community based services, to eligible Medicaid recipients. Federal law requires state Medicaid programs to cover nursing facility services for individuals age 21 or older who meet the applicable need/level-of-care criteria.¹³ States may place appropriate utilization controls (such as medical necessity), but they may not arbitrarily deny or reduce the amount, duration, or scope of a required service to an otherwise eligible beneficiary solely because of diagnosis, illness, or condition.¹⁴ By contrast, HCBS are optional benefits that states may offer through authorities such as s. 1915(c) waivers.¹⁵

In Florida, HCBS long-term care services are delivered through an approved federal waiver.¹⁶ Federal guidance and waiver design allow 1915(c) federal waiver programs to be limited in enrollment (capped) and, as a result, states may maintain waiting lists for waiver services.¹⁷ Consistent with this structure, Florida’s LTC program is managed through a priority-based wait list/release process, and offers for enrollment are made subject to the availability of funds.¹⁸

As of November 30, 2025, there were 159,338 individuals enrolled in the LTC Program, including 110,197 individuals enrolled in the HCBS portion of the program and 49,141 individuals classified as NON-HCBS (non-HCBS/facility setting).¹⁹

LTC Program Eligibility

To be eligible for the LTC Program, an individual must:

- Be age 65 or older and eligible for Medicaid, or age 18 or older and eligible for Medicaid by reason of a disability;²⁰
- Have gross monthly income at or below the Institutional Care Program/Home and Community-Based Services (ICP/HCBS) special income limit (300% of the SSI federal benefit rate) or otherwise qualify through an income trust if over the limit.”;²¹ and,

¹³ U.S. Government Publishing Office, 42 C.F.R. § 440.40: available at <https://www.govinfo.gov/link/cfr/42/440?link-type=pdf§ionnum=40&year=mostrecent> (last visited 1/20/2026).

¹⁴ Government Publishing Office, 42 C.F.R. § 440.230(c), *Sufficiency of amount, duration, and scope* (most recent): available at <https://www.govinfo.gov/content/pkg/CFR-2024-title42-vol4/pdf/CFR-2024-title42-vol4-sec440-230.pdf> (last visited 1/20/2026).

¹⁵ Medicaid.gov, *Home & Community-Based Services 1915(c)* (HCBS waiver authority overview): available at <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-authorities/home-community-based-services-1915c> (last visited 1/20/2026).

¹⁶ Medicaid.gov, *FL Long-Term Care Waiver (0962.R02.00)*: available at <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81391> (last visited 1/20/2026).

¹⁷ Congressional Research Service, *Medicaid Section 1915(c) Home- and Community-Based Services Waivers*: available at https://www.congress.gov/crs_external_products/R/PDF/R48519/R48519.1.pdf (last visited 1/20/2026).

¹⁸ Section 409.979, F.S.

¹⁹ Florida Agency for Health Care Administration, *Medicaid Monthly Enrollment Report—November 2025* (worksheet “LTC”—“SMMC Long Term Care Capitated Enrollment Report,” row “LTC_ENR_TOTAL”): available at https://ahca.myflorida.com/content/download/27802/file/ENR_202511.xls (last visited 1/20/2026).

²⁰ Section 409.979(1)(a), F.S.

²¹ Florida Department of Children and Families, *SSI-Related Medicaid Coverage Groups Financial Eligibility Standards: January 2025*, available at <https://www.myflfamilies.com/sites/default/files/2024-12/Appendix-A-9.pdf> (last visited 1/21/2026); and U.S. Centers for Medicare & Medicaid Services, *MACPro Integrated Governance – Individuals in Institutions Eligible Under a Special Income Level* (states income eligibility is capped at 300% of the SSI federal benefit rate (FBR)), available at <https://www.medicaid.gov/resources-for-states/downloads/macpro-ig-individuals-in-institutions-eligible-under-a-special-income-level.pdf> (last visited 1/21/2026).

- Be determined by the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program to require nursing facility care (or an equivalent level of care).²²

In addition, an individual seeking Medicaid eligibility must demonstrate that he or she meets limits on personal assets, as state Medicaid programs impose financial resource limits that applicants must satisfy in order to qualify for long-term care coverage.²³ Both federal and state law set parameters for Medicaid long-term care eligibility based on personal property (e.g., treatment of a home and a vehicle) and on financial assets (e.g., bank accounts and other countable resources).²⁴

LTC Program Enrollment

LTC Program enrollment is administered through the combined roles of the Department of Elder Affairs (DOEA), the Department of Children and Families (DCF), and the AHCA, with Aging and Disability Resource Centers (ADRC) serving as the entry point for screening.²⁵ An individual seeking LTC services must contact the appropriate ADRC to request a screening, and the screening is designed to collect information about the person's needs and level of frailty.²⁶ During screening, ADRC staff gather information such as health status and functional needs (including help with activities of daily living), which is used to generate the person's priority score and resulting priority rank.²⁷ State law directs the DOEA to prioritize individuals for potential enrollment for home and community-based services through the LTC managed care program using a frailty-based screening tool that results in a priority score, and that score is used to set the order for releasing individuals from the wait list for potential enrollment.²⁸

The prioritization of the waitlist is described in AHCA administrative rule.²⁹ Priority score and rank are used to ensure that the most fragile Floridians are offered LTC Program enrollment when it becomes available, and the AHCA groups scores into low and high priority ranges with multiple ranks (including ranks for "imminent risk" and Adult Protective Services high-risk referrals).³⁰ Under the AHCA's coverage rule, "priority score" is an automatically generated number based on the DOEA's screening, and "priority rank" is an automatically generated number indicating assessed need for LTC services.³¹

²² Section 409.979(1)(b), F.S.

²³ Medicaid Planning Assistance, *Medicaid Eligibility: 2026 Income, Asset & Care Requirements*: available at <https://www.medicaidplanningassistance.org/medicaid-eligibility/> (last visited 1/21/2026).

²⁴ U.S. Congress, 42 U.S.C. § 1396p: available at [https://uscode.house.gov/view.xhtml?req=\(title:42%20section:1396p%20edition:prelim](https://uscode.house.gov/view.xhtml?req=(title:42%20section:1396p%20edition:prelim) (last visited 1/21/2026); and Florida Department of Children and Families, *What is Institutional Care Program (ICP)*: available at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=802> (last visited 1/21/2026).

²⁵ Florida Agency for Health Care Administration, *Long-Term Care Program*: available at <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/long-term-care-program> (last visited 1/21/2026)

²⁶ Agency for Health Care Administration, *Statewide Medicaid Managed Care Long-Term Care Program—Screening*: available at <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/long-term-care-program/statewide-medicare-managed-care-long-term-care-program-screening> (last visited 1/21/2026).

²⁷ *Id.*

²⁸ Section 409.979, F.S.

²⁹ Rule 59G-4.193, F.A.C.

³⁰ Agency for Health Care Administration, *SMMC LTC Program Waitlist Release*: available at <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/long-term-care-program/smmc-ltc-program-waitlist-release> (last visited 1/21/2026).

³¹ Rule 59G-4.193, F.A.C.

Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program

The Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program is Florida’s preadmission screening process used to ensure that only individuals whose conditions require long-term care services are enrolled in the Medicaid long-term care managed care program.³² Florida law requires the AHCA to operate CARES through an interagency agreement with DOEA.³³ The CARES program must assess or review each person who requests Medicaid payment for nursing facility services or who seeks home and community-based services through Medicaid long-term care authorities (including SMMC LTC).³⁴ CARES determines medical eligibility for the Medicaid Institutional Care Program (ICP), for Medicaid waivers that provide home and community-based services, and conducts medical assessments for nursing facility residents entering court-ordered receivership.³⁵ Operating 17 field offices statewide CARES completed 145,603 assessments in State Fiscal Year 2023–2024 with total federal/state funding of \$19,954,875.³⁶

The Florida Department of Elder Affairs (DOEA)

The DOEA is Florida’s designated State Unit on Aging and is responsible for administering human services programs for older adults and developing policy recommendations for long-term care.³⁷ The DOEA’s statutory duties include administering human services and long-term care programs (including programs funded under the federal Older Americans Act) and ensuring that each Area Agency on Aging (AAA) operates to provide the best services possible to elders in Florida.³⁸ The DOEA delivers many services through 11 AAAs, which operate as ADRCs and function as Florida’s coordinated “no wrong door” entry system for information and access to long-term care resources.³⁹ The DOEA administers statewide services such as ADRC access services, the Long-Term Care Ombudsman Program, SHINE (Medicare counseling), CARES, and legal and caregiver supports.⁴⁰

DOEA reports that more than 1.2 million Floridians age 60 plus received Department services in FY 2022–2023, and that over 97% of the Department’s \$432.2 million combined state and federal budget was spent providing direct services.⁴¹

³² Section 409.985(1), F.S.

³³ Section 409.985(2), F.S.

³⁴ Florida Agency for Health Care Administration, *CARES Assessment of Long-Term Care Needs*: available at <https://ahca.myflorida.com/medicaid/statewide-medicare-managed-care/long-term-care-program/cares-assessment-of-long-term-care-needs> (last visited 1/21/2026).

³⁵ Florida Department of Elder Affairs, *Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program*: available at <https://elderaffairs.org/programs-services/comprehensive-assessment-and-review-for-long-term-care-services-cares-program/> (last visited 1/21/2026).

³⁶ Florida Department of Elder Affairs, *Live Well and Age Well, 2024 Department Overview*, (on file with the Children, Families, and Elder Affairs Committee).

³⁷ Office of Program Policy Analysis and Government Accountability (OPPAGA), *Department of Elder Affairs—Program Summary (Program #5054)*: available at <https://oppaga.fl.gov/ProgramSummary/ProgramDetail?programNumber=5054> (last visited 1/21/2026).

³⁸ Section 430.04, F.S.

³⁹ Florida Department of Elder Affairs, *Ageing and Disability Resource Centers (ADRCs)*: available at <https://elderaffairs.org/resources/aging-and-disability-resource-centers-adrcs/> (last visited 1/21/2026).

⁴⁰ Florida Department of Elder Affairs, Elder Affairs Florida, *Programs & Services* (navigation landing page): available at <https://elderaffairs.org/programs-and-services/> (last visited 1/21/2026).

⁴¹ Florida Department of Elder Affairs, *Live Well and Age Well, 2024 Department Overview*, (on file with the Children, Families, and Elder Affairs Committee).

Aging and Disability Resource Centers (ADRCs)

The DOEA administers programs and services for elders across the state of Florida through 11 AAA, which operate as ADRCs.⁴² These ADRCs function as a single, coordinated system for information and access to services for Floridians seeking long-term care resources.⁴³ The primary functions of the ADRCs include:

- Providing information and referral services.
- Ensuring eligibility determinations are done properly and efficiently.
- Triaging clients who require assistance and managing the availability of financial resources for certain key long-term care programs to ensure financial viability and stability.⁴⁴
- Providing the initial screening of clients requesting long-term care services.
- Determining eligibility for specified long-term care programs.
- Establishing a frailty-based priority ranking.
- Managing the availability of financial resources for those programs within the ADRC's service area.⁴⁵

Florida's 11 ADRCs are distributed throughout the state as shown in the map below:⁴⁶

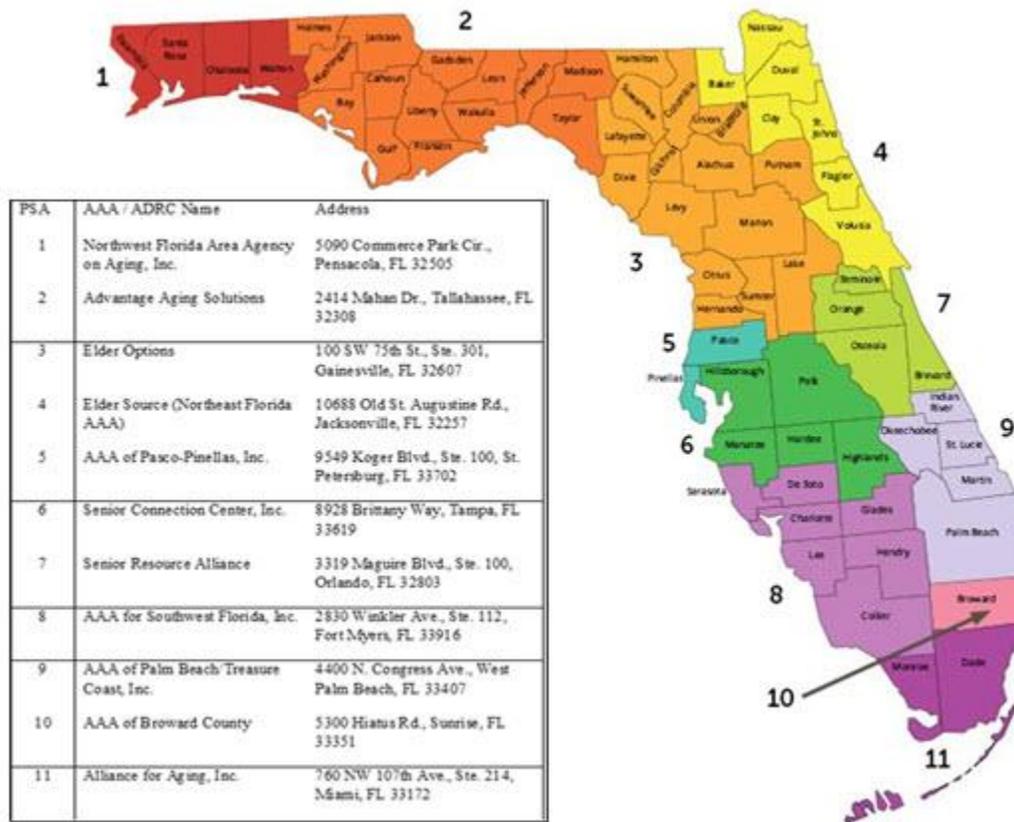
⁴² Florida Department of Elder Affairs, *Aging and Disability Resource Centers (ADRCs)*: available at <https://elderaffairs.org/resources/aging-and-disability-resource-centers-adrcs/> (last visited 1/21/2026).

⁴³ *Id.*

⁴⁴ Florida Department of Elder Affairs, *Aging and Disability Resource Centers (ADRCs)*: available at <https://elderaffairs.org/resources/aging-and-disability-resource-centers-adrcs/> (last visited 1/21/2026).

⁴⁵ Section 430.2053(3), F.S.

⁴⁶ Section 430.2053(3), F.S.



Emergency Authority and Continuity of Care

The DOEA is responsible for ensuring that each AAA operates in a manner that ensures Florida’s elders receive the best services possible. If the DOEA finds specified conditions, it may rescind an AAA’s designation or take “intermediate measures,” including corrective action, unannounced special monitoring, temporary assumption of operation of one or more programs, probationary status, a moratorium on agency action, financial penalties for nonperformance, or other administrative action.⁴⁷ One statutory trigger for this emergency-related intervention authority is when an AAA “has failed to continue the provision or expansion of services after the declaration of a state of emergency.”⁴⁸ Operationally, the DOEA’s Emergency Coordinating Officer coordinates with the Florida Division of Emergency Management on emergency preparedness issues and post-disaster response. The DOEA also ensures AAAs and local service providers have all-hazards Disaster and Continuity of Operations Plans that are implemented during a threat of imminent disaster, supporting continuity of care and services for older adults.⁴⁹

⁴⁷ Section 430.04(2), F.S.

⁴⁸ Section 430.04(2)(d), F.S.

⁴⁹ Florida Department of Elder Affairs, *Disaster Preparedness*, available at <https://elderaffairs.org/resources/disaster-preparedness/> (last visited 1/23/2026).

Community Care for the Elderly (CCE)

The DOEA administers The Community Care for the Elderly (CCE) program to provide community-based services in a continuum of care to help elders with functional impairments remain in the least restrictive and most cost-effective environment appropriate to their needs.⁵⁰

The CCE program offers a broad range of services tailored to individual needs, including adult day care, chore assistance, counseling, home-delivered meals, home nursing, legal assistance, material aid, medical therapeutic services, personal care, respite, transportation, and other community-based services.⁵¹

The CCE program is administered through the AAA, which in turn subcontract with local CCE Lead Agencies to deliver services.⁵² Service delivery is provided by 47 Lead Agencies statewide, ensuring geographic coverage across Florida.⁵³ The CCE program is not a Medicaid program and is funded through a combination of state general revenue and client contributions, with client co-payments assessed on a sliding scale developed by the DOEA.⁵⁴

To be eligible for the CCE program, an individual must be age 60 or older and functionally impaired, as determined by an initial comprehensive assessment and annual reassessments.⁵⁵ Priority consideration for services is given to elders referred by the DCF Adult Protective Services (APS) who are determined to be victims of abuse, neglect, or exploitation and in need of immediate services to prevent further harm.⁵⁶ Individuals not referred by APS may still receive services based on prioritization criteria, including the individual's level of frailty, likelihood of institutional placement, and ability to pay, with priority given to those least able to contribute toward the cost of care.⁵⁷

In FY 2024–2025, CCE state funding totaled \$86,628,033 and served 83,366 clients.⁵⁸

Alzheimer's Disease Initiative (ADI) in Florida

Florida's Alzheimer's disease and related dementias (ADRD) population is substantial, with approximately 580,000 Floridians age 65 plus living with Alzheimer's disease and approximately 870,000 caregivers.⁵⁹ Florida's Alzheimer's Disease Initiative (ADI) is a state-created continuum of dementia services and supports administered by the DOEA.⁶⁰ ADI's statutory framework includes the Alzheimer's Disease Advisory Committee (ADAC) which

⁵⁰ Section 430.202, F.S.

⁵¹ Florida Department of Elder Affairs, *Summary of Programs and Services—Community Care for the Elderly*: available at <https://elderaffairs.org/programs-services/community-care-for-the-elderly-cce/> (last visited 1/21/2026).

⁵² Section 430.203(7), F.S.

⁵³ Florida Department of Elder Affairs, *2024 Department Overview*, p. 10 (on file with the Children, Families, and Elder Affairs Committee).

⁵⁴ Section 430.205(5)(a), F.S.

⁵⁵ Section 430.205(5)(b), F.S.

⁵⁶ Section 430.205(5)(b), F.S.

⁵⁷ Section 430.205(5)(a)–(b), F.S.

⁵⁸ *Florida Department of Elder Affairs, 2024 2025 Year in Review*, p. 40 (on file with the Senate Appropriations Committee on Health and Human Service).

⁵⁹ Florida Alzheimer's Disease Advisory Committee, *Annual Report 2023*: available at <https://elderaffairs.org/wp-content/uploads/Alzheimers-Disease-Advisory-Committee-%E2%80%9393-Annual-Report-2023.pdf> (last visited 1/22/2026).

⁶⁰ Section 430.501–430.504, F.S.

advises the DOEA and the Florida Legislature on Alzheimer’s and related dementias (ADRD) policy and program needs.⁶¹ ADI also includes state-funded Memory Disorder Clinics (MDCs) and directs the DOEA to contract for respite care services.⁶² Florida law further provides that client-identifying information for programs created or funded under the ADI statutes is confidential and exempt from public disclosure, unless written consent is provided.⁶³

ADI was legislatively established in 1985 to provide a continuum of services to meet the changing needs of individuals and families affected by ADRD.⁶⁴ Key components of the ADI program include: (1) ADI respite services, (2) Memory Disorder Clinics, and (3) the Florida Brain Bank.⁶⁵ In fiscal year 2024-2025 the state of Florida appropriated \$71,818,744 for the ADI program, impacting 25,023 clients, with Alzheimer’s respite care programs established in all 67 Florida counties.⁶⁶

Memory Disorder Clinics

Florida law establishes and funds Memory Disorder Clinics (MDCs) at specified sites statewide to provide research, training, and clinical services in a diagnostic and therapeutic setting for individuals with Alzheimer’s disease and related memory disorders.⁶⁷ The MDC network provides statewide services and supports Alzheimer’s research and training through clinic contracts and performance expectations.⁶⁸ In FY 2024–2025, MDC state funding totaled \$12,409,285 and provided services to 21,053 unduplicated persons.⁶⁹

Florida Brain Bank

The Florida Brain Bank operates as a component of Florida’s ADI that supports research by facilitating registration and autopsies for individuals affected by Alzheimer’s disease and related dementias.⁷⁰ In FY 2024–2025, state funding for the Brain Bank totaled \$117,535, with 40 persons registered and 30 autopsies completed.⁷¹

Home Care for the Elderly (HCE)

Florida’s Home Care for the Elderly (HCE) program is a program that helps Floridians age 60 and older remain in family-type living arrangements within private homes as an alternative to institutional or nursing facility care, with a basic subsidy intended to support the elder’s support and maintenance (including some medical costs).⁷² When needed, the program can also provide a special subsidy for specific services and supplies which can include case management supports.

⁶¹ Section 430.501, F.S.

⁶² Section 430.502(1) and (8), F.S.

⁶³ Section 430.504, F.S.

⁶⁴ Florida Department of Elder Affairs, 2025 Year in Review, p. 33 (on file with the *Senate Appropriations Committee on Health and Human Service*).

⁶⁵ *Id.*

⁶⁶ *Id.*

⁶⁷ Section 430.502(1), F.S.

⁶⁸ Florida Department of Elder Affairs, 2025 Year in Review, p. 35 (on file with the *Senate Appropriations Committee on Health and Human Service*).

⁶⁹ *Id.*

⁷⁰ *Id.*

⁷¹ *Id.* at pg. 35.

⁷² Florida Department of Elder Affairs, Home Care for the Elderly (HCE) Program, available at <https://elderaffairs.org/programs-and-services/home-care-for-the-elderly-hce-program/> (last visited 1/23/2026).

Most participants receive a monthly subsidy, and those special subsidies cover items such as incontinence supplies, medications, medical supplies, wheelchairs/assistive devices, ramps and home accessibility modifications, nutritional supplements, home health aides, and skilled nursing services.⁷³ In FY 2024–2025 HCE state funding totaled \$18,303,357 and served 9,641 clients.⁷⁴

Guardianship

When an individual is unable to make legal decisions regarding his or her person or property, a guardian may be appointed to act on his or her behalf. A guardian is someone who is appointed by the court to act on behalf of a ward (a person for whom a guardian has been appointed) regarding his or her person or property, or both.⁷⁵ Adjudicating a person totally incapacitated and in need of a guardian deprives a person of his or her civil and legal rights.⁷⁶ The Legislature has recognized that the least restrictive form of guardianship should be used to ensure the most appropriate level of care and the protection of that person’s rights.⁷⁷

The process to determine an individual’s incapacity and the subsequent appointment of a guardian begins with a verified petition detailing the factual information supporting the reasons the petitioner believes the individual to be incapacitated, including the rights the alleged incapacitated person is incapable of exercising.⁷⁸ Once a person has been adjudicated incapacitated, and a guardian is appointed, the person is termed a “ward”, the court appoints a guardian and the letters of guardianship are issued.⁷⁹ The order appointing a guardian must be consistent with the ward’s welfare and safety, must be the least restrictive appropriate alternative, and must reserve to the ward the right to make decisions in all matters commensurate with his or her ability to do so.⁸⁰

Public and Professional Guardians

A professional guardian is a guardian who has at any time rendered services to three or more wards; however, a person serving as a guardian for two or more relatives is not considered a professional guardian.⁸¹ A public guardian is considered a professional guardian for purposes of regulation, education, and registration.⁸²

Office of Public and Professional Guardians

In 1999, the Legislature created the “Public Guardianship Act” and established the Statewide Public Guardianship Office (SPGO) within the DOEA.⁸³ In 2016, the Legislature renamed the Statewide Public Guardianship Office as the Office of Public and Professional Guardians (OPPG), required the OPPG to regulate professional guardians and investigate complaints, and

⁷³ Florida Department of Elder Affairs, *2024 Year Review: Elder Affairs Department Overview*, at 37 (PDF p. 40).

⁷⁴ *Florida Department of Elder Affairs, 2024 2025 Year in Review*, p. 40 (on file with the Senate Appropriations Committee on Health and Human Service).

⁷⁵ Section 744.102(9), F.S.

⁷⁶ Section 744.1012(1), F.S.

⁷⁷ Section 744.1012(2), F.S.

⁷⁸ Section 744.3201, F.S.

⁷⁹ See s. 744.345, F.S.

⁸⁰ Section 744.2005, F.S.

⁸¹ Section 744.102(17), F.S.

⁸² *Id.*

⁸³ Chapter 99-277, L.O.F.

added six full-time equivalent positions to the OPPG, including an attorney and investigators.⁸⁴ The OPPG appoints local public guardian offices to provide guardianship services to people who have neither adequate income nor assets to afford a private guardian, nor any willing family or friend to serve.⁸⁵ There are 15 public guardian offices that serve all 67 counties.⁸⁶ Since 2016, approximately 550 professional guardians have registered with the OPPG statewide.⁸⁷

Registration

A professional guardian must register with the OPPG annually.⁸⁸ As part of the registration, the professional guardian must:

- Provide sufficient information to identify the professional guardian;
- Complete a minimum of 40 hours of instruction and training through a course approved or offered by the OPPG;⁸⁹
- Successfully pass an examination approved by the DOEA to demonstrate competency to act as a professional guardian;
- Undergo a criminal background check by the Federal Bureau of Investigation and the Florida Department of Law Enforcement;
- Submit to a credit history check; and
- Maintain a current blanket bond.⁹⁰

OPPG Disciplinary Action

Disciplinary action may be taken against a professional guardian for:

- Making a misleading, deceptive, or fraudulent representation in or related to the practice of guardianship;
- Violating any rule governing guardians or guardianship adopted by OPPG;
- Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to a crime which relates to the practice of, or ability to practice as, a professional guardian;
- Failing to comply with the educational course requirements for professional guardians;
- Having a registration, license, or authority to practice a regulated profession revoked;
- Knowingly filing a false report or complaint with OPPG against another guardian;
- Attempting to obtain, obtaining, or renewing a registration or license to practice a profession by bribery, fraud, or a known error;
- Failing to report to OPPG any person the professional guardian knows is in violation of ch. 744, F.S., or the rules of OPPG adopted thereunder;
- Failing to perform a legal or statutory obligation;

⁸⁴ Chapter 2016-40, L.O.F.

⁸⁵ Florida Department of Elder Affairs, *Office of Public & Professional Guardians (OPPG)*: available at <https://elderaffairs.org/programs-and-services/office-of-public-professional-guardians-oppg/> (last visited 1/21/2026).

⁸⁶ *Id.*

⁸⁷ Florida Auditor General, *Department of Elder Affairs—Office of Public and Professional Guardians and Selected Administrative Activities*, Report No. 2025-092 (Jan. 2025), p. 1: available at https://flauditor.gov/pages/pdf_files/2025-092.pdf (last visited 1/22/2026).

⁸⁸ Section 744.2002, F.S.

⁸⁹ This training may not be paid with the assets of the ward.

⁹⁰ Section 744.2003(2), F.S., further requires the bond to be maintained by the guardian in an amount not less than \$50,000 and must cover all wards for whom the guardian has been appointed at any given time. The liability of the provider of the bond is limited to the face amount of the bond, regardless of the number of wards for whom the professional guardian has been appointed; Sections 744.2002(3) and 744.3135, F.S.

- Making or filing a false report that is signed in the person’s capacity as professional guardian;
- Using the position of guardian for financial gain;
- Violating or failing to comply with an order from OPPG or failing to comply with a subpoena lawfully issued by OPPG;
- Improperly interfering with an investigation;
- Using the guardianship relationship to engage or attempt to engage in sexual activity;
- Failing to report to OPPG within 30 days in writing being convicted or found guilty of, or enter a plea of guilty or nolo contendere (regardless of adjudication) to a crime;
- Being unable to perform the functions of guardian;
- Failing to post and maintain a blanket fiduciary bond;
- Failing to maintain all records relating to a guardianship for a reasonable time after the court has closed the guardianship matter; or
- Violating any provision of ch. 744, F.S., or any rules adopted thereunder.⁹¹

When the OPPG finds that a professional guardian is guilty of any of the grounds for discipline, it may take action against that guardian by entering an order imposing one or more penalties on the professional guardian.⁹² When determining what action is appropriate against a professional guardian, prior to consideration of any mitigation or rehabilitation for the professional guardian, the OPPG must first consider what sanctions are necessary to safeguard the wards and protect the public.⁹³

The OPPG may impose any combination of the following sanctions:

- Refuse to register an applicant as a professional guardian;
- Suspend or revoke a professional guardian’s registration;
- Issue a reprimand or letter of concern;
- Require treatment, completion of continuing education courses, or reexamination;
- Require restitution; or
- Require remedial education.⁹⁴

If the final determination from a disciplinary proceeding is to suspend or revoke the guardian’s registration, the determination must be provided to any court that oversees any guardianship to which the professional guardian is appointed.⁹⁵

Guardian Complaints and Investigations

Any person may submit a complaint against a professional guardian to the OPPG. In 2016, the Legislature expanded the responsibility and authority of the OPPG, requiring the OPPG to investigate allegations of suspected wrongdoing perpetrated by public and professional

⁹¹ Section 744.20041(1), F.S.

⁹² Section 744.20041(2), F.S.

⁹³ Section 744.20041(3), F.S.

⁹⁴ Section 744.20041(2), F.S.

⁹⁵ Section 744.20041(9), F.S.

guardians.⁹⁶ Once the OPPG receives a complaint a procedure is initiated to investigate the complaint and the OPPG is required to:

- Review and, if determined legally sufficient,⁹⁷ investigate complaints against professional guardians;
- Initiate an investigation no later than 10 business days after the OPPG receives a complaint;
- Complete and provide initial investigative findings and recommendations, if any, to the professional guardian and person filing the complaint within 45 days;
- Obtain supporting information, including interviewing the ward, family member, or interested party, or documentation to determine the legal sufficiency of a complaint;
- Dismiss any complaint that is not legally sufficient; and
- Coordinate with the clerks of the court to avoid duplication of duties.⁹⁸

On July 14, 2016, the OPPG entered into a memorandum of understanding (MOU) with six clerks in different regions of the state,⁹⁹ collectively referred to as the Statewide Investigation Alliance (SIA), to investigate complaints for the OPPG.¹⁰⁰

Investigations which find substantiated allegations of violations by professional guardians may be referred to law enforcement, the Office of the Attorney General, the Office of the State Attorney, or the Florida Bar, as appropriate.¹⁰¹

Auditor General Report

In January 2025, the Florida Auditor General released Report No. 2025-092, an operational audit of the DOEAs' Office of Public and Professional Guardians (OPPG), including follow-up to findings 1 through 6 from the August of 2020 Florida Auditor General Report No. 2021-010 in.¹⁰² The report detailed the following findings related to the OPPG:

- *Finding 1: Monitoring of Private Professional Guardians –* Contrary to State law, OPPG had not developed and implemented an effective monitoring tool to ensure private professional guardians complied with OPPG standards of practice intended to ensure wards receive appropriate care and treatment, are safe, and their assets are protected.
- *Finding 2: Monitoring of Offices of Public Guardians (OPGs) –* OPPG monitoring efforts need enhancement to ensure OPGs are monitored at least once every 2 years, monitoring results are supported by source documentation, and appropriate follow-up occurs on deficiencies.
- *Finding 3: Complaint Processing and Investigation –* OPPG complaint processing controls need improvement to ensure complaints and related investigation activities are timely and

⁹⁶ The Florida Senate, CS/CS/CS/SB 232 (2016) Bill Summary (directing OPPG to receive and investigate complaints): available at <https://www.flsenate.gov/Committees/bills/summaries/2016/html/232> (last visited 1/21/2026).

⁹⁷ Section 744.2004(1), F.S., states that a complaint is legally sufficient if it contains ultimate facts that show a violation of a standard of practice by a professional guardian has occurred.

⁹⁸ Section 744.2004, F.S.

⁹⁹ The six county clerks comprising the SIA are: Palm Beach County; Pinellas County; Sarasota County; Lee County; Okaloosa County; and Polk County; Florida Court Clerks & Comptrollers, *Clerks' Statewide Investigations Alliance webinar materials*: available at https://cdn.ymaws.com/www.flclerks.com/resource/resmgr/webinars/Clerks%27_Statewide_Investigat.pdf (last visited 1/21/2026)

¹⁰⁰ Section 744.2004, F.S.

¹⁰¹ Section 744.2004(1)(e), F.S.

¹⁰² *State of Florida Auditor General, Department of Elder Affairs, Office of Public and Professional Guardians – Operational Audit, Report No. 2025-092* (Jan. 2025), available at https://flauditor.gov/pages/pdf_files/2025-092.pdf (last visited 1/23/2026).

conducted in accordance with State law and OPPG policies and procedures, and that complaint records are complete.

- *Finding 4: Online Registered Professional Guardian Profiles* – OPPG did not include information for all substantiated complaints and related disciplinary actions in online guardian profiles, frustrating the intent of State law and limiting the public’s ability to assess guardian fitness
- *Finding 5: Annual Registration Renewal* – OPPG controls did not adequately promote timely submittal and processing of annual professional guardian renewal registrations.
- *Finding 6: Assessment of Financial Penalties* – Contrary to contract terms, OPPG did not assess financial penalties when OPGs did not timely provide contract deliverables.
- *Finding 7: Collection Safeguards and Reconciliations* – Controls over collecting and depositing professional guardian registration fees need enhancement.
- *Finding 8: OPG Reports Follow-Up/Review* – OPPG did not always follow up on untimely OPG report submissions, assess penalties for late submissions, or document review of annual report resubmissions.
- *Finding 9: OPPG Rules* – Contrary to State law, the Department still had not adopted rules for certain OPPG processes, including investigating complaints against guardians.
- *Finding 10: Sentry System Access Controls* – User access privileges to the Sentry system were not periodically reviewed for appropriateness and were not always timely deactivated after employee separation.
- *Finding 11: Security Controls – User Authentication* – Certain security controls related to Sentry system user authentication need improvement.

Finding 1 – Monitoring of Private Professional Guardians

The Auditor General found that OPPG did not have an effective monitoring framework for private professional guardians, even though State law requires OPPG to develop and implement a monitoring tool to ensure guardians comply with OPPG standards of practice intended to protect wards’ care, safety, and assets. During the audit period (July 2022 through January 2024), 566 professional guardians were registered with OPPG, and OPPG received 174 complaints, including 138 complaints against private professional guardians, underscoring the volume of activity and the importance of meaningful oversight.¹⁰³

Finding 3 – Complaint Processing and Investigations

The Auditor General found that OPPG’s complaint processing and investigation controls needed improvement to ensure legally sufficient complaints are handled timely and records are complete. The audit reviewed 25 complaints (18 closed and seven open) from the population of 174 complaints received during July 2022 through January 2024 and identified delays and documentation gaps that can frustrate statutory timelines—specifically, State law requires initiation of an investigation within 10 business days after a complaint is determined legally sufficient, but OPPG’s internal process timeline did not promote meeting that requirement. In the sample reviewed, legal sufficiency determinations were delayed for seven complaints (taking five to 26 business days, averaging 11 business days), and investigations associated with three of those seven complaints were initiated late (16 to 28 business days, averaging 21 business days);

¹⁰³ State of Florida Auditor General, *Department of Elder Affairs, Office of Public and Professional Guardians – Operational Audit*, Report No. 2025-092, at p. 4–5 (Jan. 2025), available at https://flauditor.gov/pages/pdf_files/2025-092.pdf (last visited 1/23/2026).

the Auditor General also found incomplete complaint records for 13 complaints, including eight complaints missing key dates needed to demonstrate timeliness and compliance.¹⁰⁴

III. Effect of Proposed Changes:

Long-Term Care

Section 1 amends s. 409.979(2), (3), F.S., to modernize pre-enrollment and assessment processes for long-term care services. The bill:

- Deletes expired provisions requiring Medicaid recipients enrolled in the Traumatic Brain and Spinal Cord Injury Waiver, the Adult Cystic Fibrosis Waiver, and Project AIDS Care Waiver to transition into long-term care managed care by January 1, 2018, and removes authorization to terminate these waivers.
- Requires the Department of Elderly Affairs (DOEA) to maintain a statewide pre-enrollment list rather than a wait list for home and community-based services.
- Authorizes Aging and Disability Resource Centers (ADRC) personnel certified by the DOEA to place clients on and release clients from pre-enrollment lists for Alzheimer's Disease Initiative, Community Care for the Elderly, Home Care for the Elderly, and Statewide Medicaid Managed Care Long-Term Care programs.
- Expands who may administer eligibility rescreening from solely aging resource center personnel to staff authorized and certified by the DOEA, allowing for greater flexibility in staffing.
- Transfers responsibility for conducting prerelease assessments from the Comprehensive Assessment and Review (CARES) program to ADRCs.
- Authorizes individuals who meet all financial and medical eligibility criteria to enroll in the long-term care managed care program upon release from the pre-enrollment list.

Section 2 amends s. 409.983(4), F.S., to clarify that the CARES program is responsible for reviewing or performing the initial assessment of an enrollee's level of care.

Aging and Disability Resource Centers (ADRCs) Regulation

Section 4 amends s. 430.04(2), F.S., to authorize the DOEA to rescind the designation of an AAA, or to take intermediate corrective measures, when the AAA has failed to efficiently manage program budgets.

Section 5 creates s. 430.09, F.S., to establish procurement requirements and salary limitations for Area Agencies on Aging (AAA). The bill:

- Requires AAA and their subcontractors to comply with applicable state and federal law and follow all regulations in procurement of commodities or contractual services.
- Requires AAA to competitively procure of all contracts over \$35,000.
- Authorizes the DOEA to impose financial consequences, as established by the department and incorporated into contracts, for noncompliance with applicable local, state, or federal law regarding procurement.

¹⁰⁴ State of Florida Auditor General, Department of Elder Affairs, *Office of Public and Professional Guardians – Operational Audit*, Report No. 2025-092, at p. 5, 9–10 (Jan. 2025), available at https://flauditor.gov/pages/pdf_files/2025-092.pdf (last visited 1/23/2026).

- Prohibits any administrative employee of an AAA from receiving a salary exceeding 150 percent of the annual salary paid to the Secretary of the DOEA from state-appropriated funds or state-appropriated federal funds, regardless of the number of contracts executed with the department.
- Clarifies that the salary limitation does not prohibit compensation from non-state funds to area agency administrative employees.

Section 6 amends s. 430.203(3), (5), (9)(c), F.S., to revise definitions for community care for the elderly programs. The bill modifies the definition of:

- “Community care service system” to clarify that services are provided by or through a designated lead agency by the AAA.
- “Core services” to delete a prohibition on the AAA from directly providing care services.
- “Lead agency” by removing references to adult day care and information and referral from the list of services that must be coordinated by lead agencies.

Section 7 amends s. 430.204(1), (4), (5), (8), F.S., to revise community care for the elderly core services and departmental powers. The bill:

- Removes the requirement for the DOEA to fund *more than one* community care service system in each county.
- Prohibits the AAA from directly providing core services unless the designated lead agency is unable to perform its duties or in the event of a state of emergency and the department approves.
- Deletes the 10 percent local match requirement for entities contracting to provide core services.
- Eliminates the fee schedule and fee assessment requirements and removes the responsibility of provider agencies to collect and assess fees for services from functionally impaired elderly persons.

Section 8 amends s. 430.205(1), (2), (4), (5)(a), F.S., to revise community care service system requirements and training standards. The bill:

- Removes the requirement for the department to fund *more than one* community care service system in each county.
- Requires the inservice training for CCE service providers that may be designed and implemented by the DOEA be an *annual* inservice training program.
- Adds *high-risk* vulnerable adults, instead of vulnerable adults, to those who may be given priority consideration for receiving community-care-for-the-elderly services, this is in addition to the existing mandatory priority for victims of abuse, neglect, or exploitation.
- Deletes obsolete language.

Section 9 amends s. 430.2053, F.S., to redesignate aging resource centers as Aging and Disability Resource Centers (ADRCs) and revise their purpose and duties. The bill:

- Renames aging resource centers to ADRCs throughout the section to reflect expanded service to adults with disabilities.
- Expands their purposes to include serving adults with disabilities in addition to elders, and updates language to reference persons rather than solely elders.

- Revises duties to authorize ADRCs to place on and release from the pre-enrollment lists clients eligible for the Alzheimer's Disease Initiative or the Community Care for the Elderly, Home Care for the Elderly, or Statewide Medicaid Managed Care Long-term Care programs.
- Deletes a requirement that ADRCs convene a work group for planning, implementation, and evaluation, and to develop annual program improvement plans.
- Deletes a requirement that ADRCs provide enrollment and coverage information to Medicaid managed long-term care enrollees.
- Clarifies the prohibition on direct service provision by ADRCs, other than information and referral services, outreach, screening, and intake and requires ADRCs to receive a waiver from the DEOA to be the provider of any other direct services.
- Updates Long-Term Care Community Diversion Project language to Statewide Medicaid Managed Care Long-term Care Program.
- Deletes obsolete language requiring establishing eligibility requirements for AAA to begin transitioning to aging resource centers.

Section 13 amends s. 430.901(2), F.S., to update terminology in the definition of a “multiservice senior center” by replacing *aging resource center* with *aging and disability resource center*, conforming to terminology used elsewhere in the bill.

Florida Alzheimer’s Center of Excellence (FACE)

Section 12 creates s. 430.72, F.S., to establish the Florida Alzheimer's Center of Excellence (the Center). The bill:

- Establishes that the purpose of the Center is to assist persons with Alzheimer's disease or related dementia and their caregivers to connect them with community resources, with legislative intent to:
 - Allow Floridians living with Alzheimer's or related dementia to age in place; and
 - Empower family caregivers to improve their well-being.
- Defines “Center” as the Florida Alzheimer's Center of Excellence and “Department” as the Department of Elder Affairs.
- Requires the Center to address, at a minimum: early and accurate diagnosis; caregiver health; improved access to care; health care use costs; strengthening a dementia-capable workforce; underreporting of Alzheimer's and related dementia; and disparities in access to dementia care.
- Requires the Center provide caregivers access to care consultation, support groups, education and training programs, and various caregiver support services including companions, wellness programs, care support teams, technology-based services, care coordination, diagnosis assistance, end-of-life care assistance, medical care resources, care planning, relationship guidance, communication skills, and behavioral symptom management.
- Requires the Center work with AAA, Alzheimer's Disease Advisory Committee, Alzheimer's Disease Initiative, Dementia Care and Cure Initiative, universities, hospitals, and other community resources.
- Authorizes the Center to provide direct services or contract for services as necessary.
- Establishes eligibility criteria requiring: at least one household member caring for a person diagnosed with or suspected of having Alzheimer's or related dementia; Florida residency of the caregiver or person with dementia; and the goal of providing in-home care. Services are

subject to availability of funds and resources.

Office of Public and Professional Guardians Regulation

Section 14 amends s. 744.2003(3), F.S., to require at least 1 hour on Alzheimer's disease and related dementias training as part of a professional guardians required biennial continuing education training. The bill also reduces the required guardianship law component from 4 hours to 3 hours.

Section 15 amends s. 744.2004(2), F.S., to expand disciplinary actions available to the Office of Public and Professional Guardians (OPPG) by clarifying that the OPPG may impose additional monitoring on the professional guardian, rather than the guardianship offices to which the guardian is appointed.

Section 16 amends s. 744.20041(2), F.S., to authorize the OPPG to impose fines up to \$500 per violation when a professional guardian is found guilty of a violation.

Section 17 amends s. 744.2104, F.S., to expand the investigative powers of the OPPG. The bill:

- Authorizes the OPPG to issue subpoenas duces tecum¹⁰⁵ to financial institutions, insurance companies, the ward's caregivers, any facility where the ward resides or has resided, and the facility's professional guardians or employees to compel production of records relevant to an investigation.
- Authorizes the OPPG to petition the court for an order requiring production of records if there is substantial noncompliance with a subpoena duces tecum. The petition must be made in the county where a noncompliant person resides or has their place of business.

Other

Section 3 amends s. 430.03(7), F.S., to authorize the DOEA to provide direct services for the Community Care for the Elderly Program, the Home Care for the Elderly Program, and the Alzheimer's Disease Initiative only during a declared state of emergency or when a contracted service provider or subcontractor is unable to provide required services.

Section 10 amends s. 430.503, F.S., to remove provider agency responsibilities for collecting and assessing fees under the Alzheimer's Disease Initiative, including eliminating the fee schedule based on ability to pay and the option to accept services in lieu of fees.

Section 11 amends s. 430.605(3), F.S., to expand allowable subsidy payments under the Home Care for the Elderly Program by adding food and nutritional supplements to the list of special supplements that may be provided when necessary to maintain the health, safety, and well-being of an elderly person.

Sections 18 through 20 reenact ss. 110.501(4), 430.504, and 430.603, F.S., respectively, to incorporate by reference the bill's amendments to s. 430.204, 430.503, and 430.605, F.S.

¹⁰⁵ In Latin, *duces tecum* means "you shall bring with you." Subpoena duces tecum is a type of subpoena that requires the witness to produce documents, books, records, or other evidence pertinent to a legal proceeding; Legal Information Institute, "subpoena duces tecum," available at: https://www.law.cornell.edu/wex/subpoena_duces_tecum.

The bill takes effect July 1, 2026

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 indeterminant negative fiscal impact on the Area Agencies on Aging (AAA) and their subcontracted service providers who may experience administrative or operational costs related to the new procurement requirements, oversight authority, and fee collection responsibilities provided in the bill.

The bill may have an indeterminate negative fiscal impact on professional guardians who may incur additional costs associated with new disciplinary provisions, including potential fines of up to \$500 per violation, and compliance with expanded continuing education requirements related to Alzheimer's disease and related dementias.

C. Government Sector Impact:

The bill may have an indeterminate positive fiscal impact on state revenues due to the bill's provisions that authorize the Department of Elder Affairs to collect a fine for certain violations by professional guardians.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 409.979, 409.983, 430.03, 430.04, 430.203, 430.204, 430.205, 430.2053, 430.503, 430.605, 430.901, 744.2003, 744.2004, 744.20041, and 744.2104.

This bill creates the following sections of the Florida Statutes: 430.09 and 430.72.

This bill reenacts the following sections of the Florida Statutes: 110.501, 430.504, and 430.603.

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 Children, Families, and Elder Affairs on January 27, 2026:

The CS makes the following changes:

- Allows an area agency on aging to directly provide core services when the lead agency is unable to do so or when there is a state of emergency; and
- Simplifies the area agency on aging procurement requirements by requiring competitive procurement of all contracts over \$35,000.

- B. **Amendments:**

None.