



## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. DOES THE BILL:

- |                                      |                                         |                                        |                                         |
|--------------------------------------|-----------------------------------------|----------------------------------------|-----------------------------------------|
| 1. Reduce government?                | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            |
| 2. Lower taxes?                      | Yes <input type="checkbox"/>            | No <input type="checkbox"/>            | N/A <input checked="" type="checkbox"/> |
| 3. Expand individual freedom?        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/>            |
| 4. Increase personal responsibility? | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/>            |
| 5. Empower families?                 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            | N/A <input type="checkbox"/>            |

For any principle that received a “no” above, please explain:

1. To the extent that an executive agency will be paying parents for providing hands-on care to their children; the requirements in the bill for state-provided training, and state-certification to be able to provide that care and be paid; and, to the extent that a case manager (or support coordinator) can intervene, if they believe the family is not providing adequate or appropriate care, it seems that the principle of reducing government is not met.
3. Some advocates have suggested that paying relative caregivers reduces personal responsibility and implies an assumption that the welfare of a parent’s children is primarily the responsibility of the state. Thus, the principle of increased personal responsibility may not be met.

#### B. EFFECT OF PROPOSED CHANGES:

Creates the Florida Lifespan Respite Care Program. This program is designed to enhance the quality and quantity of respite care available to families and other caregivers statewide. The Department of Children and Family Services is directed to contract with a statewide provider group. This will provide greater visibility and an administrative structure to gather and report information related to respite in the state.

The Relative Caregiver Act component of the CS will allow parents to be certified by DCF and with federal approval be reimbursed by Medicaid as providers of personal care services for their disabled children (ages 5 -21) who are being served in the home and community-based Medicaid waiver targeted to persons with developmental disabilities

The vast majority of relative caregivers provide care without state regulation and without compensation. A 1915C Medicaid waiver does not permit legally responsible persons to be paid for providing care to a Medicaid waiver recipient (such as parents being paid to care for their children). However, a section 1115 Medicaid waiver permits legally responsible persons and other relatives to be paid for providing care to a Medicaid waiver recipient. Thus, a section 1115 Medicaid waiver “waives” certain Medicaid requirements including some 1915C Medicaid waiver requirements.

The interagency Consumer-Directed Care Project (CDC) is a demonstration project operating under a section 1115 Medicaid waiver. CDC consumers from DCF’s Developmental Disabilities Program and Adult Services Program, the Department of Elder Affairs, and the Department of Health’s Brain and Spinal Cord Injury Program have relative caregivers who are paid for providing care through the CDC. The CDC is funded from dollars allocated to the 1915C Medicaid waiver.

#### C. SECTION DIRECTORY:

Section 1 provides a popular name.

Section 2 creates the Florida Lifespan Respite Program.

Section 3 provides that subject to a specific appropriation, the Department of Children and Family Services may spend up to \$300,000 in a contract with a statewide respite organization.

Section 4 creates section 393.0662, F.S. the Relative Caregiver Program.

Section 5 provides that this act takes effect upon becoming law.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

No revenues are identified.

#### 2. Expenditures:

The Department of Children and Family Services, Family Safety program estimates these costs of \$1,222,720 to train relative caregivers for consumers in the Consumer Directed Care (CDC) waiver program. That estimate is based on 1,402 individuals currently being services in the CDC waiver..

#### From DCF:

Family Safety estimates a cost of \$1,000 a day for the training of foster parents (per site). A further cost of curriculum development is figured at \$2,000 per hour of instruction. A 6 hour training day is usually planned in these calculations. Using these figures, the following rough estimates could be made.

Figuring four single days of training per district/region, the per site cost would be estimated at \$56,000 (14 districts x 4 days x \$1,000 per day). Figuring curriculum development, the cost would be \$662,000 (14 districts x 4 days x 6 hours x \$2,000 per hour). The additional need for respite care is anticipated for two-thirds of the disabled children whose relative caregivers are attending the training.

At the maximum rate under the DS Waiver of \$360 per day, the additional cost would be \$504,720 (1402 individuals x \$360 day rate). A rough estimate for the implementation of the training for parents and other relative caregivers for Consumer Directed Care participants would be \$1,222,720.

That estimate does not project the costs of reimbursing the relative caregivers for services after training and certification. The Sponsor's expectation that families now receiving care from other (higher) paid sources will instead elect to participate in this program, be paid at a lower rate and thus provide a net savings in services costs.

### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

No new revenues are identified.

2. Expenditures:

No new expenditures are required of local governments

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The fact that relatively few persons are affected by this bill indicates that the reduction in revenues paid to Medicaid providers currently providing personal care services who might not continue to be a provider for some of the families participating in this program would be small.

D. FISCAL COMMENTS:

The fiscal analysis is limited by a variety of unknown variables. If parents who currently provide uncompensated care become Medicaid providers under the Relative Caregiver program, the net effect would be increased costs. If children who are not currently served in the waiver are enrolled in the Relative Caregiver Program, costs would increase. If parents who are currently receiving Medicaid reimbursed personal care services (from a home health agency, for example) for their child instead elected to participate in the Relative Caregiver Program and did not need or expect the same dollar amount to continue to be spent each month, Medicaid might realize some cost savings by paying the relative caregiver a lower amount that would have been paid otherwise.

### III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable.

2. Other:

Not applicable.

B. RULE-MAKING AUTHORITY:

The Agency for Health Care Administration and the Department of Children and Family Services are granted rule authority for the Relative Caregiver Program.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The department raised a concern that requiring relative caregivers to be trained and certified may inhibit some relatives from participating and that providing compensation may reduce the willingness of some families to continue to provide uncompensated care.

#### **IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES**

The Committee Substitute reported favorably the Committee on the Future of Florida's Families revised the bill by:

- Creating the Florida Lifespan Respite Program.
- Providing that DCF may spend up to \$300,000 in a contract with a respite organization contingent upon an appropriation.
- Specifying that the Relative Caregiver Program is for children ages 5 – 21 who are served in the Medicaid home and community-based waiver for persons with developmental disabilities.
- Providing that relative caregivers reimbursed by Medicaid must comply with the requirements of the Medicaid provider agreement.
- Granting rule writing authority to AHCA and DCF.