

**The Florida Senate**  
**PROFESSIONAL STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT**

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

Prepared By: Children, Families, and Elder Affairs Committee

BILL: CS/SB 434

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

SUBJECT: Caregivers for Adults

DATE: March 21, 2007      REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Marconnet	Jameson	CF	Fav/CS
2.			HA	
3.				
4.				
5.				
6.				

**I. Summary:**

This bill allows the Department of Elderly Affairs (DOEA) to establish a pilot program to train economically disadvantaged workers to act as companions and provide personal assistance to frail and vulnerable adults in the community. The pilot program will start in either Pasco or Pinellas county or both.

There will also be a \$100,000 appropriation from the General Revenue Fund for DOEA to administer this pilot program.

This bill creates an undesignated section of law.

**II. Present Situation:**

About 10.1 million people over the age of 18 in the U.S. – nearly four percent of the population – need another person’s assistance to carry out activities such as bathing, feeding, cleaning, or grocery shopping.<sup>1</sup> Within this group, nearly 80 percent of care recipients are 50 years of age and older, with the average age being 75.<sup>2</sup> Most care recipients (79 percent) who need long-term care live at home or in the community.<sup>3</sup> Those individuals living in nursing homes and other

<sup>1</sup> McNeil, Jack. 2001. *Americans with disabilities: Household economic studies*. Washington, DC: US Department of Commerce, Economics and Statistics Administration, US Census Bureau.

<sup>2</sup> *Caregiving in the U.S.*, 2004, National Alliance for Caregiving and AARP, available at <http://www.aarp.org/research/reference/publicopinions/aresearch-import-853.html>.

<sup>3</sup> *Long-term Care Users Range in Age and Most Do Not Live in Nursing Homes: Research Alert*, 2000, Agency for Healthcare Research and Quality, available, in part, at <http://www.ahrq.gov/research/nov00/1100RA19.htm#head2>

institutional settings could potentially live in the community if appropriate, affordable support was available.<sup>4</sup>

“Companion” and “personal care” are defined in s. 400.462, F.S. A “companion” or “sitter” is defined as “a person who cares for an elderly, handicapped, or convalescent individual and accompanies such individual on trips and outings and may prepare and serve meals to such individual. A companion may not provide hands-on personal care to a client.”<sup>5</sup> “Personal care” means “assistance to a patient in the activities of daily living, such as dressing, bathing, eating, or personal hygiene, and assistance in physical transfer, ambulation, and in administering medications as permitted by rule.”<sup>6 7</sup>

Companion care and personal care services may be provided by either organizations or individuals. Organizations providing personal care services are required to be licensed by the Agency for Health Care Administration (AHCA).<sup>8</sup> Organizations providing companion care are exempt from licensure but must be registered with AHCA.<sup>9</sup> Individuals providing personal care are exempt from licensure so long as they are not affiliated with an organization which is required to be licensed.<sup>10</sup> Home health services provided directly or through contract with DOEA are also exempt from licensure.<sup>11</sup> There is no requirement for registration of individuals providing companion care so long as the individuals are not part of organizations which are required to be registered. There are no statutory training requirements for individuals providing personal care so long as those individuals operate solely in their individual capacity and none for individuals providing companion care, whether acting individually or under the sponsorship of an organization. Using unlicensed, unregistered individuals who are operating in their individual capacity to provide companion care or personal care is generally considered to be the lowest cost option for those services.

### III. Effect of Proposed Changes:

**Section 1** states that The Department of Elderly Affairs may establish a pilot program to train economically disadvantaged workers who are 55 years of age or older to act as companions and provide personal assistance to frail and vulnerable adults in the community. This pilot program will begin in either Pasco or Pinellas County or both. The program will begin in the 2007-2008 fiscal year and last for at least three years. The purposes of this pilot program are to:

- Develop training and employment opportunities for economically disadvantaged adults 55 years of age or older;

<sup>4</sup> *Understanding Medicaid Home and Community Services: A Primer*, 2000, U.S. Department of Health and Human Services. Available at <http://aspe.hhs.gov/daltcp/reports/primer.pdf>.

<sup>5</sup> s. 400.462(5), F.S.

<sup>6</sup> Both “patient” and “client” are defined in this same statutory section as being recipients of services **in the home**. The difference between the definitions appears to be that a “client” is an “elderly, handicapped, or convalescent” person while a “patient” is “any person,” s. 400.462(6), (20), F.S..

<sup>7</sup> s. 400.462(21), F.S.

<sup>8</sup> s. 400.464, F.S.

<sup>9</sup> s. 400.509, F.S.

<sup>10</sup> s. 400.464(5)(e), F.S.

<sup>11</sup> s. 400.464(5)(b), F.S.

- Encourage the use of this population in providing community-based care for frail and vulnerable adults;
- Meet the growing demand for in-home companion care services and personal care services to prevent costly and premature institutional placements; and
- Act as a direct referral service for the Department of Elder Affairs.

If the pilot program is established, DOEA shall submit a report to the President of the Senate and the Speaker of the House of Representatives by January 1, 2010. This report will include:

- The status of the pilot program;
- The number of economically disadvantaged workers who have been trained to provide community-based care for frail and vulnerable older adults;
- The number of frail and vulnerable older adults who have received such services; and
- Recommendations for further legislation including whether to extend the pilot program throughout the state.

**Section 2** provides a \$100,000 appropriation from the General Revenue Fund to DOEA for the purposes of supporting this pilot program.

**Section 3** states that this act shall take effect July 1, 2007.

#### **IV. Constitutional Issues:**

##### **A. Municipality/County Mandates Restrictions:**

This bill does not appear to require counties or municipalities to take any action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

##### **B. Public Records/Open Meetings Issues:**

None.

##### **C. Trust Funds Restrictions:**

None.

#### **V. Economic Impact and Fiscal Note:**

##### **A. Tax/Fee Issues:**

None.

##### **B. Private Sector Impact:**

The bill establishes a pilot program to train and employ economically disadvantaged persons age 55 and older to provide care and assistance to frail or vulnerable adults. It

affords opportunities to those with low job prospects to become employed in jobs serving elders in their own homes and communities.

**C. Government Sector Impact:**

This bill provides a \$100,000 appropriation from the General Revenue Fund for DOEA to administer the pilot program.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

DOEA states that this bill supports the department's long-range program plan and the department's statutory mission.<sup>12</sup>

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

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<sup>12</sup> s. 430.04(03), F.S.

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## **VIII. Summary of Amendments:**

None.

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