

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

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

Date: February 9, 1998 Revised: _____

Subject: Veterans' Homes

	<u>Analyst</u>	<u>Staff Director</u>	<u>Reference</u>	<u>Action</u>
1.	<u>Cooper</u>	<u>Yeatman</u>	<u>CA</u>	<u>Favorable</u>
2.	_____	_____	<u>WM</u>	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

I. Summary:

Senate Bill 594 authorizes the Veterans' Domiciliary Home of Florida to accept veterans in need of extended congregate care as defined in s. 400.402(11), F.S. The bill also provides that a veteran applying for admission to the domiciliary must not owe money to the Florida Department of Veterans' Affairs (FDVA) for services rendered during any previous stay at a department facility. The residency requirement for veterans applying for admittance into the veterans' domiciliary and nursing home is reduced from three years to one year.

The bill makes various technical corrections and replaces the term "member(s)" with the term "resident(s)" throughout chapter 296, F.S.

This bill substantially amends chapter 296 of the Florida Statutes.

II. Present Situation:

The Veterans' Domiciliary Home of Florida Act was established by the Legislature in 1989 for veterans who served in wartime or peacetime service, and maintained for the use of those veterans who are not in need of hospitalization or nursing home care and who can attend to their personal needs, dress themselves, and attend a general dining facility. The FDVA manages and maintains the domiciliary, which is located in Lake City. To be eligible for admittance into the domiciliary, the veteran must have been a resident of the state for three years immediately preceding application and be a resident of the state at the time of the application. Section 296.07, F.S., provides that a person who is mentally ill, habitually inebriated, or suffers from drug addiction is ineligible from being received or retained in the domiciliary.

Codified as part I of chapter 296, F.S., the act provides for definitions and establishes the duties and qualifications, and responsibilities of the domiciliary's administrator who functions as the chief executive of the domiciliary. The administrator is required to determine the eligibility and admission of the applicants to the domiciliary and adopts all rules, with the executive director of the FDVA, needed for the preservation of order and the enforcement of discipline in the domiciliary. In determining the eligibility of applicants to the domiciliary, the administrator must give admittance priority in accordance with s. 296.08, F.S.

Health records are required to be maintained for each member and must contain an identification sheet, a medical history, a report of initial physical examination, and other subsequent records of treatment and progress. Section 296.09, F.S., also requires an annual reevaluation of the member's health status to be conducted and recorded.

Section 296.10, F.S., requires every member of the domiciliary who receives a pension, compensation, or gratuity from the U.S. Government, or income from another source of more than \$100 per month to contribute to his or her maintenance and support as long as they reside in the domiciliary. The amount of the contributions must be to the fullest extent possible, but must not exceed the actual cost of operating and maintaining the domiciliary. Sections 296.11 and 296.12, F.S., provide for the authorization and creation of the Administrative Trust Fund, the General Home Trust Fund, and the Members' Deposits Trust Fund, respectively. Section 296.13, F.S., provides for the disposition of moneys held by the domiciliary, or by the authority, and belonging to any domiciliary member upon the death of the member. The home is also authorized to receive and accept grants, gifts, and endowments in the name of the domiciliary.

The executive director of the FDVA is required to annually report to the Governor and the Legislature stating all receipts and expenditures, the condition of the domiciliary, the number of members received and discharged during the preceding year, as well as other information related to the management and conduct of the domiciliary.

Part II of chapter 296, F.S., the Veterans' Nursing Home of Florida Act, establishes the basic standards for the operation of the nursing home for eligible veterans in need of such service.

Chapter 400, F.S., relates to nursing homes and related health care facilities. The purpose of extended congregate care, defined in s. 400.402(11), F.S., is to enable residents to "age in place" in a residential environment despite mental or physical limitations that might otherwise disqualify them from residency in a facility licensed under part III of chapter 400, F.S., assisted living facilities.

III. Effect of Proposed Changes:

Section 1 amends s. 296.02, F.S., to provide definitions for the following terms: "extended congregate care," "mentally ill," and "veteran." The section revises definitions for the terms "peacetime service" and "Veterans' Domiciliary of Florida." The term "resident" replaces the term "member" throughout the bill.

Section 2 amends s. 296.03, F.S., to provide additional intent language to specify that the **Veterans' Domiciliary Home of Florida** exists to meet the needs of veterans who are in need of extended congregate care.

Section 3 amends s. 296.04(5) and (6), F.S., relating to the administrator's duties and qualifications, to replace the term "member(s)" with "resident(s)."

Section 4 amends s. 296.06, F.S., to reduce the residency requirement for veterans applying for admittance into the domiciliary from three years to one year and to add an eligibility requirement that the veteran must not owe money to the FDVA for services rendered during any previous stay at a department facility. The section also replaces the term "member(s)" with "resident(s)."

Section 5 amends s. 296.07, F.S., relating to ineligible persons, to make technical corrections and replaces the term "member" with "resident."

Section 6 amends s. 296.08, F.S., relating to priority of admittance, to make technical changes and corrects a reference.

Section 7 amends s. 296.09, F.S., relating to health records, to make technical corrections and replace the term "member" with "resident." In addition, the administrator will no longer be required to maintain in the general registry the veteran's residence at the time of entering the military and any fraternal societies to which the veteran may belong.

Sections 8 thru 14 amend ss. 296.10, F.S., thru 296.16, F.S., to make technical corrections and replace the term "member" with "resident."

Section 15 amends s. 296.34(5), F.S., to replace the term "member" with "resident."

Section 16 amends s. 296.36, F.S., relating to eligibility and priority of admittance, to change the residency requirement from three years to one year for veterans applying for admittance into the **veterans' nursing home**.

Section 17 revises the catchline of s. 296.37, F.S., to read: "Residents; contribution to support." In addition technical changes are made to the subsection.

Section 18 amends s. 296.38(3), F.S., to replace the term "member" with "resident."

Section 19 provides an effective date of upon becoming law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

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:

An eligible veteran would be able to receive extended congregate care at the domiciliary rather than at a nursing home. In addition, residency requirements are reduced from 3 years to 1 year, thereby making more veterans eligible for domiciliary and nursing home services.

C. Government Sector Impact:

According to the FDVA, 35 of the domiciliary's 150 beds would be used to provide extended congregate care. By providing such care, it is anticipated that occupancy at the domiciliary will increase, thus generating additional resident co-payments and associated revenues by approximately \$200,000. In addition, the state would avoid paying the higher cost of nursing home care.

The FDVA further states that counties will benefit from not being required to pay a \$55 monthly fee required under s. 409.915(2), F.S., for each county resident placed in a nursing home under the Medicaid Program.

According to the FDVA, all personnel required to provide extended congregate care, five positions and \$111,000, were authorized by the Legislature in 1996 and 1997.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

None.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.
