

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 0486-04
Bill No.: Truly Agreed To and Finally Passed CCS for HCS for SB 127
Subject: Medicaid; Health Care; Dentists; Public Assistance; Nurses
Type: Original
Date: June 5, 2013

Bill Summary: This proposal changes the laws regarding public assistance benefits.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
General Revenue	(Unknown, greater than \$5,717,463)	(Unknown, greater than \$7,888,421)	(Unknown, greater than \$8,225,470)
Total Estimated Net Effect on General Revenue Fund	(Unknown, greater than \$5,717,463)	(Unknown, greater than \$7,888,421)	(Unknown, greater than \$8,225,470)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
Other State	(\$4,635,402)	(\$6,469,363)	(\$6,755,253)
Total Estimated Net Effect on Other State Funds	(\$4,635,402)	(\$6,469,363)	(\$6,755,253)

Numbers within parentheses: () indicate costs or losses.
This fiscal note contains 15 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
Federal*	\$0	\$0	\$0
Unemployment Compensation Trust	(Unknown)	(Unknown)	(Unknown)
Total Estimated Net Effect on <u>All</u> Federal Funds	(Unknown)	(Unknown)	(Unknown)

* Income and expenditures could exceed \$23 million annually and net to \$0.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
General Revenue	3.5	3.5	3.5
Federal	3.5	3.5	3.5
Total Estimated Net Effect on FTE	7	7	7

Estimated Total Net Effect on All funds expected to exceed \$100,000 savings or (cost).

Estimated Net Effect on General Revenue Fund expected to exceed \$100,000 (cost).

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2014	FY 2015	FY 2016
Local Government	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

§ 208.146 - Extension of Ticket-to-Work Program sunset:

Officials from the **Department of Social Services (DSS)** state this proposal merely extends an existing program. As such, there is no new cost.

Oversight assumes extending the Ticket to Work Program, rather than letting it sunset on August 28, 2013, will result in costs to the state. Funds that would have become available for other uses will, instead, be obligated to fund the program.

In response to HB 700 from the current session, DSS officials indicated a repeal of the Ticket to Work Program would result in savings to General Revenue (GR), Federal and Other State Funds of \$21,537,082 for the 10 months remaining in FY 14; savings for FY 15 were estimated to be \$30,210,844; and savings for FY 16 were estimated to be \$31,570,333. Oversight assumes the amount DSS assumed would be saved had the program been repealed is equal to the cost of extending the program. Therefore, Oversight will present costs to GR, Federal and Other Funds of \$21,537,082 for the 10 months remaining in FY 14; FY 15 costs of \$30,210,844; and FY 16 costs of \$31,570,333.

Officials from the **Department of Mental Health (DMH)** state the proposed legislation extends the sunset date for the Ticket-to-Work Health Assurance Program to August 28, 2019. The previous expiration date was August 28, 2013. Based on data acquired from the Department of Social Services (DSS) Monthly Management Report (Table 23), the February, 2013, monthly cost for DMH services was approximately \$1,092,000 for approximately 436 clients. This data, annualized, results in a yearly total cost of approximately \$13,100,000. Of this, approximately \$8,100,000 would be federal cost and approximately \$5,000,000 would be state cost. Based on the current expiration date of August 28, 2013, FY14 would reflect 10 months of costs.

These costs would be DMH costs. DMH assumes that these costs are not included in the DSS estimate of costs.

Per discussion with DSS officials, DMH Ticket to Work costs have been included in DSS figures. For fiscal note purposes, **Oversight** will only present DSS costs.

ASSUMPTION (continued)

§ 208.151 - MO HealthNet for Foster Care Children to Age 26:

Officials from the **DSS** state based on the number of children in foster care who are 20 years old (376), the DSS expects to provide coverage for 1,880 new people (estimated 376 people per year ages 21 -26). The cost per month of care averages \$291, resulting in a monthly cost of \$547,080 and an annual cost of \$6,564,960 (\$547,080 X 12) to cover 21- 26 year-olds who have aged out of foster care.

FY 14 is 9 months coverage ($\$6,564,960/12 = \$547,080$ monthly cost x 9 months = \$4,923,720). FY 15 and FY 16 include an inflationary increase of 4% on a **calendar year basis**.

[$\$6,564,960/2 = \$3,282,480$; ($\$3,282,480 \times 1.04\% = \$3,413,779$); $\$3,282,480 + \$3,413,779 = \$6,696,259$ for FY 15];

FY 16 = $\$6,696,259 \times 1.04\% = \$6,964,110$.

The funding for FY 14 through FY 17 is split using the FMAP match rate (61.865%); however, if Medicaid expansion should pass, then there would be no impact to state funds as the program would be 100% federally funded for FY 14 through FY 16.

Officials from the **Department of Mental Health (DMH)** state section 208.151 and 208.990 implement federal regulations in MO HealthNet eligibility requirements that extends Medicaid coverage for children in foster care when they turn 18 until they 26 and that require eligibility determinations for parents, children, and pregnant women be based on Modified Adjusted Gross Income (MAGI) standards equivalent to current income limits. The DMH costs and/or cost savings for these changes will be included in DSS costs and/or cost savings to the MO HealthNet program.

§ 208.152 - Prescription Drugs:

Officials from the **DSS - MO HealthNet Division (MHD)** state MHD currently allows payment of prescription drugs when prescribed by an advanced practice registered nurse. There may be less of a delay in participants getting their prescriptions, but MHD does not anticipate an increase in prescriptions and, therefore, assumes there will be no fiscal impact to MHD regarding these provisions.

ASSUMPTION (continued)

§208.240 - Statewide Dental Delivery Service Program:

Officials from the **DSS- MHD** state under the Administrative Services Only (ASO) model, a single entity would enter into an agreement with the MHD to administer the program. The contractor would be responsible and reimbursed for setting up a network of dental providers, fielding provider and client complaints, providing quality assurance, and handling other administrative work. This arrangement would be a new cost to the MHD. The projected per member, per month (PMPM) cost is \$.54/month.

The count of Medicaid eligible adults and children is 882,417 based on last 3 month average (Sept 2012-Nov 2012).

The MHD assumes the current Medicaid eligibles would receive dental services at the current coverage level - children, pregnant women, blind persons and nursing facility residents will have full coverage and all others have a limited dental package of prescribed medically necessary services.

The annual cost is \$5,718,072 (882,417 eligibles x \$0.54 PMPM x 12 months). Since all eligibles would receive services under this model, the current dental administration for managed care eligibles (\$491,356) has been subtracted to arrive at the additional cost \$5,226,716 (\$5,718,072 - \$491,356).

MHD anticipates a 15% increase in utilization under this proposal. The FY 13 estimated dental payments were multiplied by 15% to arrive at the projected increase of \$8,994,556 (FY 13 estimated dental spend of \$59,963,705 X 15%).

Projected annual cost: $\$5,226,716 + \$8,994,556 = \$14,221,272$.

A 3.9% trend was added for FY 15 and FY 16.

FY 14 (10 months) expenditures: \$11,851,060 (\$4,578,064 General Revenue (GR); \$7,272,996 Federal); FY15: \$14,775,902 (\$5,707,931 GR; \$9,067,971 Federal) and FY 16: \$15,352,162 (\$5,930,540 GR; \$9,421,622 Federal).

The cost is shown as a range from zero to the maximum cost because the bill language is permissive.

The total fiscal impact assumes that all Medicaid recipients (those with a full benefit package as well as those with a limited dental package) would be enrolled in the ASO model. There are 603,431 individuals with a full dental benefit package. If only those with the full package were

ASSUMPTION (continued)

enrolled in the ASO, the annual cost would be reduced to \$11,701,981*. The three-year cost (with adjustments for 10 months in FY 14 and inflation of 3.9% in FY 15 and FY 16) is shown below:

FY 14 \$9,751,651 (\$3,767,063 GR; \$5,984,588 Federal);
FY 15 \$12,158,358 (\$4,696,774 GR; \$7,461,584 Federal); and,
FY 16 \$12,632,534 (\$4,879,948 GR; \$7,752,586 Federal)

*This cost includes the \$.54 PMPM ASO cost and the 15% increased utilization for this group only, along with a reduction for current managed care administration for dental services.

Officials from the **Department of Mental Health (DMH)** state this bill authorizes the MO HealthNet Division to implement a statewide dental delivery system to ensure recipient participation and access to providers of dental services under MO HealthNet. There is no fiscal impact to the DMH.

§ 208.895 - Home- and Community-Based Services (HCBS):

Officials from the **Department of Health and Senior Services (DHSS)** state the department receives approximately 18,000 referrals annually. In FY 13, approximately 70 percent of those referrals have been completed within 15 days. Those not completed within the time-frame usually have extenuating circumstances such as client health status changes, delays in receipt of requested additional information, or difficulty in scheduling assessments during a time the client is available.

This section requires referrals for HCBS to be processed within 15 days. If a referral is not scheduled within ten business days of receipt, the HCBS providers are allowed to complete an initial assessment and care plan, which would require an approval by the DHSS within five days. The DHSS assumes that any assessments completed by HCBS providers would be performed at no cost to the department.

If the five-day window ends prior to approval or modification by DHSS, the care plan is automatically approved. DHSS would audit those care plans that are created by providers and, for any services provided to a client whom the state determines does not meet the Level of Care (LOC) requirement, the state shall not be responsible for the cost of services claimed prior to the department's written notification of such denial.

The changes made to the referral and assessment process are subject to approval by the Centers for Medicare and Medicaid Services (CMS).

ASSUMPTION (continued)

One Aging Program Specialist II (APS II) (\$39,480 annually) would develop service standards regarding assessments, file rules and regulations, field questions from staff regarding policy issues, answer inquiries from CMS, and develop quality review methods.

An unknown ongoing cost would be associated with alterations to the web tool to allow providers to enter data regarding assessments and care plans. In addition, there would be an unknown cost to develop an automated electronic assessment care plan tool and make recommendations to the General Assembly by January 1, 2014, for the implementation of the tool. If the recommendations are accepted, DHSS assumes the development and implementation of the tool would move forward in FY 2015 at an unknown cost. Costs are expected to be greater than \$100,000 because it would involve programming changes to the web tool and MO HealthNet's MMIS (Medicaid Management Information System). *One APS II (\$39,480 annually)* would assist with the maintenance of the web tool, assist in the development of an assessment care plan tool, troubleshoot problems, answer provider questions, review error reports, correct errors, and assist in the continued maintenance of the web tool.

DHSS would require *one Training Technician II (\$39,480 annually)* to complete initial training of new provider-assessors and provide periodic training thereafter for updates of the web tool and the assessment tool and to ensure assessments are conducted according to state and federal statutes and regulations, Medicaid rules, and DHSS policies. There are over 1,000 HCBS providers that may complete assessments under this legislation.

DHSS would also require *two Management Analysis Specialists (MAS) II (\$41,016 annually, each)* to review data regarding assessments completed; determine statistical norms; design reports and reporting methods; calculate valid sample sizes; conduct random sampling of services, participants, and providers; identify outliers in data; and analyze the impact of the assessment methods on the cost of services, amount of services authorized, and participant satisfaction. These elements would be included in the report required by December 31, 2014. For the purposes of this fiscal note, DHSS assumes this reporting will be ongoing for the purposes of quality review, process improvement, and maximization of funding for HCBS. DHSS does not have staff that can absorb these functions.

One Senior Office Support Assistant-Keyboarding (\$25,068 annually) would provide clerical support for the APS IIs and MAS IIs including scheduling, correspondence, data entry, filing, and other routine clerical duties.

Standard one-time and ongoing expense and equipment costs associated with the FTE are included in this fiscal impact. All costs associated with this proposal would be paid at 50 percent General Revenue and 50 percent Federal. The Federal share would be offset by Medicaid matching funds.

ASSUMPTION (continued)

Officials from the **DSS - MHD** state this proposal requires the Department of Health and Senior Services (DHSS) to process referrals for home and community based services within 15 days. If additional information is needed, DHSS must notify the referring entity within 5 business days. If DHSS has not scheduled the assessment within 10 business days of the referral, they must notify the referring entity. If DHSS does not process the referral within 15 days of receipt by the department, the provider has the option of completing an assessment and care plan recommendation. Once received by DHSS, the care plan and assessment must be approved or modified within 5 business days. If such approval, modification or denial by DHSS doesn't occur within 5 business days, the care plan of the provider shall become effective.

If a referral is not processed within 15 days, the care plan recommendations shall become effective. There is a possibility that more hours than medically necessary may be included in the referral. Excess hours assessed by the provider's assessor or physician from what is medically necessary and covered under the service parameters would not be eligible for Medicaid reimbursement, leading to potential disallowances. If DHSS authorizes the excessive hours as required by this legislation, but a Office of Inspector General (OIG) audit determines the number of hours are not medically necessary, the state would be required to reimburse the federal government for the disallowed funds. This cost is unknown.

This proposal would require one full-time FTE for MHD at the Program Development Specialist level to conduct increased provider monitoring and oversight to ensure that providers are completing the assessments and the development of care plans appropriately in order to avoid federal sanctions.

MHD assumes the cost for this FTE as follows:

FY 14 (10 months): \$60,552 (\$30,277 GR; \$30,275 Federal);
FY 15: \$63,649 (\$31,824 GR; \$31,825 Federal); and
FY 16: \$64,321 (\$32,160 GR; 32,161 Federal).

Oversight assumes MHD's monitoring of plans of care for approval within the 15 day deadline will help prevent medically unnecessary services from being provided because a care plan was not approved in a timely manner. Therefore, Oversight is presenting MHD's costs for one FTE.

Officials from the **Department of Labor and Industrial Relations (DOL)** state this proposal relieves charges for unemployment benefits if certain conditions are met. Based on information provided by the Department of Health and Senior Services, the DOL assumes this bill would apply to home health care providers, nursing and residential care facilities, and services for the elderly and persons with disabilities.

ASSUMPTION (continued)

The DOL assumes this proposal would apply to contributory employers and not apply to reimbursable employers. All liable contributory employers must pay state unemployment taxes. These tax rates are based on employer's prior experience in the unemployment system. All else being equal, the more benefits paid to an employer's former employees, the higher the employer's tax rate. As a result of this proposal, if the worker is terminated due to the circumstances outlined in the proposal, the employer's tax rate would not be affected by the benefits paid to this former employee. When benefit charges are not applied to a specific employer, they are charged to a pool.

In SFY 12, former employees of contributing employers affected by this legislation as outlined received unemployment benefits totaling approximately \$13.0 million. Had all of these benefits been non-charged due to circumstances outlined in the proposal, this proposal would have resulted in an additional \$13.0 million in pool charges in SFY 12. The DOL cannot estimate the effect these pool charges would have on the unemployment trust fund.

Some employers (governmental entities, 501(c)(3) organizations and federally recognized Indian tribes) are eligible to choose to opt out of the unemployment insurance experience rating system and become reimbursable employers. All liable reimbursable employers reimburse the state's unemployment trust fund for the benefits paid to their former employees. If a worker is terminated due to the circumstances outlined in this proposal, the DOL assumes a reimbursable employer will still be required to reimburse the state's unemployment trust fund for the benefits paid to the former employee.

An ancillary effect of this legislation would be that the responsibility for paying the pool charges created by this law change would be shifted from contributory employers in the affected industry classifications to all contributory employers because these increased pool charges may result in secondary tax rate adjustments being in effect longer than if this proposal were not enacted. Secondary tax rate adjustments are activated when the trust fund balance either exceeds or falls below certain levels as prescribed by Sections 288.036, 288.121 and 288.122, RSMo.

Officials from the **Department of Mental Health (DMH)** state this bill amends requirements for the Department of Health and Senior Services for MO HealthNet funded home- and community-based services. No fiscal impact to the DMH is anticipated.

§§ 208.990 and 208.995 - Individuals Eligible for MO HealthNet Coverage:

Officials from the **DSS - MHD** state using the Modified Adjusted Gross Income (MAGI) standard to determine income eligibility may cause some people who were previously eligible to be ineligible and vice versa. For example, in the future, child support income will not count, but step-parent income will. DSS believes these changes will balance each other and not result in significant savings or new costs.

ASSUMPTION (continued)

Officials from the **Department of Health and Senior Services (DHSS)** state they are unable to estimate the number of new participants who will access Home- and Community-Based Services (HCBS). For each new participant, the average annual cost for FY 14 is estimated at \$11,381. The current appropriations for HCBS are included in the DHSS budget.

Each new participant in HCBS would receive a prescreen, an initial assessment, and an annual reassessment in subsequent years. Each prescreen takes an average of one hour to complete. Each assessment takes an average of two hours to complete. DHSS will require additional staff to complete assessments and reassessments on any newly eligible individuals. The DHSS estimates that 1 FTE is required to complete 2,080 prescreens and 1 FTE is required to complete 1,040 assessments/reassessments per year. The fiscal impact of this section is an unknown cost and unknown FTE.

Oversight assumes since DHSS is unable to estimate the number of new participants that will access HCBS under the provisions of this bill, no additional FTE for these provisions will be hired for FY 14 or until some indication of the additional staff needed can be determined. Therefore, Oversight assumes, for fiscal note purposes, the DHSS will seek additional funding, if necessary, for FY 15 and FY 16 through the appropriations process.

§ 660.315 - Employee Disqualification List:

Officials from the **Department of Mental Health (DMH)** state this section adds “vendor” to the Department of Social Services employee disqualification list requirements. No fiscal impact is anticipated to the DMH.

Bill as a Whole:

Officials from the **Department of Mental Health (DMH)** state the bill removes the services of a certified pediatric or family nursing practitioner and adds advanced practice registered nurse with a collaborative practice agreement to the extent that such services are provided in accordance with chapters 334 and 335, and regulations promulgated thereunder. These changes will not have a fiscal impact on the DMH.

Officials from the **Joint Committee on Administrative Rules (JCAR)** state the legislation is not anticipated to cause a fiscal impact to JCAR beyond its current appropriation.

Officials from the **Office of Administration - Division of Budget and Planning (BAP)**, the **Office of State Courts Administrator** and **Department of Revenue** each assume the proposal would not fiscally impact their respective agencies.

ASSUMPTION (continued)

In response to similar legislation in various proposals from the current session, officials from the **Office of Secretary of State (SOS)** stated many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement the act. The Secretary of State's office is provided with core funding to handle a certain amount of normal activity resulting from each year's legislative session. The fiscal impact for this fiscal note to the SOS for Administrative Rules is less than \$2,500. The SOS recognizes this is a small amount and does not expect that additional funding would be required to meet these costs. However, it is also recognized that many such bills may be passed by the General Assembly in a given year and that collectively the costs may be in excess of what the office can sustain within its core budget. Therefore, the SOS reserves the right to request funding for the cost of supporting administrative rules requirements should the need arise based on a review of the finally approved bills signed by the governor.

<u>FISCAL IMPACT - State Government</u>	FY 2014 (10 Mo.)	FY 2015	FY 2016
GENERAL REVENUE FUND			
<u>Costs - DHSS</u> (§ 208.895)			
Personal service costs	(\$93,975)	(\$113,898)	(\$115,037)
Fringe benefits	(\$47,688)	(\$57,797)	(\$58,375)
Equipment and expense	<u>(Greater than \$90,099)</u>	<u>(Greater than \$79,742)</u>	<u>(Greater than \$80,041)</u>
<u>Total Costs - DHSS</u>	<u>(Greater than \$231,762)</u>	<u>(Greater than \$251,437)</u>	<u>(Greater than \$253,453)</u>
FTE Change - DHSS	3 FTE	3 FTE	3 FTE
<u>Costs - DSS- MHD</u> (§ 208.895)			
Personal service	(\$16,450)	(\$19,937)	(\$20,136)
Fringe benefits	(\$8,348)	(\$10,117)	(\$10,218)
Equipment and expense	<u>(\$5,479)</u>	<u>(\$1,770)</u>	<u>(\$1,806)</u>
<u>Total Cost - DSS-MHD</u>	<u>(\$30,277)</u>	<u>(\$31,824)</u>	<u>(\$32,160)</u>
FTE Change - DSS-MHD	0.5 FTE	0.5 FTE	0.5 FTE

<u>FISCAL IMPACT - State Government</u>	FY 2014 (10 Mo.)	FY 2015	FY 2016
GENERAL REVENUE FUND (cont.)			
<u>Costs - DSS-MHD</u>			
Extension of the ticket to work program (§ 208.146)	(\$4,347,229)	(\$6,098,015)	(\$6,372,426)
MO HealthNet coverage for 21-26 year old foster care children (§208.151)	(\$1,108,195)	(\$1,507,145)	(\$1,567,431)
Potential increase in program expenditures (§208.240)	\$0 to <u>(\$4,578,064)</u>	\$0 to <u>(\$5,707,931)</u>	\$0 to <u>(\$5,930,540)</u>
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	<u>(Unknown, greater than \$5,717,463)</u>	<u>(Unknown, greater than \$7,888,421)</u>	<u>(Unknown, greater than \$8,225,470)</u>
Estimated Net FTE Change for the General Revenue Fund	3.5 FTE	3.5 FTE	3.5 FTE
OTHER STATE FUNDS			
<u>Costs - DSS</u>			
MO HealthNet coverage for 21-26 year old foster care children (§208.151)	(\$769,465)	(\$1,046,473)	(\$1,088,332)
Ticket to work program expenditures (§ 208.146)	<u>(\$3,865,937)</u>	<u>(\$5,422,890)</u>	<u>(\$5,666,921)</u>
ESTIMATED NET EFFECT ON OTHER STATE FUNDS	<u>(\$4,635,402)</u>	<u>(\$6,469,363)</u>	<u>(\$6,755,253)</u>
FEDERAL FUNDS			
<u>Income - DHSS</u>			
Program reimbursement (§ 208.895)	Greater than \$261,511	Greater than \$287,493	Greater than \$289,869
<u>Income - DSS-MHD</u>			
Program reimbursements (§ 208.146)	\$13,323,916	\$18,689,939	\$19,530,986
Program reimbursements (§208.151)	\$3,046,060	\$4,142,641	\$4,308,347
Potential increase in program reimbursements (§208.240)	\$0 to \$7,272,996	\$0 to \$9,067,971	\$0 to \$9,421,622
Program reimbursement (§ 208.895)	\$30,277	\$31,824	\$32,160

<u>FISCAL IMPACT - State Government</u>	FY 2014 (10 Mo.)	FY 2015	FY 2016
FEDERAL FUNDS (cont.)			
<u>Costs - DHSS (§ 208.895)</u>			
Personal service costs	(\$93,975)	(\$113,898)	(\$115,037)
Fringe benefits	(\$47,688)	(\$57,797)	(\$58,375)
Equipment and expense	(Greater than \$90,099)	(Greater than \$79,742)	(Greater than \$80,041)
Other costs	<u>(Greater than \$29,749)</u>	<u>(Greater than \$36,056)</u>	<u>(Greater than \$80,041)</u>
Total Costs - DHSS	<u>(Greater than \$261,511)</u>	<u>(Greater than \$287,493)</u>	<u>(Greater than \$289,869)</u>
FTE Change - DHSS	3 FTE	3 FTE	3 FTE
<u>Costs - DSS-MHD (§ 208.895)</u>			
Personal service	(\$16,450)	(\$19,938)	(\$20,138)
Fringe benefits	(\$8,347)	(\$10,118)	(\$10,219)
Equipment and expense	<u>(\$5,478)</u>	<u>(\$1,769)</u>	<u>(\$1,804)</u>
Total Cost - DSS-MHD	<u>(\$30,275)</u>	<u>(\$31,825)</u>	<u>(\$32,161)</u>
FTE Change - DSS-MHD	0.5 FTE	0.5 FTE	0.5 FTE
<u>Costs - DSS-MHD</u>			
Program expenditures (§ 208.146)	(\$13,323,916)	(\$18,689,939)	(\$19,530,986)
Program expenditures (§208.151)	(\$3,046,060)	(\$4,142,641)	(\$4,308,347)
Potential increase in program expenditures (§208.240)	<u>\$0 to (\$7,272,996)</u>	<u>\$0 to (\$9,067,971)</u>	<u>\$0 to (\$9,421,622)</u>
ESTIMATED NET EFFECT ON FEDERAL FUNDS			
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
Estimated Net FTE Change for Federal Funds	3.5 FTE	3.5 FTE	3.5 FTE
UNEMPLOYMENT COMPENSATION TRUST FUND			
<u>Loss - UC Trust Fund</u>			
Loss of federal funds (§660.315)	<u>(Unknown)</u>	<u>(Unknown)</u>	<u>(Unknown)</u>
ESTIMATED NET EFFECT ON THE UNEMPLOYMENT COMPENSATION TRUST FUND			
	<u>(Unknown)</u>	<u>(Unknown)</u>	<u>(Unknown)</u>

<u>FISCAL IMPACT - Local Government</u>	FY 2014 (10 Mo.)	FY 2015	FY 2016
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT - Small Business

§208.895 - The proposal could impact small businesses that conduct care assessments as well as result in additional costs for assessments, reassessments, and care plan development as well as requirements needed to gain access to the CyberAccess WebTool.

FISCAL DESCRIPTION

§ 208.146 - Ticket-to-Work: This proposal extends the provisions regarding the Ticket to Work Health Assurance Program from August 28, 2013, to August 28, 2019.

§ 208.151 - MO HealthNet for Foster Care Children to Age 26 - This proposal expands MO HealthNet benefit eligibility to a person who is in foster care on his or her eighteenth birthday and is less than 26 years of age, is not eligible for coverage under another mandatory coverage group, and was not covered by Medicaid while in foster care.

§ 208.240 - Statewide Dental Delivery Service Program: This proposal authorizes the MO HealthNet Division within the Department of Social Services, or a contractor of the division, to implement a statewide dental delivery system to ensure recipient participation and access to providers of dental services under MO HealthNet.

§208.895 - Currently, the Department of Health and Senior Services can carry out certain requirements when a MO HealthNet-funded home- and community-based care referral with a nurse assessment or physician's order is received.

If a properly completed referral for MO HealthNet-funded home- and community-based care containing a nurse assessment or physician's order for a care plan is not processed within 15 days of receipt by the department, the care plan recommendation by the nurse or physician will become effective thereafter.

The Department of Health and Senior Services is to develop an automated electronic assessment care plan tool to be used by providers and provide a report at the end of the first year to the appropriation committee for health, mental health and social services on how well the department is doing on meeting the fifteen day requirement, the process the department used to approve assessors, and other information as required by the proposal.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Office of Administration -
 Division of Budget and Planning
Office of State Courts Administrator
Department of Mental Health
Department of Health and Senior Services
Department of Labor and Industrial Relations
Department of Revenue
Department of Social Services
Joint Committee on Administrative Rules
Office of Secretary of State



Ross Strobe
Acting Director
June 5, 2013