

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 0145-11  
Bill No.: Perfected SCS for SB 60  
Subject: Modifies reporting of elder abuse and neglect; modifies provisions of in-home services to the elderly; Health Care and Public Assistance modifications.  
Type: Original  
Date: April 3, 2001

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON STATE FUNDS</b>			
FUND AFFECTED	FY 2002	FY 2003	FY 2004
General Revenue	(\$1,387,370)	(\$2,128,680)	(\$2,246,977)
<b>Total Estimated Net Effect on <u>All</u> State Funds</b>	<b>(\$1,387,370)</b>	<b>(\$2,128,680)</b>	<b>(\$2,246,977)</b>

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
FUND AFFECTED	FY 2002	FY 2003	FY 2004
<b>Total Estimated Net Effect on <u>All</u> Federal Funds*</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\* Revenue and expenditures to exceed \$2.6 million annually and net to \$0.

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>			
FUND AFFECTED	FY 2002	FY 2003	FY 2004
<b>Local Government</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Numbers within parentheses: ( ) indicate costs or losses.

This fiscal note contains 18 pages.

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## FISCAL ANALYSIS

### ASSUMPTION

Officials from the **Office of Administration - Administrative Hearing Commission, Office of Prosecution Services, Department of Health, Department of Highway and Transportation, Department of Mental Health, Department of Public Safety - Missouri Highway Patrol, Missouri Department of Conservation, Department of Insurance, Office of Attorney General, and Office of State Public Defender** stated the proposed legislation would not fiscally impact their organizations.

Officials from the **Department of Corrections** stated the fiscal impact to their organization would be \$0 or absorbable with existing resources.

Officials from the **Office of State Courts Administrator** stated the various changes in the laws relating to elderly abuse proposed by this legislation should not have an appreciable impact on the workload of the courts.

Officials from the **Missouri Consolidated Health Care Plan (HCP)** stated the second amendment modifies section 376.1209, RSMo, which addresses breast cancer treatment. This amendment states that no time limit shall be imposed on an individual for the receipt of prosthetic or reconstructive surgery. This amendment also allows for the coverage to transfer with an individual if he or she changes carriers.

Depending on the condition of the individual at the time of mastectomy, not all members seek reconstructive surgery or prosthetic device implantation immediately following the surgery. Some individuals may receive chemotherapy treatments prior to reconstructive surgery or implantation of prosthetic devices. The HCP allows coverage for mastectomies, any resultant reconstructive surgery, and/or prosthetic device implantation. Therefore, this amendment does not fiscally impact the HCP.

Officials from the **Office of Secretary of State (SOS)** stated this bill modifies the reporting of elder abuse and neglect and the provision of in-home services to the elderly. The Division of Aging will promulgate rules to implement this bill. Based on experience with other divisions, the rules, regulations and forms issued by the Division of Aging could require as many as 24 pages in the *Code of State Regulations*. For any given rule, roughly half again as many pages are published in the *Missouri Register* as in the Code because cost statements, fiscal notes and the like are not repeated in the Code. These costs are estimated. The estimated cost of a page in the *Missouri Register* is \$23.00. The estimated cost of a page in the *Code of State Regulations* is \$27.00. The actual cost could be more or less than the numbers given. The impact of this legislation in future years is unknown and depends upon the frequency and length of rules filed, amended, rescinded or withdrawn. The SOS estimates the cost of this proposal to be \$1,476 in FY 02 [(24 pgs. x \$27) + (36 pgs. x \$23)].

ASSUMPTION (continued)

**Oversight** assumes the SOS could absorb the costs of printing and distributing regulations related to this proposal. If multiple bills pass which require the printing and distribution of regulations at substantial costs, the SOS could request funding through the appropriation process. Any decisions to raise fees to defray costs would likely be made in subsequent fiscal years.

Officials from the **Department of Social Services (DOS) - Division of Aging (DA)** stated the proposed legislation would fiscally impact their organization as follows:

Section 660.050.2. (18) and 8

Currently, the DA provides some technical assistance and training related to Alzheimer's disease and related dementia and is working with the Department of Mental Health (DMH) to develop dementia-specific training materials for the DA social workers and supervisors. Additionally, the Alzheimer's Association offers dementia-specific videos at no charge and provides other training from their chapters for a minimal fee to cover their expenses. The DA routinely refers consumers with specific Alzheimer's related questions to the Alzheimer's Association chapter offices located nearest to their community. Through the Alzheimer's Coalition, the DA partners with the five (5) Missouri Alzheimer Association (AA) chapters, meeting on a quarterly basis to exchange information. The DA believes staff within the division will be able to support these activities without the need for additional FTE.

The DA assumes the Alzheimer's Coalition could be expanded to include other state agencies, industry associations, institutions of higher learning with expertise in dementia care and would act as the committee responsible for assisting the DA in: 1) developing regulations related to the training requirements; 2) determining minimum training requirements for employees responsible for direct and indirect care of patients with Alzheimer's disease or related dementia; 3) maintaining up-to-date information regarding training materials and dementia-specific trainers; and 4) providing technical assistance. The DA estimates the committee would meet no more than semiannually and that costs would not be significant for these meetings.

If it was the intent of this legislation for the DA to actually develop and maintain training packages or materials to be utilized by others for training, then the DA would anticipate one-time costs for the development of these training materials to be approximately \$30,000 (\$10.00 per unit for each of the approximately 2,000 provider agencies and an additional 1,000 copies to be used by the DA and to be made available on a loaner basis to independent contractors). Additionally, the DA would anticipate ongoing cost for annual updates of the training materials of \$4.00 per unit for an annual cost of \$12,000.

ASSUMPTION (continued)

The DA Institutional Services (DAIS) is responsible for surveying skilled nursing facilities and intermediate care facilities participating in the Medicare/Medicaid programs; conducting state licensure inspections in skilled nursing facilities, intermediate care facilities and residential care facilities; and investigating allegations of abuse, neglect, exploitation or violations of regulations in skilled nursing facilities. The DAIS believes the establishment of Alzheimer's and related dementia-specific training requirements in facilities licensed by the DA pursuant to chapter 198 and adult day care programs established pursuant to section 660.400, RSMo, will not significantly increase the amount of time spent by field survey staff in conducting inspections, surveys and/or complaint investigations as they already review training documentation.

The DA Home and Community Services (DAHCS) is responsible for monitoring in-home services providers and other contracted service providers and investigating allegations of abuse, neglect, exploitation or other compliance requirements. The DAHCS believes the establishment of Alzheimer's and related dementia-specific training requirements will not significantly increase the amount of time spent by the HCS staff responsible for monitoring activities as they already review training documentation.

The DA estimates the total number of agencies requiring training will be in excess of 1,900 composed of 71 hospice agencies, 195 home health agencies, 668 residential care facilities, 477 skilled nursing facilities, 67 intermediate care facilities, 392 in-home services providers and 72 adult day care programs. Additionally, the proposed legislation requires training for the 550+ DA employees and an unknown number of independent care workers serving elders in the homes.

The DA assumes the training will consist of, at a minimum, 2 hours for new employees for those providing direct care to clients or residents. Costs for this training would be borne by the providers. For employees who come into indirect contact with clients or residents and for ongoing in-service training, the DA assumes a one hour training session will be sufficient. Again, costs would be borne by the providers and the DA would incorporate the requirements into its existing staff development program.

#### Section 660.250 Definitions

Adding home health agencies, their employees and patients to the definitions in this section will have no fiscal impact on the DA.

#### Section 660.252 Medicaid Participation Agreements to Describe Training on Elder Abuse

Training for all contracted in-home services provider agencies is currently mandated pursuant to 13 CSR 15-7.021 (19). Included in stated requirements is recognizing and reporting abuse, neglect, and/or exploitation of elderly or disabled clients. The DA will work with the Division of  
ASSUMPTION (continued)

Medical Services to revise the description of training requirements regarding elder abuse and neglect and add requirements for training on care of Alzheimer's patients. No fiscal impact is anticipated.

#### Section 660.260 24-hour Investigation

The section requires that the DOS initiate prompt and thorough investigations of reports indicative of clear and immediate danger within twenty-four hours. Currently, the DA classifies hotlines based on the degree of risk of injury or harm to the client. In FY 00, data on completed investigations reveals 91.4% of the Class I hotlines, those that involve allegations of the highest risk, were initiated within 24 hours. In FY 00, the DA received a total of 14,732 hotline reports; 2,059 Class I; 10,496 Class II; and 2,177 Class III. Since the DA currently investigates reports indicating a clear and immediate danger within twenty-four hours, the DA anticipates no significant fiscal impact for this requirement.

#### Section 660.300.1. Contact with the Physician

By policy, Social Service Workers conduct phone interviews with the reporters to obtain further information regarding the report and to inform the reporter of the confidential nature of the report and statutory immunity or protection as is necessary to gain information. Additional contacts with physicians are conducted as needed based on the specific circumstances of the case. The DA will revise policy to ensure ongoing contact throughout the course of the investigation when the reporter is a physician. No fiscal impact is anticipated.

#### Section 660.300.2. Suspected Abuse/Neglect of In-Home Services Clients

The proposed legislation allows the DOS to authorize units of in-home services provider nurse hours to assist or aid the client's case manager in the investigation of abuse/neglect or noncompliance with their plan of services. The DA assumes for the purposes of this fiscal note, references to in-home services provider nurses are registered nurses licensed pursuant to chapter 335, RSMo.

In FY 00, the DA completed 12,573 investigations of hotline reports and the division estimates that there will be 13,704 investigations in FY 02. In FY 00, 8.9% of the hotline reports were made by in-home provider agencies. The DA estimates that 8.9%, or 1,220 of the 13,704 hotline investigations, would be completed on behalf of in-home services clients reported by the in-home services providers. The DA would utilize the in-home services provider nurse for assistance with these investigations. It is estimated that the nurse visit portion would require approximately 4 hours or units. Of the 53,014 in-home services clients, 16.56% are non-Medicaid clients. Therefore, the DA estimates an additional 1,220 authorized RN units will cost approximately \$30,386 (1,220 x .1656 x 4 hours x \$37.60 per unit).

ASSUMPTION (continued)

### Section 660.300.3. AAA to Conduct Training of Mandated Reporters

Local Area Agencies on Aging (AAAs) will provide volunteer training upon request regarding the detection and reporting of abuse and neglect to persons listed in the legislation as mandated reporters. The DA will absorb the cost of providing qualified trainers when available to conduct train-the-trainers sessions and with printed material when available. The DA estimates the cost associated with training sessions based on the following assumptions:

- AAAs will hold training in conjunction with other regularly scheduled training (such as ombudsman program, nutrition program, transportation program, or in-home program) thereby sharing the cost of the session;
- AAAs will utilize a portion of their Elder Rights or Abuse and Neglect funds for the provision of the training services; and
- The above mentioned resources will be inadequate to fund the training in its entirety as the funds are currently being used.

The DA, therefore, would require additional funds of \$10,000 to be distributed to the AAAs based on the following methodology:

- Each of the ten AAA offices will average quarterly training sessions within their area at a cost of \$250 per agency (\$1,000 per AAA);
- Funds will be distributed based on the request of an agency that has scheduled training within their area; and
- Funds may be used for any combination of expenses related to training mandated reporters regarding elder abuse such as printed materials, meeting accommodations or expenses associated with training adequate trainers.

### 660.300. 6. Reports Involving Home Health Agencies

This section adds home health patients and home health agency employees to the types of clients and caretakers involved in an abuse and neglect complaint which can be reported to the DOS. The DA assumes the sponsor's intent is that all reports involving home health agencies and their clients shall still be referred to the Department of Health, who currently have investigative authority, and that it was not the sponsor's intent for DA to investigate allegations involving home health agencies or their clients.

ASSUMPTION (continued)

660.300.12. Administrative Penalties and Quality Assurance and Supervision Process for Clients

In addition to the criminal charges that may be assessed and civil penalties of \$1,000, this section contains new language that requires the DOS to establish a quality assurance and supervision process for clients. The process mandates that in-home provider agencies must conduct random visits to verify compliance with program standards and accuracy of records kept by their employees.

660.300.13. Adds Home Health Patients/Agencies to EDL Section

Adds home health agencies to the employee disqualification list for abuses against a home health patient. Those who knowingly employ a person on the employee disqualification list or Family Care Safety Registry, or those who refuse to register with the Family Care Safety Registry, are guilty of a class A misdemeanor. This will result in no fiscal impact to the DA.

660.300.14. Safe at Home Evaluation

Requires the DOS to categorize in-home clients according to a "Safe at Home" evaluation of care and their condition needs. Provider nurses as well as the expertise, services or programs of other departments or agencies may be used to assist the DOS in determining the care needs of clients.

The plan of service or care for each in-home client will now be authorized by either a DOS nurse or an in-home services nurse. Costs related to this review are contained within 660.300.15 below.

660.300.15. Authorized Nurse Visits

Requires the DOS to categorize in-home clients according to an assessment of their care and condition needs after initial assessment. Any case may be referred to the Interdisciplinary team and in-home provider nurses may assist the DOS in determining the care needs of the client.

Two nurse visits shall be authorized and reimbursed as part of the case management plan for all in-home clients. All in-home provider nurse visits shall be authorized and reimbursed by the DOS. Authorization of the semiannual nurse visits shall not be limited to the monthly cost cap. It is assumed by the DA that the Division of Medical Services will assess the financial impact of the additional nurse visits for Medicaid clients. The DA will authorize two nurse visits annually for all 8,584 SSBG and dual authorized clients at a rate of \$37.60 per visit; these clients are not currently receiving a nurse visit. These authorized nurse visits will strengthen the DA's ability to detect signs of abuse, neglect, and exploitation and assist in the intervention of these situations.  
ASSUMPTION (continued)

Number of nurse visits (8,584 clients x 2)	17,168
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Cost per nurse visit x \$37.60  
Total Estimated In-Home Services Program Costs \$645,517

The DA anticipates no fiscal impact on staffing as current policy requires Social Service Worker home visits at the initiation of services, annual reassessments, and when changes in condition or circumstances of the client are significant.

660.300. 16. Client Rights and Non-abuse/neglect Calls

No fiscal impact is anticipated as workers are required by policy to advise all in-home clients of their rights, including their right to contact the DOS and express dissatisfaction with their services. The DA currently requests that calls from clients be handled through the local office. A toll-free hotline is available for clients who would incur long-distance charges when calling the local office. The DA will revise policies to ensure that calls that express dissatisfaction with services are not classified as hotlines unless there has been some type of injury or harm to the client as a result of service delivery problems. The DA anticipates no fiscal impact other than that included in the assumptions for 660.300. 15.

660.302. 1. Referrals to the Prosecutor and Law Enforcement

This section requires the DOS to promptly refer all suspected cases of elder abuse to the appropriate law enforcement agency and prosecutor and to determine whether protective services are required. The prosecutors' office and law enforcement agencies will determine the fiscal impact associated with additional referrals resulting from the language requiring the DA to refer all cases of "suspected" elder abuse. There were 12,573 investigations completed by the DAHCS in FY 00; 57% (7,167 cases) have investigative findings of reason to believe and 19.4% (2,439 cases) have findings in which the allegations were suspected to have occurred. According to services provided, law enforcement involvement was included in 905 (7.2%) of these investigations.

Although the previous law requires that all "substantiated cases" be referred to law enforcement or the prosecutors, the DAHCS policy (Policy 1703.30) requires joint-investigation with law enforcement any time report allegations indicate or an investigation reveals information that:

"Emergency entry of the premises is needed; Emergency removal of the eligible adult from the premises is needed; Caregiver or other party will (allegedly) refuse to allow the investigation to be conducted; The life of the eligible adult may be in danger upon (subsequent) investigation by DA; The eligible adult faces the likelihood of serious

ASSUMPTION (continued)

physical harm if not placed in a medical treatment facility; Abuse or Neglect meeting the statutory definition of the Crime of Elder Abuse has occurred (Policy 1702.40); Report

indicates physical evidence needs to be professionally gathered or preserved and information indicates the eligible adult is being held against his/her will.

Other circumstances which suggest that the worker may need to involve law enforcement prior to a face-to-face visit with the reported adult include: to obtain background information about subjects in the report (e.g. past law enforcement involvement, potential threat to the worker, reported adult, etc.); the report indicates an unrelated serious crime may have been committed; there is reason to believe the alleged perpetrator will flee if you are not accompanied by law enforcement; notification of law enforcement is needed to preserve the peace; it is believed that law enforcement may have relevant information about the situation (for example a past involvement in disputes, a party having been previously been jailed, etc.)"

The DA staff are required to "cooperate with law enforcement during the investigation as requested. The degree of DA involvement in the gathering of evidence shall be at the discretion of the law enforcement agency."

It is anticipated that the stricter policy is in line with the legislative intent of the sponsor and the impact of the statute will have little fiscal affect on law enforcement or the DAHCS.

#### 660.302. 2. Cross Training of Law Enforcement

The DA assumes the intent of the sponsor is that the DA staff and law enforcement officials statewide will require training on the proper handling of cases involving elder abuse. There will be a window of time in which the state will have to bring 800+ DA staff and the approximately 29,000 law enforcement officials (representing over 1,200 law enforcement agencies) into compliance with the training requirements of the legislation.

The law enforcement agencies will absorb the cost of training law enforcement officials. Once existing law enforcement officers receive the training, the curriculum will be incorporated into the required training for state certification in Missouri. There are 18 law enforcement training academies located throughout the state which offer the required 470 hours of training for all law enforcement officials to become certified.

The DA will need one Social Services Manager B1 position to oversee the administrative responsibilities outlined in the bill. The administrator will work with the Highway Patrol, Sheriff's Association, Law Enforcement Training Academies, and other such agencies and ASSUMPTION (continued)

associations to fulfill the requirements of joint training, developing accurate curriculum including the mandated checklist to ensure thorough investigations of elder abuse cases and, under 660.252, a proficiency exam for use with in-home provider agencies for new applicants. Once

the proficiency exam and the law enforcement curriculum has been developed, the administrator will act as the DA liaison for law enforcement for the over 1,200 law enforcement agencies to ensure that elder abuse training is accurate and revisions are made as necessary in accordance with state laws. The manager will conduct train-the-trainer sessions for new law enforcement and division trainers, as necessary, and be available to speak at association meetings and law enforcement conferences across the state. The manager will conduct in-house training to establish a list of DA personnel in various regions who can present on elder abuse investigations and the use of the checklist. Once the curriculum has been developed, it will be used for training staff of the law enforcement academies and within the DA to train existing staff on the proper handling of cases involving elder abuse including the use of checklist. The DA will add to its basic and advanced orientation this same curriculum to enhance the sections involving elder abuse that are already included in the current training program, inviting law enforcement or highway patrol personnel to present/speak at the orientation programs to meet the requirements of cross-training.

The DA will conduct training for 800+ employees within the DA in six to eight sessions across the state (depending on attendance by law enforcement personnel). The DA estimates that 16 hours of training across three days will be sufficient, requiring two overnights for approximately 40% of the staff. All staff will require meal allowances and some travel reimbursement.

Anticipating maximum carpool and state cars usage, mileage is based on an average of 75 miles per car. The DA estimates the cost of training as follows (no cost for "trainers" included):

Total DA Staff/Personnel to be trained	800	
Approximate number requiring two overnight accommodations (40%)	320	
Hotel Accommodations: \$60.00 per overnight two nights (320 x \$60 x 2)		\$38,400
Meal Allowance: \$23.00 per day; two days (800 x \$23 x 2)		\$36,800
Meal Allowance: \$17.00 last day (plus 15%) (\$19.55 x 800)		\$15,640
Approximate Mileage: (1 car per 3 employees = 800/3 = 267 cars)		
75 average miles round-trip per car (267 x 75 x \$.295/mile)		<u>\$5,907</u>
Total Estimated Cost of Training DA Staff		<u>\$96,747</u>

**Oversight** assumes that the training would be held at sites around the state. Oversight assumes total costs of \$51,327.

ASSUMPTION (continued)

The DA stated that based on previous experience, the following amounts represent the average annual expense of an FTE:

- Rent (Statewide Average) - \$2,700 per FTE (\$13.50 per sq. ft. x 200 sq. ft.)
- Utilities - \$320 per FTE (\$1.60 per sq. ft. x 200 sq. ft.)

- Janitorial/Trash - \$200 per FTE (\$1.00 per sq. ft. x 200 sq. ft.)
- Other Expenses (Home & Community Services) - \$3,906 per FTE (includes travel, office supplies, professional development, telephone charges, postage and all other expenses not itemized above.)
- Other Expenses (Institutional Services) - \$5,248 per FTE (includes travel, office supplies, professional development, telephone charges, postage and all other expenses not itemized above.)

In addition to the above standard costs, systems furniture for one new FTE in Jefferson City central office will be needed at a cost of \$4,500 per FTE. A desktop PC will be needed for the new staff at a cost of \$2,099 per FTE.

FY 02 costs are based on the three (3) month period April 1 through June 30, 2002. FY2003 and FY 04 costs include a 3.0% inflation adjustment for expense & equipment costs and a 2.5% inflation adjustment for personal services.

Officials from the **Department of Social Services - Division of Medical Services (DMS)** stated the proposed legislation will have a fiscal impact on their organization. The DMS stated Section 660.300.12, which requires the in-home provider to conduct random visits to verify compliance with program standards and verify the accuracy of records will not have a fiscal impact on the DMS. An administrative supervisor is required (13 CSR 70-91.010(3)(H)3.) to make an on-site visit at least annually to evaluate each personal care worker's performance and to evaluate the adequacy of the service plan. Each in-home agency is required to have an RN on staff. One of the RN's responsibilities is to do monthly on-site visits of basic personal care recipients based on a 10% sample of the agency's Title XIX and Title XX caseload size. This sample is not to include anyone receiving an authorized nurse visit or an administrative supervisory visit. It is assumed the current visits will meet the requirement of the random visits.

The DMS stated a fiscal impact is projected from Section 660.00.15 - two authorized nurse visits will be done each year. Currently a personal care client may receive nurse visits for evaluation and assessment if the Division of Aging (DA) determines it is necessary. The individual may also receive nurse visits if they are in need of assistance with filling syringes, setting up oral medications, monitoring skin conditions, diabetic nail care, or other nursing services as determined appropriate by the case manager. Currently 34,195 adult personal care recipients do not receive a nurse visit. (Data provided by the DA). Individuals are reevaluated on at least a yearly basis.

ASSUMPTION (continued)

Annual Cost:  $34,195 \times \$37.60$  (FY 01 Medicaid nurse visit rate)  $\times 2 = \$2,571,464$ .

The cost for FY 02 will be \$2,142,887 (10 months); for FY 03 the cost is \$2,674,323 and \$2,781,296 for FY 04. These costs assume a 4% annual inflation rate for growth and increased

rates. The federal match used for all years is 61.06%.

The DMS stated the assumption was made that only the annual nursing visit required by this legislation is beyond the current cost limitation (nursing facility cost cap). The current limitation of 26 nurse visits in a 6-month period would remain as stated in regulation.

The section that requires the DOS to have a process which assumes the in-home provider be reimbursed for any client assessments provided by the nurse will not have a fiscal impact on the DMS. The current program allows the DA to authorize a nurse visit for nursing services as determined appropriate (this would include assessments). The DMS will reimburse all authorized nurse visits provided and billed by the in-home services provider.

Sections 208.181 and 376.1209

The DMS stated the U.S. Code referenced in the proposal would allow persons who have been diagnosed with breast or cervical cancer and screened for breast and cervical cancer under the Center for Disease Control and Prevention breast and cervical cancer early detection program (established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of the Act) to receive the needed treatment for breast or cervical cancer. The Center for Disease Control and Prevention breast and cervical cancer early detection program targets low income, under-served women up to 200% of the Federal Poverty level.

**Breast Cancer Recipient:**

The Center for Disease Control (CDC) predicted that 3,700 women in Missouri would be diagnosed with breast cancer in the year 2000. It is estimated that 21% of the 3,700 would fall into this category, and of these 777 women, 81.16% would have some form of healthcare coverage. DMS assumes that the remaining 146 women would be in the new eligible group. The estimated annual medical cost for this population is \$8,000.

ASSUMPTION (continued)

Annual cost calculation:

	FY 2002	FY 2003	FY 2004
New Medicaid eligibles	146	152	158
Annual cost	<u>x \$8,000</u>	<u>x \$8,320</u>	<u>x \$8,653</u>

HW-C:LR:OD (12/00)

Total estimated cost                    \$1,168,000    \$1,264,640    \$1,367,174

**Cervical Cancer Recipient:**

The Center for Disease Control predicted there would be 12,800 new cases of cervical cancer in the year 2000. Missouri's population represents 2.1% of the U.S. population, so the DMS assumes 269 Missourians would be detected with cervical cancer. It is estimated that 21% of the 269 women would fall into this category, and of these 56 women (81.16%) would have some form of healthcare coverage. DMS assumes that the remaining 11 women would be in the new eligible group. The estimated annual medical cost for this population is \$6,600.

Annual cost calculation:

	FY 2002	FY 2003	FY 2004
New Medicaid eligibles	11	12	13
Annual cost	x \$6,600	x \$6,864	x \$7,139
Total estimated cost	\$72,600	\$82,368	\$92,807

DMS states that currently the Medicaid program covers the screening technique for non-symptomatic men with above normal PMSA expressions. DMS assumes there would be no fiscal impact to the Division of Medical Services.

Officials from the **Department of Social Services - Division of Legal Services (DLS)** stated that it projects that no more than 8 persons per year would be found guilty by a court of the Class D felony of knowingly or negligently abusing an in-home service client. The DLS officials state that for purposes of this fiscal note, they are assuming that all 8 cases in which providers were found guilty of the felony would request a hearing to contest the administrative penalty at the Administrative Hearing Commission. The DLS officials assume that it would require 40 hours for the Litigation Unit to process each appeal, from onset to final judgment; therefore the Litigation Unit would expend 320 hours on the 8 new petitions for judicial review, requiring no new attorneys (40 hours per case x 8 new cases = 320 hours/2,080 hours per attorney year = 0.15 attorneys) and no additional support staff FTEs (even with de novo review at the circuit court) would be needed.

<u>FISCAL IMPACT - State Government</u>	FY 2002	FY 2003	FY 2004
	(10 Mo.)		
<b>GENERAL REVENUE</b>			
<u>Costs - Department of Social Services -</u>			
<u>Division of Aging</u>	(3 Mo.)		
Personal Service (0.58 FTE)	(\$6,299)	(\$25,827)	(\$26,473)



<u>FISCAL IMPACT - State Government</u>	FY 2002 (10 Mo.)	FY 2003	FY 2004
Assistance Payments	<u>(\$902,412)</u>	<u>(\$979,814)</u>	<u>(\$1,061,990)</u>
Total <u>Costs</u> - Department of Social Services - Division of Medical Services	<u>(\$2,210,589)</u>	<u>(\$2,612,756)</u>	<u>(\$2,760,249)</u>

**ESTIMATED NET EFFECT ON  
 FEDERAL FUNDS\***

	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
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**\* Revenues and expenditures exceed \$2.6 million annually and net to \$0.**

<u>FISCAL IMPACT - Local Government</u>	FY 2002 (10 Mo.)	FY 2003	FY 2004
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT - Small Business

Small businesses will be mandated to provide training specific to abuse and neglect identification, prevention and reporting which must be successfully completed prior to unsupervised contact with clients. In addition, providers will be required to provide training on Alzheimer's disease and related dementia. The proposed legislation will impact small businesses as a result of costs incurred for training materials, staff time spent in training, etc.

The proposed legislation also allows the Department of Social Services to authorize the services of an in-home service provider agency nurse to assist in the investigation of complaints of elder abuse or neglect and to reimburse the provider for the authorized nurse visit. The Department of Social Services may authorize the in-home services nurse to conduct an assessment of the client's condition and establish a plan of services or care for which the Department will reimburse the provider.

Therefore, this legislation is expected to impact small business providers in increased reimbursements for in-home services nurse visits as well as increase costs associated with providing the necessary Alzheimer's disease and related dementia training and training on the identification of abuse and neglect. The total net effect is unknown.

DESCRIPTION

This proposal would extend Medicaid or insurance coverage for breast, cervical, and prostate cancer. This proposal would also provide for Medicaid coverage for certain breast and cervical cancer patients. A new subdivision 13 would be added to Section 208.151, RSMo, to provide that persons who have been diagnosed with breast or cervical cancer would be eligible for Medicaid coverage if other eligibility requirements would be met. To be eligible, the person

would: 1) be under 65; 2) have been screened for breast or cervical cancer under the federal Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program; 3) need treatment for breast or cervical cancer; and 4) be uninsured. During the eligibility determination, the person would be eligible during a period of presumptive eligibility. If all eligibility requirements would be met, then the person would receive Medicaid coverage.

This act modifies the reporting of elder abuse and neglect and the provision of in-home services to the elderly. The first Tuesday in March will be known as "Alzheimer's Awareness Day" to increase the awareness of Alzheimer's disease and related dementias. (Section 9.160).

This act modifies the duties of the Division of Aging by requiring the Division to provide technical assistance to the elderly and to persons with Alzheimer's or related dementia. Information should include dementia-specific training materials and trainers. By January 1, 2002, the Division must establish minimum requirements for dementia-specific employee training. The training will be incorporated into new employee orientation and in-services. The term "employee" includes independent contractors. (Section 660.150). Definitions are added to Section 660.250 for "home health agency," "home health agency employee," and "home health patient."

A new section provides that all Medicaid agreements between providers and the Department must include a requirement for each direct care worker to be trained in abuse and neglect identification, prevention, and reporting. This will be included in the workers' current initial training requirement. (Section 660.252). Currently, the Department must perform certain duties upon receipt of an abuse report. New language requires prompt investigation of reports and investigation within twenty-four hours of reports that indicate clear danger to the client. (Section 660.260).

Currently certain persons are required to report any elder abuse or neglect of in-home services clients. New language in subsection 1 adds in-home services providers, employees of area agencies on aging (AAA) or organized AAA programs, funeral directors, and embalmers. If a physician makes an initial report, then the Department must maintain contact with the physician regarding the investigation. When a report of abuse or neglect of an in-home services client is received, the client's case manager and the Department nurse must investigate and immediately report the results to the Department nurse. The Department may allow the provider's nurse to DESCRIPTION (continued)

assist the case manager. Subsection 3 requires local area agencies on aging to provide volunteer training to all required reporters regarding the detection and report of elder abuse. (Section 660.300.1 - .11).

Currently, any person who knowingly abuses or neglects a client is guilty of a class D felony. New language allows administrative penalties of up to \$1000 per violation for the in-home

services provider if an employee is found guilty of a violation and if the provider did not report the abuse to the Department. Providers may seek administrative review of the decision. Violation is defined as a determination of guilt. The Department must establish a quality assurance and supervision process. The process must require random visits or other approved methods to verify provider compliance and the accuracy of records.

The Department is currently required to maintain an employee disqualification list of persons who have abused or neglected in-home services clients. New language provides that an in-home services provider will be guilty of a Class A misdemeanor for knowingly employing a person who is on the disqualification list, who refuses to register with the Family Care Safety Registry, or who is listed on any of the background check lists in the Registry. (Section 660.300.12 - .13).

Once a client is assessed for level of care, the Department must conduct a "Safe At Home" evaluation. The plan of service for each client should be authorized by a nurse and the in-home services provider nurse may conduct the assessment. Other departments may be consulted on a case-by-case basis. The Department may also refer any client to a mental health professional, if necessary. All clients will be advised of their rights at the initial evaluation, including the right to call the Department for any reason. (Section 660.300.14 - .16).

The Department must refer all suspected cases of elder abuse to law enforcement to jointly determine when protective services are needed. Both groups must require training regarding the handling of elder abuse cases and must develop a checklist. (Section 660.302).

Section 660.058 is repealed due to unnecessary enactment in 1999. Portions of this act are substantially similar to SB 449 (2001) and SBs 959 & 598 (2000).

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 - Administrative Hearing Commission  
Office of State Courts Administrator  
Department of Mental Health  
Department of Corrections  
Department of Health  
Department of Social Services  
Office of Prosecution Services

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Office of Secretary of State  
Office of State Public Defender  
Department of Insurance  
Office of Attorney General  
Missouri Consolidated Health Care Plan  
Missouri Department of Conservation  
Department of Highway and Transportation  
Department of Public Safety - Missouri Highway Patrol

A handwritten signature in black ink, appearing to read "Jeanne Jarrett". The signature is written in a cursive style with a large initial "J".

Jeanne Jarrett, CPA  
Director

April 3, 2001