

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. NO.: 4174-02
BILL NO.: SB 959
SUBJECT: Modifies Reporting of Elder Abuse and Neglect and Delivery of In-home Services
TYPE: Original
DATE: February 22, 2000

FISCAL SUMMARY

ESTIMATED NET EFFECT ON STATE FUNDS			
FUND AFFECTED	FY 2001	FY 2002	FY 2003
General Revenue	(\$1,236,935)	(\$3,123,032)	(\$3,211,369)
Total Estimated Net Effect on <u>All</u> State Funds	(\$1,236,935)	(\$3,123,032)	(\$3,211,369)

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2001	FY 2002	FY 2003
Federal	(\$998,962)	(\$2,019,510)	(\$2,081,605)
Total Estimated Net Effect on <u>All</u> Federal Funds	(\$998,962)	(\$2,019,510)	(\$2,081,605)

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2001	FY 2002	FY 2003
Local Government	Exceeds (\$200,000)	Exceeds (\$200,000)	Exceeds (\$200,000)

Numbers within parentheses: () indicate costs or losses.
This fiscal note contains 16 pages.

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Department of Health, Office of Attorney General, and Department of Mental Health** assume that this proposal will not fiscally affect their agencies.

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

Officials from the **Department of Social Services - Division of Aging (DA)** stated this proposal will fiscally impact their division as follows:

Contact with the Physician

Subsection 187.020.1 requires the department to maintain contact with the physician (when they are the reporter) regarding the progress of the investigation. The division's policy is that social service workers conduct a phone interview with the reporter 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 division will revise policy to ensure ongoing contact throughout the course of the investigation when the reporter is a physician.

Non-Compliant Clients to be reported to the Hotline

Subsection 187.020.1 requires the department to allow in-home services owner/operator, provider, or employee to report any in-home services client to the department who is not being compliant with the department's order of in-home services for that client. Currently, in-home services owners, operators, providers, and employees report non compliant in-home services clients to the division by contacting the assigned Social Service Worker in writing or by telephone. Language in the in-home contract and state statute (660.300 RSMo & 565.188 RSMo) require provider agencies to report any suspicion of abuse or neglect to the department using the toll-free aging hotline. State statute requires the department to investigate all hotline calls; therefore, the division assumes that it will be able to absorb the impact of this requirement.

ASSUMPTION (continued)

Interdisciplinary Case Management Teams

Subsection 187.020.2 requires the division to establish interdisciplinary case management teams to:

- Assist as consultants to the DA Social Service Worker and in-home service provider agency, offering expertise regarding the client's plan of care;
- Intervene when appropriate to supplement the service plan;
- Review all reports of non compliant in-home services clients for evaluation or reassessment of services provided; and
- Review complex care plans referred to the team as necessary.

The DA assumes that the Department of Mental Health (DMH) will estimate the cost of providing a mental health professional to serve on the Interdisciplinary Case Management Team.

Oversight notes the DMH responded that this proposal would not fiscally impact their Department.

The DA assumes that the cost to the in-home provider agency for their nurse to serve on the Interdisciplinary Case Management Team will be borne by the in-home provider agency as an administrative function. Agencies will be paid, however for authorized nurse visits when they are conducted as part of the Interdisciplinary Case Management Team to enhance, review, or change the service plans. Cost for these visits are included in the cost methodology under Subsection 187.020.15. All cost estimates from the DA were split between state and federal funds.

Additional Staff

The DA will need additional staff to implement the teams applying the following methodology:

Although the membership of the teams will be determined by the division based on the complexity of the case, teams shall include, at a minimum, a department nurse; an in-home provider nurse; and a mental health professional. The team may also include other appropriate professionals such as law enforcement, physicians, etc. The division would also assign a Long-Term Care Specialist to provide specialized social work skills and expertise as a permanent member of the team. The division assumes that the Social Service Worker assigned to the case would be included in the team meetings about their clients.

ASSUMPTION (continued)

In FY99 the DA had approximately 46,390 in-home services clients statewide. Applying information regarding at-risk priority indicators, protective service coding, combined with high need level of care scores, the division estimates that 10% of the in-home clients would meet the qualifications for involvement of the Interdisciplinary Case Management Team outlined above.

10% of 46,390 in-home clients = 4,639 anticipated complex care cases

In FY00, the division was appropriated six Community Health Nurses to conduct a pilot project implementing Adult Protective Services Intervention Teams to determine upon review of cases, appropriate referrals, establish intervention need, as necessary to prevent premature institutionalization.

It is reasonable to assume that the activities of these nurses would be comparable to the requirements outlined in the legislation requiring the implementation of Interdisciplinary Case Management Teams. These nurses could be designated to serve on these teams. However, given the anticipated number of case referrals and the team functions mandated by this bill, an additional number of nurses are needed to meet legislative intent.

Based on the range of case involvement, the division has applied a range of hours based on historical information and staff expertise using the following methodology:

Community Health Nurse III (CHN) positions: Given the experience of Social Service Workers with complex care cases that require the involvement of other health and mental health professionals, the division estimates that a division nurse will spend an average of 8 hours per case to review medical records, conduct home visits, and confer with other health professionals, the in-home provider nurse and other team members to design a comprehensive care plan and intervention strategy at team meetings.

4,639 clients x 8 hours per client = 37,112 additional work hours
37,112 additional work hours / 1,840 average work hours per year per FTE = 20 staff
Less 6 CHN already performing team activities = 14 additional nurse positions

The 14 new Community Health Nurse III positions (\$38,028) will be located as follows:

1 Christian	1 Butler	1 Dunklin	1 Pemiscot	
1 Clay	1 Pettis	1 Henry	1 Grundy	1 Knox
1 Pike	1 Camden	1 Dent	1 St. Charles	1 Jefferson

ASSUMPTION (continued)

Long-Term Care Specialists (LTCS): Teams will be assigned Long-Term Care Specialists who

have an advanced expertise in case management of crisis situations especially those cases involving abuse, neglect and exploitation, as well as collaborative work with legal and law enforcement professionals. Based on the experience of current Long-term Care Specialists assigned to specialized investigative functions, it is estimated that these specialists would spend an average of 10 hours per case to work with the range of professionals indicated above, including the health and mental health professionals, and to conduct home visits to design a comprehensive care plan and intervention strategy at team meetings.

4,639 clients x 10 hours per client = 46,390 additional work hours
46,390 additional work hours / 1,840 average work hours per year per FTE = 25 staff

The 25 new LTCS positions (\$33,624) will be located as follows:

Christian	Greene	Texas	Jasper	Butler	Dunklin	Cole
Pemiscot	Scott	St. Francois	Clay	Pettis	Henry	
Buchanan	Knox	Pike	Camden	Dent	Saline	
Randolph	St. Charles	Jefferson	St. Louis	Cape	Grundy	

AAA to Conduct Training of Mandated Reporters

Subsection 187.020 3. requires the local Area Agencies on Aging to provide volunteer training upon request regarding the detection and reporting of abuse and neglect to persons listed in the legislation as mandated reporters. The division will absorb the cost of providing qualified trainers when available to conduct train-the-trainer sessions and with printed material when available. The division 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; and
- AAAs will utilize a portion of their Elder Rights or Abuse and Neglect funds for the provision of the training services.

The above mentioned resources will be inadequate to fund the training in its entirety as the funds are currently being used.

ASSUMPTION (continued)

The DA, therefore, estimates new funds in the amount of \$10,000 will be needed, based on the

following methodology:

- Each of the ten Area Agency on Aging 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.

24-hour Investigations

Subsection 187.020.7 requires the department to initiate a prompt and thorough investigation within twenty-four hours and to immediately investigate reports which indicate a clear and immediate danger to the in-home services clients. Currently, the division classifies hotlines based on the degree of risk of injury or harm to the client. In FY99, completed investigation data reveals the division initiated investigation of 90.5% of the Class I hotlines (those of highest risk) within 24 hours; a total of 95.8% of all Class I hotlines were initiated within 7 days. In FY99, the division received a total of 14,099 hotline reports: 1,864 Class I; 10,471 Class II; and 1,764 Class III. The DA anticipates that additional staff will be needed to fulfill the requirements of the bill based on the following methodology:

In FY99, the division served 46,390 in-home services clients; under the new provisions of this bill all hotlines involving in-home services clients must be investigated within 24 hours. Potentially, 9.5% (177) of the 1,864 Class I reports, 67.3% (7,047) of the 10,471 Class II reports and 100% of the 1,764 Class III reports would need to be investigated within 24 hours if they involved in-home services clients. Of these 8,988 (177 + 7,047 + 1,764) hotlines approximately 49.7% involve in-home service clients. This would result in an additional 4,467 hotlines that would have to be investigated within 24 hours. Based on a conservative estimate of time, the division anticipates 10 hours will be required per investigation. Using the average of 1,840 working hours per year per worker, the division would need an additional twenty-four Social Service Worker II positions (4,467 x 10 / 1,840) to meet the requirement of this legislation.

ASSUMPTION (continued)

The 24 new Social Service Worker II positions (\$30,360) would be placed as follows:

1 Christian	1 Greene	1 Taney	1 Texas	1 Carter	1 Madison
1 New Madrid	1 Reynolds	1 Bates	1 Chariton	1 Jackson	1 Platte
1 St. Clair	1 Atchison	1 Buchanan	1 Grundy	1 Livingston	1 Cole
1 Macon	1 Scotland	1 Warren	1 Prince Hall	1 Jefferson	1 Camden

The DA will need two Home & Community Area Supervisors to supervise and enhance oversight of the twenty-four Social Service Worker II positions required by this bill. Area Supervisors provide oversight and are accountable for the performance of the Social Service Workers including case review, evaluation and guidance. Area Supervisors often act as the first point of contact for complaint resolution when clients are dissatisfied with services or staff performance. The division will also need two Clerk Typist II positions to provide all necessary clerical support to each Area Supervisor and the Social Service Workers.

The two Home & Community Services Area Supervisor positions (\$34,992) and the two Clerk Typist II positions (\$19,452) will be located in St. Louis (Prince Hall) and Jackson counties.

Categorization of In-Home Clients

It is assumed by the division that the Division of Medical Services will assess the financial impact of the additional nurse visits for Medicaid clients.

Section 187.020.15 requires the department to categorize in-home clients according to an assessment of care needs including a category for complex cases. The department and an in-home provider nurse is required to:

- evaluate the client's condition upon initiation of service (initial visit);
- evaluate the client's condition when the services are reevaluated (annual visit);
- evaluate the client's condition when the services are changed (the division assumes that "changes" requiring nurse visits include a change in the condition or circumstances of the client or an additional service need and does not require a nurse visit for a changes in hours, frequency or tasks when the condition of the client is stable);
- determine the care needs of the client (at each visit); and
- establish a plan of services appropriate to meet the client's needs in accordance with the categorization procedure (at each visit).

ASSUMPTION (continued)

Provider nurse visits will be authorized and reimbursed by the division without regard to the cost maximums otherwise applied to the cost of the care plan. There are currently 7,476 SSBG/GR

(non-Medicaid) clients receiving in-home services; 287 are currently authorized for nurse visits from their provider agency. The division will require additional funds to reimburse providers for nurse visits as follows:

- 7,189 additional nurse visits will be authorized to meet the required annual visits at a cost of \$37.08 per visit; and
- Additional nurse visits will be authorized as required when changes or revisions in service plans are necessary. The division anticipates that the 287 clients currently receiving nurse visits would likely be included in the 10% considered to have complex care needs. The division anticipates that one-half of the remaining clients will require semiannual nurse visits and the other half may need more.

<u>Cases</u>	<u>Cost</u>	<u>Est total Cost</u>
Current (non-Medicaid) SSBG/GR clients	7,476	
Less clients already receiving nurse visits	287	
Net clients needing annual nurse visits	7,189 x 37.08	\$266,568
10% cases considered "complex" (need more visits)	719	
One-half will need additional (semiannual) visit	360 x 37.08	\$13,349
Remaining will need additional visits (ave 3 per year)	359 x 37.08 x 2	<u>\$26,623</u>
Total cost of additional nurse visits		<u>\$306,540</u>

The division 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.

Referrals to the Prosecutor and Law Enforcement

Section 187.030.1 requires the department to promptly refer all suspected cases of elder abuse to the appropriate law enforcement agency and prosecutor and shall 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 division to refer all cases of "suspected" elder abuse. There were 12,466 investigations completed Home and Community Services in FY 99; 55% (6,856 cases) have investigative findings of reason to believe and 21.6% (2,693 cases) have findings in which the allegations were suspected to have occurred.

ASSUMPTION (continued)

According to services provided, law enforcement involvement was included in 939 (7.5%) of these investigations.

Although the previous law requires that all "substantiated cases" be referred to law enforcement or the prosecutors, HCS 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 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.)"

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 and the impact of the statute will have little fiscal affect on law enforcement or HCS.

Training of Law Enforcement

For Section 187.030.2 the division assumes the intent of the proposal is that DA staff and law enforcement officials statewide will require training on the proper handling of cases involving elder abuse.

ASSUMPTION (continued)

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 division will need one Aging Program Administrator position (\$44,136) 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 associations to fulfill the requirements of joint training, developing accurate curriculum including the mandated checklist to ensure thorough investigations of elder abuse cases.

Once the curriculum has been developed, the administrator will act as the division liaison for law enforcement 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 administrator 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 administrator will conduct in-house training to establish a list of division 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 division to train existing staff on the proper handling of cases involving elder abuse including the use of checklist. The division 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 division will conduct training for 800+ employees within the division in six to eight sessions across the state (depending on attendance by law enforcement personnel). The division 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 allowance and some travel reimbursement. Anticipating maximum car pool and state cars usage, mileage is based on an average of 75 miles per car.

ASSUMPTION (continued)

The division 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	\$38,400
Meal Allowance: \$23.00 per day; two days (800x\$23x2)	\$36,800
Meal Allowance: \$17.00 last day (plus 15%) (\$19.55x800)	\$15,640
Approximate Mileage (1 car per 3 employees = 800/3 = 267 cars)	
75 average miles round-trip per car (267x75x\$.28/mile)	<u>\$ 5,607</u>
Total Estimated Cost of Training DA Staff	<u>\$96,447</u>

Telephone Pilot Project

Section 187.100 requires the division to establish a telephone check-in pilot project in one area of the state for purpose of documenting in-home employees times and services. The division, in collaboration with Division of Medical Services, is currently conducting a pilot program called "Telephony". Approximately 23 provider agencies are voluntarily participating in an area covering approximately 3/4 of the state. Telephony allows in-home employees to clock in and out of the client's home recording actual time and services provided. Approximately 1/4 of the state is prevented from participation, as these areas do not have caller identification available. According to the projections of the telephone companies, it is anticipated that the additional areas will not have caller identification systems until the year 2003.

Participating provider agencies buy and develop their own systems. The systems range in price from \$7,000 to \$75,000 depending on the type of software and hardware that must be purchased by the agency. Upon evaluation of the pilot program, the divisions will determine the effectiveness of implementing this program statewide, however, to mandate the use of the system by all agencies would be extremely costly to small businesses. The current pilot appears to meet the mandate of the proposed legislation and would therefore have no fiscal impact on the division.

Medicaid Participation Agreements and Mandated Training on Elder Abuse

Section 660.252 training for all contracted in-home services provider agencies is currently mandated in accordance with 13 CSR 15-7.021 (19). Included in required training topics is recognizing and reporting abuse, neglect, and/or exploitation of elderly or disabled clients. Additionally, reporting elder abuse is required by the contract for in-home services as well as state law. The division anticipates no fiscal impact.

ASSUMPTION (continued)

Officials from the **Department of Social Services - Division of Medical Services (DMS)** stated this proposal will have a fiscal impact on the DMS. Currently a Medicaid client that receives the in-home services personal care is not required to receive nurse visits. The fiscal impact from this legislation will come from the requirement that everyone receives a nurse visit.

A personal care client now may receive visits for evaluation and assessment if the DA determines it is necessary. The individual may also receive nurse visits if they are in need of assistance with filling insulin syringes, setting up oral medications, monitoring skin condition, diabetic nail care, or other nursing services as determined appropriate by the case manager. Currently 8,143 of the 32,766 recipients receiving in-home services receive nurse visits. This proposal will require the remaining 24,625 individuals to receive at least one nurse visit each year. Individuals are re-evaluated on at least a yearly basis.

Cost is calculated as follows: $24,625 \times \$37.08$ (FY00 Medicaid nurse visit rate) = \$913,095.

It is estimated that 15% or 4,915 of the recipients have a change in service during the year. This will result in an additional nurse visit at a cost of \$182,248 ($\$4,915 \times \37.08).

Additional costs will be incurred if clients request nurse visits. It is estimated that 2% of the individuals will request additional nurse visits. The cost is estimated at \$24,287 ($655 \times \37.08).

The grand total cost is estimated at \$1,119,630. The cost for FY 01 will be reduced to 10 months. The federal match rate is 61.03%.

The provision that requires the in-home service agencies to provide training on elder abuse and neglect to their employees will not fiscally impact the DMS. Currently there is an administrative regulation (13 CSR 70-91.03) that requires providers to report instances of abuse and neglect. In order for the providers to do this, the providers must train their staff on elder abuse and neglect.

Officials from the **Office of Prosecution Services** deferred to the Cole County Prosecuting Attorney's Office to provide a response for this proposal. Officials from the **Cole County Prosecuting Attorney's Office (CCPAO)** stated that this proposal is a complete re-write of the existing laws in this subject area. The proposal affects the stealing, assault, and abuse statutes. This will require the local prosecuting attorney offices to re-write forms and instructions related to elder abuse. This will also require an update to the computer network being installed in the prosecutors offices statewide. Although the CCPAO could not give a precise estimate of these costs, the costs are expected to exceed \$100,000 in the first year alone.

ASSUMPTION (continued)

Oversight will present a cost of over \$100,000 for FY 01 for the various prosecuting attorneys statewide which will be reflected in local government funds for fiscal note purposes. Oversight also notes that local law enforcement agencies may be fiscally impacted due to the training requirements. This cost is expected to exceed \$100,000 annually and will be included in the unknown costs for local government funds.

Officials from the **Department of Corrections (DOC)** did not respond to our request for fiscal impact nor have they provided a ten-year prison impact statement as required by Section 217.022 RSMo. However, **Oversight** assumes the proposal could result in more offenders being incarcerated or placed on probation. The proposal creates a new Class A misdemeanor and a new Class D felony. Additional costs for supervision and care by the DOC, although unknown, would likely exceed \$100,000 annually.

Officials from the **Office of State Public Defender (SPD)** did not respond to our request for fiscal impact. However, for similar proposals from this session the SPD stated the additional caseload could be absorbed with existing resources.

<u>FISCAL IMPACT - State Government</u>	FY 2001 (10 Mo.)	FY 2002	FY 2003
GENERAL REVENUE FUND			
<u>Costs - Department of Social Services - Division of Medical Services</u>			
Medical Assistance Payments	(\$363,600)	(\$453,773)	(\$471,924)
<u>Costs - Department of Social Services - Division of Aging</u>			
Personal Service (68 FTE at 67%)	(\$368,971)	(\$1,512,781)	(\$1,550,599)
Fringe Benefits	(\$113,459)	(\$465,180)	(\$476,809)
Expense and Equipment for FTE	(\$297,062)	(\$304,665)	(\$313,805)
Training Costs for DA Staff	(\$14,708)	(\$60,597)	(\$62,415)
AAA Training Costs	(\$2,500)	(\$10,300)	(\$10,609)
Additional Nurse Visits	<u>(\$76,635)</u>	<u>(\$315,736)</u>	<u>(\$325,208)</u>
Total <u>Costs - Division of Aging</u>	<u>(\$873,335)</u>	<u>(\$2,669,259)</u>	<u>(\$2,739,445)</u>
ESTIMATED EFFECT ON GENERAL REVENUE FUND	<u>(\$1,236,935)</u>	<u>(\$3,123,032)</u>	<u>(\$3,211,369)</u>

FEDERAL FUNDS

<u>Costs - Department of Social Services - Division of Medical Services</u>			
Medical Assistance Payments	(\$569,425)	(\$710,642)	(\$739,068)

Costs - Department of Social Services -

<u>FISCAL IMPACT - State Government</u>	FY 2001 (10 Mo.)	FY 2002	FY 2003
<u>Division of Aging</u>			
Personal Service (68 FTE at 33%)	(\$208,783)	(\$856,012)	(\$877,412)
Fringe Benefits	(\$64,201)	(\$263,224)	(\$269,804)
Expense and Equipment for FTE	(\$147,150)	(\$150,891)	(\$155,418)
Training Costs for DA Staff	(\$9,403)	(\$38,741)	(\$39,903)
Total <u>Costs</u> - Division of Aging	<u>(\$429,537)</u>	<u>(\$1,308,868)</u>	<u>(\$1,342,537)</u>

**ESTIMATED EFFECT ON
 FEDERAL FUNDS** (\$998,962) (\$2,019,510) (\$2,081,605)

<u>FISCAL IMPACT - Local Government</u>	FY 2001 (10 Mo.)	FY 2002	FY 2003
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LOCAL GOVERNMENT FUNDS

<u>Costs - Prosecuting Attorneys</u>			
Upgrades to Computer Systems, Forms and Instruction Changes, and Training Costs	Exceeds (\$100,000)	Exceeds (\$100,000)	Exceeds (\$100,000)

<u>Costs - Law Enforcement Agencies</u>			
Training Costs	Exceeds (\$100,000)	Exceeds (\$100,000)	Exceeds (\$100,000)

**ESTIMATED EFFECT ON LOCAL
 GOVERNMENT FUNDS** Exceeds (\$200,000) Exceeds (\$200,000) Exceeds (\$200,000)

FISCAL IMPACT - Small Business

Officials from the Department of Social Services - Division of Aging stated there would be a cost to small businesses operating as in-home service providers for ensuring an in-home provider agency nurse is part of the Interdisciplinary Case Management Team when they are needed to review complex cases. It is assumed by the Division that this cost will be borne by the in-home provider agencies. **Oversight** cannot determine the fiscal impact to these small businesses, but it

is expected to be minimal.

DESCRIPTION

This act modifies the reporting of elder abuse and neglect and the delivery of in-home services for the elderly.

Section 187.020 outlines the reporting and investigation of abuse and neglect of in-home services clients. New language mandates reporting by in-home services providers and employees and volunteers of area agencies on aging (AAA) or organized AAA programs. The Department of Social Services must maintain contact with any physician reporting abuse. In-home services providers may also report non-compliant clients.

The Department is required to create an Interdisciplinary Case Management Team to assist case managers, providers, and the Department through consultation and intervention into certain cases. The Team shall review all reports of non-compliant clients for evaluation or re-assessment of the services provided to them. The Department will determine membership on the Team by rule.

Local area agencies on aging must provide volunteer training to all mandatory reporters, if requested, regarding the detection and report of elder abuse. Alleged abuses must be investigated within 24 hours or immediately in cases of clear danger to the client. A provider may enter the home of a client, with the client's permission at reasonable, but random times to ensure the proper provision of services.

The Department is required to establish a categorization procedure for its in-home services clients, based on their assessed needs. Specific criteria for each category of client will be determined by rule. The Department and a nurse who is contracted with the client's in-home services provider will evaluate the client's condition and assign the client to a category which requires certain services. Each client will receive at least one visit by a nurse contracted with the provider. Clients may request additional nurse visits.

DESCRIPTION

Section 187.030 requires the Department to refer all suspected cases of elder abuse to law enforcement to jointly determine when protective services are needed. The Division of Aging and law enforcement agencies must also require personnel regarding the handling of elder abuse cases and shall develop a checklist to follow when investigating such cases.

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Section 187.100 requires the Division of Aging to establish a telephone check-in pilot project. This project will allow in-home services employees to document the actual time they spend with clients by "clocking in" by telephone.

Section 660.252 requires all Medicaid agreements between the Department and in-home services providers to include a requirement that their in-home services employees receive training on elder abuse and neglect.

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

Department of Social Services
Department of Health
Department of Mental Health
Office of Prosecution Services
Office of State Courts Administrator
Office of Attorney General

NOT RESPONDING: Department of Corrections and Office of State Public Defender



Jeanne Jarrett, CPA
Director
February 22, 2000