

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. NO.: 4174-05
BILL NO.: Perfected SCS for SB 959 & 598
SUBJECT: Modifies Reporting of Elder Abuse and Neglect and Delivery of In-home Services
TYPE: Original
DATE: April 18, 2000

FISCAL SUMMARY

ESTIMATED NET EFFECT ON STATE FUNDS			
FUND AFFECTED	FY 2001	FY 2002	FY 2003
General Revenue	(\$1,468,746)	(\$2,916,363)	(\$3,009,575)
Total Estimated Net Effect on <u>All</u> State Funds	(\$1,468,746)	(\$2,916,363)	(\$3,009,575)

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2001	FY 2002	FY 2003
Federal	\$0	\$0	\$0
Total Estimated Net Effect on <u>All</u> Federal Funds*	\$0	\$0	\$0

***Revenues and expenditures of approximately \$1.9 million annually net to \$0.**

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2001	FY 2002	FY 2003
Local Government	\$0	\$0	\$0

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

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Department of Mental Health (DMH)** stated the proposal sets requirements for the Department of Social Services but also requires that DMH be involved in an “an-hoc interdisciplinary team” on all cases of reported abuse and neglect of adults 60 years or older and persons 18 to 59 if they can not take care of themselves. The Division of Aging projects that 3,568 cases per year would be referred to the interdisciplinary team. DMH’s assumption is that a Mental Health professional would be involved in approximately 33% of the cases referred to the team. This would equate to one additional Mental Health professional for each of the five DMH comprehensive psychiatric service areas. DMH states the 3,568 cases referred to the ad-hoc interdisciplinary team times 33% (Mental Health professional involvement) x 8 hours per case / 1,840 hours per FTE annually = approximately 5.00 FTE. The 33% is an estimate of the number of cases needing a mental health professional when the client does not have a guardian.

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

Officials from the **Department of Corrections (DOC)** did not respond to our request for fiscal impact.

Officials from the **Office of State Public Defender** stated the additional caseload could be absorbed with existing resources.

Officials from the **Office of Prosecution Services** assume the proposal would not fiscally impact their agency.

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

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. DA would work with the Division of Medical Services to revise the description of training requirements regarding elder abuse and neglect; no significant fiscal impact is anticipated.

ASSUMPTION (continued)

660.260 24-hour Investigation

The section would require that the department initiate prompt and thorough investigations and investigate reports indicative of clear and immediate danger within twenty-four hours. Currently, the division classifies hotlines based on the degree of risk of injury or harm to the client. In FY99, data on completed investigations reveals 90.5% of the Class I hotlines, those that involve allegations of the highest risk, were initiated within 24 hours. 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. Since DA currently investigates reports indicating a clear and immediate danger within twenty-four hours, the division anticipates no significant fiscal impact for this requirement.

660.300. 1. Contact with the Physician

By policy, 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 would revise policy to ensure ongoing contact throughout the course of the investigation when the reporter is a physician; no fiscal impact is anticipated.

660.300. 2. Noncompliant Clients to be reported to the Hotline

Currently, language in the in-home contract and state statute (660.300 & 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. In-home services owners, operators, providers, and employees may currently report noncompliant in-home services clients to the division by contacting the assigned case manager (Social Service Worker (SSW)) in writing or by telephone. The SSW follows-up with the report as soon as possible to resolve the situation. The nurse is not currently consulted on each report alleging noncompliance. In FY99, the division served 46,390 in-home services clients. Under the new provisions of this proposal, nurses would respond and attempt to resolve reports of noncompliant in-home services clients within one calendar week. If unresolved, the nurse and SSW would refer the case to the interdisciplinary case management team for appropriate intervention. Additional tasks required under this section would be absorbed under the additional staffing requirements of section 660.300. 3. establishing interdisciplinary case management teams.

ASSUMPTION (continued)

660.300. 3. Interdisciplinary Case Management Teams

The division would establish ad-hoc interdisciplinary case management teams to assist in cases in which assistance with service planning or intervention is necessary and review reports when clients are noncompliant with their in-home services plan of care. The department would be required to determine membership of team on a case by case basis and include, at a minimum, the Social Service Worker (case manager), the DA and in-home provider nurse, a long-term care specialist, and a Mental Health Coordinator. As appropriate, the Mental Health Coordinator would act as co-case manager in an attempt to resolve the situation. The division assumes that the Department of Mental Health (DMH) would estimate the cost of staffing requirements necessary to make a Mental Health Coordinator available in each area of the state to serve on the team and co-manage cases as appropriate. Ad-hoc interdisciplinary case management (IDCM) teams would meet or confer about cases referred to the team for resolution of noncompliance or for any other client or circumstances that may require consultation or intervention by the team. Not all reports of noncompliance would result in a referral to the team. Cases would be presented to the team which cannot be resolved within the agency through an adjustment to the care plan or contact with the in-home client and provider agency.

In-Home Clients: In FY99 the division had approximately 46,390 in-home services clients statewide. Although it is difficult to estimate the number of cases that may be referred to the team, the division anticipates referrals would include cases such as those currently classified as high-priority (approximately 6%) and/or identified as having an ongoing need for protective services (just over 3%). Using a rounded estimate, the division anticipates 5% or approximately 2,320 in-home clients would be reported to the division as *noncompliant*. When the reported situation could not be resolved by the nurse and the SSW, the case would be referred to the IDCM team for resolution. In addition to the Mental Health Coordinator and a provider nurse, a Long-Term Care Specialist and the division's nurse would be included in each case staffed by the team. The division estimates that 50% of the clients reported to be noncompliant would require the consultation of the team and/or intervention by the team to bring the case to an effective solution.

In addition to the anticipated number of noncompliant in-home clients, there would be an additional number of hotline reports (the division received 14,099 in FY99) or other complex care cases that would also be referred to the IDCM team for consultation and/or intervention.

Hotlines: According to the FY99 statistics, HCS staff completed 12,467 investigations of Class I and Class II hotlines. Based on the following data, the division anticipates (using two closing codes) that a number of adults reported as alleged elder abuse victims would also meet the

ASSUMPTION (continued)

definition of *noncompliant*. Of these 4,376 hotline victims, the division estimates that 50% (or 2,188) would be referred to the team for consultation and/or intervention.

Completed Investigations	12,467
27.1% Opened for Adult Protective Services	3,379
8.0% Refused Services	<u>997</u>
Total 4,376 / 2 =	<u>2,188</u> referrals

Other Complex Care Cases: Currently, 4,390 clients are recipients of advanced services (Advanced Personal Care and Advanced or Nurse Respite). The division anticipates another 5% of these advanced care cases, or 220 cases, would be referred to the team for consultation and/or intervention.

Staffing Impact:

The division anticipates that the additional hours required by the SSW would be offset by the assistance of other professionals and therefore anticipates no additional SSW positions would be required. The division, however would hire additional nurses and Long-Term Care Specialists required to implement the proposal.

For each report received by the division, the nurse would investigate with the SSW to determine if the case can be resolved. Based on historical information about at-risk high priority and adult protective service cases handled by the division, it is estimated an average of 4 hours per referral would be needed for investigation, telephone calls, case review, report writing, and travel/assessment of the client when necessary (6,696 noncompliant cases x 4 hours / case = 26,784 hours / 1,840 average work hours per year per FTE = **14.56 Nurses**).

When cases can not be resolved by the nurse and SSW, the division would refer the case to the IDCM team for consultation and/or intervention. For each case referred to the IDCM team, the division anticipates an average of **twelve (12) total hours** would be necessary to bring the case to resolution; four (4) hours for the division nurse and eight (8) hours for the Long-Term Care Specialist.

Cases referred to the team 3,568
Nurses (4 hours each) 14,272 hours / 1,840 average work hours per year per FTE = **7.76 Nurses**

Long-Term care Specialists (8 hours each) 28,544 hours / 1,840 average work hours per year per FTE = **15.5 LTCS**

ASSUMPTION (continued)

In FY2000 the division was appropriated six (6) community health nurses under the Adult Protective Services Intervention Team to conduct a pilot of team intervention; the total number of nurses needed for this legislation ($14.56 + 7.76 = 22.3$) has been offset by the six (6) nurses currently performing team activities; the net number of nurses needed for this legislation is sixteen.

The division would need the following additional positions to ensure effective implementation of the interdisciplinary teams, the resolution of cases, preparation for court and issuance of reports of noncompliance:

Community Health Nurse III (CHN) positions: Based on the experience of Social Service Workers with complex care cases that require the involvement of other health, legal and mental health professionals, the division estimates that a division nurse would spend an average of eight (8) hours per case (4 hours at referral and 4 with the team) to review medical records, conduct home visits, and confer with other health professionals to resolve case.

The sixteen (16) Community Health Nurse III positions would be located as follows:

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

Long-Term Care Specialists (LTCS): Long-Term Care Specialists have advanced expertise and experience in case management of crisis situations especially those 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 eight (8) hours per case to work with the range of professionals indicated above, including the health and mental health professionals, conduct home visits to design a comprehensive care plan, intervention strategy, including case preparation for litigation when appropriate and would be responsible for designing the consensus report of noncompliance when required.

The fifteen (15) LTCS positions would be located as follows:

1 Christian	1 Howell	1 Jasper	1 Butler	1 Pemiscot	1 St. Francois
1 Clay	1 Pettis	1 Grundy	1 Camden	1 Dent	1 Knox
1 Pike	1 Jefferson	1 St. Charles			

ASSUMPTION (continued)

Although the division is not aware of a case management program for in-home services, the division would authorize and reimburse for nurse visits that are necessary to allow provider nurse participation on the team. The fiscal impact of reimbursing providers for nurse participation on the IDCM teams is indeterminate as there is currently no system for determining the reimbursement for provider nurses other than for nurse visits to clients in their homes.

660.300. 4. AAA to Conduct Training of Mandated Reporters

Local Area Agencies on Aging (AAAs) would provide volunteer training upon request regarding the detection and reporting of abuse and neglect to persons listed in the proposal as mandated reporters. The division would 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 would 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 would utilize a portion of their Elder Rights or Abuse and Neglect funds for the provision of the training services;

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

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

Each of the ten Area Agency on Aging offices would average quarterly training sessions within their area at a cost of \$250 per agency (\$1,000 per AAA);

Funds would be distributed based on the request of an agency that has scheduled training within their area;

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.

ASSUMPTION (continued)

660.300. 15. Categorization of In-Home Clients

Requires the department 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 department in determining the care needs of the client.

Two nurse visits would be authorized and reimbursed as part of the case management plan for all in-home clients. All in-home provider nurse visits would be authorized and reimbursed by the department. Authorization of the semiannual nurse visits would not be limited to the monthly cost cap.

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

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 at least twice annually. The division would require additional funds to reimburse providers for two nurse visits for 7,189 in-home clients (7,476 - 287) for a total of 14,378 additional nurse visits.

Current (non-Medicaid) SSBG/GR clients	7,476
Less clients already receiving nurse visits	<u>287</u>
Net clients needing semiannual nurse visits	7,189
Number of nurse visits (7,189 x 2)	14,378
Cost per nurse visit	<u>x \$37.08</u>
Total Estimated In-Home Services Program Costs	<u>\$533,136</u>

Officials from the **Department of Social Services - Division of Medical Services (DMS)** stated this proposal would 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 proposal would 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

L.R. NO. 4174-05
BILL NO. Perfected SCS for SB 959 & 598
PAGE 9 OF 15
April 18, 2000

ASSUMPTION (continued)

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 two nurse visits 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) $\times = \$1,826,190$

The cost for FY2001 would be \$1,521,825 (ten months); FY2002 the cost would be \$1,899,238; and \$1,975,208 for FY2003. DMS assumes a four percent inflation rate for growth and increased rates. DMS states the federal match used for all years is 61.03%.

DMS assumes that only the two nursing visits required by this proposal would be beyond the current cost limitation (nursing facility cost cap). The current limitation of 26 nurse visits in a six month period would remain as stated in regulation.

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

No fiscal impact is expected from the requirement that provider participation agreements describe the curriculum for training on identification and prevention of abuse and neglect.

Amendment 3

Officials from the **Department of Social Services** and the **Department of Mental Health** assume this proposal would not fiscally impact their agencies.

Department of Health (DOH) officials state the proposal would require the department to monitor, license and investigate complaints of all providers of in-home care within the state. Currently only home health agencies are licensed by the DOH. DOH states there are approximately 471 providers of in-home care that are currently unlicensed and without oversight as they do not meet the above definition of a home health agency. DOH further states this number is an approximation arrived at by counting the number of in-home providers advertising

MPW:LR:OD:005 (9-94)

ASSUMPTION (continued)

in the yellow pages of 169 phone books covering all areas of the state. DOH states there was no other source from which to gain an accurate count of such providers as they are not required to report to anyone.

DOH states there are currently 216 licensed home health agencies in the state. The proposal would require the department to additionally monitor/license/survey approximately 471 in-home care providers. DOH assumes that to add this number of providers would require the additional staff of two Clerk Typists II (based upon current workload) and eight Health Facility Nursing Consultants (annual average survey caseload 40 - 50 per surveyor) to complete these processes.

DOH states that currently they collect a \$600 license fee from the 216 home health agencies licensed in the state. This proposal would allow DOH to collect a license fee from all providers of home care that meet the requirements of this proposal and the regulations developed to implement it. DOH assumed the annual fees of \$600 for home health companies, \$300 for professional home care companies, and \$100 for para-professional home care companies. DOH estimates of the 471 currently unlicensed in-home care providers approximately 298 would be charged \$600, approximately 85 would be charged \$300, and approximately 88 would be charged \$100, for an increase in state revenue of \$213,100 to the General Revenue Fund.

Oversight assumes that four Health Facility Nursing Consultants and one Clerk Typist II would be sufficient staff to license and inspect the proposed licensees.

This proposal would result in a increase in Total State Revenues.

<u>FISCAL IMPACT - State Government</u>	FY 2001	FY 2002	FY 2003
	(10 Mo.)		
GENERAL REVENUE FUND			
<u>Income - Department of Health</u>			
License fees	\$213,100	\$213,100	\$213,100
<u>Cost - Department of Health</u>			
Personal service (5 FTE)	(\$149,380)	(\$166,196)	(\$170,351)
Fringe benefits	(\$45,934)	(\$51,105)	(\$52,383)
Expense and equipment	<u>(\$32,895)</u>	<u>(\$37,183)</u>	<u>(\$38,297)</u>
Total <u>Costs</u> - Department of Health	<u>(\$228,209)</u>	<u>(\$254,484)</u>	<u>(\$261,031)</u>

<u>FISCAL IMPACT - State Government</u>	FY 2001 (10 Mo.)	FY 2002	FY 2003
<u>Costs - Department of Mental Health</u>			
Personal services (5 FTE)	(\$180,605)	(\$222,144)	(\$227,698)
Fringe benefits	(\$55,536)	(\$68,310)	(\$70,017)
Expense and equipment	(\$89,225)	(\$68,167)	(\$69,744)
Total <u>Costs</u> - Department of Mental Health	(\$325,366)	(\$358,621)	(\$367,459)
<u>Costs - Department of Social Services - Division of Medical Services</u>			
Medical assistance payments	(\$593,055)	(\$740,133)	(\$769,739)
<u>Costs - Department of Social Services - Division of Aging</u>			
Personal service (20.41 FTE)	(\$188,947)	(\$774,683)	(\$794,050)
Fringe benefits	(\$58,101)	(\$238,215)	(\$244,170)
Expense and equipment for FTE	(\$137,676)	(\$143,300)	(\$147,598)
Training costs for DA staff	(\$14,708)	(\$60,597)	(\$62,415)
AAA training costs	(\$2,500)	(\$10,300)	(\$10,609)
Additional nurse visits	(\$133,284)	(\$549,130)	(\$565,604)
Total <u>Costs</u> - Division of Aging	(\$535,216)	(\$1,776,225)	(\$1,824,446)
ESTIMATED EFFECT ON GENERAL REVENUE FUND	<u>(\$1,468,746)</u>	<u>(\$2,916,363)</u>	<u>(\$3,009,575)</u>
FEDERAL FUNDS			
<u>Income - Department of Social Services</u>			
Medicaid reimbursements	(\$1,147,390)	(\$1,845,596)	(\$1,909,673)
<u>Costs - Department of Social Services - Division of Medical Services</u>			
Medical assistance payments	(\$928,770)	(\$1,159,105)	(\$1,205,469)

L.R. NO. 4174-05
 BILL NO. Perfected SCS for SB 959 & 598
 PAGE 12 OF 15
 April 18, 2000

<u>FISCAL IMPACT - State Government</u>	FY 2001 (10 Mo.)	FY 2002	FY 2003
<u>Costs - Department of Social Services - Division of Aging</u>			
Personal service (11.59 FTE)	(\$107,519)	(\$440,829)	(\$451,849)
Fringe benefits	(\$33,062)	(\$135,555)	(\$138,944)
Expense and equipment for FTE	(\$68,636)	(\$71,366)	(\$73,508)
Training costs for DA staff	(\$9,403)	(\$38,741)	(\$39,903)
Total <u>Costs</u> - Division of Aging	<u>(\$218,620)</u>	<u>(\$686,491)</u>	<u>(\$704,204)</u>

**ESTIMATED EFFECT ON
 FEDERAL FUNDS**

\$0 \$0 \$0

<u>FISCAL IMPACT - Local Government</u>	FY 2001 (10 Mo.)	FY 2002	FY 2003
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

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 would 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.

Small in-home care providers would also be expected to be fiscally impacted due to licensing costs and administrative duties required by this proposal.

DESCRIPTION

This proposal would modify the reporting of elder abuse and neglect and the delivery of in-home services for the elderly.

Section 660.250 would add a definition for "noncompliant client".

DESCRIPTION (continued)

Section 660.252 would require the incorporation of an abuse and neglect curriculum into all Medicaid agreements between the Department and in-home services providers.

Section 660.260 deals with the duties of the Department upon receipt of the abuse report. New language would require prompt investigation of reports and investigation within twenty-four hours of reports that indicate clear danger to the client.

Section 660.300 currently lists those persons who are required to report any elder abuse or neglect of in-home services clients. New language would add in-home services providers and employees, volunteers of area agencies on aging, or organized AAA programs. If a physician makes an initial report, then the Department must maintain contact with the physician. In-home services providers may also report any noncompliant client.

Upon notification of noncompliance, the Department nurse would attempt to resolve the circumstances and would investigate the case when necessary. The client may also be referred to the Interdisciplinary Case Management Team (ICMT), which would attempt to resolve the problem and, if unable to, would issue a report identifying the client as noncompliant. If so identified, then the provider would not be solely liable for the client's behavior.

The Department would create an ICMT to assist and intervene into certain cases. The ICMT would review all reports of noncompliant clients for evaluation or re-assessment. Membership would be determined on a case by case basis, but the ICMT would at least include the client's case manager, a Department nurse, a provider nurse, a long-term care specialist, and a Department of Mental Health professional. The in-home services provider would be reimbursed for its participation on the ICMT.

Local area agencies on aging would provide volunteer training to all mandated reporters regarding the detection and report of elder abuse.

The Department would establish a categorization procedure for in-home services clients, based on their assessed needs. Specific criteria for each category would be determined by rule and some clients may be referred to the ICMT. Each client with non-nursing plans of service would receive at least two provider- nurse visits to assess the client and the client's services. The cost of visits would be reimbursed if such services are pre-authorized by the Department and would not be included in the maximum amount of medical assistance allowed the client.

DESCRIPTION (continued)

All clients would be advised of their rights at the initial evaluation, including the right to call the Department for any reason. The Department would establish a method other than the abuse and neglect hotline to receive such calls.

Section 660.302 would require the Department to refer all suspected cases of elder abuse to law enforcement to jointly determine when protective services are needed. Training of personnel and a checklist would be required.

Section 660.303 would require the Division of Aging to establish a telephone check-in pilot project by July 1, 2001. This project would allow in-home services employees to document the actual time they spend with clients by "clocking in" by telephone.

This proposal would also revise the licensure of home health care companies under the Department of Health. Section 197.400 would revise definitions relating to home health. Three new categories of home health services would be created: 1) paraprofessional home care category: services that would be unskilled in nature and would include certain limited nursing services and would require a plan of care or signed order. 2) home health category: services that would meet Medicare home health standards. 3) professional home care category: services that would be skilled in nature and would provide by a health care professional that would require a plan of care or signed order. Section 197.405 would prohibit any provider from holding itself out as any category of home health company without a license. Section 197.410 would require annual renewal of licenses. The Department would review each application and inspect the company for compliance at least once a year during the first three years of contract and at least once every other year during the following three years. Section 197.415 would allow the Department to issue temporary operating permits during the application review process, if necessary. Licenses issued to the company must be posted and must state the category of licensure, among other requirements. Companies would notify the Department of relocation in order to revise the license. The Department would accept reviews of other federal or state agencies in lieu of its own review if such reviews comply with Department requirements. Section 197.420 currently prohibits a license transfer and, instead, would require a new license to be issued. New language would allow the issuance of temporary operating permits during the review of companies who have changed ownership. Section 197.422 would require the submission of statistical reports by all companies. Sections 197.425 and 197.430 currently allow the Department to make additional inspections of the company and to make reports of the inspection. New language would allow the Department to also investigate complaints and would provide written statements of the results. Section 197.435 currently allows the registration of complaints against companies in writing. New language would allow oral complaints as well. The Department would investigate all complaints and would prepare written statements of its

L.R. NO. 4174-05
BILL NO. Perfected SCS for SB 959 & 598
PAGE 15 OF 15
April 18, 2000

DESCRIPTION (continued)

findings. A list of deficiencies would be provided to the company within fifteen days. The company would file a plan of correction or appeal the findings. Section 197.440 currently deals with suspension and revocation of licenses. New language would provide for prompt and increased sanctions for repeated incidences. A company may not reapply for licensure for six months following sanctions. Licenses would not be awarded to persons convicted of offenses related to home care. The Department may waive these restrictions for good cause. Section 197.445 would give the Department rulemaking authority and requires rules for the three categories of home care services. Section 197.450 would create the Home Care Advisory Council to consist of ten members. The Council would meet twice a year. Section 197.460 would exempt certain home care companies from this proposal. Sections 197.470 and 197.477 would provide for public examination of inspection report, if client confidentiality is maintained. No access to reports would be allowed until an investigation is completed.

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
Office of Prosecution Services
Office of State Courts Administrator
Department of Corrections
Office of State Public Defender
Department of Mental Health
Department of Health



Jeanne Jarrett, CPA
Director
April 18, 2000