

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 0145-02  
Bill No.: SB 60  
Subject: Dept. of Social Services - Division of Aging; Reporting of Elder Abuse & Neglect  
Type: Original  
Date: January 22, 2001

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON STATE FUNDS</b>			
FUND AFFECTED	FY 2002	FY 2003	FY 2004
General Revenue	(\$1,714,088)	(\$3,261,410)	(\$3,362,912)
<b>Total Estimated Net Effect on <u>All</u> State Funds</b>	<b>(\$1,714,088)</b>	<b>(\$3,261,410)</b>	<b>(\$3,362,912)</b>

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
FUND AFFECTED	FY 2002	FY 2003	FY 2004
Federal	(\$1,519,727)	(\$2,279,209)	(\$2,361,322)
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>(\$1,519,727)</b>	<b>(\$2,279,209)</b>	<b>(\$2,361,322)</b>

<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 17 pages.

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## FISCAL ANALYSIS

### ASSUMPTION

Officials from the **Department of Mental Health (DMH)** stated the proposed legislation would require the use of Mental Health Coordinators for ad-hoc interdisciplinary case management teams, thus requiring additional staff and resources beyond current capacity, therefore there is fiscal impact upon the Department. The Division of Aging projected 3,568 cases per year. The DMH's assumption is that a Mental Health Coordinator will be involved in approximately 33% of the cases referred to the team. This equates to one additional Mental Health Coordinator for each of the five DMH comprehensive psychiatric service regions. The 3568 cases X .33 = 1,177.44 cases X 8 hours per case = 9,419/2070 FTE = 4.5 FTE (approximately 5 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 elderly abuse proposed by this legislation should not have an appreciable impact on the workload of the courts.

Officials from the **Attorney General's Office, Department of Health, Office of the State Public Defender, Office of Administration - Administrative Hearings Commission, and Office of Prosecution Services** stated the proposed legislation would have no fiscal impact on their agencies.

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

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

#### **660.252 Proficiency Examination**

The DA will promulgate rules outlining the requirements of the proficiency exam and training curriculum necessary to enable potential employees to pass the exam. Agencies and/or organizations, as defined by rule, will be enrolled by the DA to administer training and certify

ASSUMPTION (continued)

potential employees in accordance with the requirements of rule. The DA will work with the Division of Medical Services to revise the description of training requirements regarding elder abuse and neglect. The DA assumes that the costs associated with training potential employees will be borne by the applicant or by the provider agency.

One (1) Aging Program Specialist II position will be needed in central office (Jefferson City) to design and establish contracts with in-home provider agencies or organizations who wish to administer the proficiency exam; track and write curriculum for the program; develop the proficiency exam; work with appropriate academic institutions to develop training curriculum; and monitor each training site to ensure ongoing compliance of agencies administering exams. The In-Home Quality Assurance Unit will evaluate provider agency compliance during their monitoring visits. Compliance shall be reviewed through evaluating provider agency records, as a copy of the successfully passed proficiency examination will be placed in each employees personnel file. The Aging Program Specialist II will also design and develop a database for tracking the in-home aide proficiency program; analyze and interpret data to adjust monitoring and training methods and program to ensure participation by the in-home provider agencies; and promulgate rules.

#### **660.260 24-hour Investigation**

The section requires that the department initiate prompt and thorough investigations of 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 FY00, 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 FY00, the division received a total of 14,732 hotline reports: 2,059 Class I; 10,496 Class II; and 2,177 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 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 division will revise policy to ensure ongoing contact throughout the course of the investigation when the reporter is a physician; no fiscal impact is anticipated.

ASSUMPTION (continued)

#### **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) requires 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 FY00, the division served 49,039 in-home services clients. Under the new provisions of this bill, nurses will respond and attempt to resolve reports of noncompliant in-home services clients within one calendar week. If unresolved, the nurse and SSW will refer the case to the interdisciplinary case management team for appropriate intervention. Additional tasks required under this section will be absorbed under the additional staffing requirements of section 660.300. 3. establishing interdisciplinary case management teams.

### **660.300. 3. Interdisciplinary Case Management Teams**

The division shall 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 is 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, a Mental Health Coordinator and a member of the client's family. As appropriate, the Mental Health Coordinator shall act as co-case manager in an attempt to resolve the situation. The division assumes that the Department of Mental Health (DMH) will 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 will 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 will result in a referral to the team. Cases will 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 FY00 the division had approximately 49,039 in-home services clients statewide. DA estimates that in FY02 there will be 53,014 in-home services clients. Although it is difficult to estimate the number of cases that may be referred to the team, the division anticipates referrals will 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% of the estimated 53,014 clients or

#### **ASSUMPTION** (continued)

approximately 2,651 in-home clients would be reported to the division as noncompliant. When the reported situation cannot be resolved by the nurse and the SSW, the case will 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 shall be included in each

case staffed by the team. The division estimates that 50% or 1,326 (2,651 x 50%) of the clients reported to be noncompliant will 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 will be an additional number of hotline reports (the division received 14,732 in FY00 and projects 16,069 in FY02) or other complex care cases that will also be referred to the IDCM team for consultation and/or intervention.

**Hotlines:** According to the FY00 statistics, HCS staff completed 12,573 investigations of hotline reports and the division estimates that there will be 13,704 investigations in FY02. Based on the following data, the division anticipates that a number of adults reported as alleged elder abuse victims would also meet the definition of noncompliant in-home services clients. Based on FY00 data, 27.2% (3,727) of the investigations result in protective services cases being opened and 8% (1,096) of the alleged victims refuse services. Of these 4,823 (3,737 + 1,096) hotline victims, the division estimates that 50% (or 2,412) would be referred to the team for consultation and/or intervention.

**Other Complex Care Cases:** Currently, 2,090 clients are recipients of advanced services (Advanced Personal Care and Advanced or Nurse Respite). The division anticipates another 10% of these advanced care cases, or 209 cases, would be referred to the IDCM teams for consultation and/or intervention.

**Staffing Impact:**

Est. Cases Ref. to IDCM Teams	In-Home Clients	Hotline Clients	Complex Care	Total
Reported Noncompliant (5%)	2,651	4,823		7,474
Referred to the team (50%)	1,326	2,412	209	3,947

The division anticipates that the additional hours required by the SSW will be offset by the assistance of other professionals and therefore anticipates no additional SSW positions will be required. The division, however will need additional Community Health Nurses (CHNs) and Long-Term Care Specialists (LTCSS) required to implement the legislation. For each report received by the division, the Community Health Nurse (CHN) will 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

ASSUMPTION (continued)

per referral will be needed for investigation, telephone calls, case review, report writing, and travel/assessment of the client when necessary. 7,474 noncompliant cases x 4 hours / case = 29,896 hours / 1,840 average work hours per year per FTE = 16.25 CHNs

When cases can not be resolved by the CHN and SSW, the division shall 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 will be necessary to bring the case to resolution; four (4) hours for the division CHN and eight (8) hours for the Long-Term Care Specialist (LTCS).

Cases referred to the IDCM teams 3,947

CHNs (4 hours each) 15,788 hours / 1,840 average work hours per year per FTE = 8.58 CHNs  
LTCSs (8 hours each) 31,576 hours / 1,840 average work hours per year per FTE = 17.16 LTCSs

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 twenty-five (25) CHN positions needed for this legislation ( $16.25 + 8.58 = 24.83$ ) has been offset by the six (6) CHNs currently performing team activities; the net number then needed for this legislation is nineteen (19) CHN positions. The seventeen (17) LTCS positions required by this legislation will be offset by the ten (10) LTCSs currently performing team activities for a net number of seven (7) LTCS positions.

The division will 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 will 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 nineteen (19) Community Health Nurse III positions will be located as follows:

1 Christian	1 Greene	1 Howell	1 Butler	1 Dunklin	1 Pemiscot	
1 St. Francois	1 Clay	1 Henry	1 Pettis	1 Grundy	1 Adair	1 Camden
1 Dent	1 Knox	1 Pike	1 Jefferson	1 St. Charles		
1 St. Louis City (Wainwright Building)						

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

ASSUMPTION (continued)

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 seven (7) LTCS positions will be located as follows:

1 Christian    1 Butler    1 Pettis    1 Buchanan    1 Camden    1 Jefferson  
1 St. Louis City (Wainwright Building)

Although the division is not aware of a case management program for in-home services, the division shall 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) 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 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;
- 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.

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 will average quarterly training sessions within their area at a cost of \$250 per agency (\$1,000 per AAA);

#### **ASSUMPTION (continued)**

- Funds will 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.

#### **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 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 department. Authorization of the semiannual nurse visits shall not be limited to the monthly cost cap.

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.

The division of aging 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 visit will strengthen the division's ability to detect signs of abuse, neglect, and exploitation and assist in the intervention of these situations.

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

#### **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 department and express dissatisfaction with their services. The division 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 division will revise policies to ensure that calls that express ASSUMPTION (continued)

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 division anticipates no fiscal impact other than that included in the assumptions for 660.300. 15.

#### **660.300. 17. In-Home Nurse Reimbursement**

The division shall establish a process that ensures in-home provider agencies are reimbursed for nurse involvement in the assessment process; fiscal impact is included in the assumptions for 660.300. 15.



### **660.302. 1. Referrals to the Prosecutor and Law Enforcement**

This section requires the department 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 division to refer all cases of "suspected" elder abuse. There were 12,573 investigations completed Home and Community Services in FY00; 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, 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

ASSUMPTION (continued)

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

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

The division assumes the intent of the sponsor is that 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 division 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 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 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 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 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

### **ASSUMPTION** (continued)

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 allowances and some travel reimbursement. Anticipating maximum carpool and state cars usage, mileage is based on an average of 75 miles per car. 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 (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>

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 the new staff in Howell, Butler, Dunklin, Pemiscot, St. Francois, Clay, Henry, Buchanan and Pettis counties will be needed at a cost of \$4,500 per FTE. Desktop PCs will be needed for all new staff at a cost of \$2,099 per FTE.

The interdisciplinary team staff (19 CHNs and 7 LTCSs) will require \$305 per FTE per year higher than standard ongoing travel expenses to cover the costs of specialized training sessions geared toward the interdisciplinary approach to case management and will also require \$1,100 ASSUMPTION (continued)

per FTE per year higher than standard ongoing travel costs since they will travel a multi-county area.

FY2002 costs are based on the three (3) month period April 1 through June 30, 2002. FY2003 and FY2004 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 this proposal will fiscally impact DMS because now a personal care client 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 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.

The DMS officials estimate the annual cost of this legislation to be \$2,271,464 (34,195 x \$37.60 (FY 01 Medicaid nurse visit rate) x 2 ). 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 use for all years is 61.06%.

The DMS officials state their assumption was based on that only the two nursing visits required by this legislation are 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 the regulations.

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 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.

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.

ASSUMPTION (continued)

<u>FISCAL IMPACT - State Government</u>	FY 2002 (10 Mo.)	FY 2003	FY 2004
<b>GENERAL REVENUE FUND</b>			
<u>Costs - Department of Mental Health</u>			
Personnel services (5 FTE)	(\$184,961)	(\$227,502)	(\$233,190)
Fringe benefits	(\$61,648)	(\$75,826)	(\$77,722)
Expenses and equipment	(\$86,455)	<u>(\$75,179)</u>	<u>(\$76,953)</u>
Total <u>Costs</u> - Department of Mental Health	<u>(\$333,064)</u>	<u>(\$378,507)</u>	<u>(\$387,865)</u>

Costs - Department of Social Services-

<u>FISCAL IMPACT - State Government</u>	FY 2002 (10 Mo.)	FY 2003	FY 2004
<u>Division of Aging</u>			
Personal service (18.13 FTE)	(\$177,356)	(\$727,160)	(\$745,338)
Fringe benefits	(\$54,537)	(\$223,602)	(\$229,191)
Expense and equipment for FTE	(\$130,766)	(\$133,319)	(\$137,318)
Training costs for DA staff	(\$19,966)	(\$82,260)	(\$84,728)
AAA training costs	(\$2,500)	(\$10,300)	(\$10,609)
Additional nurse visits	<u>(\$161,379)</u>	<u>(\$664,881)</u>	<u>(\$684,827)</u>
Total <u>Costs</u> - Division of Aging	<u>(\$546,504)</u>	<u>(\$1,841,522)</u>	<u>(\$1,892,011)</u>
<u>Costs - Department of Social Services -</u>			
<u>Division of Medical Services</u>			
Medical assistance payments	(\$834,440)	(\$1,041,381)	(\$1,083,037)
<b>ESTIMATED EFFECT ON GENERAL REVENUE FUND</b>	<b><u>(\$1,714,008)</u></b>	<b><u>(\$3,261,410)</u></b>	<b><u>(\$3,362,912)</u></b>

ASSUMPTION (continued)

<u>FISCAL IMPACT - State Government</u>	FY 2002 (10 Mo.)	FY 2003	FY 2004
<b>FEDERAL FUNDS</b>			
<u>Costs - Department of Social Services -</u>			
<u>Division of Aging</u>			
Personal service (9.87 FTE)	(\$96,726)	(\$396,577)	(\$406,491)
Fringe benefits	(\$29,743)	(\$121,947)	(\$124,996)
Expenses and equipment for FTE	(\$71,456)	(\$72,721)	(\$74,903)

<u>FISCAL IMPACT - State Government</u>	FY 2002 (10 Mo.)	FY 2003	FY 2004
Training costs for DA staff	<u>(\$13,355)</u>	<u>(\$55,022)</u>	<u>(\$56,673)</u>
Total <u>Costs</u> - Division of Aging	<u>(\$211,280)</u>	<u>(\$646,267)</u>	<u>(\$663,063)</u>
<u>Costs - Department of Social Services - Division of Medical Services</u>			
Medical assistance payments	(\$1,308,447)	(\$1,632,942)	(\$1,698,259)
<b>ESTIMATED EFFECT ON FEDERAL FUNDS</b>	<b><u>(\$1,519,727)</u></b>	<b><u>(\$2,279,209)</u></b>	<b><u>(\$2,361,322)</u></b>
<u>FISCAL IMPACT - Local Government</u>	FY 2002 (10 Mo.)	FY 2003	FY 2004
	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>

FISCAL IMPACT - Small Business

Officials from the Department of Social Services - Division of Aging stated if the financial impact for the proficiency training and testing falls to the in-home services providers agencies, it will increase their costs. If the cost of training falls to individual applicants, the provider agencies may have difficulty recruiting sufficient qualified applicants at current salaries. **Oversight** cannot determine the fiscal impact to these small businesses, but it is expected to be minimal.

DESCRIPTION

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

Section 660.250 would add a definition of “noncompliant client.”

DESCRIPTION (continued)

Section 660.252 adds new language requiring the Department to establish a proficiency examination which each applicant for in-home services employment must successfully pass before an in-home services provider may hire the applicant. The Department shall describe by rule the curriculum for training for the proficiency test and the training on identification and prevention of abuse and neglect that will be incorporated into all Medicaid participation agreements entered into between the department of social services and in-home services provider agencies.

Section 660.260 requires the Department to initiate a prompt and thorough investigation of hotline reports and to immediately investigate (within 24 hours) reports which indicate a clear and immediate danger.

Section 660.300. 1. adds to the list of mandated reporters, funeral directors, embalmers, in-home services providers, and employees or volunteers for an organized area agency on aging program or employees for an organized area agency on aging program; requires the Department to maintain contact with the physician (when they are the reporter) regarding the process of the investigation; and mandates that in-home services providers report to the Department in-home services clients who are at risk of serious physical harm due to noncompliance with the Department's service plan.

Section 660.300. 2. requires the Department nurse to respond to calls alleging noncompliance of in-home clients. Within one calendar week, the nurse and the case manager (Social Service Worker) will attempt to resolve the circumstances, however, if unsuccessful, the client shall be referred to the Interdisciplinary Case Management Team for additional assistance. The team shall provide consultation, assistance and if necessary intervention in an attempt to resolve the circumstances. If unsuccessful, the team shall issue a consensus report about the case and identify the client as "noncompliant".

Section 660.300. 3. the Division of Aging (DA) is required to establish ad-hoc interdisciplinary case management teams to assist in cases where assistance with service planning or intervention is necessary and reviewing reports when clients are noncompliant with their in-home services plan of care. Teams shall include, at a minimum, the case manager (Social Service Worker), a Long-Term Care Specialist, the DA and in-home provider nurse, a Mental Health Coordinator and a member of the client's family and may include law enforcement, or physician, or others as needed. The Department is required to determine membership of team on a case by case basis. As appropriate, the Mental Health Coordinator shall act as co-case Manager in an attempt to resolve the situation. The in-home services provider shall be reimbursed for their participation on the team under the case management program.

Section 660.300. 4. requires that Area Agencies on Aging provide volunteer training about detecting and reporting abuse and neglect upon request to mandated reporters.

#### DESCRIPTION (continued)

Section 660.300. 13. establishes monetary penalties for in-home provider agencies upon a determination of guilt by a court of \$1,000 per violation to be collected by the Department of Revenue and deposited in the state treasury to the credit of the general revenue fund. Upon three or more employee violations the department may terminate its contract with the provider. This section also provides for the seeking of an administrative review of the department's action and an appeal process.

Section 660.300. 14. adds that any in-home provider agency which knowingly employs a person

on the employee disqualification list, or the Family Care Safety Registry will be guilty of a Class A misdemeanor.

Section 660.300. 15. requires that the Department establish by rule a procedure to categorize in-home services clients based on their care needs after initial assessment. Any client may be referred to the Interdisciplinary Case Management Team and in-home provider nurses may assist the Department in determining the care needs of the client. Two nurse visits shall be authorized annually 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 Department. Authorization of the semiannual nurse visits shall not be limited to the monthly nursing home cost cap.

Section 660.300. 16. All in-home clients shall be advised of their rights by the Department including their right to contact the Department and express dissatisfaction with their services. The Department shall establish a process to receive these nonabuse and neglect calls other than using the elder abuse hotline.

Section 660.300. 17. requires the Department to establish a quality assurance and supervision process for clients that assures in-home provider agencies are reimbursed for any nurse assessment portion of the process.

Section 660.302 requires the Department to investigate and promptly refer all suspected cases of elder abuse to the appropriate law enforcement agency and prosecutor and determine the need for protective services; mandates that the Division and law enforcement require training and cross training of personnel regarding the proper handling of cases involving elder abuse; requires the Division, in cooperation with law enforcement agencies, to develop a checklist to follow when investigating possible elder abuse; and allows for the promulgation of rules.

This legislation is not federally mandated and would not duplicate any other program.

#### SOURCES OF INFORMATION

Department of Social Services  
Department of Mental Health  
Office of State Courts Administrator  
Office of the Attorney General  
Department of Health  
Office of Prosecution Services  
Department of Corrections  
Office of State Public Defenders  
Office of Administration



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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

January 22, 2001