

-COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 2665-01
Bill No.: SB 684
Subject: Modifies the reporting of elder abuse and neglect and the provision of in-home services.
Type: Original
Date: January 24, 2002

FISCAL SUMMARY

ESTIMATED NET EFFECT ON STATE FUNDS			
FUND AFFECTED	FY 2003	FY 2004	FY 2005
General Revenue	(\$1,437,525)	(\$1,757,582)	(\$1,814,863)
Total Estimated Net Effect on <u>All</u> State Funds	(\$1,437,525)	(\$1,757,582)	(\$1,814,863)

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2003	FY 2004	FY 2005
Federal Funds	\$0	\$0	\$0
Total Estimated Net Effect on <u>All</u> Federal Funds*	\$0	\$0	\$0

* Revenues and expenditures to exceed \$1.2 million annually and net to \$0.

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2003	FY 2004	FY 2005
Local Government	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.

This fiscal note contains 15 pages.

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Office of Administration - Administrative Hearing Commission, Department of Public Safety - Missouri Highway Patrol, Office of State Courts Administrator, Office of Prosecution Services, and Department of Mental Health** assume the proposed legislation would not fiscally impact their organizations.

Officials from the **Office of Secretary of State (SOS)** stated this bill modifies the reporting of elder abuse and neglect and includes provisions for in-home services to the elderly. The Department of Health and Senior Services and Department of Social Services will promulgate rules to implement this bill. These rules will be published in both the *Missouri Register* and the *Code of State Regulations*. Based on experience with other divisions, the rules, regulations and forms issued by the Department of Health and Senior Services and the Department of Social Services could require as many as 24 pages in the *Code of State Regulations*. For any given rule, roughly half again as many pages are published in the *Missouri Register* as in the Code because cost statements, fiscal notes and the like are not published in the Code. These costs are estimated. The estimated cost of a page in the *Missouri Register* is \$23.00 and the estimated cost of a page in the *Code of State Regulations* is \$27.00. The actual cost could be more or less than the numbers given. The impact of this legislation in future years is unknown and depends upon the frequency and length of rules filed, amended, rescinded or withdrawn. The SOS estimates the cost for FY 03 to be \$1,476 [(36 pp x \$23) + (24 pp x \$27)].

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

Officials from the **Department of Health and Senior Services (DOH)** assume that the impact of changes associated with adding home health patients and home health agency employees to the types of clients and caretakers requiring investigation would be absorbed within existing department resources.

660.058 repeals the time specific requirements for DOH and Area Agency on Aging activities related specifically to area plans and budgets. As required by federal law, the DOH would continue to distribute funds based on funding formulas, review area plans, conduct public hearings, and monitor agencies as required. **The DOH anticipates no significant fiscal impact for this portion of the legislation.**

660.252 Safe at Home Act - requires training for all in-home services providers entering into

Medicaid agreements with the Department of Social Services (DOS). Training for all contracted ASSUMPTION (continued)

in-home services providers 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 DOH would work with the DOS/Division of Medical Services to revise the description of training requirements regarding elder abuse and neglect to require training be completed prior to first client contact. Training regarding Alzheimer's disease and related dementias is currently mandated pursuant to 660.050 8. RSMo for all contracted in-home services providers. **The DOH anticipates no significant fiscal impact for this portion of the proposal.**

660.260 requires the department to promptly initiate all investigations and investigate reports which indicate a clear and immediate danger within 24 hours. Currently, the DOH classifies hotlines based on the degree of imminent danger or risk of immediate harm to the client according to the information contained in the report. Reports classified as the highest risk (i.e., Class I) require immediate initiation of investigation and generally a face-to-face visit within 24 hours. In FY01, 2,493 investigations were completed on Class I hotlines. Of the reports followed by a visit, 93% were seen within 24 hours.

In FY01, 15,718 hotline reports were taken of which 13,524 required investigation: 2,659 Class I; 10,965 Class II; and 2,158 Class III. The department completed 12,733 investigations: 2,493 Class I and 10,240 Class II. Current department policy is to immediately initiate and investigate reports indicating a clear and immediate danger within twenty-four hours. **The department anticipates no significant fiscal impact.**

660.300 1. Expands professionals mandated to report suspected abuse/neglect of in-home services clients. Currently the DOH responds to all reports of elder abuse regardless of reporter identity. Increases in calls to the aging hotline as a result of added professionals is indeterminate. Requires on-going contact by state staff with physicians who report abuse/neglect of an in-home services client. Current policy requires phone contact with all reporters upon receipt of a hotline report to obtain further information and to inform the reporter of the confidential nature of the report and statutory immunity or protection as is necessary to gain information. Contact with physicians is currently maintained on an as needed basis in accordance with the specific circumstances of the case. The DOH would revise policy to ensure ongoing contact throughout the course of the investigation when the reporter is a physician. **The DOH anticipates no significant fiscal impact for this portion of the legislation.**

660.300. 2. The proposed legislation allows for the DOH to authorize units of in-home services provider nurse hours to assist or aid the client's case manager in the investigation of

abuse/neglect or noncompliance with their plan of services. The DOH assumes for the purposes of this fiscal note, references to in-home services provider nurses are registered nurses licensed pursuant to chapter 335, RSMo.

ASSUMPTION (continued)

In FY01, 12,733 investigations were completed of hotline reports and the DOH estimates that there will be 14,039 investigations in FY03. In FY01 9.9% of the hotline reports were made by in-home service provider agencies. The DOH estimates that 9.9% or 1,390 investigations will be completed on behalf of in-home services clients as a result of provider reports. Under the proposed legislation, current staffing levels would be insufficient to require DOH nurses to fulfill this mandate. The DOH would therefore utilize in-home services nurses to assist in these investigations. It is estimated that four provider nurse visits would be required and authorized per investigation.

Of the 54,038 in-home services clients, 13.58% are non-Medicaid clients whose services are paid by state GR funds. The DOH therefore estimates 13.58% of the in-home client investigations (1,390) will be for non-Medicaid clients, requiring additional GR funds for authorization of nurse visits. The DOH assumes that the Division of Medical Services, Department of Social Services would submit the costs for nurse visits for the 1,201 investigations conducted on behalf of Medicaid in-home services clients. **The DOH would need \$28,579 (1,309 x 13.58 or 189 investigations requiring 4 visits @ \$37.85 per unit) to pay for authorized nurse visits. 100% GR.**

660.300.3. Mandates, upon request, that AAA's provide training regarding detection and reporting of abuse/neglect to mandated reporters as outlined in section 1. The DOH would absorb the cost of providing qualified trainers when available to conduct train-the-trainer sessions and with printed material when available. The DOH estimates the costs 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, however, these resources would be inadequate to fund the training in its entirety as all funds are currently being expended.

The DOH, therefore would require additional funds of \$10,000 from GR 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. 12. Adds home health services provider employees to the group of individuals that may be added to the Employee Disqualification List; allows the DOH to administer monetary penalties of \$1,000 against in-home providers for failure to report known abuse should such known abuse be found guilty in a court; mandates the Administrative Hearing Commission conduct an appeal process; and requires the department to establish a quality assurance and supervision process for clients that includes a component for the in-home provider agencies to conduct random visits to verify compliance with program standards and accuracy or records kept by their employees. **The DOH anticipates no significant fiscal impact from this portion of the proposal.**

660.300. 13 Permits the addition of home health employees to the Employee Disqualification List and creates a criminal penalty for providers and home health agencies that knowingly hires an individual whose name appears on any of the background lists mandated by 210.900 to 210.936 or individuals that refuse to register with the Family Care Safety Registry. **The department anticipates no significant fiscal impact from this portion of the legislation.**

660.300. 14 Requires the department to implement a tool and conduct "Safe at Home Evaluations" to determine the client's physical, mental and environmental capacity. Mandates nurses authorize each plan of care; in-home services provider nurse may be authorized to conduct assessment of the plan of care and client's condition, or may be accessed through expertise, services or programs of other departments and agencies on a case-by-case basis including referral to mental health professionals for evaluation and treatment.

Current policy and regulation requires the DOH Social Service Worker conduct the assessment and develop the care plan in conjunction with the client and the provider. Department nurses are required to review all care plans that include advanced care components or for clients who have complex medical care needs. Under the proposed legislation, current staffing levels would be insufficient to allow department nurses to fulfill this mandate; therefore, the department would utilize in-home services nurses to assist in the investigations. The costs for in-home services nurses to provide the investigations will be included in Section 660.300.15.

660.300.15 Requires the department to authorize at least two nurse visits per year for the purpose of assessing the client and the client's plan of services; upon notification of needed changes, the department would make a client evaluation. Allows the department to reimburse providers for the authorized nurse visit outside the nursing home cap for in-home services clients.

The DOH assumes that the impact of costs associated with authorized nurse visits for Medicaid clients would be submitted by the Department of Social Services, Division of Medical Services.

ASSUMPTION (continued)

The rate for an authorized nurse visit is currently \$37.85 per visit.

The department serves approximately 8,584 clients who do not have Medicaid benefits to pay for care and are not currently authorized for nurse visits.

Number of nurse visits (8,584 clients x 2) = 17,168

Cost per nurse visit x \$37.85

Total Estimated In-Home Services Program Costs = \$649,809 GR

The department anticipates no staff impact 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. Requires that the DOH advise all in-home clients of their rights and establish a process to receive these non abuse and neglect calls other than the hotline. The DOH currently requests that calls from clients be handled through the local office. 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. A toll-free hotline is available for clients who would incur long-distance charges when calling the local office. The department would revise policies to ensure that calls that express dissatisfaction with services are not classified as hotlines unless there has been some type of injury or harm to the client as a result of service delivery problems. **The DOH anticipates no fiscal impact from this portion of the legislation.**

660.300.17 Requires reimbursement, subject to appropriations, for authorized nurse visits pursuant to sections 660.250 - 660.300. Costs for authorized visits are included in 660.300.15. **No additional fiscal impact.**

660.302.1 Requires the department to promptly refer all suspected cases of elder abuse to appropriate law enforcement agencies and determine the need for adult protective services. The

DOH assumes the prosecutors' offices and law enforcement agencies would determine the fiscal impact associated with additional referrals resulting from the language requiring the department to refer all cases of "suspected" elder abuse. There were 12,733 investigations completed in FY01; 56.4% (7,181 cases) have investigative findings of reason to believe and 18.6% (2,368 cases) have findings in which the allegations were suspected to have occurred.

Although the previous law requires that all "substantiated cases" be referred to law enforcement or the prosecutors, DOH believes current policy meets the legislative intent of the proposal and would require no change in current program operations.

ASSUMPTION (continued)

660.302. 2 Requires the DOH and law enforcement agencies to require training and cross-training of personnel regarding the proper handling of cases involving elder abuse and cooperatively develop a checklist for use by department and law enforcement personnel to follow when investigating possible elder abuse.

The DOH assumes the intent of the sponsor is that department staff and law enforcement officials statewide would require training on the proper handling of cases involving elder abuse. There would be a window of time in which the state will have to bring 800+ Division of Senior Services (formerly Division of Aging, Home and Community Services) and Division of Health Standards licensure staff (formerly Division of Aging, Institutional Services) and 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 would absorb the cost of training law enforcement officials. Once existing law enforcement officers receive the training, the curriculum would 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 department would need one Public Health Manager B1 position to oversee the administrative responsibilities outlined in this legislation. The administrator would 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 would act as the department 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 would 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 would 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 would 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 would 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

ASSUMPTION (continued)

program, inviting law enforcement or highway patrol personnel to present/speak at the orientation programs to meet the requirements of cross-training.

The DOH would conduct training for 800+ employees within the division in six to eight sessions across the state (depending on attendance by law enforcement personnel). The department estimates that 16 hours of training across three days would be sufficient, requiring two overnights for approximately 40% of the staff. All staff would 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 per round trip. The DOH 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: \$65.00 per overnight two nights (320 x \$65 x 2) = \$41,600
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 miles round-trip per car (267 x 75 x \$0.295 per mile) = \$5,907
Total Estimated Cost of Training DA Staff = \$99,947

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

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, a desk, chair, side chair, calculator, file cabinet, personal computer, telecommunication relocation and employee relocation costs will be needed in FY03 which are typical new FTE costs.

ASSUMPTION (continued)

660.300.3. Allows for the promulgation of rules under chapter 536. **The DOH anticipates no significant fiscal impact.**

Officials from the **Department of Social Services - Division of Medical Services (DOS-DMS)** provided the following assumptions relating to the proposed legislation:

Section 660.252 - Medicaid Participation Agreements:

The provision of the bill that requires the in-home service agencies to provide training on elder abuse and neglect to their employees will not have a fiscal impact on 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. Under the proposed legislation, all Medicaid participation agreements must include necessary language on training. The agreements can be updated to include this language without a material fiscal impact to the DMS.

Section 660.300.2. - In-home Provider Nurse Assist with Suspected Abuse/Neglect

Investigation:

Department of Health and Senior Services (DOH) may authorize units for the in-home provider nurse to assist in a suspected abuse or neglect investigation. If units are authorized for the in-home provider nurse and the investigation was of a Medicaid client, the authorized units would be paid by Medicaid.

For the in-home provider nurse to be reimbursed for services performed during the investigation the following assumptions were made: (1) The duties performed by the nurse must be part of the duties outlined in the Nurse Practice Act. (2) The Centers for Medicare and Medicaid Services (CMS) must approve the services performed by the nurse during the investigation as medically necessary. Unless the CMS approved the services, federal matching funds would not be available for these services. (3) the investigational nurse visits would be in addition to the services currently being funded and any increase in services would require additional funding which would be subject to appropriation.

The Division of Senior Services (DSS) estimates that 1,201 investigations will be made on behalf of Medicaid clients with the assistance of the in-home service nurse. Each investigation will require 4 units of service at a cost of \$37.85/unit. Annual cost - \$181,831 (1,201 x (4 x \$37.85)).

For purposes of this fiscal note the in-home provider nurse is assumed to be a registered nurse licensed pursuant to chapter 335, RSMo. It is also assumed that federal matching funds would not

ASSUMPTION (continued)

be available. This is based on the current climate of the CMS. The current CMS management does not look favorably upon our current authorized nurse visit included in the current personal care program.

Section 660.300.14. - In-home Provider Nurse May Do Assessment of the Client's Condition:

The section creates a new evaluation (Safe at Home Evaluation) of in-home service clients and the possibility that provider nurse may conduct this evaluation and develop a plan of care. Currently the

Division of Senior Services (DSS) conducts the assessment of potential in-home clients. Any changes required by this language to the assessment will be performed by the Division of Senior Services. A fiscal impact to the DMS is expected if the provider's nurse is authorized to perform the initial assessment and establish a plan service/care. The cost impact is included in Section 660.300.15. It is assumed the evaluation visit would be included as one of the proposed two annual visits.

Section 660.300.15. - Two Authorized Nurse Visits Annually:

Currently a personal care client may receive nurse visits for evaluation and assessment if the Division of Senior Services (DSS) 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 26,575 adult personal care recipients do not receive a nurse visit. Individuals are reevaluated on at least a yearly basis.

Annual Cost: $26,575 \times \$37.85$ (FY02 Medicaid nurse visit rate) $\times 2 = \$2,011,728$.

The cost for FY 03 will be \$1,676,440 (10 months); for FY 04 the cost is \$2,092,197 and \$2,175,885 for FY 05. Assumes a 4% annual inflation rate for growth and increased rates. The federal match used for all years is 61.23%.

The assumption was made that only the annual 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 six month period would remain as stated in regulation.

Officials from the **Department of Corrections (DOC)** stated currently the DOC cannot predict the number of new commitments which may result from the creation of the offenses(s) outlined in this proposal. An increase in commitments depends on the utilization by prosecutors and the actual sentences imposed by the court.

If additional persons are sentenced to the custody of the DOC due to the provisions of this legislation, the DOC will incur a corresponding increase in operational cost through supervision provided by the

ASSUMPTION (continued)

Board of Probation and Parole (FY 01 average of \$3.34 per offender, per day or an annual cost of \$1,219 per offender).

Therefore, supervision by the DOC through probation or incarceration would result in some additional costs, but it is assumed the impact would be \$0 or a minimal amount that could be absorbed within existing resources.

<u>FISCAL IMPACT - State Government</u>	FY 2003 (10 Mo.)	FY 2004	FY 2005
GENERAL REVENUE			
<u>Costs - Department of Health and Senior Services</u>			
Personal Services Costs (0.58 FTE)	(\$22,020)	(\$27,085)	(\$27,762)
Fringe Benefits	(\$7,929)	(\$9,753)	(\$9,997)
Equipment and Expense	(\$7,630)	(\$6,345)	(\$6,535)
Staff and Law Enforcement Training Costs	(\$24,808)	(\$5,111)	\$0
Additional Nurse Visits	(\$565,323)	(\$698,739)	(\$719,701)
AAA Training Costs	(\$8,333)	(\$10,300)	(\$10,609)
Total <u>Costs</u> - Department of Health and Senior Services	<u>(\$636,043)</u>	<u>(\$757,333)</u>	<u>(\$774,604)</u>
<u>Costs - Department of Social Services</u>			
Additional Nurse Visits	(\$801,482)	(\$1,000,249)	(\$1,040,259)
Total <u>Costs</u> - Department of Social Services	<u>(\$801,482)</u>	<u>(\$1,000,249)</u>	<u>(\$1,040,259)</u>
NET ESTIMATED EFFECT ON GENERAL REVENUE FUND	<u>(\$1,437,525)</u>	<u>(\$1,757,582)</u>	<u>(\$1,814,863)</u>

FEDERAL FUNDS

Income - Department of Health and Senior Services

<u>FISCAL IMPACT - State Government</u>	FY 2003 (10 Mo.)	FY 2004	FY 2005
Federal Match on Expenditures	\$45,178	\$34,972	\$32,076
<u>Income - Department of Social Services</u>			
Federal Match on Medical Assistance Payments	<u>\$1,026,484</u>	<u>\$1,281,052</u>	<u>\$1,332,294</u>
Total <u>Income</u> - Department of Health and Senior Services and Department of Social Services	<u>\$1,071,662</u>	<u>\$1,316,024</u>	<u>\$1,364,370</u>
<u>Costs - Department of Health and Senior Services</u>			
Personal Service Costs (0.42 FTE)	(\$15,946)	(\$19,613)	(\$20,104)
Fringe Benefits	(\$5,742)	(\$7,063)	(\$7,239)
Equipment and Expense	(\$5,526)	(\$4,595)	(\$4,733)
Staff and Law Enforcement Training	<u>(\$17,964)</u>	<u>(\$3,701)</u>	<u>\$0</u>
Total <u>Costs</u> - Department of Health and Senior Services	<u>(\$45,178)</u>	<u>(\$34,972)</u>	<u>(\$32,076)</u>
<u>Costs - Department of Social Services</u>			
Additional Medical Assistance Payments	<u>(\$1,026,484)</u>	<u>(\$1,281,052)</u>	<u>(\$1,332,294)</u>
Total <u>Costs</u> - Department of Social Services	<u>(\$1,026,484)</u>	<u>(\$1,281,052)</u>	<u>(\$1,332,294)</u>
NET ESTIMATED EFFECT ON FEDERAL FUNDS	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
<u>FISCAL IMPACT - Local Government</u>			
	FY 2003 (10 Mo.)	FY 2004	FY 2005
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT - Small Business

Small business would be required to provide abuse and neglect training for employees and

conduct background checks on potential employees. The total negative fiscal impact is unknown.

DESCRIPTION

This act modifies the reporting of elder abuse and neglect and the provision of in-home services to the elderly. Definitions are added to Section 660.250, RSMo, for "home health agency", "home health agency employee", and "home health patient".

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

Currently certain persons are required to report any elder abuse or neglect of in-home services clients. New language adds in-home services providers, employees of area agencies on aging (AAA) or organized AAA programs, funeral directors, and embalmers. If a physician makes an initial report, then the Department must maintain contact with the physician regarding the investigation. When a report of abuse or neglect of an in-home services client is received, the client's case manager and the Department nurse must investigate and immediately report the results to the Department nurse. The Department may allow the provider's nurse to assist the case manager. Subsection 3 requires local area agencies on aging to provide volunteer training to all required reporters regarding the detection and report of elder abuse.

Currently, any person who knowingly abuses or neglects a client is guilty of a Class D felony. New language allows administrative penalties of up to \$1000 per violation for the in-home services provider if an employee is found guilty of a violation and if the provider did not report the abuse to the Department. Providers may seek administrative review of the decision. Violation is defined as a determination of guilt. The Department must establish a quality assurance and supervision process. The process must require random visits or other approved methods to verify provider compliance and the accuracy of records.

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

DESCRIPTION (continued)

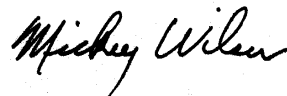
Once a client is assessed for level of care, the Department must conduct a "Safe At Home" evaluation. The plan of service for each client should be authorized by a nurse and the in-home services provider nurse may conduct the assessment. Other departments may be consulted on a case-by-case basis. The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

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

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

SOURCES OF INFORMATION

Office of Administration - Administrative Hearing Commission
Office of State Courts Administrator
Department of Mental Health
Department of Corrections
Department of Health and Senior Services
Department of Social Services
Department of Public Safety - Missouri Highway Patrol
Office of Prosecution Services
Office of Secretary of State



Mickey Wilson, CPA
Acting Director
January 24, 2002