

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 5604-01  
Bill No.: HB 2073  
Subject: Health Care Professionals; Health Department; Mental Health Department  
Type: Original  
Date: April 12, 2006

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**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>			
FUND AFFECTED	FY 2007	FY 2008	FY 2009
General Revenue*	(Greater than \$200,000)	(Greater than \$200,000)	(Greater than \$200,000)
<b>Total Estimated Net Effect on General Revenue Fund</b>	<b>(GREATER THAN \$200,000)</b>	<b>(GREATER THAN \$200,000)</b>	<b>(GREATER THAN \$200,000)</b>

\*Subject to appropriations

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
FUND AFFECTED	FY 2007	FY 2008	FY 2009
<b>Total Estimated Net Effect on <u>Other</u> State Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Numbers within parentheses: ( ) indicate costs or losses.  
This fiscal note contains 5 pages.

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>
<b>Local Government</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### **FISCAL ANALYSIS**

#### **ASSUMPTION**

Officials from the **Missouri Senate** and the **Missouri House of Representatives** assume this proposal would not fiscally impact their agencies.

Officials from the **Department of Social Services (DOS)** state currently, based on the following statute 660.019, caseload standards are defined for the Department of Social Services. The proposal requires: 1) formalizing a report for the general assembly, and; 2) the Caseload Standards Committee to meet annually instead of biannually. DOS assumes that the cost for both (the report and committee meeting) would be minimal and could be absorbed by DOS.

Officials from the **Department of Health and Senior Services (DOH)** state this proposal establishes a caseload standards advisory committee consisting of seven nonsupervisory employees and three division directors or their designees, which shall meet at least annually. This committee would develop caseload standards based on the duties of employees in each program area of the department. There would be additional costs related to travel for employees serving on the caseload standards advisory committee and costs associated with the provision of an annual written report. The Divisions of Senior and Disability Services and the Division of Community and Public Health currently develop caseload standards or have available information to easily assist the committee in developing such standards. DOH states although

ASSUMPTION (continued)

additional costs may result from these two divisions, additional costs should be minimal and can be absorbed utilizing current resources. The Division of Regulation and Licensure (DRL) has responsibility for inspection, licensure, and complaint investigations of various types of facilities, including hospitals, ambulatory surgical centers, home health agencies, hospices, long-term care facilities, and child care facilities. DRL also has numerous other programs, such as registering handlers of controlled substances, licensing of emergency medical technicians, and background checks through the Family Care Safety Registry, all of which require staff to carry caseloads. DRL does not have established caseload standards at this time and in order to do so, DRL believes extensive research would need to be conducted related to existing professional caseload standards (if they exist) and caseload standards developed by other states (if they exist). The number of FTE required to establish such caseload information for the varied programs in the DRL cannot be determined and therefore results in an unknown fiscal impact.

DOH states subject to appropriation, DOH shall use the standards established under sections 192.331 to 192.333 to assign caseloads to individual employees. Although caseload standards have not yet been developed, DOH assumes many of the positions carrying caseloads would be considered overburdened after development of such standards. DOH assumes that if the standards were to be applied to the programs throughout the department, the cost to implement such standards would exceed \$100,000.

Officials from the **Department of Mental Health (DMH)** assume that standards would have to be set for all positions that provide direct care services. DMH states the caseload standards would have to be specific to the types of facilities and employee positions within that facility. For example state operated psychiatric hospitals, rehabilitation centers, and residential centers positions could include physicians, psychiatrist, psychologists, dentists, registered nurses, LPNs, social workers, dieticians, activity therapists, security aides and psychiatric aides. DMH states state operated habilitation centers could have similar positions with different caseload standards.

DMH states there would be some direct costs which may include travel and coverage cost for members of the caseload advisory committee. Indirect costs could include staff time and materials to research and develop caseload standards, provide materials to the committee, and data collection and analysis. Potential costs may include the need for additional staff to meet staffing ratios for accreditation and licensure, and litigation for potential "policy breaches" or "criteria for neglect" or "criteria for abuse" claims brought against the department for not meeting the standards established. DMH states the fiscal impact is greater than \$100,000.

<u>FISCAL IMPACT - State Government</u>	FY 2007 (10 Mo.)	FY 2008	FY 2009
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**GENERAL REVENUE**

Costs - Department of Health and Senior Services

Program costs*	(Greater than \$100,000)	(Greater than \$100,000)	(Greater than \$100,000)
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Costs - Department of Mental Health

Program costs*	<u>(Greater than \$100,000)</u>	<u>(Greater than \$100,000)</u>	<u>(Greater than \$100,000)</u>
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<b>ESTIMATED NET EFFECT ON GENERAL REVENUE*</b>	<b><u>(GREATER THAN \$200,000)</u></b>	<b><u>(GREATER THAN \$200,000)</u></b>	<b><u>(GREATER THAN \$200,000)</u></b>
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\*Subject to appropriations

<u>FISCAL IMPACT - Local Government</u>	FY 2007 (10 Mo.)	FY 2008	FY 2009
	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>

FISCAL IMPACT - Small Business

No direct fiscal impact to small businesses would be expected as a result of this proposal.

DESCRIPTION

This proposal requires the development of caseload standards by the departments of Health and Senior Services and Mental Health. The proposal:

- (1) Defines "caseload standards" and "professional caseload standards" for the departments;
- (2) Requires the directors of the departments to develop caseload standards for his or her department based on actual duties of employees, existing professional caseload standards, and standards developed by other states for workers in similar positions;

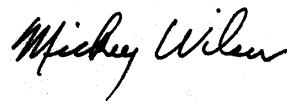
DESCRIPTION (continued)

- (3) Requires each director to convene at least annually a caseload standards advisory committee within his or her department to review caseload standards and recommend minimum and maximum caseloads for each category of workers employed by the department;
- (4) Specifies that the directors are required to submit an annual report to the General Assembly which provides the established caseload standards and actual caseloads for employees; and
- (5) Specifies that employees are required to make a good faith effort to complete their assignments in excess of specified caseload standards.

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 Health and Senior Services  
Department of Mental Health  
Department of Social Services  
Missouri House of Representatives  
Missouri Senate



Mickey Wilson, CPA  
Director  
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