

HCS HB 1846 -- HOME- AND COMMUNITY-BASED HEALTH CARE

SPONSOR: Barnes (Long)

COMMITTEE ACTION: Voted "do pass" by the Special Committee on Government Oversight and Accountability by a vote of 12 to 0.

Currently, the Department of Health and Senior Services may carry out certain requirements when a MO HealthNet-funded home- and community-based care referral for services with a nurse assessment or physician's order is received. This substitute requires the department to carry out those requirements when a referral is received.

The provision is repealed that allows the department to contract through an independent third-party assessor to conduct an initial home- and community-based assessment.

The department must:

- (1) Inform the applicant of the full range of available MO HealthNet home- and community-based services, the choice of providers in the applicant's area and that some providers conduct their own assessments but that choosing a provider who does not will not delay delivery of services, and the option to choose more than one provider and the option to choose an assessment facilitated by a provider or by the state;

- (2) Prioritize the referrals received, giving the highest priority to referrals for high-risk individuals, followed by specified individuals who are alleged to be victims of abuse or neglect, and then individuals who are not associated with a service provider that does not conduct assessments, and

- (3) Notify the referring entity and the applicant within 10 business days of receiving the referral if it has not scheduled the assessment.

If a properly completed referral for MO HealthNet-funded home- and community-based care containing a nurse assessment or physician's order for a care plan is not processed within 15 days of receipt by the department, the care plan recommendation of the provider must become effective thereafter.

At the time that the department approves or modifies the assessment and care plan, the latest approved care plan must become effective.

The department's auditing of service providers must include a review of client service and provider choice and communication of

service provider service options to individuals seeking MO HealthNet services. The department must make publicly available a review of its process for informing participants of options with MO HealthNet services and information on referrals.

The department must develop an automated electronic assessment care plan tool to be used by providers and make recommendations to the General Assembly by January 1, 2013, for the implementation of the automated plan tool.

At the end of the first year of this plan being in effect, the department must prepare a report for the Appropriation Committee for Health, Mental Health and Social Services or a committee appointed by the Speaker of the House of Representatives to review how well the department is doing in meeting the 15-day requirement, the process used for approving the assessors, the cost of the program before and after the enactment of these provisions, any audit information available on assessments performed outside the department, and staffing policies implemented to meet the 15-day assessment requirement.

FISCAL NOTE: Estimated Net Cost on General Revenue Fund of \$28,010 to More than \$1,586,450 in FY 2013, \$30,454 to More than \$1,703,915 in FY 2014, and \$30,878 to More than \$1,718,631 in FY 2015. No impact on Other State Funds in FY 2013, FY 2014, and FY 2015.

PROPOSERS: Supporters say that the bill will insure that those needing home and community-based healthcare will receive it in a timely fashion.

Testifying for the bill were Representative Long; Missouri Centers for Independent Living; Kevin Edmonds; Missouri Assisted Living Association; Pyramid Group; Elissa Pellhay, Integrity Home Care; Missouri Alliance for Home Care; Missouri Council for In-Home Services; and Integrity Home Care.

OPPOSERS: Those who oppose the bill say that other groups can do it better.

Testifying against the bill was Catherine Edwards, Missouri Association of Area Agencies on Aging.