

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 1272-02  
Bill No.: Perfected HCS for HB 466  
Subject: Health Care  
Type: Original  
Date: March 12, 2019

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Bill Summary: This proposal allows structured family care giving as a covered service under MO HealthNet, subject to the approval of federal waivers.

**FISCAL SUMMARY**

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2020	FY 2021	FY 2022
General Revenue	(\$252,500)	\$0 or (\$563,581 to \$1,616,347)	\$0 or (\$571,134 to \$1,637,588)
<b>Total Estimated Net Effect on General Revenue</b>	<b>(\$252,500)</b>	<b>\$0 or (\$563,581 to \$1,616,347)</b>	<b>\$0 or (\$571,134 to \$1,637,588)</b>

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2020	FY 2021	FY 2022
<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 14 pages.

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
FUND AFFECTED	FY 2020	FY 2021	FY 2022
Federal*	\$0	\$0	\$0
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\* Income, savings, costs and losses up to approximately \$7.2 million annually and net to \$0.

<b>ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)</b>			
FUND AFFECTED	FY 2020	FY 2021	FY 2022
<b>Total Estimated Net Effect on FTE</b>	<b>0</b>	<b>0</b>	<b>0</b>

☒ Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$100,000 in any of the three fiscal years after implementation of the act.

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>			
FUND AFFECTED	FY 2020	FY 2021	FY 2022
<b>Local Government</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## FISCAL ANALYSIS

### ASSUMPTION

#### §§208.896 - Structured family caregiving

Officials from the **Department of Health and Senior Services (DHSS)** state §208.896 provides that upon submission of a waiver application by the Department of Social Services (DSS) and approval by the Centers for Medicare and Medicaid Services (CMS), the Structured Family Caregiver waiver would be created as a new home- and community-based (HCBS) service under Missouri's Medicaid program, which the Division of Senior and Disability Services (DSDS) would administer. The bill would cap the number of slots in the waiver at 300 in the first year with the number available in each subsequent year subject to appropriation. If waiver slots are added it would represent an additional cost.

Currently, service cost caps are calculated on a percentage of the average monthly cost of nursing facility services, which is currently \$3,207.12 per month or \$105.44 per day. Costs for the basic agency model and consumer-directed state plan personal care are capped at 60 percent of the cost cap; advanced personal care and adult day care are capped at 100 percent of the cost cap; and all other current waiver services are capped in aggregate at 100 percent of the cost cap. The proposed legislation would cap the cost of the Structured Family Caregiver waiver service at 60 percent of the average monthly cost of nursing home services. DSDS estimated an annual increase of 1.31 percent, based on the five-year average cost cap increase in state fiscal years 2014 to 2018 and the number of unduplicated participants having paid claims in these waivers in FY 2018.

The proposed legislation specifies that the DSS shall request a waiver from CMS to provide structured family caregiving as an HCBS under Missouri's Medicaid program. DSDS assumes that any individual currently eligible for HCBS, and who has been diagnosed with Alzheimer's or related disorders as defined in section 172.800, would be eligible to apply for services under the newly created waiver. Additionally, individuals who are not currently accessing services, but meet the criteria would be eligible.

#### §208.896.1

For fiscal note purposes DSDS assumes structured family caregiving would be available to all of the individuals listed above.

Changes will be required to the HCBS web tool system in which HCBS assessments are completed and HCBS authorizations are approved. Using a similar recent change, where an HCBS waiver was added, DSDS estimates the cost to be at least \$400,000, paid at the administrative match rate of 50 percent General Revenue (GR) and 50 percent Federal. The changes would be completed in FY2020 in preparation for implementation on July 2, 2020.

ASSUMPTION (continued)

**Oversight** determined that DHSS' current contractor for the Webtool system is Conduent. Therefore, Oversight will reflect the costs provided by DHSS for the Webtool system updates for fiscal note purposes.

\$208,896.2(9)

For fiscal note purposes, **DHSS** calculated the daily rate for structured family caregiving as no more than 60 percent of the daily nursing home cost cap.

DHSS calculated the daily rate for structured family caregiving based on the cost cap amount for HCBS, which is \$3,207 per month, or \$105.44 per day ( $\$3,207.12 \times 12 \div 365 = \$105.44$ ). An annual increase in the cost cap rate of 1.3 percent is estimated based on the previous five-year average resulting in a daily rate at implementation in FY 2021 of \$108.20 ( $\$105.44 \times 1.013$  (FY20)  $\times 1.013$  (FY19) = \$108.20). DHSS calculated the daily rate for structured family caregiving at 60 percent of the cost cap resulting in a daily rate at implementation in FY 2021 of \$64.92 ( $\$108.2 \times 0.60 = \$64.92$ ).

The estimated daily rate for FY 2022 is \$109.61 ( $\$108.20 \times 1.013 = \$109.61$ ). DHSS calculated the daily rate for structured family caregiving at 60 percent of the cost cap resulting in a daily rate at implementation in FY 2022 of \$65.77 ( $\$109.61 \times 0.60 = \$65.77$ ).

Cost of Services

For the purposes of this fiscal note, DHSS officials assume the cap of 300 participants will be served.

FY 2021

DSDS estimates the cost of structured family caregiver in FY 2021 to be \$0 to \$7,108,740 ( $300 \times 365 \times \$64.92$ ).

FY 2022

DSDS estimates the cost of structured family caregiver in FY 2022 to be \$0 to \$ 7,201,815 ( $300 \times 365 \times \$65.77$ ).

MO HealthNet covered services are reimbursed at the Federal Medical Assistance Percentage (FMAP). For this estimate, DSDS is using the FY 2020 blended rate of 34.412 percent GR and 65.588 percent Federal. The estimated reimbursement amounts for structured family caregiver calculated for FY 2021 and FY 2022 were multiplied by the estimated number of participants for the Adult Disabled Waiver (ADW) in FY 2018 and the FY 2020 blended FMAP rate applied.

ASSUMPTION (continued)

Cost of Family Caregiver Services for HCBS Daily Rates					
	Unduplicated Participants	FY2021 Family Caregiver Daily Rate	FY2021 Estimated Annual Cost	FY2022 Family Caregiver Daily Rate	FY2022 Estimated Annual Cost
ADW/FSC	300	\$64.92	\$7,108,740	\$65.77	\$7,201,815
GR			\$2,446,260		\$2,478,289
FED			\$4,662,480		\$4,723,526

Offsetting Savings

For the purposes of this fiscal note, DSDS assumes that all 300 waiver slots would be filled by existing HCBS participants. Any slot that is filled by a participant not currently receiving HCBS services would not have an offsetting HCBS cost savings. In addition, DSDS cannot estimate the cost savings for other Medicaid services that a participant might replace with structured family caregiving.

DSDS assumes that half of the 300 participants that would opt for Structured Family Caregiving would come from those currently in the ADW and half would come from those currently receiving State Plan Personal Care services. DSDS has assumed a range for the potential savings offset. As it is uncertain if the participants that choose to utilize the Structured Family Caregiver option (thus replacing all other HCBS) will be those currently capped at 60% of the nursing facility rate or will be those participants utilizing waiver services or advanced personal care above the 60% threshold, the range for potential savings includes the average participant cost for those capped at 60% and the overall average cost of a participant in both the ADW and the Personal Care program potentially receiving 100% of the cost cap. DSDS bases this assumption on the potential for a participant who is currently receiving services above 60% through waiver services or Advanced Personal Care to choose the Structured Family Caregiver Option simply as it may be preferable to have a family member to provide the care.

Offsetting Savings for claims paid up to 60%

The FY 2018 paid claims expenditures for the ADW Waiver for those participants that do not exceed the nursing home cost cap was \$86,522,064 for claims paid up to 60%. That cost was then multiplied by the average annual growth in the cost cap of 1.3 percent for FY 2020, FY 2021, and FY 2022. The annual costs were divided by the number of participants with paid claims (10,485 unduplicated) to get the average participant cost and then multiplied by the 150 participants. The estimated savings would be:

FY 2021 = \$1,286,703

FY 2022 = \$1,303,430

ASSUMPTION (continued)

The FY 2018 paid claims expenditures for the State Plan Personal Care services for those participants that do not exceed the nursing home cost cap was \$114,933,430 for claims paid up to 60%. That cost was then multiplied by the average annual growth in the cost cap of 1.3 percent for FY 2020, FY 2021, and FY 2022. The annual costs were divided by the number of participants with paid claims (15,930 unduplicated) to get the average participant cost and then multiplied by the 150 participants. The estimated savings would be:

FY 2021 = \$1,124,993

FY 2022 = \$1,139,618

The FY2020 blended rate of 34.412 percent General Revenue and 65.588 percent Federal was applied to the total estimated cost waiver services for FY2021 and FY2022. This is the amount of the maximum estimated savings for claims paid up to 60%.

	FY2021 Estimated Waiver Savings	FY2022 Estimated Waiver Savings
Total	\$ 2,411,696	\$ 2,443,047
GR	\$ 829,913	\$ 840,701
FED	\$ 1,581,783	\$ 1,602,346

Offsetting Savings for overall ADW and State Plan Personal Care participant claims

The FY 2018 paid claims expenditures for the ADW Waiver for those participants that do not exceed the nursing home cost cap was \$232,578,899. That cost was then multiplied by the average annual growth in the cost cap of 1.3 percent for FY 2020, FY 2021, and FY 2022. The annual costs were divided by the number of participants with paid claims (17,415 unduplicated) to get the average participant cost and then multiplied by the 150 participants. The estimated savings would be:

FY2021 = \$2,082,411

FY2022 = \$2,109,483

The FY 2018 paid claims expenditures for the State Plan Personal Care services for those participants that do not exceed the nursing home cost cap was \$565,791,352. That cost was then multiplied by the average annual growth in the cost cap of 1.3 percent for FY 2020, FY 2021, and FY 2022. The annual costs were divided by the number of participants with paid claims (26,035 unduplicated) to get the average participant cost and then multiplied by the 150 limit.

The estimated savings would be:

FY2021 = \$3,388,586

FY2022 = \$3,432,638

ASSUMPTION (continued)

The FY2020 blended rate of 34.412 percent General Revenue and 65.588 percent Federal was applied to the total estimated cost waiver services for FY2021 and FY2022. This is the amount of the maximum estimated savings for overall paid claims in the ADW waiver and State Plan Personal Care services.

	FY2021 Estimated Waiver Savings	FY2022 Estimated Waiver Savings
Total	5,470,997	5,542,121
GR	1,882,679	1,907,155
FED	3,588,317	3,634,966

Net Effect

Federal matching funds would be utilized as offset for 65.588 percent of the costs. For the purposes of this estimate, the number of unduplicated participants authorized has no caseload growth factor applied.

For paid claims up to 60%, DSDS assumes the following net effect on GR.

	FY2021			FY2022		
	GR	FED	TOTAL	GR	FED	TOTAL
Estimated Cost	\$ (2,446,260)	\$ (4,662,480)	\$ (7,108,740)	\$ (2,478,289)	\$ (4,723,526)	\$ (7,201,815)
Maximum Savings	\$ 829,913	\$ 1,581,783	\$ 2,411,696	\$ 840,701	\$ 1,602,346	\$ 2,443,047
Subtotal	\$ (1,616,347)	\$ (3,080,698)	\$ (4,697,045)	\$ (1,637,587)	\$ (3,121,181)	\$ (4,758,768)
Federal Match	\$ -	\$ 3,080,698	\$ 3,080,698	\$ -	\$ 3,121,181	\$ 3,121,181
Net Effect	\$ (1,616,347)	\$ -	\$ (1,616,347)	\$ (1,637,587)	\$ -	\$ (1,637,587)

For the average of overall paid claims, DSDS assumes the following net effect on GR.

	FY2021			FY2022		
	GR	FED	TOTAL	GR	FED	TOTAL
Estimated Cost	\$ (2,446,260)	\$ (4,662,480)	\$ (7,108,740)	\$ (2,478,289)	\$ (4,723,526)	\$ (7,201,815)
Maximum Savings	\$ 1,882,679	\$ 3,588,317	\$ 5,470,997	\$ 1,907,155	\$ 3,634,966	\$ 5,542,121
Subtotal	\$ (563,580)	\$ (1,074,163)	\$ (1,637,744)	\$ (571,134)	\$ (1,088,560)	\$ (1,659,695)
Federal Match	\$ -	\$ 1,074,163	\$ 1,074,163	\$ -	\$ 1,088,560	\$ 1,088,560
Net Effect	\$ (563,580)	\$ -	\$ (563,580)	\$ (571,134)	\$ -	\$ (571,134)

ASSUMPTION (continued)

TOTAL COST

DSDS is unable to determine the exact cost of the proposal due to the following unknown factors:

- if CMS would approve the waiver to add structured family caregiver;
- the number of participants who would opt for structured family caregiver;
- the potential savings based on current participant expenditure levels; and
- the number of providers who would participate as structured family caregiver agencies.

Therefore, the estimated total fiscal impact of this fiscal note is (\$200,000) GR and (\$200,000) Federal in FY 2020; (\$563,580 to \$1,616,347) GR and (\$1,074,163 to \$3,080,698) Federal in FY 2021; and (\$571,134 to \$1,637,587) GR and (\$1,088,560 to \$3,121,181) Federal in FY 2022.

Section 208.896.3(1):

Submission and approval of a waiver would be required by the Centers for Medicare and Medicaid (CMS) prior to implementation, no later than July 2, 2020. These duties would be absorbed by existing DHSS staff. The department anticipates being able to absorb these costs. However, until the FY20 budget is final, the department cannot identify specific funding sources.

Section 208.896.3(2) :

DHSS would be required to develop criteria, regulations, and policies for structured family caregiver agencies for staffing, quality, qualification, and training standards. These duties would be absorbed by existing DSDS staff. The department anticipates being able to absorb these costs. However, until the FY20 budget is final, the department cannot identify specific funding sources.

**Oversight** does not have any information to the contrary. Therefore, Oversight assumes the DHSS has sufficient staff and resources to perform the duties identified and will range the costs for Structured Family Caregiver services as provided by DHSS for fiscal note purposes.

Based on information from DHSS officials, **Oversight** notes the range of \$0 to \$7.1 million (FY 2021: \$2.45 million GR; \$4.66 million Federal) and \$7.2 million (FY 2022: \$2.48 million GR; \$4.72 million Federal) costs provided by DHSS. The only way structured family caregiving costs would be \$0, is if no participants take advantage of the program. In addition, there would also be no savings. Savings will only occur to the existing waiver programs if the structured family caregiving program is used and then the costs will exceed the savings. Therefore, Oversight will range costs for fiscal note purposes from \$0 (no participants) to the costs provided by DHSS.

Officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** state HCS for HB 466 amends §208.896, RSMo, to include structured family care giving as a MO HealthNet covered service, subject to federal waiver approval.



ASSUMPTION (continued)

§208.896.1: Allows participants diagnosed with Alzheimer's or related disorders to live at home in the community of their choice and receive support from the caregivers of their choice. This section directs the DSS to apply to the U. S. Health and Human Services (HHS) Secretary for a 'structured family caregiver' waiver under Section 1915(c) of the Social Security Act and requires federal approval of the waiver before provisions of this section are implemented. This section also provides that 'structured family caregiving' is to be considered an agency-directed model and no financial management services shall be required.

§208.896.2: Describes what must be included in a 'structured family caregiver' waiver:

- Qualified and credentialed caregivers, including family caregivers, for the participant to choose from;
- Community settings for the participant to choose from where the participant will receive the structured family caregiving, including the caregiver's home or the participant's home as long as the caregiver is a full time resident in the same home as the participant;
- Caregivers must be added to the family care safety registry and comply with the provisions of 210.900 to 210.936;
- Caregivers are required to obtain liability insurance;
- No more than 300 participants can receive structured family caregiving;
- Organizations serving as structured family caregiving agencies are considered in-home service providers and, therefore, must maintain documentation of services delivered and required of in-home service providers; caregivers must meet the same qualification and requalification of caregivers and homes and caregiver training; a case manager or registered nurse must create a service plan tailored to each participant's needs; professional staff support must be available for those eligible; ongoing monitoring and support must occur through monthly home visits; electronic daily notes are to be used; and the ability to remotely consult with the participant's family must be available;
- Caregivers are responsible for providing for the participant's personal care needs, including, at a minimum, laundry, housekeeping, shopping, transportation, and assisting with activities of daily living;
- The daily payment rate for services must be enough to pay the caregiver's salary and to pay provider agencies for the cost of providing professional staff support as required under this section and administrative functions required of in home services provider agencies. Payments to the provider agency cannot exceed 35% of the daily reimbursement rate; and
- Daily payment rates for structured family caregiving services cannot be more than 60% of the daily nursing home cost cap established by the state each year.

§208.896.3: Requires the DSS to apply to the U.S. HHS Secretary for a structured family caregiver waiver within 90 days of the effective date of this section if necessary to implement the provisions of this section. This section also requires DSS to request an effective date before July 2, 2020, and to take all administrative actions necessary to ensure timely and equitable

ASSUMPTION (continued)

availability of structured family caregiving services for home- and community-based care participants by that date. This section also requires the Department of Health and Senior Services (DHSS) to promulgate rules to implement the family caregiving services program once approval is received from HHS.

Services in the Aged and Disabled Waiver are paid via the DHSS budget. The MO HealthNet Division (MHD) assumes structured family caregiving services will be paid via DHSS budget as well. It is also assumed that DHSS will be the operating agency for the service/program. The staffing for the program, evaluation, assessment, and policy and procedure development will be DHSS.

This bill requires MHD to seek amendments to a HCBS waiver to allow structured family caregiving to become a covered service. MHD assumes new provider types will need to be added in order to properly track and report this new service. This will be completed by Medicaid Management Information Systems (MMIS) and Wipro. This is an estimated 500 hours of work. Other costs include adding the new service to Cognos (data reporting tool), finance reports and CMS reports which accounts for 100 hours of work. There will also need to be a System Task Request (STR) completed through Wipro in order for system changes to occur which is an additional 100 hours of work. The total hours to perform these duties is estimated to be 700 hours. MHD uses \$100/hour to account for the changes and updates. This will cost MHD \$70,000 with a 75/25 GR/Federal funds split. There are no ongoing costs for MHD.

MHD assumes all cost reports would be submitted to the DHSS as noted in the bill or MMAC which currently receives all required Consumer Directed Services reports.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect the costs provided by DSS for fiscal note purposes. Oversight assumes changes to the MMIS would be completed prior to the approval of the waiver amendments rather than waiting to perform system changes until after amendments are approved; waiting until after approval of the amendments would further delay implementation of structured family care giving services.

Officials from the **Office of the Secretary of State (SOS)** state many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement the act. The SOS is provided with core funding to handle a certain amount of normal activity resulting from each year's legislative session. The fiscal impact for this fiscal note to the SOS for Administrative Rules is less than \$5,000. The SOS recognizes that this is a small amount and does not expect that additional funding would be required to meet these costs. However, the SOS also recognizes that many such bills may be passed by the

ASSUMPTION (continued)

General Assembly in a given year and that collectively the costs may be in excess of what the office can sustain with the core budget. Therefore, the SOS reserves the right to request funding for the cost of supporting administrative rules requirements should the need arise based on a review of the finally approved bills signed by the governor.

**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 require additional resources.

Officials from the **Joint Committee on Administrative Rules (JCAR)** state the legislation is not anticipated to cause a fiscal impact to JCAR beyond its current appropriation.

**Oversight** assumes JCAR will be able to administer any rules resulting from this proposal with existing resources.

**Oversight** notes that the **Department of Insurance, Financial Institutions and Professional Registration** has stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for this organization.

<u>FISCAL IMPACT - State Government</u>	FY 2020 (10 Mo.)	FY 2021	FY 2022
<b>GENERAL REVENUE FUND</b>			
<u>Savings</u> - DHSS (§208.896)		\$0 or...	\$0 or...
Reduction in HCBS waiver services p. 6 & 7	\$0	\$829,913 to \$1,882,679	\$840,701 to \$1,907,155
<u>Costs</u> - DHSS (§208.896)		\$0 to...	\$0 to...
Webtool changes p. 3	(\$200,000)	\$0	\$0
Structured family caregiver services p. 5 or 7	\$0	(\$2,446,260)	(\$2,478,289)
Total <u>Costs</u> - DHSS	(\$200,000)	\$0 to (\$2,446,260)	\$0 to (\$2,478,289)
<u>Costs</u> - DSS (§208.896)			
MMIS system changes/Wipro p. 10	(\$52,500)	\$0	\$0
<b>ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND</b>	<b><u>(\$252,500)</u></b>	<b><u>\$0 or (\$563,581 to \$1,616,347)</u></b>	<b><u>\$0 or (\$571,134 to \$1,637,588)</u></b>
<b>FEDERAL FUNDS</b>			
<u>Income</u> - DHSS (§208.896)		\$0 to...	\$0 to...
Webtool update reimbursement p. 3	\$200,000	\$0	\$0
Structured family caregiver service reimbursement p. 5	\$0	\$4,662,480	\$4,723,526
<u>Income</u> - DSS (§208.896)			
Increase in program reimbursements p. 10	\$17,500	\$0	\$0
<u>Savings</u> - DHSS (§208.896)		\$0 or...	\$0 or...
Reduction in HCBS waiver expenditures p. 6 & 7	\$0	\$1,581,783 to \$3,588,317	\$1,602,346 to \$3,634,966
Total <u>All Income and Savings</u>	<u>\$217,500</u>	<u>\$0 or \$6,244,263 to \$8,250,797</u>	<u>\$0 or \$6,325,872 to \$8,358,492</u>

<u>FISCAL IMPACT - State Government</u>	FY 2020 (10 Mo.)	FY 2021	FY 2022
<b>FEDERAL FUNDS (continued)</b>			
<u>Costs - DHSS (\$208.896)</u>		\$0 to...	\$0 to...
Webtool update p. 3	(\$200,000)	\$0	\$0
Structured family caregiver services p. 5 or 7	\$0	(\$4,662,480)	(\$4,723,526)
<u>Costs - DSS (§§208.896)</u>			
MMIS system changes/Wipro p. 10	(\$17,500)	<u>\$0</u>	<u>\$0</u>
<u>Loss - DHSS (\$208.896)</u>		\$0 or...	\$0 or...
Reduction in HCBS waiver reimbursements p. 6 & 7	\$0	(\$1,581,783 to \$3,588,317)	(\$1,602,346 to \$3,634,966)
Total <u>All Costs and Losses</u>	<u>(\$217,500)</u>	<u>\$0 or</u> <u>(\$6,244,263 to</u> <u>\$8,250,797 )</u>	<u>\$0 or</u> <u>(\$6,325,872 to</u> <u>\$8,358,492)</u>
<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>
 <u>FISCAL IMPACT - Local Government</u>	 FY 2020 (10 Mo.)	 FY 2021	 FY 2022
	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>

#### FISCAL IMPACT - Small Business

This proposal could have a direct fiscal impact on small businesses that could provide structured family caregiving or personal care assistance to clients.

#### FISCAL DESCRIPTION

This bill adds structured family caregiving as an agency-directed model to the MO HealthNet Program to ensure the availability of comprehensive and cost-effective choices for a MO HealthNet participant who has been diagnosed with Alzheimer's or a related disorder to live at home in the community of his or her choice and to receive support from a caregiver of his or her choice.

FISCAL DESCRIPTION (continued)

The bill specifies that the structured family caregiving waiver must include a cap of 300 participants. Within 90 days of the effective date of these provisions, the Department of Social Services must, if necessary to implement the provisions of this section, apply to the United States Secretary of Health and Human Services for a structured family caregiver waiver under Section 1915(c) of the Federal Social Security Act. The department must request an effective date of not later than July 1, 2020, and must take all administrative actions necessary to ensure time and equitable availability of structured family caregiving services for any home- and community-based care participant.

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 Insurance, Financial Institutions and Professional Registration  
Department of Social Services  
Joint Committee on Administrative Rules  
Office of Secretary of State



Kyle Rieman  
Director  
March 12, 2019

Ross Strobe  
Assistant Director  
March 12, 2019