

**Department of Planning and Budget  
2002 Fiscal Impact Statement**

**1. Bill Number:** SB661

**House of Origin**     Introduced     Substitute     Engrossed

**Second House**     In Committee     Substitute     Enrolled

**2. Patron:** Hawkins

**3. Committee:** Passed Both Houses

**4. Title:** Discharge of patients and residents from state facilities.

**5. Summary/Purpose:** This bill clarifies that directors of mental retardation training centers prepare a pre-discharge plan for residents in conjunction with the affected community services board (CSB). No resident of a training center enrolled in Medicaid would be discharged if the resident (or his legally authorized representative) chooses to remain in the training center. Finally, the bill requires that pre-discharge plans for all individuals discharged to an assisted living facility from state hospitals or training centers shall identify the facility, document its appropriateness for housing and capacity to care for the individual, contain evidence of the facility's agreement to admit and care for the individual, and describe how the community services board will monitor the individual's care in the facility.

**6. No fiscal impact**

**7. Budget amendment necessary:** No.

**8. Fiscal implications:** This bill amends §37.1 -98 to include specific provisions relating to the discharge of residents from state mental retardation facilities. The amendments would permit any training center resident or, if the resident lacks the mental capacity, his legally authorized representative, to choose for the individual to be discharged. This amendment does not appear to change current practice, so no additional costs would be incurred.

This bill also provides that if any individual in state mental health or mental retardation facilities will be housed in an assisted living facility (ALF) upon discharge, certain requirements must be met. The pre-discharge plan must identify the facility, document its appropriateness for housing and capacity to care for the individual, contain evidence of the facility's agreement to admit and care for the individual, and describe how the CSB will monitor the individual's care in the facility. Since CSB monitoring is already accomplished through case management responsibilities, this aspect of the bill should not result in additional cost. However, if monitoring is to be accomplished through a different mechanism, additional costs may be incurred. There may also be private sector costs associated with the ALF documentation requirements. At this time there is no data to project these potential monitoring costs for the CSBs or ALF documentation costs.

**9. Specific agency or political subdivisions affected:** Department of Mental Health, Mental Retardation and Substance Abuse Services, Community Services Boards.

**10. Technical amendment necessary:** No.

**11. Other comments:** This is a companion bill to HB 1228.

**Date:** 2/ 22/02/jlv

**Document:** G:\02-04\Efis02\Sb661er.Doc Janet Vogelgesang

cc: Secretary of Health and Human Resources