

## Department of Planning and Budget 2017 Fiscal Impact Statement

**1. Bill Number:** HB 2304

**House of Origin**    ☐ Introduced    ☐ Substitute    ☐ Engrossed  
**Second House**    ☒ In Committee    ☐ Substitute    ☐ Enrolled

**2. Patron:** Orrock, Robert D. Sr.

**3. Committee:** Education and Health

**4. Title:** Long-term care; requirements of Department of Medical Assistance Services

**5. Summary:** The substitute bill provides that the Department of Medical Assistance Services must:

- Require all individuals who administer preadmission screenings for long-term care services to receive training on and be certified in the use of the Uniform Assessment Instrument. The agency must also report on the outcome of these performance standards;
- Develop a program for the training and certification of preadmission screeners, develop guidelines for a standardized preadmission screening process, monitor performance according to standards, and strengthen oversight of the preadmission screening process to ensure that problems are identified and addressed promptly;
- Make a number of changes to contracts for long-term care services provided by managed care organizations;
- Impose additional requirements related to submission of data and information by managed care organizations;
- Implement a number of spending and utilization control measures in conjunction with managed care organizations.

The amended bill also has an emergency clause.

**6. Budget Amendment Necessary:** Yes. The House budget (HB 1500) includes \$956,788 (\$478,394 general fund) in FY 2018 to support the estimated cost of this bill.

**7. Fiscal Impact Estimates:** Preliminary

**Expenditure Impact:**

<i>Fiscal Year</i>	<i>Dollars</i>	<i>Positions</i>	<i>Fund</i>
2017	-	-	
2018	\$478,394	3.5	General
2018	\$478,394	3.5	Nongeneral
2019	\$453,394	3.5	General
2019	\$453,394	3.5	Nongeneral
2020	\$403,394	3.5	General
2020	\$403,394	3.5	Nongeneral
2021	\$403,394	3.5	General
2021	\$403,394	3.5	Nongeneral

2022	\$403,394	3.5	General
2022	\$403,394	3.5	Nongeneral
2023	\$403,394	3.5	General
2023	\$403,394	3.5	Nongeneral

- 8. Fiscal Implications:** The bill implements many of the recommendations contained in the December 2016 JLARC report, “Managing Spending in Virginia’s Medicaid Program.” While this legislation does not implement all recommendations contained in the report, it implements many of the recommendations that focus on improving the pre-admission screening (PAS) for long-term care, as well as many of the recommendations related to improving data collection and oversight of managed care organizations.

The Department of Medical Assistance Services (DMAS) can incorporate most of these requirements within existing resources as they either codify current business practices or make minimal operational adjustments. However, the agency identified the need for additional support (\$956,788 and seven positions in FY 2018) to meet the following requirements. It is assumed half of this amount will be covered by federal match dollars, leaving a \$478,394 general fund impact.

**Enactment Clause Two:** There is no current training or certification program for pre-admission screeners. Therefore, to meet the bill’s requirement, the agency assumes that it would hire a contractor to perform this function at a cost of \$200,000 in FY 2018, \$150,000 in FY 2019 and \$50,000 in subsequent years. It is further assumed that two additional positions (\$191,492 annually) would be needed to improve the robustness of PAS oversight, as well as oversee the development and implementation of the training program.

**Enactment Clause 11:** DMAS must develop a process that allows managed care organizations providing services through the Medallion program to determine utilization control measures for services provided. In addition, DMAS must monitor the impact of these controls on utilization rates and spending to assess the effectiveness of each managed care organization's utilization control measures. DMAS maintains that to accomplish these requirements, the agency must perform in-depth analysis of spending and utilization for managed care recipients that does not currently occur. Moreover, this analysis would need to be conducted systematically and on a regular basis to provide an on-going assessment of utilization controls. As the agency maintains that current staff do not have the necessary utilization management knowledge and/or the capacity for more responsibilities, additional staff would be required. DMAS estimates that adding this workload for utilization control assessments would necessitate the hiring of three additional positions (\$316,199).

**Enactment Clauses 6, 10 and 13:** These sections require DMAS to collect and analyze a variety of different types of information and data from managed care organizations. DMAS reports that these sections would necessitate the collection of additional data from the managed care organizations that are not currently being gathered, such as MCO payment reconciliations. The agency also assumes it would have to produce new quality dashboard reports for the MCOs and comparative matrices for a variety of metrics. Although DMAS has recently established the Office of Data Analytics, the agency maintains that the office is currently working at capacity. Therefore, DMAS estimates that two additional positions

(\$249,098) would need to be added to Data Analytics for the facilitation of data collection as well as subsequent analysis and reporting.

**Summary of General Fund Impact**

Enactment Clause	FY 2018	FY 2019	On-Going
2	\$ 195,746	\$170,746	\$120,746
11	\$158,099	\$158,099	\$158,099
6, 10, and 13	\$124,549	\$124,549	\$124,549
<b>Total</b>	<b>\$478,394</b>	<b>\$453,394</b>	<b>\$403,394</b>

**Savings and Cost Avoidance:** It is expected that this implementation of this bill would lead to some future savings (cost avoidance) in the Medicaid program. DMAS does not have sufficient data to make an estimate as to the amount or magnitude at this time. Any such savings would not offset the costs included above. Any efficiencies gained by the bill would decrease the future cost of the Medicaid program, while the impact of this bill is in the agency's administrative budget.

**9. Specific Agency or Political Subdivisions Affected:**

Department of Medical Assistance Services

**10. Technical Amendment Necessary:** No

**11. Other Comments:** None

**Date:** 2/12/2017