

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. DOES THE BILL:

- | | | | |
|--------------------------------------|---|--|---|
| 1. Reduce government? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. Lower taxes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input checked="" type="checkbox"/> |
| 3. Expand individual freedom? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 4. Increase personal responsibility? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. Empower families? | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

For any principle that received a “no” above, please explain:

1. To the extent that an executive agency will be paying parents for providing hands-on care to their children or other family members caring for a disabled adult relative; the requirements in the bill for state-provided training, and state-certification to be able to provide that care and be paid; and, to the extent that a case manager (or support coordinator) can intervene, if they believe the family is not providing adequate or appropriate care, it seems that the principle of reducing government is not met.
3. Some advocates have suggested that paying relative caregivers reduces personal responsibility and implies an assumption that the welfare of a parent’s children is primarily the responsibility of the state. Thus, the principle of increased personal responsibility may not be met.

B. EFFECT OF PROPOSED CHANGES:

Creates the Relative Caregiver Act. Provides for certification of relative caregivers by the Department of Children and Family Services (DCF). Provides minimum qualifications for the certification and specifies that certification is not an entitlement. Provides legislative findings and intent. Provides definitions. Requires training and education programs be provided by DCF, and provides minimum criteria for the training. Requires a compensation schedule for relative caregivers. Provides for oversight of relative caregivers by DCF. Provides penalties for certain actions by relative caregivers. Provides rulemaking authority to DCF.

The vast majority of relative caregivers provide care without state regulation and without compensation. A 1915C Medicaid waiver does not permit legally responsible persons to be paid for providing care to a Medicaid waiver recipient (such as parents being paid to care for their children). However, a section 1115 Medicaid waiver permits legally responsible persons and other relatives to be paid for providing care to a Medicaid waiver recipient. Thus, a section 1115 Medicaid waiver “waives” certain Medicaid requirements including some 1915C Medicaid waiver requirements.

The interagency Consumer-Directed Care Project (CDC) is a demonstration project operating under a section 1115 Medicaid waiver. CDC consumers from DCF’s Developmental Disabilities Program and Adult Services Program, the Department of Elder Affairs, and the Department of Health’s Brain and Spinal Cord Injury Program have relative caregivers who are paid for providing care through the CDC. The CDC is funded from dollars allocated to the 1915C Medicaid waiver.

C. SECTION DIRECTORY:

Section 1 creates Part XIII of chapter 400.

Section 2.provides that this act takes effect upon becoming law.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

No revenues are identified.

2. Expenditures:

The Department of Children and Family Services, Family Safety program estimates these costs of \$1,222,720 to train relative caregivers for consumers in the Consumer Directed Care (CDC) waiver program. That estimate is based on 1,402 individuals currently being services in the CDC waiver..

From DCF: Family Safety estimates a cost of \$1,000 a day for the training of foster parents (per site). A further cost of curriculum development is figured at \$2,000 per hour of instruction. A 6 hour training day is usually planned in these calculations. Using these figures, the following rough estimates could be made. Figuring four single days of training per district/region, the per site cost would be estimated at \$56,000 (14 districts x 4 days x \$1,000 per day). Figuring curriculum development, the cost would be \$662,000 (14 districts x 4 days x 6 hours x \$2,000 per hour). The additional need for respite care is anticipated for two-thirds of the disabled children or adults whose relative caregivers are attending the training. At the maximum rate under the DS Waiver of \$360 per day, the additional cost would be \$504,720 (1402 individuals x \$360 day rate). A rough estimate for the implementation of the training for parents and other relative caregivers for Consumer Directed Care participants would be \$1,222,720.00.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

No new revenues are identified.

2. Expenditures:

No new expenditures are required.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The fact that relatively few persons are affected by this bill indicates that the reduction in revenues paid to Medicaid providers currently providing personal care services who might not continue to be a provider for some of the families participating in this program would be small.

D. FISCAL COMMENTS:

III. COMMENTS

The bill does not specify which Medicaid home and community-based waivers are to be included. The use of the term-of-art "support coordinator" suggests the Sponsor prefers the bill to focus on persons with developmental disabilities.

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable.

2. Other:

Not applicable.

B. RULE-MAKING AUTHORITY:

The Department of Children and Family Services is granted rule making authority.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The department raised a concern that requiring relative caregivers to be trained and certified may inhibit some relatives from participating and that providing compensation may reduce the willingness of families to continue to provide uncompensated care.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES