

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 83RD LEGISLATIVE REGULAR SESSION

April 26, 2013

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB915 by Kolkhorst (Relating to the administration and monitoring of health care provided to foster children.), **As Engrossed**

Estimated Two-year Net Impact to General Revenue Related Funds for HB915, As Engrossed: a negative impact of (\$1,148,349) through the biennium ending August 31, 2015.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2014	(\$567,924)
2015	(\$580,425)
2016	(\$567,232)
2017	(\$567,232)
2018	(\$567,232)

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from <i>General Revenue Fund</i> 1	Probable Savings/(Cost) from <i>GR Match For Medicaid</i> 758	Probable Savings/(Cost) from <i>Federal Funds</i> 555
2014	(\$562,866)	(\$5,058)	(\$80,636)
2015	(\$575,663)	(\$4,762)	(\$81,154)
2016	(\$562,589)	(\$4,643)	(\$79,334)
2017	(\$562,589)	(\$4,643)	(\$79,334)
2018	(\$562,589)	(\$4,643)	(\$79,334)

Fiscal Year	Change in Number of State Employees from FY 2013
2014	11.0
2015	13.0
2016	13.0
2017	13.0
2018	13.0

Fiscal Analysis

The bill would amend the Family Code and the Government Code as it relates to the administering and monitoring of health care provided to foster children.

The bill would require consent for the administration of a psychotropic medication. The consent would be valid only if certain conditions are met and the consent must be evidenced by the completion of a form prescribed by the Department of Family and Protective Services (DFPS) that is signed by the person authorized to consent to medical care for the foster child and by the health care provider administering the psychotropic medication or a person designated by that health care provider. The evidence of consent must be filed in the child's case file and in the child's medical record.

The bill would require the person authorized to consent to medical treatment for a foster child prescribed a psychotropic medication to ensure that the child has an office visit with the prescribing physician at least once every 90 days.

The bill would require the Health and Human Services Commission (HHSC) to add children eligible for both Medicaid and Medicare and under the supervision of DFPS through an agreement under the Interstate Compact on the Placement of Children to the monitoring of the prescribing of psychotropic drugs.

Methodology

In order to provide consent in accordance with the provision of the bill, DFPS has assumed that the medical consenter, provider, and child would all have to be present in a face-to-face health care visit.

DFPS reports that currently 75 percent of caseworkers are unable to do face-to-face appointments and instead participate via phone and/or teleconferencing, and that child protective services (CPS) caseworkers serve as medical consenters for 2,000 children. On average, DFPS reports that each child prescribed psychotropic medication has an estimated 5 visits per year to ensure proper dosage is prescribed. That equates to an additional 625 additional visits per month ((2,000 children X 5 visits X 75%) / 12 months). DFPS assumed that an additional 11 human service technicians would be trained as Medical Consenters and needed in fiscal year 2014 and 13 in each fiscal year going forward for these face-to-face visits. The estimated cost for these FTEs is \$604,479 in fiscal year 2014, \$661,579 in fiscal year 2015, and \$646,566 in fiscal year 2016 and forward in All Funds. Presumably not all 2,000 children would be prescribed psychotropic drugs; therefore, costs associated with the provisions of the bill could be less.

DFPS also estimates that there would be a cost to modify the Information Management Protecting Adults and Children in Texas (IMPACT) system, which is the agency's automated casework

system so that data can be provided to HHSC. The agency's estimated cost for this system change is \$44,081 (430 hours X \$102.51 per hour) in All Funds for fiscal year 2014, bringing the overall cost for fiscal year 2014 to \$648,560.

DFPS does not anticipate any significant fiscal impacts as a result of complying with the other sections of the bill.

Technology

DFPS indicates that additional devices and software and changes to IMPACT, at a cost of \$55,009 in fiscal year 2014 in All Funds and \$12,915 each fiscal year thereafter, would be required. These costs are included above.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 530 Family and Protective Services, Department of

LBB Staff: UP, CL, MB, SJ, VJC