Fiscal impact reports (FIRs) are prepared by the Legislative Finance Committee (LFC) for standing finance committees of the NM Legislature. The LFC does not assume responsibility for the accuracy of these reports if they are used for other purposes.

Current FIRs (in HTML & Adobe PDF formats) are available on the NM Legislative Website (legis.state.nm.us). Adobe PDF versions include all attachments, whereas HTML versions may not. Previously issued FIRs and attachments may also be obtained from the LFC in Suite 101 of the State Capitol Building North.

FISCAL IMPACT REPORT

| SPONSOR Rai | naldi DATE TYPED | 1/31/04 | HB | |
|-------------|--|-------------------------|----|-------|
| SHORT TITLE | Personal Care Assistant Training Progr | stant Training Programs | | 204 |
| | ANALYST | | | Weber |

APPROPRIATION

| Appropriation Contained | | Estimated Additional Impact | | Recurring | Fund |
|-------------------------|--|-----------------------------|------|------------|-------------------------------------|
| FY04 | FY05 | FY04 | FY05 | or Non-Rec | Affected |
| | \$100.0 | | | Recurring | General |
| | \$150.0* See narrative below in fiscal implications | | | Recurring | Medicaid Program Cash Balance |
| | - | | | | |

(Parenthesis () Indicate Expenditure Decreases)

Duplicates HB 180

SOURCES OF INFORMATION

LFC Files

Responses Received From Human Services Department (HSD) Department of Health (DOH)

SUMMARY

Synopsis of Bill

Senate Bill 204 appropriates \$100 thousand from the general fund and \$150 from the Medicaid program cash balance to the Human Services Department for the purpose of providing accreditation for training programs that offer personal care attendant training in New Mexico,

Significant Issues

The \$100 thousand from general fund is to be used by the department to establish by rule the annual training requirement for personal care attendants who are employed by or contract with a Medicaid-reimbursed personal care provider or who are otherwise paid through the state

Senate Bill 204 -- Page 2

medicaid program. In addition, HSD is to establish and maintain a centralized tracking system on accredited training programs and training received by personal care attendants.

The \$150 thousand from the Medicaid program cash balance is to provide training to personal care attendants who serve Medicaid clients in rural and medically underserved areas of the state.

HSD reports that current rule mandates that PCO providers, under the delegated model, ensure all PCAs receive 12 hours of documented training annually. Revision of existing regulations will be required to read that HSD provides accredited training to PCAs for services in rural and medically underserved areas of the state and will document the trainings. In addition, the regulation would need extension to the consumer directed model where the client chooses the attendant "directly." Current regulations do not cover such relationships.

FISCAL IMPLICATIONS

The appropriation of \$100 thousand contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance from the general fund remaining at the end of Fiscal Year 2005 shall revert to the general fund.

The appropriation of \$150 thousand from the Medicaid program cash balance is a recurring expense to that program. Any unexpended or unencumbered balance from the general fund remaining at the end of Fiscal Year 2005 shall not revert to the general fund.

.ADMINISTRATIVE IMPLICATIONS

HSD reports the department would need to revise regulations, develop and maintain a centralized database, and provide accredited training to all identified PCAs. HSD would also need to hire a full time FTE for the additional required duties or contract with a qualified entity to oversee the duties.

TECHNICAL ISSUES

Cash balance does not exist in the Medicaid program. Typically, the program runs at a deficit and has frequently required a supplemental or deficiency appropriation. The funds in the program are reverting and in the event of a surplus must be returned to the general fund.

Consideration should be given to a concise definition of "rural and medically underserved areas of the state". Also, does the area only need to be rural or medically underserved or are both conditions required for the section to apply?

POSSIBLE QUESTIONS

It is uncertain what problem this accredited training will address. When identified, the program should have specific performance measures pointing to the resolution of the current shortcoming.

MW/lg