Multiple Agency Fiscal Note Summary

Bill Number: 5483 2S SB AMS BRAU	Title: Dev. disability services
S2708.1	

Estimated Cash Receipts

Agency Name	2019-21		2021-23		2023-25	
	GF- State	Total	GF- State	Total	GF- State	Total
Department of Social and Health Services	0	1,929,000	0	13,641,000	0	20,442,000
Total \$	0	1,929,000	0	13,641,000	0	20,442,000

Estimated Operating Expenditures

Agency Name	2019-21		2021-23		2023-25				
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Washington State Health Care Authority	Non-zero but indeterminate cost and/or savings. Please see discussion.								
Department of Social and Health Services	58.3	12,164,000	14,093,000	193.0	29,763,000	43,404,000	205.8	26,690,000	47,132,000
Total \$	58.3	12,164,000	14,093,000	193.0	29,763,000	43,404,000	205.8	26,690,000	47,132,000

Estimated Capital Budget Expenditures

Agency Name	2019-21		2021-23		2023-25				
	FTEs	Bonds	Total	FTEs	Bonds	Total	FTEs	Bonds	Total
Washington State Health	.0	0	0	.0	0	0	.0	0	0
Care Authority									
Department of Social and	.0	1,200,000	1,200,000	.0	12,800,000	12,800,000	.0	0	0
Health Services									
Total \$	0.0	1,200,000	1,200,000	0.0	12,800,000	12,800,000	0.0	0	0

Estimated Capital Budget Breakout

Agency Name	2019-21	2021-23	2023-25			
	Total	Total	Total			
Department of Social and Heat	Department of Social and Health Services					
Construction	0	12,000,000	0			
Grants/Loans	0	0	0			
Other	0	200,000	0			
Predesign/Design	1,200,000	600,000	0			
Staff	0	0	0			
Total \$	1,200,000	12,800,000	0			

Prepared by:	Bryce Andersen, OFM	Phone:	Date Published:
		(360) 902-0580	Final 2/19/2020

FNPID: 60363

Individual State Agency Fiscal Note

Bill Number: 5483 2S SB AMS BRAU S2708.1 Title: Dev. disability services	Agency:	107-Washington State Health Care Authority
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Operating Expenditures from:

Non-zero but indeterminate cost. Please see discussion.

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.

If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).

Capital budget impact, complete Part IV.

Requires new rule making, complete Part V.

Legislative Contact:	LeighBeth Merrick	Phone: 360-786-7445	Date: 01/28/2020
Agency Preparation:	Melissa Hanna	Phone: 360-725-5295	Date: 02/11/2020
Agency Approval:	Catrina Lucero	Phone: 360-725-7192	Date: 02/11/2020
OFM Review:	Jason Brown	Phone: (360) 902-0539	Date: 02/13/2020

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Briefly describe by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.

See attached narrative

II. B - Cash receipts Impact

Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

See attached narrative

II. C - Expenditures

Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

See attached narrative

Part III: Expenditure Detail

Part IV: Capital Budget Impact

NONE

Part V: New Rule Making Required

Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.

Bill Number: 5483 2S S2708.1

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

This bill is to improve services for individuals with developmental disabilities.

Section 2 is a new section added to chapter 71A.12 RCW requiring the Department of Social and Health Services (DSHS) to track and monitor client hospitalizations, provide a set of services for crisis stabilization to try and prevent the Developmental Disabilities Administration (DDA) provider from terminating services to a client, engage with hospitals for transitioning DDA clients from service providers, and reimburse hospitals that are caring for certain DDA clients without a medical need at the residential habilitation center daily rate.

II. B - Cash Receipts Impact

None

II. C - Expenditures

Indeterminate

Administrative day rate policy will continue to be applicable to the non-medically necessary days of inpatient or observation hospital stays. The Health Care Authority currently pays and administrative day rate for clients in hospitals that do not qualify for inpatient services. Within the fee-for-services program, hospitals determine when to bill for administrative days. HCA does not know the volume of unbilled administrative days that may currently exist. Managed Care Organizations require prior authorization for administrative days. Not all administrative days are approved. This bill would require HCA to reimburse any hospital that provides care for clients without medical a need receiving care from a provider or clients without a medical need that is taken to the hospital once their provider service is terminated. This may increase the number of administrative days a hospital bills for. However, the exact impact is indeterminate without knowing the current volumes of denied administrative days or days a hospital does not bill for under current law. In addition, if other provisions in the bill reduce the number of targeted clients being placed in a hospital setting, there may be a decrease in the number of administrative days a hospital bills for offsetting any of the increase.

Part IV: Capital Budget Impact

None

Part V: New Rule Making Required

None

Individual State Agency Fiscal Note

Bill Number: 5483 2S SB AMS BRAU S2708.1	Title: Dev. disability services	Agency:	300-Department of Social and Health Services
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Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2020	FY 2021	2019-21	2021-23	2023-25
General Fund-Federal 001-2		1,929,000	1,929,000	13,641,000	20,442,000
Total \$		1,929,000	1,929,000	13,641,000	20,442,000

Estimated Operating Expenditures from:

		FY 2020	FY 2021	2019-21	2021-23	2023-25
FTE Staff Years		0.0	116.5	58.3	193.0	205.8
Account						
General Fund-State	001-1	0	12,164,000	12,164,000	29,763,000	26,690,000
General Fund-Federal	001-2	0	1,929,000	1,929,000	13,641,000	20,442,000
	Total \$	0	14,093,000	14,093,000	43,404,000	47,132,000

The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.

Check applicable boxes and follow corresponding instructions:

If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.

If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).

Capital budget impact, complete Part IV.

Requires new rule making, complete Part V.

Legislative Contact:	LeighBeth Merrick	Phone: 360-786-7445	Date: 01/28/2020
Agency Preparation:	Mickie Coates	Phone: 360-902-8077	Date: 02/07/2020
Agency Approval:	Dan Winkley	Phone: 360-902-8236	Date: 02/07/2020
OFM Review:	Bryce Andersen	Phone: (360) 902-0580	Date: 02/10/2020

Part II: Narrative Explanation

II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

Briefly describe by section number, the significant provisions of the bill, and any related workload or policy assumptions, that have revenue or expenditure impact on the responding agency.

Section 2 - Adds a new Section to RCW 71A.12 - State services for persons with developmental disabilities.

Within existing resources, the Department of Social and Health Services (DSHS) shall track and monitor information about clients receiving services from a provider who are taken to a hospital and who are taken to a hospital once their provider terminates services. DSHS shall make the deidentified information available to the Office of the Developmental Disabilities Ombuds, the Legislature, the Washington State Hospital Association, and the public upon request. The information is to include:

•The number of clients who are taken to hospitals without medical need.

•The number of clients who are taken to hospitals with a medical need but who are unable to discharge once the medical need is met.

•Each client's length of hospital stay for nonmedical purposes.

•The reason each client was unable to be discharged once the client's medical need was met.

•For each client for whom services are terminated, the reason the provider terminated services.

•The location, including the type of provider, where each client was before being taken to a hospital.

•The location where the client was discharged.

A provider must notify DSHS when a client is taken to a hospital and before terminating services on the basis that the provider is unable to manage the client's care. Prior to a provider terminating services to a client because the provider is unable to manage the client's care, and subject to the availability of amounts appropriated for this specific purpose, DSHS shall offer crisis stabilization services to support the provider and the client in the client's current setting.

In the event the provider is unable to manage the client's care after crisis stabilization services are offered, subject to the availability of amounts appropriated for this specific purpose, DSHS shall transition the client to:

•Another provider that meets the client's needs and preferences, or

•A Residential Habilitation Center (RHC) for crisis stabilization services until alternative provider is determined.

DSHS shall be responsible for frequently and appropriately communicating with the hospital and providing frequent updates on transitioning the client to a more appropriate setting. DSHS shall coordinate providing psychological and habilitative services to clients without a medical need who are being cared for at a hospital. Subject to the availability of amounts appropriated for this specific purpose, DSHS shall coordinate with appropriate state agencies to reimburse any hospital for care provided to a client without a medical need.

Provider means a certified residential services and support program that contracts with the DSHS Developmental Disabilities Administration (DDA) to provide services to DDA clients. Provider also includes the State-Operated Living Alternatives program.

Section 3 - This Act takes effect immediately.

II. B - Cash receipts Impact

Briefly describe and quantify the cash receipts impact of the legislation on the responding agency, identifying the cash receipts provisions by section number and when appropriate the detail of the revenue sources. Briefly describe the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explain how workload assumptions translate into estimates. Distinguish between one time and ongoing functions.

A portion of the costs incurred to implement this legislation will be funded with federal Title XIX-Grants to States for Medical Assistance funds.

II. C - Expenditures

Briefly describe the agency expenditures necessary to implement this legislation (or savings resulting from this legislation), identifying by section number the provisions of the legislation that result in the expenditures (or savings). Briefly describe the factual basis of the assumptions and the method by which the expenditure impact is derived. Explain how workload assumptions translate into cost estimates. Distinguish between one time and ongoing functions.

No costs are reflected in this fiscal note for Fiscal Year 2020. It is assumed that contracts and staffing needed to meet the requirements in this legislation could not be in place before July 1, 2020.

Crisis Stabilization Services

Assumptions:

•The Developmental Disabilities Administration (DDA) will serve approximately 4,654 residential clients in Fiscal Year 2021 and beyond.

•Ten percent of these clients will experience a threat of termination of services each year due to the inability of the provider to manage their care.

•These clients will all be offered and receive crisis stabilization services.

•These clients will receive an average of 20 hours of service per week for an average of three weeks.

•The cost of these services is estimated at \$90 per hour.

The total cost is estimated as follows:

•Fiscal Year 2021 and beyond: (4,654 clients x 10%) x 60 hours x \$90 = \$2,511,000 (\$1,255,000 GF-State)

Residential Habilitation Centers (RHC)

Assumptions:

•Under passage of this bill, the RHCs and/or hospitals will provide services to an average of 24 clients per day for whom providers have terminated services and an alternate provider cannot be located.

•Three cottages will be established at Rainier School to provide crisis stabilization services for up to 24 clients per day.

•Due to the needs of these clients, each cottage will be staffed assuming a ratio of one direct care staff per client for 24 hours a day/seven days a week. As this staffing ratio is higher than the current RHC staffing ratio, the average daily cost for these 24 clients will be more than that of the current average daily RHC rate.

•For purposes of this fiscal note, it is assumed that it will take 28 months to renovate the three RHC cottages. The estimate of 28 months to complete the renovations assumes the requirement for a predesign will be waived. If a predesign is required, an additional eight months will be required to complete the renovations. Additionally, it is assumed capital funding will be appropriated in Fiscal Year 2020 to begin the renovation work. Please see description under Part IV. C – Capital Budget Breakout of this fiscal note. Given all the assumptions detailed above, the estimates in this fiscal note reflect that the three cottages will be ready for occupancy on July 1, 2022.

•RHC staffing will be hired and in place three months prior to opening of the cottages for training and transition purposes.

Total cost for RHC staffing are estimated at: •Fiscal Year 2022: 27.3 FTEs, \$2,361,000 (\$1,180,000 GF-State). •Fiscal Year 2023: 163.8 FTEs, \$14,084,000 (\$7,042,000 GF-State)
•Fiscal Year 2024 and Beyond: 163.8 FTEs, \$13,964,000 (\$6,982,000 GF-State)

It is estimated that costs for such things as food, medicine, utilities, and equipment will be \$50,000 per month/per cottage, per year. Total cost for these items is estimated at: Fiscal Year 2023:

•(\$50,000 x 12 Months) x 1 cottages = \$600,000 (\$300,000 GF-State) •(\$50,000 x 11 Months) x 1 cottages = \$550,000 (\$275,000 GF-State) •(\$50,000 x 10 Months) x 1 cottages = \$500,000 (\$250,000 GF-State)

Total FY 2023 Cost: \$1,650,000 (\$825,000 GF-State)

Fiscal Year 2024 and beyond: (\$50,000 x 12 Months) x 3 cottages = \$1,800,000 (\$900,000 GF-State)

Per RCW 82.65A.030 – "In addition to any other tax, a tax is imposed on every intermediate care facility for persons with developmental disabilities for the act or privilege of engaging in business within this state. The tax is equal to the gross income attributable to services for the persons with developmental disabilities, multiplied by the rate of six percent."

This tax is estimated at: Fiscal Year 2022: \$142,000 (\$71,000 GF-State) Fiscal Year 2023: \$980,000 (\$490,000 GF-State) Fiscal Year 2024 and Beyond: \$946,000 (\$473,000 GF-State)

A one-time cost of \$200,000 (\$100,000 GF-State) per cottage is assumed in Fiscal Year 2023 for items to furnish and equip the three cottages. This includes such things as furniture, bedding, and appliances. Total cost in Fiscal Year 2023 is estimated at \$600,000 (\$300,000 GF-State).

Please see attachment '2SSB 5483-S2 AMS BRAU S2708.1 – Fiscal Note Attachment' for detail on RHC staffing and other costs.

Psychological and Habilitative Services for Clients in Hospitals

Assumptions

•Hospitals will serve an average of 25 clients each day until the RHC cottages are ready for occupancy (October 1, 2022).

•Once the three cottages are operational, the hospitals will continue to serve five clients a day who are facing a sudden and immediate crisis.

•One FTE (Attendant Counselors 2) will be needed for two shifts and .5 FTE will be needed for the graveyard shift each day for each client cared for at a hospital without a medical need.

•One FTE (Attendant Counselor Manager) will be needed in each of the three DSHS regions to oversee the Attendant Counselors 2 providing services in the hospitals.

•One FTE (Psychology Associate) will be needed in each of the three DSHS region to assess and support clients being cared for at a hospital.

•One FTE (WMS2 Program Administrator) will be needed to manage the program for psychological and habilitative services for clients in hospitals.

Total cost for these FTEs is estimated at:

Fiscal Year 2021: 107.0 FTEs, \$10,234,000 GF-State Fiscal Years 2022: 137.0 FTEs, \$12,396,000 GF-State Fiscal Year 2023: 39.9 FTEs, \$3,728,000 GF-State Fiscal Year 2024 and Beyond: 33.0 FTEs, \$3,124,000 GF-State

Information Technology

Information technology (IT) system costs will be incurred to create a system to track and monitor hospital placements. The cost of this work is estimated at .5 FTE (Information Technology Application Development-Journey and an Information Technology Business Analyst-Journey for three months) and \$73,000 (\$37,000 GF-State) in Fiscal Year 2021. Without an increase in funding and in order to accomplish this work "within existing resources", it would be necessary for DDA to divert funding from existing programs or services to cover these new costs.

DDA Program Staffing

FTEs will be needed to collect, track, monitor, and report the data required in this bill for clients being cared for in a hospital. FTEs will also be needed to:

•Coordinate and communicate with the hospitals

•Identify and coordinate crisis stabilization services

- •Search for and identify alternate service providers for clients where services are terminated
- •Coordinate and facilitate client transitions between providers and facilities
- •Manage the program for Coordinate and facilitate client transitions between providers and facilities

The annual cost of the FTEs to accomplish the tasks listed above as well as the data tracking/monitoring is estimated as follows:

•Social and Health Program Consultant 4:

Fiscal Year 2021: 3.0 FTEs, \$439,000 (\$220,000 GF-State) Fiscal Year 2022 and Beyond: 3.0 FTEs, \$421,000 (\$210,000 GF-State)

•Developmental Disability Case and Resource Manager Fiscal Year 2021: 1.0 FTE, \$125,000 (\$62,000 GF-State) Fiscal Year 2022 and Beyond: 1.0 FTE, \$119,000 (\$60,000 GF-State)

The bill specifies that the data tracking/monitoring work is to be done "within existing resources". Without an increase in the funding and FTEs needed to accomplish these tasks, DDA would need to divert funding from existing programs or services to cover the new and additional costs.

FTEs will be needed to complete client assessments and provide technical assistance and consultation on supports for family caregivers, staff, and medical providers. The annual cost of these FTEs is estimated as follows:

•Psychology Associate: Fiscal Year 2021: 1.0 FTE, \$141,000 (\$71,000 GF-State) Fiscal Years 2022 and Beyond: 1.0 FTE, \$135,000 (\$68,000 GF-State)

•Behavior Specialists (WMS Band 2): Fiscal Year 2021: 3.0 FTEs, \$430,000 (\$215,000 GF-State) Fiscal Years 2022 and Beyond: 3.0 FTEs, \$412,000 (\$206,000 GF-State)

One FTE (WMS Band 2) will be needed to manage the work required in this legislation. Among the duties of this position are:

•The development and monitoring of policies and procedures related to the requirements in this legislation •Staff training and ongoing support

•The identification of new crisis stabilization providers and development and monitoring of contracts •Coordinating with other state agencies to reimburse hospitals that provide care to clients.

WMS Program Administrator:

Fiscal Year 2021: 1.0 FTE, \$140,000 (\$70,000 GF-State) Fiscal Year 2022 and Beyond: 1.0 FTE, \$134,000 (\$67,000 GF-State)

Hospital Reimbursement

This fiscal note includes no estimate of the cost to reimburse hospitals for providing care to the specified clients. It is assumed that any reimbursement will not be paid by DSHS.

Total Costs:

Fiscal Year 2021:

Crisis Stabilization Service: \$2,511,000 (\$1,255,000 GF-State)
Services for Clients in Hospitals: 107.0 FTEs, \$10,234,000 GF-State
Information Technology: .5 FTE, \$73,000 (\$37,000 GF-State)
Staffing: 9.0 FTEs, \$1,275,000 (\$638,000 GF-State)

Total Fiscal Year 2021 Costs: 116.5 FTEs, \$14,093,000 (\$12,164,000 GF-State)

Fiscal Year 2022:

•Crisis Stabilization Service: \$2,511,000 (\$1,255,000 GF-State)
•RHCs: 27.3 FTEs, \$2,502,000 (\$1,251,000 GF-State)
•Services for Clients in Hospitals: 137.0 FTEs, \$12,396,000 GF-State
•Staffing: 9.0 FTEs, \$1,221,000 (\$610,000 GF-State)

Total Fiscal Year 2022 Costs: 173.3 FTEs, \$18,630,000 (\$15,512,000 GF-State)

Fiscal Year 2023:

Crisis Stabilization Service: \$2,511,000 (\$1,255,000 GF-State)
RHCs: 163.80 FTEs, \$17,314,000 (\$8,657,000 GF-State)
Services for Clients in Hospitals: 39.9 FTEs, \$3,728,000 GF-State
Staffing: 9.0 FTEs, \$1,221,000 (\$611,000 GF-State)

Total Fiscal Year 2023 Costs: 212.7 FTEs, \$24,774,000 (\$14,251,000 GF-State)

Fiscal Year 2024 and Beyond: •Crisis Stabilization Service: \$2,511,000 (\$1,255,000 GF-State)

•RHCs: 163.8 FTEs, \$16,710,000 (\$8,355,000 GF-State) •Services for Clients in Hospitals: 33.0 FTEs, \$3,124,000 GF-State •Staffing: 9.0 FTEs, \$1,221,000 (\$611,000 GF-State)

Total Fiscal Year 2024 and Beyond Costs: 205.8 FTEs, \$23,566,000 (\$13,345,000 GF-State)

Part III: Expenditure Detail

III. A - Operating Budget Expenditures

Account	ount Account Title Type		FY 2020	FY 2021	2019-21	2021-23	2023-25	
001-1	General Fund	State	0	12,164,000	12,164,000	29,763,000	26,690,000	
001-2	General Fund	Federal	0	1,929,000	1,929,000	13,641,000	20,442,000	
Total \$		0	14,093,000	14,093,000	43,404,000	47,132,000		

III. B - Expenditures by Object Or Purpose

	FY 2020	FY 2021	2019-21	2021-23	2023-25
FTE Staff Years		116.5	58.3	193.0	205.8
A-Salaries and Wages		5,973,000	5,973,000	19,207,000	20,524,000
B-Employee Benefits		3,219,000	3,219,000	10,610,000	11,332,000
C-Professional Service Contracts					
E-Goods and Other Services		804,000	804,000	5,299,000	8,174,000
G-Travel		401,000	401,000	703,000	328,000
J-Capital Outlays		699,000	699,000	936,000	
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services		2,511,000	2,511,000	5,022,000	5,022,000
P-Debt Service		35,000	35,000	116,000	124,000
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements		451,000	451,000	1,511,000	1,628,000
9-					
Total \$	0	14,093,000	14,093,000	43,404,000	47,132,000

III. C - Operating FTE Detail: List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA

Job Classification	Salary	FY 2020	FY 2021	2019-21	2021-23	2023-25
Ancillary Support Staff	54,384				3.5	6.0
Attendant Counselor 1	44,412				72.8	124.8
Attendant Counselor 2	46,644		100.0	50.0	86.7	35.0
Attendant Counselor 3	50,256				5.3	9.0
Attendant Counselor Manager	56,856		3.0	1.5	4.8	6.0
Developmental Disabilities Case and Resource Manag	70,956		1.0	0.5	1.0	1.0
Habilitation Plan Administrator	67,560				1.8	3.0
IT Apllication Development -	96,888		0.2	0.1		
Journey						
IT Business Analyst - Journey	96,888		0.3	0.2		
Maintenance Mechanic 2	58,260				1.8	3.0
Psycology Associate	80,292		4.0	2.0	4.0	4.0
Recreation Specialist 2	51,432				1.8	3.0
Registered Nurse 2	115,416				1.8	3.0
Social and Health Program	88,644		3.0	1.5	3.0	3.0
Consultant 4						
WMS Band 2 - Behavioral Specialist	86,400		3.0	1.5	3.0	3.0
WMS Band 2 - Program	86,400		2.0	1.0	2.0	2.0
Manager/Administrator						
Total FTEs			116.5	58.3	193.0	205.8

III. D - Expenditures By Program (optional)

Program	FY 2020	FY 2021	2019-21	2021-23	2023-25
Developmental Disabilities Administration		14,093,000	14,093,000	43,404,000	47,132,000
(040)					
Total \$		14,093,000	14,093,000	43,404,000	47,132,000

Part IV: Capital Budget Impact

NONE

Three cottages will be established at Rainier School to provide crisis stabilization services for up to 24 clients per day. For purposes of this fiscal note, it is assumed that it will take 28 months to renovate the three RHC cottages. The estimate of 28 months to complete the renovations assumes the requirement for a predesign will be waived. If a predesign is required, an additional eight months will be required to complete the renovations. Additionally, it is assumed capital funding will be appropriated in Fiscal Year 2020 to begin the renovation work. Under these assumptions, the renovation work will begin in March 2020 and will follow the following time line:

March – April 2020: Consultant selection May – December 2020: Design January – February 2021: Bidding process March 2021 – June 2022: Construction, prepare for occupancy

Part V: New Rule Making Required

Identify provisions of the measure that require the agency to adopt new administrative rules or repeal/revise existing rules.

New rules will be needed to implement this legislation.

Annual Cost Per FTE

	FTE	Total
Attendant Counselor 1 (1:4 direct care ratio)	1.0	81,297
Attendant Counselor 2 (1 per shift per cottage)	1.0	84,025
Attendant Counselor 3 (1 per shift per cottage)	1.0	88,441
Attendant Counselor Manager (per cottage)	1.0	102,509
Habilitation Plan Administrator (per cottage)	1.0	117,264
Registered Nurse	1.0	174,099
Recreation Specialist 2 (per cottage)	1.0	95,879
Maintenance Mechanic 2 (per cottage)	1.0	104,226
Ancillary Support Staff (i.e. Administration/Pharmacy/Food Service/Cust	1.0	99,487

	Fiscal Year 2022		Fiscal Year 2023		Fiscal Year 2024		Fiscal Yea	nr 2025
Attendant Counselor 1 (1:4 direct care ratio)	20.8	1,690,000	124.8	10,156,000	124.8	10,156,000	124.8	10,156,000
Attendant Counselor 2 (1 per shift per cottage)	1.5	126,000	9.0	757,000	9.0	757,000	9.0	757,000
Attendant Counselor 3 (1 per shift per cottage)	1.5	133,000	9.0	797,000	9.0	797,000	9.0	797,000
Attendant Counselor Manager (per cottage)	0.5	54,000	3.0	308,000	3.0	290,000	3.0	290,000
Habilitation Plan Administrator (per cottage)	0.5	62,000	3.0	352,000	3.0	334,000	3.0	334,000
Nursing (ratio per client)	0.5	90,000	3.0	522,000	3.0	504,000	3.0	504,000
Recreation Specialist 2 (per cottage)	0.5	51,000	3.0	288,000	3.0	270,000	3.0	270,000
Maintenance Mechanic 2 (per cottage)	0.5	55,000	3.0	313,000	3.0	295,000	3.0	295,000
Ancillary Support Staff (i.e. Administration/Pharmacy/Food Service/Cust	1.0	99,000	6.0	591,000	6.0	561,000	6.0	561,000
*ADDITIONAL COSTS		142,000		3,230,000		2,746,000		2,746,000
TOTAL	27.3	2,502,000	163.8	17,314,000	163.8	16,710,000	163.8	16,710,000

*ADDITIONAL COSTS	
One-time equipment cost to furnish/equip vacant cottage	200,000
Monthly supplies/utility cost per cottage	50,000
6% ICF Tax	