

Multiple Agency Fiscal Note Summary

Bill Number: 5512 P S SB	Title: State hospitals/DOH
---------------------------------	-----------------------------------

Estimated Cash Receipts

Agency Name	2017-19		2019-21		2021-23	
	GF- State	Total	GF- State	Total	GF- State	Total
Department of Social and Health Services	0	38,000	0	18,000	0	18,000
Total \$	0	38,000	0	18,000	0	18,000

Estimated Expenditures

Agency Name	2017-19			2019-21			2021-23		
	FTEs	GF-State	Total	FTEs	GF-State	Total	FTEs	GF-State	Total
Department of Social and Health Services	2.7	893,000	931,000	2.2	436,000	454,000	2.2	436,000	454,000
Department of Health	3.7	887,000	887,000	3.6	880,000	880,000	3.6	910,000	910,000
Total	6.4	\$1,780,000	\$1,818,000	5.8	\$1,316,000	\$1,334,000	5.8	\$1,346,000	\$1,364,000

Estimated Capital Budget Impact

NONE

Prepared by: Bryce Andersen, OFM	Phone: (360) 902-0580	Date Published: Final 2/27/2017
---	---------------------------------	---

* See Office of the Administrator for the Courts judicial fiscal note

** See local government fiscal note

FNPID: 48016

Individual State Agency Fiscal Note

Bill Number: 5512 P S SB	Title: State hospitals/DOH	Agency: 300-Department of Social and Health Services
---------------------------------	-----------------------------------	---

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

ACCOUNT	FY 2018	FY 2019	2017-19	2019-21	2021-23
General Fund-Federal 001-2	29,000	9,000	38,000	18,000	18,000
Total \$	29,000	9,000	38,000	18,000	18,000

Estimated Expenditures from:

	FY 2018	FY 2019	2017-19	2019-21	2021-23
FTE Staff Years	3.2	2.2	2.7	2.2	2.2
Account					
General Fund-State 001-1	675,000	218,000	893,000	436,000	436,000
General Fund-Federal 001-2	29,000	9,000	38,000	18,000	18,000
Total \$	704,000	227,000	931,000	454,000	454,000

Estimated Capital Budget Impact:

NONE

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: Kevin Black	Phone: (360) 786-7747	Date: 02/15/2017
Agency Preparation: Sara Corbin	Phone: 360-902-8194	Date: 02/24/2017
Agency Approval: Ken Brown	Phone: 360-902-7583	Date: 02/24/2017
OFM Review: Devon Nichols	Phone: (360) 902-0582	Date: 02/27/2017

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 1: Adds “state hospital” as defined in RCW 72.23.010 within the definition of “hospital” for the purposes of adverse health events and incident reporting system. This includes Western State Hospital (WSH), Eastern State Hospital (ESH), and the Child Study and Treatment Center (CSTC).

Section 3: Requires state hospitals work collaboratively within the Department of Social and Health Services (DSHS) and with outside facilities and agencies in the planning and implementation of patient discharges to long-term care services, establishing and maintaining a system for discharge planning, and establish written policies and procedures to:

- 1) Identify patients needing further nursing, therapy, or supportive care;
- 2) Coordinate with patient, family, caregiver, lay caregiver and appropriate members of the health care team;
- 3) Provide any patient written information and verbal consultation regarding long-term care options in the community;
- 4) Promote an informed choice of long-term care services;
- 5) Coordinate with the Department of Health (DOH) and specialized case management agencies to ensure timely transition to appropriate home, community residential, or nursing care; and
- 6) Inform the patient of his or her surrogate decision maker.

Section 4: Requires state hospitals to post in conspicuous locations a notice of the DOH hospital complaint toll-free telephone number that will need to be approved by DOH.

Section 5: Requires state hospitals to have in place policies to assure that information about unanticipated outcomes is provided to patients or their families or any surrogate decision maker.

Section 6: Allows DOH to make an unannounced inspections to state hospitals on average at least every 18 months. The inspection may include every part of the premises. DOH may make an examination of all phases of the state hospital operation necessary to determine compliance with the law and standards, rules and regulations adopted thereunder. The state hospital will be given two weeks following the inspection to provide any additional information or documentation requested by DOH during the unannounced inspection that was not available at the time of the request.

Section 7: Requires each state hospital to maintain and coordinated Quality Improvement Program for the improvement of quality of health care services. The Program must include:

- 1) The establishment of one or more quality improvement committees with responsibility to review services rendered and oversee and coordinate the quality improvement and medical malpractice prevention and ensure information gathered is used to review and revise current policies and procedures;
- 2) A process that includes medical staff privilege sanction procedures and competence in delivering health care services;
- 3) A process for the periodic review of all other health care providers who are employed or associated with the state hospital;
- 4) A procedure for the prompt resolution of grievances by patients and their representatives related to accidents, injuries, treatment, and other events that may result in claims of medical malpractice;
- 5) The maintenance and continuous collection of information concerning the state hospital’s experience with negative health care outcomes and incidents injurious to patients;

- 6) The maintenance of relevant and appropriate information gathered and maintained by the state hospital;
- 7) Education programs dealing with quality improvement, patient safety, medication errors, injury prevention, infection control, staff responsibility to report professional misconduct, the legal aspects of patient care, improved communication with patients, and causes of malpractice claims; and
- 8) Policies to ensure compliance with the reporting requirements of this section.

Section 7 also requires each committee report on at least a semiannual basis to the superintendent of the state hospital in which the committed is located the quality improvement activities conducted and any actions taken as a result to those activities. Each committee must annually provide their quality improvement plans to DOH for review. In addition, each hospital will be required to make accessible to the Medical Quality Assurance Commission or Board of Osteopathic Medicine and Surgery appropriate records and facilitate any review or audit as needed.

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.

Federal funds are Title XIX.

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.

SB 5512 requires state hospitals comply with specific requirements that hospitals licensed by the DOH must also comply with; however, it does so without requiring state hospitals to be licensed by DOH or indicating what authority DOH has to enforce these requirements if the state hospitals are not in compliance.

Western State Hospital -

Section 1: To meet the DOH requirements regarding adverse health events and incident reporting, WSH will require additional staff and associated costs to modify their existing database system. One-time staff costs in FY 2018 include 0.5 FTE Info Tech Systems/Apl. Specialist 6 estimated at \$70,000.

Section 3: WSH already has a discharge system in place, has written policies and procedures and work with long-term care services, therefore costs associated with this section would be nominal.

Section 4: Advertising the DOH hospital complaint toll-free telephone number will require modifying current business processes and require a large publication and mail distribution. One-time costs in fiscal year (FY) 2018 are estimated to be \$133,000 for both WSH and ESH.

Section 5: This work would be included in the changes from Section 1.

Section 6: Currently, WSH is inspected by Centers for Medicare & Medicaid Services (CMS). CMS may send up to 30 surveyors during the time of the inspection that can last a week or longer. The federal CMS already delegates its inspection authority to DOH, which could cause overlap with this legislation. With current funded staffing capacity, WSH assumes no additional costs with Section 7; however, for the purposes of this fiscal note, the following information details out what an inspection entails:

At the time of an inspection, specific WSH staff will be required to focus on the survey and not their normal

day-to-day work. For example, some staff may end up working 16 hour days, eight doing survey work and then eight doing their normal job. At any given time, up to 20 scribes/escorts will be pulled from their jobs to be available for the survey team. WSH and ESH could have up to six staff pulled to be drivers for the survey team. Two to three administrative staff will need to be available to make copies, run after records, order lunches, etc. for the survey team. Dietary staff will be needed to set up fresh water and coffee each day (DSHS cannot provide food for the surveyors). Both hospitals will require IT staff to help with Wi-Fi and conference calls for the survey team. Hospitals will require staff to retrieve closed records, run charts, find policies, gather grievance records, run nursing reports, and run data. Staff will be required to make many copies for the surveyors, which in turn, causes additional paper and toner costs. On average, WSH estimates a daily inspection cost of \$34,600

Section 7: This section requires the maintaining of additional quality oversight of state hospitals. WSH currently has a Quality Improvement Program in place; however, in order to fully meet the requirements of this section the following two database systems will be required at WSH and ESH.

*Incident Reporting Tracking System - for tracking of patient complaints or grievances by patients or their representatives to assist in prompt resolution of concerns. The system will allow for reporting of incidents, accidents, injuries and the related treatments and steps taken to resolve the issue. Quick access to this information will be necessary for claims that may result in claims of medical malpractice in addition to demonstrating to regulatory and oversight agencies how the hospital is meeting all of the necessary regulatory requirements. Total estimated one-time costs will be \$100,000 in FY 2018, which covers both hospitals.

*Peer Review Tracking System - for oversight management of the physician periodic review process. This system will also be necessary in demonstrating to reporting to regulatory agencies how the hospital is meeting these regulatory requirements. Total estimated one-time costs will be \$100,000 in FY 2018, which covers both hospitals.

Eastern State Hospital -

Section 1: To meet the DOH requirements regarding adverse health events and incident reporting, ESH will require additional staff and associated costs to modify their existing database system. One-time staff costs in FY 2018 include 0.3 FTE Info Tech Systems/Apl. Specialist 6 estimated at \$41,000.

Section 3: ESH already has a discharge system in place, has written policies and procedures, and work with long-term care services, therefore costs associated with this section would be nominal.

Section 4: Advertising the DOH hospital complaint toll-free telephone number will require modifying current business processes and require a large publication and mail distribution. One-time costs in fiscal year (FY) 2018 are included above under WSH, Section 4.

Section 5: This work would be included in the changes from Section 1.

Section 6: Currently, ESH is inspected every 36 months under the authority of CMS. With the DOH survey process, the hospital will undergo three times the number of surveys or from once every 36 months, to three every 36 months (one by CMS and two by DOH). Once a survey has been completed through the exit conference, there are a series of follow up visits and additional work related to the corrective action plans based on the survey findings. Currently, each survey is estimated to bring as many as six follow up survey visits, and as many as 16 surveyors on site at one time. While the initial survey may take from five to eight days, the follow

up visits and corrective action plans take as much as nine months to resolve. ESH currently has three staff that are responsible for the oversight of the survey process including preparation and follow up on any corrective action plan items. Additionally those staff are responsible for the oversight of the numerous Quality Committees and reporting the comprehensive quality reports internally and to various regulatory agencies.

Each survey requires post implementation tracking to ensure that any findings are addressed and mitigated. With each survey, a tracking sheet is developed that includes all of the various findings, details of the corrective action plan, the status of the corrective action plan, and the person responsible for oversight of the corrective action plan. Through the increased number of surveys, the number of corrective action plans will increase as the focus of each survey will be different from the prior survey.

To meet additional workload demands, ESH unlike WSH will require additional staff and associated costs as well as one-time equipment costs starting in FY 2018. First, an ongoing 1.0 FTE Management Analyst 3 (Survey Coordinator) will be required to focus on the survey oversight from the initial survey to the final wrap-up as well as assist with internal audit plans and survey readiness. Second, an ongoing 1.0 FTE Management Analyst 3 (Quality Systems Auditor) will be required to spend time on auditing the corrective action plans or any survey findings throughout the survey process as well as assist with the hospital survey preparation. Costs in FY 2018 will be \$202,000. Ongoing costs starting in FY 2019 will be \$196,000.

Section 7: This section requires the maintaining of additional quality oversight of state hospitals. ESH currently has Quality Improvement Programs in place; however, in order to meet the requirements of this section both an Incident Reporting Tracking System to comply with data collection requirements and a Peer Review Tracking System to track individual physician compliance. Costs are included above under WSH, Section 7.

Child Study and Treatment Center -

Section 1: To meet the DOH requirements regarding adverse health events and incident reporting, CSTC will require additional staff and associated costs to modify their existing database system. One-time staff costs in FY 2018 include 0.2 FTE Info Tech Systems/Appl. Specialist 6 estimated at \$29,000.

Section 3: Assuming that RCW's will be aligned to include institutions for treatment of the mentally ill, discharge planning is conducted according to CMS and The Joint Commission (TJC) standards that are consistent with national quality practices. It is assumed any costs with this section would be nominal.

Section 4: CSTC currently posts a toll-free number for Disability Rights of Washington and has an internal process as well for handling patient complaints and grievances. Currently, there is no posting of a hospital complaint toll-free telephone number. It is assumed that costs related to this new requirement would be nominal.

Section 5: These types of reports are already part of routine patient care, rights and responsibilities at CSTC; therefore there is no fiscal impact.

Section 6: Unannounced DOH inspections would involve staff response that is typical of any unannounced surveys. Current CMS, TJC, and Annual Loss Control Evaluation (ALCE) audits conducted annually and triennially would likely cover the same patient rights/clinical care and facility standards. The additional workload to CSTC would be time spent administratively supporting the additional audit, calendaring, meetings and follow up corrective action; therefore an ongoing 0.1 FTE MA3 will be needed starting in FY 2018 estimated at \$15,000 each year.

Section 7: There is not currently an annual Quality Improvement Plan, but there are plans related to ongoing quality improvement and those related to corrective action secondary to audits. The additional requirements added with this section of the bill will require additional administrative support; therefore an ongoing 0.1 FTE MA3 will be needed starting in FY 2018 estimated at \$15,000 each year.

Part III: Expenditure Detail

III. A - Expenditures by Object Or Purpose

	FY 2018	FY 2019	2017-19	2019-21	2021-23
FTE Staff Years	3.2	2.2	2.7	2.2	2.2
A-Salaries and Wages	220,000	139,000	359,000	278,000	278,000
B-Employee Benefits	90,000	66,000	156,000	132,000	132,000
C-Professional Service Contracts					
E-Goods and Other Services	152,000	13,000	165,000	26,000	26,000
G-Travel	2,000	1,000	3,000	2,000	2,000
J-Capital Outlays	231,000		231,000		
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services					
P-Debt Service	1,000	1,000	2,000	2,000	2,000
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements	8,000	7,000	15,000	14,000	14,000
9-					
Total:	\$704,000	\$227,000	\$931,000	\$454,000	\$454,000

III. B - 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 2018	FY 2019	2017-19	2019-21	2021-23
IT Systems/App Specialist 6	95,484	1.0		0.5		
MANAGEMENT ANALYST 3	61,212	2.2	2.2	2.2	2.2	2.2
Total FTE's	156,696	3.2	2.2	2.7	2.2	2.2

III. C - Expenditures By Program (optional)

Program	FY 2018	FY 2019	2017-19	2019-21	2021-23
BHA - Mental Health (030)	704,000	227,000	931,000	454,000	454,000
Total \$	704,000	227,000	931,000	454,000	454,000

Part IV: Capital Budget Impact

To meet the requirements of this legislation it is assumed DSHS will have a significant Capital Budget fiscal impact; therefore, for the purposes of this fiscal note the Capital Budget cost is Indeterminate.

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.

None.

Individual State Agency Fiscal Note

Bill Number: 5512 P S SB	Title: State hospitals/DOH	Agency: 303-Department of Health
---------------------------------	-----------------------------------	---

Part I: Estimates

No Fiscal Impact

Estimated Cash Receipts to:

NONE

Estimated Expenditures from:

	FY 2018	FY 2019	2017-19	2019-21	2021-23
FTE Staff Years	3.7	3.6	3.7	3.6	3.6
Account					
General Fund-State 001-1	447,000	440,000	887,000	880,000	910,000
Total \$	447,000	440,000	887,000	880,000	910,000

Estimated Capital Budget Impact:

NONE

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: Kevin Black	Phone: (360) 786-7747	Date: 02/15/2017
Agency Preparation: Donna Compton	Phone: (360) 236-4538	Date: 02/23/2017
Agency Approval: Ryan Black	Phone: (360) 236-4530	Date: 02/23/2017
OFM Review: Bryce Andersen	Phone: (360) 902-0580	Date: 02/27/2017

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.

Changes in fiscal impacts have increased based on this bill requiring the Department of Health (department) to conduct and report biennial excellence assessments.

Section 6(1): Amends RCW 70.41.120 requiring the department to inspect state hospitals every 18 months.

Section 6(6): Amends RCW 70.41.120 requires the department to undergo excellence assessments from the National institutes of Standards and Technology, U.S. Department of Commerce, at least once every two years with the goal of achieving a sixty percent score within seven years. The results of the assessments must be reported to the Governor and pertinent Legislative committees.

Section 7(5): This bill requires each state hospital's quality improvement committee to submit their quality improvement plans to the department on an annual basis for review.

Section 7(6): This bill allows the department to collect a civil penalty fee not to exceed two hundred-fifty dollars if the state hospital fails to comply with this subsection.

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.

NONE

The department assumes funding provided from General Fund-State to support the work required in this bill.

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.

The department assumes funding provided from General Fund-State to support the work required in this bill.

Rulemaking

Section 7: There will be one-time costs for rulemaking in fiscal year (FY) 2018. This bill will require the department to adopt rules for state hospitals. Rulemaking will consist of four stakeholder meetings as well as one formal rules hearing. One-time rulemaking costs will include staff-time, Office of the Attorney General support of \$1,000 and related costs. Costs in FY18 will total 0.10 FTE and \$24,000.

Health Technology Solutions

Section 6: During FY 2018, information technology (IT) staff will be required to implement and maintain the new state hospital tracking credential. This will include conducting a business analysis, configuration, and testing a tracking credential type. Tasks include establishing credentialing workflows, user defined fields, templates and modification or creation of reports in the DOH Integrated Licensing and Regulatory System. Costs in FY 2018 will include staff and associated costs for a total of \$5,000. Starting in FY 2019, ongoing costs will be \$1,000 per

year.

Program Implementation and Administration

Section 6 & 7: This bill requires an 18 month inspection of two state hospitals and a child study and treatment center as well as reviewing annually submitted quality improvement plans. Tasks include the examination of all phases of the hospitals, drafting a report, tracking response from the facility, meeting with the CEO, coordinating with Department of Social and Health Services, State Fire Marshal and local agencies. Costs in FY 2018 will include staff and associated costs for a total of 0.30 FTE and \$56,000. Starting in FY 2019, ongoing costs will be 0.30 FTE and \$54,000 per year.

As written, this bill gives the department authority to conduct inspections and to receive complaints but no authority to conduct investigations.

Excellence Assessment

Section 6(6) requires the department to conduct excellence assessments at least once every two years and reporting the results to the Governor and pertinent Legislative committees. This section will require department staff to perform the functions listed below.

- Develop a licensing performance management plan that incorporates Baldrige tenets and principles, aligned to the current state Lean Transformation Model's framework.
- Implement the performance management plan, including delegating responsibilities to appropriate division staff and monitoring progress.
- Develop strategic plan, ethics plan, workforce learning and training development and workforce performance management systems.
- Implement tasks required by the strategic and performance management plan.
- Updating performance management system to ensure that metrics gauge success for all strategies and tasks, to include seventeen Baldrige assessment area criteria.
- Completing all the necessary documentation for a Baldrige assessment and required follow-up actions.
- Conduct Baldrige self-assessments and collaborative assessments.
- Apply for Baldrige excellence award and host site visit.
- Preparing and reporting to the Governor and pertinent legislative committees on assessment results.

Baldrige Collaborative Assessment: \$30,000

Baldrige Award Application and site visit: \$88,000

For purposes of this fiscal note the department is anticipating conducting a collaborative assessment in year 2, 3 and 4, and applying for award in year 5.

Impacts to develop and implement these requirements will total 3.3 FTE and \$362,000 in FY 2018. Costs in FY 2019 through 2021 will total 3.3 FTE and \$385,000 each year. FY 2022 will total 3.3 FTE and \$445,000 and FY 2023 will total 3.3 FTE and \$355,000.

Total impact for the implementation and administration of this bill will be 4.1 FTE and \$447,000 In FY 2018. Costs in FY 2019 through 2021 will total 3.7 FTE and \$440,000 each year. FY 2022 will total 3.7 FTE and \$500,000 and FY 2023 will total 3.7 FTE and \$410,000.

Part III: Expenditure Detail

III. A - Expenditures by Object Or Purpose

	FY 2018	FY 2019	2017-19	2019-21	2021-23
FTE Staff Years	3.7	3.6	3.7	3.6	3.6
A-Salaries and Wages	293,000	274,000	567,000	548,000	549,000
B-Employee Benefits	102,000	95,000	197,000	190,000	190,000
C-Professional Service Contracts		30,000	30,000	60,000	88,000
E-Goods and Other Services	38,000	35,000	73,000	70,000	71,000
J-Capital Outlays	8,000		8,000		
T-Intra-Agency Reimbursements	6,000	6,000	12,000	12,000	12,000
Total:	\$447,000	\$440,000	\$887,000	\$880,000	\$910,000

III. B - 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 2018	FY 2019	2017-19	2019-21	2021-23
Fiscal Analyst 2	48,060	0.3	0.6	0.5	0.6	0.6
HEALTH SERVICES	57,144	0.1	0.1	0.1	0.1	0.1
CONSULTANT 2 HEALTH SERVICES	71,316	0.1		0.1		
CONSULTANT 4 Health Svcs Conslt 1	48,060	0.5	0.4	0.5	0.4	0.4
MANAGEMENT ANALYST 3	58,548	1.0	1.0	1.0	1.0	1.0
NURSING CONSULTANT, INSTITUTIONAL	95,184	0.4	0.4	0.4	0.4	0.4
PUBLIC HEALTH ADVISOR 3	64,620	0.2	0.2	0.2	0.2	0.2
WMS02	98,376	0.7	0.6	0.7	0.6	0.6
WMS03	111,276	0.4	0.3	0.4	0.3	0.3
Total FTE's	652,584	3.7	3.6	3.7	3.6	3.6

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.

Section 7: The department will adopt rules necessary to implement this bill.