

# HOUSE BILL REPORT

## HB 2530

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**As Reported by House Committee On:**  
Health Care & Wellness  
Appropriations

**Title:** An act relating to foster youth health care benefits.

**Brief Description:** Concerning foster youth health care benefits.

**Sponsors:** Representatives Senn, Graves, Caldier, Fey, Stonier, Kagi, McBride, Wylie and Doglio.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 1/30/18, 1/31/18 [DP];

Appropriations: 2/3/18, 2/5/18 [DPS].

**Brief Summary of Substitute Bill**

- Allows former foster children to continue coverage in the integrated managed health care plan for foster children for up to 12 months following reunification with their parents or guardian.
- Extends the date by which behavioral health services must be fully integrated into the managed health care plan for foster children by three months.

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### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** Do pass. Signed by 16 members: Representatives Cody, Chair; Macri, Vice Chair; Schmick, Ranking Minority Member; Graves, Assistant Ranking Minority Member; Caldier, Clibborn, DeBolt, Harris, Jinkins, MacEwen, Maycumber, Riccelli, Robinson, Slatter, Stonier and Tharinger.

**Staff:** Chris Blake (786-7392).

**Background:**

The Health Care Authority (Authority) administers the Medicaid program which is a state-federal program that pays for health care for low-income state residents who meet certain

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eligibility criteria. Persons under 19 years old who are in foster care and are under the legal responsibility of the state or a tribe located within the state are eligible for Medicaid. Persons under 21 years old who are either in foster care or eligible for continued foster care services may also enroll in Medicaid. In addition, persons between 19 and 26 years old may receive Medicaid if they either were in foster care and enrolled in Medicaid on their eighteenth birthday or were older than 18 when their foster care assistance ended.

Since 2016 the Authority has provided Medicaid services to foster youth through a single statewide managed care plan known as Apple Health Core Connections. The plan provides all physical health care benefits as well as lower-intensity outpatient mental health benefits. Inpatient mental health services and higher-level outpatient mental health services are provided through behavioral health organizations until October 1, 2018, at which point Apple Health Core Connections must offer the services.

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**Summary of Bill:**

A child under 18 years old who was in foster care and is no longer a dependent child may continue enrollment in the integrated managed health care plan for foster children for up to 12 months following reunification with the child's parents or guardian. The child must meet income and eligibility standards for medical assistance and must have been in foster care under the responsibility of the Department of Social and Health Services, the Department of Children, Youth, and Families, or an Indian tribe.

The date for behavioral health services to be integrated into the managed health care plan for foster children is extended from October 1, 2018, to January 1, 2019.

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**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date:** The bill takes effect on July 1, 2018.

**Staff Summary of Public Testimony:**

(In support) Reunifying families is better for the state, the children, and the families, but does not mean that everything is suddenly fine. Parents may be just getting their lives back in order and the children are trying to readjust to being back in the home and the last thing on their minds is selecting a new health plan. Post-reunification can be a very vulnerable time for children and their families and they should have access to the same extra health care supports that are available to foster parents and adoptive parents through the Apple Health Foster Care program. Foster children are often complex patients who frequently have behavioral and health problems. Providing these continued benefits will help increase continuity of health care services which will improve the overall stability of the family. Allowing families the same health care coordinators that have been supporting their

child, the child's parents, and caseworkers allows for better information sharing and knowledge of the services that the child has been receiving and continue to need. The continuation of services helps with knowledge transfer and access to information regarding the child's health care while they are in foster care which can empower parents to make informed choices and take an active role in the child's health care. The reunification period is frequently a difficult time of transition and the more help that there is for foster children and their families, the less likely it is that they will return to foster care. This bill can reduce the risk of reentry into the foster care system. This allows children to stay on the case management program that they have been on and not fall through the cracks.

A child's behavioral health issues do not just disappear once the child returns home. Being able to provide support and advocacy to the family promotes the child's continuation of services that improves their well-being and provides a resource for parents if behavioral health issues worsen or cause concern. This bill can help several thousand children each year.

This bill aligns the behavioral health integration timeline for the foster care program with the rest of the Medicaid system's timeline. This will be a good use of resources and avoids the situation in which some regions would have to create services just for the foster care population while waiting for the rest of the Medicaid population to come online. There has been positive feedback on the care and services received under the Apple Health Foster Care program.

(Opposed) None.

**Persons Testifying:** Representative Senn, prime sponsor; Andrea Davis and Sara Robitaille, Coordinated Care; Laurie Lippold, Partners for Our Children; and Ruth Conn, Washington Chapter of the American Academy of Pediatrics.

**Persons Signed In To Testify But Not Testifying:** None.

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## HOUSE COMMITTEE ON APPROPRIATIONS

**Majority Report:** The substitute bill be substituted therefor and the substitute bill do pass. Signed by 27 members: Representatives Ormsby, Chair; Robinson, Vice Chair; MacEwen, Assistant Ranking Minority Member; Bergquist, Buys, Caldier, Cody, Fitzgibbon, Graves, Haler, Hansen, Harris, Hudgins, Jinkins, Kagi, Lytton, Manweller, Pettigrew, Pollet, Sawyer, Schmick, Senn, Springer, Stanford, Sullivan, Tharinger and Wilcox.

**Minority Report:** Do not pass. Signed by 4 members: Representatives Chandler, Ranking Minority Member; Condotta, Taylor and Vick.

**Minority Report:** Without recommendation. Signed by 1 member: Representative Stokesbary, Assistant Ranking Minority Member.

**Staff:** Catrina Lucero (786-7192).

**Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:**

The provision allowing a parent or guardian to choose to continue to enroll their child in the integrated managed health care plan for foster children is removed and replaced with a provision that allows a parent or guardian to choose to continue in the transitional foster care eligibility category for up to 12 months following reunification.

**Appropriation:** None.

**Fiscal Note:** Available.

**Effective Date of Substitute Bill:** The bill takes effect on July 1, 2018.

**Staff Summary of Public Testimony:**

(In support) The result of moving foster children into managed care has been positive. Implementation was thoughtful and well informed. Reunification is a time of stress. Allowing children to continue in their current health plan alleviates some of this and supports stability. Successful reunification prevents children from re-entering the foster care system.

(Opposed) None.

**Persons Testifying:** Representative Ormsby; Laurie Lippold, Partners for Our Children; and Bill Stauffacher, Coordinated Care.

**Persons Signed In To Testify But Not Testifying:** None.