FINAL BILL REPORT 2SHB 1941

C 177 L 24

Synopsis as Enacted

Brief Description: Providing for health home services for medicaid-eligible children with medically complex conditions.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Couture, Schmidt, Reed, Graham, Barnard, Kloba, Cheney, Riccelli, Pollet, Griffey and Jacobsen).

House Committee on Health Care & Wellness House Committee on Appropriations Senate Committee on Health & Long Term Care Senate Committee on Ways & Means

Background:

Medicaid State Plan.

Medicaid is a program funded jointly by states and the federal government that provides health coverage to a variety of populations including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states, according to federal requirements. Federal law sets broad requirements for the program and mandates coverage of some populations and benefits, while leaving others optional. States then make operational and policy decisions that determine who is eligible for enrollment, which services are covered, and how payments are set.

Each state specifies the nature and scope of its Medicaid program through a state plan that must be submitted and approved by the federal Centers for Medicare and Medicaid Services (CMS) in order for the state to access federal Medicaid funds. The state plan can be amended as needed to reflect changes in state policy and federal law and regulation through state plan amendments (SPAs).

Medicaid Health Home Benefit for Children with Medically Complex Conditions. The Medicaid Services Investment and Accountability Act of 2019 authorized states to

House Bill Report - 1 - 2SHB 1941

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cover an optional health home state plan benefit for Medicaid-eligible children with medically complex conditions. Beginning October 1, 2022, states were authorized to offer the new health home services benefit for children with medically complex conditions, which includes providing access to the full range of pediatric specialty and subspecialty medical services, person-centered care management, care coordination, and patient and family support, including services from out-of-state providers, as medically necessary. States with an approved Medicaid SPA to cover the new health home benefit will receive a 15-percentage point increase in federal matching for their expenditures on health home services during the first two fiscal year quarters that the SPA is in effect.

Summary:

By January 1, 2025, the Health Care Authority must submit a SPA to the CMS to allow Medicaid-eligible children with medically complex conditions to voluntarily enroll in a health home as provided in the Medicaid Services Investment and Accountability Act of 2019.

Votes on Final Passage:

House 97 0

Senate 49 0

Effective: June 6, 2024