
Early Learning & Human Services Committee

HB 1200

Brief Description: Authorizing payment for parental caregivers of minor children with developmental disabilities.

Sponsors: Representatives Taylor, Low, Jacobsen, Alvarado, Ryu, Berry, Mena, Macri, Callan, Obras, Doglio, Fosse, Gregerson, Simmons, Peterson, Goodman, Wylie, Couture, Street, Pollet, Penner, Kloba, Cortes, Nance, Springer, Davis, Leavitt, Scott, Salahuddin, Stonier and Hill.

Brief Summary of Bill

- Requires the Department of Social and Health Services Developmental Disabilities Administration to submit a request to amend applicable home and community-based services waivers to allow parents to receive payment for providing extraordinary personal care services.

Hearing Date: 1/29/25

Staff: Omeara Harrington (786-7136).

Background:

The Department of Social and Health Services Developmental Disabilities Administration (DDA) assists individuals with developmental disabilities and their families to obtain services and support based on individual preferences, capabilities, and needs. While some DDA clients live in residential habilitation centers, an institutional setting, most clients live in the community. Clients of the DDA may receive services through the Community First Choice program under the Medicaid State Plan, through one of five DDA home and community-based services waivers, or both. In general, DDA clients who receive personal care services receive those services under

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the Community First Choice program. Personal care services provide assistance with everyday tasks like bathing, dressing, and managing medication.

The Comprehensive Assessment Reporting Evaluation system (CARE) is an assessment tool used to assess abilities and needs for long-term care services. The base number of in-home personal care hours for which a DDA client is authorized is determined by using the CARE assessment to place them into one of five groups and seventeen sub-classifications. The number of hours for each sub-classification varies depending on the client's group and activities of daily living (ADL) score. Those meeting criteria for exceptional care needs are placed in Group E and are given 393 base hours or 327 base hours, depending on their ADL score. Those meeting criteria for the mood and behavior qualification, but who do not meet the classification for another group, are classified into Group B, and are given 129 base hours if their ADL score is high enough to place them in the Group B High category. The DDA adjusts the base hours to account for informal supports and age-appropriate functioning and other paid services that meet some of an individual's need for personal care services.

Medicaid payments are generally not authorized for personal care services provided by legally responsible individuals, such as spouses or parents of minor children. However, states may seek a waiver from the Centers for Medicare and Medicaid Services (CMS) to allow legally responsible persons to receive payment for the provision of extraordinary care. Extraordinary care is described by the CMS as care exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person of the same age without a disability or chronic illness, and which is necessary to assure the person's health and welfare and avoid their institutionalization.

Summary of Bill:

The Developmental Disabilities Administration (DDA) must submit a request to the Centers for Medicare and Medicaid Services (CMS) by January 31, 2026, to amend applicable DDA home and community-based services waivers to allow parents who provide personal care services to their minor children with developmental disabilities to receive payment for providing extraordinary care. Parents include natural parents, adoptive parents, stepparents, and legal guardians.

Until July 1, 2031, "extraordinary care" means care provided to a minor child who is assessed in an E classification category or the B High classification category, that exceeds the range of activities that a legally responsible individual, such as a parent, would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and is necessary to assure the health and welfare of the minor child and avoid their institutionalization. Following that date, the requirement is removed that a child must be assessed into E or B High classification categories. At that time, the authorization is expanded to include any parent caregiver providing extraordinary care to their minor child who is a client of DDA. The DDA must submit follow up requests to the CMS as needed to expand the authorization in accordance with the expanded definition of "extraordinary care" that goes into effect in 2031.

The DDA may adopt rules for assessing and authorizing personal care hours for minors with compensated parental caregivers and other rules as necessary to comply with CMS requirements related to authorizing payments to legally responsible individuals, such as parents. In implementing the authorization, the DDA must allow parental caregivers the option to be employed as individual providers subject to the same training and oversight requirements as other individual providers who are parents of the person for whom they are providing care. Only personal care services hours served by parent providers may be offered as a waiver service, and all other assessed personal care services hours served by other providers must remain on the Community First Choice program.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill contains multiple effective dates. Please see the bill.