

SENATE BILL REPORT

SB 6609

As of February 24, 2012

Title: An act relating to the medicaid personal care services program.

Brief Description: Concerning the medicaid personal care services program.

Sponsors: Senator Keiser.

Brief History:

Committee Activity: Ways & Means:

SENATE COMMITTEE ON WAYS & MEANS

Staff: Megan Atkinson (786-7446)

Background: The Department of Social and Health Services (DSHS) provides assistance to Long Term Care (LTC) and Division of Developmental Disabilities (DDD) clients with personal-care tasks through the Medicaid Personal Care (MPC) program. DSHS also provides assistance to Medicaid program waiver clients as a component of their authorized services. A personal-care benefit is provided to children and adults who have functional limitations based on medical issues and an unmet need for personal care. The current personal care benefit is provided as an authorization for hours of paid assistance with activities of daily living and instrumental activities of daily living. This typically includes assistance with bathing, personal hygiene, self-medicating, toileting, dressing, and other activities. Clients living in their own homes receive assistance by a paid provider, either an individual provider or by a home care agency provider. Personal-care services can also be provided to clients living in residential settings, such as adult family homes. All personal-care providers must complete certain training requirements.

The MPC program is provided as an optional state Medicaid plan service which requires that since the state is offering an MPC program, services must be provided to all eligible recipients; the state cannot place caseload limits on the program or cap the program. Waiver programs are not entitlements; the Legislature currently manages the number of DDD waiver slots, although LTC waiver capacity is allowed to grow in response to demand.

Summary of Bill: DSHS must provide a personal-care service benefit for adult clients under section 1915(i) of the Social Security Act exclusively utilizing the option that allows for client self-direction of an individualized budget. This differs from the current program where

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a client's personal care benefit is a set number of hours of care that they can purchase from a qualified provider. Clients may spend their budget to secure services from appropriate providers, purchase other support services and therapies, and purchase equipment or make other expenditures as necessary to address the clients' health and safety.

DSHS must establish the per-client budget amount using a methodology that:

- is objective and evidence-based;
- uses valid, reliable cost data;
- includes a calculation of the expected cost of each service available under this option;
and
- can be applied consistently to individuals.

The personal-care program must operate within the amounts specifically appropriated in the biennial appropriations act and that the per-client amount is not required to be sufficient to meet all assessed needs.

DSHS is authorized to provide, or contract to have provided, client case-management services to assist the client in developing and executing their care plan and to contract for financial intermediary services that will oversee disbursements from clients' accounts. DSHS is permitted to deduct up to 5 percent from the clients' accounts to pay for the financial intermediary services.

Appropriation: None.

Fiscal Note: Requested on February 24, 2012.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.