
Health Care & Wellness Committee

HB 1151

Brief Description: Creating pilot projects to offer respite services to primary caregivers of people with severe mental illness.

Sponsors: Representatives Moeller, Tarleton, Robinson, Bergquist, Ormsby, Senn, Tharinger and Santos.

Brief Summary of Bill

- Establishes a two-year pilot project to provide respite services to the primary caregivers of people with severe mental illness.

Hearing Date: 2/13/15

Staff: Chris Blake (786-7392).

Background:

Regional Support Networks.

Regional support networks provide a variety of community-based mental health services to clients on the Medicaid program as well as to some additional low income individuals. These services are provided with a combination of funds including state, federal Medicaid, other federal grants, and local funds. Medicaid, which requires state matching funds, is the largest funding source and currently can be used to provide psychiatric inpatient services along with 18 distinct rehabilitative service modalities that are defined in the state Medicaid plan. Medicaid funds can only be used to provide services to individuals on Medicaid and only for services that are defined in the state Medicaid plan or approved under a state Medicaid waiver.

Respite Care.

Respite care is a service which is designed to provide support to caregivers of individuals with mental illnesses or other types of intensive health care needs. For a brief time, respite care was one of three optional Medicaid services that could be provided by regional support networks

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under the authority of a 1915(b) waiver that is used for regional support network purchasing. During that time, these services were not provided statewide.

As a condition of the state's 2010-2012 1915(b) waiver renewal, the Centers for Medicare and Medicaid Services identified that any optional services being provided under the waiver must be available statewide and required a corrective action plan. Statewide expansion would have required additional state matching funds which was not provided in the operating budget. In order to meet the corrective action requirement, the 1915(b) waiver was subsequently amended to remove the three optional services at the end of fiscal year 2012. Currently respite care services can only be provided by a regional support network with non-Medicaid funding.

Summary of Bill:

The Department of Social and Health Services (Department) must establish up to three pilot projects to provide respite services to primary caregivers of people with severe mental illness. "Respite services" is defined to mean care from a temporary caregiver that relates to observation, direct support, and monitoring to meet a person's physical, emotional, social, and mental health needs.

The respite services may be provided on a planned or emergency basis and may take place in the home of the primary caregiver, the home of the person receiving the care, or in the facility of a licensed service provider. The pilot project will take place in counties that are within a behavioral health organization that is an early adopter of fully integrated purchasing of medical and behavioral health services under Medicaid.

The pilot project begins no later than April 1, 2016, and expires on June 30, 2018. By November 15, 2017, the Department must submit a report to the Governor and the Legislature that summarizes findings from the pilot project and offers recommendations on the benefits of respite services, the appropriateness and cost-effectiveness of different care settings, program costs and potential savings, and the costs and savings related to establishing respite services statewide.

Appropriation: None.

Fiscal Note: Requested on February 3, 2015.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.