

SENATE BILL REPORT

SHB 2530

As Passed Senate, February 28, 2018

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

Brief Description: Concerning foster youth health care benefits.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Senn, Graves, Caldier, Fey, Stonier, Kagi, McBride, Wylie and Doglio).

Brief History: Passed House: 2/08/18, 94-4.

Committee Activity: Health & Long Term Care: 2/15/18, 2/19/18 [DP-WM].

Ways & Means: 2/26/18, 2/26/18 [DP].

Floor Activity:

Passed Senate: 2/28/18, 49-0.

Brief Summary of 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.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Kuderer, Vice Chair; Rivers, Ranking Member; Bailey, Conway, Fain, Keiser, Mullet and Van De Wege.

Staff: Evan Klein (786-7483)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair; Braun, Ranking Member; Honeyford, Assistant Ranking Member; Bailey, Becker, Billig, Brown, Carlyle, Conway,

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Darneille, Fain, Hasegawa, Hunt, Keiser, Mullet, Palumbo, Pedersen, Ranker, Rivers, Schoesler, Van De Wege, Wagoner and Warnick.

Staff: Sandy Stith (786-7710)

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 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.

Summary of Bill: 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.

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 the eligibility standards for medical assistance coverage 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.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on February 26, 2018.

Creates Committee/Commission/Task Force that includes Legislative members: No.

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

Staff Summary of Public Testimony (Health & Long Term Care): PRO: The goal of this legislation is to bolster reunification. The last thing on a parent's mind when they are reunified with their children is health care. We want to make sure children maintain their prescriptions and their providers when they are reunified. The substitute bill eliminates the fiscal impact in the underlying bill. This bill aligns the implementation date for integration of the foster care program with the rest of Medicaid. This bill will provide incredible support to children in the foster care program. Post-reunification can be a vulnerable time for children in the foster care system. This transition program will help parents to be informed

and take an active role in their child's health care. Coordinated Care has done a fantastic job preparing the foster care health systems for integration.

Persons Testifying (Health & Long Term Care): PRO: Representative Tana Senn, Prime Sponsor; Laurie Lippold, Partners for Our Children; Andrea Davis, Coordinated Care; Sara Robitaille, Coordinated Care.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.

Staff Summary of Public Testimony (Ways & Means): PRO: Stability plays an important part in reunification. Health care is an important part of that stability. If a parent understands the health care needs of a child, it will help that child maintain the stability they need for a successful reunification. When the Legislature directed Health Care Authority to put kids into managed care, there was some concern. This concern has since dissipated and the program has worked quite well. It has been an excellent program that has provided continuity and stability and these things go a long way toward ensuring successful reunification.

Persons Testifying (Ways & Means): PRO: Bill Stauffacher, Coordinated Care; Laurie Lippold, Partners for Our Children.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.