

HOUSE BILL REPORT

HB 2365

As Reported by House Committee On:
Human Services, Youth, & Early Learning

Title: An act relating to increasing access to respite care for those with intellectual or developmental disabilities and their caregivers.

Brief Description: Increasing access to respite care for those with intellectual or developmental disabilities and their caregivers.

Sponsors: Representatives Barnard, Taylor, Robertson, Leavitt, Callan, Davis, Farivar, Nance, Reed, Jacobsen, Simmons, Goodman, Caldier, Pollet and Santos.

Brief History:

Committee Activity:

Human Services, Youth, & Early Learning: 1/24/24, 1/31/24 [DP].

Brief Summary of Bill

- Requires the Department of Social and Health Services Developmental Disabilities Administration (DDA) to provide respite care as part of aggregate services available under the Basic Plus waiver and the Children's Intensive In-Home Behavioral Support waiver.
- Requires the DDA to apply to the Centers for Medicare and Medicaid services for corresponding waiver amendments by September 1, 2024, and to update the waivers to allow respite care as aggregate services within 30 days of approval.

HOUSE COMMITTEE ON HUMAN SERVICES, YOUTH, & EARLY LEARNING

Majority Report: Do pass. Signed by 11 members: Representatives Senn, Chair; Cortes, Vice Chair; Rule, Vice Chair; Eslick, Ranking Minority Member; Couture, Assistant Ranking Minority Member; Callan, Dent, Goodman, Ortiz-Self, Taylor and Walsh.

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

Staff: Omeara Harrington (786-7136).

Background:

Home and Community-Based Services Waivers.

The Department of Social and Health Services (DSHS) 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. Home and community-based services Medicaid waivers allow clients who live in community settings to receive optional services at the same level as they would receive in an institutional setting.

The DDA offers services under five waivers: Core, Basic Plus, Community Protection, Individual and Family Services, and Children's Intensive In-Home Behavior Supports (CIIBS). The waiver services provided to DDA clients are designed to promote everyday activities, routines, and relationships, and may include services targeted at community integration, support services provided by contracted professionals, caregiving, and equipment, supplies, and other specialized services.

The Basic Plus waiver serves DDA clients of all ages. Services are provided in the client's own home, in an adult family home, or an adult residential center. The CIIBS waiver supports youth with challenging behaviors. In addition to other waiver eligibility criteria, to be eligible for CIIBS services, the family must agree to participate in the program, and the child must:

- be under the age of 21;
- have an assessed acuity score that indicates that the child's behavior puts the child or family at risk or is very likely to require an out-of-home placement; and
- reside in his or her family home or be in an out-of-home placement.

In addition to specified services and supports for which a DDA client is assessed and approved for a certain number of hours, the Basic Plus and CIIBS waivers also offer aggregate services, which refers to a combination of services subject to specified dollar limits.

Respite Care.

Respite care is short-term intermittent care to provide relief for a person who lives with a DDA client and is their primary care provider, whether paid or unpaid. For certain waivers, including the Basic Plus and CIIBS waivers, the client is assessed by the DDA and authorized for a maximum number of respite hours.

Summary of Bill:

The DSHS must provide respite care as part of the aggregate services available under both the Basic Plus DDA waiver and the CIIBS DDA waiver.

By September 1, 2024, the DSHS must submit a waiver amendment to the Centers for Medicare and Medicaid Services (CMS). Upon the approval from the CMS, the DSHS must update the Basic Plus and CIIBS waivers within 30 days to allow respite care as part of the waivers' aggregate services.

Appropriation: None.

Fiscal Note: Available.

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

Staff Summary of Public Testimony:

(In support) Including respite care in aggregate services will increase access to the service, and will go a long way in helping meet needs that are currently not met. Many people run out of respite care hours before the end of the year, so they have to pay out of pocket for their respite program or lose their spot. Meanwhile, aggregate funds often go unused. The bill does not add funding to aggregate services; it simply adds options. The bill could provide an additional five hours of respite care per person per week. The caregiving system needs to be more accessible and abundant. The respite rate should be raised in order to maintain and promote additional programs. Additional ideas are to create a different rate for respite care for clients with specific needs, and to change rules to allow live-in care providers who are not family members to receive respite, which would facilitate shared living environments.

Caregivers are in desperate need of additional respite care to combat burnout. Respite care is a crucial lifeline to preserving the mental and physical health of entire family units, and provides an opportunity to alleviate stress, recharge, and have dedicated time for work and play. Providing daily care for a person with disabilities can be more than a full-time job, and is often overwhelming. Some individuals require around the clock care, leaving caregivers without a chance to take a shower or engage in any other self-care. This is not sustainable and it is not safe. There have been instances of parents taking their children to the emergency room for lack of other options. Families suffer economic loss from having to leave the workforce to provide care. Caring about respite care is caring about the labor a family must put in day in and day out.

This is a simple step to improve the lives of those with developmental disabilities. Families struggle once a person with developmental disabilities leaves the school system. Respite care can be of significant benefit to the person receiving the care, as it reduces isolation and

increases positive interactions with other people. It is one of the only services that can be offered in a group setting, which provides opportunities for people to make and be with friends.

(Opposed) None.

Persons Testifying: Representative Stephanie Barnard, prime sponsor; Liliana Villanueva; Kim Mcleod; Cathy Murahashi, The Arc of Washington; Zachary St. John, Parkview Services; Jamie Kautz, MultiCare Health System; Kelley Nesbitt; Therese Vafaezadeh, Tavon Learning Center; Jodi Richey, Bridge of Promise; and Minh Nguyen, Open Doors for Multicultural Families.

Persons Signed In To Testify But Not Testifying: None.