

# Individual State Agency Fiscal Note

<b>Bill Number:</b> 5211 SB	<b>Title:</b> DD parental caregivers	<b>Agency:</b> 300-Department of Social and Health Services
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## Part I: Estimates

No Fiscal Impact

### Estimated Cash Receipts to:

ACCOUNT	FY 2026	FY 2027	2025-27	2027-29	2029-31
General Fund-Federal 001-2	69,000	3,428,000	3,497,000	11,912,000	11,912,000
<b>Total \$</b>	69,000	3,428,000	3,497,000	11,912,000	11,912,000

### Estimated Operating Expenditures from:

	FY 2026	FY 2027	2025-27	2027-29	2029-31
FTE Staff Years	1.0	4.0	2.5	4.0	4.0
<b>Account</b>					
General Fund-State 001-1	89,000	7,070,000	7,159,000	23,456,000	23,456,000
General Fund-Federal 001-2	69,000	3,428,000	3,497,000	11,912,000	11,912,000
<b>Total \$</b>	158,000	10,498,000	10,656,000	35,368,000	35,368,000

### Estimated Capital Budget Impact:

NONE

*The cash receipts and expenditure estimates on this page represent the most likely fiscal impact. Factors impacting the precision of these estimates, and alternate ranges (if appropriate), are explained in Part II.*

Check applicable boxes and follow corresponding instructions:

- If fiscal impact is greater than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete entire fiscal note form Parts I-V.
- If fiscal impact is less than \$50,000 per fiscal year in the current biennium or in subsequent biennia, complete this page only (Part I).
- Capital budget impact, complete Part IV.
- Requires new rule making, complete Part V.

Legislative Contact: Alison Mendiola	Phone: 360-786-7488	Date: 01/10/2025
Agency Preparation: Mitchell Close	Phone: 3600000000	Date: 01/24/2025
Agency Approval: Dan Winkley	Phone: 360-902-8236	Date: 01/24/2025
OFM Review: Amy Hatfield	Phone: (360) 280-7584	Date: 01/27/2025

## Part II: Narrative Explanation

### II. A - Brief Description Of What The Measure Does That Has Fiscal Impact

*Significant provisions of the bill and any related workload or policy assumptions that have revenue or expenditure impact on the responding agency by section number.*

Section 2 creates a new section in chapter 71A.12 RCW directing the Department of Social and Health Services (DSHS) to submit waiver amendments to the Centers for Medicare and Medicaid Services (CMS) no later than January 31, 2026. These amendments would be to allow parents who provide personal care services to their minor children with developmental disabilities who require extraordinary care.

Section 3 amends the definition for extraordinary care in section 2.

Section 4 creates a new section in chapter 71A.12 RCW that requires the department to make any necessary waiver amendments in a timely manner to expand the authorization to pay parents as directed in section 2.

### II. B - Cash receipts Impact

*Cash receipts impact of the legislation on the responding agency with the cash receipts provisions identified by section number and when appropriate, the detail of the revenue sources. Description of the factual basis of the assumptions and the method by which the cash receipts impact is derived. Explanation of how workload assumptions translate into estimates. Distinguished between one time and ongoing functions.*

A portion of the costs incurred to implement this legislation will be funded with federal Title XIX - Medicaid funds.

### II. C - Expenditures

*Agency expenditures necessary to implement this legislation (or savings resulting from this legislation), with the provisions of the legislation that result in the expenditures (or savings) identified by section number. Description of the factual basis of the assumptions and the method by which the expenditure impact is derived. Explanation of how workload assumptions translate into cost estimates. Distinguished between one time and ongoing functions.*

1. Waiver amendments take approximately six months of work prior to submitting to CMS for approval. The CMS approval process takes a minimum of six months but often takes longer. This legislation sets a deadline of January 31, 2026, for DDA to submit the amendment to CMS. DDA estimates it will submit the waiver amendment to CMS by January 1, 2026, and that CMS approves it by September 1, 2026.

2. Once a waiver has been approved, CMS requires that the program is available statewide to those who are eligible. However, DDA does not expect all clients to immediately access parental payments. DDA estimates that approximately 50 percent of clients will access parental payments in the first month after CMS approval. The rest will be phased in during the remainder of fiscal year 2027.

3. The population impacted by this proposed legislation are clients in the B High, E Mid, and E High classifications. Currently, there are 1,017 clients in this population. Of those 1,017 clients, only 163 are not currently on a waiver.

4. The Home and Community Based Services (HCBS) waiver amendment would be the vehicle through which personal care services are provided to this population. The federal match for waivers is 6 percent less than for Community First Choice (CFC). This would result in the cost shift from federal to state by year shown below:

- FY27: \$1,782,000 GF-State & (\$1,782,000) Federal
- FY28 and beyond: \$2,848,000 GF-State & (\$2,848,000) Federal

5. This model assumes that parental caregivers will use all authorized hours. Currently, utilization for this population is less than 100 percent of authorized hours. The cost of this increased utilization by year is below:

- FY27: \$7,898,000 (\$3,949,000 GF-State)
- FY28 and beyond: \$12,598,000 (\$6,299,000 GF-State)

6. This model assumes that the 163 members of this population who are not currently on a waiver will utilize the Individual

and Family Services (IFS) waiver. IFS has four annual budget allocation tiers. This model assumes this population will fall into the various tiers in proportion to clients currently on this waiver and the clients will utilize their annual budgets. These costs by year are below:

- FY27: \$252,000 (\$126,000 GF-State)
- FY28 and beyond: \$569,000 (\$285,000 GF-State)

7. This model assumes that some clients who currently receive no paid services will elect to receive paid services with this change. These cost for these clients by year are below:

- FY27: \$1,750,000 (\$875,000 GF-State)
- FY28 and beyond: \$3,937,000 (\$1,968,000 GF-State)

8. Four staff are necessary to implement this program. The program manager will oversee the data collection, policies, and quality assurance processes needed for compliance, and the Social and Health Program Consultant 4 (SHPC4s) are necessary for training, payment support, and quality assurance purposes out in the regional offices. The assumptions do not include additional staff that may be necessary to comply with increased oversight and monitoring required by the CMS, as those requirements will be identified through the course of getting waivers approved. The costs for these staff are below:

- FY26: 1.0 FTE - \$158,000 (\$89,000 GF-State)
- FY27 and beyond: 4.0 FTEs - \$598,000 (\$338,000 GF-State)

### Part III: Expenditure Detail

#### III. A - Operating Budget Expenditures

Account	Account Title	Type	FY 2026	FY 2027	2025-27	2027-29	2029-31
001-1	General Fund	State	89,000	7,070,000	7,159,000	23,456,000	23,456,000
001-2	General Fund	Federal	69,000	3,428,000	3,497,000	11,912,000	11,912,000
<b>Total \$</b>			158,000	10,498,000	10,656,000	35,368,000	35,368,000

#### III. B - Expenditures by Object Or Purpose

	FY 2026	FY 2027	2025-27	2027-29	2029-31
FTE Staff Years	1.0	4.0	2.5	4.0	4.0
A-Salaries and Wages	107,000	401,000	508,000	802,000	802,000
B-Employee Benefits	35,000	135,000	170,000	270,000	270,000
C-Professional Service Contracts					
E-Goods and Other Services	6,000	25,000	31,000	50,000	50,000
G-Travel		1,000	1,000	2,000	2,000
J-Capital Outlays	6,000	19,000	25,000	2,000	2,000
M-Inter Agency/Fund Transfers					
N-Grants, Benefits & Client Services		9,900,000	9,900,000	34,208,000	34,208,000
P-Debt Service					
S-Interagency Reimbursements					
T-Intra-Agency Reimbursements	4,000	17,000	21,000	34,000	34,000
9-					
<b>Total \$</b>	158,000	10,498,000	10,656,000	35,368,000	35,368,000

#### III. C - Operating FTE Detail: *List FTEs by classification and corresponding annual compensation. Totals need to agree with total FTEs in Part I and Part IIIA*

Job Classification	Salary	FY 2026	FY 2027	2025-27	2027-29	2029-31
Program Manager	106,872	1.0	1.0	1.0	1.0	1.0
Social and Health Program Consultant 4	98,042		3.0	1.5	3.0	3.0
<b>Total FTEs</b>		1.0	4.0	2.5	4.0	4.0

**III. D - Expenditures By Program (optional)**

<b>Program</b>	<b>FY 2026</b>	<b>FY 2027</b>	<b>2025-27</b>	<b>2027-29</b>	<b>2029-31</b>
Developmental Disabilities Administration (040)	158,000	10,498,000	10,656,000	35,368,000	35,368,000
<b>Total \$</b>	158,000	10,498,000	10,656,000	35,368,000	35,368,000

**Part IV: Capital Budget Impact**

**IV. A - Capital Budget Expenditures**

NONE

**IV. B - Expenditures by Object Or Purpose**

NONE

**IV. C - Capital Budget Breakout**

*Acquisition and construction costs not reflected elsewhere on the fiscal note and description of potential financing methods.*

NONE

**IV. D - Capital FTE Detail:** *FTEs listed by classification and corresponding annual compensation. Totals agree with total FTEs in Part IVB.*

NONE

**Part V: New Rule Making Required**

*Provisions of the bill that require the agency to adopt new administrative rules or repeal/revise existing rules.*

New or amended rules will be needed to implement this legislation.