

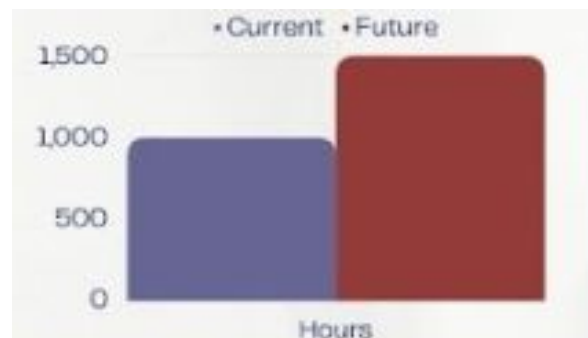
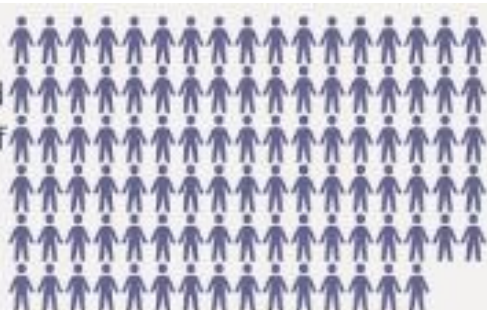
Paid Parent Caregivers for Disabled Children

Advocates for Disability Supports

There is nobody else

Unmet Need

The four agencies surveyed showed a combined total of 181 children currently waiting for a direct support professional placement.



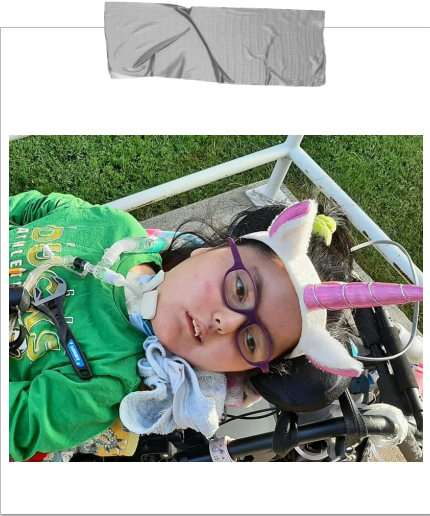
Unstaffed Nursing Hours

One in-home nursing agency expects to see a 50% increase in unfilled hours when parents are no longer eligible to fulfill them

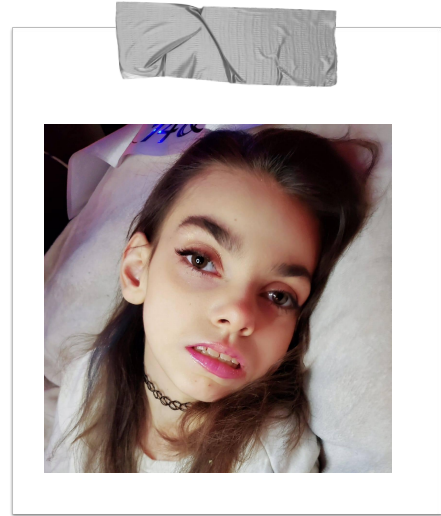
SUPPORT FOR PAID PARENT CAREGIVERS OF MINOR DISABLED CHILDREN



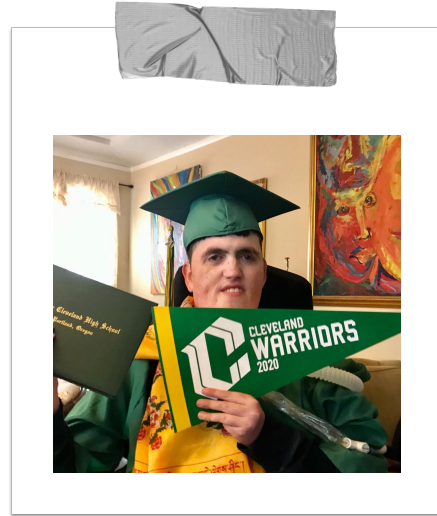
*“We must also recognize that insisting upon a caregiver from outside of the child’s home being considered the “qualified” individual, despite the fact that it is the parents that will likely train the DSPs or PSWs, brings the training schools that individuals with I/DD were historically sent to, into the home. It would be nothing less than taking a step back in history via the child’s front door.” -Oregon Disability Commission (ODHS),
Aug 10th, 2022*



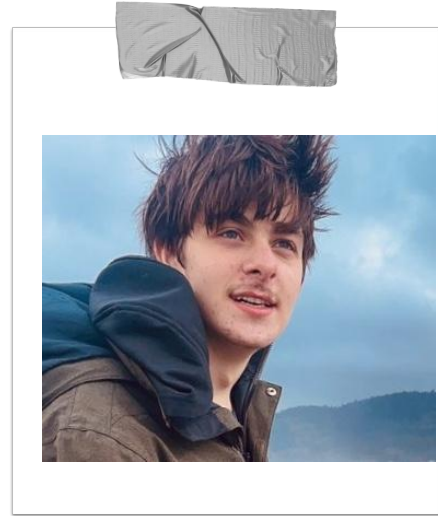
Calypso



Baybeblue



Nic



Jake

Milestones

March 2020

COVID-19 emergency begins; parents begin asking for access to hours

June 2022

Senate committee hears testimony for and against a paid parent program

2020

2021-23

January 2021

Oregon begins its temporary paid parent program for those with 240 hours or more

May 11, 2023

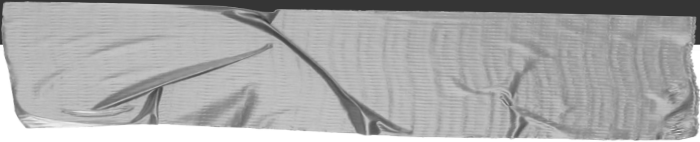
The federal PHE will end, and with it the 1135 waiver authority for the temporary program

*“Our health and social systems typically focus narrowly on an individual’s single need and are not designed to work together to address multiple needs, often leading to costly and avoidable care. Many causes of poor health are best addressed through **non-medical interventions** that require cross-sector and community collaboration.”*

– National Center for Complex Health and Social Needs



The National Center
for Complex Health & Social Needs
An initiative of the Camden Coalition



Time Periods	Total average monthly hours provided per non-parent caregivers	Total average monthly hours provided per parent caregivers
3/1/2019-2/29/2020 Pre COVID	31,392	0
3/1/2020-12/31/2020 Pre Parents as Providers	37,672	0
1/1/2021-12/31/2021 Post Parents as Providers	38,801 avg monthly hours	24,186 avg monthly hours

$24,186 \times \$41/\text{hr} = \$991,626$ - FMAP of 66 percent = $\$337,152$ (GF)/330 families

~ **\$1,000 per month per family of the highest-needs children**



Also:

→ **ONA implementation**

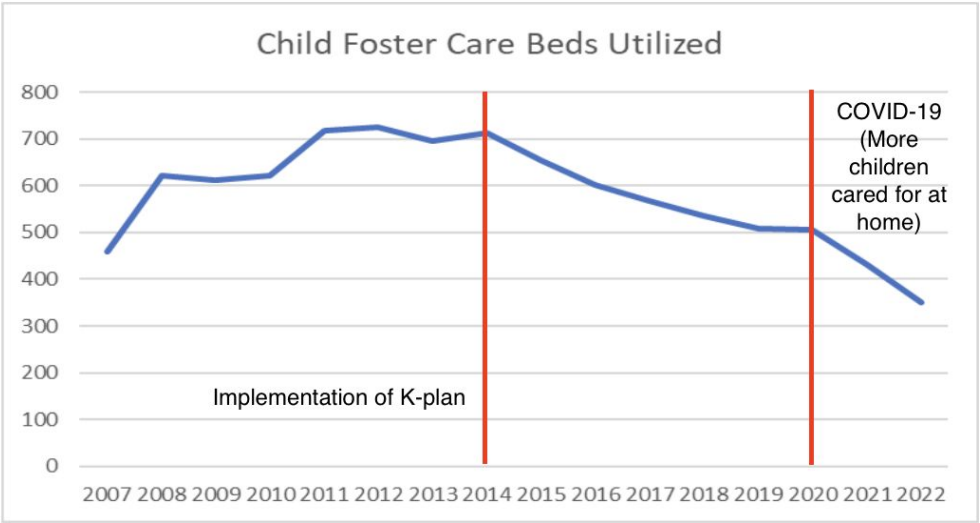
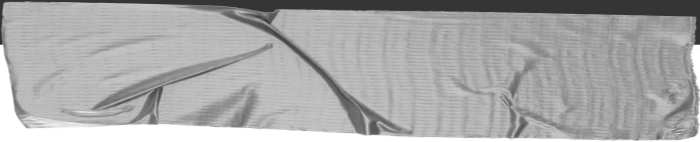
Assessed hours will be cut **in half** for minor children in 2025

→ **Federal match (FMAP)
reappropriated**

6.2 percent additional match taken out of DD services to fight pandemic

→ **SB 91 administrative burdens**

ODDS would need money to track agency hours, etc.



I/DD Foster care = \$70,000/yr



Childrens Residential Settings for Fiscal Year 2022

	24 Hour Residential Homes	Foster Homes
Average Monthly Cost Per Child	\$23,839	\$5,784
Monthly Cost All Children	\$3,397,333	\$1,587,480
2022 General Fund	\$8,376,696	\$3,915,792
Federal Fund	\$22,199,301	\$10,371,530
Total Fund	\$30,575,997	\$14,287,322

Notes -

The Total Costs do not include ARPA Funds Costs from 7/1/2021 - 3/31/2022

Providence Child Center

7/1/19-6/30/21	\$ 10,575,396.35
Avg Per Mo:	\$ 465,648.14
Avg # of children:	27
Avg/child	\$ 17,246.23

Secondary benefits across the system

Lower need for other government assistance programs such as:

- Housing assistance
- SNAP
- Utilities assistance
- Lower costs to public insurance through healthier kids and caregivers

Added benefits:

- Better ability to advocate
 - Better K12 outcomes
 - Economic generator with 2:1 federal match
 - Continuity of care
 - Better trajectories for children when they are supported early and a path to greater independence as adults
-



Amendments needed to SB 91!

- **Don't pass a program that is too difficult to use!**
- **Talk to folks in other states**
Minnesota, Colorado, Arizona, New Hampshire, Iowa and California all either have paid parents or are looking at implementing a program
- **Parent limits**
Many of the limits are too broad or don't make sense in a family context
- **SB 646 provides a better option**

Suggested Amendments to SB 91

Remove or increase the Cap on Agencies

- The cap would require a new and costly tracking system
- The cap would result in long wait lists
- The cap would disproportionately negatively impact those living in rural Oregon and service deserts.



SB 646

Inclusive
Straightforward
Accessible.

Suggested Amendments to SB 91

Expand Eligibility

- Every child on the program is a financial benefit to the state.
- Allotment of attendant care hours is influenced by a parent's ability to advocate
- Restricted eligibility “doubles down” on the inequities that exist in the system



SB 646

Inclusive
Straightforward
Accessible.

Suggested Amendments to SB 91

Cap on “Households”

- Change the hour cap from “Households” to “Worker”
- Applying the cap to households is not equitable to families raising multiple disabled children
- These families often need access to this service the most



SB 646

Inclusive
Straightforward
Accessible.

Kotek's priorities match up

Housing

Reduces reliance on other government services, housing subsidies, SNAP, utilities assistance, wraparound services, etc.

Education

Paid parents have more bandwidth for advocacy, more resources, more flexibility

Behavioral health

Children with BH needs are particularly benefited as they frequently do not want strangers. Also: less-stressed families.

When parents are paid for their labor, the whole family benefits in these ways and more.