

## SB 1565 -3 STAFF MEASURE SUMMARY

### Senate Committee On Health Care

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**Sub-Referral To:** Joint Committee On Ways and Means

**Meeting Dates:** 2/12, 2/14

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#### WHAT THE MEASURE DOES:

For children with very high medical and behavioral health needs who receive fewer than the average number of hours of attendant care, the measure directs the Oregon Department of Human Services to pay parents to provide attendant care services for the deficit number of hours.

#### Detailed Summary:

Defines “average utilization” as the average monthly hours of attendant care services utilized in a month by a service group. Defines “service group” as the cohort of children receiving attendant care services with very high behavioral health needs or very high medical needs. Defines “deficit number of hours” as the difference between the average utilization for a service group in a month and the actual number of hours of care provided to a child. Directs ODHS to ensure that every child in a service group receives attendant care services for the average number of hours for the service group by compensating parent providers to provide services for the deficit number of hours.

Prohibits ODHS from paying for fewer hours of attendant care services for each service group than the average utilization paid for the service group in the previous biennium. Restricts ODHS from making rules to limit the number of children eligible to participate in the program. Restricts ODHS from using moneys appropriated to compensate parent providers for any other purpose. Directs ODHS to pursue funding from any available federal authority by April 1, 2024. Takes effect on passage.

*FISCAL: Fiscal Impact Issued*

*REVENUE: No Revenue Impact*

#### ISSUES DISCUSSED:

- Waivers of federal Medicaid requirements
- Access to caregiving for families in rural areas
- Utilization of hours of paid caregiving

#### EFFECT OF AMENDMENT:

-3 The amendment prohibits restrictions on the number of hours that may be paid to a parent caregiver except by the choice of the parent provider, the agency that employs the parent provider, any applicable collective bargaining agreement, or the client child.

#### Detailed Summary:

Replaces the measure. Defines roles for the non-caregiver parent or an alternative legal representative assigned by the provider parent only for the purpose of developing and implementing the child's support plan. Allows a nonparent caregiver may be paid using funding available through the state's Community First Choice Option under 42 U.S.C. 1396n(k). Prohibits the Oregon Department of Human Services from using funds appropriated for the purpose of compensating parent providers for any other purpose.

#### BACKGROUND:

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*This summary has not been adopted or officially endorsed by action of the committee.*

[Senate Bill 91](#) (2023) directed the Oregon Department of Human Services (ODHS) to compensate parents for providing attendant care services to minor children who have very high medical or behavioral health needs. “Very high” means an extraordinary need for support due to a child’s behavioral or medical condition as indicated by a federally approved functional needs assessment ([ORS 427.191](#)). The measure extended flexibility for paid caregiving initially granted by the Centers for Medicare and Medicaid Services through during the COVID-10 public health emergency ([link](#) to Lund Report article).

To implement Senate Bill 91, ODHS submitted a Children’s Extraordinary Needs Waiver to CMS, pursuant to 42 USC §1915(c), on January 18, 2024 ([link](#) to ODHS waivers and waiver applications). The Community First Choice Option is a state plan option that allows states to provide home and community-based attendant services and supports to eligible Medicaid enrollees ([link](#) to CMS).

According to the National Academy for State Health Policy, caregivers for children with high needs provide complex care tasks, including technical medical equipment (e.g., adjusting feeding tubes), support with occupational therapy, and symptom monitoring and management ([link](#) to NASHP brief (2021)). Caregivers themselves are more likely to experience health challenges and financial hardship ([link](#) to AARP report, Caregivers of Children (2009)). Caregivers said that financial support for the caregiving they provide is their most crucial need (*ibid*).