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Estimating Potential Cost Savings from Paying Parental Caregivers of Children with Developmental Disabilities: *Preliminary Report*

In Washington State, parents cannot be paid to provide personal care services to their minor children with developmental disabilities. To address a national shortage in the home care workforce, some states have allowed parents to become paid caregivers. The 2023 Washington State Legislature directed Washington's division of Developmental Disabilities Community Services (DDCS) to analyze the feasibility and *cost* of allowing parents to be paid for providing care for their minor children with extensive care needs.[1]

Building from this work, the 2025 Washington State Legislature directed the Washington State Institute for Public Policy (WSIPP) to estimate the potential *cost savings* to the state if a policy were adopted allowing parents or other legally responsible individuals (LRIs) to become paid caregivers (Exhibit 1).[2]

In this preliminary report, we summarize background information (Section I), outline our study plan and method (Section II), and describe the work ahead for WSIPP (Section III). In our final report, to be published in November 2026, we will present findings on potential cost savings to Washington State under a policy scenario in which parents may be paid for providing personal care services to their minor child.

Summary

This is the preliminary report in our series on the potential cost savings to Washington state of allowing parents to become paid caregivers to their minor children with intellectual or developmental disabilities (I/DD). Washington's legislature has considered this policy, and other states have implemented similar policies in response to a professional caregiver shortage.

Cost savings to the state could result from reduced use of entitlement programs, healthcare, and out-of-home placement. New income to parents could have economic consequences, leading to new tax revenue for the state. An additional consideration is that there may be averted legal expenses from potential lawsuits.

In this report, we provide background on services and policy proposals in Washington. Next, we summarize our plans to quantify potential cost savings under a paid parental caregiver policy. We plan to do this by analyzing state administrative data on service use from numerous state agencies. We will supplement this analysis with research on cost savings from similar policies in other states. We will publish these estimates in our final report in November 2026.

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[1] Washington's Developmental Disabilities and Community Services was formerly Developmental Disabilities Administration. In E2SHB 1694 the 2023 legislature directed the feasibility and cost study: DSHS DDA. (2023). *Addressing home care workforce shortages: Exploring paying parents of minors to provide personal care.* Olympia, WA.

[2] Engrossed Substitute Senate Bill 5167, Chapter 424, Laws of 2025.

Exhibit 1

Legislative Assignment

The Washington state institute for public policy [is] to conduct a study of the amount of savings to the state of Washington of allowing legally responsible individuals to become paid parental caregivers for their developmentally disabled children. … The institute shall provide an initial report to the appropriate committees of the legislature by December 31, 2025, and a final report by November 15, 2026. To the extent possible, the study shall:

(i) Quantify cost savings from reductions of entitlement program usage by parental caregivers;

(ii) Quantify cost savings from reduced hospital, foster care, and residential facility usage by developmentally disabled children due to having a parental caregiver; and

(iii) Summarize any additional cost savings likely to occur due to allowing paid parental caregivers.

Engrossed Substitute Senate Bill 5167, Chapter 424, Laws of 2025, Section 610(3)(e)

Exhibit 2

Glossary

Intellectual or Development Disabilities (I/DD): "… a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological or other condition of an individual found by the secretary [of health] to be closely related to an intellectual disability or to require treatment similar to that required for individuals with intellectual disabilities, which disability originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual." – RCW 71A.10.020

Legally Responsible Individuals (LRIs): "… any person who has a duty under state law to care for another person such as the parent of a minor child or a spouse." – Centers for Medicare and Medicaid Services

In the context of this report, LRIs for minor children include biological parents, foster parents, and other legal guardians.

Extraordinary care: "… care exceeding the range of activities that a legally responsible individual would ordinarily perform in the household on behalf of a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the participant and avoid institutionalization." – Centers for Medicare and Medicaid Services

I. Background

In this section, we first describe eligibility for personal care services through Developmental Disabilities Community Services (DDCS), a division of the Washington State Department of Social and Health Services (DSHS). Next, we summarize current policy and recent policy proposals in Washington's legislature to allow parents to be paid caregivers for their minor children with developmental disabilities.

DDCS Eligibility and Personal Care Services

DDCS provides a wide range of supports and services to children and youth with developmental disabilities and their families. Many of these supports and services are intended to facilitate children living successfully in their own homes, although DDCS also offers residential supportive placements.

DDCS services are paid through Medicaid, which is jointly funded by the federal government and the state. To qualify for DDCS services, children must meet several criteria. First, they must be a person with intellectual and/or developmental disability (I/DD) as defined in statute (see Exhibit 2 Glossary). Second, they must qualify for each service based on an assessment of their individual functioning and need.[3]

Third, families must meet financial eligibility criteria for the Medicaid Community First Choice program,[4] or children must be financially eligible for one of Washington's Home and Community Based Services (HCBS) 1915(c) Medicaid Waiver programs.[5] Each waiver has unique eligibility criteria and offers a specific set of services to meet clients' needs at home or in the community. There are annual and point-in-time limits on the number of participants in each of Washington's waiver programs.[6]

Personal Care Services

One service option that DDCS clients may be eligible for is personal care. Personal care services for children with I/DD may include assistance with a wide range of tasks that are beyond the scope of age-typical caregiving. Examples of these kinds of tasks include learning to use a feeding tube, repositioning and movement support, and diapering or bathing support for an older child or teenager.

DDCS currently offers paid in-home personal care services only through the Community First Choice program (CFC), which is an entitlement program through Medicaid. Personal care services are not currently available in Washington through HCBS waiver programs.[7]

[3] The functional eligibility criteria for each service are defined in WAC 388-106-0270 through 388-106-0295

[4] Children are financially eligible to receive Community First Choice services if they are eligible for a Washington Apple Health (Medicaid) program (WAC 182-513-1215).

[5] DSHS DDA (2023). *Home and Community Based Waiver Services.*

[6] HCBS participant limits are listed in each waiver application.

[7] Waiver clients can also be enrolled in CFC and have access to personal care services through that program.

Children are eligible for personal care hours based on a DDCS assessment that takes into account cognitive functioning, clinical complexity, mood/behavior symptoms, and need for assistance with activities of daily living (basic self-care tasks such as dressing, eating, or bathing) and instrumental activities of daily living (more complex skills to build functional independence such as managing routines, preparing a snack, or organizing their environment).[8] The range of allocated hours varies widely, from less than 50 hours per month for individuals with lower care needs to nearly 400 hours per month for individuals requiring exceptional levels of care.[9]

Policy Context in Washington

In Washington, paid personal care services for individuals with I/DD are provided by Home Care Aides, who must be at least 18 years old and complete DSHS training and certification requirements.[10] Although parents may be paid by the state as Home Care Aides to provide personal care for their *adult* children, existing federal and Washington State rules currently prohibit parents from being paid to provide personal care to their *minor* children.[11]

There is a documented shortage of Home Care Aides, both in Washington and nationally.[12] Notably, during the COVID-19 public health emergency,[13] federal Centers for Medicaid and Medicare Services (CMS) authorities gave states flexibility to address workforce shortages exacerbated by the pandemic. Some states implemented policies to pay parents and other LRIs under certain conditions.[14] After the public health emergency ended, CMS has approved states' requests to keep these policies in place.

DDCS Feasibility and Cost Study (2023)

In 2023, Washington's Legislature directed DDCS to study the feasibility and cost of paying parents to provide personal care to their minor children with I/DD. The agency considered two main options and ultimately recommended that the legislature pursue a limited strategy through HCBS waiver programs.[15]

DDCS estimated that this policy scenario could increase state general fund expenditure by up to $20.2 million annually.[16] This estimate assumes that families currently accessing some care would utilize all of their authorized hours, new families would request personal care, and DDCS would hire additional staff to decrease caseload sizes and increase home visit frequency.[17]

[8] DDCS uses the Comprehensive Assessment Reporting and Evaluation (CARE) tool to evaluate and assign clients into classification groups as defined in WAC 388-106-0125.
[9] Aging and Long-Term Support Administration Developmental Disabilities Administration (2011). *In-Home Classification Chart for Personal Care Services.*
[10] Training Requirements and Classes | DSHS. Home care aides also provide personal care services to adults.
[11] Medicaid Personal Care program 42 CFR §440.167; WACs 388-106 and 388-825.
[12] Washington State Department of Social and Health Services. (2023, January 23). *Report ranks Washington #1 in supporting direct care workers* [press release] and Tarver, T. (2024). How remote support technology can alleviate the caregiver shortage. *Marquette Benefits and Social Welfare Law Review, 25*(2), 271-287.
[13] The COVID-19 public health emergency officially began on January 31, 2020, and ended on May 11, 2023. US Centers for Disease Control and Prevention. (2024). *CDC COVID-19 timeline* and US Department of Health and Human Services. (2023). *COVID-19 public health emergency.*
[14] NASDDDS (2023) Caring Families: Paying Family Caregivers Topic Brief. Alexandria, VA.; O'Malley Watts, M., Burns, A., & Ammula, M. (2022). *Ongoing impacts of the pandemic on Medicaid Home & Community-Based Services (HCBS) Programs: Findings from a 50-state survey.* KFF.
[15] DDCS also considered expansion to pay LRIs to provide personal care under the CFC, a Medicaid entitlement program. For detail consult DSHS DDCS (2023).
[16] For context, the DDCS 2023-25 operating budget for all "In-home services and supports" was reported as $1,021 million (DSHS DDA (2024) Caseload and Cost Report).
[17] For complete details, see DSHS DDCS. (2023). *Addressing home care workforce shortages: Exploring paying parents of minors to provide personal care.*

Proposed Policies

In 2024 and 2025, Washington's Legislature considered policy bills that directed DDCS to request that the Centers for Medicaid and Medicare Services (CMS) allow parents in Washington to receive payment for providing personal care services.[18] Versions of these proposals heard in 2025—Senate Bill 5211 and House Bill 1200—required DDCS to submit a request to CMS for applicable HCBS Waiver programs to allow parents to become paid providers of personal care services that qualify as extraordinary care (see Exhibit 2 for a definition of this term). CMS permits parents to become paid caregivers to children with extraordinary care needs under 1915(c) waivers. Payments for personal care services added as an option to existing HCBS Waivers would be eligible for a 50% federal match.

The State Board of Health will complete a Health Impact Review of Senate Bill 5211. This summary of likely impacts of the proposed legislation on health and equity will be publicly available by February 2026.[19]

Eligible Population. Under HCBS Waiver amendments, states propose eligibility criteria aligned with the CMS definition of extraordinary care. Washington would make this determination based on the standard assessment used by DDCS case managers, which classifies clients in groups based on a range of factors, including need for support with activities of daily living (ADL) and the intensity of challenging mood and behavior.[20]

In 2023, DDCS reported approximately 4,700 minor children on its caseload who were eligible for personal care services. Of this population, approximately 850 children met Washington's proposed criteria for requiring extraordinary care.[21]

Consistent with DDCS recommendations, the 2025 proposed policy bills in Washington's Legislature called for extraordinary care to be defined by placement in the E classification group (medium or high) or the B high classification group. We describe characteristics of these classification groups in Exhibit 3, including the number of eligible children in each group.

[18] Human services policy committees heard SB 6267 and HB 2184 in 2024, and SB 5211 and HB 1200 in 2025. In 2025 both bills were passed out of their respective policy committees.

[19] Health Impact Reviews | SBOH: 2026-04-SB 5211. Health Impact Reviews may be requested by a legislative member or by the Governor.

[20] DDCS uses the Comprehensive Assessment Reporting Evaluation (CARE) tool to document clients' functional ability and service needs. CARE classification is based on clients' need for support with activities of daily living (ADL), cognition, clinical complexity, and mood and behavior challenges.

[21] The 2023 count of eligible children was approximately 1,000 when the definition was not limited to medically or behaviorally complex cases (those with a behavior point score of 12 or above).

Exhibit 3

DDCS Minor Child Population Meeting Proposed Definition of Extraordinary Care Need (2023)

Classification group	No. of Children	ADL Score[a]	Base personal care hours/month	Summary description
E High	275	26-28	393	"Individuals in this group meet criteria for need of exceptional care. They are often immobile with very high ADL assistance needs, need turning and repositioning, have a bowel program and catheter, and need their caregiver to perform range of motion on their limbs."
E Medium	26	22-25	327	
B High	552[b]	15-28	129	"Individuals in this group have lower need for support with ADLs but exhibit behaviors that cause them distress or are distressing or disruptive to others."

Notes:

[a] ADL = Activities of Daily Living. Higher scores indicate a greater need for support with ADLs.

[b] This count is limited to children designated as behaviorally complex, with a behavior point score of 12 or above. The count was 703 for all children in the B High classification group.

Sources: DDCS Feasibility and Cost report (2023);

[a] Aging and Long-Term Support Administration and Developmental Disabilities Administration. (2011). *In-home classification chart for personal care services.*

II. Study Plan

In this section, we first outline the rationale for investigating potential cost savings and summarize the limited existing research in this area. Additionally, we discuss research questions and study scope, identify the data we plan to use, describe our methodological approach, and note limitations of the data.

Sources of Potential Cost Savings

The legislature directed WSIPP to determine whether paying parental caregivers could result in potential cost savings to the state through changes in the use of other state resources, such as family entitlement program utilization, child healthcare expenditures, and child residential services and other out-of-home placements. This direction is based on the possibility that when families cannot access consistent care for their child with I/DD, they may be more likely to rely on other publicly funded services for a range of reasons. In this section, we describe potential mechanisms underlying these assumptions.

Entitlement Program Use

Entitlement programs, including Temporary Assistance to Needy Families (TANF), the Basic Food program, and Medicaid, are available to families who meet income eligibility requirements.

Families may become eligible for these income-based entitlement programs if they must forgo or reduce paid employment to provide necessary care for children whose needs cannot otherwise be met.[22] To the extent that a child's care needs interfere with an LRI's ability to maintain employment, the family may also benefit from unemployment insurance from the Employment Security Department. A policy that provides income and health insurance for parents who are providing care for their child with I/DD may reduce families' use of income-based entitlement programs.

Healthcare System Utilization

Providing training and support to parents as a paid caregiver may enhance continuity of care because parents are already familiar with their children's needs. If children have access to a parent as a fully trained and dedicated caregiver, this may result in a reduction in healthcare system utilization overall, including emergency room visits and hospital stays.[23] In addition, individuals with I/DD may be required to remain hospitalized even after medical clearance if the family does not have full support to meet care needs.[24] This results in longer than necessary hospital stays and potentially the need for more expensive home nursing care.

[22] See Justin, A.Y., Bayer, N.D., Beach, S.R., Kuo, D.Z., & Houtrow, A.J. (2022). A national profile of families and caregivers of children with disabilities and/or medical complexity. *Academic Pediatrics, 22*(8), 1489-1498.

[23] Mills, W.R., Huffman, M.M., Roosa, J., Pitzen, K., Boyd, R., Schraer, B., & Poltavski, D. (2022). Provision of home-based primary care to individuals with intellectual and/or developmental disability is associated with a lower hospitalization rate than a traditional primary care model. *Journal of the American Medical Directors Association, 23*(10), 1653-e15.

[24] Ince, R., Glasby, J., Miller, R., & Glasby, A-M. (2022). "Why are we stuck in hospital?" Understanding delayed hospital discharges for people with learning disabilities and/or autistic people in long-stay hospitals in the UK. *Health Soc Care Community; 30*, e3477–e3492 and Lin, E., Balogh, R.S., Durbin, A., Holder, L., Gupta, N., Volpe, T., Isaccs, B.J., Weiss, J.A., & Lunsky, Y. (2019). *Addressing gaps in the health care services used by adults with developmental disabilities in Ontario*. Toronto, ICES.

Out-of-Home Placements

Personal care services for children with I/DD are intended to support the option for children to remain in their family homes. When families do not have consistent access to caregiving services and are unable to meet children's needs, they may be compelled to place children in residential settings, foster care, or other out-of-home placements.[25] Residential settings are more expensive per client compared to the cost of providing personal care services in the home.[26] Therefore, if parents are able to become full-time paid caregivers to their children with I/DD, cost savings could result from reduced out-of-home placements.

Additional Considerations

Beyond potential cost savings to the state tied to the use of entitlement programs, healthcare, and out-of-home care placement, our scoping work points to two additional economic considerations. First, there may be economic impacts from increased employment in the home care aid sector. Second, there may be averted costs related to potential litigation.

Economic Impacts From Employment. Personal care services are currently provided by trained and certified Home Care Aides or uncompensated caregivers such as parents. Parents who become paid caregivers for their children would essentially become part of the Home Care Aide workforce. Their newfound income could lead to an increase in local and regional spending and potential downstream economic impacts, including job creation and increased tax revenue.

Averted Costs Due to Legal Action. States are legally obligated to provide for the delivery of services that assure health and welfare and prevent institutionalization for individuals with I/DD. However, the shortage of home care aides results in limited access to personal care services. Other states have faced lawsuits for not providing sufficient access to services. Averted costs from defending against a lawsuit may therefore be an economic consideration. [27]

[25] Friedman, S.L., Kalichman, M.A., Council on Children with Disabilities. (2014). Out-of-home placement for children and adolescents with disabilities. *Pediatrics, 134*(4), 836-846.
[26] Washington State DSHS RDA. *Client data report viewer*.
[27] Recent examples include *I.N. v. Kent*, Northern District of California, Case Number 3:18-cv-03099.; Ruggles, R. (2022, May 3). Families with medically fragile kids sue state. *Santa Fe New Mexican* and US Department of Justice. (2023, July 18). *Court finds state of Florida violates the Americans with Disabilities Act by institutionalizing children with disabilities* [press release]. Recently, CMS has instructed states to consider allowing parents and other LRIs to be paid for caregiving to support individuals' access to services (see 2023 CMS guidance).

Research Questions and Scope

We will estimate potential cost savings and attempt to quantify other economic considerations within the areas described above. To complete this work, we will pursue the following questions:

1) What is the current extent of service use among families who would be eligible under the proposed policy scenario? What is the cost to the state for those services?
2) What is the likely impact on service use of allowing parents and other LRIs in those families to become paid providers of personal care services for minor children with I/DD?
3) Given 1) and 2), what impact on total cost to the state might be expected under the proposed policy scenario?

The legislature directed WSIPP to focus exclusively on potential cost savings to the state. Accordingly, questions regarding projected costs of the proposed policy scenario are out of scope. As previously discussed, DDCS estimated costs to the state based on a comprehensive set of implementation considerations in 2023. WSIPP will not duplicate these efforts.

Data and Methodological Approach

Eligible Population

We plan to examine data for minor children with I/DD and their families in Washington State from 2015 through 2025. This duration allows us to observe service use both before and after the COVID-19 public health emergency, allowing us to address any changes in the eligible population, service use, or service costs in the post-COVID period.

We will work with DDCS data to identify clients who were minor children on the DDCS caseload at any time during this period and who would be eligible to receive personal care services.[28]

Observing Service Use and Cost in Washington

We have requested data on service use and costs for a range of relevant entitlement programs for families and children in our sample. Additionally, for children, we have requested healthcare and behavioral health system utilization, as well as out-of-home placements (see Exhibit 4).

Exhibit 4

Data Requested for Documenting Service Use and Cost

Program	Agency data owner
Social services (child/family)	
Developmental disabilities social services	DSHS-DDCS/HCA
Child welfare in-home supports and services	DCYF
Entitlement programs and economic support (family)	
Temporary Aid to Needy Families (TANF)/State Family Assistance (SFA)	DSHS-ESA
Supplemental Nutrition Program (SNAP)/Basic Food	DSHS-ESA
Child care subsidy	DCYF
Medicaid (family)	HCA
Unemployment claims	ESD
Health care & behavioral health utilization (child)	
Emergency department use	HCA
Hospitalization	HCA
Mental health crisis care	HCA
Wraparound with Intensive Services (WISe)	HCA
Inpatient and outpatient mental health treatment	HCA
Children's Long-Term Inpatient (CLIP)	HCA/DSHS-BHHA
Outpatient medical care	HCA
Out-of-home placement (child)	
Foster care	DCYF
Behavioral Rehabilitation Service (BRS)	DCYF
Other residential settings[a]	DSHS-DDCS

Notes:
[a] DDCS Caseload Report (2024) documents minor child clients in a range of additional out-of-home settings.
DSHS-DDCS = Department of Social and Health Services – Developmental Disabilities Community Services.
HCA = Health Care Authority.
DCYF = Department of Children, Youth, and Families.
DSHS-ESA = Department of Social and Health Services – Economic Services Administration.
ESD = Employment Security Department.
DSHS-BHHA = Department of Social and Health Services – Behavioral Health and Habilitation Administration.

[28] We include clients currently eligible for personal care services through the Community First Choice program, and those on HCBS waiver programs who would be eligible for personal care services if available via waiver programs.

For some programs and services, we will be able to access payment data to observe individual service costs in a given amount of time (e.g., per month or quarter). For other programs and services, Washington pays a fixed rate per case that will apply to our study population.

Estimating Policy Impact on Service Use

Because the proposed policy scenario has not been implemented in Washington, we cannot directly observe the impact of implementing this policy on service use. In addition, little research has been published that evaluates the impact of a policy of this type. Therefore, we will use multiple strategies to identify a likely range of outcomes that could be expected under the proposed policy scenario. We describe these strategies below.

Analysis of Washington Administrative Data. As one approach, we can compare service use and cost among families who have an authorized personal care provider for their child with I/DD and use all their eligible hours, to similar families who do not have access to care. The difference in service use between these groups will give us a sense of how service use and cost could change if the parents of the latter group became paid caregivers.

Review of Research in Other States. As previously noted, during the COVID-19 public health emergency, some states newly allowed parents and other legally responsible adults to be paid for providing personal care services to their minor children with extraordinary care needs.[29] Therefore, there may be existing research that we can examine on the effects of these policies.

Additionally, other states are similarly investigating expanding access to personal care services by paying parents and other LRIs. They may also be estimating potential impacts on service use and cost savings. Although research estimating policy impacts, or projecting potential impacts, has not been published formally, we are aware that states and other organizations are beginning to conduct this work.

We will conduct outreach to collect information from other states and will review all available research relevant to potential cost savings. State policies vary. We will consider the similarity of key aspects of other states' policies to proposed policies in Washington. This may include the target population, definition of extraordinary care, Medicaid waiver usage, funding structure, and other features.

Combining Estimates of Change. Using information from WSIPP's analysis and research from other states, we will identify a likely range of values for the change in service use resulting from paid parental caregivers.

[29] NASDDDS (2023) and DSHS-DDCS (2023).

We anticipate that estimates of policy impact will vary by outcome area. For example, the magnitude of the change in entitlement program use will likely differ from the magnitude of the change in healthcare system use. Accordingly, we will develop estimates for the likely magnitude of change for entitlement program use, healthcare system use, and out-of-home placement outcomes. We will consider estimates for more specific outcome types (e.g., foster care vs. behavioral rehabilitation services) if greater specificity is supported by the data.

Estimating Potential Policy Impact on State Costs

We will estimate the baseline level of service use and cost for individuals in the state who would be eligible for paid parental caregiving. Then, combining this baseline with the estimated change in service use described in the previous section, we can predict the corresponding changes in state spending on those services per family. We can additionally use this strategy to project the state's total change in spending. We will report estimates for potential cost savings within each outcome area (e.g., entitlement program spending) and overall.

Limitations

Our analysis will have several limitations. First, we will not be able to determine whether children with I/DD having access to full caregiving would experience different health outcomes if that care comes from their parents rather than a professional non-parental caregiver. As there is no portion of the target population for this policy in Washington that is currently paid as parental caregivers, we cannot directly compare outcomes under professional caregiving to parental caregiving. Research has shown that with proper training, parents can produce health outcomes in their children with I/DD that are similar to professional caregivers.[30] Nonetheless, differing outcomes in Washington remain a possibility that we will not be able to assess.

Secondly, we will not be able to precisely predict the amount of averted legal expenses from lawsuits over the state's inability to provide care services to minors with I/DD. While such lawsuits have taken place in other states, the amounts requested and awarded are specific to the jurisdiction, plaintiffs, and charges alleged. It is also impossible to predict the number of similar lawsuits that would take place in Washington if a paid parental caregiver policy were implemented. Again, we will present a range of potential cost savings possible under such a policy.

[30] Foster, C.C., Kwon, S., Blakely, C., Carter, K., Sobotka, S.A., Goodman, D.M., Agrawal, A., & Brittan, M. (2023). Paying family medical caregivers for children's home healthcare in Colorado: A working Medicaid model. *The Journal of pediatrics, 261*, 113347.

III. Next Steps

This preliminary report provides background on the recent interest in paid parental caregiver policies in Washington and describes the target population for such a policy. It outlines our plan to analyze the potential cost savings in other sectors that may result from implementing a paid parental caregivers policy. We conclude this section by briefly outlining the work ahead for WSIPP.

Work Ahead

Going forward, we will continue to work with DDCS, the Washington State Institutional Review Board, and the other relevant state agencies to facilitate access to data to conduct the main analysis of the final report.

As described in our study plan, we will also conduct outreach to collect information from other states. We will review and summarize any research relevant to the potential cost savings of other states' policies.

The final report in this series, which will contain WSIPP's analyses of the potential cost savings of allowing parents to become paid caregivers to their minor children with I/DD, will be published by November 15, 2026.

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