The Arc
Washington State

Many Voices / One Vision
The Community Advocacy Coalition for Developmental Disabilities

2026 Congressional Candidate Survey

Questions for Congressional Candidates — The Arc of Washington

The Community Advocacy Coalition for Developmental Disabilities

---

Name: Jacek Kóbiesa

Position: House

Congressional District: 4

Email: JACEK.KOBIESA@ICLOUD.COM

Website: www.independent4congress.com

---

1. Do you have a personal connection or professional experience with someone who has an intellectual/developmental disability? (I/DD) If yes, would you describe its impact on you and your candidacy? If not, what have you learned about people with intellectual or developmental disabilities and how has it impacted your candidacy?

Yes, I have a deep personal connection with someone who has an intellectual/developmental disability. A close family friend was born with a congenital brain malformation and is now 16 years old. He requires 24/7 care and supervision, which has placed significant emotional, physical, and financial demands on his parents and extended family. This experience has profoundly shaped my perspective. I have witnessed the extraordinary love, resilience, and daily sacrifices families make, often with limited external support. While immediate family currently meets his needs, I frequently think about the long-term future—particularly the uncertainty of what happens when parents are no longer able to provide care. This reality has highlighted how critical it is for society to build robust, sustainable systems of support that assist both the individual and their family throughout the lifespan. Living with this reality has strengthened my empathy, patience, and commitment to advocacy. It has taught me to see the person first—their dignity, potential, and right to a meaningful life—while understanding the systemic challenges families face. This personal connection has directly impacted my candidacy by giving me a genuine, lived understanding of the barriers and needs within the I/DD community. It fuels my passion for improving access to services, policy reform, and it motivates me to contribute thoughtfully and compassionately in this role. I am committed to being part of solutions that ensure individuals with I/DD and their families receive the comprehensive support they deserve.

2. What policies and systems are you aware of that impact the lives of people with IDD and their families? If elected, what responsibility would you have to change those policies or systems?

Yes, through my personal experience witnessing a family of a friend member with a congenital brain malformation, I have become familiar with several key policies and systems that shape the lives of people with intellectual and developmental disabilities (I/DD) and their families. The primary system is Medicaid, particularly Home and Community-Based Services (HCBS) waivers. These provide essential supports like personal care, respite for families, therapies, and community living options instead of institutional care. Many states also operate Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID). While these programs are critical, long waiting lists and varying state eligibility often leave families like mine shouldering most of the burden with limited external help. Education is governed by the Individuals with Disabilities Education Act (IDEA), which ensures a free appropriate public education and related services for children up to age 21. This has been vital during my family member’s school years, but the transition to adulthood creates a significant cliff in services. The Olmstead Decision (1999, under the Americans with Disabilities Act) reinforces the right to community-based living rather than institutionalization when appropriate. It has driven progress toward inclusion, but implementation varies, and many families still face gaps in housing, employment supports, and long-term planning. Other important elements include Supplemental Security Income (SSI), family support programs, and state developmental disabilities agencies. However, these often fall short in addressing the “what happens next” question I’ve grappled with—sustainable supports when aging parents can no longer provide 24/7 care.

If elected, I would view it as my core responsibility to advocate for and help strengthen these systems so they better serve individuals with I/DD and their families across the entire lifespan. This includes:

Pushing for expanded and better-funded HCBS services to reduce waiting lists and support family caregivers (including paid family caregiving options and respite care).

Supporting seamless transition planning from youth to adult services, with emphasis on housing, employment, and community integration.

Working across parties to increase funding and flexibility in Medicaid and IDEA while improving accountability and outcomes.

Promoting policies that encourage long-term planning, such as incentives for special needs trusts, innovative housing models, and workforce development for direct support professionals.

Ensuring families have a true safety net, so no one falls through the cracks when parents are no longer able to provide care.

My personal connection gives me not just awareness, but a deep commitment to these issues. I would approach this work with empathy, listening to families and self-advocates, and focusing on practical, sustainable solutions that honor dignity and promote independence.

3. If elected, what are your top three priorities, and how would people with IDD and their families benefit from each priority?

1. Too many individuals with intellectual and developmental disabilities receive one-size-fits-all medical care that doesn’t account for their unique needs. I will prioritize policies that promote individualized, coordinated healthcare plans developed in partnership with the person, their family, and

specialists. This includes better training for healthcare providers on I/DD-specific needs, integrated care teams, and incentives for holistic treatment that addresses both physical and behavioral health.

Families like the one I know would face fewer medical crises, less frustration navigating the system, and better health outcomes. The individual receives care that respects their dignity and actual needs rather than forcing them into standard protocols, reducing caregiver burnout and improving quality of life.

2. We must move beyond the current fragmented system of waiting lists and temporary services. My focus will be on expanding and sustainably funding Home and Community-Based Services (HCBS), respite care, housing options, and employment supports that follow the person from childhood through adulthood and into their later years. This includes addressing the “what happens when parents are gone” question by building robust safety-net infrastructure.

People with I/DD would gain greater independence and opportunities to live meaningful lives in their communities. Families would receive consistent relief and planning security, knowing their loved one will continue to be supported even after they can no longer provide 24/7 care. This directly tackles the long-term uncertainty I’ve seen in my friend's family.

3. Individuals with I/DD are often excluded from decisions about their own care and lives. I will advocate for policies that promote supported decision-making, self-advocacy training, accessible information, and the inclusion of people with I/DD in policy development and healthcare planning.

People with I/DD gain greater autonomy, self-determination, and a stronger voice in their future. Families benefit because their loved one is respected as a person with preferences and rights, not just a set of needs. This leads to better alignment between services and what the individual actually wants, fostering dignity and reducing family stress.

These three priorities are deeply personal to me because of my friend's family member’s experience with a congenital brain malformation. They represent a shift from reactive, crisis-driven support to proactive, respectful, and sustainable systems that truly serve both individuals with I/DD and the families who love them.

4. When you have questions about how to best support people with IDD and their families, what or who are your trusted resources?

When I have questions about how to best support people with intellectual and developmental disabilities (I/DD) and their families, I turn to several well-established organizations and resources that provide reliable information, research, practical tools, and family perspectives. The Arc of the United States, IDD Program Finder, Caregiver Resource Hub, Caregiver Action Network, American Association on Intellectual and Developmental Disabilities, Autism Society of America. These resources help me stay informed, avoid outdated approaches, and focus on evidence-based, person-centered solutions. I'm committed to continuing to learn from self-advocates, families, and experts in the field so that any decisions I make are grounded in what actually works for the community.

5. Home and Community Based Services (HCBS) are Medicaid services that are essential for individuals with IDD. They provide support for daily living (such as bathing, dressing, eating, and managing medication), having a job, accessing the community, and giving families a break from providing 24/7 care. Currently HCBS services are optional but nursing home services are an entitlement. The average US cost per year for a nursing home is $111,000, compared to $17,000 to provide in-home supports. Currently, HCBS services are under threat because of the HR1 cuts to Medicaid. Many states have years-long waiting lists for HCBS services. Do you support strengthening Home and Community Based Services (HCBS) and making them an entitlement? Why or why not?

Yes, I strongly support strengthening Home and Community-Based Services (HCBS) and making them a federal entitlement, just as nursing home care currently is. My position is shaped by personal experience: I see very frequently how a family member with a congenital brain malformation relies on consistent supports to live at home. HCBS provide essential daily living assistance, community access, employment help, and respite for families—yet they remain optional for states, leading to chronic underfunding and years-long waiting lists across the country. Meanwhile, institutional care in nursing homes is guaranteed.

Here’s why this matters and why I support the change: Aging in Place and Reducing Institutionalization: People with I/DD deserve the dignity of living in their communities, not institutions, whenever possible. The Olmstead Decision already affirms this right—strengthening HCBS makes it a reality.

Cost-Effectiveness: The numbers are clear. Average annual nursing home care costs around $111,000–$119,000 per person, while high-quality in-home and community supports cost roughly $17,000. Making HCBS an entitlement is fiscally responsible—it saves taxpayer dollars while delivering better outcomes.

Addressing Chronic Underfunding and Waiting Lists: Far too many families are stuck on waitlists for years. HCBS must be adequately funded and available without delay, so families aren’t forced into crisis mode.

Supporting Families and the Workforce: Caregivers need respite and real help. Strong HCBS also bolster the direct support professional workforce, which is chronically underpaid and understaffed.

Opponents often raise concerns about increased taxes or spending. I believe the opposite is true in the long run: by shifting away from expensive institutional care and preventing crises, we create a more sustainable system. Recent Medicaid cuts under HR1 have only made the situation more urgent—optional services like HCBS are often the first to face pressure. Strengthening and entitling HCBS would ensure stable, high-quality, and affordable long-term care in community settings, reduce reliance on costly institutions, support families and caregivers, and promote dignity and inclusion for millions of Americans with I/DD.

This is not just good policy—it’s the right thing to do. If elected, I will fight to make HCBS a true entitlement so that families like mine can plan for the future with security instead of fear.

6. People with IDD frequently rely on The Supplemental Security Income (SSI) program as their basic source of income. SSI has not been updated since 1984. Currently, individuals on SSI will lose their benefits if they have assets of more than $2000 (Excluding their home and care) and married couples can only have $3000. This creates a disincentive for individuals

with IDD to marry. Do you support raising the asset limit, and eliminating the "marriage penalty" for recipients of SSI? Why or why not?

Yes, I strongly support raising the SSI asset limits and eliminating the marriage penalty. These rules have remained virtually unchanged since the late 1980s — $2,000 for an individual and $3,000 for a couple — which is completely unrealistic in today's economy. In 2026, the maximum federal SSI payment is only about $994 per month for an individual, yet people are expected to survive on that while being forbidden from saving even a modest emergency fund, buying a reliable car, or planning for the future. This outdated policy creates unnecessary hardship, poverty, and stress for people with intellectual and developmental disabilities and their families. It actively discourages marriage, penalizes saving, and forces people to stay in poverty just to keep basic income support. Life is already incredibly challenging for individuals with I/DD and their caregivers — we should not add artificial barriers that punish dignity, stability, and normal life milestones. Raising the asset limits (for example, to at least $10,000 for individuals and $20,000 for couples, with annual inflation adjustments) and removing the marriage penalty would:

Allow people with I/DD to build small savings for emergencies, housing, or independence without losing benefits.

Remove the disincentive to marry and form stable relationships.

Reduce financial despair and give families more breathing room for long-term planning.

Align SSI with basic economic reality and with other modern programs that have far higher or no asset tests.

Strengthening SSI in this way is a targeted, compassionate, and fiscally reasonable step. It helps people live with greater security and hope instead of forcing them into a perpetual cycle of poverty just to qualify for the very support they need.

If elected, I will actively support legislation like the SSI Savings Penalty Elimination Act or broader SSI Restoration efforts to modernize these rules. People with I/DD deserve policies that promote dignity and opportunity, not outdated restrictions that trap them in hardship. This change is long overdue.

7. Is there any other information you'd like constituents with intellectual or developmental disabilities and their family and friends to know?

Yes, there is something important I want every person with intellectual or developmental disabilities, their families, and their loved ones to know: We must take care of our own people first.

As a nation, we have a moral obligation to fully support Americans with disabilities, the elderly, veterans, and families recovering from catastrophic events before we send billions of dollars overseas. Right now, we are doing the opposite. We continue large-scale foreign aid while millions of Americans — including families like the one I know caring for a loved one with a congenital brain malformation — face long waiting lists for HCBS services, outdated SSI rules that trap people in poverty, and inadequate support systems.

This is unacceptable.

I am committed to a clear “America First” approach on these issues:

Prioritizing full funding for Home and Community-Based Services, modernized SSI, caregiver supports, and lifelong services for people with I/DD.

Dramatically reducing or eliminating non-essential foreign aid until our domestic needs — especially for the most vulnerable — are met.

Ensuring that tax dollars work for American families first, not for endless international spending while our own citizen's struggle.

People with I/DD and their families should not have to compete for resources. You deserve a government that puts you at the top of the priority list. If elected, I will fight every day to make sure our policies reflect that commitment — because taking care of our own is not just good policy, it is the right thing to do.