December 2023 LTSS Trust Commission Meeting Minutes								
Me	Meeting Date		12/12/23		Time		1:00 pm - 4:00 pm	
Attendees								
	Representative Paul Harris	$\boxtimes$	Representative Bryan Sandlin	$\boxtimes$	Representative Frank Chopp	$\boxtimes$	Representative Nicole Macri	
$\boxtimes$	Senator Curtis King	$\boxtimes$	Senator Judy Warnick	$\boxtimes$	Senator Karen Keiser	$\boxtimes$	Senator Steve Conway	
	Secretary Jilma Meneses, Department of Social and Health Services		Cami Feek, Employment Security Department		Taylor Linke, Health Care Authority (Trinity Wilson)		Peter Nazzal, Home Care Association Representative	
	Madeleine Foutch, Representative of a union representing LTC workers		Michael Tucker, Representative of an organization representing retired persons		Lauri St. Ours, Representative of an association representing SNF/ALF providers		John Ficker, Adult Family Homes Providers Representative	
	Ruth Egger, Individual Receiving LTSS #2 (or designee or representative of consumers receiving LTSS)		Vacant, Worker who is paying the premium (or will be paying)		Mark Stensager, Individual Receiving LTSS #1 (or designee or representative of consumers receiving LTSS)		Rachel Smith, Representative of an organization of employers whose members collect the premium (or will likely be collecting)	
$\boxtimes$	Laura Cepoi, Organization Representing the Agencies on Aging							
Guest Speakers								
	Ben Veghte, Department of Social and Health Services	$\boxtimes$	Andrea Meewes Sanchez, Department of Social and Health Services		Rebecca Grady, Employment Security Department		Steve Zawoysky, Employment Security Department	
	April Amundson, Employment Security Department		Chris Giese, Milliman		Luke Masselink, Office of State Actuary			

Topic	Minutes
Welcome and Call to Order Consent Agenda	<ul> <li>Commission members in attendance indicated above.</li> <li>Secretary Meneses reviewed the meeting goals.</li> <li>No objections were made; items were adopted.</li> </ul>
WA Cares Fund Program Refresh	<ul> <li>Key program details per current statute (RCW 50B.04)</li> <li>Premium rate - \$0.58 cents for every \$100 earned.</li> <li>Lifetime benefit maximum -\$36,500, adjusted annually up to inflation, paid directly to providers.</li> <li>Three pathways to qualified individual status.         <ul> <li>Contribute 10 years without interruption of five or more consecutive years.</li> <li>Contribute 3 of the last 6 years from the date of application for benefits.</li> <li>For near-retirees (born before 1968): contribute at least one year, earning one-tenth of the lifetime benefit amount for each year contributed.</li> <li>A person must work 500 hours during a year to receive credit for a qualifying year.</li> </ul> </li> </ul>



# • Eligible beneficiary

 A qualified individual who requires assistance with at least 3 activities of daily living (i.e., bathing, dressing, eating, ambulation, medication management, toilet use, transfer, etc.)

#### Open for questions:

- Senator King: It says \$36,500 adjusted annually up to inflation, which implies to me that it isn't necessarily adjusted for inflation. Is that adjustment made automatically. Who determines what the extend of that adjustment would be? And does it have to be approved by the legislature?
  - o Meewes Sancez: There will be a Benefits Council run by the Office of Financial Management. They will be making decisions based on actual modeling, how far up that inflation rate can go but it is capped.

# Program Update

#### **Medicaid Savings Waiver**

- RCW 50B.04 directs DSHS to apply for a demonstration waiver from CMS to allow for the state to share in the savings generated in the federal match for Medicaid long-term services and supports and Medicare due to the operation of the program.
- CMS has instructed DSHS to begin with an 1115 demonstration waiver application to focus on the Medicaid savings generated by WA Cares
- DSHS is developing a concept paper in preparation for the waiver application and working on policy design through spring 2024.
- Data on Medicaid savings will be updated in the spring to incorporate plan changes.
- Aiming to have a negotiated agreement with CMS by the end of 2024 if possible.

### Open for questions:

- Senator Conway: Any estimates on what the Medicaid waiver would generate?
  - Meewes Sanchez: Milliman did a study for us in 2021 and we can get those numbers and share that with you.
     (This information was shared in the chat)
    - This report can be found here: <u>WA Cares Fund Savings for the Medicaid Program</u>

# Finance Update

## Office of the State Actuary - Monitoring Early Experience

- As part of the Risk Management Framework (RMF), Phase 1 is largely focused on data collection, monitoring, and
  updating actuarial projections.
- Actual experience will be used in future actuarial projections.
- When comparing actual to assumed data, sustained deviations or significant short-term deviations could have long-term impacts.
  - Depending on the source of the deviation, it could take years before there is sufficient credible experience to modify assumptions based on actual experience.
  - This is consistent with Phase 1 of the RMF
- In the meantime, OSA and Milliman will be monitoring emerging experience and reporting on any impacts to long-term fund solvency.

# **Employment Security Department Update**

2023 Q3 quarterly reporting and covered worker update



- 190,247 employers, about 3.5 million distinct workers
- o \$74.33 billion gross wages reported.
- o \$57.54 billion premium wages reported.
- o \$333.76 premiums assessed.
- Approved exemptions
  - 2023 Q3: 5222,291
  - 2023 Q4: 533,978
    - 481,899 private insurance
    - 30,119 non-immigrant visa
    - 17,189 out-of-state
    - 3,491 veteran disability
    - 1,280 active-duty partner
- Active self-employed opt-ins
  - 2023 Q4: 381
  - 2024 Q1: 559 to date, total that will be effective.
- Quarterly Finance Update
  - Q3 Premium Remittance through 11/28/2023 of \$322.6 million includes:
    - \$289.6 million in ACH electronic payments
    - \$25.5 million in checks sent to US Bank Lockbox
    - \$7.7 million in Inter-Agency Payments (IAP)
    - \$360 thousand in checks sent directly to ESD.
    - \$149 thousand in credit card payments
  - November account transfers and retention
    - \$225.2 million transferred to State Investment Board
    - \$64.3 million transferred to pay principal of General Fund loan.
    - \$33.4 million retained in WA Cares fund for FY24 budget appropriations.
  - o WA Cares Fund Balance on 11/29/2023: \$ 34,304,371

# Interim Actuarial Reporting - Analyzing emerging experience before 2024 baseline study.

- We are in the process of comparing emerging WA Cares Fund premiums against:
  - o PFML program data
  - o Expected (annual) premiums from the 2022 Actuarial Study
- Questions we are analyzing as part of emerging premium data review:
  - o How will seasonality and reporting patterns affect how premium data emerges across the full fiscal year?
  - o How have average wages and wage growth evolved relative to what was modeled?
  - o How does the count of premium-paying individuals compare to our projection?
  - o How does the count of exempted employees compare to our projection?
  - o To what extent is emerging data reflective of short-term and long-term expected trends?
  - How might emerging premium data inform other assumptions (e.g., vesting credit to become qualified individual)?
- Understanding factors driving differences between emerging premiums and expected premiums will assist in review of premium assessment rate.



#### Open for questions:

- Senator King: How many out-of-state workers are there? How many workers do we have that work in the state, but live
  outside the state?
  - o Grady: We've been having recent conversations among ESD, OSA, and Milliman about this. I do believe the number of exemptions is low compared to the estimated population of workers who live out of state.
  - o King: Whatever that number is, my understanding is that each of those have to opt out even though they are not eligible. Is that correct?
  - o Grady: They have to submit an exemption application to us. We can follow up with the number that Milliman had in the report.
    - Giese: Roughly 100,000 to 150,000 people might be working in Washington but living out of state. As mentioned, the number of exemptions from out of state workers is certainly lower than what we were potentially anticipating in some of our modelling in 2022 report.
  - o King: Do they have to do that yearly?
  - o Grady: You opt out and then once your status changes, like if they moved back into the state, they would have to let us know their status has changed.
- Senator Conway: It would be helpful if we knew where the opt-outs are because that might give us a better idea of potential ways out there. If most of these people who opt out are in Clark County or Spokane County, we probably understand that. Can we track where these opt-outs are?
  - Grady: I would have to look back and follow up with you. I believe we do not have a physical location, but we
    may have a mailing address that the customer submitted at the time of the exemption application. ACTION ITEM
- King: The \$33 million, is that for the total of the year for 2024?
  - Zawoysky: Yes, for the entire fiscal year for all 3 agencies
- Conway: If money is transferred in November to the State Investment Board, does it immediately move that money into its investment? Is there a delay there?
  - Zawoysky: The State Investment Board was involved in discussion and knew the date that we were moving those funds in so I believe they were prepared to invest that shortly, but I'd certainly defer to them.
  - o Senator Conway: Did the money land on November 1?
  - o Zawoysky: No, it was transferred on November 20.
  - Veghte: We have a cross-agency workgroup that worked on the precise timing of all these transactions, and the State Investment Board is aware of the importance of getting the money invested quickly once they receive it. So, they have prepared for all of that.
- King: Has anyone looked at the number of workers that we are expecting in a given year that could claim long-term disability and receive payment from WA Cares? What that estimate might be? And then as you look at that number, what is the estimate of those that have done that who would be expected to leave the state when they retire or at some point in the future?
  - Giese: Could you expand on that a bit?
  - o King: Is there an estimate of how many people are going to do that in a given year? My point being is, they might be using up their \$36,500 at this point and then 10 years down the road.... I think we expect half of the individuals paying in now to leave the state and, unless we make changes, not be eligible to receive the benefits. These people would have already gotten their benefits and now they're leaving the state without having worked in the state the rest of their working lives.



- Giese: Just to make sure I'm understanding your question, is this in connection to the portability benefit that's been discussed?
- King: It's that, but it's also the potential of someone using all their benefit and then leaving the state before they've had a chance to really pay in their "fair share." So, they've received the benefit, they haven't paid in enough to cover what the benefit is providing them. And we expect half the people that are paying in are going to leave the state unless we do something about portability. They will leave the state and not be eligible. That's what I'm trying to get a feel for.
- o Giese: I don't know if I can give you a precise number to answer that question, but the context is helpful. We do have estimates where we follow an individual and look at each year whether they start needing long term care and would qualify for WA Cares benefits. And then we also have migration assumptions where we try to understand when those individuals perhaps might move out of the state. So, there are instances as you describe, where an individual could work in the state 3 years, and then qualify under the 3 of 6 pathway, and then move out of the state shortly thereafter. That individual would have only paid into the program a few years versus somebody who might have paid in for their full working history.
- o King: So, you've included that as part of your analysis? Is that a fair statement?
- Giese: It is; however, I don't have the breakdown of how many individuals fall into those scenarios but that is something we considered in our modeling.
- Veghte: I'd like to thank Senator King for the thoughtful question. It's a helpful thing to focus a light on for us, for staff, to keep an eye on. So, I appreciate that. And Chris, I'm hearing you say it's priced in already, correct?
- Giese: Correct
- Senator Keiser: I don't remember 50% estimation of people leaving the state. Is that what we are working off?
  - o Geise: It depends. If you started with a group of 30-year-olds who live in the state currently and you follow that group and 50 or 60 years later how many of those live out of the state? I think that is potentially where you could see some higher numbers of individuals from that group. I think we shared some numbers looking at if we'd looked at different starting ages, how many of those individuals might still be living in the state 30+ years down the road. I don't have those numbers off the top of my head but that is something we did look at.
  - Veghte: I have it roughly in my head, it's a higher number more like 60% at the 30-year-old cohort and then it drops steadily and by 55 it's down to about 1/3. As you get older, it's fewer and fewer people are going to be out of the state when they turn 75. So, it's a sliding scale as people get older. So, I think the 50% is kind of a shorthand for all those different cohorts.
- Conway: If the Medicaid waiver is agreed to, you had made an estimate. What is that estimate?
  - o Giese: I think that number is posted to the OSA website so we can get you that link for that. I don't have those numbers here.
    - This report can be found here: Office of the State Actuary WA Cares Reports
- Stensager: As a new member of the Commission, I did look at all the data in terms how many people leave the state and so forth. Some of the questions that are being asked in terms of use are fundamental in terms of actuarial assessment. Is there a data sheet that has some of the basics that has been shared?
  - Veghte: Milliman has done a thorough analysis on that and there is a portability cost estimate that's been published on the actuary's website, and we can get that to you. (this information was provided in the chat)
    - This report can be found here: Office of the State Actuary WA Cares Reports



# Additional Proposed Recommendations for Report

#### Non-immigrant Work Visas

Modify the exemption process for temporary non-immigrant visa holders working in Washington state. Exempt
wages earned by non-immigrant visa holders from premium collection, with the ability to voluntarily participate if
they so choose.

# Civilian Employment of Service Members

 Allow for a conditional voluntary exemption to be requested by active-duty service people who are engaged in off-duty civilian employment.

#### Call for vote:

• Senator King made a motion to adopt the non-immigrant work visa and the civilian employment of service members recommendations to include in the report. Representative Macri seconded the motion. A vote was taken, and the motion passed unanimously.

# Commission Recommendations Report

#### Portability Cost Offsets Workgroup Recommendations

- Incorporate into functional assessment a 90-day forward certification of need.
  - Not an elimination period (typically used in private LTC insurance)
  - Not a waiting period
- Adopt a HIPAA-style benefit threshold for out-of-state residents.
- Give State Investment Board authority to invest Trust Reserves in diversified portfolio, including equities.
  - o This would require a ballot initiative to amend the state constitution.
- Require individuals to contribute 3 years in-state before they become eligible to participate in portable coverage.
- Increase number of hours worked required to earn a qualifying year from 500 to 1000.
- Continue to leverage the Risk Management Framework to regularly monitor emerging experience and its impact on actuarial status of the program.
- Workers who elect portable coverage upon leaving the state are required to contribute to WA Cares if they continue to work.
- Workers report their wages and pay premiums regularly and must provide documentation of their wages at the time of payment of premium. ESD will research what documentation could be provided to verify wages at time of payment of premium and any exceptions that should apply. ESD will consider user experience and develop ways to support individuals accurately reporting their wages at time of payment. Once a worker turns 67, they are no longer required to provide such documentation, although they are still required to contribute on any wages earned through employment or self-employment.
- The Commission recommends that failure to remit assessed premiums on wages after electing portability of coverage will have consequences, including cancellation of coverage, or payment of back premiums and interest, or a combination of those. The Commission recommends ESD and DSHS research viable options to include in statute.
- If an individual who elects portable coverage reports no wages, the lack of wages earned through employment or self-employment must be verified.

## **Benefit Eligibility Workgroup Recommendations**

- Use an eligibility standard similar to Medicaid LTSS
- Incorporate into functional assessment a 90-day forward certification of need.
  - Not an elimination period (typically used in private LTC insurance)



- Not a waiting period
- Adopt a HIPAA-style benefit threshold for out-of-state residents if portability is enacted.

### Non-Immigrant Work Visas & Civilian Employment of Service Members

- Non-immigrant Work Visas
  - Modify the exemption process for temporary non-immigrant visa holders working in Washington state. Exempt
    wages earned by non-immigrant visa holders from premium collection, with the ability to voluntarily
    participate if they so choose.
- Civilian Employment of Service Members
  - Allow for a conditional voluntary exemption to be requested by active-duty service people who are engaged
    in off-duty civilian employment.

### **Open for questions:**

- Senator Warnick: If an employee continues to work after leaving the state, I assume that is continuing to work for an in-state employer, or does that require an out-of-state employer to report on the collection?
  - Veghte: The Workgroup worked on that at great length this summer and we determined the best way to do that would be to have the individual pay directly to ESD through a mechanism that ESD would establish. Self-employed people already do that in-state. They pay directly to ESD, so perhaps that would be some adaptation of that functionality. The details of that are yet to be determined by ESD, and implementation, but the recommendation is simply that individuals who leave the would be obligated to pay premiums of 0.58% of wages every year to the Employment Security Department and then if they need care, they could receive benefits.
  - o Warnick: But there's no obligation for an out-of-state employer to collect those?
  - Veghte: Correct.
- Senator King: Does DSHS still have 45 days to approve the application?
  - o Veghte: Correct, that has not been changed.
- Senator King: Maybe it's too late in the process here, but it seems since we went from 500 to 1000 hours, that there may be a large group of people who may work 750 or 800 hours and they are going to get absolutely no credit for that period. I am wondering whether we want to consider giving those individuals a partial credit for the hours they work, if they work over say a minimum number of hours, say, if it was 100, they would get a 10% credit. If it was 200, it would be 20%. If it was 300 it would 30%, and so forth. Isn't that a fairer way? Someone could work 944 hours and not get any credit for anything. I think this might be something to consider that might be a little fairer.
  - Veghte: Thank you. That is an interesting idea. Typically, with policy proposals, we like to run them through actuarial modeling to know what the implications are. It is difficult to speak to it off-the-cuff. But it is up to the Commission if they want to take that up.
- Secretary Meneses: The model that Senator King just described; would it be an administrative exercise to determine right how many hours people would have earned?
  - Veghte: I think there would be administrative challenges and actuarial implications. Both are too hard to speak on spontaneously.
  - King: I did not expect an answer today but since we are doubling the number of hours, it might be a fairer way of looking at it. So, whenever we get back together, or the powers that be can make that analysis and tell us what it might do, I would appreciate that.



## o Veghte: Will do Senator. We'll get back to you on that. **ACTION ITEM**

- Senator Keiser: I just want to clarify; you are talking about people who move out of the state while they are still
  working age? They are not retiring. As they move out of the state, they decide they want to maintain their eligibility for
  WA Cares, so they opt in to pay the premium annually on their income to maintain their benefit eligibility. A small
  population I suspect.
  - o King: Definitely. But I'm talking about everybody in the state since this 1000 applies to everyone in the state.
  - o Keiser: No, it only applies to those who move out of the state.
  - Veghte: No, it applies to everyone in-state.
  - o Keiser: I'm sorry. I thought we were just applying that to people who do portability. It's a fair question. We might want to in the future model that and have the analysis of that proposal.
- Senator Conway: Just an observation. We have minimum requirements for employment insurance and paid family leave. So, if we're going to adjust percentage to hours, that's a whole different way of doing what we have been doing. I'm just arguing here that the minimum hour requirements are as much a part of all our benefit plans.

#### Call for vote:

• Senator Conway made a motion to approve the Commission Recommendations Report. Ruth Egger seconded the motion. A vote was taken, and the motion passed unanimously.

## Review Draft Commission Topics for 2024

## **Review Draft Commission Topics for 2024**

- Reconvening the Minimum Provider Qualifications Workgroup
- Establishment of payment maximums for approved services consistent with actuarial soundness which shall not be lower than Medicaid payments for comparable services. A service or supply may be limited by dollar amount, duration, or number of visits. The commission shall engage affected stakeholders to develop this recommendation.
- o Plan for Stakeholder Engagement on Provider Payment Maximums
- o DSHS is beginning a rates study to inform this work.
- o DSHS is planning to host open forums with stakeholders to gather feedback on rates analysis.
- o DSHS will bring feedback gathered during those sessions to the Commission workgroup.
- o List of stakeholders we plan to engage are included in materials for your feedback.

# Provider Payment Maximums Workgroup Membership

- Commission members with perceived or actual conflict of interest in rate recommendations should refrain from participating in the workgroup.
- DSHS will invite members of the Commission who wish to be involved but have recused themselves from the workgroup to the open stakeholder forums.
- Commission members who wish to participate in the workgroup should contact Sarah Cleland by December 20th so DSHS can schedule sessions.
- Workgroup will begin meeting after legislative session, stakeholder sessions will be held during the first quarter of the year.

# Open to questions:



# Senator Conway: I thought Senator King raised a very good question about the inflation issue on the benefit. It sounds to me like it is to be determined not by the Commission but by OFM. I'm wondering if we should visit this in some fashion because if one of our objectives is to maintain the benefits at the current contribution rate, whether that is a decision that Commission should be involved with as well. Because they will decide on the inflation rate which could push up the contribution rate and I'm just wondering if we need to spend time looking at that. Veghte: My recollection is it includes the legislators on the Commission as well as agency heads, plus OFM. So, there is plenty of scope for the Commission members to share their knowledge from the Commission process. It's chaired by OFM, but the Council has a lot of Commission members on it. We can share out that statute section. The other point to answer your question Senator is that Milliman has priced in that benefits are fully adjusted for inflation each year. I'll let Chris Giese speak to that. Giese: When we are talking about the benefit inflation it's really that \$36,500 number. There are no benefit caps as individuals receive services. There is no inflation or index tied to the hourly rate someone may receive for home health aide. We are talking about the inflation index that's the index to adjust the \$36,500 number. So, we have built in our modeling, is that the index is going to be based on a regional Washington specific consumer index. So that's what we've used to inflate that 36,000 going forward in the future. You are correct Ben; we are to assume that that index will be used fully to increase the 36,500 each year into the future. To the extent any decisions are made to increase less than that rate, there would be cost savings relative to what we have projected. Conway: If we had an 8% inflation one year, would we go up 8% on the benefit? On our pension plans we generally have a cap on what that rate of inflation can be. Practically to protect the funding of the benefit. And if we are going to allow a high inflation rate to impact that benefit it might be wiser to consider some kind of cap on it. Pensions are capped at 3% as you know with the banking system. So, I'm just raising that as an issue here for our consideration. Fortunately, we won't be paying benefits for a while but, we are not going to be adjusting that benefit up, maybe I'm wrong on that. Maybe we will adjust that benefit up, but I just would think that we might spend some good time analyzing this a bit. Vegate: In the process the statute does foresee that the Council takes those things into account. Specifically, it states that it should take things like that into account, the recommendations from Office of the State Actuary, current economic factors, solvency of the fund, adequacy of benefits, and so the Council is designed as a space to have those conversations and they don't start meeting until 2026. To start adjusting benefits in 2027. So, there will be time to have those conversations. Call for vote: Madeline Foutch made a motion to create the Provider Payment Maximums Workgroup. Ruth Egger seconded the motion. A vote was taken, and the motion passed unanimously. Call for Volunteers to join the Provider Payment Maximums Workgroup. Secretary Meneses asked that anyone interested in volunteering for the Workgroup to inform WA Cares staff by December 20th. **Public Comment** Public Comment captured in the table below. Review Agenda for Approve 12/12/2023 Commission meeting minutes. May 1, 2024 Meeting Receive Program Update Receive Finance Update Receive Update on Legislative Session



	<ul> <li>Receive Communications and Outreach Updates</li> <li>Receive OSA's planned work for 2024.</li> <li>Review Commission Topics and Workgroups for 2024</li> <li>Report out from Minimum Provider Qualification Workgroup</li> </ul> Call for questions: <ul> <li>Smith: Just seeing communications and outreach updates on the agenda, given that we have the October report out, I wonder if you could send it out over email since May is a little way out. So, if we had about 260,00 employers impacted and about 200,00 of those submitted their reporting, I'm just curious what we know about the 60,000 that didn't report. Are there any trends? Is it on par with Paid Family Leave? Are there any observations that can be shared? Would like for anything to be shared in advance since May is far away. ACTION ITEM</li></ul>
Wrap-up  • Action items review Adjourn	Meeting adjourned at 2:20 pm

#	Action Items	Lead	Due Date
	Provide numbers of out-of-state workers who have opted-out of program and where they are located	ESD	5/1/2024
2	Provide analysis on impact of giving partial credit for hours worked under 1000	DSHS	5/1/2024
3	Provide updates on communications and outreach before May Commission Meeting	DSHS	2/1/2024



Name	Public Comment
Steve Foreman	Let me see if I can help on two items that came up today. Someone was asking about the inflation.  Off the top of my head, I remember that Milliman was projecting long-term wage growth at about 3.5% and long-term inflation at about 2.5%. To level set where we are at, in 2019 when the legislature passed this law, and they were anticipating costs about \$36,500. Where we are today in 2023 costs – care that cost \$36,500 today costs \$43,800. So, the benefit is already about \$7,300 a year behind Inflation and will not even be looked at until three years from today. So, we are already quite a bit behind where inflation is. In other words, we are not being adequate or keeping up with the cost of care and we won't even be inflating this benefit for another three years. Let's move on. Someone asked about Medicaid savings. We have those numbers in the Milliman report. I don't want to look at the absolute numbers, I want to look at the relative numbers, the context. How much will this program save as a percent of Medicaid? I'm going to give you one number, it's easy to remember. 1%. I'm going to say it again. 1%. This program when it's humming along and firing on all cylinders, 20 30, 40 years from now, will save Medicaid at most about 1% of our state's total Medicaid budget. It'll save about 3% of our state's long-term care budget which is about 30% of our total budget. This analysis has been circulating about 18 months to two years now, widely circulated no one's pushed back on it. For a program whose number one goal is supposedly saving Medicaid money, it doesn't do a very good job of it. I will say one last thing, those Medicaid savings are predicated on paying providers at commercial private pay rates. If the state wants to prioritize Medicaid savings, it's going to have to pay providers lower rates and pay them rates comparable to Medicaid rates. That means throwing under the bus the providers that have lobbied for this law. That's not my department, I will let you guys wrangle with that but that's my comment for tod
Pat Estes	I want to express concern about doubling the number of hours to earn a qualifying year. As we put this out to the public and we're now changing it, and so these people who work part time will be paying into the fund with no benefit and I think that's a little bit of distrust to the system. Thank you.

