



# Provider Payment Maximums

## Group 4 Open Forum

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# Agenda

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10:00 – 10:25 25 minutes	Introductions & Purpose
10:25 – 11:25 60 minutes	Milliman Rate Study Analysis & Gather Feedback
11:25 – 11:30 5 minutes	Wrap Up: <ul style="list-style-type: none"><li>• Action Item Review</li><li>• Next Steps</li></ul>

# WA Cares Fund Program Refresh

## Program timeline

**2014**

Research on policy options for long-term care

**2019**

Legislature passes LTSS Trust Act & governor signs into law

**2021**

Legislature improves coverage for adults with disabilities that onset prior to age 18

**2022**

Legislature adds pathway to partial benefits for near-retirees; establishes voluntary exemptions for certain groups

**2023**

**July 1**  
Workers begin contributing

**2024**

Legislature makes benefits portable

**2026**

**July 1**  
Benefits become available for qualified, eligible individuals

# WA Cares Fund can help

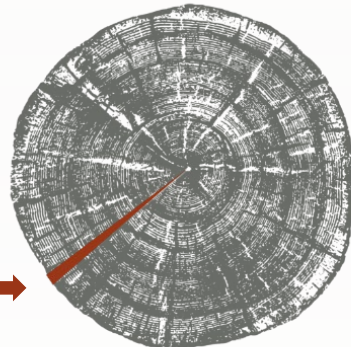
- Earned benefit
- Self-funded by worker contributions
- Works like an insurance program
- Only contribute while you're working
- Everyone covered at same rate regardless of pre-existing conditions
- No copays, no deductibles, and you never have to file a claim

## Typical Income:

\$50,091

## Typical Contribution:

\$291/year



0.58%

## Contributions

0.58%

Amount workers  
contribute from wages



Contributions began

## Benefits

\$36,500

Lifetime maximum benefit  
(adjusted annually up to  
inflation)

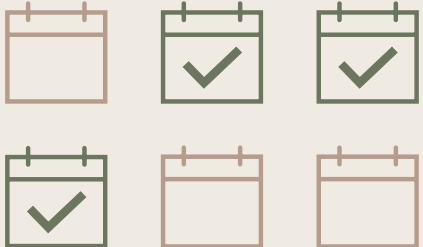


Benefits available

# Qualifying for benefits

## Early access to full benefit

Contributed at least **3 of the last 6 years** at the time you apply for benefits



## Lifetime access to full benefit

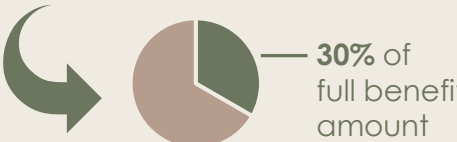
Contributed for a **total of 10 years** without a break of 5+ consecutive years



## FOR NEAR-RETIRES

## Lifetime access to partial benefit

People born before 1968 earn **10% of benefit amount** for each year worked



To earn benefits, must work at least 500 hours per year (about 10 hours per week)

# The benefit is flexible

Up to **\$36,500** for any combination of services and supports, including:



Professional care at home or in a facility



Adaptive equipment & technology like hearing or medication reminder devices



Training & paying family member or friend to be your caregiver



Home-delivered meals



Home safety evaluations & environmental modifications like wheelchair ramps



Support & respite for family caregivers



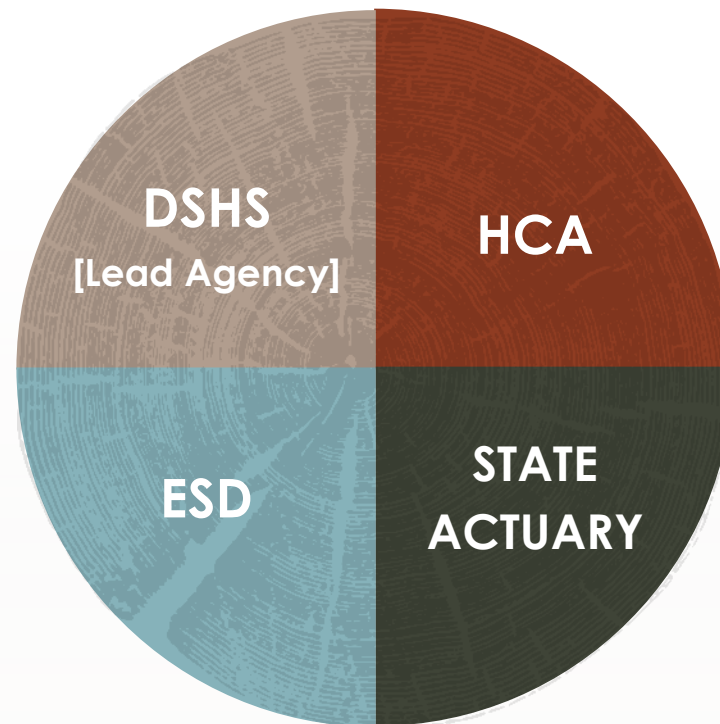
Transportation

Must need help with **3 activities of daily living** like bathing, eating, medication management

# Cross agency responsibilities

- Process applications
- Perform care needs assessments & determine eligibility
- Manage providers

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- Collect premiums and wage reports
  - Determine vesting status
  - Process exemptions
  - Process requests from self-employed individuals opting in



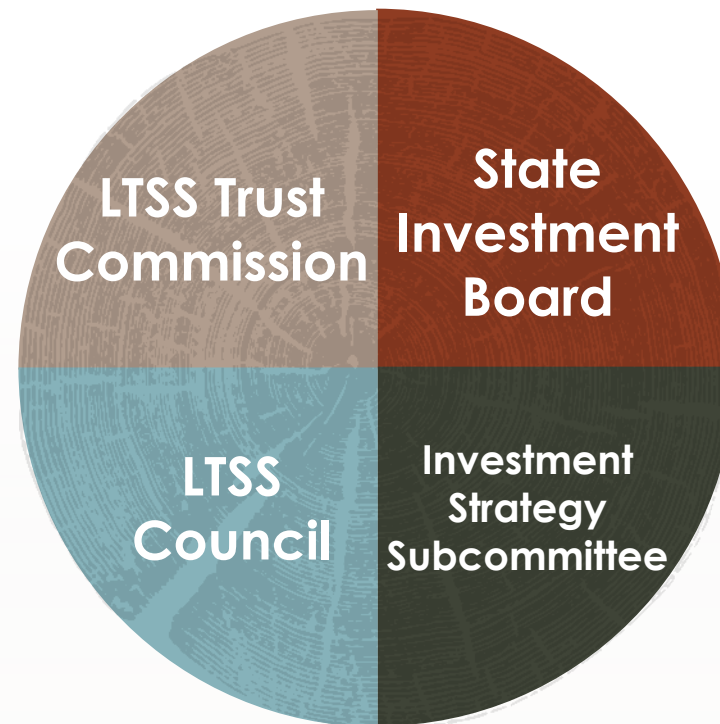
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- Pay providers
  - Track benefit usage

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- Provide actuarial analysis to assess ongoing Trust Fund solvency

# Program Oversight

- Make recommendations to the legislature and administering agencies
- Monitor expenses

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- Adjust benefits annually up to inflation



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- Invest Trust Fund reserves

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- Monitor investments
  - Provide guidance and advice to the State Investment Board



# LTSS Trust Commission Workgroup

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## Commission Workgroup Purpose

- Review viable options for the Long-Term Services and Supports Trust Commission's recommendation required in RCW 50B.04.030(c) on the *“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.”* The Commission will make formal recommendations to DSHS by January 1, 2025.

## Commission Workgroup

- The Commission Workgroup will receive notes from the briefing and open forums to inform their recommendations. The Commission workgroup may wish to consider the following issues in their recommendations:
  - Maximum rates as payment in full
  - Beneficiary protection from being overcharged
  - Ability for the beneficiary to negotiate rates
  - Ensuring adequate supply of providers
  - Incentives for rural areas or other barriers to access

# Stakeholder Engagement

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- There are two avenues DSHS staff will use to gather feedback for the Commission. Notes from these discussions will be captured and shared with the Commission workgroup members.
- **Briefings** are an opportunity for providers to have initial conversations with DSHS and Milliman on important factors that drive rates for services. *Briefings* are scheduled by service group and held with a small group of providers.
- **Stakeholder Open Forums** are an opportunity for Milliman and DSHS to share initial results of the rate study by service group. Forums are open to the public. DSHS will use these forums to gather feedback on initial rate study results.

# Scope

Group 1	Group 2	Group 3	Group 4
<ul style="list-style-type: none"><li>• Adult Family Home</li><li>• Assisted Living</li><li>• In-Home Personal Care</li><li>• Nursing Home</li></ul>	<ul style="list-style-type: none"><li>• Adaptive Equipment and Technology</li><li>• Environmental Modifications</li><li>• Home Delivered Meals</li><li>• Personal Emergency Response Systems</li></ul>	<ul style="list-style-type: none"><li>• Adult Day Services</li><li>• Eligible Relative Care</li><li>• Transportation</li><li>• Respite for Family Caregivers</li></ul>	<ul style="list-style-type: none"><li>• Care Transition Coordination</li><li>• Dementia Support/Memory Care</li><li>• Education and Consultation &amp; Services that Assist Paid and Unpaid Family Members</li><li>• Home Safety Evaluation</li><li>• Professional Services</li></ul>

# Stakeholder Briefing

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- **Care Transition Coordination**: time-limited services that complement primary care. Care transition coordination is designed to ensure proper coordination, timely follow-up care, and healthcare continuity with the goal of avoiding preventable poor outcomes as beneficiaries return home from an acute care setting like a hospital or skilled nursing facility (such as readmission).
- **Dementia Supports**: Offers non-medical, community-based services to beneficiaries and their caregivers to improve care for the beneficiary
- **Memory Care**: A specialty service provided to beneficiaries with dementia in residential care settings. Specialty training for dementia care must be completed prior to providing Memory Care services to residents.
- **Education and Consultation**: Beneficiaries and caregivers (including paid and unpaid family members) receive non-medical education, consultation, behavior management and training regarding the beneficiary's diagnoses and chronic health issues aimed at supporting the beneficiary to better manage their activities of daily living and their health and wellness.

# Stakeholder Briefing

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- **Services that Assist Paid and Unpaid Family Members**
  - **Housework and Errands**: Supports beneficiaries to remain in the community by assisting with the health and safety of the beneficiary who may no longer be able to perform such duties. This service can be used to eliminate the burden of these tasks typically left to family members or risk institutionalization of the beneficiary.
  - **Yardwork and Snow Removal**: Services are available to beneficiaries who may need this support to remain in the community. The purpose will be to allow safe egress/entry into the home; reduce potential fire danger; assist the beneficiary to comply with local city/county codes, or other local requirements, such as a Homeowner's Association, or to address violations to remain in their choice of setting.
- **Home Safety Evaluation**: The assessment of a beneficiary's home (rented or owned) by a professional therapist to identify and reduce or eliminate potential hazards to help minimize injury and improve accessibility while in the home.

# Stakeholder Briefing

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## Professional Services

- **Skilled Nursing**: Service that is intended for short-term, intermittent treatment of acute conditions or exacerbation of a chronic condition. Skilled nursing is used for treatment of chronic, stable, long-term conditions that cannot be delegated or self-directed.
- **Nurse Delegation**: Allows an RN to delegate specific skilled nursing tasks to nursing assistants or home care aides for eligible clients who have a skilled nursing task need.
- **Private Duty Nursing**: A program that provides in-home skilled nursing care to individuals who would otherwise be served in a medical institution. Individuals using PDN services are dependent on a technology modality, including mechanical ventilation, complex respiratory support, tracheostomy, intravenous (IV) or parenteral administration of medications, or IV administration of nutritional substances.

# Questions To Think About

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- Milliman will present their findings and then there will be an opportunity to gather feedback from you all.
- As Milliman is presenting, we would like for you to keep in mind some questions:
  - Is this rate methodology adequate?
  - Is there anything you think wasn't considered?
  - How would these rates impact beneficiary choice?
  - How would these rates impact the provider network?
  - How could these rates mitigate fraud or overcharging for services?

# Care Transition Coordination

- Commercial rates associated with intervention costs for transitional care management model, which includes visiting the patient in the hospital, meeting with the medical/surgical care team, and following the patient to the next site of care, among other activities.
- Intervention costs specifically include time spent on visits, calls, travel, and documentation.

Observed Medicaid Rates		
Service	Rate	Unit
Non-Facility	\$120	per service
Facility	\$80	per service

Observed Commercial Rates		
Service	Rate	Unit
Transitional Care Management	\$120 to \$360	per service



# Opportunity for Feedback

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- Is this rate methodology adequate?
- Is there anything you think wasn't considered?
- How would these rates impact beneficiary choice?
- How would these rates impact the provider network?
- How would these rates mitigate fraud or overcharging?

# Dementia Supports

- ESML = Early Stage Memory Loss support group
- Star-C = Star Caregivers training
- PTC = Powerful Tools for Caregivers training
- *Note: costs for commercial services may require seniors to be members of a senior or community center hosting the services. Some services may also be offered through nonprofits such as the Alzheimer's Association.*

## Observed Medicaid Rates

Service	Rate	Unit
Legal Consultation	Up to \$150	per 15 min
Behavior Support Planning	\$15 to \$37.5	per 15 min
Support Group	Up to \$47	per session

## Observed Commercial Rates

Service	Rate	Unit
Legal Consultation	\$50 to \$125	per 15 min
ESML	Up to \$40	per program
Star-C	Up to \$1,000	per program
PTC	Up to \$30	per program

# Opportunity for Feedback

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- Is this rate methodology adequate?
- Is there anything you think wasn't considered?
- How would these rates impact beneficiary choice?
- How would these rates impact the provider network?
- How would these rates mitigate fraud or overcharging?

# Memory Care

- We observed memory care to require a 30% to 60% upcharge from standard Assisted Living Facility services
- We observed that memory care daily rates do not tend to exceed average daily rates for Nursing Home services
- Results vary by region; e.g., Seattle-Tacoma-Bellevue is a higher cost region; Walla Walla is a lower cost region

## Observed Medicaid Rates

<b>Service</b>	<b>Rate</b>	<b>Unit</b>
Memory Care	Up to \$700	per day

## Observed Commercial Rates

<b>Service</b>	<b>Rate</b>	<b>Unit</b>
Memory Care	\$175 to \$600	per day

# Opportunity for Feedback

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- Is this rate methodology adequate?
- Is there anything you think wasn't considered?
- How would these rates impact beneficiary choice?
- How would these rates impact the provider network?
- How would these rates mitigate fraud or overcharging?

# Education and Consultation

- CDSMP = Chronic Disease Self-Management Program
- PEARLS = Program to Encourage Active, Rewarding Lives for Seniors
- SAIL = Stay Active & Independent for Life
- *Note: costs for commercial services may require seniors to be members of a senior or community center hosting the services. Some services may also be offered through nonprofits such as the Alzheimer's Association.*

Observed Medicaid Rates		
Service	Rate	Unit
Skills Training/Development	Up to \$47	per 15 min
CDSMP	\$50	per session
PEARLS	\$75 to \$167	per session
EnhanceFitness	Up to \$150	per program

Observed Commercial Rates		
Service	Rate	Unit
CDSMP	\$200 to \$600	per program
Otago	\$325 to \$350	per program
Tai Chi	\$100 to \$125	per program
Stepping On	\$200 to \$225	per program
SAIL	Free	per program
A Matter of Balance	Free	per program
Aging Mastery	Up to \$60	per program

# Opportunity for Feedback

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- Is this rate methodology adequate?
- Is there anything you think wasn't considered?
- How would these rates impact beneficiary choice?
- How would these rates impact the provider network?
- How would these rates mitigate fraud or overcharging?

# Services that Assist Paid and Unpaid Family Caregivers

- *Housework and Errands* includes housework tasks, such as cleaning, laundry, changing bedding, and keeping walkways clear, and errands, such as grocery shopping or going to the bank or pharmacy.
- *Yardwork / Snow Removal* includes trimming, raking, mowing, and watering for general yard maintenance, and removal of snow from driveways and entryways for safe egress.

## Observed Medicaid Rates

Service	Rate	Unit
Housework and Errands	\$10 to \$14	per 15 min
Yardwork / Snow Removal	Up to \$15	per 15 min

## Observed Commercial Rates

Service	Rate	Unit
Housework and Errands	\$5 to \$10	per 15 min
Yardwork / Snow Removal	\$10 to \$35	per 15 min



# Opportunity for Feedback

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- Is this rate methodology adequate?
- Is there anything you think wasn't considered?
- How would these rates impact beneficiary choice?
- How would these rates impact the provider network?
- How would these rates mitigate fraud or overcharging?

# Home Safety Evaluation

- Price is often associated with the size of the home.
- Results vary by region; e.g., Seattle-Tacoma-Bellevue is higher cost and Wenatchee is lower cost.

## Observed Medicaid Rates

<b>Service</b>	<b>Rate</b>	<b>Unit</b>
Home Safety Evaluation	Up to \$130	per hour

## Observed Commercial Rates

<b>Service</b>	<b>Rate</b>	<b>Unit</b>
Home Safety Evaluation	\$50 to \$125	per 15 min

# Opportunity for Feedback

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- Is this rate methodology adequate?
- Is there anything you think wasn't considered?
- How would these rates impact beneficiary choice?
- How would these rates impact the provider network?
- How would these rates mitigate fraud or overcharging?

# Professional Services

- Medicaid costs for private duty nursing services provided in an Adult Family Home setting may vary between \$700 and \$850 per day.

## Observed Medicaid Rates

Service	Rate	Unit
Nurse Delegation	\$13 to \$15	per 15 min
Private Duty Nursing	\$11 to \$23	per 15 min
Skilled Nursing	\$11 to \$15	per 15 min
Nurse Consultation	Up to \$33	per service

## Observed Commercial Rates

Service	Rate	Unit
Nurse Delegation	\$10 to \$15	per 15 min
Private Duty Nursing	\$25 to \$65	per 15 min
Skilled Nursing	\$10 to \$35	per 15 min

# Opportunity for Feedback

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- Is this rate methodology adequate?
- Is there anything you think wasn't considered?
- How would these rates impact beneficiary choice?
- How would these rates impact the provider network?
- How would these rates mitigate fraud or overcharging?

# Caveats and limitations

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This information is intended for the internal use of the Washington State Department of Social and Health Services (DSHS) and it should not be distributed, in whole or in part, to any external party without the prior written permission of Milliman. **We also provide this presentation to members of the LTSS Trust Commission participating in the provider payment maximums workgroup. Members receiving this presentation agree to not distribute or share any portions of this presentation in accordance with their signed third-party release agreement.**

We do not intend this information to benefit any third party even if we permit the distribution of our work product to such third party.

In preparing this information, we relied on information provided by DSHS and publicly available data, which we accepted without audit. However, we did review this information for general reasonableness. Our results and conclusions may not be appropriate if this information is not accurate.

Annie Gunnlaugsson, Chris Giese, and Evan Pollock are actuaries for Milliman. They are members of the American Academy of Actuaries, and they meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.



# Thank you

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# Wrap Up

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- Action Item Review
- Next Steps:
  - The LTSS Trust Commission Workgroup will receive notes from the Briefing and Open Forums on Group 4 services





# Thank you!

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Feedback about the Provider Payment Maximums Open Forums?  
Contact Sarah Cleland at [Sarah.Cleland@dshs.wa.gov](mailto:Sarah.Cleland@dshs.wa.gov)

Questions about the WA Cares Fund program?  
Contact the WA Cares Fund Customer Care Team at [WACares@dshs.wa.gov](mailto:WACares@dshs.wa.gov)