

September 11, 2024 LTSS Trust Commission Meeting Minutes

Meeting Date	9/11/2024	Time	1:00 – 4:00 pm
Attendees			
<input checked="" type="checkbox"/> Representative Paul Harris	<input type="checkbox"/> Representative Bryan Sandlin	<input type="checkbox"/> Representative Frank Chopp	<input checked="" type="checkbox"/> Representative Nicole Macri
<input checked="" type="checkbox"/> Senator Curtis King	<input checked="" type="checkbox"/> Senator Judy Warrick	<input checked="" type="checkbox"/> Senator Karen Keiser	<input checked="" type="checkbox"/> Senator Steve Conway
<input checked="" type="checkbox"/> Secretary Jilma Meneses, Department of Social and Health Services	<input checked="" type="checkbox"/> Cami Feek, Employment Security Department	<input checked="" type="checkbox"/> Taylor Linke, Health Care Authority	<input checked="" type="checkbox"/> Peter Nazzal, Home Care Association Representative
<input type="checkbox"/> Madeleine Foutch, Representative of a union representing LTC workers	<input checked="" type="checkbox"/> Cathleen MacCaul, Representative of an organization representing retired persons	<input checked="" type="checkbox"/> Lauri St. Ours, Representative of an association representing SNF/ALF providers	<input checked="" type="checkbox"/> John Ficker, Adult Family Homes Providers Representative
<input checked="" type="checkbox"/> Ruth Egger, Individual Receiving LTSS #2 (or designee or representative of consumers receiving LTSS)	<input checked="" type="checkbox"/> Laura Cepoi, Organization Representing the Agencies on Aging	<input checked="" type="checkbox"/> Mark Stensager, Individual Receiving LTSS #1 (or designee or representative of consumers receiving LTSS)	<input checked="" type="checkbox"/> Rachel Smith, Representative of an organization of employers whose members collect the premium (or will likely be collecting)
<input checked="" type="checkbox"/> Silvia Gonzalez, Worker who is paying the premium			
Guest Speakers			
<input checked="" type="checkbox"/> Ben Veghte, Department of Social and Health Services	<input checked="" type="checkbox"/> Andrea Meewes Sanchez, Department of Social and Health Services	<input checked="" type="checkbox"/> Matt Smith, Office of State Actuary	<input checked="" type="checkbox"/> Alison Eldridge, Employment Security Department
<input checked="" type="checkbox"/> Annie Gunnlaugsson, Milliman	<input checked="" type="checkbox"/> Porsche Everson, Facilitator	<input type="checkbox"/>	<input type="checkbox"/>

Topic	Minutes
Welcome and Call to Order	<ul style="list-style-type: none"> Commission members in attendance indicated above. Secretary Meneses reviewed the meeting goals.
Consent Agenda	<ul style="list-style-type: none"> No objections were made, items were adopted.
WA Cares Fund Program Refresh	<p>Key program details per current statute (RCW 50B.04):</p> <ul style="list-style-type: none"> Premium rate - \$0.58 cents for every \$100 earned Lifetime benefit maximum –\$36,500, adjusted annually up to inflation, paid directly to providers Three pathways to qualified individual status <ul style="list-style-type: none"> Contribute 10 years without interruption of five or more consecutive years Contribute 3 of the last 6 years from the date of application for benefits For near-retirees (born before 1968): contribute at least one year, earning one-tenth of the lifetime benefit amount for each year contributed A person must work 500 hours during a year to receive credit for a qualifying year Eligible beneficiary



	<ul style="list-style-type: none"> ○ A qualified individual who requires assistance with at least 3 activities of daily living (i.e., bathing, eating, ambulation, medication management, toilet use, transfer, etc.) ○ You can take your benefit with you if you leave the state
Finance Update	<p>Finance Update: Monitoring Early Experience</p> <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> ○ 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
2028 Legislative Report (RCW 50B.04.140)	<p>Per RCW 50B.04.140:</p> <ul style="list-style-type: none"> • Beginning December 1, 2028, and annually thereafter, and in compliance with RCW 43.01.036, the commission must report to the legislature on the program, including: <ul style="list-style-type: none"> ○ (5) Demographic information on program participants, including age, gender, race, ethnicity, geographic distribution by county, legislative district, and employment sector. • The WA Cares Fund benefit will eventually serve people who have likely been out of the workforce for some time prior to applying for benefits, and who may have worked in several employment sectors throughout their careers. Collecting this data increases the burden on benefit applicants and is unlikely to lead to meaningful insights about recipients or the program itself. • Would the Commission support removing employment sector from the reporting requirement? <p><u>Open for questions:</u></p> <ul style="list-style-type: none"> • Keiser: If we set up the application process for individuals to tell us what their employment sector might be and give them a choice of a half dozen different sectors; manufacturing, health care, that kind of level of sector. I think it would be valuable to have that kind of information. If we could get it directly from the applicant rather than having to inquire about it, that would reduce the administrative burden. I don't think we should remove the requirement just yet but see how we can access that information first. • Conway: I agree that we should not remove it. What about people who are moving between sectors? We have another dynamic at play with people moving out of what I call "wage employment" and into individual contracting. It's a complicated issue and I think we should spend a little more time looking at this. • King: I concur. I'm curious about the idea that it will eventually serve people who have been out of the workforce. I'm more concerned about people who have used most of their benefit because they suffered an injury skiing and needed to draw on those funds. I think there might be a larger number of people there than we think. • Harris: I would ask what we're going to do with the information when we get it anyways. A lot of people get nervous when it comes to sharing their information. What will be done with this? <ul style="list-style-type: none"> ○ Veghte: There's a requirement in statute to report out to the legislature with this demographic data including the employment sector, but it would be aggregated, and it wouldn't be individual data.

	<ul style="list-style-type: none"> • Ficker: When an individual contributes, do we not know what sector they're from so we would be able to maintain that data and bring it forward for reporting purposes? <ul style="list-style-type: none"> ◦ Feek: We have employment sector data for the majority of employers who are reporting, but not all employers and it becomes more complicated with self-employed people who elect coverage. When portable coverage takes effect and people are employed outside the state and opting in, that's another place where it wouldn't be represented in our employer data. As people's sector could change over time, we would need to have some parameters around recapturing the last employment sector they had, and the last wage report they were on. Are we doing some kind of look back across their history and making a call? We will need to work on how that will function. • King: What are we going to do with the information about what employment sector they're from? What value does it have? <ul style="list-style-type: none"> ◦ Veghte: I can't explain legislative intent, but conceivably it can help us understand what types of sectors and what kind of people are needing long-term care more than others. More importantly, it's the outreach. For example, in California with their paid leave program, it was predominantly college-educated women who were claiming their maternity benefit. They determined part of it was because they weren't doing enough outreach to an underserved population and when they improved that, it improved the equity of who was claiming. There is a risk in a program like this that people might not even be aware of it. This data might help us identify underserved populations in different sectors so that we can improve our outreach to them. • Conway: Knowing federal data on employment as I do, I'm presuming they're already involved in this. They are probably the ones who know the sectors that are making the wage contributions, and it doesn't seem burdensome. Maybe ESD can answer but I think they are already collecting the data. <ul style="list-style-type: none"> ◦ Eldridge: My understanding from our research and data folks is that we do have employment sectors for a number of employers but not all. It's around 30% of people who may not have sector associated with their wage work. My understanding is that the sector data sometimes changes over time and as a person moves between employers, their own sector would be different depending on where they were employed at the time. ◦ Conway: What raises issues in my mind is that we know big sectors like agriculture, construction, etc. Should we be digging down deeper on the 30% to see who they are and what sectors they work in before we make any kind of decision today? • Meneses: We won't be voting on anything today. We're going to vote in October. There will be plenty of opportunity to further this conversation with respect to members of the commission and study it. Thank you thank you Senator Conway and others for your comments.
<p>Vote on Minimum Provider Qualifications Recommendations</p>	<p><u>Group 1</u> Adult Family Homes An Adult Family Home is a home-like residential setting where two to eight adults live and receive personal care, special care, room, and board.</p> <p>Proposed Specific Provider Qualifications:</p> <ol style="list-style-type: none"> 1. Hold a professional license 2. Pass a DSHS background check 3. Hold insurance consistent with WA Cares contract requirements 4. Meet all applicable laws

Assisted Living Facility

An Assisted Living Facility is a residential setting where seven or more adults live and receive basic services for their safety and well-being.

Proposed Specific Provider Qualifications:

1. Hold a professional license
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

In-Home Personal Care - Home Care Agency

A Home Care Agency is an in-home service agency that provides nonmedical personal care to individuals who are ill, disabled, or vulnerable so they can remain in their residence.

Proposed Specific Provider Qualifications:

1. Hold a professional license for at least three years
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws
5. No multiple lost litigation
6. Have no significant licensing deficiencies in the three-year period before registration
7. Obtain an independent financial audit
8. Use electronic visit verification (EVV)
9. Establish employee conflict of interest policy guidelines, procedures, and safeguards

In-Home Personal Care – Individual Provider (IP)

A caregiving option for receiving in-home personal care to hire an Individual Provider (IP). IPs are employed by Washington's Consumer Directed Employer (CDE) agency, and co-managed by the beneficiary. An IP may be someone unrelated or unknown to the beneficiary, or they could be a family member or otherwise known to the beneficiary, such as a friend or neighbor, who agrees to be hired by CDE and provide the care needed.

Proposed Specific Provider Qualifications:

1. Be 18 years of age or older and pass a DSHS background check
2. Meet all applicable laws and training requirements

Nursing Home

A Nursing Home is a facility that provides convalescent or chronic care for three or more patients who are not able to independently care for themselves for a period of more than 24 consecutive hours.

Proposed Specific Provider Qualifications:

1. Hold a professional license
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Open for questions:

- Keiser: If indeed they have an adult family home license then haven't they already passed a DSHS background check?
 - Meewes Sanchez: Yes, but there are time limits to some of the background checks and we have to make sure they are within the time limitations that we have. Some of these are licensing requirements, so we have to figure out in process how they translate into the review that we are doing.
- Keiser: If they have had a background check and they have a license, would you do another background check?
 - Meewes Sanchez: That's something we will be figuring out in our process, and not something we are going to be voting on today.
 - Keiser: I'm just hoping there's no redundancy, if you already have a background check.
- Ficker: I want to offer the clarification that workers in an Adult Family Home, and I believe this is the case for all long-term care workers in residential settings, are required to have a background check at the time of contracting and in Washington state, it has to be repeated every two years. I'd like to echo Senator Keiser's comment that when we're discussing this, we're not anticipating this would be in addition to the existing licensing statute.
- Warnick: Is it possible to have a licensed adult family home with only 1 resident? It seems like we're trying to help those folks who don't have other options.
 - Ficker: Technically a license wouldn't be required if there was only one person being served in a home. Statute for licensure says there has to be a minimum of 2 or more unrelated adults receiving care.
 - Warnick: But they would still qualify if there was just 1 person?
 - Ficker: If there was one person there, I would typically talk to the care provider about using an in-home care service, because the expense of opening an Adult Family Home and getting the required insurance and licensure would be far greater than the value of hosting one individual.
- Keiser: Since a Home Care Agency has a professional license for 3 years, would they be able to keep a license if they had multiple cases of lost litigation? That seems to be a strange juxtaposition for us to have that requirement when it would seem that would be a requirement to maintain a license.
 - Meewes Sanchez: I'm not sure if that is specifically addressed in the Department of Health rules. There may be certain reasons depending on what those lost litigations are for.
 - Nazzal: Some of it might be timing. If it had to be reviewed, DOH takes it very seriously when taking someone's license away.
- MacCaul: In the Adult Family Homes and Assisted Living settings, we didn't have the lost litigation requirement. Why is it called out for in-home care agencies?
 - Meewes Sanchez: This is a result of comparing the Department of Health licensing requirements with the Medicaid contracting requirements and figuring out which ones were different. The Commission workgroup went through and voted independently on each one to decide which should include the minimum qualification. I think it's just due to the high-risk nature of in-home care and the fact that agencies can come from other states, they can buy out other agencies, etc. I think they were trying to be mindful of what that might look like in Washington.
- Cepoi: All health care agencies have lawsuits, but some health care agencies are really small. In Port Townsend, we have some that are just specific to Port Townsend and then we have national providers that are covering multiple states. Multiple lost litigations can be really different at a national level versus a small level. The AAA network is concerned that we have as much access as possible and not just impose Medicaid requirements on the in-home personal care agencies. For example, the Veteran's Administration would be able to access and pay for services in some of the agencies that wouldn't meet some of this stuff. Adhering to the Department of Health's licensing standards and letting them protect the

public health through care provider licensing is most beneficial and would be WA Cares having the authority to end a provider's participation if they look like they're getting into trouble.

- King: It seems to me independent audits can be very expensive and I'm wondering if they have already gone through the previous 6 requirements that this might have already been addressed. Maybe not to the same degree as having an independent financial audit. I wonder if that audit is necessary. I have no idea, but it just seems like we're piling on expenses, and I want to make sure they're all necessary.
 - Nazzal: With regards to the financial audit, they would not be looking at requirements 1 through 6. That's more of a "Are you going to be able to make your payroll?" or "Are you going to be around?". This is more financial, so it wouldn't be covered under those other requirements. Actually, there were 3 or 4 other things that we combined into one to give you the assurance that this company is going to be around and is a sound company.
- Meneses: The Workgroup's goal was to protect the consumer, not to impose extra burdens on providers. Is that correct?
 - Nazzal: Yes, that's correct.
 - Cepoi: In terms of AAA concern, we want to make sure we have access.
- Stensager: With lost litigation, if there is a settlement, is that still lost litigation?
 - Meewes Sanchez: That's something we will work with stakeholders on in rulemaking, to define what lost litigation really means. Right now, the AAAs and Home Care Agencies are using this as a qualification for Medicaid-qualified Home Care Agencies.
 - Nazzal: Yes, we would view that as lost. In our opinion, it's a very low bar. In our industry, we get threatened to be sued all the time. Occasionally we get sued, and very rarely does anyone lose. I don't know of any agency that has lost a lawsuit in the last 20-30 years.
- Cepoi: In terms of the AAAs concern, it's more about ensuring we have access, and rather than having an additional or parallel requirement is to go along with what the Department of Health requires in terms of just letting them do their job. So yes, we talk about safety but also about access. We don't want to use the lens of a Medicaid provider qualification that could limit access and reduce competition in this sphere.
- MacCaul: When I think about lost litigation, I don't want one bad actor to impact the in-home care network through the rest of that state-wide organization. When we talk about lost litigation, some people consider a settlement to be a loss, but maybe it's not. I think we need to be really careful because we are trying to expand the network of home care agencies, so we should not be creating additional unnecessary barriers.
 - Meewes Sanchez: There are some options the Commissioners have here. They could adopt these and make a recommendation to look into "no lost litigation" during rulemaking, or they could decide to remove that requirement from minimum qualifications when they vote. I also want to address Electronic Visit Verification (EVV) because that was another area we received feedback on. They could do something similar with that part of this recommendation as well.
- Keiser: These proposed qualifications are all current qualifications for our current home care agencies that receive Medicaid patients. Is that correct?
 - Meewes Sanchez: That is correct.
 - Keiser: This is what current standards are for our very successful home care agency system. If we have a different set of standards for WA Cares, it could invite some bad actors, some below-standard home care agencies. We have a robust network of home care agencies in the state already, correct?
 - Meewes Sanchez: We do have workforce shortages, but we do have 50 or so agencies contracted and a couple hundred who are licensed with the Department of Health.
 - Keiser: And they all have these standards in place?

- Meewes Sanchez: When they contract with the Department for Medicaid funds, yes.
- Conway: I want to make sure I understand. After we make our recommendations, these are going through the DSHS rulemaking process, is that correct?
 - Meewes Sanchez: That's correct, we will continue to receive feedback on these.
 - Conway: The stakeholders will have opportunity to make input at that point as well?
 - Meewes Sanchez: That's right, yes.
 - Conway: When we make our vote on these, we're voting just to send them on to the rulemaking process. Is that correct?
 - Meewes Sanchez: Yes, that's correct.
- Cepoi: In my region, in terms of Medicaid purchases, we spend \$86 million of state funds. \$84.5 million of that goes to our home care agencies. It represents a very large part of the business that we do in terms of supporting people at home and in their communities, so this is a very important service, especially in rural communities where we do not have adjacent services. What happens is private long-term care insurance and those agencies serving VA clients have access to other agencies. It's really important that we increase competition, and our beneficiaries are able to have as many choices as possible. How people get resources from other agencies is maybe getting a referral from a friend or by seeing who their neighbor uses. We do know that all the agencies in the state do have some form of EVV. Applying the same EVV requirements that our Medicaid providers do is a lot more onerous and maybe not as applicable to our WA Cares beneficiaries. My concern is it reduces access to services and personal choice on how they want to spend their benefits.
 - Meewes Sanchez: We did check in with some private home care agencies that don't accept Medicaid, and they said they do have some form of EVV. We can work with stakeholders to address concerns with how that works in the Provider One system. There are no requirements that we use the Medicaid data points that are in the Provider One system, so we think that this is something we can work with our stakeholders on during rulemaking as well as how we implement that particular requirement. These are all recommendations for the start of the program, but we do have some flexibility to respond to any problems that may arise and become a barrier within the provider network.
- Conway: This only applies to people who are in-state. For people who are out-of-state, we're going to have to develop a different process.
 - Meewes Sanchez: That's a great clarification, thank you. We are not addressing out-of-state providers at this time.
- MacCaul: On the EVV, I'm concerned that some providers aren't going to be able to deal with the technology. I have an in-home care provider for my mom. One of the providers uses the EVV system just fine but another one of her providers is not as tech savvy, so she uses a paper-based form. I don't want the EVV to be a barrier especially to an older workforce that may not be comfortable using the technology. I think the majority of in-home care providers don't accept Medicaid but yet are we going to put some standard of EVV or can there be a ramp or pathway where EVV is used? I think I saw something like that in one of the documents that there was going to be a progressive ramp up in the use of EVV.
 - Meewes Sanchez: With Medicaid, there is a progressive ramp up for how the system will be utilized. For WA Cares, we can address more details on what this might look like in our agency rules. We could even consider exceptions to EVV. There are already exceptions for certain provider types in Medicaid. For example, live-in family members aren't required to use EVV. We could look at that level of details in our rules if that's what the Commissioners want to recommend to us.
 - Nazzal: Saying EVV is like saying they have to have an automobile. It doesn't specify what kind of automobile; it could be all the bells and whistles, or it could be the base model. I think we can take care of the details in rules. In

Medicaid we already have exceptions to address situations like you described Cathy. For example, if the provider isn't able to make EVV work, we just need to confirm with the client if that's okay.

- Senator Karen Keiser made a motion to adopt the recommendation for Minimum Provider Qualifications Group 1 services, with the understanding that details will be addressed in rulemaking, and there will be public comment. Lauri St. Ours seconded the motion. A vote was taken and 12 voted aye, 0 voted nay. The motion was passed.

Group 2

Adaptive Equipment and Technology

Adaptive Equipment and Technology are assistive devices and items that would increase, maintain, or improve a beneficiary's ability to perform the activities of daily living (ADL) such as, but not limited to eating, bathing, toileting, walking, or to perceive control or communicate within their living environment.

Proposed Specific Provider Qualifications:

1. Hold a business license and National Provider Identifier (NPI) number (Medical Providers only)
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws
5. A beneficiary may purchase WCF covered items from a retail or online store of their choice and be reimbursed by a Financial Management Services (FMS) vendor contracted by DSHS if beneficiary submits receipt to FMS vendor for covered purchased items.

Home Delivered Meals

Home delivered meals provides nutritionally balanced meals delivered to the beneficiary's home.

Proposed Specific Provider Qualifications:

1. Hold a business license, credential, and/or certification
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Personal Emergency Response System

Personal Emergency Response System (PERS) is a service to secure help in an emergency through an electronic device that is either connected to the beneficiary's phone or operates using GSM cellular signals and is programmed to signal a response center that is staffed by trained professionals who will immediately summon help for the beneficiary.

Proposed Specific Provider Qualifications:

1. Hold a business license, endorsement, credential, and/or certification
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Environmental Modifications

Environmental Modification services provide needed changes such as ramps, stair lifts, and widened doorways for a wheelchair in the home to increase, improve or maintain a beneficiary's health, welfare, safety, and independence.

Proposed Specific Provider Qualifications:

1. Hold a business license, endorsement, credential, and/or certification
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws
5. A beneficiary may purchase self-installation supplies from a retail or online store of their choice and be reimbursed by a Financial Management Services (FMS) vendor contracted by DSHS if beneficiary submits receipt to FMS vendor for covered purchased items.

Open for questions:

- Conway: Are these also subject to the rulemaking process?
 - Meewes Sanchez: That's correct. All these recommendations are made to DSHS which we will vet with our agency rules and work with our stakeholders on details during that process.
- Ruth Egger made a motion to adopt the recommendations for Minimum Provider Qualifications Group 2 services, with the understanding that the rulemaking process will get into the details and there will be public comment. John Ficker seconded. A vote was taken, and there were 16 ayes, 0 nays. The motion passed.

Group 3

Adult Day Services (Adult Day Health and Adult Day Care)

- **Adult Day Health** centers provide supervised daytime programs including skilled nursing and rehabilitative therapy services, which included PT/OT, to beneficiaries who need assistance throughout the day.
- **Adult Day Care** centers provide supervised daytime programs to support families by providing care and meaningful activities to beneficiaries who need assistance or supervision throughout the day.

Proposed Specific Provider Qualifications:

1. Hold a business license
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Eligible Relative Care

A beneficiary's relative, including a spouse or registered domestic partner, may be hired as a caregiver to provide In-Home Personal Care services to the beneficiary. This is a third option to pay qualified family members for personal care.

Proposed Specific Provider Qualifications:

1. Be 18 years of age or older, be a relative to the beneficiary, and pass a DSHS background check
2. Meet all applicable laws and training requirements

Transportation

Transportation services are to support beneficiaries transporting to and from the grocery store, medical appointments, social services, and therapeutic recreational activities.

Proposed Specific Provider Qualifications:

1. Hold a business license, endorsement, credential, and/or certification
2. Be 18 years of age or older and pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws
5. A beneficiary may turn in receipts for an approved transportation purchase, including transportation provided by a family member, friend, or neighbor, and be reimbursed by a Financial Management Services (FMS) vendor contracted by DSHS if beneficiary submits documentation to FMS vendor for covered purchase.

Respite for Family Caregivers – Residential Care Settings

Respite Care is a short-term specialty service offered by residential providers that allows family caregivers time for self-care. Respite Care may be provided by an Adult Family Home, Assisted Living Facility, or Nursing Home.

Proposed Specific Provider Qualifications:

1. Hold a professional license
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Respite for Family Caregivers – Home Care Agency

Respite Care is a short-term specialty service offered by in-home care providers that allows family caregivers time for self-care. Respite Care may be provided in a beneficiary's home by a Home Care Agency.

Proposed Specific Provider Qualifications:

1. Hold a professional license for at least three years
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws
5. Litigation history
6. Have no significant licensing deficiencies in the three-year period before registration
7. Obtain an independent financial audit
8. Use electronic visit verification (EVV)
9. Establish employee conflict of interest policy guidelines, procedures, and safeguards

Respite for Family Caregivers – Individual Provider

Respite services will be used to relieve a paid or unpaid family caregiver who is caring for a beneficiary. Its purpose is to provide reprieve to the primary caregiver for a couple of hours up to a couple of weeks, if needed. A fully trained and credentialed Individual Provider (IP), employed with the Consumer Directed Employer, could be hired to provide this service.

Proposed Specific Provider Qualifications:

1. Be 18 years of age or older and pass a DSHS background check
2. Meet all applicable laws and training requirements

Open for questions:

- Egger: Including these and all the other services we've talked about, are all these people going to be mandated reporters?
 - Meewes Sanchez: Yes.
 - Egger: So that doesn't need to be listed as one of the requirements?
 - Meewes Sanchez: That's something we can put in our agency contracts. I think it applies as an applicable law.
- King: Under "Respite for Family Caregivers - Individual Providers", who pays for the DSHS background check?
 - Meewes Sanchez: DSHS will pay which is covered under WA Cares Administrative costs.
- Mark Stensager made a motion to adopt the recommendations for Minimum Provider Qualifications Group 3 services, with the understanding that the rulemaking process will get into the details and there will be public comment. Laura Cepoi seconded. A vote was taken, and there were 14 ayes, and 1 nay. The motion passed.

GROUP 4

Care Transition Coordination

Care Transition Coordination is a specific, time-limited service that complements primary care. It is designed to ensure coordination and health care continuity as beneficiaries return home from an acute care setting like a hospital or skilled nursing facility.

Proposed Specific Provider Qualifications:

1. Hold a professional or business license as applicable
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Dementia Supports

Dementia Supports offers community-based services non-medical support to beneficiaries and their caregivers to improve care for the beneficiary by:

- Helping develop a behavior support plan for the beneficiary; and
- Providing legal consultation for people seeking simple wills or powers of attorney

Proposed Specific Provider Qualifications:

1. Hold a professional or business license as applicable
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Memory Care

Memory Care is a specialty service provided to beneficiaries with dementia in residential care settings. Memory care may be provided by an Adult Family Home, Assisted Living Facility, or Nursing Home.

Proposed Specific Provider Qualifications:

1. Hold a professional license, endorsement, credential, and/or certification
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

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.

Proposed Specific Provider Qualifications:

1. Hold a business or professional license, endorsement, credential, and/or certification
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Services that Assist Paid and Unpaid Family Members - Housework and Errands

Housework and Errands supports beneficiaries to remain in the community by assisting with these tasks as they relate to health and safety of the beneficiary who may no longer be able to perform such duties. This service should not be used by beneficiaries who are already receiving any kind of in-home personal care as IADLs are included in that service.

Proposed Specific Provider Qualifications:

1. Hold a business license for at least one year
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws and OSHA's standard of use for cleaning agents

Services that Assist Paid and Unpaid Family Members – Yardwork and Snow Removal

Yardwork and Snow Removal 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.

Proposed Specific Provider Qualifications:

1. Hold a business license for at least one year
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements

4. Meet all applicable laws

Home Safety Evaluation

Home Safety Evaluation offers the assessment of a beneficiary's home by a professional to identify and reduce or eliminate potential hazards to help minimize injury and improve accessibility while in the home.

Proposed Specific Provider Qualifications:

1. Hold a business or professional license, endorsement, credential, and/or certification
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Professional Services (Skilled Nursing, Nurse Delegation, and Private Duty Nursing)

- Skilled Nursing 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 is a program that provides in-home skilled nursing care to individuals who would otherwise be served in a medical institution

Proposed Specific Provider Qualifications:

1. Hold a professional or business license, endorsement, credential, and/or certification as applicable
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Open for questions:

- Conway: This section has always been a little troublesome for me. The fact that you're asking someone to have a license for a year prior to be being paid for a service for when someone volunteers to shovel your steps after a snowstorm. I know we're trying to prevent fraud and abuse, but this seems like an overreach.
 - Meewes Sanchez: One of the ways DSHS is approaching this is working with the AAAs to recruit and pre-vet providers for this. If they don't have any history, they're going to be on our registry as a provider and we're not going to understand how they provide their service. There could be exceptions for circumstances where the provider isn't registered, and something occurred, and we can look at that in our rules. There can be exceptions to rules, but the way we're looking at as we want to recruit trusted providers to our network.
 - Conway: I have no problem with a professional provider but when we're talking about manual labor and having licenses, I'm wondering how that will work.
 - Veghte: From a goals perspective, in the example you provided, if someone slipped and hurt themselves while shoveling snow for someone, the state could be liable.
- Ficker: Relevant to Private Duty Nursing, the definition includes Private Duty Nursing as an in-home skilled nursing service. There is a growing number of Adult Family Homes that are contracted to provide Private Duty Nursing through an actual

	<p>contract and a daily rate paid to these providers. I bring that up because I do have some concerns when we get to the discussion about the maximum reimbursements that we are not factoring in private duty nursing in the Adult Family Home sector.</p> <ul style="list-style-type: none"> ○ Meewes Sanchez: That is something we'll be addressing in Group 4 maximum rates, so for the Minimum Provider Qualifications we could consider adding Adult Family Homes that provide private duty nursing to those qualifications. ● MacCaul: I continue to have some concern about these areas. We submitted a letter especially around these services. I am just imagining a scenario where there's an older person living alone at home, a snowstorm hits, and she knows she needs to get on the access bus the next morning. She asks her neighbor to help shovel for her and she pays him a little money. Why can't you just pay it and then submit a receipt for reimbursement? I know there are a lot of tricky questions here, but I don't know if I can approve this recommendation. <ul style="list-style-type: none"> ○ Keiser: I understand the concern here but this kind of unsupervised, incidental payment without any kind of standard, it seems to be it could be abused and a gateway to fraud once word got out. I would hate to see our WA Cares dollars be squandered for unnecessary errands, yardwork, and so forth. I do think there needs to be some level of supervision and standards to provide safety for our funds. ● Rector: I'm wondering if there's a way to thread this needle. I understand the health and safety and concerns about fraud, but also the flexibility for our beneficiaries. What we're talking about is the providers will get registered as qualified providers in the system who can then get authorizations. Maybe some of the one-off, emergency situations like those that have been mentioned can be handled not as if they are a registered provider but looking at the Fiscal Management Service (FMS) that we've been talking about when people pay out of pocket for small things and need to be reimbursed. One of the ways to handle some of the concerns is to have an FMS, but those people wouldn't necessarily be listed as providers that everyone can access. <ul style="list-style-type: none"> ○ Meewes Sanchez: Yes, that could work. That's something we'll have to look at, what the criteria would be for reimbursing. It would likely have to be some kind of exception. ○ Cepoi: It's a similar process as we have in our AAA, with our Senior Emergency Funds when we have to assist people who have been snowed in or something similar. ● Ruth Egger made a motion to adopt the recommendations for Minimum Provider Qualifications Group 4 services, with the understanding that the rulemaking process may have to make allowances relevant to emergency services for seniors. Representative Nicole Macri seconded. A vote was taken and there were 14 ayes, 2 nays. The motion passed.
<p>Vote on Provider Payment Maximums Recommendations (Group 2)</p>	<p>Workgroup Recommendation - Adaptive Equipment and Technology:</p> <ul style="list-style-type: none"> ● WA Cares will pay usual and customary rates up to a maximum of \$15,000 ● Typical services include but are not limited to: mobility aides, cognitive and sensory aides, and fine and gross motor aides. Assistive technology is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized. ● Note: Requests to exceed the maximum rate may be considered by the Department. <p>Workgroup Recommendation - Environmental Modifications:</p> <ul style="list-style-type: none"> ● WA Cares will pay usual and customary rates up to a maximum of \$40,000 ● Typical services include but are not limited to: grab bars, ramps, widening doors, and bathroom remodels for safety and accessibility.



	<ul style="list-style-type: none"> Note: Requests to exceed the maximum rate may be considered by the Department. <p>Workgroup Recommendation - Home Delivered Meals:</p> <ul style="list-style-type: none"> WA Cares will pay usual and customary rates up to a maximum of \$16 per meal. Typical services include but are not limited to: box meals, pre-packaged meals, hot meals delivered to a beneficiary home. Note: Requests to exceed the maximum rate may be considered by the Department. <p>Workgroup Recommendation - Personal Emergency Response Systems</p> <ul style="list-style-type: none"> WA Cares will pay usual and customary rates up to a maximum of \$100 for installation and \$83 per month for monthly services. This per month cost includes flexibility to accommodate multiple add on services. Typical services include but are not limited to: Basic PERS, GPS, Med reminder and fall detector and wellness checks, via phone or in-person. Note: Requests to exceed the maximum rate may be considered by the Department. <p>Open for questions:</p> <ul style="list-style-type: none"> King: We have door widening up to \$40,000 dollars but the max amount of the benefit is \$36,500. I'm curious how we're going to accomplish that one. <ul style="list-style-type: none"> Meewes Sanchez: The maximum rates are considered separately from the benefit amount. The beneficiary could not request anything over their benefit amount, but the provider could charge up to \$40,000 and the difference would have to be paid out of pocket by the beneficiary, Conway: Consumer determines the rate, right? They apply for reimbursement. If they want something done to their home, let's say a ramp and then the consumer decides to use their dollars to pay for the installation. They are involved in submitting the receipt, not the provider. I'm just trying to see the process for how the rate is paid. <ul style="list-style-type: none"> Meewes Sanchez: That is a negotiation between the beneficiary and the provider. The provider will be paid directly by WA Cares, so the beneficiary doesn't have to need to be paid out of pocket and reimbursed. But they will negotiate the price beforehand and then the claim will be processed in ProviderOne for the agreed upon rate up to the maximum rate. Conway: So, the provider does not submit the bill, the beneficiary submits the bill. Meewes Sanchez: The provider submits the bill to DSHS using the ProviderOne system. Conway: You check with the beneficiary, right? Meewes Sanchez: There's a back and forth between the beneficiary and the provider in our Benefit Applications Management System (BAMS) to approve the agreed upon price before the provider begins work and then claims for that. Mark Stensager made a motion to adopt the recommendations for Group 2 Provider Payment Maximums. Senator Steve Conway seconded. A vote was taken, and there 16 ayes, 0 nays. The motion passed.
<p>Report out on Provider Payment Maximums Recommendations (Group 1)</p>	<p>Workgroup Recommendation - Adult Family Home:</p> <ul style="list-style-type: none"> WA Cares will pay usual and customary rates up to a maximum of \$455 per day. Rates will be inflation adjusted on a regular basis. Providers cannot charge the maximum rate without justification in the provider's negotiated care plan. Rates will be adjusted to reflect regional differences.



- Rates are payment in full for standard services consistent with the resident assessment. Typical services include but are not limited to: room (shared or private), meals, laundry, supervision, direct personal care, and medication assistance.
- Note: Requests to exceed the maximum rate may be considered by the Department.

Workgroup Recommendation – Assisted Living:

- WA Cares will pay usual and customary rates up to a maximum of \$540 per day. Rates will be inflation adjusted on a regular basis.
- Providers cannot charge the maximum rate without justification in the provider's negotiated service agreement. Rates will be adjusted to reflect regional differences.
- Rates are payment in full for standard services consistent with resident assessment. Typical services include but are not limited to: room (shared or private), meals, laundry, housekeeping, supervision, direct personal care, intermittent nursing services, specialty care
- Note: Requests to exceed the maximum rate may be considered by the Department.

Workgroup Recommendation – Nursing Homes:

- WA Cares will pay usual and customary rates up to a maximum of \$535 per day. Rates will be inflation adjusted on a regular basis.
- Providers cannot charge the maximum rate without justification in the provider's resident assessment. Rates will be adjusted to reflect regional differences.
- Rates are payment in full for standard services consistent with resident assessment. Typical services include but are not limited to: room and board (shared or private), direct personal care, meals consistent with requirements in WAC 388-91-1120, nursing services, and activities programs
- Note: Requests to exceed the maximum rate may be considered by the Department.

Workgroup Recommendation - Respite in Residential Facilities:

- WA Cares will pay usual and customary rates up to a maximum of:
 - Adult Family Home: \$455 per day
 - Assisted Living Facility: \$540 per day
 - Nursing Home: \$535 per day
 - Rates will be inflation adjusted on a regular basis.
- Providers cannot charge the maximum rate without justification in the resident assessment/care plan/agreement. Rates will be adjusted to reflect regional differences.
- Rates are payment in full for standard services consistent with the resident assessment/care plan/agreement. Typical services include but are not limited to:
 - AFH: Personal care services or special care services
 - ALF: Services needed to maintain or improve the individual's health and functional status during their stay as described in the negotiated service agreement
 - NH: Services needed to maintain or improve the individual's health and functional status during their stay or care in the nursing home consistent with the beneficiary's plan of care
- Note: Requests to exceed the maximum rate may be considered by the Department.

Workgroup Recommendation - In-Home Personal Care including Respite:

- WA Cares will pay up to a maximum of \$45 per hour.
- Rates should be adjusted to reflect regional differences.
- Rates should be informed by the Medicaid rates for home care and should be inflation adjusted on a regular basis.
- DSHS should develop wage/compensation pass through requirements to incentivize long-term care worker participation and mitigate worker shortages.
- Typical services include but are not limited to: ADLs, IADLs, and nurse delegation for Home Care Agencies per a plan of care developed by or with input from the beneficiary and within the scope of the long-term care worker's practice.

Open for questions:

- Conway: When you talk about "adjusted for inflation", what rate are you using? I'm trying to understand the decision to pay the facility rests with the person and not the state, is that correct?
 - Meewes Sanchez: That's correct.
 - Conway: If I want to pay more than the Medicaid rate, I could do that?
 - Meewes Sanchez: Yes.
 - Conway: For most of the services, is it not the Medicaid rate that's driving the cost?
 - Meewes Sanchez: For most of the services it's the usual and customary research provided by Milliman that is driving the recommendation and it was compared to the Medicaid rate as well.
 - Veghte: In response to the Senator's question on inflation, the next stage of the work with Milliman is to develop a methodology for inflation adjustments and they will recommend that to us in the winter.
 - Conway: Unfortunately, for long term care so often the minimum wage rate drives up the cost. I assume that would be included in the analysis.
 - Veghte: Yes.
- Keiser: When I first looked at the usual and customary rates for Assisted Living Facilities, I saw that it was \$540/day and then for Nursing Homes, it was only \$535. It was curious to me because Nursing Homes provide so much more intense services than Assisted Living Facilities. When you showed the respite numbers it was the reverse; assisted living was \$535/day and nursing homes were \$540/day. I'm just curious.
 - Gunnlaugsson: That's a great point, Senator Keiser. Those should be consistent. Thank you for pointing that out.
 - Keiser: Assisted living can be quite fancy with all the add-ons. Nursing homes provide a more serious level of care than assisted living and it just seems odd that their rates are so close.
 - Gunnlaugsson: We saw a lot of variation in assisted living facility rates, likely due to the variability in the cost of room and board.
- Ficker: I'd like to reiterate disappointment that people who work in the sector weren't able to be included in the workgroup. As I read through the descriptions of Adult Family Homes, I'm trying to understand the need to justify the maximum rate. If we're saying the top of the rate is \$455/day, I'd like some explanation as to what type of documentation there is and is there then some kind of process where DSHS has to approve that the provider is working within the designed framework? That feels like an additional level of challenge that I don't think is necessary. Additionally, as we look at things that say that rates are payment in full for standard services, I'd like to point out that a private room is not standard service in an Adult Family Home and is typically charged additionally. I'm also concerned that, in the Medicaid world, individuals and families cannot supplement that Medicaid reimbursement rate except through a very narrow window. My concern with this limited benefit is if we have a family where, for example, the client is assessed and the daily rate is agreed on at \$200/day and the family has the capacity to pay half that and wants WA Cares to pay the other half, that's something we need to consider specifically for the reason of access. More and more in residential care

	<p>settings, we see agreements that say there must be some period of private pay prior to converting to Medicaid. If the supplementation from WA Cares allows an individual to extend that privately paid period, we want to allow for that. Lastly, where we have the note that says, "request to exceed the maximum would be considered by the department", that concerns me greatly because our experience with existing exceptions to the rule significantly lack transparency as well as they have done a poor job historically with following up with appropriate communications around changes in benefits and consistency of applying those exceptions to benefits as well.</p> <ul style="list-style-type: none"> ○ Meewes Sanchez: I think we can address some of those concerns to provide clarification. The idea around maximum rate as payment in full is if a person would like to blend the pay between private and WA Cares, they can do that but it just can't exceed that maximum rate of \$455/day. The reason for that is the workgroup didn't want people to receive surprise billing they would have to pay out of their pocket after the fact. The maximum rates are based on an individual's resident assessment and acuity. For example, people who might have limited ADL needs aren't automatically charged \$455/day. DSHS isn't going to be putting people in classifications or dictating what that would look like. We would just expect that usual and customary means you're working through the assessment and providing an appropriate rate that's commensurate with the acuity of the person you're serving.
<p>Report out on Provider Payment Maximums Recommendations (Group 3)</p>	<p>Workgroup Recommendation – Transportation</p> <ul style="list-style-type: none"> ● To reduce actuarial risk, WA Cares will pay up to \$400 per month for transportation services. This includes any combination of the following: <ul style="list-style-type: none"> ○ \$0.67 (or the current standard IRS mileage rate) per mile up to 220 miles per month for friends and family mileage reimbursement. Limits are imposed to reduce actuarial risk. ○ Usual and customary per trip costs, which may include costs associated with wait time, hospital discharge, vehicle type to accommodate specific needs, after hours and mileage. ○ Rates will be adjusted to reflect regional differences. ● Note: Requests to exceed the maximum rate may be considered by the Department. <p>Workgroup Recommendation - Adult Day Services including Respite</p> <ul style="list-style-type: none"> ● WA Cares will pay up to a maximum of \$325 per day for adult day services, including respite. The maximum rate reflects a full (8 hour) day offering adult day health skilled nursing and rehab therapy. ● Rates will be adjusted to reflect regional differences and type of service provided, below: <ul style="list-style-type: none"> ○ Adult Day Health (skilled nursing and rehabilitative therapy) ○ Adult Day Care (supervised day programs, respite, and meaningful activities) ○ Adult Day Care Respite (short term break for family/caregivers) ● Note: Requests to exceed the maximum rate may be considered by the Department. <p><u>Open for questions:</u></p> <ul style="list-style-type: none"> ● King: Are bridge tolls and tolls per mile on some of our highways included? <ul style="list-style-type: none"> ○ Meewes Sanchez: The Workgroup had not discussed tolls, but we can address it in our agency rules around what type of reimbursement we might allow there.
<p>Report out on Contingency Planning Workgroup</p>	<ul style="list-style-type: none"> ● The workgroup has been reviewing viable options to mitigate the impacts on WA Cares Fund solvency if participation were to become voluntary. ● The workgroup was briefed by Milliman on short and long-term risks of voluntary participation. It discussed ways to mitigate risk and potential risk mitigation strategies.



	<ul style="list-style-type: none"> • A November LTSS Trust Commission meeting has been scheduled to report out on recommendations from the Contingency Planning Workgroup, if needed.
Public Comment	<ul style="list-style-type: none"> • Public comment was captured in the table below.
Review Agenda for October 30 meeting	<ul style="list-style-type: none"> • Approve 9/11/2024 Commission meeting minutes • Approve Agency Administrative Expenses Report • Receive Program Update • Receive Finance Update • Receive Update on OSA Solvency Report and Recommendations • Report out and Vote on Provider Payment Maximums Workgroup • Review Draft Commission Recommendations Report
Wrap-up <ul style="list-style-type: none"> • Action Item Review • Adjourn 	<ul style="list-style-type: none"> • No action items were noted. • Meeting adjourned at 3:36

Name	Public Comment
Elizabeth New Hovde	<p>I'm Elizabeth New with the Washington Policy Center. I have a logistical note on the LTSS Commission page listing the meetings, along with the meeting materials it would be very helpful to have a link to the recording of the meeting. I thought that used to be a thing, but I don't see it anymore and I might be totally wrong about that. People can find meetings on TVW but it would be great to have them there as well. On other issues, I remain discouraged that millions of dollars are being spent on marketing a mandatory state program and payroll tax. It was unnecessary at best in the past and is now inappropriate since there is an initiative on the ballot in November to make the program optional. The campaign has not informed Washingtonians, rather it has undertaken to create fond feelings about the program. I also worry the rosy and incomplete information is setting up workers for failure. We are all aware of how costly long-term care can be and in many cases the benefit will not be enough, and I'm worried some people will not be planning. Finally, if initiative 2124 passes, I hope you will recommend to lawmakers that the long-term care law needs to be repealed. WA Cares is a program that harms workers already, including low-income ones, while benefitting workers who are not in need of taxpayer help with long-term care financing.</p>
Leslie Emerick	<p>My name is Leslie Emerick, and I represent the Home Care Association of America, the Washington chapter. We do have a bit of concern about the independent financial audit on Home Care Agencies. We too want to make sure that our agencies are financially viable, but from the feedback I've gotten from our folks, it costs anywhere from \$15,000 to \$25,000 for a smaller agency to be audited. It seems like that might be a disincentive for some folks to come up with that to be able to work with WA Cares. Maybe there's a low-cost option to go in and check out financial viability but I do have some concerns about the cost of that. Thank you.</p>

