



LTSS Trust Commission Meeting

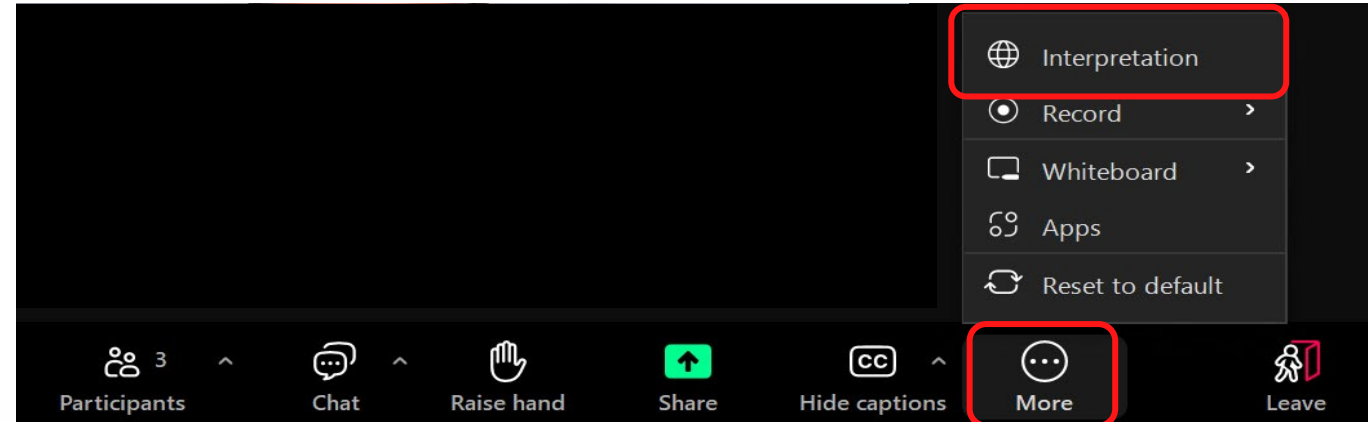
September 17, 2025



Language Interpretation – Zoom Setup

Step 1:

- Select “More”
- Click on “Interpretation”



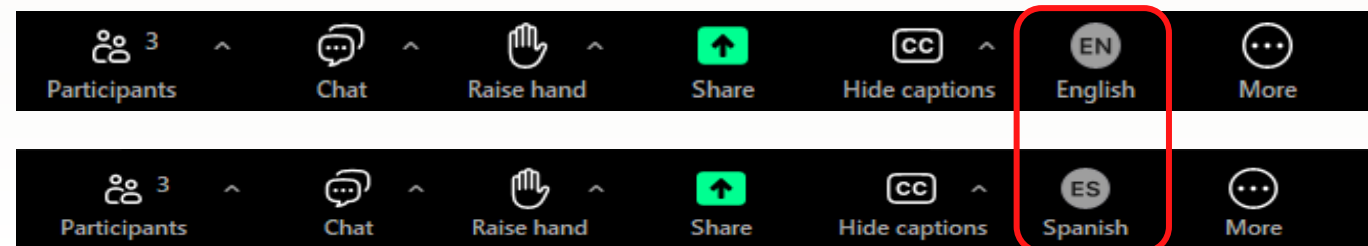
Step 2:

- Select the language you would like to listen in



Step 3:

- Verify this is the correct language



Meeting Guidelines

Commission Members

- Please turn on video
- Stay muted unless talking
- Encourage active participation
- Raise hand to speak if necessary

Audience Members

- Opportunity to provide public comment later in the meeting



**WELCOME &
CALL TO ORDER**

Meeting Goals

- Listen to Understand Respectfully
- Approve Consent Agenda
- Receive Program Update
- Receive Rulemaking Update
- Receive Update on Risk Management Framework
- Report out on CDWA Family Caregiver Employment
- Report out on Foundational Principles and Bylaws Workgroup
- Report out on SJR 8201 Contingency Planning Workgroup

Approve Consent Agenda

- 07/16/2025 Commission meeting minutes
- 2026 Commission Meeting Schedule
 - April 29, 2026 from 1:00 pm – 4:00 pm
 - June 24, 2026 from 1:00 pm – 4:00 pm
 - September 16, 2026 from 1:00 pm – 4:00 pm
 - October 28, 2026 from 1:00 pm – 4:00 pm
 - December 9, 2026 from 1:00 pm – 4:00 pm



WA Cares Fund Program Refresh

Andrea Meewes Sanchez, DSHS
Ben Veghte, DSHS

WA Cares Fund Program Refresh

Program timeline

2014

Research on policy options for long-term care

2019

Legislature passes LTSS Trust Act and governor signs into law

2022

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

2023

July 1

Workers begin contributing

2024

Legislature gives workers the ability to take their benefit out of state

2025

Legislature creates supplemental private insurance market, gives workers with private insurance exemptions window to join WA Cares

2026

July 1

Benefits become available for qualified, eligible individuals



WA Cares Fund Program Refresh

Key program details per current statute (RCW 50B.04):

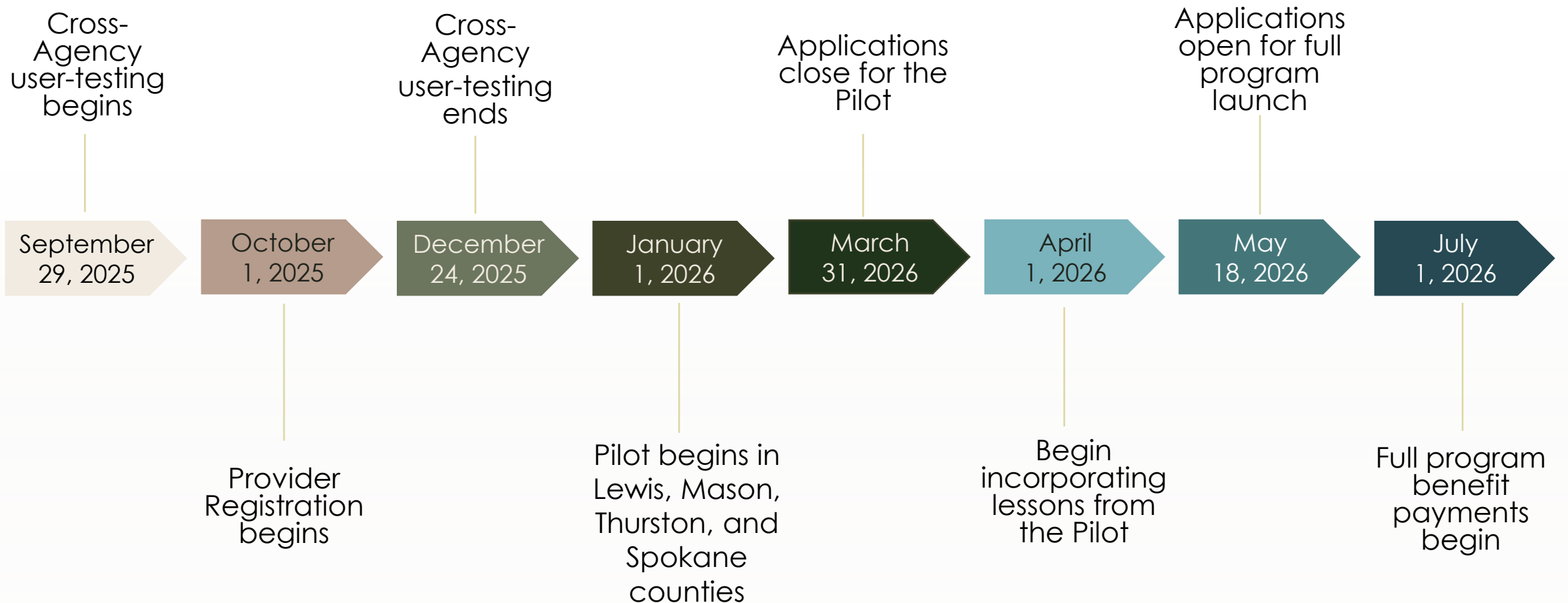
- **Premium rate** - \$0.58 cents for every \$100 earned
- **Lifetime benefit maximum** –\$36,500, adjusted annually up to inflation, paid directly to providers
- **Three pathways to qualified individual status**
 - Contribute 10 years
 - Contribute 3 of the last 6 years from the date of application 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**
 - 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.), and their need for assistance is expected to last for at least 90 days
 - You can take your benefit with you if you leave the state


Program Update

Andrea Meewes Sanchez, DSHS

Implementation Timeline




Benefits Guide and Rates Sheet



Updated August 2025

BENEFITS GUIDE

The WA Cares Fund ensures all working Washingtonians can earn access to long-term care when they need it.



WHAT YOU'LL FIND INSIDE

2

How it works

3

Benefit eligibility

3

Covered services and supports

8

Managing your benefits

Updated: May 2025

MEALS AND TRANSPORTATION		
SERVICE NAME	TYPICAL COST RANGE	MAXIMUM RATE
Home-delivered meals	Face-to-face delivery: \$8-\$9 per meal Mail delivery: \$8.50 - \$16 per meal	\$16 per meal
Transportation	\$35 - \$50 per pickup, plus \$3 - \$5 per mile and additional costs for wait time, hospital discharge, vehicle type, after hours, etc. for non-emergency medical transportation Average price of a 6-mile rideshare: <ul style="list-style-type: none">• Washington: \$25-\$28• Seattle: \$35-\$38	Up to \$400 per month of transportation services, combined with mileage or trip costs 220 miles monthly at the federal mileage rate

HEALTH AND WELLNESS		
SERVICE NAME	TYPICAL COST RANGE	MAXIMUM RATE
Care transition coordination	\$120 to \$360 per month	\$360 for up to two consecutive months
Nurse delegation	\$10 to \$15 per 15 minutes (\$40-\$60 per hour)	\$65 per 15 minutes
Skilled nursing	\$10 to \$35 per 15 minutes (\$40-\$70 per hour)	
Private duty nursing	\$25 to \$65 per 15 minutes (\$100 to \$260 per hour)	

wacarefund.wa.gov | 844-CARE4WA (844-227-3492)

Page 3 of 4

Benefit Determination Letter with Suggested Services



BENEFIT DETERMINATION
WA Cares ID: 26345680274 | ProviderOne ID: 203638450WA
Merlina F Snodin

This WA Cares Fund Benefit Determination was completed on 07/25/2025 for:

Merlina F Snodin
130 Main St S
Omak, WA, 98841

Table of contents:

Benefit Determination	1
Notes from the Assessor	2
Suggested services for you	3
Care Needs Assessment Summary	7



Approved benefit amount

\$ 36,500

Benefit pathway: Full benefit amount

For more details about your contribution requirement, refer to your Contribution Determination. This can be located in the "Documents" tab of your WCF account.

You have met the care needs requirement and are now approved to start using your WA Cares benefit.

HOW TO USE YOUR WA CARES BENEFIT

1

Review your suggested services to decide which services to use. The following page has your suggested services. These are suggestions to consider based on your care needs from your assessment. You can consider these suggestions or choose other services that WA Cares offers.

2

Explore different providers and contact your best match. Explore providers offering various services. You will contact the provider, give them your ProviderOne ID (refer to the top of this document or your account to get your ID) and develop a service agreement. To find providers, visit wacaresfund.wa.gov

3


Approve your Pre-authorizations to begin services. After you've reached an agreement, the provider will send a Pre-authorization to your account. This will contain information regarding your service. You must approve the Pre-authorization to receive the service.

4

Continue to manage your benefit and services as you see fit. It's up to you how you manage your benefit. You can stop services, choose new services, continue seeing the same provider or change providers as you see fit, as long as you have a remaining benefit balance.

wacaresfund.wa.gov | 844-CARE4WA (844-227-3492)

Page 1 of 9



BENEFIT DETERMINATION
WA Cares ID: 26345680274 | ProviderOne ID: 203638450WA
Merlina F Snodin


SUGGESTED SERVICES FOR YOU

Your suggested services are based on information from your care needs assessment. During your assessment, you answered questions regarding your health and activities of daily living. Your responses determined if you met the care needs requirement as well as any assistance you might need.

You can review your care needs assessment breakdown on page 9

SUGGESTED SERVICES BREAKDOWN

NOTE: These services are suggestions only. They are listed in alphabetical order, which does not reflect their priority or importance. You are not limited to these services and may choose any WA Cares service. You can explore all services at the WA Cares benefit page (www.wacaresfund.wa.gov/benefits). Once you find a provider, you will give them your ProviderOne ID (refer to the top of this document or your account to get your ID).

**ASSISTIVE TECHNOLOGY**

Some devices may be covered by your medical insurance.

SERVICE NAME	WHAT IS THIS SERVICE?
Assistive technology services	Professional support, assistance and consultation regarding what assistive technology might help with cognitive, physical and sensory limitations.
Medication devices	Range of devices to assist with medication management, such as a medication reminder or dispenser.
Safety devices	Range of devices to increase safety measures such as an automatic door lock, monitoring device, auto-shutoff for kitchen appliances, and devices that support getting in and out of a car.
Vehicle modifications	Changes made to the main vehicle you use that improve your accessibility, safety and ease of use as the driver or passenger.
Vision & communication devices	Range of devices that help with sensory limitations such as a talking watch or lighted doorbell. WA Cares benefits don't cover glasses or hearing aids.

NOTE: These services are suggestions only. They are listed in alphabetical order, which does not reflect their priority or importance. You are not limited to these services and may choose any WA Cares service. You can explore all services at the WA Cares benefit page (www.wacaresfund.wa.gov/benefits).

wacaresfund.wa.gov | 844-CARE4WA (844-227-3492)

Page 3 of 9

BAMS Dashboard

Your WA Cares benefit eligibility is in progress

[Withdraw my application](#)

- ✓

Submit application
- ✓

Schedule Care Needs Assessment
- YOU ARE HERE

3 Complete Care Needs Assessment
- 4

Receive your Benefit Determination

Next step:

Complete Care Needs Assessment

Thursday, January 19 - 11:00 am PT

Your Care Needs Assessment will be conducted by a WA Cares team member at **123 Street Address, Seattle, WA 91234**. They will contact you at 555-555-1212 if needed. The care needs assessment will take approximately 1-2 hours. [Learn how to prepare for your assessment.](#)



Dashboard Documents

Notifications (0) Settings Jane Smith

JANE SMITH

Last logged in on

WA Cares ID: 26000003501
ProviderOne ID:

Your WA Cares benefit eligibility is complete and your Benefit Determination is ready for review

[Withdraw my application](#)

- ✓

Submit Application
- ✓

Schedule Care Needs Assessment
- ✓

Complete Care Needs Assessment
- YOU ARE HERE

4 Receive your Benefit Determination

Next step:

Review your Benefit Determination

Before accessing your benefit for the first time, please review your Benefit Determination. You will find information on how to use your benefit and your appeal rights.

Review document

BAMS Dashboard – Approving a Pre-Authorization



Dashboard Documents

Notifications (0) Settings Jane Smith

JANE SMITH

Last logged in on

WA Cares ID: 26000003501
ProviderOne ID:

You have 1 pending pre-authorizations to review

You must approve each pre-authorization before services can be provided or purchases completed. Pre-authorizations will expire if you do not approve or deny by the Action Required Date. These funds are already held from your balance. It may take up to 24 hours for your available benefit balance to reflect a denied pre-authorization.

Action Required Date	Provider name	Service	Total Cost	Status	Review details
01/28/2025	XYZ In-Home Care	In-home Personal Care (per 15 minutes)	\$4,560.00	Action required	Review

Total pending pre-authorizations: \$4,560.00

Action required

XYZ In-Home Care

Pre-authorization number: 123456789123wcf

Total pre-authorization cost: \$4,560.00

Date received: 1/28/2025

Action required by: 2025-01-27 or the pre-authorization will expire and the total cost will return to your benefit balance within 24 hours.

Comments:

To receive services or complete a purchase, you need to approve the pre-authorization. If you need to change anything about your pre-authorization, call 844-227-3492 (844-CARE4WA). The total amount of this pre-authorization was deducted from your available balance. If you deny the pre-authorization, the total amount will go back to your available benefit balance.

Deny

Approve

BAMS Dashboard – Benefit Balance



Dashboard Documents

Notifications (0) Settings Jane Smith

BENEFIT ACTIVITY

Available benefit balance

\$31,940.00

Remaining benefit balance

\$4,560.00*

Total benefit used

*Includes all pending pre-authorizations requiring your approval. It may take up to 24 hours for your available benefit balance to reflect a denied pre-authorization.

Pre-authorization activity

To view payment activity of approved pre-authorizations, check the individual pre-authorization details. The total cost of your approved and pending pre-authorizations has already been deducted from your benefit balance. Providers will only be paid once the services are completed. If anything seems incorrect, please call 844-227-3492 (844-CARE4WA).

Dates of Service ▾	Provider name	Service	Total Cost	Status ⓘ ▾	Review details
1/28/2025 - 2/28/2025	XYZ In-Home Care	In-home Personal Care (per 15 minutes)	\$4,560.00	Approved	View details

Community Living Connections (CLC) – Provider Directory


MENU

COMMUNITY LIVING CONNECTIONS

Languages

CLC Home / Resource Directory / WA Cares Provider Directory

WA CARES PROVIDER DIRECTORY




WA Cares Fund will help you pay for care in your home or in a residential care setting. Learn more about what is [services are covered](#) or [how the fund works](#). Once eligible to use your benefit, use this directory to search for providers contracted in the WA Cares network. Start by selecting a high level service category below, or use the search to enter in the service you are looking for.


What kind of services are you looking for?

Choose county or region


Search




Assistive Technology




Beneficiary & Caregiver Supports




Caregivers




Equipment & Supplies




Health & Wellness



Home Safety



Meals & Transportation




Residential Care

MENU

COMMUNITY LIVING CONNECTIONS

Languages

CLC Home / Resource Directory / WA Cares Provider Directory / Caregivers



Caregivers

Adult care providers provide care services for an adult in their home or other supervised setting. Browse for care providers, adult day services, or services and support for the family caregivers.

Choose a **Caregivers** category to continue your search

What services are you looking for?

Choose county or region

Search

Adult Day Services

Supervised day services in a community setting that help beneficiaries maintain independence and quality of life

[Search](#)

Paid Family Caregivers

If your family member is eligible, they can be paid to provide your care in your home

[Learn how](#)

In-Home Personal Care

Care providers who help you with personal care in your home

[Search](#)

Respite for Family Caregivers

Provides family caregivers with temporary relief from day-to-day caregiving

[Search](#)



Rulemaking Update

Andrea Meewes Sanchez, DSHS

April Amundson, ESD

Tyler Langford, OIC

DSHS Rulemaking

DSHS is conducting three different rulemaking projects:

- **Project 1:** General provisions, beneficiary eligibility determinations, and requirements to provide approved services
- **Project 2:** Payments and reimbursements for approved services, notices of department determinations, and administrative hearings for beneficiaries and providers
- **Project 3:** Pilot requirements

DSHS Rulemaking: Project 1

Project 1:

- Defines standard terms, including for approved services
- Sets requirements for beneficiaries to apply for benefits
- Sets requirements for eligibility determinations for beneficiaries, including who can be eligible, what are qualifying activities of daily living, levels of assistance, and verification of a 90-day or more need for care.

Status:

- Public comment period ended on August 5th
- A CR-103 was filed on August 21st
- The rules will go into effect September 22nd

DSHS Rulemaking: Project 2

Project 2:

- Sets expectations for when and how payment will occur
- Sets maximum rates for approved services
- Outlines requirements for eligible beneficiaries to be reimbursed for approved services
- Explains when and how the department will provide notice of department determinations
- Lists when a beneficiary or provider may request an administrative hearing
- Sets requirements for administrative hearing requests, including appellant information, timeframe, and how to seek assistance for submitting a hearing request.

Status:

- Public hearing occurred on September 9th
- Rules are expected to be in effect in November

DSHS Rulemaking: Project 3

Project 3:

- Explains when and where the pilot will occur
- Sets parameters for pilot participation including location and number of applicants

Status:

- CR-101 was filed August 1st
- CR-102 is expected to be filed in September with a public hearing in November

ESD Rulemaking

Implementation of ESSB 5291

Three-phased approach based on the bill's effective dates

- **Phase 1:**
 - Qualified individuals, exemptions, pilot project, CBA
 - Stakeholder meeting held August 26, 2025
 - Public hearing on proposed rules is October 21, 2025
 - Rules will be effective January 1, 2026
- **Phase 2:**
 - Portable coverage and reporting requirements (target effective date of July 1, 2026)
- **Phase 3:**
 - Penalties and interest authority (effective January 1, 2027)

Update on Supplemental Long-Term Care Rulemaking

LTSS Trust Commission

September 17, 2025



OFFICE of the
INSURANCE
COMMISSIONER
WASHINGTON STATE

Rulemaking Progress

- **CR-101 filed:** 6/29/2025
 - Comment period ended 7/30/2025
- **Prepublication draft released:** 8/13/2025
 - Interested party meeting on 8/26/2025
 - Comment period ended 8/27/2025
- **CR-102 filing:** TBD
 - Public hearing: TBD
- **CR-103 filing:** TBD

Questions?

Tyler Langford

Policy Analyst

Tyler.Langford@oic.wa.gov

To submit a public comment on the rule, email:

rulescoordinator@oic.wa.gov

[Rule webpage](#)



Risk Management Framework

Luke Masselink, OSA

Risk Management Framework Update

*Presentation to
LTSS Trust Commission*

Luke Masselink, Senior Actuary

September 17, 2025



Risk Management Framework

- LTSS Trust Commission approved the Risk Management Framework (RMF) in November 2021
- It includes the following components:
 - Funding goal (desired outcomes for the program)
 - Risk management approach (to support funding goal)
 - Risk management reporting and metrics (to support and inform approach)
 - Response strategies (when funding goal is not met or threatened); and
 - Sharing RMF with other entities



Risk Management Approach

- 3-phase approach that starts with a “learning phase” when the program monitors emerging experience, validates or updates actuarial assumptions, and revises actuarial projections
 - Expected to last until at least 2029
- Phases 2 and 3 of the RMF focus on setting and attaining an appropriate actuarial balance (or “margin”) for the program
 - The margin is intended to mitigate the impacts of future adverse experience
- The timing and length of Phases 2-3 will depend on the program’s financial status at the end of Phase 1

Updates to RMF

- Updates needed due to numerous program changes since the adoption of the original RMF
 - Resulting changes to the RMF are minor
- OSA is working with DSHS staff to make technical updates to the RMF for these changes
- Changes include dates, removal of references to LTSS Trust Council, and updated terminology for consistency with current actuarial reporting
- Updated draft RMF document will be presented to the Commission for review and adoption at October meeting



Thank You

For questions, please contact
The Office of the State Actuary

leg.wa.gov/OSA

State.actuary@leg.wa.gov

360-786-6140

Luke Masselink

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9/17/2025

Office of the State Actuary





**WA
CARES
FUND**

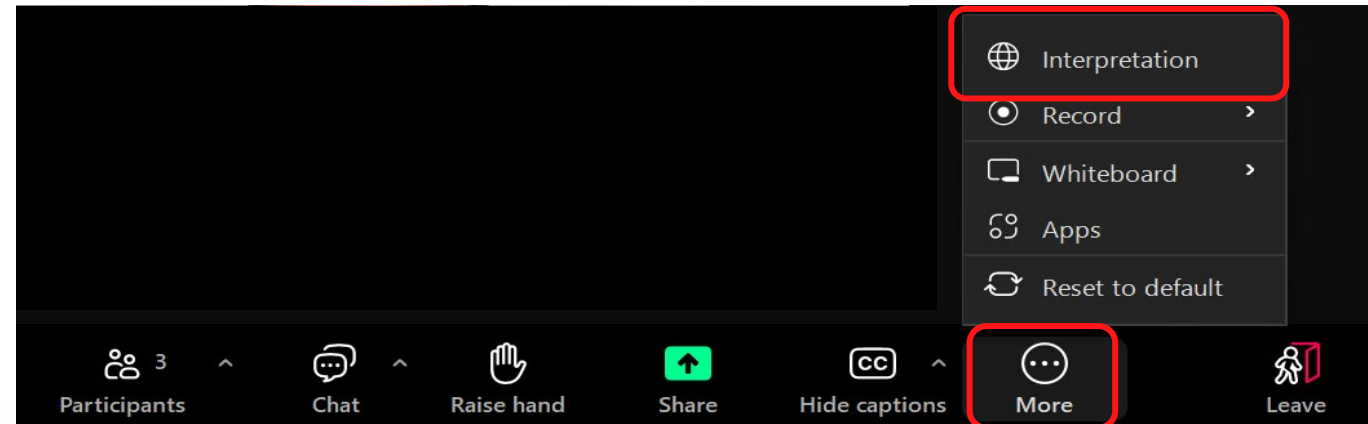
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Language Interpretation – Zoom Setup

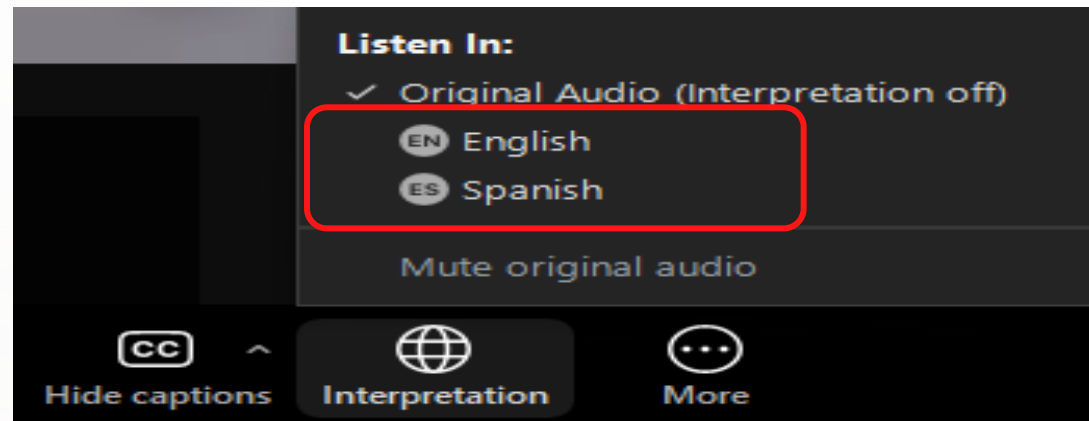
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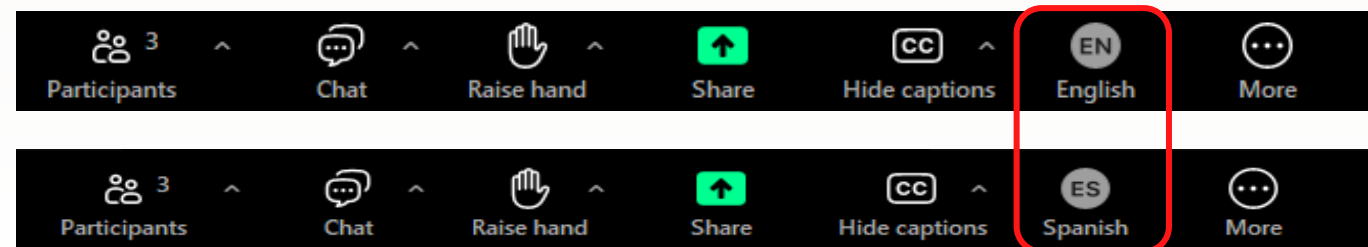
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CDWA Family Caregiver Employment

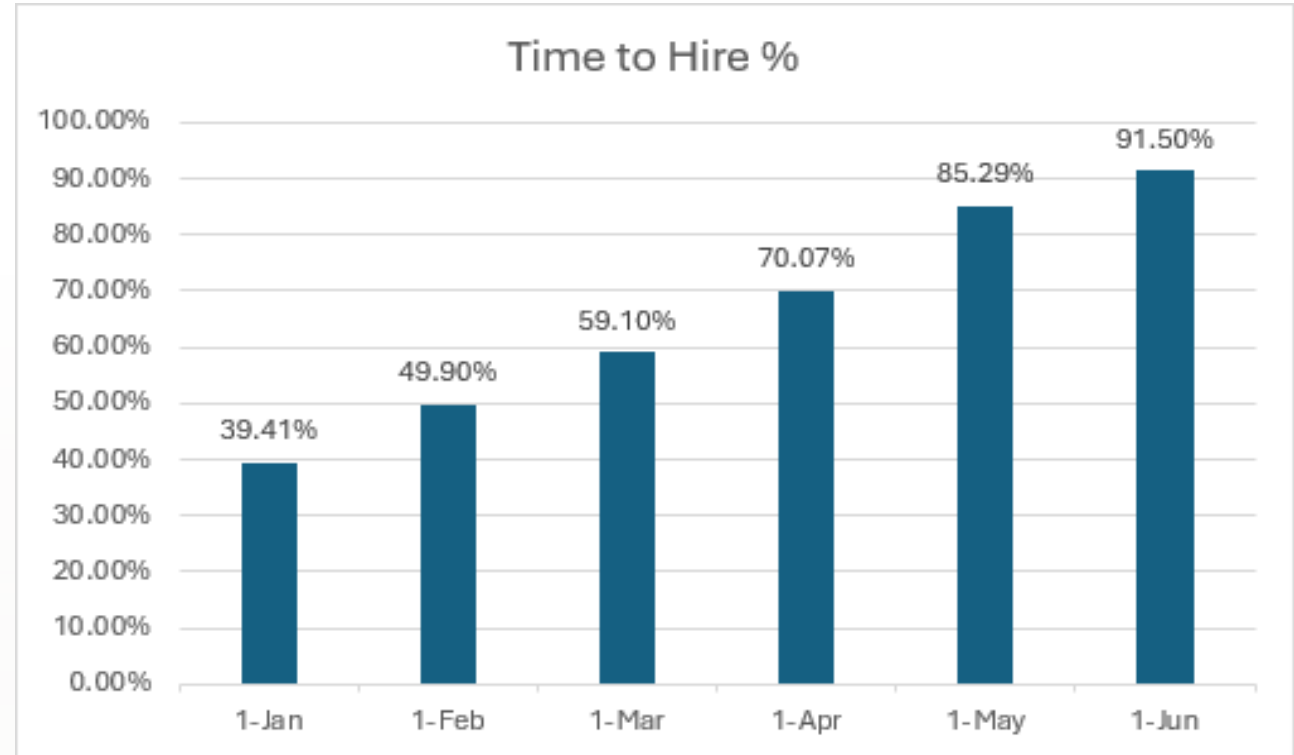
Andrea Meewes Sanchez, DSHS
Ben Bledsoe, CDWA

Intro to CDWA

- Consumer Direct Care Network Washington is the State's contracted consumer directed employer
- Their parent company, Consumer Direct Care Network operates as a financial management services vendor in 13 other states, providing various in-home care services
- DSHS contracted with CDWA in 2019, and the state's individual provider workforce was fully transitioned to CDWA in 2022
- They are the legal employer of all individual providers who provide in-home personal care to individuals on long-term care services through the state (i.e., Medicaid LTC, Veteran's, MAC/TSOA)
- The consumer directed employer model is similar to/the same as the agency with choice model, whereby CDWA is the legal employer of IPs, with all the administrative and legal responsibilities of an employer, and the client is the managing employer with all the supervisory responsibilities

CDWA – Timely Hiring

- The chart indicates the percentage of IPs hired within 30 days of application.
- It is important to note that there are steps to the hiring process that require the applicant to complete in a timely manner therefore not all hiring delays are the responsibility of the employer.
- As of June 2025, for Familial IPs who come with a client identified – the mean time to hire is 18.76 days, the median is 15 days, and the fastest hire time is same day.



How CDWA Manages Fraud

- CMS/Medicaid require risk-based screenings on every IP
- CMS/Medicaid requirement of following the False Claims Act
- Required to use Electronic Visit Verification (EVV)
- CDWA is required to have policies and procedures on how to address fraud allegations and cooperate with DSHS accordingly
 - This process entails communicating fraud allegations to HCS/DDA who vet the allegation and either send it to the Medicaid Fraud Control Unit or back to CDWA for IP education.
 - If the allegation is found to be valid and sent to MFCU the IP is suspended from working until a final determination is made.

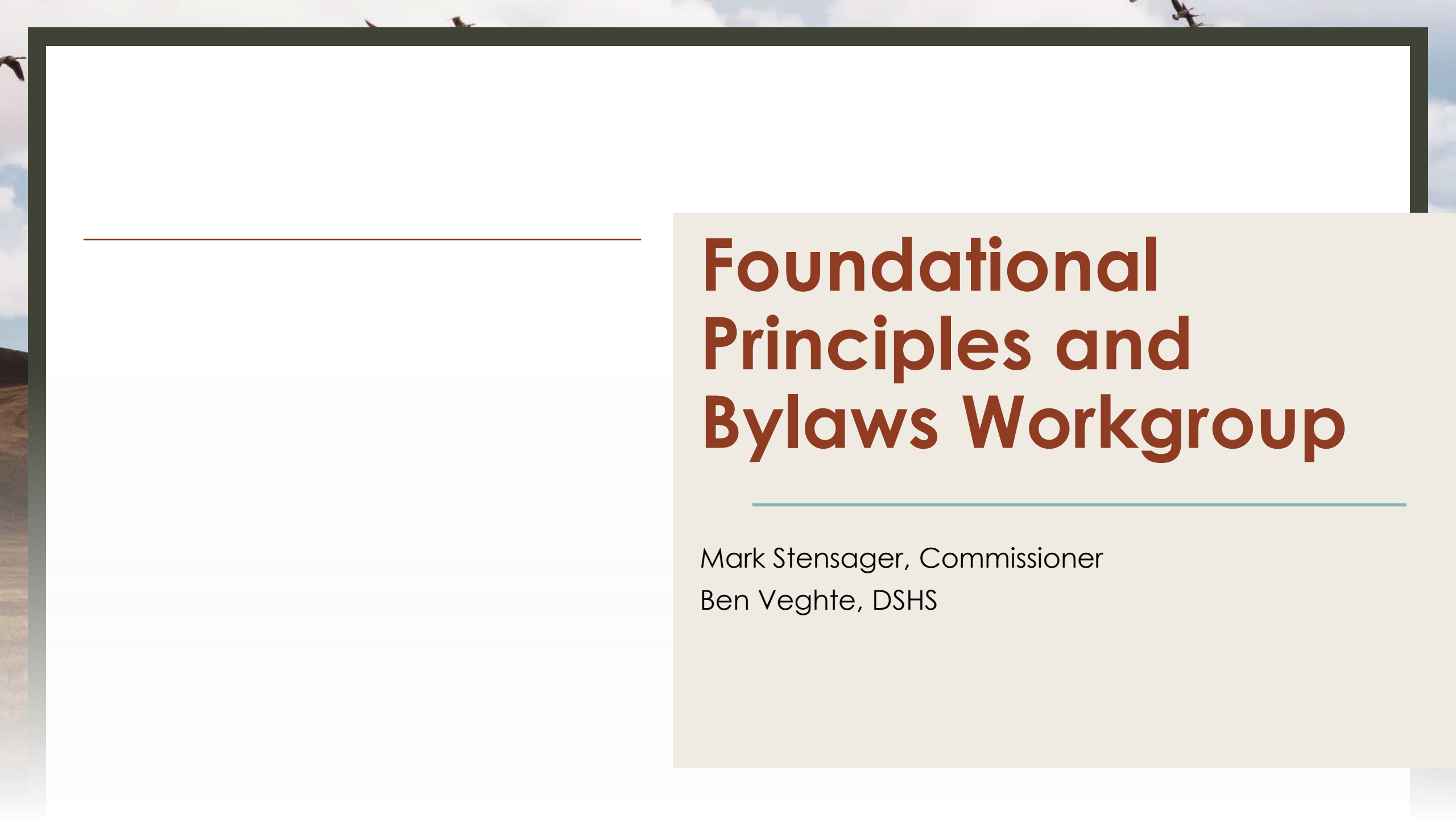
Fraud Referrals and Data

HCLA/DDA fraud referrals for CDWA in 2024:

- There was a total of 520 reports of IP fraud (approx. 55,000 IPs employed in 2024)
 - 252 were under \$1000 and referred back to CDWA for IP education (these are believed to be issues with staying in the work week limit on their timesheets at month end)
 - 268 were referred to MFCU (Medicaid Fraud Control Unit, Office of the Atty General)
 - 30 are under criminal/civil investigation (2024 and 2025 combined)
- There are 54 reports through April 2025

Common Types of Medicaid Fraud Reported

- Individual Provider (IP) and Home Care Agency caregivers are billing after they stop working for a client
- IPs specifically billing
 - when a client is in the hospital or nursing home
 - shortly after a client passes away
 - when a client has moved out of the state or country



Foundational Principles and Bylaws Workgroup

Mark Stensager, Commissioner
Ben Veghte, DSHS

Current Foundational Principles

Foundational principles that will drive the work of the LTSS Trust include:

- Respect the dignity and autonomy of beneficiaries in determining how and from whom they receive care
- Be customer focused
- Provide a seamless, quality user experience
- Be accessible to all Washingtonians both online and through a strong community presence
- Promote development of a long-term services and supports workforce and provider network to meet increased demand with high-quality, culturally competent services
- Ensure beneficiaries have a broad range of services and supports from which to choose
- Ensure outreach and policies are consistent with values of diversity, equity and inclusion
- Focus on solutions that are not rooted in tradition but are tailored to delivering new program benefits and meeting needs of current and future participants
- Respond to changing conditions, needs, and opportunities
- Be strong stewards of worker contributions by maintaining the financial stability and sustainability of the Trust
- Protect beneficiaries and the Trust Fund from program fraud
- Raise awareness of the benefit among all Washingtonians
- Provide accurate data to decision makers

Proposed Foundational Principles

The LTSS Trust Commission declares the following principles to be foundational to the work of the WA Cares Fund:

- Respect the dignity, privacy, and autonomy of beneficiaries in determining how and from whom they receive care
- Ensure customers have the information and resources they need to manage their care journeys
- Provide a seamless, quality user experience
- Be accessible to all Washingtonians both online and through a strong community presence
- Promote development of a long-term services and supports workforce and provider network to meet increased demand with a broad range of high-quality, culturally competent services
- Ensure policies and procedures respect the many cultures, customs, and community values throughout our diverse communities.
- Raise awareness of the benefit among all Washingtonians.
- Embrace innovation to meet the changing needs of current and future participants
- Responsibly manage worker contributions by ensuring the Trust's financial stability and long-term sustainability

Proposed Recommendations to the Bylaws

Technical updates to the Bylaws include:

- Updating changes made to RCW 50B.04 (dates, reporting metrics, etc.)
- Updating terminology and processes to be consistent with what is currently used within the LTSS Trust Commission and DSHS
- Removing references to the LTSS Trust Council and completed reports

Proposed Recommendations

Proposed recommendations requiring changes to RCW 50B.04:

- Make the Health Care Authority a voting member on the Commission
- In the Appointments section of the Bylaws add the following:
 - “At the end of a commissioner’s term, if no new successor has been appointed, the commissioner will continue to serve until a successor has been appointed.”



SJR 8201 Contingency Planning Workgroup

Representative Nicole Macri, Commissioner
Ben Veghte, DSHS
Matt Smith, OSA

SJR 8201

SJR 8201

- Article XXIX, section 1. Notwithstanding the provisions of sections 5, and 7 of Article VIII and section 9 of Article XII or any other section or article of the Constitution of the state of Washington, the moneys of any public pension or retirement fund, industrial insurance trust fund, fund held in trust for the benefit of persons with developmental disabilities, or fund to provide for long-term care services and supports for eligible seniors and people with disabilities may be invested as authorized by law. Investment income from a fund to provide for long-term care services and supports for eligible seniors and people with disabilities is dedicated to long-term services and supports for program beneficiaries.
- Amends the Constitution to allows the state to invest money from LTSS accounts. Even though the bill has passed, it will still require a vote to the people at the next general election.

Background

- The Commission adopted a [Risk Management Framework](#) (RMF) to support the program's financial goal of "providing secure and meaningful benefits at the lowest expected cost for beneficiaries now and in the future."
- The RMF is a 3-phase approach to risk management that starts with a "learning phase" when the program monitors emerging experience, validates or updates actuarial assumptions, and revises actuarial projections. In this learning phase, we increase confidence in the actuarial projections that inform program governance. Phase 1 of the RMF is expected to end no sooner than 2029 and after the program has paid benefits for several years.

Background

- Phases 2 and 3 of the RMF focus on setting and attaining an appropriate actuarial balance (or “margin”) for the program. The margin is intended to mitigate the impacts of future adverse experience and reduce the need to increase the program’s premium rate or reduce benefits in the future in response to adverse experience. The timing and length of Phases 2-3 will depend on the program’s financial status at the end of Phase 1.
- If [SJR 8201](#) were to receive voter approval it is expected to improve program solvency. This impact could establish or contribute to a margin for the program consistent with the RMF. The ultimate impact of SJR 8201 on the program’s projected solvency will depend, in part, on the investment policy adopted by the Washington State Investment Board (WSIB) and forthcoming updates to actuarial projections. The process to study and implement a new asset allocation for the WA Cares Fund could take the WSIB up to one year to complete.

Workgroup Recommendation

- Consistent with the program's RMF, the Commission recommends no changes to the program's current benefit structure that have significant adverse impact to solvency until the completion of Phase 3 of the RMF. This recommendation is not intended to prohibit changes to the benefit structure that increase program costs but offset these cost increases with measures that achieve corresponding cost savings.
- After the completion of Phase 3, the Commission recommends the Legislature consider enacting benefit changes that enhance the meaningfulness of program benefits while maintaining the security of those benefits. The timing and length of Phases 2-3 will depend on the program's financial status at the end of Phase 1, which is expected to end no sooner than 2029.
- Consistent with [recommendations from the Office of the State Actuary](#), the Commission recommends no change to program's premium rate, at this time, regardless of the outcome of SJR 8201.



PUBLIC COMMENT

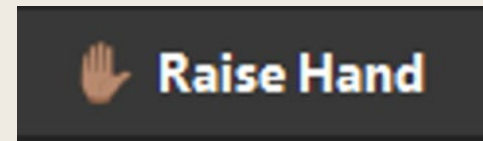
Submit written comments or questions to:
wacaresfund@dshs.wa.gov.

For more information about the program, visit
wacaresfund.wa.gov.

Sign up for Public Comment

Submit written comments or questions to:
wacaresfund@dshs.wa.gov.

For more information about the program,
visit wacaresfund.wa.gov.



Attendees: click on the Raise Hand icon to sign up for public comment



Phone callers: press *9 to raise your electronic hand.

Then, when recognized, press *6 to unmute yourself

Review Agenda for October 29th Meeting

- Approve 09/17/2025 LTSS Trust Commission meeting minutes
- Approve Agency Administrative Expenses Report
- Receive Program Update
- Report Out and Vote on Risk Management Framework
- Report Out and Vote on Foundational Principles and Bylaws Workgroup
- Report Out and Vote on SJR 8201 Contingency Planning Workgroup
- Review Draft Commission Recommendations Report

Wrap Up

- Action items review
- Adjourn

THANK YOU



WA
CARES
FUND

