September LTSS Trust Commission Meeting Minutes							
Meeting Date	9/17/2025			Time		1:00 – 4:00 pm	
TVW Link	https://tvw.org/watch/?eventID=2025091060						
Attendees							
☐	Representative David Stuebe	☒	Representative Joe Schmick	☒	Representative Steve Tharinger	☒	Representative Nicole Macri
☒	Senator Curtis King	☒	Senator Judy Warnick	☐	Senator Rebecca Saldaña	☒	Senator Steve Conway
☒	Acting Secretary Bea Rector, Department of Social and Health Services	☒	Cami Feek, Employment Security Department (JR Richards representative)	☒	Taylor Linke, Health Care Authority	☐	Peter Nazzal, Home Care Association Representative
☒	Madeleine Foutch, Representative of a union representing LTC workers	☒	Cathleen MacCaul, Representative of an organization representing retired persons	☒	Lauri St. Ours, Representative of an association representing SNF/ALF providers	☐	Vacant, Adult Family Homes Providers Representative
☒	Ruth Egger, Individual Receiving LTSS #1 (or designee or representative of consumers receiving LTSS)	☒	Mark Stensager, Individual Receiving LTSS #2 (or designee or representative of consumers receiving LTSS)	☒	Laura Cepoi, Organization Representing the Agencies on Aging	☐	Rachel Smith, Representative of an organization of employers whose members collect the premium (or will likely be collecting)
☒	Silvia Gonzalez, Worker who is paying the premium established in section 9 of the LTSS Trust Act and who is not employed by a long-term services and supports provider (or will likely be paying the premium)	☐		☐		☐	
Guest Speakers							
☒	Ben Veghte, Department of Social and Health Services	☒	Andrea Meewes Sanchez, Department of Social and Health Services	☒	Matt Smith, Office of the State Actuary	☒	April Amundson, Employment Security Department
☒	Porsche Everson, Facilitator	☒	Tyler Langford, Office of the Insurance Commissioner	☒	Luke Masselink, Office of the State Actuary	☒	Ben Bledsoe, CDWA

Topic	Minutes
Welcome and Call to Order	• Commission members in attendance indicated above. • Acting Secretary Rector reviewed the meeting goals.
Approve Consent Agenda	• No objections were made; items were adopted.
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**
	  o Contribute 10 years
	  o Contribute 3 of the last 6 years from the date of application for benefits
	  o 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**
	  o 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
	  o You can take your benefit with you if you leave the state

Program Update	**<u>Open for Discussion</u>**
	• King: You said the benefit could be adjusted up to inflation. So that means it doesn't have to be whatever inflation is. For example, if inflation is 5%, the benefit could be adjusted to 3.5%. Is that correct?
	  o Meewes Sanchez: It was changed in the most recent legislative session to go up at a set rate each year.
	  o Veghte: It will go up automatically with inflation every year based on the Seattle Consumer Price Index.
	• King: So, on April 1st, we're going to send a notice of some kind to everyone who has been paying into WA Cares and tell them how many years they have earned so far?
	  o Meewes Sanchez: We don't have a way to reach out proactively, but people can log into their WA Cares account and have access to that information.
	  o King: I wanted to make sure it wasn't going to be a mail-out because that would be a lot of money.
	• Conway: If people have questions about eligibility, who do they call?
	  o Meewes Sanchez: There's a 1-800 number for WA Cares, and then if we can't answer someone's question, we have a way of referring those to the Employment Security Department.
	  o Conway: What is the estimated cost for having that line? **ACTION ITEM**
	  o Meewes Sanchez: We can follow up on that and get back to you.
	  o Conway: I hope the agencies are giving serious thought about making sure they have adequate response times, because it's not like you can have one person sitting around trying to answer these questions. It's very important that the people who have paid into this program can get a response in a reasonable amount of time.
	  o Veghte: We have given extensive thought to this. We've been working with HCA and ESD since the start and they've shared lessons they've learned with their call centers. We've worked really hard to make sure we're prepared, and we have extensive staffing on this. We can report out on this more extensively at the December meeting.
	  o Foutch (from chat): As part of this, I would love to know how the 1-800 line will be staffed for multiple language needs. **ACTION ITEM**
	• King: How many people do we think are going to require an in-home assessment? What is the expected number, and then how many staff are we going to have to hire to do those assessments?
	  o Meewes Sanchez: Based on the estimates that Milliman provided, it's between 25,000 to 35,000 people who are potentially going to be eligible to use benefits that first year. We expect most of those folks will need an in-home assessment. I can get back to you with the rest of the numbers. **ACTION ITEM**

	o King: I'm assuming all of this expense will come out of the premiums that everybody's been paying? o Meewes Sanchez: That's right, it's part of the administrative costs. o King: We've had estimates in the past of what we thought the program would do. Do you know if those estimated included going to do these home visits? o Meewes Sanchez: Yes, absolutely. We've included that in all our budget requests. • Conway: Are we allowing agencies like the Area Agencies on Aging and other locally based organizations to play a role in working with people applying for benefits? How are we utilizing local partners? I hope we're not just sending people to Olympia. Should we have applications for people at community clinics and hospitals? o Meewes Sanchez: Yes, we have been engaging with the Area Agencies on Aging since the beginning and they are playing a prominent partnership role with us. They'll be processing applications, helping people navigate their benefit, we have some referral processes in place with them, and we'll have some handoff processes for when people are exhausting their benefit but still need assistance. We're also looking at what HCA has done to provide assistance to people applying for Medicaid, and we will be partnering with similar entities in the local community so that we have assisters available to help people apply. o Cepoi: We've been partnering with WA Cares since 2019, as well as AARP and SEIU. We're currently working on our outreach and our beneficiary services plans, as well as an additional contract for our network providers. We're all working with the department on what we need to do to recruit additional providers to meet the demands in our local communities to make sure that our constituents are all being served and have access to their benefits. We're getting our staffing plans ready to train our staff, so they are well-versed in doing assessments. o Conway: I assume you're working with groups that are engaged with the diversity of our state too. Including clinics for people who are working temporarily in our communities, like farm workers and others. Are we including that array of folks as well in this outreach? o Veghte: We have multiple ways of doing this. We want this to be self-guided to whatever extent possible because it's modern and the least expensive solution for people contributing to the program. We built out a robust online system where people can go through our portal, which we've tried to make as easy and understandable as possible, so that's our first line. Then we have the AAAs who are going to be key partners throughout the state. Then the community assister network that we're building which is modeled on what the Health Benefit Exchange did with their navigators. We're going to be partnering with diverse community-based organizations across the state. We're doing everything we can to reach as many people as possible and then make it easy to find out about the program and apply for benefits. • Egger: I think Representatives and Senators should have information in their offices because it's possible that constituents will call your offices with questions and it's going to be important to have someone who's aware of how the program works. I also would like to be able to get the same information that you're sending out, because people do call me since they know I'm on the Commission and I'd like to be up to date. Could Commission members get the booklet or some information so we can be prepared? o Meewes Sanchez: Absolutely. We will have it on our website, and we can send out the link so you can see where it's at and get a copy. **ACTION ITEM** • Egger: Maybe most of you know about SHIBA, where they have a state health insurance volunteer program where they counsel people on the best health insurance during open enrollment. I wonder if a volunteer core group might be something you'd consider for at least the first year, going into community centers or community clinics, and

	things like that, where people could make an appointment to ask questions. That might be something us retired people could head up for you. o Veghte: That's a great idea. We are going to leverage SHIBA in the supplemental private market to help people navigate that because that's going to be complex. But for WA Cares itself, we can look into that and get back to you. **ACTION ITEM** o Cepoi (in chat): Many AAA's have SHIBA programs, at Olympic Area Agency on Aging, our SHIBA volunteers will be trained in the WA Cares benefit. Our SHIBA volunteers serve about 4000 people a year. • MacCaul: When we were looking into long-term care options for my mom, the facility had a document that they wanted her doctor to fill out. During the WA Cares application process, do you have to get a letter or something from your primary care physician? Could there be a scenario where they wouldn't have to have an in-person assessment based on what the primary care physician provided? o Meewes Sanchez: We're not requiring any medical documentation. The assessment is an independent assessment done by DSHS or a AAA. There may be times when we have to confirm with the doctor where we need more clarification around the 90-day certification of need. We're training our assessors to do all of those assessments independently. As for not doing in-person assessments, if someone is in a residential setting and has a care plan, we will do a virtual assessment so we can get more information on the facility and don't necessarily have to go visit in-person. • Gonzalez: I want to echo what Senator Conway and Ruth said regarding when the legislation was approved. There are a lot of people that could benefit from this, but they never get the information because they didn't have the ability or access to various types of media. I just wanted to stress the importance of outreach and education so that all people can benefit from this. Any and every support that we can get for this is very important. o Veghte: We are about to do an Request for Proposals (RFP) to contract with community-based organizations to do precisely what you're talking about to help people apply throughout the state. If there are any organizations you would like to have participating in this effort, let us know and we'll share the RFP with them when it's ready and that goes for anyone listening today. We want to reach as many people as possible so if you have any suggestions, you can reach out to Andrea or I and we'd be happy to talk it through. • Stensager: Ruth's comment got me thinking; when this program is rolling out and there's a lot churning, I wonder if there's some merit in a weekly, single page update with highlights of what's going well and what's challenging, just so we feel on top of it when people ask us about it. o Veghte: That's a great suggestion. We would love to have that support and partnership from the Commission both to just help us improve what we're doing, but also to help to give you the information you need to answer questions that other Washingtonians are having. Maybe in the December meeting or the May meeting we can talk through in more detail about our launch plans and what our reporting plans might look like. **ACTION ITEM** • Egger: When people apply for Medicaid, will they get a prompt or a call asking if they've considered applying for WA Cares first? o Meewes Sanchez: I know we're coordinating with Home and Community services and other DSHS divisions, but as for how the process works, I need to get some more information for you. **ACTION ITEM** • Conway: When do we address the portability issue? Some of the near retirees who are probably eligible might be out of state and we could see some disability benefit requests on the three-year eligibility coming through. This portability issue is complicated because we have to list providers that are outside our state, and I don't know how we do that.

	○ Meewes Sanchez: People can opt into portability in 2026, and benefits will become eligible in 2030. We are going to start working on this next year, thinking about what that national network is going to look like and a timeline that's more specific about when we're going to do each activity. ○ Veghte: There are vendors who administer applications and claims adjudication for private insurance companies throughout the country. They operate nationwide and contract with a number of private long-term care insurance companies. We've already started looking into this and we know it's possible. We would probably partner with vendors on this, but we're going to get more concrete on that planning later in this fiscal year, so early in next calendar year, and adding some team members to work on that, and ultimately doing a request for information and then ultimately a request for proposals to prepare for that 2030 implementation date. It wouldn't have been practicable to have benefits available in 49 other states next summer on top of doing the in-state implementation. We tried not to bite off more than we could chew.
Rulemaking Update	**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 **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) **OIC Rulemaking** • 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

	Open for Discussion • Veghte: We're not taking it for granted that this market will magically appear. The statutory framework is there thanks to the legislature and the Commission and we're socializing the idea. We've been collaborating with the Office of the Insurance Commissioner (OIC) to get the word out around the country to the insurance and brokerage communities, and to the regulatory bodies at the national level. We can't guarantee whether any insurer will decide to enter this market, but we're doing everything we can to give them information, and we've heard positive feedback so far. Also, this market is a middle market where most people buying into these policies won't have financial advisers, so SHIBA is going to be very important, as are the consumer protections and disclosures that have been built in. • Conway: Who is the first payer in this plan? o Veghte: We had a workgroup that included 5 representatives from private insurance companies, as well as consumer protection advocates from AARP, and what they recommended is that this be sequential to avoid really complicated coordination of benefits. The way it works is, people use their WA Cares benefits first and once they are exhausted they transition to their supplemental private policies. That's the way it's designed in statute. o Langford: I'll just add that as part of the suitability framework, one of the questions that producers are going to be required to ask is if someone is eligible for WA Cares currently or likely to be in the future. We're not going to see folks being sold policies that they won't be able to use. • Conway: Will they use the WA Cares money in evaluating the total cost of their plans? And how will they measure that? o Veghte: I've had a lot of meetings with actuaries from private insurance companies who are thinking about this business decision right now. They're taking into account what you're highlighting. It's a very important issue for them. "Is this profitable for us? How do we price our products?" What impact will it have on the private insurance company that somebody will have exhausted $36,500 worth of benefits before they start using their private policy? This is all new for the insurance community. Typically, private insurance policies have a 90-day elimination period, which is when people have to pay out of pocket before they can use their private insurance policy. For this, it's $36,500, which is close to a year of home care. It's a new calculation for them that they're trying to get their heads around. Carriers are still trying to figure out how to price that. From what I've heard, they expect it to be more affordable than stand-alone policies today. • Conway: I would presume there would be some requirement for them to maintain the policy over a period of time. In other words, they just couldn't access $36,500, then say "we can't offer the policy anymore." If it's a way of getting $36,500 on a long-term care policy with no commitment to maintaining the policy for a period of time, I guess that's a question for you WA Cares and the Insurance Commissioner. o Langford: As long as the consumer continues to pay their premiums, the policy can't be sort of unilaterally cancelled. They're what's called "guaranteed renewable." o Veghte: One of the things that we're going to work on a couple years from now is the synergies between WA Cares and the supplemental market. Maybe there are possibilities for early intervention by the private supplemental company for people who are going on claim on WA Cares. • Egger: Is there any way people who are retired and are not on WA Cares can access this supplemental long-term care insurance. o Langford: That's something that we thought through as we were writing the rules, and our interpretation is that the way the statute defines supplemental long-term care insurance, that that wouldn't be allowed.

	○ Veghte: Yeah, $36,500 deductible doesn't really make sense for somebody who doesn't have WA Cares as they'd have to pay a lot out of pocket before the policy would kick in.
Risk Management Framework	**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
CDWA Family Caregiver Employment	**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 **Open for Discussion** • King: When you hire a family member as a caregiver, are they required to join a union in order to get paid?

	o Bledsoe: I believe they can opt out and request to have that money go to a different direction, but yes, they will still be paying some form of union dues. • Egger: When you say it can take 18-19 days to hire someone through your agency, if a person is coming out of the hospital and they know they're going to have a caregiver, will they be reimbursed from the first day they start working if they haven't been onboarded yet? o Bledsoe: The 18 days is an average. You can't start working until you've completed the process before you can submit a timesheet. o Egger: A person who starts caring for their mother because she just came out of the hospital will be doing it for free, or will the mother have to pay them privately? o Bledsoe: That's possible, but frequently people are able to start working on the day they apply. They can also apply before. If you think that home care situation is coming up, you can apply in advance. Some people may take longer to do the training, or may run into a background check issue, and in those cases, it may take longer, but we try to get people hired as quickly as possible • Egger: Can a person apply for funds when they're in the hospital, knowing they're going to need it when they get discharged? o Meewes Sanchez: Yes, they can submit an application whenever they want. And then we have 45 days to complete an assessment. In some cases, we do need that time to get out there and see them, but we'll be working as quickly as possible to get out to see people. o Egger: Then they have to wait to get that letter that says they're approved before they can hire the worker? o Meewes Sanchez: The caregiver could work with CDWA at the same time; doing the background check, getting their ducks in a row. We have to give them a response within 45 days, so that's the longest they would wait. o Bledsoe: We have a process for folks who don't yet have a client. In that case, even if we haven't received information about the client, someone could be applying through that process. o Rector: I'm sure we'll have an escalation prioritization process like we do in Medicaid, in terms of someone who needs urgent care because of a hospitalization, versus someone who's in the community. You have to be eligible, and the worker also has to be eligible. And there is a way for folks who know they're going to have a family member caring for them to begin that hiring process concurrently with the program eligibility process the beneficiary has to go through. That will speed up the process of getting a qualified provider at the end. Just to manage expectations, I don't believe we're going to be able to back date eligibility, which is also the case in Medicaid. • MacCaul: Let's say you're in the hospital and you want to hire a family caregiver. Can you walk me through that process? o Rector: They need five hours of safety training and orientation, under the state law that applies to workers regardless of fund source. Then they can start working and any additional hours - family members would have another 30 hours – can be done online and it can be done within the first 120 days of employment while they're working. • MacCaul: I also want to confirm that we are still taking out healthcare costs and retirement that the person might never need or use because they're going to be a family care provider for such a short time. Correct? o Rector: Neither of those are in that under-20-hours rate. • King: You're telling me if they work more than 20 hours they do have to pay for insurance and retirement even if they don't need it?

	○ Meewes Sanchez: Yes, over 20 hours they are offered insurance, so we had to price it in that way. • King: I heard Ben say they work in 13 other states. In all those others states, do they require all of their workers to unionize? ○ Bledsoe: No, because each of those companies are separate companies. In several states we are not unionized, many states we are. In the states where we are only FEA, it makes it very challenging to organize that group. ○ King: Why are you unionized in Washington state? ○ Bledsoe: We inherited the bargaining unit here and since then we've worked with the union to keep the program moving forward. • MacCaul: I think we need a third column on this chart that shows the 20+ hour family worker and how much they are being charged, and their benefit is being used, for benefits they will never use. That needs to be in here as part of full transparency. ○ Rector: When we were establishing that lower rate, we were careful to only add benefits that would be used or could be used, like mileage or paid time off. If they don't use the paid time off, they get in in their check when they end employment. We wanted to be as careful and conscientious as possible with the employer to reflect those benefits that either the beneficiary would be asking the worker to provide, or the worker ultimately benefit from. ○ MacCaul: Is that a yes or a no to the third column that shows the benefits being paid out? ○ Rector: I think we can provide some details. I just want you to know that when we were doing this, we were very conscientious around the idea that if a beneficiary wants their family member to drive them, then we need to reimburse them for mileage and that needs to be in the rate. There is a paid time-off benefit in the CBA that these family members would participate in; if they don't take paid time off during the time they're working with their loved one, they would get that money for those accrued hours in their last check. That was the process that we went through. ○ Meewes Sanchez: Those folks who are over 20 hours can opt into the benefits if they want to use the health insurance. We can get more details, but it's not like they're excluded; they can definitely use those benefits as well. • Conway: If you're going to use the money that you have in WA Cares and you decide to have a paid person, these are the rules you live by. In other words, nothing says that if they're going to be using their WA Cares dollars, they can use a person from their family to help them and don't have to pay them, right? These are the rules that come into play when they go to utilize their WA Cares money, correct? ○ Meewes Sanchez: Yes, that's right. They can charge their WA Cares benefit these per-hour rates. ○ Conway: Basically, if they use under 20 hours, then they don't have to pay for benefits. If they want to, they can pay more than 20 hours, then these rules go into play. If they're going to pay their family members, that's when these rules go into play. I guess what I'm saying is this is just using your access to your WA Cares benefit. We also know that if we're in a nursing home, the costs are far below what we're going to be using. To me, that's what's in play here. The person who uses their $36,500, and decide to pay for a family member, have a decision to use their 20 hours or want to pay 60 hours. They basically have a choice themselves. When they use these dollars, they do run into these requirements, correct? ○ Meewes Sanchez: Yes, that's correct. • Egger: If a person uses a home care agency, they're going to be charged a maximum of $48/hour. Of that 48, is there a minimum that the agency has to pay the worker?

	o Meewes Sanchez: We don't have a set starting wage for home care agencies, other than what the minimum wage would be, but 80% of that hourly rate needs to go towards the wages and compensation for the worker. It could be benefits plus wage. We're assuming that would increase the wage for most folks. • Veghte: I just want to remind people that DSHS is going to be collecting data on utilization of family caregiving in the fall and winter for these very reasons. It's a complicated issue and no one can predict how people are going to utilize family caregiving and how it's going to fit into their overall utilization of benefits. We're going to be tracking this and reporting out to the Commission next year. • King: What's so great about 20 hours? Why is it that you can only work 20 hours and then not have to pay for the insurance and whatever else it pays for? Why can't you do that if you want to work 40 hours? If you're using a family member, it's probably more than 5 days a week. Even at 5 days a week, that's only four hours a day. But my biggest objection is that if you have a husband or wife trying to take care of their spouse, they have to join a union to get paid. That's the part that bothers me. To take care of your loved one, you have to pay the union so you can get paid. That's where the inequity is here. That's the point we want to make, and I think that's part of an option that we classified as a 3rd option that I hope will get some recognition and allow these people to take care of their loved ones without having to pay another entity they don't want and don't need. o Veghte: Point taken. Just one clarification: My understanding is that these people don't necessarily have to the join the union. They would either have to pay union dues or pay a contribution to a non-profit if they have a sincerely-held religious objection. o Meewes Sanchez: The option to not join the union would be if they would go work for a home care agency that's not unionized. o King: I would comment that they still have to pay. To still retain that minimal amount of money to help them take care of their loved one, they still have to pay somebody else, be it a union or a non-profit or whatever. Are we trying to let these people get the care they need, or what are we trying to do here? I think we've complicated this issue far beyond what it needs to be. • Foutch: I want to speak to the importance of having the ability to associate and form a union in the state. 23 years ago, before there was a union of home care workers, caregivers made just over $7.00 per hour and had no access to any sort of benefit, no access to retirement. That has changed in the state of Washington largely because caregivers have come together and said, "we deserve better." These benefits have created incredible career pathways. They have allowed people to care for family members, as well as neighbors and strangers, in a way that is incredibly powerful and important because people are getting care in their homes and communities in a big way. I just want to provide a counter voice to Senator King, and just say that because of a unionized workforce, Washington state leads the way in how caregivers and care how care is delivered in a really important way. • Macri: I appreciate this dialogue. And I know we have divergent perspectives on this issue. I just want to acknowledge the staff who have done a lot of work on this structure with CDWA, which to me looks really great and very fair. To also work on this as a model that we'll study to see if it's working for all the families who are going to benefit from the WA Cares program. You all know my position on this. I agree with Maddie. I've said many times on the record that we can be the leaders in establishing a social insurance program for long term care because we have the strongest home care program in the United States. We have one of the strongest long-term care programs. Many states do not have a cadre of well-trained home care workers. I think this is a balanced approach, and I know it took a lot of work to get here, so I just want to express my appreciation. I know that not all my colleagues agree with my perspective on it, and I think studying it and seeing what kind of impact it has on families is going give us all a lot of information on the next step.

	• King: All I'm saying is a family member ought to have an option of whether they want to join a union or not. That's all I'm saying. Others who are not family members, you can make them join the union, they can do whatever you want. To me, a loved one taking care of a family member should not have to join a union to get benefits or get paid. That's all I'll say, and I'll be quiet now. • MacCaul: I don't in any way want to underrepresent or under recognize the incredible workforce that we have in this state and the incredible long-term care system that many of the people on this screen right now have developed and created. We have an opportunity to create something new. The existing model is not going to work for family caregivers. They are going to feel deceived. This is not a balanced approach. We need to recognize the unique relationship of families and not force them into an option they are not going to appreciate. • Cepoi: I would like to reiterate what Cathy said. W4A also strongly supports creating that 3rd option, in particular for those family members including the spouses and the folks that are actually living in the homes, of being able to find that other 3rd option, whether it's through another payment model or something else, we continue to support. • Veghte: We will continue to have this discussion in the future. What we don't have right now is data. We're going to have data in the winter based on people's utilization patterns, so by the first Commission next spring, we'll have more data to help guide the conversation.
Report out from Foundational Principles & Bylaws Workgroup	**<u>Proposed Foundational Principles</u>** 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 **<u>Proposed Recommendations to the Bylaws</u>** 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 **<u>Proposed recommendations</u>** 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." **<u>Open for Discussion</u>** • Linke: I just wanted to say I certainly support the direction and whether or not the RCW has ever changed, HCA will continue to be a strong partner in this work. We are certainly one of the three pillars of implementation as we are using the core infrastructure at the healthcare authority for paying providers and providing customer support to providers. And so we will continue to do that whether or not the RCW you as ever updated.
Report out from SJR 8201 Contingency Planning Workgroup	**<u>Workgroup Recommendation</u>** • 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. **<u>Open for Discussion</u>** • Conway: Part of our need is to have a reserve so that we can counter any adverse lowering and if we get into adverse problems, we have a reserve. In essence, even if we do see some revenue improvements at least we also carry with us an objective to build the reserve, so we don't have to rely on the legislature for money. It seems to me that's one of the major outcomes that came from that workgroup. ○ Veghte: Essentially, there's a lot of uncertainty here. We don't know how much of an improvement to the finances the ballot initiative would bring. We have long-term projections, but over the short term you never know. We don't know what our benefit expenditure is going to be. It could be much higher than we think, much lower than we think, or we could get it exactly right in terms of Milliman's projections. In the Risk Management Framework, the Commission voted on a couple of years ago, the goal is in the latter phases here to define an appropriate margin and then build up that margin as a cushion against adverse experience. It doesn't make any sense to take any action to spend money that we may need. Let's just wait and see for a few years until we know how we're doing around 2030 or beyond and then take another look at things. • Tharinger: Are the funds that are coming in now being invested by the State Investment Board? ○ Veghte: Yes ○ Tharinger: Secondly, has the Commission taken a position on initiative 8201? ○ Macri: The Commission has previously made recommendations to forward the ballot measure, which the legislature took action on this past session. • King: If we're going to collect this money, it only makes sense that we're able to invest it to the best of its ability. I'm hoping that the initiative passes and will be supporting it. I believe I've already signed a letter to that effect. We ought to get behind it and do the best we can with it.

Public Comment	• No public comment was provided.
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 **Open for Discussion:** o MacCaul: Is there anything that will be reportable relating to the pilot, any kind of update, or do we need to wait until 2026? Rector: I think the only update might be where we are in provider enrollment, but even that is probably early. • Veghte: At the December Commission meeting we'll have a little more time, so perhaps we can give an overview of the pilot. It doesn't start until January and we're working intensively with the AAAs in the meantime. **ACTION ITEM** • MacCaul: I was also wondering about some of the questions we had earlier when we were talking about the application and the process. I don't know if there were other questions in there. o Veghte: Yes, I did record those action items. • MacCaul: One more question related to what you're hearing from other states related to similar kinds of social insurance models. • Rector: We can add that to the agenda; any update we have from conversations with other states. **ACTION ITEM** • Conway: I want to make sure the December meeting has a financial report. We're beginning to see the reporting of hours and dollars to the fund, and I don't think to have a report in October makes sense, but I hope we'll have one in December. It would be good to do this prior to the session opening up, in case anything comes up. o Veghte: We'll also be doing that at the November Investment Strategy Subcommittee meeting, but we can do it in December as well. **ACTION ITEM**
Wrap-up • Action Item Review • Adjourn	• Action items are captured in the table below. • Meeting adjourned at 3:56 pm

#	Action Items	Lead	Due Date
1	Report back on cost and staffing of the WA Cares 1-800 number, including how we will meet language needs.	DSHS	12/10/2025
2	Report back on estimates of how many assessments we anticipate doing in the first year and how we will be staffing for that.	DSHS	12/10/2025
3	Send Commissioners and all members of the legislature the link to the WA Cares website and the digital PDF booklet that was reviewed today explaining how the program works.	DSHS	10/29/2025

#	Action Items	Lead	Due Date
4	Provide information on our community network partners	DSHS	12/10/2025
5	Provide information on how we can use SHIBA to help people apply for benefits.	DSHS	12/10/2025
6	Share our plans for reporting out to the Commission after we go live in July.	DSHS	04/29/2026
7	Provide information on the process of how people applying for Medicaid will be prompted to consider applying for WA Cares.	DSHS	04/29/2026
8	Provide pilot overview and updates	DSHS	12/10/2025
9	Report out on what is being heard about similar programs being enacted in other states.	DSHS	12/10/2025
10	Provide a finance update at the December Commission meeting.	DSHS	12/10/2025

Name	Public Comment