

WA Cares for providers



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Get slides and recording at wacaresfund.wa.gov/webinars

The way we pay for long-term care isn't working

We all face consequences of high long-term care costs, especially as our population ages.

Most of us can't afford long-term care.



70%
of us will need care.



\$23,400
Cost of 20 hrs of
home care/week for
6 months



\$69,000
Median annual
household income for
WA seniors

Family caregiving isn't free.



Almost half report a
related financial
setback



\$303,880
lost in wages &
benefits by leaving
workforce early



26%
of caregivers' own
income spent

Businesses & economy are impacted



61%
of working
caregivers report
job impacts



**1.5 times
their salary**
Cost of replacing
a worker who quits

Program timeline

2014

Research on policy options for long-term care

2019

WA Cares (LTSS Trust Act) enacted

2022

Pro-rated benefits for transition (pre-1968) generation enacted

2023

July 1 – Workers began contributing

2024

Out-of-state coverage opt-in created

2025

Supplemental insurance market created

2026

July 1 – Benefits become available

How it works

Automatically contribute

Contribute **0.58% of your paycheck** during your working years



Qualify for benefits

Apply to access benefits if you've met contribution and care needs requirements. **Benefits become available in July 2026.**

Use your benefits

Choose how to use your **\$36,500 lifetime benefit amount** (grows with inflation) on covered services



Contribution requirement

Meet requirements for one of three pathways to qualify

FULL BENEFIT AMOUNT

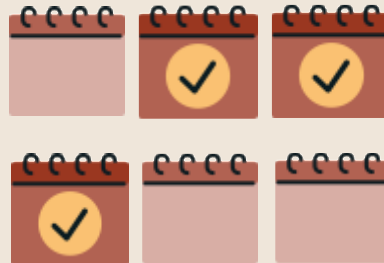
Permanent

Permanent access if contributed for **10+ years** at any point in career



Temporary

Temporary access if contributed at least **3 of last 6 years** at time you apply for benefits



PRO-RATED AMOUNT

Transition

if born before 1968

Permanent access to **10% of full benefit amount for each year** contributed



For example: 2 years earns 20% of full benefit amount

Affordable contributions across your career

\$40,000 annual salary	
Per month	\$19
Over 30 years	\$6,960

TYPICAL WA WORKER	
\$59,000 annual salary*	
Per month	\$29
Over 30 years	\$10,260

\$80,000 annual salary	
Per month	\$39
Over 30 years	\$13,920

To earn benefits that start at **\$36,500** and grow over time

**Washington State Employment Security Department data*

Care needs requirement

- Need help with **3+ activities of daily living**
- Will continue to need help for **at least 90 days**



Bathing



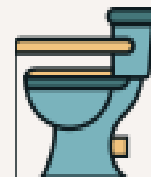
Transferring



Mobility



Medication
management



Toileting



Bed mobility



Eating

Applying for benefits

- Create an online account at wacaresfund.wa.gov/apply
- Submit your application
- We confirm you've met the contribution requirement
- Schedule an appointment to talk about your care needs
- We let you know if you're approved to use benefits

Need support?



Someone else can manage your account



Your local Area Agency on Aging can help

Use your benefits for any covered services

Up to **\$36,500** in services and supports from WA Cares providers

To help you stay at home

In-home care (individual provider or home care agency)

Home safety evaluations

Home modifications

Home-delivered meals

Transportation

Adaptive equipment and technology

Personal emergency response systems

Housework and yardwork

To support your family caregiver

Paid care from a loved one

Respite care in your home or a facility

Education and consultation

Dementia and behavioral supports

Care transition coordination

In your community

Adult family home

Adult day services

In a facility

Assisted living

Nursing home

Memory care services

Taking benefits out of state

- **July:** Can continue participating after leaving the state if you:
 - Have contributed for at least 3 years (500+ hours per year)
 - Opt in within 1 year of leaving
- Keep contributing during your working years
- **July 2030:** Benefits available for out of state participants



“If my family had WA Cares, **I would’ve had a different reality.** WA Cares and your ability to take it to another state is huge.”

– Kendall, family caregiver in Seattle

Becoming a WA Cares provider

STEP 1

Apply & meet minimum qualifications

STEP 2

Contract with **DSHS** or **AAA**

STEP 3

DSHS issues your registration

Depending on service and location, **DSHS** or an **Area Agency on Aging** may be responsible for:

- Processing applications
- Managing contracts
- Monitoring providers

DSHS has sole responsibility for registration and termination of registration.

Covered services

DSHS holds all contracts for providers who serve the entire state.

DSHS-contracted

- Adaptive equipment & technology
- Adult family home
- Assisted living facility
- Care transition coordination
- In-home personal care and respite care with Consumer Direct Care Network Washington (CDWA)
- Memory care (in assisted living facility)
- Nursing home
- Professional services, specifically nurse delegation & private duty nursing
- Respite care in adult family home, assisted living facility, or nursing home

Covered services

DSHS holds all contracts for providers who serve the entire state.

AAA-contracted

- Adult day services:
 - Adult day care (including respite care)
 - Adult day health
- Dementia and behavioral support (community-based)
- Education and consultation
- Environmental modifications
- Home-delivered meals
- Home safety evaluation
- In-home personal care and respite care with home care agencies
- Personal emergency response system (PERS)
- Professional services, specifically skilled nursing
- Services that assist paid and unpaid caregivers, specifically:
 - Housework and errands
 - Yard work and snow removal
- Transportation

Provider toolkit

Application details

- Service definition
- Minimum qualifications
- Documentation you'll need to submit in your application

Sample contracts

Insurance Requirements

FAQ

AAA Contact Information

wacaresfund.wa.gov/providers/toolkit



PROVIDER TOOLKIT

Select a service: [Adaptive equipment and technology](#) [Adult day services](#) [Adult family home](#) [Assisted living services](#) [Care transition coordination](#) [Dementia and behavioral supports](#) [Education and consultation](#) [Environmental modifications](#) [Home care agency](#) [Home safety evaluation](#) [Home-delivered meals](#) [Housework and errands](#) [Nursing home services](#) [Personal emergency response system](#) [Professional nursing services](#) [Transportation](#) [Yardwork and snow removal](#) [Download all documents](#)

RESOURCES FOR YOUR APPLICATION

- [Application details](#) [Show section](#) ▼
- [Sample contract](#) [Show section](#) ▼
- [Insurance requirements](#) [Show section](#) ▼
- [Frequently asked questions](#) [Show section](#) ▼
- [Area Agencies on Aging](#) [Show section](#) ▼

Provider toolkit continued

Billing Guide & Provider One Essentials Manual

Self-paced e-learning modules (to assist providers applying and navigating WA Cares)

For each service:

- Maximum Rates
- Service Code Data Sheets



wacaresfund.wa.gov/providers/toolkit

RESOURCES FOR BILLING

Maximum rates

Hide section ^


Search and filter the codes, modifiers, limits and maximum rates for covered services.

 Download

Billing guide

Hide section ^

A step-by-step guide with pictures explaining how to use ProviderOne to create, modify, and submit pre-authorizations and claims for payment. Other topics include system administrators, updating contact information and requesting technical assistance.


 Download


Service code data sheet


Hide section ^


A guide to the service codes, units, payment type, maximum length of service and maximum number of units.


 Adaptive equipment and technology


 Adult day services


 Adult family home

 Assisted living services


 Care transition coordination


 Dementia and behavioral supports


 Education and consultation


 Environmental modifications


TRAINING

Provider network application 

Notification of provider information 

Discontinuing Registration 

Decisions and provider appeal 

Billing guide, standards and ProviderOne 

Application process

- Apply through online form – no paper application
- Routed to appropriate agency to process
- Be ready to respond quickly to requests for more info from DSHS or AAA
 - Must comply within 30 calendar days or application may be denied
- Can withdraw at any time
- Contact info available to request assistance



Applications are open.

wacaresfund.wa.gov/providers

If application is denied

- Administrative hearing rights to appeal
- Information on requesting an appeal are provided in the denial notice sent to the provider
- May be able to reapply depending on reason for denial

Permanent disqualifiers include:

- Failed background checks with barred offenses or substantiated findings
- Contracts terminated for cause or default with DSHS

Contracting and registration

Contracting

- Next step after application approved
- Will receive new client service contract for signature
- Contract length is either two or four years depending on service
 - Services with standard 4-year contract – can sign 2-year instead
 - Can't extend if standard is 2 years



Registration

- Officially a registered provider once contract is complete and you receive your registration number
- Must have valid contract to be registered
- Removed if contract terminated/ends
- Automatically added to WA Cares Provider Directory

Requirements for registration

You must:

- Comply with all service-specific statutes and rules (federal, state, local)
- Comply with background check requirements
- Meet minimum qualifications (must hold all current licenses, credentials, certifications, trainings, and other requirements for your service type)
- Meet insurance requirements (aligned with Medicaid)
- Not have a contract terminated with DSHS for cause or default

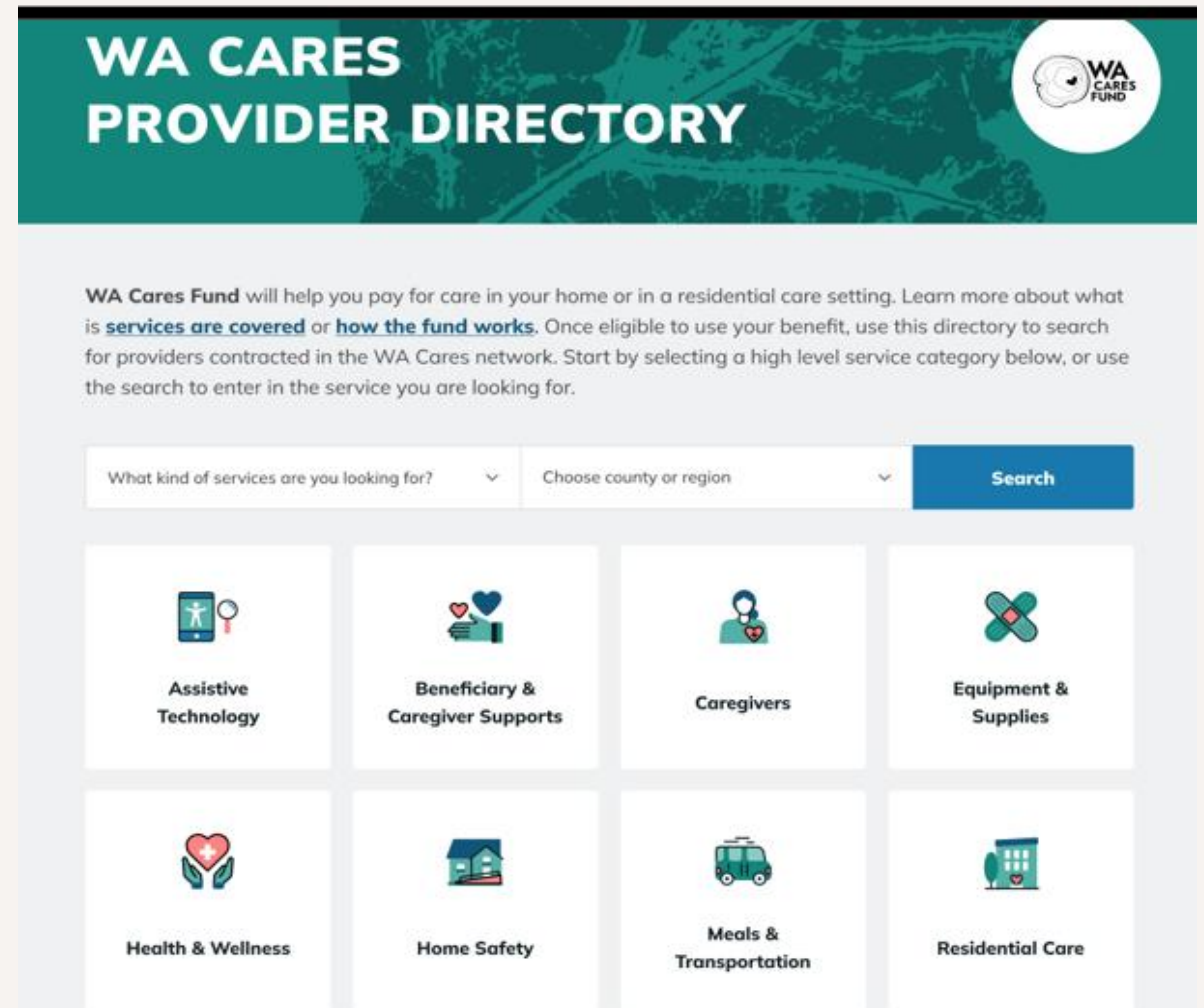


WA Cares Provider Directory

- No case managers—beneficiaries find and contact providers
- Online WA Cares Provider Directory available Jan. 2026
 - wacalc.org/wacares

Your listing includes:

- Your name
- Service(s) you provide
- Your contact information
- Additional languages you offer



The screenshot shows the WA Cares Provider Directory website. At the top, there is a teal banner with the text "WA CARES PROVIDER DIRECTORY" and the WA Cares Fund logo. Below the banner, there is a paragraph of text explaining the directory's purpose: "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." Below this text is a search bar with two dropdown menus: "What kind of services are you looking for?" and "Choose county or region", followed by a blue "Search" button. Below the search bar is a grid of eight service categories, each with an icon and a label: "Assistive Technology" (person with magnifying glass), "Beneficiary & Caregiver Supports" (hand holding heart), "Caregivers" (person with heart), "Equipment & Supplies" (bandage), "Health & Wellness" (heart with hands), "Home Safety" (house), "Meals & Transportation" (bus), and "Residential Care" (building).

Rates

Beneficiaries and providers agree to terms and rate



WA Cares pays within your usual, customary and reasonable rate range up to maximum rate for that service



DSHS will maintain a rate sheet which is available online in the Provider Toolkit



ProviderOne

Use for pre-authorizations
and claims for payment

Enrolled automatically
if you don't have an
account

WA Cares menu
automatically added
if you have an
account

Pre-authorizations

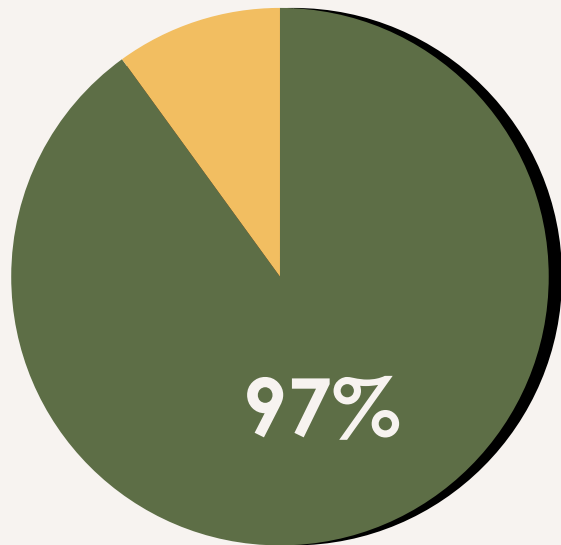
Cannot begin providing/ billing until approved

- You must discuss rates and services with beneficiary before drafting pre-authorization
- You create a pre-authorization in ProviderOne
- Beneficiary receives notifications in their WA Cares account
 - Up to 30 days to take action on a pre-authorization
 - Must be approved by the start date
 - Must resubmit if no action taken

Pre-authorizations

- Good for up to 90 days, except for:
 - **Care transition coordination:**
up to 60 days
 - **Environmental modifications:**
up to 6 months
- To continue services after, submit new pre-authorization

Claims for payment



97% submitted
within 60 days
of service

- **Submit in ProviderOne** for processing
- Must submit claim with no errors by **60 calendar days from end date** of pre-authorization
- **Claims submitted after this deadline will be denied** and funds will return to beneficiary's balance

Provider rulemaking activities

- (Project 5) Revisions to chapter 388-116 WAC
 - Adding additional allowable purchases for adaptive equipment and technology
 - Adjusting minimum qualifications for professional nursing services – private duty nursing and transportation
 - Reducing background check requirements for providers
- (Project 6) New WACs under chapter 388-116 WAC
 - Transportation mileage reimbursements
 - Purchases of adaptive equipment and technology by a financial management services vendor

Status and rules:

- wacaresfund.wa.org/rulemaking
- Sign up for our newsletter (select rulemaking)
- See chapter [388-116 WAC](#)

Pilot

Timeline and location

- **Jan. 6, 2026**
- Only in Lewis, Mason, Thurston, Spokane counties
- If you choose to be a statewide provider, you can participate in the pilot areas

Pilot providers

- **Oct. 1, 2025:**
Prioritized for processing when application opens
- **Jan. 6, 2026:**
Can begin providing services

Other providers

- Start services in **July 2026**

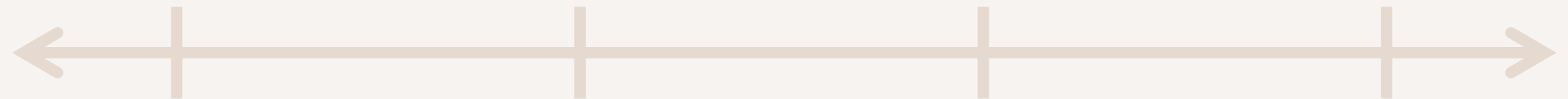
Milestones

**Oct. 1,
2025**

**Jan. 6,
2026**

**May 18,
2026**

**July 1,
2026**



**Applications
open**
for all providers

Pilot begins
in Lewis, Mason,
Spokane, Thurston
counties

**Applications
open**
statewide

**Registered
providers**
can begin services



Questions & answers



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We value your feedback! Share your thoughts about today's presentation by completing a short survey.

Thank you!



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