June LTSS Trust Commission Meeting Minutes							
Meeting Date	06/24/2026			Time		1:00 – 4:00 pm	
TVW Link	https://tvw.org/watch/?eventID=2026041089						
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
☒	Assistant Secretary Bea Rector, Department of Social and Health Services (Chair)	☒	Cami Feek, Employment Security Department	☒	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							
☒	Porsche Everson, Facilitator	☐	Ben Veghte, Department of Social and Health Services	☐	Andrea Meewes Sanchez, Department of Social and Health Services	☒	Alena Tourtellotte, Department of Social and Health Services
☒	April Amundson, Employment Security Department	☒	Jennifer Ferguson, Department of Social and Health Services	☒	Arielle Finney, Department of Social and Health Services	☐	

Topic	Minutes
Welcome and Call to Order	• Commission members in attendance indicated above. • Assistant Secretary Rector reviewed the meeting goals.
Approve Consent Agenda	• No objections were made; items were adopted.
WA Cares Fund Program Refresh	**Families need a better way to pay for care** • WA Cares moves cost to years when your income is higher

	• Public insurance model covering all workers keeps contribution rate low 1. Contribute at a low rate during working years 2. Contributions end after retirement 3. Access benefits when you need care **How it works** • Automatically contribute o Contribute 0.58% of your paycheck during your working years • Qualify for benefits o Apply to access benefits if you've met contribution and care needs requirements. Benefits become available in July 2026. • Use your benefits o Choose how to use your $36,500 lifetime benefit amount (grows with inflation) on covered services **Contribution Requirement: One of three pathways to qualify** • Full Benefit Amount o Permanent access if contributed for 10+ years at any point in career o Temporary access if contributed at least 3 of the last 6 years at time you apply for benefits • Pro-rated Amount o Transition if born before 1968: Permanent access to 10% of full benefit amount for each year contributed. **Care needs requirement** • Need help with 3+ activities of daily living • Will continue to need help for at least 90 days • ADLS include: Bathing, Transferring, Mobility, Medication Management, Toileting, Bed Mobility, and Eating **Implementation Timeline** • April 1, 2026 – Annual Statements become available • May 18, 2026 – Applications open for full program launch • July 1, 2026 – Full program benefit payments begin **<u>Open for discussion</u>** • King: Is there a limit on the dollar amount that can be used per month? o Ferguson: No, there's not. • King: Is it still true that DSHS has up to 45 days to process an application? o Ferguson: Within the statute, there is up to 45 days to determine eligibility. • King: If a person uses their benefits before they retire and they move out of state, do they still have to keep paying in? o Ferguson: Only if they choose to opt in. o Rector: No one is required to keep paying in if they move out of state. However, there were changes in the law that do allow people who have paid in for 3 years or more and then move out of state to elect to continue making contributions and then they will be eligible for the benefit based on their vesting. o King: If they've used the benefit and are still working, then move out of state, they are not required to pay? o Rector: That's correct. • Saldaña: Since May 18th, how many folks have applied and how many are considered eligible? o Ferguson: We will be giving a program status update in a later presentation.

	• MacCaul: My understanding is there are not really a lot of Adult Day Services, but are you describing Adult Day Health services? In my mind, Adult Day and Adult Day Health are different, and Adult Day is fairly non-existent. I think it's something we should look at because could the WA Cares benefit be used in congregate settings, like senior centers or YMCAs, to provide Adult Day programming. o Ferguson: Adult Day Services include Adult Day Care and Adult Day Health. o Rector: I agree with that, over time we're going to need look at additional provider development and other ways to provide support to individuals and additional provider types we should be looking at. • Conway: Who is going to be eligible when we start paying benefits on July 1st? Who has met the requirements of paying in for 3 of the last 6 years? We know there are people who are working and have paid in for 10 years who won't be eligible. I hope for the purposes of the Commission, there is a bit more work with our actuaries to determine the pace of eligibility in the program. In other words, we may have thousands of people eligible on July 1, 2026, but how many become eligible on July 1, 2027? I think it's important to know the trend of eligibility under the program. o Rector: The 10-year pathway won't come into play until 2033, so the folks that are coming in now are either coming in through the transition pathway, where they are born before 1968 and can earn 1/10th of the benefit for each year they contribute, or we have people coming in eligible for the full benefit based on working 3 of the past 6 years and have a need. o Conway: They need to have paid in 3 of the last 6 years, so they only started paying a couple of years ago, right? o Rector: We're at 3 years now, so there are people eligible right now. o Amundson: Many employees meet the 500-hour threshold within a quarter or two, and at least half of 2023 that was paid into where they could have met that eligibility requirement, and then at least two quarters in 2026 as well.
Program Update	**<u>Open for discussion</u>** • Conway: Is there a care needs requirement for retired seniors who want to use their dollars to improve their bathrooms? Does age alone qualify you or do you have to have care needs? o Ferguson: Individuals needing assistance with at least 3 activities of daily living (ADLs) for at least 90 days is applicable to anyone 18 and older. o Conway: We've been talking about seniors who've become eligible at age 65, maybe earlier, and it seems to me there ought to be some flexibility. These people are doing exactly what we want them to do, which is to think through the needs of their aging process, so I hope the staff will give some thought to this. A lot of proving you have the physical needs is being driven by the 3 of the last 6 years, which I understand. I think we would be unwise not to allow people who are retiring and recognizing their homes will need some modifications. I think we should give them the opportunity to do so. I just ask that staff look into that. o Rector: The statute has the 3 ADL requirement, so to consider broadening access of the benefit would require a statutory amendment as well actuarial analysis because the premium and solvency are based on each of the factors that tie into eligibility. We can consider doing something in the future. It would require careful thought, but I hear what you're saying about wanting to support individuals looking to age in place and often that means some kind of home modification. • Egger: If someone is qualified on July 1, 2026 and they use up almost all of their benefit over the course of a few months, and then they go back to work and start paying in again, doesn't the fund rise with inflation? Let's say in 7 to 10 years, the fund has risen to $40,000. Would that person be eligible to use that additional money, if they needed it? o Ferguson: They would have to their ADLs reassessed, for the benefit amount that's available to them, inflation adjustments would be made to the remaining balance.

	o Egger: Maybe they need it for a disability now, but then they go back to work and something else happens when they're 65. They'd be able to use the additional money with the inflation? o Ferguson: Yes, the inflation would be applied to the remaining portion of their balance when they stopped using it. • King: Are there going to be assessment specialists who go to an individual's place to assess care needs and confirm that they meet the 3 requirements? o Ferguson: That's correct, we have staff at DSHS who will be assigned an assessment and then a specialist goes to the individual's home to have a conversation with them about their care needs to make sure they meet the care needs assessment requirements. o King: How long will this whole process take on average? o Ferguson: The assessments so far have been one to two hours at most. o King: Are the specialists located in Olympia or are they spread out? o Ferguson: We have assessment specialists across the state, so they understand the community in which they're serving. • Stensager: Are there any gaps in our service delivery system? o Ferguson: We have Alena coming up a little later and she will give more insight into the providers we have, the services that are covered, and some areas where we see some gaps. • MacCaul: If someone has a family caregiver, what kind of documentation are we requiring for them if they are making the decisions for the individuals? What about for Power of Attorney's (POA)? Can the POA be rescinded once the individual is back on their feet? Let's say they've had a major stroke or heart attack and can't make some of these decisions on their own, but they want to use the WA Cares benefit. Let's say they're discharged from the hospital, but when they're back on their feet and want to make use of their benefit, maybe make some home modifications, when can they transition? Is that communicated to both the beneficiary and the family caregiver? o Ferguson: For people who have family support, we have a couple pathways for them to help individuals, either with decision-making, or just general support. For individuals who already have Power of Attorney or Legal Guardianship, they have the ability to share that information with the program. We can support them in getting an account set up, where they can manage the application process for them and help them through eligibility and managing the benefit. We also have an Authorized User pathway for individuals who just need some light support and direction from someone with the technology to walk through the account set up process and taking action on behalf of the individual at their direction. We have a pathway for authorized users who don't make decisions on behalf of the applicant. They are there in a supportive role. Those individuals who have POA or Authorized User can be connected with the program and remove those individuals when they are wanting to manage the benefit on their own, or no longer need that support from a family member. • MacCaul: When is the inflation calculated and what index is it tied to and how often is it reported to the beneficiary? o Ferguson: It is tied to the CPI-W Seattle and it will get calculated and adjusted on January 1st of each year. It will be communicated at that point in the individual's account. • Conway: The care needs assessment is a problem for me. I wonder how it's going to work for people who are out of state, or people in remote rural areas. I hope staff are figuring out a way in which we don't allow the assessment to get in the way of receiving the benefit that people have paid into. People have paid into it through their paychecks, and now we're saying, before you can get your benefit you're going to have to prove these factors, and that strikes me as a problem.

	○ Rector: We do need to determine whether people meet the statutory eligibility requirements, and we want to make that barrier as low as possible. We prefer to do the assessment in person, but we do have the ability to do it telephonically, if necessary. We also have some contracted resources available if we get such demand. Rather than bring in state FTE, they would be contracted resources who would only get paid if they're needed. We're at the very beginning of the portability issue. We'll need to have those services ready by 2030 and we're already meeting with national entities that do assessments to try to learn what the options might be in every state. • King: I've been struggling with why we have this 3 of the last 6 years if we've already got a requirement of working for 10 years. If I'm 40, and I have an accident and I've worked 3 of the last 6 years, would I be able to use the whole benefit if necessary? ○ Ferguson: Yes, if at the time of application, if you have contributed at least 3 of the last 6 years, you have access to the full benefit, as long as you meet the care needs requirements. ○ King: Why do we need 10 years then? That's where we started, but now it seems like the 3 of the last 6 will override everything else and that concerns me. ○ Rector: The issue is, the 3 of 6 pathway is a way for people who become disabled and have worked in 3 of the last 6 years prior to application. The 10-year pathway is needed because many people will work 10+ years, retire, and may not access their benefit for another 10, 20, or 30 years after retirement. The 3 of 6 pathway would not capture that group because they would have retired long before the 3 of the last 6 years pathway kicked in. The partial "born before 1968" was done after the original law passed, as an improvement to the law, to make sure those near-retirees who were paying in but aren't going to work for another 10 years would have access to some portion of the benefit when they need it. • Conway: Remember the 500 hours. You can reach the 500-hour requirement in 2.5 or 2.25 years. That allows some people to access the benefit in even less than the 3 of the last 6 years. ○ Rector: It's not a full-time worker, it's 500 hours in at least 3 of the last 6 years. Some of the workgroups have focused on that particular pathway and whether it should exist or not. However, the statute right now has all 3 pathways. ○ Amundson: It's also important to remember that the 3 of the last 6 pathway can expire; if you stopped being in the workforce beyond 6 years ago, you won't be eligible for the benefit.
Rulemaking Update	**DSHS Rulemaking** DSHS is conducting two rulemaking projects: • Revisions to chapter 388-116 WAC related to approved services and provider registration ○ Adds mobility devices to adaptive equipment and technology ○ Allows for-hire transportation providers ○ Simplifies background check requirements • Services provided by financial management services (FMS) vendors ○ Transportation mileage reimbursement for family and friends of eligible beneficiaries ○ Purchases of adaptive equipment and technology **ESD Rulemaking** Timelines • Three phases ○ Phase 1: Pilot project, qualified individuals, exemptions, CBA (effective January 1, 2026) ○ Phase 2: Portable coverage and reporting requirements (effective July 1, 2026)

	o Phase 3: Penalties and interest (effective by January 1, 2027) **<u>Open for discussion</u>** • Conway: I want to applaud making this easier for employers, bringing together PFML and WA Cares in terms of reporting, even though the hours-worked requirement is 500 hours for WA Cares and 1000 hours for PFML. • Foutch: What is ESD doing to prepare employers for the program, so their employees know it's available? o April: Our cross-agency communications team is working on planned messaging for employers. We've also had email blasts through ESD's normal employer lists.
Program Launch	**<u>Open for discussion</u>** • Stensager: Do you have any ideas why Adult Family Home (AFH) numbers are so low? o Tourtellotte: I think this provider type has one of the lower coverages in the state, similar to Adult Day Services. I will have to check with our provider network teams to see if there are any other trends indicating why these provider types aren't contracting with us. I'm happy to follow up. **ACTION ITEM** o Rector: I think there's enough capacity for AFHs. We've seen a 40% growth in the numbers in just 4 years. I think part of the issue is they're not sure of the volume of clients, so do they want to bother going through the steps of contracting with us if there aren't enough clients. We have found a way to fast track it if someone wants a particular provider who isn't yet contracted with us, and it may have to continue like that until they begin to see there is enough volume of WA Cares clients to make it worthwhile. • Stensager: I'm a little concerned about the demand. What was Milliman's estimate on enrollment after the first year? o Tourtellotte: 25,000 for the first fiscal year. o Stensager: That is concerning and I'm sure it is for everyone. I appreciate all the effort being put into reaching out. I'm glad we got beyond the initial pilot, but I'm really waiting for the numbers to grow dramatically. • Saldaña: Are we working with AFHs to see if any of their current clients are eligible and are they helping them apply? Also, are there ways to help engage with the new 40% growth in this sector, to help them with their business models? For example, if there a few people in an area looking to age in place, is there a way to layer their benefits to help create an Adult Family Home? Are we thinking about other ways to help build that pipeline and infrastructure that we need to make this work? o Rector: We've been focused on provider network adequacy for launch. Moving forward, if we think of long-term care as an ecosystem, I think there are ways to help providers see how to knit together multiple funding sources. We can also see how beneficiaries move through that ecosystem, from informal family caregivers to WA Cares, to private pay, to Medicaid, and not necessarily in that order. Longer term, we want to have a more robust front door on long-term care in general, with information and assistance to help people with their planning. I think there's great promise now that we have multiple fund sources helping Washingtonians. • Saldaña: How are you engaging with the counties where there are gaps? o Rector: We're open to feedback from those areas. We are also working very closely with the AAAs to help build out the provider network and they are doing a lot with providers and beneficiaries to make sure that folks are aware of the benefit and that there are providers available to meet their needs. • Cepoi: We would love to have AFHs in our area. We may have to pony up some of our fund balance to create some startup funds. We're looking at ways to innovate what an Adult Day Program could look like. We have some interesting partnerships with Harvard and Stanford folks looking at what a technological, platform-based remote program could look like. All the AAAs are struggling with Adult Day services. It's just a difficult model and I hear that from all my peers, so we need to start thinking outside the box, to how can we meet those needs while offering some respite to the caregiver, by

	perhaps incorporating a technology platform. I think the service people are most interested in is developing environmental modifications, so there's been a lot of outreach to advertise and to engage with local OTs and PTs who can help by approving those modifications. • Conway: One thing that concerns me is the 50% rate of denials among applicants. That's a warning bell. Maybe these people don't understand what they need to qualify. I think I heard you say the denials were largely due to eligibility requirements. To me that means we have a lot of education to do. We need to make eligibility crystal clear to potential beneficiaries, but also to the people who are referring them to WA Cares. For example, I've heard several different interpretations of 3 of the last 6 years recently. o Tourtellotte: Just as a point of clarification, the main reason for the denials is people haven't paid in for long enough. We do have an annual statement request process, which is another way for someone to check their eligibility, but it does seem there are quite a few folks who are requesting their contribution determination step and aren't meeting the eligibility requirements, at that time. o Rector: I would just add the answer is education, and we have thought about additions we can make to our webpage to make it clearer about what the contribution requirements are. • MacCaul: Someone reached out to me about her in-home care agency, and she said one of the biggest barriers to her applying for WA Cares is the liability insurance was going to be an additional $4000 and she didn't feel that she would net enough from WA Cares in order to cover the increase in insurance cost. She wanted to know if WA Cares can change the liability coverage from the Medicaid requirements to be more aligned with the state's private pay requirements. I'm wondering if this could be an issue for some AFHs as well. o Rector: The insurance requirements are not Medicaid requirements, they're DSHS requirements. I hear you and we have heard some concerns about DSHS's liability requirements, so we'll continue to monitor its impact on the provider network and would need to have those conversations with our central contracts and DSHS. • Egger: I have a technical question. Let's say someone has a stroke and they're in a rehab place for however long Medicare will cover that. Can they apply for WA Cares while they're in the rehab place? Because the WA Cares approval can take up to 45 days, when they get home from rehab they would have WA Cares available to them. o Rector: Yes, they can apply while they're in rehab and start that process, or in acute care at the hospital. There aren't any limitations on the location they're in when they want to start the process. • King: If someone wants to take care of their spouse who meets the requirements, are they required to go through a homecare provider business or join the union before they can be paid? o Rector: They have a couple of options. They either need to be employed by a contracted and licensed home care agency, or Consumer Direct of Washington (CDWA). We'll be surveying beneficiaries and caregivers to better understand their experience and then, longer term, see if additional options are something we want to look at. o King: We have a benefit of $36,500, and we're talking about having to pay around $1000 to an entity, just so a spouse can take care of their loved one. I don't think that's correct. • King: Is the spouse who is taking care of a loved one also eligible to collect PFML at the same time, and basically get paid twice? o Amundson: Those programs are paid for independent of each other, with their own sets of premiums. If they have recent enough work history and they have medical certification that shows they have a serious health condition, and they can show that they are otherwise eligible, WA Cares will not interfere with PFML benefits which help offset wage loss. There is nothing that prevents somebody from being eligible for both programs potentially.
Public Comment	• Public comment was captured in the table below.

Review Agenda for September 30, 2026 meeting	• Approve 06/24/2026 LTSS Trust Commission meeting minutes • Receive Program Update • Receive Rulemaking Update • Receive Report Out from Program Integrity Review Workgroup • Receive Report Out from Late Career Worker Moving to Washington Workgroup **Open for discussion:** • Egger: Is there any way to get personal stories from people using the service to share with the Commission? o Rector: We are approaching eligible beneficiaries currently to see if they are open to sharing their story and providing testimonials. If we're able to capture some, we'll add that to the September agenda. • MacCaul: It would be great to have a celebration for launch. I don't know if we want to hold on that or have a special meeting or what. Also, just to see press coverage or hear stories, it would be great to hear people's reactions. This is a huge milestone, and I'd love to celebrate all the work that's gone into this with my fellow commissioners, and staff from DSHS, ESD, and HCA.
Wrap-up	**Open for discussion:** • Foutch: I'd also like to add Nursing Homes and Assisted Living Facilities to the research being done on the barriers and reasons why Adult Family Homes aren't contracting with WA Cares. **ACTION ITEM** • Rector: I also heard really looking at what kind of education that might be necessary to get at the numbers of people who are applying but not eligible because they haven't met the employment pathway yet in terms of vesting. Really any additional information or outreach we can do to make that clearer for folks before they go through the process of applying. **ACTION ITEM** • Rector: We also had some requests for clarity around family member workers and options, particularly around home care agencies. **ACTION ITEM** • Conway: I'd like to get clarity on the 3 of the last 6 years pathway and eligibility requirement for benefits, especially for legislative offices to explain to their constituents. **ACTION ITEM** • Action items captured in the table below. • Meeting adjourned at 3:02 pm

#	Action Items	Lead	Due Date
1	Bring back any additional barriers or reasons why adult family homes, nursing homes, and assisted living facilities aren't contracting with WA Cares.	DSHS	9/30/26
2	Provide clarity on eligibility for the 3 of the last 6 years pathway and care needs requirement, especially for legislative offices.	DSHS	9/30/26
3	Explore ways to educate applicants who have not met requirements to understand the criteria before they apply	DSHS	9/30/26
4	Clarify options for family members who want to be paid, particularly around home care agencies	DSHS	9/30/26

Name	Public Comment
Elizabeth New	I work with the Washington Policy Center and follow WA Cares. I have some concerns. Information about family caregiving remains difficult to navigate. Current materials point to two options; employment with CDWA, or employment with a registered home care agency. If another option will be available, as previously discussed, that should be clearly stated. Although it sounds like you just answered that it's not going to be available right now. But, even if there was a third option as previously discussed, the two available paths should be explained plainly and evenly. Right now CDWA is heavily emphasized and easily accessible while the home care agency option is much harder to find or understand. This matters because the choice affects more than just scheduling or paperwork. Caregivers need to know whether their employment path includes union membership or dues obligations, if there are different training requirements, payroll deductions, health or retirement trust contributions, or other benefit-related costs. Caregivers should also know if they will actually qualify for or use the benefits advertised in that employment. This is especially important for family caregivers who already have health care or retirement benefits, or who may only provide care part-time or temporarily, or who may never become eligible for those benefits. They should also be aware what their real take-home pay will be. Beneficiaries need to clearly understand how many of their benefit dollars will go to a caregiver's hourly rate, and if any will go the employer they choose or another entity. I urge that this information be made clear, accessible, and comparable before family caregivers choose. Finally, I urge that this Commission and DSHS not to abandon the statutorily authorized third pathway for paying qualified family caregivers that was once discussed and which Senator King just raised. An option that allows an eligible beneficiary to compensate a trusted family caregiver should be prioritized, without unnecessarily routing the limited benefit through an employment structure, union arrangement, or benefit system the family may not want, need, or use. As much of the WA Cares benefit as possible should support actual care for the eligible beneficiary. Thanks for your time.
Leslie Emerick	I represent the Washington chapter of the Home Care Association of America as well as the Home Care Association of Washington. There are a few things that stood out to me that might be helpful to you folks. We could do more promotion of the Washington Cares Act. We did quite a bit during the initial sign-up, but I was actually surprised to see that in the Seattle area and Spokane, around less than half the number of people that need to be signed up for network adequacy, so please reach out to agencies like ours to help promote that. I thought Elizabeth brought up some really good points; I'm not so sure my private-pay home care folks know how to integrate family caregivers into their systems, so I think more information on that to help my home care agencies through that process would be really helpful. And the third point is around the liability insurance and that you base that on the Medicaid home care agencies' model. I agree that could be a big barrier for our private-pay home-care folks. Obviously they have liability insurance that should be enough and forcing them to get additional liability insurance doesn't seem very reasonable. So, those are my observations. Thank you for allowing me to speak today.

Neighborhood House
Strong Families. Strong Communities. Since 1906.

6/25/2026

Washington Cares Fund Leadership,

We are writing today to advocate for an extension of the Tuesday, June 30th WA Cares self-employment opt-in deadline. While W2 workers have been informed about the program and contributing to the WA Cares fund since July 2023, self-employed and contract workers from the communities that we serve have not had sufficient opportunities to opt-in to the program. Based on the latest information from ESD, only 5% of the 400,000-500,000 self-employed/contract workers across Washington state have signed up to participate in WA Cares, and the deadline to register is quickly approaching. This indicates that a large part of the diverse Washington workforce is at risk of being left out of the essential long-term services and supports that WA Cares can provide.

Neighborhood House has provided essential social services to immigrant and refugee communities in King County for more than 125 years. Many individuals in the communities that we serve do not hold traditional W2 jobs. Daycare providers, adult family home providers, Uber drivers, delivery drivers, independent caregivers, landscapers, cleaners, handypeople, hairstylists, and nail technicians are among those considered self-employed or contract workers in Washington state. These are all professions in which immigrants, refugees, and other communities of color are disproportionately represented. With the increasing costs of long-term care and the burden that this care presents for individuals, their families, and the state, we know it would be beneficial for more self-employed and contract workers to opt-in to the WA Cares program. We believe that, given more time, community-based organizations like Neighborhood House and the Area Agencies on Aging could help increase WA Cares enrollment in these communities. We request that the state extend the deadline to allow us to conduct this community-based outreach.

Neighborhood House has already begun to reach out to our communities to talk about the benefits associated with WA Cares participation, and we know other organizations with strong relationships to the community will do the same. We want to give these workers a fair opportunity to opt-in for WA Cares benefits, as we know the important role that the Fund plays for older adults, caregivers, family, and the state.

Sincerely,

Janice Deguchi, Executive Director
Neighborhood House

community Action PARTNERSHIP
Helping People. Changing Lives.

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