WA Cares Fund toolkit | Frequently asked questions

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BASICS

What is the WA Cares Fund?

The WA Cares Fund is a new program that gives working Washingtonians access to long-term care coverage when they need it. Workers contribute 0.58% of each paycheck during their working years to be able to access a benefit to help pay for

long-term care services when needed. The lifetime benefit amount starts at $36,500 and will grow over time with inflation.

Workers began contributing to WA Cares on July 1, 2023, and benefits became available July 1, 2026. To use your benefit, you must meet the contribution requirement and care needs requirements. Learn more about how the program works.

What is long-term care?

Long-term care refers to services to help a person who cannot perform everyday tasks themselves. It is most often provided by family members, though it can also be provided by paid caregivers or in a residential care setting like a nursing home or adult family home.

Long-term care includes a variety of services and supports, such as:

- Help bathing, dressing or using the restroom
- Medication management
- Help with grocery shopping, cleaning or other essential tasks

Long-term care is not medical care and does not include things like doctor visits and treatment for medical conditions. This means it's not covered by health insurance or Medicare except in very rare circumstances.

What's the difference between long-term care and disability insurance?

Long-term care insurance benefits help pay for services needed by people who cannot perform everyday tasks themselves.

Disability insurance benefits cover part of a worker's income when they have an illness or injury and need to take time off from work because they're unable to do their job. Disability insurance can be short-term or long-term, depending on the length of time it is intended to provide benefits.

Many employees have access to disability insurance through their employer. Washington workers also have access to Paid Family and Medical Leave to get paid time off if they have a serious health condition that prevents them from working, need time off to care for a family member or welcome a new child, or for certain military-related events.

Why do we need WA Cares?

The WA Cares Fund is designed to provide affordable long-term care coverage to all working Washingtonians. About 70% of us will need long-term care in our lifetimes, most of us don't have a way to pay for it. Long-term care is expensive, and the costs hit most of us when we are on a fixed income and can't afford it.

Having this coverage in place will prevent many of us from having to spend down our life savings to get access to Medicaid, which is the primary payer for long-term care now.

WA Cares will also make it much less likely that our loved ones will have to sacrifice their

own financial security to care for us as we age, or if we suffer an accident or illness during our working years.

How was WA Cares created?

The WA Cares Fund is the result of years of research on how to make long-term care affordable for everyone in Washington.

In 2015, the Legislature directed the Washington State Department of Social and Health Services to contract for an independent feasibility study of public and private options for helping people prepare for their long-term care needs. In stakeholder interviews, consensus emerged that a new program would need to:

- **Offer affordable long-term care insurance coverage** (public, private or some combination) to delay or prevent Medicaid spend-down and increase awareness of long-term care needs.
- **Provide meaningful "front-end" long-term care coverage** to benefit more people (versus catastrophic "back-end" coverage benefiting fewer people).
- **Be financially viable and sustainable** in the long run.
- **Preserve and protect the Medicaid program budget** by reducing reliance on Medicaid long-term care for those who could reasonably afford alternatives.

The legislature instructed the actuaries to model two options: a universal public long-term care insurance benefit and a public-private reinsurance model aimed at increasing the share of Washingtonians covered by private insurance.

The modeling found a universal public program would result in 88% of people ages 65+ being eligible for long-term care benefits over the long term, while a public-private reinsurance model had "limited potential to increase the prevalence of private long-term care insurance in the state."

Based on this research and best practices from public insurance programs around the world, the legislature passed the Long-Term Services and Supports Trust Act in 2019 to create WA Cares. Learn more about the program.

How do I learn more about WA Cares?

To stay up to date on program implementation, including any upcoming rulemaking, legislative changes or WA Cares Fund events, sign up for the WA Cares mailing list.

If you have a question that isn't answered by the website or other WA Cares materials, you can contact the WA Cares team by email or phone for more information.

CONTRIBUTIONS

Who contributes to the WA Cares Fund?

Almost all workers in Washington will contribute to the WA Cares Fund, including part-time and temporary workers. There are some exceptions:

- Federal employees who work in Washington do not contribute to the program.
- Employees of tribal businesses only contribute if the tribe has chosen to opt in.
- People who have received an approved exemption from the Employment Security Department
- People who are self-employed can choose to opt in and earn benefits.

Whether you contribute to WA Cares depends on whether your work is localized in Washington state. WA Cares uses the same localization definitions as the state's Paid Family and Medical Leave program (found in RCW 50A.05.010). If you are included in Paid Leave, you will also be included in WA Cares unless you have an approved exemption.

How much are contributions?

Working Washingtonians contribute 0.58% of each paycheck to the program. For example, a worker earning a typical wage of $59,000 will contribute about $29 a month. Over a 30-year career, this totals around $10,260 to earn a $36,500 benefit that grows over time with inflation.

You can find a calculator to estimate your own contribution on the WA Cares website.

Can people who are already retired contribute?

Only people who are working contribute to WA Cares. Some people who are retired from their career still work part-time, either as an employee or on a self-employed basis. If you are working at least 500 hours per year (about 10 hours per week) as an employee, you will be contributing and earning WA Cares benefits. If you are self-employed, you can choose to opt in to WA Cares and earn benefits.

If you are already retired and no longer work at all, you won't be able to earn WA Cares benefits but may be able to access other long-term care services. To learn more about services in your area, reach out to your local Area Agency on Aging.

Do part-time workers contribute?

Yes, part-time workers contribute to WA Cares. You only need to contribute 500 hours per year to earn a qualifying year for meeting contribution requirements, which is about 10 hours per week.

Do workers under 18 contribute?

Workers contribute to WA Cares regardless of age. Like all working Washingtonians, each

year workers under 18 work at least 500 hours will earn them a qualifying year.

Once they turn 18, they can use benefits when they need them if they've met contribution requirements.

How long will I contribute to WA Cares?

You contribute to WA Cares throughout your working years. Once you retire or if you become unemployed, contributions stop.

Can I contribute extra to WA Cares to get additional benefits?

WA Cares is a social insurance program like Social Security, not a savings account. Everyone who meets contribution requirements and has a care need gets access to the same lifetime benefit amount (starts at $36,500 and will grow over time with inflation). The only exception is near-retirees born before 1968, who earn pro-rated benefits for each year they contribute.

The WA Cares Fund has been working with the Office of the Insurance Commissioner on the development of the supplemental private long-term care insurance market. Rules regarding the supplemental private long-term care insurance market became effective March 7, 2026. As more info becomes available, WA Cares will update the website and send a notification to the WA Cares mailing list.

Will the premium rate go up over time?

By law, the premium rate cannot exceed 0.58%. The legislature would need to change the law to increase the premium rate. However, actuarial analysis completed in 2024 showed that under most scenarios, the WA Cares Fund is projected to be fully solvent through 2099 (the full period evaluated in the report) at the current premium rate.

Is there a chance the program's costs could exceed its revenue?

According to a 2024 study completed by Milliman, an independent actuarial firm, the WA Cares Fund is projected to be fully solvent through 2099 (the full period evaluated in the study) under most evaluated scenarios.

While the current analysis shows the program is on solid financial ground, actual results may vary from these projections. Fortunately, there are processes in place to identify any risks to the program's finances promptly, giving the Long-Term Services and Supports Trust Commission and the legislature plenty of time to adjust the program as needed to stay on course.

Learn more about solvency.

What wages are used to calculate premiums?

Typically, these are your gross wages. The Employment Security Department is using the

same wage definition as they do for Paid Family and Medical Leave. However, unlike Paid Leave, the income to which WA Cares premiums are applied is not capped at the taxable maximum for Social Security.

You can find more detail in WAC 192-510-025 and employers can use the Employment Security Department's premiums estimator to calculate premium amounts for both WA Cares and Paid Leave.

How do employers report premiums?

Employers submit one report to the Employment Security Department for both Paid Leave and WA Cares but make two separate payments — one for each program — because each program has a separate trust fund.

A No Payroll report is required for any quarter where an employer has no payroll expenses.

Employers can find a checklist and details about the current reporting format on the Paid Leave website.

BENEFITS

What services are covered under WA Cares?

While WA Cares benefits can be used to pay for care in a residential setting like assisted living, they are primarily designed to cover services and supports to help you age in place. This could include services like:

- Hiring a home care aide as your primary caregiver or as respite so your unpaid family caregiver can take a break
- Paying a qualified family member (including a spouse or registered domestic partner) to provide care and getting them the training they need to feel supported
- Making home modifications so you can get around better or purchasing a home safety evaluation so you can prevent avoidable falls
- Having meals delivered to your door
- Getting transportation to appointments and errands like grocery shopping
- Purchasing adaptive equipment and technology, assistive devices or medication reminder devices

These are just some of the services WA Cares will offer. Others include dementia and behavioral supports, memory care, care transition coordination, personal emergency response systems and more. Learn more about benefits covered by WA Cares.

What requirements do I need to meet to access benefits?

To access benefits, you must meet the contribution and care needs requirements.

Since July 1, 2023, each calendar year that an individual works 500 or more hours and contributes to WA Cares will count as a qualifying year. There are three pathways to meet contribution requirements. The first two pathways offer any worker an opportunity to earn full benefits, and the third pathway offers near-retirees (people born before 1968) an opportunity to earn partial benefits. The three pathways are:

- Permanent pathway: To earn **lifetime access to the full benefit amount**, you will need to contribute for at least 10 qualifying years.
- Temporary pathway: This pathway provides temporary access for workers in need of care who have contributed recently to the fund, but haven't earned lifetime access yet. You can get **early access to the full benefit amount** if you have contributed at least three qualifying years out of the last six years at the time you apply for benefits.
- Transition pathway: Near or recent retirees born before January 1, 1968, will earn **lifetime access to pro-rated benefits** if they've contributed to the fund for at least one year. The pro-rated amount is 10% of the full benefit for each year they work 500 or more hours and contribute. Near or recent retirees can also access the full benefit amount by meeting requirements for one of the other pathways.

To meet the care need requirement, you must need assistance with at least three activities of daily living like eating, bathing or medication management. To use your benefit, you must also be at least 18 years old.

Will WA Cares count qualifying years by calendar year or some other way?

A qualifying year is a calendar year, beginning on Jan. 1 and ending on Dec. 31.

How will the Department of Social and Health Services determine whether someone has a long-term care need?

To evaluate your care needs, we must determine whether you need help with three or more activities of daily living and will continue to need help for at least 90 days. The activities we assess are bathing, bed mobility, transferring (getting in or out of a chair) toileting, mobility (walking or moving around), eating and managing medications. This may be based on self-report and could be verified by a health professional.

We will count any activities that you need supervision (like monitoring, cueing or set-up assistance) to complete.

How are benefits paid?

When it comes time to use your benefits, there are no copays, deductibles or reimbursement claims needed. WA Cares will pay contracted providers directly.

Do I have to be a U.S. citizen to access benefits?

Anyone who has contributed to the program as a worker can qualify for benefits if they meet the contribution and care needs requirements. When you create your benefits account and submit your application, you can enter a Social Security Number, Individual Taxpayer Identification Number or neither. If you don't enter either number, we'll use other information to confirm your identity and contribution history.

Can undocumented caregivers be paid for their clients through WA Cares?

WA Cares beneficiaries would not be able to pay an undocumented caregiver using WA Cares benefits.

Will WA Cares share my information with immigration enforcement?

Washington law prohibits state agencies from sharing your personal information with the Department of Homeland Security, including ICE or CBP, unless required by federal law or other limited circumstances. This means DSHS will not share your personal information with immigration enforcement without a judicial warrant or a court order. You can find more on how WA Cares and other state agencies handle this information from DSHS' Office of Refugee and Immigrant Assistance. The Washington State Attorney General's office also has public guidance on civil immigration enforcement.

How does WA Cares handle my medical information?

WA Cares follows the Department of Social and Health Services policy for protected health information. By law, we must protect this information. Our staff use only the smallest amount of your protected health information we need to do our jobs. You can find more details in the DSHS Notice of Privacy Practices for Client Medical Information.

How much is the benefit amount? Is it lifetime or annual?

The full benefit amount starts at $36,500 and will grow over time with inflation. Near-retirees born before January 1, 1968 can also earn a pro-rated benefit if they aren't able to meet contribution requirements for full benefits. The benefit amount is lifetime, not annual.

Does the benefit increase over time?

The benefit amount will grow over time with inflation. Even after you retire and stop contributing, your benefit amount will continue to grow. The benefit amount will be adjusted annually by the consumer price index for the Seattle, WA area. Each adjustment will take effect on Jan. 1 the following year.

How long will the benefit amount last?

While the benefit won't cover 100% of care for everyone, it could cover around 20 hours

per week of home care for about six months. This is the amount of in-home care the average Medicaid client receives right now.

About a third of people need care for a year or less, and for those people WA Cares may be able to cover all or most of the care they need. For others, WA Cares provides families with immediate relief and time to plan for future care costs.

Is there a daily limit for benefit usage?

The WA Cares Fund is a flexible benefit you can use to meet your care needs up to $36,500 (grows over time with inflation) with no daily cap on benefit usage.

What is a benefit unit?

In a previous version of the law, there was a $100 per day cap ("benefit unit") on the usage of WA Cares benefits. The law was changed to allow beneficiaries to use as many benefit units in a day as they would like, so there is no dollar limit on daily benefit usage.

Can I give my benefit to a spouse or family member?

The lifetime benefit amount is only available to beneficiaries who have contributed to the fund. It cannot be transferred to another family member or used to pay for a loved one's care. By all of us pooling a small amount of our paychecks into one fund throughout our careers, the program can remain affordable and cover more people in the long term. If WA Cares benefits were transferrable to a spouse or family member, the premium would need to be much higher.

Can I withdraw money from WA Cares?

WA Cares is a social insurance program, not a savings account. By all of us pooling a small amount of our paycheck into one fund throughout our careers, the program can provide access to long-term care for the people who need it. Everyone who meets contribution requirements and has a care need gets access to the same lifetime benefit amount (starts at $36,500 and will grow over time with inflation). The only exception is near-retirees born before 1968, who earn pro-rated benefits for each year they contribute.

Can I still get benefits if I contribute to the fund but don't meet contribution requirements?

Because the WA Cares Fund is self-funded by worker contributions, benefits can only be earned by people who have paid in as workers for a number of years. You may be able to access other long-term care services and can reach out to your local Area Agency on Aging.

What is WA Cares doing to ensure there will be enough providers available to meet beneficiaries' needs?

The WA Cares Fund is taking several steps to ensure beneficiaries are still able to access services and supports despite the nationwide shortage of professional caregivers.

The program is structured to ensure benefits can be used for a wide range of services and supports beyond care from a professional caregiver. With WA Cares, you can make a family member — even a spouse or registered domestic partner — a paid caregiver. This will allow beneficiaries to tap into other sources of support, even when the number of professional caregivers available is limited. WA Cares benefits can also be used to buy adaptive equipment and technology like medication reminders and fall detection devices that can help with some care needs.

WA Cares has a dedicated team focused on developing our provider network and recruiting providers to contract with the program. The team is working closely with the Area Agency on Aging staff responsible for local planning to support availability of long-term care services.

Beyond WA Cares, there are many efforts underway at the state and national level to address the workforce shortage through a wide range of strategies. In Washington, the Department of Social and Health Services' Workforce Development team supports caregiver training programs, develops resources for workforce retention and conducts outreach on careers in caregiving.

APPLYING FOR BENEFITS

What does the application process include?

To get started, applicants will create a benefits account and fill out a brief online application. A loved one or legal representative can get access to manage an applicant's account as an authorized user.

Applicants or loved ones can also call 844-CARE4WA to have a WA Cares team member guide them through the online application or apply over the phone. For in-person support, applicants can contact their local Area Agency on Aging (may require an appointment).

We'll check your contribution history to make sure you've met the contribution requirement. We'll send you a letter to let you know if you met the requirement.

Next, WA Cares will determine whether the applicant meets the care needs requirement. A team member will meet with the applicant to talk about help they need with daily activities like bathing, eating, managing medications and moving around the house.

We'll send you a letter to let you know if you're approved to start using your benefits. If you don't qualify, you can submit an appeal.

How can I apply and manage my benefits?

Like most Washington state agencies, we use SecureAccess Washington to handle customer accounts. You'll need a SecureAccess Washington account to apply and manage your benefits. To get started, visit the SecureAccess Washington website.

1. If you already have an account, log in. If you don't have a SecureAccess Washington account, you'll need to create one. If you'd like to use SecureAccess Washington in Spanish, you can select it at the bottom of your screen.
2. After you've logged in to SecureAccess Washington, you'll select "My Services" at the top of your screen. Select "Add Service," then "Add Service By Name." ."Search for "WA Cares Benefits Account" and select the "Add" button to the right.
3. If you haven't used your SecureAccess Washington account before, you'll need to verify your identity. Fill in your name and address, then answer a few questions to confirm.

Are there other ways to apply if I don't have internet access?

If you have trouble applying online, call us for help at 844-CARE4WA (toll free). We can guide you through your online application or help you apply over the phone. Language assistance is available.

You can get in-person support from your local Area Agency on Aging. You may need an appointment, so make sure to contact them in advance. In addition to helping with WA Cares, they can connect you with other resources in your community to support you and your caregivers.

You can also choose a loved one or legal representative to create and access a benefits account on your behalf.

If my application is denied, can I appeal the decision?

You may request an administrative hearing to appeal a benefit determination denial. Many people going through the process represent themselves, but you may choose a family member, friend or attorney to represent you at your own expense.

During the hearing, an administrative law judge will review the case and decide whether our denial was appropriate under the program's laws. You have 30 days from the date of your eligibility denial notice to request a hearing.

EXEMPTIONS

Who qualifies for an exemption?

There are several types of exemptions:

- **Workers who had private long-term care insurance before Nov. 1, 2021 were eligible to apply for a permanent exemption until Dec. 31, 2022.** The timeframe for applying for this type of exemption has closed.
- **Veterans with a 70% or higher service-connected disability can apply for a permanent exemption.** Applications for this type of exemption are available on an ongoing basis.
- **Some workers can apply for a conditional exemption.** If you live out of state, are an active-duty member of the United States Armed Forces who has off-duty civilian employment or are a spouse/registered domestic partner of an active-duty service member of the United States Armed Forces, you can apply for an exemption. Applications for these exemptions are available on an ongoing basis. You will qualify for these exemptions only as long as these circumstances apply and you must notify your employer and the Employment Security Department within 90 days if you no longer qualify.
- **Non-immigrant work visa holders are automatically exempt.** If you would like to participate in WA Cares, you need to inform your employer(s) in writing that you would like to make contributions.

What happens if I no longer qualify for my conditional exemption?

If your situation changes and you no longer qualify for a conditional exemption, you must notify both the Employment Security Department and your employer(s) within 90 days. You will begin paying premiums and earning coverage for WA Cares Fund benefits the first day of the next quarter after your exemption is discontinued.

To notify the Employment Security Department, you will need to log onto your WA Cares exemption account via Secure Access Washington and submit a discontinuation request.

If you fail to notify the Employment Security Department and your employer(s) within 90 days, you will be assessed the balance of your unpaid premiums with interest at the rate of 1% per month.

Can I choose to discontinue my conditional exemption even if I still qualify for it?

Under current law, once you are approved for a conditional exemption, you cannot choose to discontinue it. The exemption will only be discontinued once you no longer qualify.

Can I cancel my approved private long-term care insurance exemption?

A new law provides an opportunity for everyone who has a private long-term care insurance exemption to cancel their exemption and join the program. WA Cares has received more than 6,500 inquiries from customers who want to cancel their exemptions.

Many customers said they were interested because of program updates such as partial benefits for near-retirees or the ability for workers who leave Washington to continue participating in the program and access benefits in the future.

The Employment Security Department will contact workers with approved private long-term care insurance exemptions to provide more information. This option will only be available until June 30, 2028, after which there will be no option to discontinue this exemption type and join WA Cares.

How do I apply for an exemption?

The Employment Security Department is responsible for processing applications for those wishing to seek an exemption. The exemption application can be found on the WA Cares Fund website.

What documentation do I need to apply for my exemption?

The Employment Security Department will need to verify certain documents when you submit your exemption application. You can find a list of required documentation by exemption type on the WA Cares website.

How do I get help with my exemption application?

For questions about WA Cares exemptions, please call the Employment Security Department at 833-717- 2273 and select option three, or fill out the contact form on the WA Cares website to get a response by email. Customer support is available Monday through Friday from 8:30 a.m. to 4:30 p.m. Pacific Time (closed weekends and state holidays).

How do I check the status of my exemption application?

The status of your exemption application can be found on your WA Cares exemption account home page. You can access your WA Cares exemption account via SecureAccess Washington.

When you log in to your exemption account, you'll see "Exemption Status" listed in the box labeled "My WA Cares Exemption."

- **Submitted** – We've received your application but haven't started processing it yet.
- **In Review** – A specialist is reviewing your application. If they need more information, they'll reach out to you. Please make sure your contact information is up to date. You can update your contact information and preferences by logging in to your exemption account and selecting "Update Contact Preferences" in the "My WA Cares Exemption" section of your homepage.
- **Approved** – Provide all current employers with a copy of your approval letter to prevent premiums from being withheld.

- **Denied** – You will receive a letter that explains why we couldn't approve your application.
- **Incomplete** – We have requested information or documentation from you.

How long will it take to process my exemption?

The Employment Security Department has staff dedicated to processing exemption applications and issuing approval letters. They process applications as they receive them.

When will the exemption go into effect?

Exemptions are effective the quarter following approval. The approval letter you'll receive from the Employment Security Department will include the date the exemption becomes effective. You must provide your approval letter to your employer to prevent premiums from being withheld.

Where do I find a copy of my exemption approval letter?

Within 48 hours of the Employment Security Department approving your application, a copy of your approval letter will be available on your WA Cares exemption online account. You will be able to print and save the letter from your exemption account for your records. You can access your WA Cares exemption account via Secure Access Washington.

What if I didn't give my employer a copy of my exemption approval letter?

If you don't give your employer a copy of your exemption approval letter, they will withhold WA Cares premiums from your wages. You will not be entitled to a refund of your premiums, and we cannot count these hours or wages toward qualification.

Can I still apply for a private long-term care insurance exemption?

This opt-out provision is no longer available. Those who had private long-term care insurance on or before Nov. 1, 2021, were able to apply for an exemption from the WA Cares Fund from Oct. 1, 2021, until Dec. 31, 2022.

I have an approved private insurance exemption. Can I cancel my private insurance policy?

If you already have an approved exemption, it's up to you to decide whether to maintain or cancel your private long-term care policy. You should speak with your broker or agent who sold you the policy about options.

Can I get a refund for the private long-term care insurance policy I purchased?

Purchasing a private policy to qualify for a WA Cares exemption was a voluntary decision by individuals wishing to opt out of the program. If individuals have already received an approval letter from the Employment Security Department exempting them from the WA Cares program, their exemption is still approved and will still be effective once premium assessment begins on July 1, 2023.

The laws passed in 2022 did not change the requirements for private long-term care insurance and exemption status in RCW 50B.04.085. It is up to individuals to decide whether they wish to maintain or cancel their private long-term care policies. The laws also did not provide for reimbursement of the cost of long-term care insurance voluntarily obtained by individuals.

The purchase of a private policy is between the worker and their private insurance provider. Workers should contact their insurance provider with questions.

SELF-EMPLOYED OPT-IN

How do self-employed people opt in?

If you're a self-employed earner, WA Cares is your key to long-term care coverage. The Employment Security Department manages this process and provides information and application instructions on the self-employed elective coverage page.

How will the Employment Security Department determine hours worked for self-employed people?

The Employment Security Department will use the self-employed person's wages reported in a quarter and divide it by the state's minimum wage to presume the number of hours worked for the quarter being reported.

Example: For this example, the state's minimum wage is $15.74 per hour in 2023. The self-employed person electing coverage reports $10,000 in wages in a quarter. The department will divide $10,000 by $15.74 and presume the self-employed person worked 635 hours in that quarter. The department may require copies of tax returns, bank records or any other documentation deemed necessary by the department to verify or determine the self-employed person's hours and wages.

When does a self-employed person's coverage start?

After you opt in, your elective coverage takes effect at the start of the next quarter. For example, coverage for a self-employed person who opted in to WA Cares on July 12, 2023 would take effect on Oct. 1, 2023.

How do self-employed people report the income they earn?

Just like an employer, a self-employed person will need to report self-employment income following the end of each quarter. Self-employed people who elect coverage under WA Cares will use the same reporting process as Paid Family and Medical Leave, even if they have only elected WA Cares coverage.

When I opt in to WA Cares coverage, am I also opting in to Paid Leave coverage?

As a self-employed person, you can choose whether you want to opt in to only WA Cares, only Paid Family and Medical Leave, or both programs. The self-employed reporting process for both programs is the same regardless of whether you have opted in to only one program or both.

Are business owners automatically included in WA Cares?

Business owners who are considered in a 'partnership,' limited liability company, sole proprietors or independent contractors are considered self-employed and will need to elect to participate.

Corporate officers of a corporation (including S corporations), even if they are the owner, are paid wages from the company they work for and are considered employees. Premiums are assessed on these employees.

OUT-OF-STATE COVERAGE

How does out-of-state coverage work?

Washington workers can continue participating in WA Cares if they move out of state. To become an out-of-state participant, workers must not have an active WA Cares exemption, have worked at least 500 contributing hours each year for three years in Washington since July 1, 2023 and must elect coverage within one year of establishing a primary residence outside of Washington state.

Like other workers, out-of-state participants will keep contributing to the fund during their working years. After out-of-state coverage is active, participants will need to file a wage report each year and provide documentation. Participants will share how many hours they have worked and how much money they made outside of Washington state. They will then pay premiums, and we will use this information toward meeting the contribution requirement.

If a participant does not make money outside of Washington, they will have the option to tell us that. This might be because you did not work or your work took place within Washington and your employer already reported it. We will have more details on the reporting process toward the end of 2026.

Benefits will become available for out-of-state participants starting July 1, 2030.

As we develop policies and processes for these participants, we will update our website. For program news, including new developments on out-of-state coverage, you can sign up for email updates.

When will benefits become available for out-of-state participants?

Benefits will become available for out-of-state participants starting July 1, 2030, and participants will be able to use their benefits outside of Washington.

Can self-employed workers get out-of-state coverage?

Self-employed Washington workers who have elected WA Cares coverage can choose to continue participating in the program if they move out of state. Self-employed out-of-state workers will need to create an out-of-state coverage account and elect out-of-state coverage. Out-of-state workers must not have an active WA Cares exemption, must have worked at least 500 contributing hours each year for three years in Washington since July 1, 2023 and elect coverage within one year of establishing a primary residence outside of Washington state.

I currently work in Washington and have an exemption for workers who live out of state. Can I cancel my exemption and participate in WA Cares so that I can get out-of-state coverage in the future?

The exemption will only be discontinued if you establish a permanent primary residence within Washington state. You must then apply for discontinuation of your out-of-state exemption within 90 days of establishing a primary residence in Washington.

I live in Washington but work in another state. Can I become an out-of-state participant?

You can only contribute to the WA Cares Fund if your work is located within Washington state. Out-of-state coverage is not for those who work in another state, even if they live in Washington.

Can I become an out-of-state participant if I moved out of Washington before July 2026?

It depends on whether you meet the requirements of not having an active exemption, have worked at least 500 contributing hours each year for three years in Washington since July 1, 2023 and elect coverage within one year of establishing a primary residence outside of Washington state at least.

The Employment Security Department defines a year as January to December (calendar year). Participants who worked at least 500 hours between July and December 2023 will have earned one qualifying year. Therefore, some participants who contributed from July

2023 until mid-2025 may have earned three qualifying years.

If you have not contributed to WA Cares for at least three years (for 500+ hours per year) and elected coverage within a year of establishing a primary residence outside of Washington state, you will not be able to become an out-of-state participant.

However, if you return to work in Washington later on, the years you worked and contributed to WA Cares before leaving would count toward your contribution requirement and toward becoming an out-of-state participant if you work outside the state again in the future.

If I have contributed to WA Cares for a total of three years but not three years in a row, can I still become an out-of-state participant?

You do not need to contribute for three years in a row to qualify as an out-of-state participant. You must have contributed for a total of three years since July 1, 2023.

Am I required to continue contributing to WA Cares after moving out of state?

It's your choice whether to continue participating in WA Cares if you no longer live in Washington. If you choose to participate, once your out-of-state coverage is active, you will need to file a wage report each year and provide documentation. You will then pay premiums, and we will use the information you provided toward meeting the contribution requirement. If you did make money outside of Washington, you will have the option to tell us. This might be because you did not work or your work took place within Washington and your employer already reported it. If you are 67 years or older and do not have earnings to report, you are not required to file wage reports or provide documentation. We will have more details on the reporting process toward the end of 2026.

Benefits will become available for out-of-state participants starting July 1, 2030.

Once you elect out-of-state coverage, you cannot end or withdraw from coverage. You must still report annually, even if you move back to Washington. If you stop making your annual report or do not pay your premiums, the Employment Security Department will be required to cancel your coverage — meaning you will not be able to use WA Cares benefits, even if you move back to Washington or otherwise have enough contributing years to qualify.

If you leave the state permanently and do not elect out-of-state coverage within 12 months of establishing residence outside of Washington, you will not owe premiums and you will not be eligible for benefits.

If I move out of state after I retire and am no longer working, can I get benefits outside of Washington?

Any worker or retiree who does not have an active WA Cares exemption, has worked at

least 500 contributing hours each year for three years in Washington since July 1, 2023 and elects coverage within one year of establishing a primary residence outside of Washington state will have the option to take their benefits with them, including people who move after retirement. To earn benefits, a worker or retiree who has left the state must meet the same contribution requirements as in-state workers and need care.

Can I elect out-of-state coverage and get benefits if I leave the country?

The processes and policies for out-of-state coverage are still in development and it is not yet clear whether the program will be able to offer coverage outside of the United States. More information will be available by July 1, 2030.

What and when will out-of-state participants be required to report?

After electing coverage, out-of-state participants must file a wage report each year and provide documentation, even if they did not have any out-of-state earnings. If an out-of-state participant is 67 years or older and did not have out-of-state earnings, they do not have to file these reports. We will have more details on the reporting process toward the end of 2026.

If a participant fails to report wages or pay assessed premiums, their coverage will be cancelled. If their coverage is cancelled, they will never be eligible to receive WA Cares benefits.

If an out-of-state participant doesn't have any earnings, are they still required to report?

Out-of-state participants must file a wage report each year, even if they did not have any out-of-state earnings. If an out-of-state participant is 67 years or older and does not have any earnings, they do not have to file these reports.

What happens if an out-of-state participant misses a payment?

If an out-of-state participant fails to report wages or pay assessed premiums, their coverage will be cancelled. If their coverage is cancelled, they will never be eligible to receive WA Cares benefits.

Under law, the program is required to provide the participant with 30 days' notice in writing before canceling their coverage to give them the opportunity to submit any missing reports or payments.

What happens if I start working in Washington again after contributing to the program as an out-of-state participant?

If you become an out-of-state participant and then go back to working in Washington, you would return to contributing to WA Cares as an in-state worker through your employer or through the self-employed process. The qualifying years you earned as an out-of-state

participant would continue to count toward meeting the contribution requirement to access benefits.

Because you cannot withdraw from out-of-state coverage, you will need to continue filing your yearly wage reports regardless of whether you move back to Washington. If a participant fails to report wages or pay assessed premiums, their coverage will be cancelled. If their coverage is cancelled, they will never be eligible to receive WA Cares benefits.

We will have more details on the reporting process toward the end of 2026.

What requirements do out-of-state participants need to meet to access benefits?

To access benefits as an out-of-state participant, you must have met contribution requirements, need care and have elected out-of-state coverage within a year of establishing primary residence outside of Washington state.

Out-of-state participants will use the same pathways as other workers to meet the contribution requirement.

To meet the care needs requirement, we must determine that the out-of-state beneficiary needs one or both of the following:

a) Unable to perform without substantial assistance at least two out of six activities of daily living for 90 days or longer. The activities of daily living are: eating, toileting, transferring, bathing, dressing or continence; or

b) Substantial supervision to protect their health and safety due to problems with memory or decision making.

Why is the care needs requirement different for out-of-state participants?

The care needs requirement that WA Cares will use for participants who live in Washington is based on the standard used in the state's Medicaid long-term care program, which is different from the standard generally used in private long-term care insurance nationwide. Making the care needs requirement for out-of-state WA Cares participants consistent with the nationwide standard will make it easier for the program to work with national vendors to assess those participants' care needs.

Will WA Cares cover the same types of benefits for out-of-state beneficiaries as those in Washington?

All approved services available in Washington will be available for beneficiaries in other states.

How will the state assess care needs for beneficiaries who live outside Washington?

The processes and policies for out-of-state beneficiaries are still in development, but the program plans to partner with one or more nationwide vendors to assess care needs of beneficiaries in other states. More information will be available by July 2030.

How will beneficiaries outside Washington find providers and access services and supports?

The processes and policies for out-of-state beneficiaries are still in development, but the program plans to partner with one or more nationwide vendors to register and contract with providers in all states. More information will be available by July 2030.

SUPPLEMENTAL PRIVATE LONG-TERM CARE INSURANCE

Can I sign up for private long-term care insurance in addition to using WA Cares?

Washington workers who want additional coverage will be able to purchase it through the supplemental private long-term care insurance market.

For more information about supplemental private long-term care insurance, contact the Office of the Insurance Commissioner. The Office of the Insurance Commissioner regulates WA Cares supplemental insurance, just as it regulates all private long-term care insurance in the state. The Office of the Insurance Commissioner will be developing a Consumer's Guide to Supplemental Private Long-Term Care Insurance. The guide will discuss the range of factors to consider as well as what questions to ask when deciding whether to purchase supplemental private insurance.

How will supplemental private long-term care insurance work with WA Cares?

Supplemental private long-term care insurance must be designed to start paying benefits after WA Cares benefits are used, not to replace or duplicate WA Cares coverage. WA Cares benefits will count towards the deductible for these policies.

Is there a minimum length of time supplemental private long-term care insurance must offer protection?

Supplemental private long-term care insurance must cover at least 12 months once you've used your full benefit amount.

Will I be able to continue seeing my WA Cares provider if my benefit balance runs out and I need to switch to supplemental private long-term care insurance?

Supplemental private long-term care insurance must support staying with the same long-term

care providers where possible, so beneficiaries do not have to change providers when they transition from WA Cares.

What if I can no longer afford my policy's premium payments?

Supplemental private long-term care insurance policies must offer consumers choices to maintain their policy if they can no longer afford premium payments.

Will supplemental private long-term care insurance cover paying family caregivers?

Supplemental private long-term care insurance policies must cover family caregivers.

ASSESSMENTS

Why do I need to complete a care needs assessment?

To access your WA Cares Fund benefits, you will need to meet both the contribution requirement and care needs requirement. Your contribution determination letter will tell you if you have met the contribution requirement and the benefit amount you have available. The care needs requirement is confirmed through the care needs assessment.

During the care needs assessment, we will talk with you about the help you may need with daily activities and whether that need is expected to continue for at least 90 days.

Who will perform my assessment?

Your assessment will be conducted by a WA Cares team member from the Department of Social and Health Services or staff from your local Area Agency on Aging.

How do I schedule my assessment?

You'll use your benefits account to request a call with a WA Cares team member to start the assessment process. If you aren't able to request a call online, contact the WA Cares team.

What can I expect during my intake call?

During the phone call, we'll ask questions about your living environment and schedule you with an assessor in your area. We will also schedule language assistance and accessibility accommodations for your assessment, if needed.

Will my assessment be conducted in-person or remotely?

Most assessments will take place in-person. Some assessments may be completed remotely through Zoom if you are receiving hospice care or reside in a facility. For more information contact the WA Cares team.

Where will my in-person assessment take place?

In-person assessments take place in your home. If you cannot have your assessment in your home, you can ask to be assessed at a Department of Social and Health Services or Area Agency on Aging office.

How do I prepare for my in-person assessment?

To help the process go smoothly, you may want to have the following information available.

- A list of your current diagnoses, conditions and illnesses
- A list of your medications and treatments (to understand your need for assistance with medication management, we will ask the number of medications you take, but will not document the specific medications you take)
- Information about any long-term care services you are currently using or have used in the past month
- A current care plan, if available

If you don't have all this information on hand, a WA Cares team member or staff from your local Area Agency on Aging will guide you through the process.

How do I prepare for my remote assessment?

To help the process go smoothly, you may want to prepare your computer and have the following information available.

Prepare your computer:

- Ensure your device is fully charged and ready for the entire appointment
- Download Zoom software ahead of time to prevent delays
- Check if your camera and audio are working properly
- Avoid the use of a background effect, as it may interfere with the assessor's ability to capture information you share during the assessment

To help the process go smoothly, you may want to have the following information available.

- A list of your current diagnoses, conditions and illnesses
- A list of your medications and treatments (to understand your need for assistance with medication management, we will ask the number of medications you take, but will not document the specific medications you take)
- Information about any long-term care services you are currently using or have used in the past month
- A current care plan, if available

If you don't have all this information on hand, a WA Cares team member or staff from your local Area Agency on Aging will guide you through the process.

How long will my assessment take?

Care needs assessments may take 90 minutes or longer to complete. Once the assessment is complete, we will have a conversation about what is available to you, service recommendations based on your assessment and answer your questions about how to get started.

PROVIDERS

What requirements will providers have to meet to contract with WA Cares?

Providers will need to meet basic laws of doing business in Washington and may need to meet licensing or certification requirements, depending on the type of services and supports they offer.

The qualification requirements for providers are documented in resources published to the Provider Toolkit.

Can I have multiple providers?

You can have multiple providers and spend your benefits on whichever services meet your needs.

Can I terminate services and choose a new provider?

You can end services from a provider at any time. You should notify the provider that you don't want to receive services anymore to ensure you are not charged any late, cancellation or no-show fees.

After the provider has been notified, you should contact the WA Cares team to cancel your active pre-authorization.

Will the provider monitor my remaining benefit amount?

Providers will be required to check your balance before creating a pre-authorization. The pre-authorization will be denied if the amount is higher than your available balance.

How do I learn more about becoming a registered WA Cares provider?

E-learning training courses and provider resources are available in the Provider Toolkit to assist providers in navigating the program. You are also encouraged to view our past webinars or register for a future webinar. To stay up to date on WA Cares news, including any updates for providers, you can subscribe to our mailing list.

FINANCIAL MANAGEMENT SERVICES AND REIMBURSEMENT

What are financial management services?

GT Independence is the financial management services vendor for the WA Cares Fund. They have partnered with us to offer:

1. Support with purchasing adaptive equipment and technology
2. Reimbursement for:
    a. Out-of-pocket purchases for transportation costs or adaptive equipment and technology
    b. Paying a family member or friend to provide you with transportation

If a reimbursement request is denied, you have the right to appeal.

How do I use financial management services?

Before you can use GT Independence's services, you must be enrolled in WA Cares, have a benefit balance that would cover the cost of reimbursement or the purchased item, and create an online account with GT Independence.

How do I use GT Independence to purchase adaptive equipment and technology?

There are two ways GT Independence can use your benefit balance to cover the costs of adaptive equipment and technology.

1. **Reimbursement of out-of-pocket costs:** You buy a covered item out of pocket and then submit a receipt to ask for reimbursement. To do this, you'll:
    a. Send your reimbursement request in your GT Independence account or by email within 60 days of buying the item and upload a photo of your receipt.
    b. GT Independence reviews your request and creates a pre-authorization for you to approve.
    c. You approve the pre-authorization in your WA Cares benefits account.
    d. GT Independence sends your reimbursement. They will use the payment method of your choice.
2. **Ask GT Independence to make a purchase for you:** You can find a covered item online and ask GT Independence to buy it for you using your benefit balance. To do this, you'll:
    a. Find the item you want online and use your GT Independence account or send an email to request they buy the item for you.
    b. GT Independence makes sure the item is covered and the cost is below the maximum rate. If it is, they create a pre-authorization for you to approve.
    c. You approve the pre-authorization in your WA Cares benefits account.
    d. GT Independence buys the item using your benefit balance. They will email you

the delivery information and estimated delivery date.

GT Independence cannot approve reimbursement requests or make purchases from consumer-to-consumer sites like Etsy, eBay, Facebook Marketplace or Craigslist.

How do I use GT Independence to get reimbursed for transportation costs I have already paid?

You can pay out of pocket and get reimbursed for transportation costs, such as ferry tickets, bus passes, parking fees for medical appointments, and taxi or rideshare scrips. To do this, you'll:

1. Send your reimbursement request in your GT Independence account or by email within 60 days of paying for the service and upload a photo of your receipt.
2. GT Independence reviews your request and creates a pre-authorization for you to approve.
3. You approve the pre-authorization in your WA Cares benefits account.
4. GT Independence sends your reimbursement. They will use the payment method of your choice.

Can I pay a family member or friend to provide me transportation using financial management services?

You can use your benefits to pay a family member or friend who is over the age of 18 and is willing to drive you around the community. They will need to provide proof that they have a valid, up-to-date driver's license, car insurance and vehicle registration.

They can only get reimbursed for transportation they provide after you approve a pre-authorization for their services. To reimburse them:

1. They create their own GT Independence account and sign up as your driver. After you agree on how many miles they'll drive you each month, you submit the number in your GT Independence account.
2. GT Independence checks to make sure the miles are within the monthly limit. They create a pre-authorization for you to approve.
3. You approve the pre-authorization in your WA Cares benefits account. After you approve it, your family member or friend can start driving you.
4. Your driver submits the dates and number of miles they drove you in their GT Independence account. You review and approve the details your driver submits in your GT Independence account.
5. GT Independence sends your driver the reimbursement using their preferred payment method.

What is the mileage rate for paying a family member or friend to drive me?

Their mileage will be reimbursed at the Internal Revenue Service's standard mileage rate. The total mileage cannot exceed 260 miles per month, and the total cost cannot exceed $412 per month.

Is there a deadline for GT Independence reimbursement requests?

Reimbursement requests for out-of-pocket purchases must be made within 60 days of buying the item or paying for transportation costs. Drivers looking for reimbursement for providing a beneficiary with transportation must submit their documentation through their GT Independence account at the end of every month.

Who do I contact if I have questions about financial management services?

Contact GT Independence for questions about your account with them or the support they provide. Visit gtindependence.com or call 877-659-4500.

PAID FAMILY CAREGIVING

How can my loved one become a paid family caregiver?

Family caregivers can be employed through a home care agency or as an individual provider through Consumer Direct Care Network Washington.

What requirements will family caregivers have to meet to become paid caregivers through WA Cares?

A loved one may be able to become your paid caregiver. First, you must be eligible for WA Cares benefits.

Family members can be hired to provide personal care by either Consumer Direct Care Network Washington or a home care agency. All paid family caregivers must pass a background check and complete required standard training to ensure the health and safety of themselves and their loved one.

Can I make any loved one a paid family caregiver or do they have to be legally related to me?

WA Cares defines a family member as anyone related by blood, by marriage/domestic partnership and spouses/domestic partners. Family members can be hired through Consumer Direct Care Network Washington or a home care agency. But a beneficiary can also choose to hire anyone they know through Consumer Direct Care Network Washington. Training will vary depending on the relationship between the caregiver and the beneficiary.

What can a loved one get paid to do?

A loved one can get paid to help with daily activities including dressing, eating, bathing, toileting, hygiene tasks, transferring, mobility and medication management. They may also get paid for helping with essential tasks such as shopping, cooking and light cleaning, if needed. We encourage you to use a care agreement to communicate what you need.

Can a loved one be an authorized user on my account and be my paid family caregiver?

WA Cares cannot pay an authorized user to provide care or services to the beneficiary they are helping.

Can my paid family caregiver help other members of my household while working for me?

If the other household members are WA Cares beneficiaries and have the same person hired to provide care, they can support more than one beneficiary. The caregiver should track hours separately to ensure they are being paid the correct amount and billing each beneficiary separately. Your caregiver cannot use your benefits to be paid for their work helping someone else.