

LTSS Trust Commission Recommendation on Eligible Beneficiary

Background

The WA Cares Fund Statute (Chapter 50B.04 RCW) requires the LTSS Trust Commission to propose recommendations to the appropriate executive agency or the legislature regarding the establishment of criteria for determining that an individual has met the requirements to be an eligible beneficiary as established in RCW 50B.04.060.

According to RCW 50B.04.010(6), "Eligible beneficiary" means a qualified individual who is age eighteen or older, residing in the state of Washington, has been determined to meet the minimum level of assistance with activities of daily living necessary to receive benefits through WA Cares Fund program, as established in this chapter, and who has not exhausted the lifetime limit of benefit units.

DSHS will make determinations regarding an individual's status as an eligible beneficiary under RCW 50B.04.060:

(1) Beginning July 1, 2026, approved services must be available and benefits payable to a registered long-term services and supports provider on behalf of an eligible beneficiary under this section.

(2) A qualified individual may become an eligible beneficiary by filing an application with the department of social and health services and undergoing an eligibility determination which includes an evaluation that the individual requires assistance with at least three activities of daily living. The department of social and health services must engage sufficient qualified assessor capacity, including via contract, so that the determination may be made within forty-five days from receipt of a request by a beneficiary to use a benefit.

Scope

Long-term care is help with activities of daily living such as eating, dressing, and bathing. Services typically include hands-on assistance or supervision to complete these tasks and wrap around supports that help people live more independently in their homes, including support for family caregivers.

Approximately 95% of people who qualify for Medicaid LTSS have a need for assistance with three or more activities of daily living as they are currently defined in Medicaid. Milliman's actuarial analysis modeled a benefit trigger based on Medicaid LTSS eligibility criteria.

DSHS has prepared draft definitions for the activities of daily living under consideration for WA Cares Fund eligibility. These draft definitions are a slight

variation of the existing Medicaid LTSS eligibility criteria to allow people to access WA Cares Fund benefits before they need to spend down and use Medicaid to pay for their long-term care needs. The LTSS Trust Commission workgroup reviewed scenarios and developed recommendations to guide DSHS' criteria for defining activities of daily living and engaging sufficient qualified assessor capacity in the following areas

1. Ease of access to earned benefits
2. Seamless transitions to Medicaid LTSS
3. Transitions to a private long-term care insurance policy
4. Ways to address cognitive impairment, instrumental activities of daily living, and specialty care
5. Impacts to program solvency

Draft Commission Recommendations

1. Develop eligibility standards that promote ease of access to earned benefits and early access to care, including support for unpaid family caregivers
 - a. Develop a triage model for face-to-face assessments, virtual face-to-face assessments and telephonic assessments to expedite eligibility; when feasible, assessments should be face-to-face or virtual face-to-face for people who are not yet accessing care to adequately evaluate living environment and daily living functioning
 - b. Consider existing health records to expedite eligibility, such as diagnosis of dementia or paralysis, care provided by existing licensed LTC provider or care provided by a family member. Do not require diagnosis or existing health records to qualify for WA Cares benefits. Even when existing records may be used to determine eligibility, conduct an independent interview of the applicant or their authorized representative to confirm activity of daily living assistance needs, which are not always accurately identified by health professionals, and mitigate risk of fraud.
 - c. Create eligibility standards that are easy to understand and can be used to quickly ramp up outside assessors to increase capacity when needed
 - d. Create eligibility definitions and develop processes that allow people who need personal care temporarily due to a major accident or surgery to become eligible as close to discharge from acute care as possible
2. Promote seamless transitions to Medicaid

- a. Use an eligibility standard similar to Medicaid LTSS and ensure people who could functionally qualify for Medicaid can first access WA Cares
- b. Provide access to information and continued planning through referrals when benefit balances are low
3. Prepare people for transitions to a private LTSS policy
 - a. When an individual indicates they have private long-term care insurance upon application for WA Cares benefits, encourage them to check their policy's benefit trigger and covered care settings so that they are able to make choices that promote continuity of care
4. Develop ways to address cognitive impairment, instrumental activities of daily living, and specialty care
 - a. Consider a diagnosis of dementia or cognitive impairment that will progress as an indicator that ADL will be impacted; use screening tools to evaluate cognition for individuals who do not have a documented diagnosis such as AD8, mini-cog, SLUMS, MOCA or MMSE
 - b. Evaluate instrumental activities of daily living including financial management, transportation, and medication management to allow people with mild cognitive impairment and specialty care needs to qualify for benefits, similar to Medicaid LTSS
 - c. The assessment should include understanding a person's natural supports, or lack thereof, and evaluate what would happen if that person was not there, even for a short time. Supervision in order to complete tasks of daily living should be considered.
5. Consider impacts to program solvency and administrative costs
 - a. Develop eligibility standards that mirror what was projected in the actuarial modeling, which aligns with Medicaid LTSS
 - b. Develop eligibility standards that allow people who need assistance with activities of daily living temporarily and will recover to be eligible, but limit the duration and automatically close benefits after six months. An individual can reach out and request a re-assessment if they have continued need. DSHS will reassess and extend benefits if ADL eligibility criteria continues to be met. Individuals can also close out their temporary eligibility if they no longer need to access the benefit. Remaining benefit balance will be there in the future if another situation arises that indicates need for assistance with activities of daily living. Applicant will need to reapply and be reassessed at that time.
 - c. Allow individuals to remain eligible until their benefit balance is spent in full if they have a chronic long-term care need. Do not require re-

assessment for individuals with chronic long-term care needs; instead provide access to continued care planning through referrals when benefit balances are low

Next Steps

DSHS will begin developing WA Cares Fund eligibility WAC in early 2023. The Commission recommendations will guide discussions with stakeholders to gather feedback on draft eligibility definitions, which are included with the meeting materials.