



LTSS Trust Commission Meeting



Meeting Guidelines

Commission Members

- Please turn on video
- Stay muted unless talking
- Encourage active participation
- Raise hand to speak if necessary

Audience Members

- Opportunity to provide public comment later in the meeting



WELCOME & CALL TO ORDER

Meeting Goals

- Listen to Understand
- Approve Consent Agenda
- Receive updates and proposed recommendations from Commission workgroups
- Consider adoption of Supplemental Private Long-Term Care Insurance Report
- Receive update from Office of State Actuary on Milliman's 2022 WA Cares Fund Actuarial Study
- Consider statute change to add WA Cares Fund in CBA exception

Meeting Goals

- Consider pilot project in early 2026 to prepare for benefit implementation
- Consider eliminating “Without interruption of five or more consecutive years” requirement
- Consider crediting potential shared savings to WA Cares Trust Fund
- Provide input on agenda for next Commission meeting on November 10

Consent Agenda

- 07/26/2022 Commission meeting minutes
- 2023 Commission Meeting Schedule
 - May 16, 2023
 - July 25, 2023
 - September 19, 2023
 - November 7, 2023
 - December 12, 2023

Meeting Presentations

Updates and proposed recommendations from Commission workgroups, SPLTCI report, OSA update on Milliman Actuarial Study, CBA Clause, Pilot Project, “Without interruption of 5+ years” requirement, Crediting shared savings to WCF

Workgroup on Portability

The Commission workgroup considered the following issues:

- Options to reduce cost of expanding benefits to people who leave the state
- Timing implications of extending benefits to out-of-state eligible beneficiaries with respect to short-term program implementation and long-term collaboration with other states establishing similar programs
- Options for conducting eligibility determinations outside of Washington
- Alternative forms of benefits for out-of-state eligible beneficiaries and methods of cross-state coordination on LTSS providers
 - The workgroup continues to study this topic and will revisit recommendations once a policy design has been recommended.

Workgroup on Portability

Options to address the cost of expanding benefits to people who leave the state:

- Option 1: Allow anyone with at least one year of qualifying coverage who leaves the state to elect portable benefits coverage by choosing to continue contributing premiums to WA Cares until the Normal Retirement Age under Social Security (currently age 67 for those born in 1960 or later)
- Option 2: Provide significantly reduced benefits to anyone who has paid in 10 years and then leaves the state
- The workgroup has requested modeling on Option 2 and will meet again in October once that modeling is available. The workgroup will report out again on options to address cost of portability at November Commission meeting
- The feasibility and cost effectiveness of all other areas the workgroup has considered will depend on which design is adopted; volume of people who can receive benefits out of state and the amount of benefits they can receive significantly impact all other areas of this recommendation

Workgroup on Portability

Timing implications of extending benefits to out-of-state eligible beneficiaries with respect to short-term program implementation and long-term collaboration with other states establishing similar programs:

- **Background:** Making Washington's benefit available nationwide before it's made available to Washingtonians could pose risk to WA state staff's ability to implement the program successfully in-state. Other states are exploring similar programs, which if implemented, could increase the feasibility of a multi-state benefit in the future.
- **Draft Recommendation:** WA Cares Fund develops systems to facilitate out-of-state eligible beneficiaries claiming WA Cares Fund benefits starting in 2030.

Workgroup on Portability

Options for conducting eligibility determinations outside of Washington:

- **Background:** DSHS may use WA Cares assessor capacity to conduct all out-of-state assessments virtually or contract with a private company who would manage assessments nationwide and could do in-person visits. In both options, a triage method that allows telephonic and virtual assessments to be done when appropriate could reduce cost.
- **Draft Recommendation:** Allow DSHS to determine the method if and when portability has been enacted. The cost of these options will depend on a number of factors that could change between now and implementation of portable benefits. If portability is enacted, DSHS will then vet these options to determine most cost-effective approach at that time.

Workgroup on Benefit Eligibility

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.

Workgroup on Benefit Eligibility

The Workgroup developed recommendations for DSHS on the following five topics:

- Developing eligibility standards that promote ease of access to earned benefits and early access to care, including support for unpaid family caregivers
- Promoting seamless transitions to Medicaid
- Preparing people for transitions to a private LTSS policy
- Developing ways to cover people with specialty care needs and cognitive impairment by considering instrumental activities of daily living and lack of natural supports
- Considering impacts to program solvency and administrative costs

Workgroup on Benefit Eligibility

Draft Recommendations to DSHS:

Topic 1: Developing eligibility standards that promote ease of access to earned benefits and early access to care, including support for unpaid family caregivers

- Develop triage model for face-to-face, virtual and telephonic assessments
- Consider but do not require existing health records to expedite eligibility; also conduct an independent interview with the applicant or authorized representative to determine needs
- Create eligibility standards that are easy to understand and can be used to quickly ramp up outside assessors to increase capacity when needed
- 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

Workgroup on Benefit Eligibility

Draft Recommendations to DSHS:

Topic 2: Promoting seamless transitions to Medicaid

- Use an eligibility standard similar to Medicaid LTSS and ensure people who could functionally qualify for Medicaid can first access WA Cares Fund
- Provide access to information and continued planning through referrals when benefit balances are low

Workgroup on Benefit Eligibility

Draft Recommendations to DSHS:

Topic 3: Preparing people who have a private long-term care insurance policy for transitions from WA Cares to their private policy

- 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

Workgroup on Benefit Eligibility

Draft Recommendations to DSHS:

Topic 4: Developing ways to cover people with specialty care needs and cognitive impairment by considering instrumental activities of daily living and lack of natural supports

- Consider a progressive diagnosis as an indicator that ADL will be impacted
- Use screening tools for people who do not have a diagnosis
- Evaluate instrumental activities of daily living including financial management, transportation, and medication management
- Understand how natural supports aid in successfully completing activities of daily living and what would happen if that person was not there

Workgroup on Benefit Eligibility

Draft Recommendations to DSHS:

Topic 5: Considering impacts to program solvency and administrative costs

- Develop eligibility standards that mirror what was projected in the actuarial modeling, which aligns with Medicaid LTSS
- Do not require reassessment for individuals with chronic long-term care needs; provide access to continued care planning through referrals when benefit balances are low
- Automatically close benefits after six months only for people who qualified temporarily and have a prognosis of recovery; allow these individuals to reach out for reassessment and extended benefits if their need continues
- Allow people to request to close their benefits at any time if they no longer need to access care; remaining benefit balance will remain for later use if care is needed again

Workgroup on Benefit Eligibility

Eligibility Scenarios:

- Rueben has a planned hip replacement and lives alone. He will need care at home for up to six months post operation to support him in bathing, toileting, and shopping for groceries
- Esther has a cognitive impairment that impacts her daily living; her family supports her by reminding her to take her medications, dress, and groom herself. They also keep her safe when she cooks in the kitchen.
- Chen has broken her back in a mountain-biking accident and suffered a traumatic brain injury. She needs help getting out of bed, bathing, dressing, taking medications and cueing to do her home exercise program. Chen's spouse cannot afford to take much time off of work to assist.

Workgroup on Benefit Eligibility

Next Steps:

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

Workgroup on Recertification and Rescinding of Private LTC Insurance Exemption

Policy Background: Approximately 475,000 people have been approved for an exemption based on purchasing private long-term care insurance. The window to purchase private LTC insurance in order to be exempt from WA Cares Fund has closed.

According to the 2022 operating budget bill ESSB 5693, Section 204 (58) The long-term services and supports trust commission established in RCW 50B.04.030 must submit the results of the following activities, including any legislative recommendations, to the governor and appropriate legislative committees no later than January 1, 2023:

- (58)(b) The commission shall develop options for requiring the ongoing verification of the maintenance of long-term care insurance coverage by persons who have received an exemption under RCW 50B.04.085, including consideration of procedures that minimize administrative burden, minimize negative impact on long-term services and supports trust account solvency, and incentivize maintenance of coverage
- (58)(c) The commission shall develop options for providing workers who have received exemptions based on having private long-term care insurance pursuant to RCW 50B.04.085 an opportunity to rescind their exemption and permanently reenter the long-term services and supports trust program.

Workgroup on Recertification and Rescinding of Private LTC Insurance Exemption

Workgroup Recommendations:

- **Recertification**

- Require all individuals with approved exemptions to provide proof that they had purchased a qualifying LTC policy prior to 11/2021 and that they have maintained their policy through the present day.
- To maintain an exemption, recertification is required to occur at an interval of no more frequently than annually and no less frequently than every three years beginning in December 2024.
- Recertification is no longer required or possible after ten years.

- **Rescind the lifetime exemption**

- Give all exempted individuals a one-time limited opportunity to rejoin WA Cares.
 - Expires in 2028 – five years after program premium payment begins.

Adoption of Supplemental Private LTC Insurance (SPLTCI) Workgroup Report

Consensus was reached on set of recommendations on the structuring of an SPLTCI market, organized in six areas:

- Consumer protection
- Venue for filing policies
- Benefit trigger and elimination period
- Transition issues for near-retiree cohorts
- Continuity of covered care settings and providers
- Coordination of benefits between WA Cares and SPLTCI policies

Adoption of SPLTCI Report – Consumer Protection

Challenge: Ensuring consumers are aware of cost and benefit tradeoffs involved in choices around policy design features, particularly for a product which claims to supplement WA Cares benefits.

Recommendations:

- Develop consumer guide for people seeking SPLTCI coverage to help them make informed choices
- Direct and fund Office of the Insurance Commissioner to expand Statewide Health Insurance Benefits Advisors (SHIBA) program to educate SPLTCI consumers (focus on middle-income market)
- Create new section of statute in Title 48 to regulate policies that can be marketed and sold as supplemental to WA Cares
 - Should apply to SPLTCI products only and not disrupt current long-term care insurance market
 - Should be sufficiently detailed and thorough to give consumers adequate information to protect them as they make decisions about purchasing a product that entails a substantial long-term financial commitment
 - Everything known about SPLTCI policies should be disclosed up front so consumers are not surprised later

Adoption of SPLTCI Report – Venue for Filing SPLTCI Policies

Challenge: Issues regarding filing venue could create barrier to market entry by private LTC insurance carriers.

Recommendation:

- Washington State should endeavor to work through the logistical challenges for allowing “mix and match” to reach the agreed-upon goal of facilitating the development of a vibrant and competitive SPLTCI market

Adoption of SPLTCI Report – Benefit Trigger and Elimination Period

Challenge: potential gaps in coverage related to benefit trigger and elimination period

Recommendations:

- SPLTCI deductible (monetary component of SPLTCI elimination period) should be equal to WA Cares full maximum lifetime benefit (starting at \$36,500) and automatically adjusted for inflation
- WA Cares annual benefit inflation adjustment should be automatic, rather than an annual discretionary determination by the LTSS Trust Council
- Carriers may not require that a client undergo a functional assessment or satisfy a benefit trigger in order to determine that a SPLTCI elimination period has begun or ended
 - Carrier may conduct a functional assessment and apply a benefit trigger for purposes of approving SPLTCI claim and authorizing SPLTCI benefits
 - SPLTCI policies must accept exhaustion of maximum WA Cares benefits (currently \$36,500) by a SPLTCI policyholder – or for WA Cares beneficiaries with partial benefits, exhaustion of WA Cares benefits and utilization of paid care which together total proposed statutory SPLTCI deductible (currently \$36,500) – as sufficient to satisfy monetary component (deductible) of SPLTCI elimination period

Adoption of SPLTCI Report – Benefit Trigger and Elimination Period

- For proof of exhaustion of WA Cares benefits, will suffice that WA Cares Fund informs carrier when a client's WA Cares benefits are exhausted
- SPLTCI policies' elimination period may include, in addition to the monetary component (deductible), a time component such as 3, 6, 9, or 12 months, but not to exceed 12 months
- For policies that include both monetary and time component, a policyholder would satisfy SPLTCI elimination period after later of 2 events:
 - Exhausting WA Cares benefits
 - Being on their WA Cares claim for the time period specified in the policy
- New SPLTCI consumer guide, SHIBA counseling, and disclosures should support consumers in assessing tradeoffs between various elimination period options and price points and educate consumers about importance of budgeting their WA Cares benefits carefully to reduce the likelihood and size of a potential donut hole

Adoption of SPLTCI Report – Transition Issues for Near-Retiree Cohorts

Challenge: potential gap in coverage due to gap between partial benefits and \$36,500 elimination period in SPLTCI policies

Recommendations:

- SPLTCI consumer guide and SHIBA counseling will work to educate near-retirees on cost and benefits of purchasing SPLTCI policies
 - Particular focus will be potential for a large deductible before the SPLTCI policy begins paying claims, its implications, and strategies for managing this
- For SPLTCI policies marketed and sold to near-retirees, dollar component of elimination period (deductible) may be \$36,500 or less

Adoption of SPLTCI Report – Continuity of Covered Care Settings & Providers

Challenge: Ensuring WA Cares beneficiaries can keep their existing care setting and/or provider (including family providers) as they transition to SPLTCI benefits

Recommendations:

- Unless there is good-faith reason to believe a care setting or provider is not suited to meeting care and safety needs of a beneficiary, SPLTCI policies must allow continuity from WA Cares to SPLTCI coverage of care setting and provider, including family providers, so that SPLTCI “extends” WA Cares benefits without disrupting care
 - Carriers may audit for fraud, i.e. to determine whether care being billed is actually being provided
- If a carrier determines a care setting or provider is not suited to meeting care and safety needs of a beneficiary the carrier may, effective 90 days after the transition from WA Cares to SPLTCI benefits, require a change in care setting or provider
 - Beneficiary will have right to appeal decision through third party independent review tracked by OIC
- In their covered care settings and providers, SPLTCI policies must generally include coverage of family providers

Adoption of SPLTCI Report – Collaboration in Benefit Administration

Challenge: Ensuring warm handoffs to minimize risk of discontinuities in care

Recommendations:

- To support seamless transition from WA Cares to SPLTCI, a process of reciprocal administrative notification should be developed:
 - When a WA Cares Fund qualified individual applies for WA Cares benefits, WA Cares Fund asks whether individual has SPLTCI coverage and if yes, requests written consent from the applicant to share this information with SPLTCI carrier for purpose of triggering SPLTCI policy's elimination period as well as any potential care coordination
 - When a Washingtonian purchases a SPLTCI policy, carrier requests written consent from policyholder to share this information directly with WA Cares Fund and if this consent is granted, shares that information with WA Cares Fund
- Only basic demographic information that would allow a person to be identified in each system would be shared; no health information or data on claims.

Workgroup on Accountability

Background:

- Enforcement authority for premium collection (penalty, delinquency, and interest structure)
 - WA Cares does not have authority to require employers to participate. No current avenue for ESD:
 - To collect penalties from employers who do not report wages
 - To apply interest to unpaid premiums from employers
 - PFML authority in 50A.45 does not apply to WA Cares
- Process and documentation for ensuring accurate premium collection from self-employed

Workgroup on Accountability

Recommendations:

On Topic 1: The Commission recommends the following statute change:

Adopt for WA Cares Fund the premium accountability measures contained in the PFML statute, namely PFML authority 50A.45.

On Topic 2: The Commission makes recommendations to the Employment Security Department (ESD) for the following rule amendments and policy changes:

- As ESD does for PFML, ESD will require quarterly wage reports from individuals who are self-employed and elect coverage for WA Cares. The department will assess premiums each quarter based on reported wage. It is recommended that at the end of each taxable year, elected covered participants verify income that was reported to appropriately apply accurate premium assessment and “true up” any misreported income and to amend WAC 192-915-015 to require this. The workgroup recommends accomplishing this is by aligning annual net profit, to which WA Cares premium is applied, with Line 2 of an individual's federal Schedule SE and requiring annual uploading of Schedule SE.
- Communicate with those who elect coverage that they will be expected to report net income quarterly and true up annually on the basis of their Schedule SE.

BREAK



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Update on Milliman's 2022 WA Cares Fund Actuarial Study

Presentation to: LTSS Trust Commission

Luke Masselink, Senior Actuary



Today's Agenda

- What is included in Milliman's updated baseline analysis and when will it be completed?
- What changed from the prior study?
- How will it impact OSA work products?

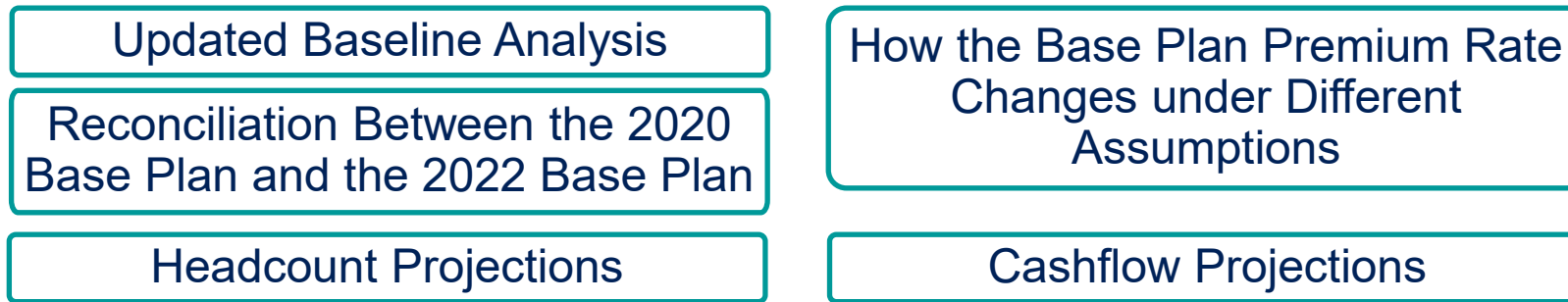
Note: Today's presentation does not include quantitative results from Milliman's updated baseline analysis

Baseline versus Base Plan

- Both are commonly used terms in Milliman's reports
- Baseline analysis estimates the premium rate necessary to fund all program benefits and expenses over the 75-year projection period
 - Communicated as a range of premium rates reflecting some sensitivity, e.g., investment and participation sensitivities
 - In Milliman's 2020 Study, the baseline analysis estimated a premium rate range of 0.51% - 0.71%
- Base Plan is a specific scenario within the baseline analysis
 - A consistent set of assumptions applied to the current law plan design
 - In Milliman's 2020 Study, the Base Plan estimated a premium rate of 0.66%
- Scenarios reflecting alternate assumptions or plan designs often show the incremental impact relative to the Base Plan premium rate

What's Coming and When

- Milliman's 2022 WA Cares Fund Actuarial Study will be published in late October



- Milliman will present their analysis at the November 10 Commission meeting

Updated Baseline Reflects Changes since Last Study

- Prior study published in fall 2020
- Update reflects current law
- Includes relevant changes to

Covered Population

Plan Design

Assumptions

- Some updates improve program's expected financial outlook; some updates worsen it

Changes to Covered Population

- Starting eligible workforce
 - Increased to reflect 18-month program delay
 - Reduced to reflect actual private market exemptions (one time opt-out)
 - Reduced to reflect ongoing voluntary exemptions ([HB 1733](#) from 2022 Legislative Session)
- Starting covered wages
 - Updated to reflect the same workforce adjustments listed above
 - Increased to include total gross wages before deductions, most notably healthcare premiums

Covered Population

Key Changes to WA Cares Fund Plan Design

- Update includes legislative changes since prior study
 - Premium collection delayed 18 months to begin on July 1, 2023, and benefits are eligible for payment no earlier than July 1, 2026
 - Pro-rated benefits for near-retirees born before January 1, 1968
 - Voluntary exemptions
 - Self-employed workers
 - Individuals whose disability onset occurs before age 18

Plan Design

Plan Changes Currently under Study Excluded from Updated Baseline

- Commission and workgroup recommendations will not be included in updated study until enacted in law
 - Benefit eligibility
 - Portability
 - Re-attestation of private LTCL policy
 - Where appropriate, Milliman to publish separate analyses communicating potential impacts relative to the updated analysis

Changes to Key Assumptions

- Updates from 2022 Social Security Trustee's report
- Investment return
 - Incorporated WSIB's fixed income investment plan
- Wage growth and benefit inflation
 - Both assumptions recognize differences between regional and national figures
 - Baseline assumes longer timeframe before regional figures equal national figures
- Final report to include sensitivity of results by varying key assumptions
 - Includes a scenario with no grade off of Washington-to-nationwide wages and inflation

Assumptions

Milliman's Updated Analysis Will Inform OSA Work Products

Frequently Asked Questions *(November 2022)*

- Will answer questions about what changed since prior analysis
- Provide additional detail on key assumptions and methods

Solvency Report *(December 2022)*

- OSA to present preliminary recommendations at November Commission meeting

Financial Metrics *(Prior to 2023 Legislative Session)*

- Will include updated funded ratio calculation as well as additional takeaways from Milliman's analysis

In Summary

- Final Milliman report expected in late October
 - Will be included in your November meeting materials and published on OSA's [website](#)
- Milliman will present their analysis at the November 10 Commission meeting
- 2022 Actuarial Study will encompass multiple updates from the 2020 Study
- OSA work products will also be updated to reflect Milliman's new analysis
 - OSA to present Solvency Report recommendations at the November 10 Commission meeting

Questions? Please Contact: The Office of the State Actuary

leg.wa.gov/OSA; state.actuary@leg.wa.gov

360-786-6140, PO Box 40914, Olympia, WA 98504

Luke Masselink

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Thank You



Expiration of the CBA Clause for PFML and impact on WCF

Background:

- Both Paid Family and Medical Leave (PFML) and WA Cares Fund contain a provision to exclude premium assessments from employees covered by a collective bargaining agreement (CBA).
- Legislation passed in 2022 (2SSB 5649) sunsets this provision for paid leave only as of December 31, 2023.
- ESD is implementing combined employer reporting for paid leave and WA Cares.
 - Inconsistent CBA provisions make this harder for employers to understand and successfully complete required reporting.

Recommendation:

- Request a statute change to add WA Cares Fund in the CBA exception that expires December 31, 2023.

Pilot project in early 2026 for benefit implementation

WA Cares Cross-Agency Agency Executives' proposal:

- Recommend to legislature providing the WA Cares' administering agencies with statutory authority to pay WA Cares benefits earlier than July 1, 2026 (but no earlier than January 1 2026) for a small group of eligible individuals. This would allow the agencies to test their systems and processes in production with a smaller group of beneficiaries and fix any problems that are uncovered prior to going fully live in July 2026.

Risk Management Planning:

1. The agencies evaluated an earlier launch of WA Cares payments for a small group of eligible individuals that will allow the agencies to use their systems and processes in production before the full demand for WA Cares benefits is available to the rest of the state
2. To support a pilot/soft launch, statute change is needed that allows the agencies to make WA Cares benefits payments before July 1, 2026. Current thinking is January 1 of 2026

Pilot project in early 2026 for benefit implementation – benefits

DSHS, ESD, and HCA believe a statute revision to allow the agencies to engage in rule making that allows a pilot launch of WA Cares Fund services and payments prior to July 1, 2026 offers the most flexible and responsive option for the program.

- This approach leaves flexibility for the agencies to determine timing and capacity to support a pilot
- It leaves open on how the pilot is conducted to make sure the appropriate provider network is in place
- It allows agencies to understand their ability to support a pilot based on what is approved by the legislature in the upcoming session that also adds work to the agencies.

“Without interruption of five or more consecutive years” requirement

- Over past two years, public and legislators have repeatedly expressed confusion over WA Cares’ primary pathway to qualified individual status: “A total of ten years without interruption of five or more consecutive years; ” ([RCW 50B.04.050](#))(1)(a)
- Milliman has determined that eliminating this requirement of no extended interruption would have a negligible effect on program finances
- Commission may want to consider replacing existing RCW 50B.04.050(1)(a) pathway language with the simpler formulation: “A total of ten years”

Crediting Shared Savings to WA Cares Fund

- At July Commission meeting, it was stated that:
 - any savings achieved through a potential shared savings waiver with the federal Centers for Medicare and Medicaid Services should be credited to the WA Cares Trust Fund, since these savings result directly from WA Cares Fund expenditures; and
 - since WA Cares expenditures are funded by WA Cares premiums, savings resulting from WA Cares expenditures should be used to maintain or lower WA Cares premiums for Washington workers.
- If crediting any such potential savings to the WA Cares Trust Fund were in statute, it would allow for a more holistic picture of the net financial impact of the WA Cares Fund, providing an additional perspective on the program's finances

Crediting Shared Savings to WA Cares Fund

- Draft language to operationalize this suggestion:
- “If Washington is successful in obtaining a waiver from the Centers for Medicare and Medicaid that results in shared savings because of WA Cares Fund spending, the amount of shared savings must be deposited into the WA Cares Fund Trust Fund.”

PUBLIC COMMENT

Questions about WA Cares Fund?

- Visit wacaresfund.wa.gov
- Submit questions to: wacaresfund@dshs.wa.gov

Sign up for Public Comment



Attendees: click on the Raise Hand icon to sign up for public comment



Phone callers: press *9 to raise your electronic hand.

Then, when recognized, press *6 to unmute yourself

Review Agenda for November 10 Meeting

- Final actuarial baseline analysis (Office of the State Actuary and Milliman)
- Administrative Expenses Report
- Receive final proposed recommendations from Portability Workgroup
- Draft Commission Report

Wrap Up

- Action items review
- Adjourn

THANK YOU



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