



WA CARES CONVERSATIONS

Caregiving and Brain Health

June 5, 2024



What we'll cover

Host

Kristen Maki (she/her)
Community Relations & Outreach
Program Manager, WA Cares Fund

Agenda

- Introductions & opening poll
- Panelist remarks
- WA Cares Fund overview
- Audience Q&A

Panel

Maria Anakotta, Alzheimer's Association
of Washington

Lynne Korte, Dementia Action
Collaborative

Monica Vinson, MS, CCC-SLP, CDP,
Mason General Hospital

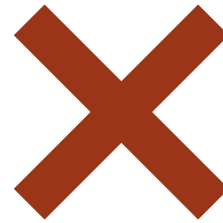
Kristoffer Rhoads, PhD, University of
Washington School of Medicine

Webinar recording and slides will be available at wacaresfund.wa.gov/webinars.

Defining long-term care and caregiving



help with activities
of daily living
like bathing, eating & dressing



not medical care

like doctor visits & treatment for
medical conditions



paid care from a
professional



help from a
family member
or friend, often unpaid



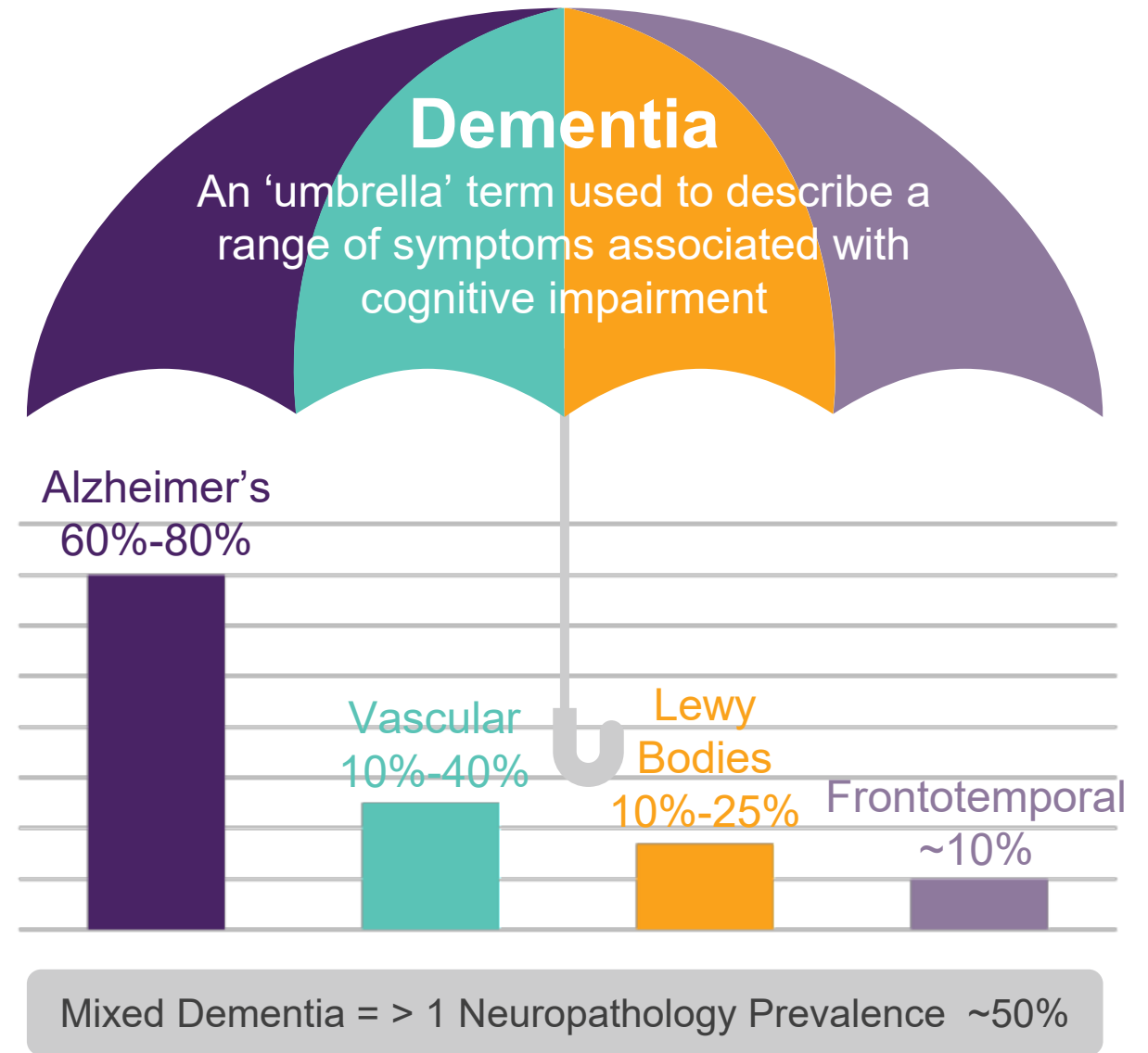
services & supports provided
in your own home



care provided
in a residential setting
like a nursing home or assisted living

Dementia is a Syndrome

- Dementia is a collection of symptoms related to cognitive decline
- Can include cognitive, behavioral and psychological symptoms
- Due to biological changes in the brain
- Alzheimer's is most common cause
- Mixed dementia is very prevalent
- Some causes of cognitive decline are reversible and not truly dementia



Alzheimer's in the Brain



normal brain



Alzheimer's brain



Alzheimer's disease leads to nerve cell death and tissue loss throughout the brain

Over time, the brain shrinks dramatically, affecting nearly all its functions

10 Warning Signs of Alzheimer's



1

Memory loss that disrupts daily life

2

Challenges in planning or solving problems

3

Difficulty completing familiar tasks

4

Confusion with time or place

5

Trouble understanding visual images and spatial relationships

6

New problems with words in speaking or writing

7

Misplacing things and losing the ability to retrace steps

8

Decreased or poor judgement

9

Withdrawal from work or social activities

10

Changes in mood or personality



Take Charge of Brain Health



Stay in School
Challenge Your Mind



Control Blood Pressure
Manage Diabetes



Protect Your Head



Get Moving
Eat Right
Maintain a Healthy Weight



Sleep Well



Be Smoke-free

Supports and Services

alzheimer's  association®

24/7 HELPLINE:

800.272.3900

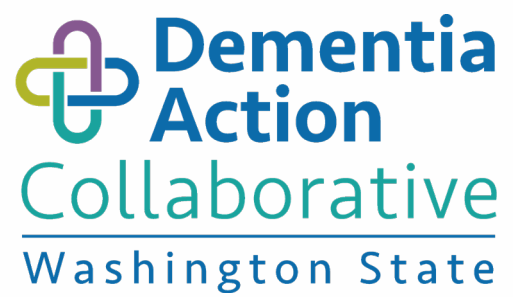


- Free, confidential support 24/7, 365 days a year
- Care consultations by phone with masters-level clinicians:
 - Safety issues
 - Legal, financial and care planning decisions
 - Strategies for managing behavioral symptoms
 - Action planning
- **Online Educational Webinars**
 - Safety issues
 - Healthy living for Your Brain and Body
 - Effective Communication Strategies
 - Legal and Financial Planning
- **Support Groups**
 - Providing emotional, educational, and social support to people with dementia and their caregivers.



Transforming
Lives

Dementia Resources



Lynne Korte, Dementia Care Program-Policy Analyst

- Aging and Long-Term Support Administration
- Home & Community Services



Family Caregiver Support Program/Resources

Family Caregiver Support Programs

Available to unpaid caregivers of adults needing care and living in Washington State.



Find:

- local resources/services
- caregiver support groups and counseling



Get:

- training on specific caregiving topics
- respite care if you need a break
- caregiving supplies



Talk:

- about specific issues you are having
- through practical information and suggestions for your caregiving situation

Find your [local Family Caregiver Support Program](#)

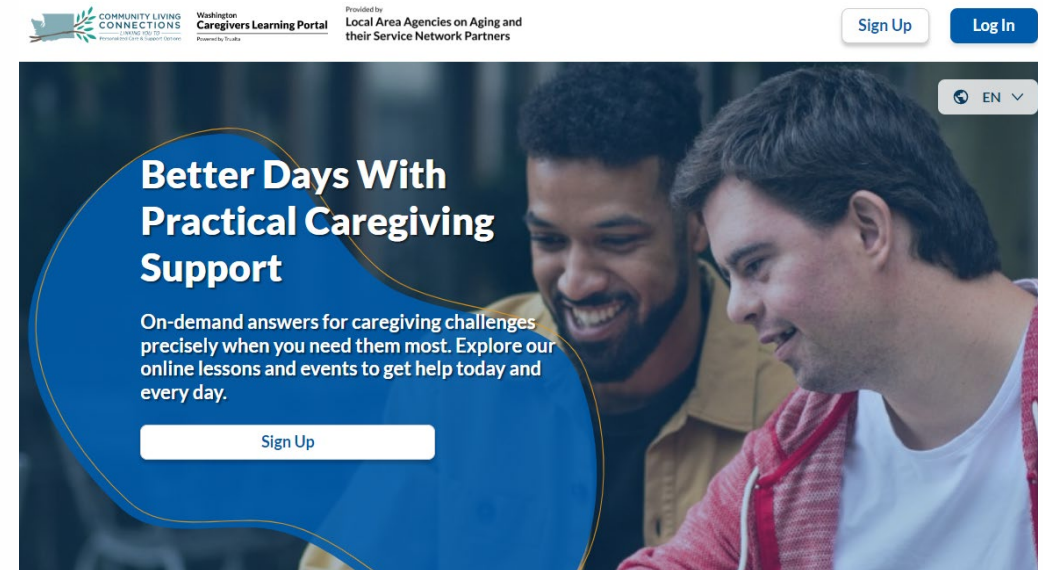


- All things dementia
 - Information
 - Training
 - Care consultations
 - Support groups
- 24/7 Helpline 800.272.3900
- WA Chapter - <https://www.alz.org/alzwa>

Family Caregiver Support Program/Resources

WA Caregivers Learning Portal – free online

- Webinars (mini-videos on care tasks, caregiving challenges)
- Community Chats
- Education
- Lots on dementia (Teepa Snow videos and more)
- **Find it here -**
<https://wacaregivingjourney.com/>



Dementia Action Collaborative Resources

<https://www.dshs.wa.gov/altsa/dementia-action-collaborative>



Washington State Department of Social and Health Services

How may we help you?

Agging and Long-Term Support Administration
About AL TSA | Frequently Asked Questions | Find Local Services, Information and Resources

Home > **AL TSA** > Stakeholders > Developing a State Plan to Address Alzheimer's Disease > Dementia Action Collaborative

AL TSA

Stakeholders

- Developing a State Plan to Address Alzheimer's Disease
- Dementia Action Collaborative**
 - Archived Meetings
 - Dementia Action Collaborative - Upcoming Meetings
 - Dementia Action Collaborative Documents
 - Dementia-Friendly Communities and Resources
 - Resources for Healthcare Providers and Community Organizations
 - Resources for Individuals and Families

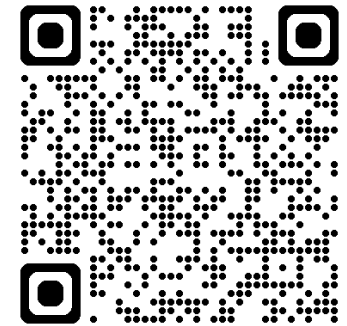
Dementia Action Collaborative



Dementia Action Collaborative
Supporting individuals and families affected by dementia.

The Dementia Action Collaborative (DAC) recently updated the Washington State Plan to Address Alzheimer's Disease and Other Dementias. This plan offers goals, strategies, and recommendations as a blueprint for action for the next five years. The DAC is a group of public and private partners committed to preparing Washington state for the growth of the population living with dementia. **View the 2023-28 plan.**

Looking for informa
about memory loss

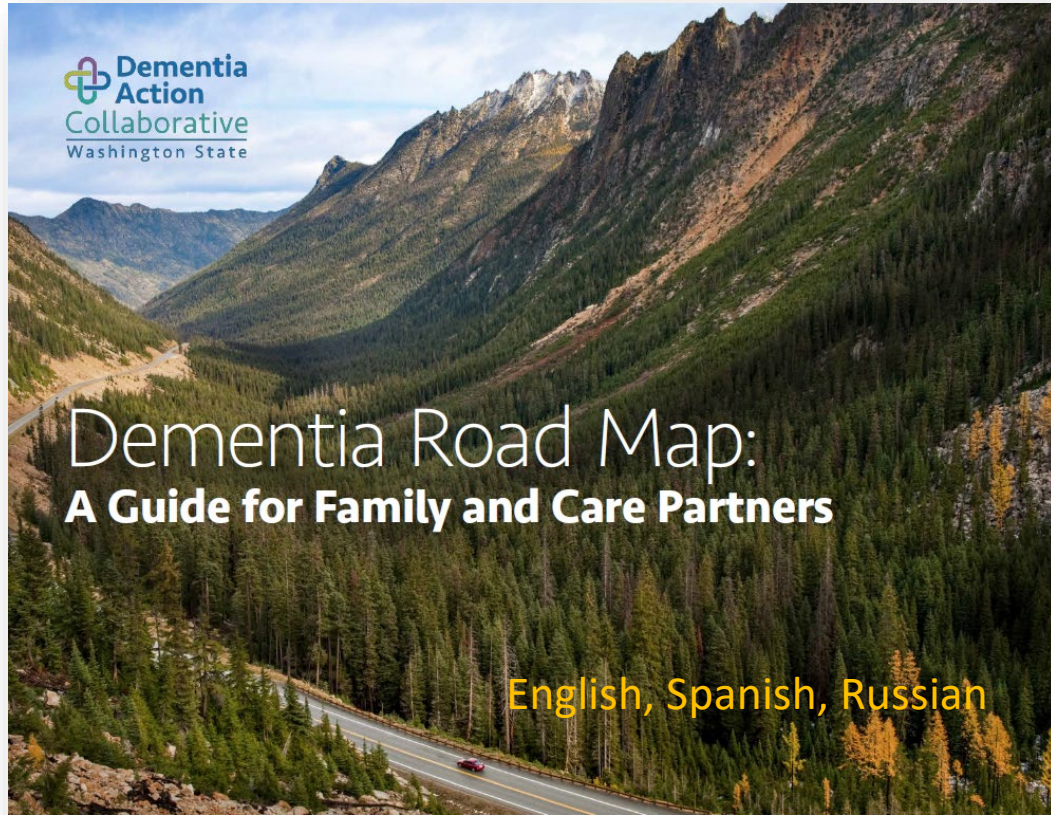


You'll find Resource Pages for:


- Individuals & Families
- Health Care Providers
- Dementia Friendly Communities
- DAC Documents



Inform, Educate and Prepare Families



View and/or download resources:
<https://www.dshs.wa.gov/altsa/dementia-action-collaborative> - go to
 Dementia Resource Pages/Individuals and Families



Info Kit

Safety Concerns for People with Dementia


Not all memory loss is due to dementia. Memory loss and/or confusion may be a result of many conditions, some of which are reversible. If you or someone you know has memory loss or confusion that's getting worse, it's important to talk with a health care professional about it. If it does turn out to be dementia, there are steps you can take to live well, and plan for a future with it.

Dementia affects each person differently, but symptoms typically include increasing memory loss, confusion, and disorientation. Changes in the brain can also impact how individuals interpret what they see, hear, feel, taste or smell, and their sense of time, place and judgment – each of which can impact safety.

The best environment for a person with memory loss or dementia is one that helps them feel as independent and supported as possible. For people with dementia wanting to stay at home, it's key to find the right balance between independence and safety - and to anticipate changes. With creativity and flexibility, it's possible to make adaptations that make the home safer and less stressful for all.

This "info kit" is a resource for family members and caregivers to assist in evaluating the home and taking steps to promote safety over the course of dementia. Materials highlight information and tips related to the following:

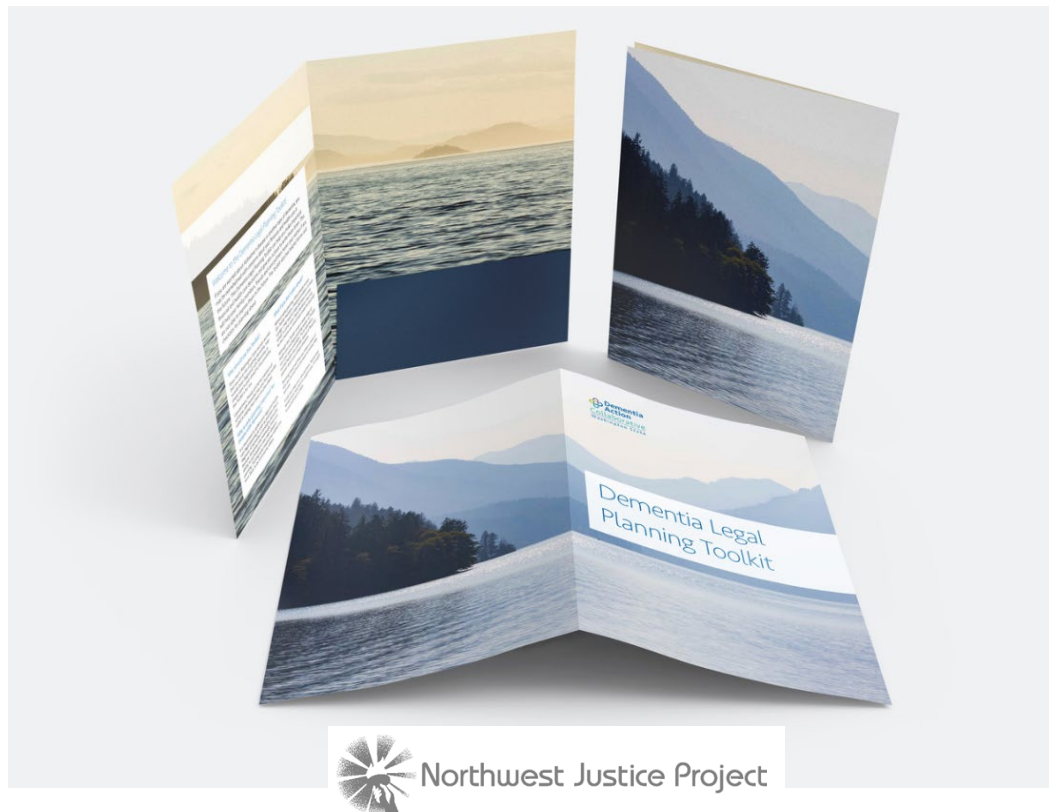
1. Home Safety
2. Falls Prevention
3. Driving
4. Wandering
5. Emergency Preparedness
6. Elder Abuse & Financial Exploitation



You may click on the links provided below each resource to view or print the information yourself. When a computer icon appears, the information is intended to be viewed online, and not in a printable format.

IT'S HELPFUL TO PLAN AHEAD, AND PUT SAFETY MEASURES IN PLACE BEFORE
THEY'RE REALLY NEEDED

Promoting early legal & advance care planning



- [Dementia Legal Planning Toolkit](#)*
- Dementia and capacity
- Financial decisions
- Health care decisions
- Resources
- [Forms and Instructions](#)

* [View online at Washingtonlawhelp.org](http://www.washingtonlawhelp.org)



Order free paper copies:

<https://forms.gle/FEmTG3gGwXdjHRaA7>

Dementia Legal Planning Project

Dementia Legal Planning
DEMENTIA LEGAL PLANNING PROJECT

HOW DOES IT WORK?

- Connect with us – by phone or online
- We match you with a volunteer attorney to guide you
- You complete essential paperwork
- No cost to you

READY TO GET STARTED?

☎ 425-780-5589

🌐 www.dementialegalplanning.org

Dementia Action Collaborative
Washington State

This program is funded, on behalf of the Dementia Action Collaborative, by the Aging and Long-Term Support Administration/DSHS.

Free help in completing forms:

- Power of attorney for finances
- Power of attorney for health care
- Health care directives
- Dementia directive

Learn more and find flyers to share with clients:

- <https://www.probonocouncil.org/dementia-legal-planning>

Caregiver Tip Sheets – Common Challenges

Caregiver Tip Sheets
IDEA! Strategy

An approach to help you figure out **why** a behavior is happening and **what** you can do about it.

Identify the behavior

- What is the behavior that is difficult for you to deal with? Be specific.
- Can you see it? Does it bother others? When does it happen? Who's around when it occurs?

Explore what may be causing the behavior

Understand the cause of the behavior

- **HEALTH:** Is the person taking a new medication, getting sick, or in pain?
- **ENVIRONMENT:** Is it too noisy? Is it too hot? Is the place unfamiliar?
- **TASK:** Is the activity too hard for them now? Are there too many steps? Is it something new?
- **COMMUNICATION:** Is it hard for the person to understand what you are saying?

Understand the meaning of the behavior to the person

- Does the person feel confused, scared, nervous, unhappy, or bored?
- Does the person feel like they are being treated like a child?
- Are there things that remind the person of something that they used to do when they were younger like go to work or pick up the children from school?

Adjust what can be done

You are the one who will need to change, the person cannot. Try different things. Pay attention to the person's feelings. Practice being calm, gentle, and reassuring.


- address what is causing the behavior
 - keep tasks and activities simple
 - keep the home as calm as possible
 - speak slowly and gently – try not to say too much at once
 - do not argue – agree and comfort the person whether they are right or wrong
 - find meaningful, simple activities so the person isn't bored
- distract or redirect by:
 - offering something they like to eat
 - watching a TV show or listening to music
 - asking for their help with a simple activity
 - leading them to a different room
- accept the behavior
 - some behaviors you may need to accept rather than change
 - if there are no safety concerns and it doesn't bother the person, you may need to find ways to live with it



Alzheimer's LOS ANGELES
844.HELP.ALZ
AlzheimersLA.org
© 2018 Alzheimer's Los Angeles
Supported by DSHS, ACS, and the Alzheimer's Association

Dementia Action Collaborative
Washington State
dshs.wa.gov/altsa/dementia-action-collaborative

Caregiver Tip Sheets
Bathing



People with Alzheimer's disease or dementia may be afraid of bathing or uneasy with having someone help them with bathing. Sometimes they worry about falling or can have trouble knowing which is the hot versus the cold water faucets.

WHAT CAN YOU DO?

PREPARE THE BATHROOM IN ADVANCE

- make sure the room is calm and warm
- run the water so it is not too hot or too cold
- don't use bright lights if possible

MAKE THE BATHROOM SAFE

- use a non-slip mat in the tub or shower as a bath mat
- consider a tub seat
- fill the tub with only 4 inches of water
- remove things that may be dangerous such as razors, nail clippers, hair dryer, etc.
- watch carefully – don't leave him or her alone

ALLOW TIME & BE POSITIVE

- allow your person to enjoy it... if he or she finds bath time relaxing
- stay calm
- be direct... "Your bath is ready now"
- instead of "Do you want to take a bath?" give one step directions
- "Let's wash your left arm... good!, now your other one" be patient... don't rush

BE REALISTIC

- don't argue or get frustrated... a daily bath may be too much
- consider a sponge bath instead of a tub bath
- show what you need from them... pretend to wash your arm so that he or she can copy

WHY DOES THIS HAPPEN?

People with Alzheimer's or dementia might:

- afraid of falling
- feeling uneasy getting undressed in front of you
- scared or confused
- feeling helpless

Alzheimer's LOS ANGELES
844.HELP.ALZ
AlzheimersLA.org
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Dementia Action Collaborative
Washington State
dshs.wa.gov/altsa/dementia-action-collaborative

- Caregiver Tip Sheets available to download for common challenges and behaviors
- 18 different topics such as bathing, getting lost, hallucinations, paranoia, resistance to care, sundowning, etc.
- English, Spanish, Japanese, Chinese

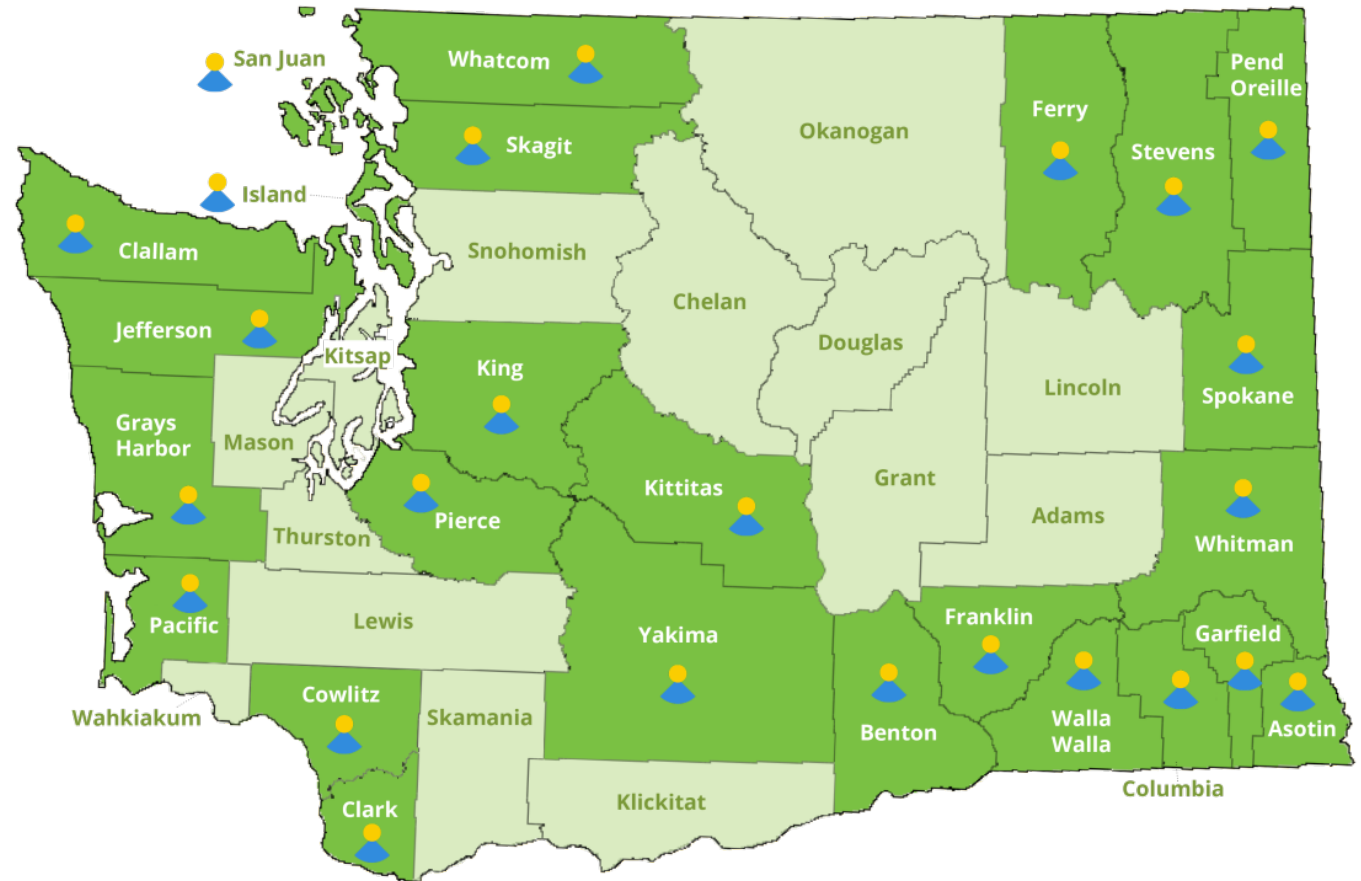


<https://www.dshs.wa.gov/altsa/sakeholders/tip-sheets-family-and-care-partners>

Building Individual Awareness

Want to be supportive to someone you know who is living with dementia?

- Anyone can become a Dementia Friend!
- Participate in [Dementia Friends Washington](#) – either online, or find your Contact Person (by county)



Public Awareness Campaigns

The screenshot shows the Washington State Department of Health website. The header includes the logo and navigation links: Home, Newsroom, Publications, About Us. Below the header are menu items: You and Your Family, Community and Environment, Licenses, Permits and Certificates, Data and Statistical Reports, Emergencies, and For Public Health and Healthcare Providers. A search bar is also present. The main content area features a breadcrumb trail: You and Your Family > Illness and Disease > Dementia. The title is 'Understanding memory loss'. The text explains that as we age, many experience some memory loss, which is normal but can be a sign of dementia. It defines dementia as a broad term for an impaired ability to remember, think, or make decisions. A video player shows Connie Thompson speaking. Below the video, a section titled 'Early detection helps make life better' includes a list of actions: access resources, identify and treat reversible causes, and make lifestyle changes. An image shows an older man and woman looking at a document together.

The page is titled 'Signs of dementia vs. normal aging'. It states that memory loss disrupting daily life may be a symptom of dementia and advises consulting a health care provider. It features an icon of a head with puzzle pieces. Below this, it defines 'Memory loss that disrupts daily life' as forgetting information or dates and notes that the typical age-related change is temporarily forgetting names or appointments. Another icon shows a head with a warning sign. It defines 'Difficulty with familiar tasks' as trouble driving, making a grocery list, or remembering a game, with a typical age-related change of occasionally recording a TV show.

The page is titled 'Community Dementia Education Resources' and includes a language selector set to English. It provides resources for Black/African American and Latinx/Hispanic communities in Washington state, available for download and use for education and awareness. It notes that the Washington State Department of Health is actively working to develop tailored materials. Below the text is a list of resource categories: Videos, Brochures, Newsletter Articles, and Social Media Graphics, each with a dropdown arrow. An 'Expand all' link is also visible.

Find materials: doh.wa.gov/memory

AN OVERVIEW OF ACQUIRED BRAIN INJURIES

MONICA VINSON, MS, CCC-SLP, CDP ®

JUNE 5, 2024

ACQUIRED BRAIN INJURY (ABI) TYPES

Traumatic Brain Injury (TBI)

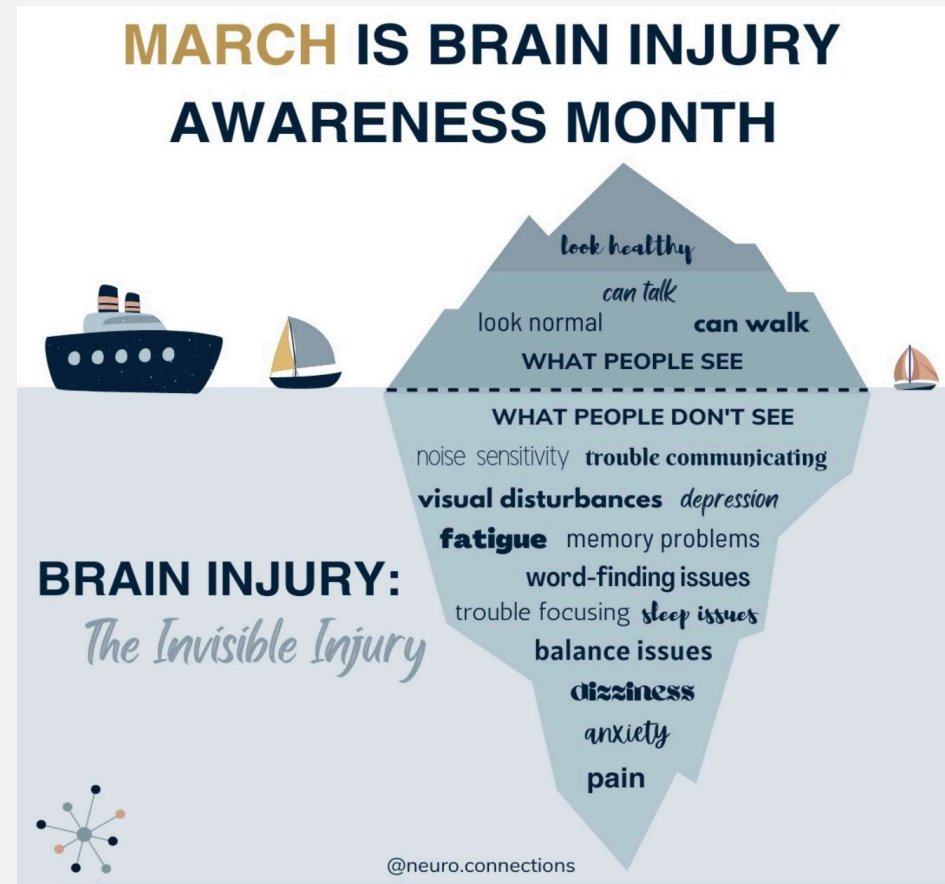
- ***External*** force that disrupts brain functioning
- Examples:
 - Closed head injury (falls, motor-vehicle accidents, assaults, blast injury...)
 - Penetrating head injuries (gunshot wound, stab wound...)

Non-traumatic Brain Injury (NTBI)

- ***Internal*** changes that disrupt brain functioning
- Examples:
 - Stroke
 - Anoxic brain injury (lack of oxygen to the brain)
 - Brain tumor
 - Meningitis, encephalitis

THE IMPACTS OF ABI

- Neurological Symptoms can include:
 - **Somatic** (headache, pain, nausea)
 - **Sensory/Processing** (vision, taste/smell, hearing, balance)
 - **Motor** (walking, talking, eating/swallowing)
 - **Neurobehavioral** (aggression, anxiety, depression, apathy, pseudobulbar affect, impulsivity)
 - **Cognitive-communication** (aphasia, attention, memory, executive function)



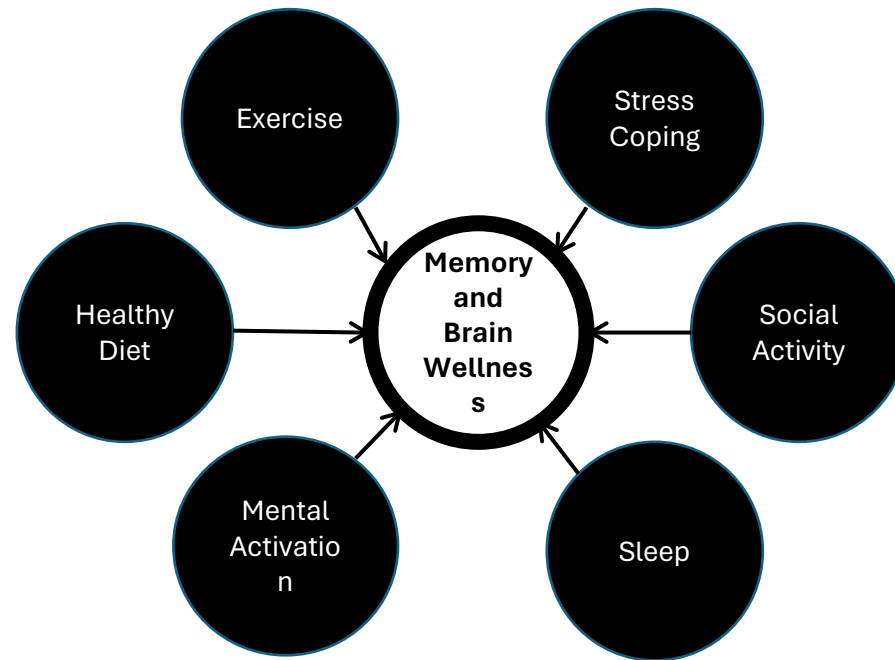
PREVENTION & RESOURCES

- Brain Injury Alliance of Washington (BIAWA)
- BrainLine
- American Speech-Language-Hearing Association (ASHA)
- Washington State Department of Social and Health Services (DSHS)
- Support Groups
- Sara Bellum's Bakery & Workshop – Portland, Oregon



Photo Credit: Sara Bellum's Bakery & Workshop

Alzheimer's Disease and Related Dementias



Kristoffer Rhoads, PhD

Clinical Neuropsychologist

Associate Professor, Department of Neurology

Memory and Brain Wellness Center

Harborview Medical Center/University of Washington School of Medicine

Importance of Early Detection and Accurate Diagnosis

- Rule out reversible causes, mimicking conditions^{1,2}
- Access to resources, supports and services²
- Improved management of comorbid conditions³⁻⁵
- Reduced preventable hospitalizations and emergency room visits⁶
- Clarifying wishes around end-of-life care⁶
- Improved advance and end-of-life care planning^{5,6}
- Timing of behavioral interventions and graduated care plans⁶⁻¹⁰

Masquerading Conditions/Rule Outs

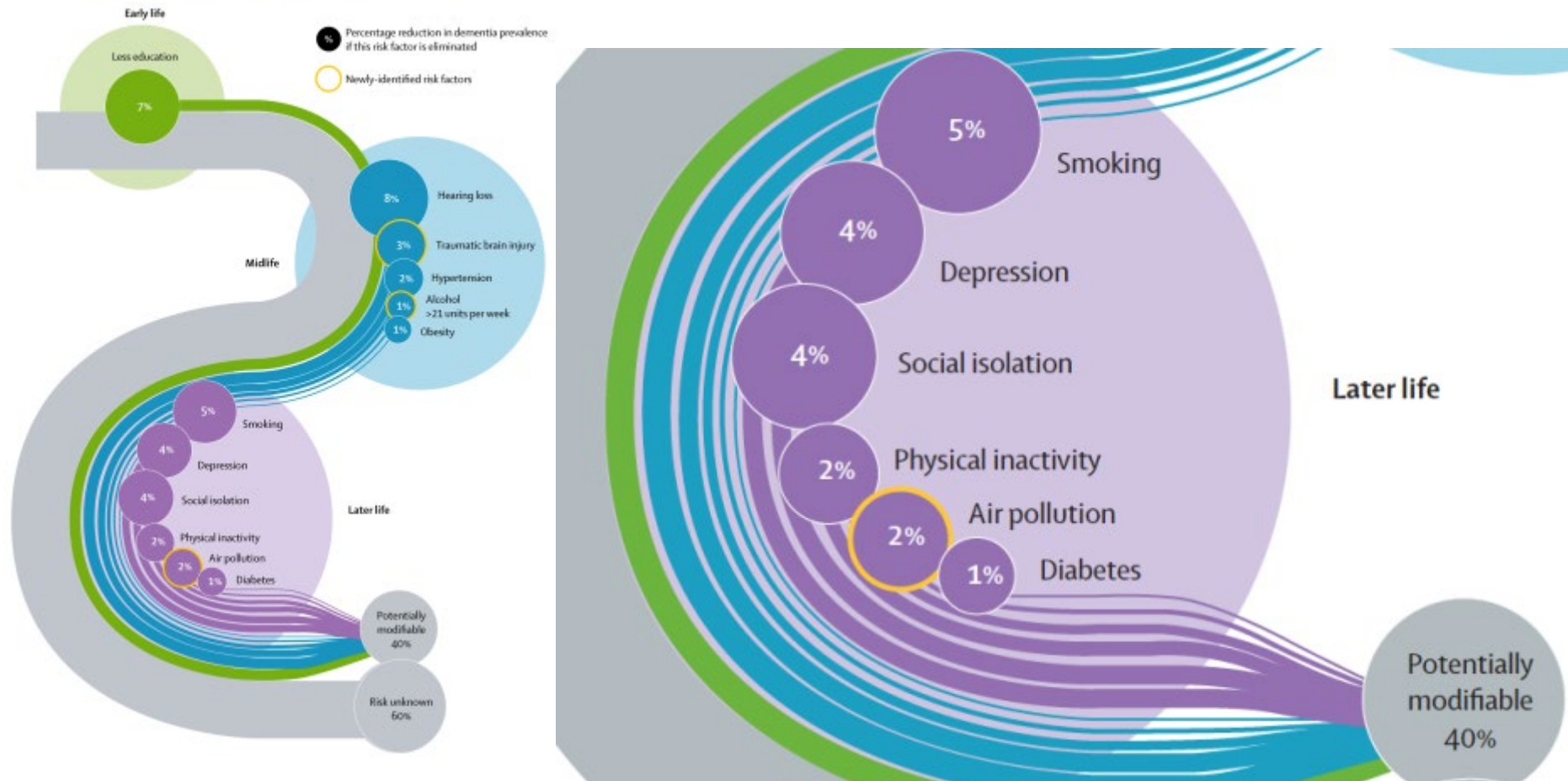
- Hearing and vision loss
 - Assess, have a Pocket Talker and readers available
- Metabolic
 - CBC, CMP, B12 (maybe MMA), thyroid, vit. D
- Medication side effects/Polypharmacy
 - Anticholinergics (esp. OTC- diphenhydramine and doxylamine)
 - Narcotics/Opiates
 - Benzos, antidepressants, sleep medications
 - Resource- Beers Criteria (GSA, 2019)
 - Resource- Appropriate Prescribing, Trang Le, PharmD
 - Part 1 - <https://youtu.be/5WXVenbmBeU>
 - Part 2 - <https://youtu.be/E1h5jOWdX30>
- Delirium
 - UTI/infection
 - Organ failure
 - Sodium/potassium/electrolytes
 - Medications

Lancet Commission

Dementia Prevention, Intervention, and Care Livingston et al., 2020

Risk factors for dementia

An update to the Lancet Commission on Dementia prevention, intervention, and care presents a life-course model showing that 12 potentially modifiable risk factors account for around 40% of worldwide dementias



Livingston G, Huntley J, Sommerlad A, et al. Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *The Lancet* 2020;



Prevention and Interventions

- Treatment of Modifiable Risk Factors
 - Cardiovascular
 - Sedentary lifestyle
 - Sleep disorders/disruption
 - Alcohol
- Cardiovascular Exercise
- Cognitive Activation and Rehabilitation
- Dietary Interventions
- Meditation/Mindfulness-Based Stress Reduction
- Community Engagement and Socialization

Exercise and Physical Activity

- Should be recommended to adults with normal cognition to reduce the risk of cognitive decline.
 - Quality of evidence: moderate
 - Strength of the recommendation: strong
- May be recommended to adults with MCI to reduce the risk of cognitive decline.
 - Quality of evidence: low
 - Strength of the recommendation: conditional
- 150 min of moderate-intensity or 75 min vigorous-intensity /week
 - Double for additional health benefits
- Aerobic activity = 10+ minutes' duration
- Poor mobility = balance and fall prevention on 3+ days/week
- Muscle-strengthening = major muscle groups on 2+ days/week
- Limitations = as physically active as abilities and conditions allow

RISK REDUCTION OF COGNITIVE DECLINE AND DEMENTIA

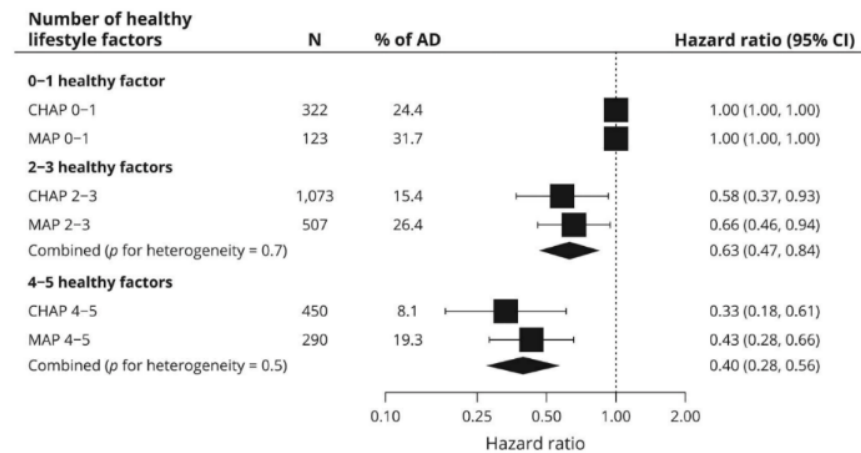
WHO GUIDELINES



The Importance of Lifestyle

- Combining multiple healthy lifestyle factors may be more impactful for reducing dementia risk
 - Healthy diet
 - Moderate to vigorous physical activity
 - Light to moderate alcohol intake
 - Smoking
 - Cognitive stimulation
- 4 or 5 = 59% lower risk
- 2 or 3 = 39% lower risk
- May offset genetic risk

Figure HRs of AD according to the combination of healthy lifestyle factors in the prospective cohort studies



Model adjusted for age, sex, race, education, APOE $\epsilon 4$, and prevalence of cardiovascular disease (including heart disease or stroke). A random-effects meta-analysis was used to combine cohort-specific results. AD = Alzheimer dementia; CHAP = Chicago Health and Aging Project; CI = confidence interval; HR = hazard ratio; MAP = Rush Memory and Aging Project; N = number of participants in each group.

Resources

- Dementia Support NW
 - <https://dementiasupportnw.org/>
- Memory Loss Info WA
 - memorylossinfowa.org
- Dementia Action Collaborative/State Plan
 - www.dshs.wa.gov/altsa/dementia-action-collaborative
- Alzheimer's Association
 - Taking Action workbook:
http://www.alz.org/mnnd/documents/15_ALZ_Taking_Action_Workbook.pdf
 - Living Well workbook:
http://www.alz.org/mnnd/documents/15_ALZ_Living_Well_Workbook_Web.pdf
- Momentia Seattle
 - www.momentiasattle.org
- Department of Health
 - <https://www.doh.wa.gov/YouandYourFamily/HealthyAging/AlzheimersDiseaseandDementia>

“I have a good life”

“After hearing the news, I just felt totally lost. But you know what, I have a good life. That sounds crazy, but I do!

I get out, I have fun, and I don't worry about Alzheimer's. Because if you can't fix it, then you have to find a way to live with it.

I've got a group of people who love me, and who stand by me, and that is what life is supposed to be.

I just want all the happiness I can have, and that's what I go for.”

~Alice P.

Bellevue, WA



Photo: Rachel Turner, Alzheimer's Association

Contact Information

Memory and Brain Wellness Center

<https://depts.washington.edu/mbwc/>

Harborview Medical Center

325 9th Ave., 3rd Floor West Clinic

Seattle, WA 98104

Phone 206-744-3045

Fax 206-744-5030

krhoads@uw.edu

UW Medicine

HARBORVIEW
MEDICAL CENTER



How the WA Cares Fund works

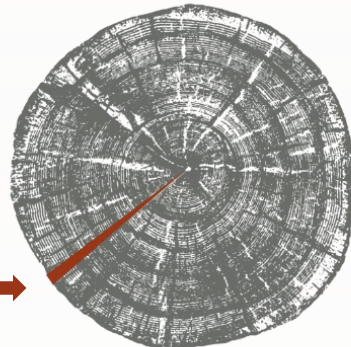
- Earned benefit
- Self-funded by worker contributions
- Works like an insurance program
- Only contribute while you're working
- Everyone covered at same rate regardless of pre-existing conditions
- No copays, no deductibles, and you never have to file a claim

Typical Income:

\$50,091

Typical Contribution:

\$291/year



0.58%

Contributions

0.58%

Amount workers
contribute from wages



Contributions began

Benefits

\$36,500

Lifetime maximum benefit
(adjusted annually up to
inflation)



Benefits available

Affordable contributions across your career

\$35,000 annual salary	
Each year	\$203
Over 10 years	\$2,030
Over 20 years	\$4,060
Over 30 years	\$6,090

\$50,000 annual salary	
Each year	\$290
Over 10 years	\$2,900
Over 20 years	\$5,800
Over 30 years	\$8,700

\$75,000 annual salary	
Each year	\$435
Over 10 years	\$4,350
Over 20 years	\$8,700
Over 30 years	\$13,050

\$36,500 benefit amount will be adjusted annually up to inflation.

Who contributes to WA Cares

Automatically not included

- Workers whose work is not localized in WA **not included** (same definition as Paid Family and Medical Leave)
- Federal employees **not included**
- Employees of tribal businesses only included **if tribe opts in**
- Self-employed individuals only included **if they opt in**

Must apply to ESD for an exemption

Exemption type	Availability	Permanent?
Workers who live out of state	Ongoing	✗
Workers on non-immigrant visas	Ongoing	✗
Spouses & domestic partners of active-duty U.S. armed forces	Ongoing	✗
Veterans with 70%+ service-connected disability	Ongoing	✓
Workers who had private long-term care insurance by 11/1/21	**No longer available**	✓

Visit wacaresfund.wa.gov/exemptions for details

Self-employed elective coverage

Eligible for elective coverage:

- Sole proprietors
- Joint venturers or members of a partnership
- Members of a limited liability company (LLC)
- Independent contractors
- Otherwise in business for yourself

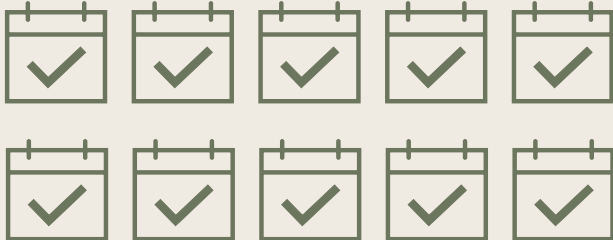
Opt into WA Cares and protect yourself!

- Get the same affordable benefits available to other Washington workers
- Contribute 0.58% of:
 - Your net earnings
 - Gross wages, if any, paid to you from your business entity
- Must work 500 hours per year to earn benefits (to calculate, divide gross annual wages by current minimum wage)
- Applications became available July 1, 2023
- Learn more at wacaresfund.wa.gov/opt-in

Qualifying for benefits

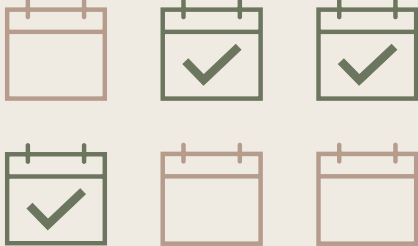
Lifetime access to full benefit

Contributed for a **total of 10 years** without a break of 5+ consecutive years



Early access to full benefit

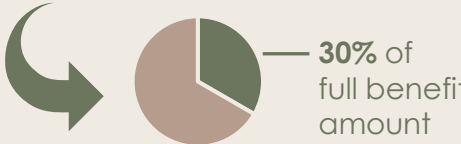
Contributed at least **3 of the last 6 years** at the time you apply for benefits



FOR NEAR-RETIRES

Lifetime access to partial benefit

People born before 1968 earn **10% of benefit amount** for each year worked



To earn benefits, must work at least 500 hours per year (about 10 hours per week)

The benefit is flexible

Up to **\$36,500** for any combination of services and supports, including:



Professional care at home or in a facility



Adaptive equipment & technology like hearing or medication reminder devices



Training & paying family member or friend to be your caregiver



Home-delivered meals



Home safety evaluations & environmental modifications like wheelchair ramps



Support & respite for family caregivers



Transportation

Must need help with **3 activities of daily living** like bathing, dressing, eating, medication management

How far will the benefit go?



Family caregiver

Paying a family caregiver	\$31,300
10 hours/week for 2 years	
Care supplies	\$2,200
2 years of incontinence supplies	

Total **\$33,500**



Home accessibility

Home safety renovations	\$15,000
Electric wheelchair or scooter	\$2,600
Weekly meal delivery	\$9,200
7 meals/week for 3 years	

Total **\$26,800**



Temporary support & services

Part-time caregiver	\$31,300
20 hours/week for 1 year	
Transportation to appointments	\$3,200
for 1 year	
Crutches	\$50

Total **\$34,600**

Note: These are estimates and do not guarantee the cost of any services, which may vary based on your area and other factors.

Taking your WA Cares benefit out of state

New law passed this year to allow you to use your benefit outside Washington

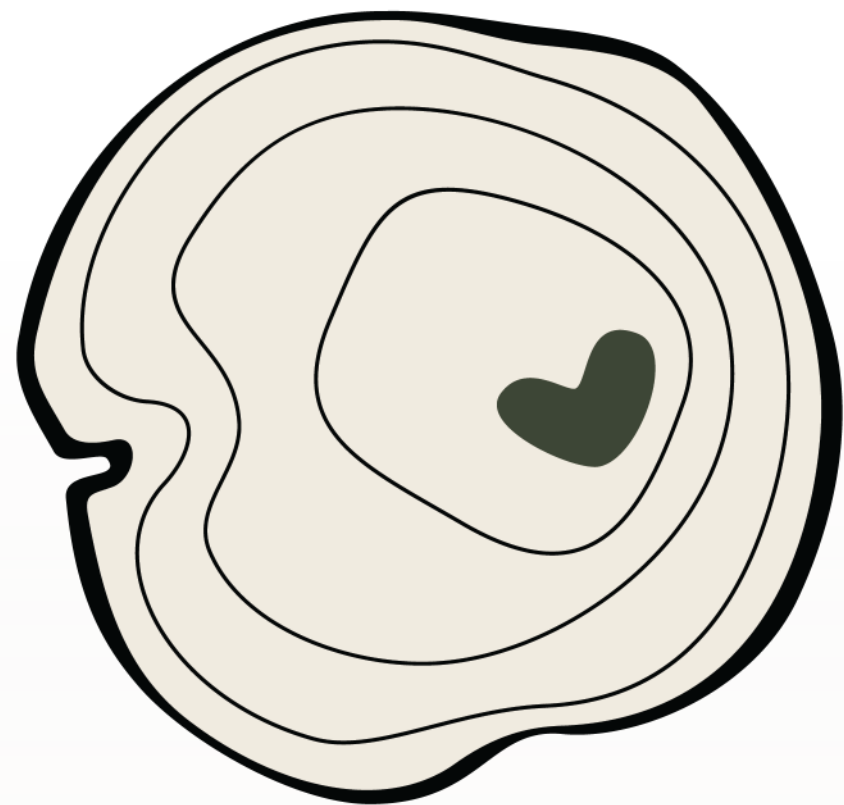
Contributions

- Starting in July 2026, workers can choose to continue participating in WA Cares if they move out of state
- Must have contributed to WA Cares for at least 3 years (working 500+ hours per year) & must opt in within a year of leaving WA
- Like other workers, out-of-state participants keep contributing during working years

Benefits

- Available starting July 2030
- **Contribution requirement:** Same pathways as other workers
- **Care need requirement:**
 1. Be unable to perform (without substantial assistance) at least 2 of these activities for at least 90 days: eating, toileting, transferring, bathing, dressing or continence; OR
 2. Require substantial supervision to protect from health & safety threats due to severe cognitive impairment

Audience Q&A





Thank you

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