

October 30, 2024 LTSS Trust Commission Meeting Minutes

Meeting Date	10/30/2024	Time	1:00 – 4:00 pm
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Attendees							
<input checked="" type="checkbox"/>	Representative Paul Harris	<input type="checkbox"/>	Representative Bryan Sandlin	<input checked="" type="checkbox"/>	Representative Frank Chopp	<input checked="" type="checkbox"/>	Representative Nicole Macri
<input type="checkbox"/>	Senator Curtis King	<input checked="" type="checkbox"/>	Senator Judy Warnick	<input checked="" type="checkbox"/>	Senator Karen Keiser	<input checked="" type="checkbox"/>	Senator Steve Conway
<input checked="" type="checkbox"/>	Secretary Jilma Meneses, Department of Social and Health Services	<input checked="" type="checkbox"/>	Cami Feek, Employment Security Department (Daniel Zeitlin as delegate)	<input checked="" type="checkbox"/>	Taylor Linke, Health Care Authority	<input checked="" type="checkbox"/>	Peter Nazzal, Home Care Association Representative
<input checked="" type="checkbox"/>	Madeleine Foutch, Representative of a union representing LTC workers	<input checked="" type="checkbox"/>	Cathleen MacCaul, Representative of an organization representing retired persons	<input checked="" type="checkbox"/>	Lauri St. Ours, Representative of an association representing SNF/ALF providers	<input checked="" type="checkbox"/>	John Ficker, Adult Family Homes Providers Representative
<input checked="" type="checkbox"/>	Ruth Egger, Individual Receiving LTSS #2 (or designee or representative of consumers receiving LTSS)	<input checked="" type="checkbox"/>	Laura Cepoi, Organization Representing the Agencies on Aging	<input checked="" type="checkbox"/>	Mark Stensager, Individual Receiving LTSS #1 (or designee or representative of consumers receiving LTSS)	<input checked="" type="checkbox"/>	Rachel Smith, Representative of an organization of employers whose members collect the premium (or will likely be collecting)
<input checked="" type="checkbox"/>	Silvia Gonzalez, Worker who is paying the premium established in section 9 of the LTSS Trust Act and who is not employed by a long-term services and supports provider	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Guest Speakers							
<input checked="" type="checkbox"/>	Porsche Everson, Facilitator	<input checked="" type="checkbox"/>	Ben Veghte, Department of Social and Health Services	<input checked="" type="checkbox"/>	Andrea Meewes Sanchez, Department of Social and Health Services	<input checked="" type="checkbox"/>	Luke Masselink, Office of State Actuary
<input checked="" type="checkbox"/>	Evan Pollock, Milliman	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Topic	Minutes
Welcome and Call to Order	<ul style="list-style-type: none"> Commission members in attendance indicated above. Secretary Meneses reviewed the meeting goals.
Approve Consent Agenda	<ul style="list-style-type: none"> No objections were made; items were adopted.
Approve Agency Administrative Expenses Report	<ul style="list-style-type: none"> Senator Judy Warnick made a motion to approve the Agency Administrative Expenses Report. Representative Nicole Macri seconded. A vote was taken and 13 vote aye, 0 nay. The motion passed. Laura Cepoi volunteered to submit the report.



<p>WA Cares Fund Program Refresh</p>	<p>Key program details per current statute (RCW 50B.04):</p> <ul style="list-style-type: none"> • Premium rate - \$0.58 cents for every \$100 earned • Lifetime benefit maximum –\$36,500, adjusted annually up to inflation, paid directly to providers • Three pathways to qualified individual status <ul style="list-style-type: none"> ○ Contribute 10 years without interruption of five or more consecutive years ○ Contribute 3 of the last 6 years from the date of application for benefits ○ For near-retirees (born before 1968): contribute at least one year, earning one-tenth of the lifetime benefit amount for each year contributed ○ A person must work 500 hours during a year to receive credit for a qualifying year • Eligible beneficiary <ul style="list-style-type: none"> ○ A qualified individual who requires assistance with at least 3 activities of daily living (i.e., bathing, dressing, eating, ambulation, medication management, toilet use, transfer, etc.)
<p>Finance Update</p>	<p>WA Cares Fund FY24 Premium Revenue and Expenditure</p> <ul style="list-style-type: none"> • Premium Revenue (actual) - \$1,383,957,204 • Premium Revenue (projected) - \$934,000,000 • Expenditure - \$30,378,521 <p>Finance Update: Monitoring Early Experience</p> <ul style="list-style-type: none"> • As part of the Risk Management Framework (RMF), Phase 1 is largely focused on data collection, monitoring, and updating actuarial projections • Actual experience will be used in future actuarial projections • When comparing actual to assumed data, sustained deviations or significant short-term deviations could have long-term impacts <ul style="list-style-type: none"> ○ Depending on the source of the deviation, it could take years before there is sufficient credible experience to modify assumptions based on actual experience ○ This is consistent with Phase 1 of the RMF • In the meantime, OSA and Milliman will be monitoring emerging experience and reporting on any impacts to long-term fund solvency
<p>Update on OSA Solvency Report and Recommendations</p>	<p>OSA's Preliminary Recommendations to Support Fund Solvency</p> <ul style="list-style-type: none"> • Clarify key program parameters to ensure program administration aligns with actuarial modeling <ul style="list-style-type: none"> ○ Benefit eligibility threshold • Ensure data systems collect and report information necessary for ongoing evaluation of trust solvency <ul style="list-style-type: none"> ○ Opportunity to coordinate with broader program data needs • Continue to monitor emerging experience and update projections as part of Phase 1 of the Risk Management Framework <ul style="list-style-type: none"> ○ Next actuarial valuation report is expected in December 2024 ○ Phase 1 expected to end no sooner than 2028
<p>Discuss Collection of Employment Sector Data (RCW 50B.04.140)</p>	<p>Discuss Collection of Employment Sector Data</p> <p>Per RCW 50B.04.140:</p> <ul style="list-style-type: none"> • Beginning December 1, 2028, and annually thereafter, and in compliance with RCW 43.01.036, the commission must report to the legislature on the program, including:



	<ul style="list-style-type: none"> ○ (5) Demographic information on program participants, including age, gender, race, ethnicity, geographic distribution by county, legislative district, and employment sector. • The WA Cares Fund benefit will eventually serve people who have likely been out of the workforce for some time prior to applying for benefits, and who may have worked in several employment sectors throughout their careers. Collecting this data increases the burden on benefit applicants and is unlikely to lead to meaningful insights about recipients or the program itself. <p>Removing Employment Sector Data</p> <p>Pros</p> <ul style="list-style-type: none"> • Decreases the burden of collecting additional data from applicants and storing data for reporting purposes • Individual applicants will not need to determine which employment sector to select at the time of application which is likely to be after they are done with their working career <p>Cons</p> <ul style="list-style-type: none"> • The legislature will not receive demographic data on employment sector connected to individual beneficiaries • DSHS won't have data based on employment sector to target outreach <p>The Commission will discuss and vote on this agenda item at the December 11 LTSS Trust Commission meeting.</p>
<p>Vote on Provider Payment Maximums Recommendations (Group 1 and Group 3)</p>	<p>Group 1 - Workgroup Recommendations</p> <p><u>Adult Family Home</u></p> <ul style="list-style-type: none"> • WA Cares will pay usual and customary rates up to a maximum of \$455 per day. Rates will be inflation adjusted on a regular basis <p><u>Assisted Living Facility:</u></p> <ul style="list-style-type: none"> • WA Cares will pay usual and customary rates up to a maximum of \$540 per day. Rates will be inflation adjusted on a regular basis. <p><u>Nursing Home</u></p> <ul style="list-style-type: none"> • WA Cares will pay usual and customary rates up to a maximum of \$535 per day. Rates will be inflation adjusted on a regular basis. <p><u>Respite in Residential Facilities</u></p> <ul style="list-style-type: none"> • WA Cares will pay usual and customary rates up to a maximum of: <ul style="list-style-type: none"> ○ Adult Family Home: \$455 per day ○ Assisted Living Facility: \$540 per day ○ Nursing Home: \$535 per day ○ Rates will be inflation adjusted on a regular basis. <p><u>In-Home Personal Care including Respite:</u></p> <ul style="list-style-type: none"> • WA Cares will pay up to a maximum of \$45 per hour. <ul style="list-style-type: none"> ○ Rates should be adjusted to reflect regional differences. ○ Rates should be informed by the Medicaid rates for home care and should be inflation adjusted on a regular basis.



	<ul style="list-style-type: none"> ○ DSHS should develop wage/compensation pass through requirements to incentivize long-term care worker participation and mitigate worker shortages. <p>Group 3 - Workgroup Recommendations</p> <p><u>Adult Day Services including Respite:</u></p> <ul style="list-style-type: none"> ● WA Cares will pay up to a maximum of \$325 per day for adult day services, including respite. The maximum rate reflects a full (8 hour) day offering adult day health skilled nursing and rehab therapy. Rates will be adjusted to reflect regional differences and type of service provided, below: <ul style="list-style-type: none"> ○ Adult Day Health (skilled nursing and rehabilitative therapy) ○ Adult Day Care (supervised day programs, respite, and meaningful activities) ○ Adult Day Care Respite (short term break for family/caregivers) <p><u>Transportation</u></p> <ul style="list-style-type: none"> ● In order to reduce actuarial risk, WA Cares will pay up to \$400 per month for transportation services. This includes any combination of the following: <ul style="list-style-type: none"> ○ \$0.67 (or the current standard IRS mileage rate) per mile up to 220 miles per month for friends and family mileage reimbursement. Limits are imposed to reduce actuarial risk. ○ Usual and customary per trip costs which may include but are not limited to: costs associated with wait time, hospital discharge, vehicle type to accommodate specific needs, after hours, and mileage. ○ Rates will be adjusted to reflect regional differences. <p>Open For Discussion:</p> <ul style="list-style-type: none"> ● Foutch: When the Workgroup was working through In-Home Personal Care including Respite, was it taken into consideration how this rate might differ for specifically a family in-home caregiver versus a non-family in-home caregiver, and the different administrative costs in each instance? <ul style="list-style-type: none"> ○ Meewes Sanchez: We did not get into that level of detail in our workgroup, but it's something we will be looking at through our agency rules. ● Mark Stensager made a motion to approve the Provider Payment Maximums recommendations for Groups 1 and 3. Laura Cepoi seconded. A vote was taken, and there were 16 ayes, 0 nays. The motion passed.
<p>Report out on Provider Payment Maximums Recommendations (Group 4)</p>	<p><u>Care Transition Coordination</u></p> <ul style="list-style-type: none"> ● WA Cares will pay up to a maximum of \$360 per month for up to two consecutive months when transitioning from an acute care setting. <p><u>Dementia Supports</u></p> <ul style="list-style-type: none"> ● WA Cares will pay usual and customary rates up to a maximum of \$125 per 15-minute unit. Usual and customary rates vary by type: <ul style="list-style-type: none"> ○ Legal Consultation - \$50 - \$125 per 15 minutes ○ Behavior Support - \$25 - \$40 per 15 minutes ○ Support Group – Up to \$40 per session <p><u>Memory Care</u></p>



- WA Cares will pay usual and customary rates for Assisted Living Facility services that include Memory Care up to a maximum of \$600 per day. Rates will be inflation adjusted on a regular basis.

Education and Consultation

- WA Cares will pay usual and customary rates up to a maximum of \$80 per 15-minute unit. Usual and customary rates vary by type:
 - Skills/Training Development – Up to \$80 per 15 minutes
 - Evidence-based Programs – Up to \$600 per program
 - Training for Eligible Relative Caregivers – Up to \$800 per program

Services that Assist Paid and Unpaid Family Members (Housework and Errands):

- WA Cares will pay usual and customary rates up to a maximum of \$400 per month.
 - Usual and customary rates allow for the standard service but also allow for a one-off cleaning need such as 'move out' cleaning or a more intense deep cleaning.

Services that Assist Paid and Unpaid Family Members (Yardwork and Snow Removal):

- WA Cares will pay usual and customary rates up to a maximum of \$140 per hour, not to exceed \$400 per month.
 - Rates will be adjusted to reflect regional differences.

Home Safety Evaluation

- WA Cares will pay usual and customary rates up to a maximum of \$300 per home safety evaluation.

Professional Services:

- WA Cares will pay usual and customary rates up to a maximum of \$65 per 15-minute unit. Typical services include but are not limited to:
 - Skilled Nursing: direct patient nursing care
 - Nurse Delegation: comprehensive assessment of beneficiary, determine tasks that can be delegated, and providing written plans and detailed instructions
 - Private Duty Nursing: direct patient nursing care and support to family members who must assume a portion of the beneficiary's care.

Open for Discussion:

- Keiser: For Care Transition Coordination, I'm not clear who gets this payment. Currently, hospitals do care transition for patients, especially if they go to rehab for 30 days under Medicare. Are we going to be using WA Cares funds to pay hospitals for a service they already do?
 - Meewes Sanchez: No, the care transition coordinators would have to have bachelor's degree in nursing, gerontology, health care, social work, or related fields, which would complement whatever the hospitals are doing, it wouldn't duplicate it. Part of the discussion is to make sure that people understand to first access their medical benefit.
 - Keiser: I'm just not familiar with care transition coordination as a payment for health care.
 - Meewes Sanchez: We're anticipating most of the providers will be home health agencies, health homes, medical social workers or other non-profits that do this kind of work.

- Keiser: Do they get care transition fees now from private insurance?
- Meewes Sanchez: We can look into that more and get back to you.
- Keiser: I'm a little concerned. It just seems a little vague.
- Meewes Sanchez: Right now, we do have health homes programs which are run through Medicaid. We are anticipating the same types of providers that are doing health homes could provide care transition coordination as a component of the service they offer under Medicaid.
- Keiser: I'm not saying it's not good service, I'm just not familiar with this as a part of the current health care payment structure.
- Meneses: It's my understanding that, for those who don't qualify for Medicaid and need this service, they would have to pay for it out of pocket. From what I understand, from Andrea and others, is that WA Cares could be a form of payment, particularly for those who don't qualify for Medicaid. From what I understand, those services are not normally paid by insurance.
- Keiser: Private long-term-care insurance doesn't pay for care transition coordination?
- Meneses: I don't know for sure. Andrea would have to confirm that.
- Keiser: Let's do that. Could we please double-check that?
- Meewes Sanchez: We will follow up on that. **ACTION ITEM**
- Rector: There were separate services set up under the Affordable Care Act around care transitions and there are evidence-based models for good care transitions reducing the amount of hospital readmissions. There is not a good payer source typically outside of health homes for that. Hospitals help with transition planning, but they don't always follow the person into the community to make sure they're hooked up with their primary care doctor and land back in the hospital. Health homes would be ready to do this, as well as home health agencies. We would definitely want to make sure we weren't duplicating other available fund sources.
- Keiser: I remember putting together the health home programs out of the ACA and it's been very successful, so I have no quibble with the service, I just don't understand who gets the payment.
- Meewes Sanchez: That was addressed in some of the Minimum Provider Qualifications as well, so we have non-profit organizations that are doing health home care coordination now, as well as home health agencies and medical social workers
- Veghte: Senator Keiser, we'll take that as an action item to touch base with you as we implement to make sure we're taking into consideration all your thoughts, especially given your background in this area.
- Keiser: Could you please check with the private long-term-care insurance industry to see if they cover some of these unusual services like yardwork and housekeeping that are not medical or standard long-term care? If they don't, that's good to know; It's another benefit for WA Cares.
 - Meewes Sanchez: As I understand it, we did check with Milliman on that, and there are not examples of those in the private industry. Is that correct Evan?
 - Pollock: Yes, that's correct.
- Ficker: I have a question related to private duty nursing. There is a Private Duty Nursing Adult Family Home contract type that pays a daily rate. It has been separated by both the legislature and contracts into two distinct and different services. For the several hundred Private Duty Nursing contracted Adult Family Homes, I'm wondering what consideration is being made about how their rates will be made appropriate.
 - Meewes Sanchez: I know that was discussed but I'm going to have to follow up and get back to you. **ACTION ITEM**

Review Draft
Commission
Recommendations
Report

Minimum Provider Qualifications

Group 1:

Adult Family Home, Assisted living Facility, & Nursing Home

1. Hold a professional license
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

In-Home Personal Care –Individual Provider (IP)

1. Be 18 years of age or older and pass a DSHS background check
2. Meet all applicable laws and training requirements

In-Home Personal Care -Home Care Agency

1. Hold a professional license for at least three years
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws
5. No multiple lost litigation
6. Have no significant licensing deficiencies in the three-year period before registration
7. Obtain an independent financial audit
8. Use electronic visit verification (EVV)
9. Establish employee conflict of interest policy guidelines, procedures, and safeguards

Group 2:

Adaptive Equipment and Technology

1. Hold a business license and National Provider Identifier (NPI) number (Medical Providers only)
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws
- A beneficiary may purchase WCF covered items from a retail or online store of their choice and be reimbursed by a Financial Management Services (FMS) vendor contracted by DSHS if beneficiary submits receipt to FMS vendor for covered purchased items.

Environmental Modifications

1. Hold a business license, endorsement, credential, and/or certification
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Home Delivered Meals

1. Hold a business license, credential, and/or certification
2. Pass a DSHS background check



3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Personal Emergency Response System

1. Hold a business license, endorsement, credential, and/or certification
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Group 3:

Adult Day Services (Adult Day Health and Adult Day Care)

1. Pass a DSHS background check
2. Hold insurance consistent with WA Cares contract requirements
3. Meet all applicable laws

Respite for Family Caregivers – Adult Day Services

1. Hold a business license
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Eligible Relative Care

1. Be 18 years of age or older, be a relative to the beneficiary, and pass a DSHS background check
2. Meet all applicable laws and training requirements

Respite for Family Caregivers – Individual Provider

1. Be 18 years of age or older and pass a DSHS background check
2. Meet all applicable laws and training requirements

Respite for Family Caregivers – Home Care Agency

1. Hold a professional license for at least three years
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws
5. Litigation history
6. Have no significant licensing deficiencies in the three-year period before registration
7. Obtain an independent financial audit
8. Use electronic visit verification (EVV)
9. Establish employee conflict of interest policy guidelines, procedures, and safeguards

Transportation

1. Hold a business license, endorsement, credential, and/or certification

2. Be 18 years of age or older and pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws
 - A beneficiary may turn in receipts for an approved transportation purchase, including transportation provided by a family member, friend, or neighbor, and be reimbursed by a Financial Management Services (FMS) vendor contracted by DSHS if beneficiary submits documentation to FMS vendor for covered purchase.

Group 4:

Care Transition Coordination & Dementia Supports

1. Hold a professional or business license as applicable
2. Be 18 years of age or older and pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Memory Care

1. Hold a professional license, endorsement, credential, and/or certification
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Education and Consultation & Home Safety Evaluation

1. Hold a business or professional license, endorsement, credential, and/or certification
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Professional Services (Skilled Nursing, Nurse Delegation, and Private Duty Nursing)

1. Hold a professional or business license, endorsement, credential, and/or certification as applicable
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws

Services that Assist Paid and Unpaid Family Members – Housework and Errands & Yardwork and Snow Removal

1. Hold a business license for at least one year
2. Pass a DSHS background check
3. Hold insurance consistent with WA Cares contract requirements
4. Meet all applicable laws and OSHA's standard of use for cleaning agents

Provider Payment Maximums Recommendations – Group 2

Adaptive Equipment and Technology

- WA Cares will pay usual and customary rates up to a maximum of \$15,000



	<ul style="list-style-type: none"> • Typical services include but are not limited to: mobility aides, cognitive and sensory aides, and fine and gross motor aides. Assistive technology is any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized. • Note: Requests to exceed the maximum rate may be considered by the Department. <p><u>Environmental Modifications</u></p> <ul style="list-style-type: none"> • WA Cares will pay usual and customary rates up to a maximum of \$40,000 • Typical services include but are not limited to: grab bars, ramps, widening doors, and bathroom remodels for safety and accessibility. • Note: Requests to exceed the maximum rate may be considered by the Department. <p><u>Home Delivered Meals</u></p> <ul style="list-style-type: none"> • WA Cares will pay usual and customary rates up to a maximum of \$16 per meal. • Typical services include but are not limited to: box meals, pre-packaged meals, hot meals delivered to a beneficiary home. • Note: Requests to exceed the maximum rate may be considered by the Department. <p><u>Personal Emergency Response Systems</u></p> <ul style="list-style-type: none"> • WA Cares will pay usual and customary rates up to a maximum of \$100 for installation and \$83 per month for monthly services. This per month cost includes flexibility to accommodate multiple add on services. • Typical services include but are not limited to: Basic PERS, GPS, Med reminder and fall detector and wellness checks, via phone or in-person. • Note: Requests to exceed the maximum rate may be considered by the Department. <p>Open For Discussion:</p> <ul style="list-style-type: none"> • Conway: These are all in-state services. When do you plan to do the out-of-state recommendations? <ul style="list-style-type: none"> ◦ Veghte: We won't start providing benefits until 2030 for out-of-state beneficiaries. After we implement the core program in-state, we'll turn our attention to that. We didn't want to risk compromising the highest quality implementation before 2026, so we'll turn to that afterwards. ◦ Conway: Is that by law? People are going to start being eligible for these benefits in 2026. ◦ Veghte: Starting in 2026, beneficiaries can tell us that they're leaving the state, and they want to continue participating in WA Cares. Benefits for out-of-state folks will not be available until 2030, per statute. We need time to set up those systems in 49 other states and we need to do our due diligence on that. • MacCaul: There are a couple of bullet points in some of the sections that were not part of what we voted on in the last Commission Meeting. Should I just highlight those and email them to you? <ul style="list-style-type: none"> ◦ Meewes Sanchez: Yes, please point those out to us.
Public Comment	<ul style="list-style-type: none"> • Public comment was captured in the table below.
Review Agenda for November 15 meeting and December 11 meeting	<p><u>Agenda for November 15 Meeting</u></p> <ul style="list-style-type: none"> • Receive update from Contingency Planning Workgroup <p><u>Agenda for December 11 Meeting</u></p> <ul style="list-style-type: none"> • Approve 10/30/2024 & 11/15/2024 Commission meeting minutes



	<ul style="list-style-type: none"> • Receive Program Update • Receive Finance Update • Vote on Provider Payment Maximums Recommendations (Group 4) • Vote on Commission Recommendations Report • Review Commission Topics and Workgroups for 2025 <p>Open for Discussion:</p> <ul style="list-style-type: none"> • Stensager: We've talked about the home care criteria, and some have actually been modified. I'm wondering what the formal response is going to be to the to this letter and is there an opportunity for the Commissioners to look at that? We've spent some time talking about this and I think we've come up with more reasonable language. The point raised is probably a legitimate one and I don't recall us having a real discussion about this. <ul style="list-style-type: none"> ○ Veghte: If you like, the workgroup could meet again to discuss the letter and we could take that into account, probably in rulemaking, since we've already voted on it. Potentially, if the workgroup feels strongly enough, the recommendation could be revised at the December meeting. These are recommendations to DSHS to take into rulemaking, so we can take the feedback in any form. • Conway: For the vote on the Commission Recommendations Report, does that include recommendations to the legislature? <ul style="list-style-type: none"> ○ Veghte: Yes ○ Conway: At what point will we review that before we vote on it? ○ Veghte: The draft report is in your inbox, and it contains everything we discussed today. If the initiative were to pass, there's a Contingency Planning Workgroup meeting in November and then the Commission would meet again in November. There may be a recommendation to the legislature related to contingency planning, so that's something that could be added. There are all the old recommendations from previous years. ○ Conway: I hope at that in some report to us, you'll provide us with an outline of those old recommendations, so we'll know exactly what we haven't done in Olympia. ○ Veghte: Those are all in the Draft Recommendations Report, which we can send to you right after this meeting, but it should be in your inbox as well.
<p>Wrap-up</p> <ul style="list-style-type: none"> • Action Item Review • Adjourn 	<ul style="list-style-type: none"> • Action items captured in the table below. • Meeting adjourned at 2:40

#	Action Items	Lead	Due Date
1	Follow up with Senator Keiser on care transition coordination in the private long-term-care market.	DSHS	12/11/2024
2	Follow up with John Ficker regarding Private Duty Nurse-owned Adult Family Homes.	DSHS	12/11/2024



Name	Public Comment
Valerie Wanke	<p>I've been in the insurance industry for 40+ years, and long-term-care approximately 10. One thing I've noticed over the last couple of meetings when discussing these maximums, the background check, the training, etc....I understand with Medicaid issues, which is solely funded by government and state dollars, why all those rules and regulations are necessary. In essence, WA Cares is a separate fund, funded 100% by employee contributions, payments, taxes, whatever. There's no state or federal money going into that. Those are those people's policies. In that essence, it really functions more like the private sector. And I can tell you, in the private sector, there's one requirement when you submit a claim. It doesn't matter what the claim is for. It could be for assisted living, a nursing home, memory care, even home health care (well, we'll leave that to the side for a second except if it's provided by a licensed provider), the only requirement is that it's a licensed provider. There are no training requirements, they don't have to have been in business X number of years, they don't have to go through a background check. The clients can go through anyone they want to, and the hybrid policies that are a combination of life insurance and long-term-care insurance also provide home health care by family members. Again, there's no training; it's your policy. You can use those dollars however you like. If you want to go to a more expensive place to get services, that's up to you. Your policy is going to go down quicker, but that's up to you. So, I just wanted to make sure that was clear. Because since this is funded like a private plan – because this has to be a huge expense to go through all these hoops and make sure you're monitoring all this – I guess I'm asking a question but I'm making a statement at the same time, that hopefully this can be addressed at a different meeting. Thank you very much. I appreciate the time.</p>
Leslie Emerick	<p>I'm the Public Policy Director for the Home Care Association of Washington and I also represent the Home Care Association of America, Washington chapter. I just want to make sure you folks all received the letter we sent to the Commission on October 17th, and to reiterate the fact that we are a little bit concerned about the fact home cares agencies have much higher and more stringent requirements to participate in the program than other long-term-care providers. In particular, we are concerned about recommendations 8, 9, and 10 are significantly more regulatory than are required by other long-term-care providers. Perhaps everyone should have to fall under those same things. We're not aware of any statistical difference for our home care agencies providing care, so I'd just like folks to please notice the comments we submitted on October 17th and see if we can't level out the playing field a little more. Thank you.</p>