Report to the Legislature

Improving the Long-Term Care Trust Act

ESSB 6032, Section 206(35)

November 15, 2018

Prepared on behalf of the Washington Association of Area Agencies on Aging by:

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Background

Long-Term Care Problem Statement

As Washington State baby boomers continue to age, both families and Washington State itself will be forced to grapple with enormous financial risks. For seniors who reach the age of 65, more than two-thirds will eventually need long-term care supports and services to assist with activities of daily living (such as bathing, toileting, and managing medications).[1] The majority of care is currently provided by unpaid family caregivers, who number over 850,000 in Washington State.[2] Family caregivers frequently sacrifice their own financial security to care for loved ones, forgoing an average of $300,000 in lifetime earnings and spending up to twenty percent of their own income for caregiving expenses.[3,4] In coming decades, the number of available family members to provide long-term supports for seniors will decline dramatically, due to increasing longevity and decreasing family size.[5]

The cost of paying for professional long-term care generally exceeds most families' savings and retirement saving and income.[6] Only five percent of Washingtonians over 40 have private long-term care insurance.[7] To qualify for state assistance in paying for long-term care, people must spend their life savings down to the poverty level.

Washington State has built the highest-rated Medicaid long-term care system in the United States.[8] Our state long-term care system is also highly efficient, ranked 34th in the United States for cost.[9] However, the population needing long-term care will grow

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[1] Favreault, M. (2016). *Long-Term Services and Supports for Older Americans: Risks and Financing.* U.S. Department of Health and Human Services, Office of the Assistant Secretary of Planning and Evaluation. https://aspe.hhs.gov/basic-report/long-term-services-and-supports-older-americans-risks-and-financing-research-brief.

[2] DSHS data presented November 29, 2017. https://www.milbank.org/wp-content/uploads/2017/12/Rector.pdf.

[3] MetLife Mature Market Institute. (2011). *The MetLife Study of Caregiving Costs to Working Caregivers: Double Jeopardy for Baby Boomers Caring for Their Parents.*

[4] Rainville, C., Skufca, L., & Mehegan, L. (2016). *Family Caregiving and Out-of-Pocket Costs: 2016 Report* p. 7. Washington D.C.: AARP.

[5] D. Redfoot, L. Feinbert and A. Houser, *The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers* (Washington, D.C. AARP Public Policy Institute, August 2013 (projecting the current ratio of 7 potential family caregivers per person over 80 will decline to 3 caregivers per person over 80 by 2050). https://www.aarp.org/home-family/caregiving/info-08-2013/the-aging-of-the-baby-boom-and-the-growing-care-gap-AARP-ppi-ltc.html.

[6] Government Accountability Office. (2015). Most Households Approaching Retirement Have Low Savings (No. GAO-15-419). Washington D.C. https://www.gao.gov/products/GAO-15-419.

[7] Report to the Legislature. Feasibility Study of Policy Options to Finance Long-Term Services and Supports (p. 5, Rep.). (2017). Olympia, WA: Aging and Long-Term Services Administration (DSHS).

[8] AARP, Commonwealth Fund and Scan Foundation, State Long-Term Services and Supports Scorecard (3rd edition, released June 14, 2017). http://www.longtermscorecard.org/databystate/state?state=WA.

[9] Washington State Plan on Aging 2014-2018, p. 16. https://www.dshs.wa.gov/sites/default/files/ALTSA/stakeholders/documents/agingplan/Washington%20State%20Plan%20on%20Aging.pdf.

significantly in coming decades, doubling projected state budget obligations for Medicaid long-term services and supports to $4 billion each year by 2030.[10]

Legislative History

In 2016, the legislature commissioned a study and actuarial analysis of options to provide state assistance with long-term care, either through a publicly-funded state benefit or through state financial supports for the long-term insurance market. Milliman conducted the analysis and found that the public benefit could provide savings to the Medicaid long-term care program, at lower cost than private long-term care insurance market stabilization.[11]

In 2017, legislators introduced HB 1636 to create a public program to fund long-term services and supports. The bill received a hearing but did not receive a committee vote.

In 2018, legislators introduced a revised version of the bill as HB 2533 and SB 6238. This legislation, titled the Long-Term Care Trust Act, proposed a statewide public long-term care benefit of $36,500. This total reflected a benefit of $100 per day for a year, which is the current average utilization for Medicaid long-term care beneficiaries served in home settings.

Modeled on mechanisms developed for the Family and Medical Leave Act, the Trust Act was funded by an employee-only payroll contribution of a half-percent. To qualify, workers would contribute for at least ten years, but a safeguard for sudden events allowed workers to qualify if they had paid in three of the previous six years. The benefit was not portable to other states, although retirees who had vested and moved away could return to Washington State to access the program.

The recently updated actuarial analysis projects that in the first year Trust Act benefits would be paid out, the Medicaid program would realize savings of $34 million.[12] As the “age wave” population grows in the future, the potential savings to Medicaid increase to an estimated $470 million annual savings in 2052.[13]

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[10] DSHS Report to the Legislature: “Feasibility Study of Policy Options to Finance Long-Term Services and Supports” (January 2017). https://app.leg.wa.gov/ReportsToTheLegislature/Home/GetPDF?fileName=LTSS%20Study%20Report%20-%20ALTSA%20January%202017%20final_c7fef493-9530-4095-bc3e-4c362797c6f9.pdf.
[11] Id.
[12] DSHS Report to the Legislature: 2018 Feasibility Study of Policy Options to Finance Long-Term Services and Supports in the State of Washington: Update to Original Study, p. 16 (October 1, 2018).
[13] Id.

The bills were heard in both chambers. The house bill had reached the Rules committee when stakeholder concerns causes the sponsors to hold the bill for further negotiations over the 2018 interim.

To facilitate resolution of stakeholder concerns, the legislature passed a 2018 supplemental budget proviso funding a DSHS contract with the Area Agencies on Aging to convene a work group and report back to the joint legislative and executive committee on aging and disability.

The proviso (attached as Appendix A) requested a report considering:

- Minimum qualifications that would allow a family caregiver to serve as a long-term services and supports provider;

- Administrative program options for providing compensation, benefits, and protections for family caregivers, considering cost effectiveness and administrative simplification.

Workgroup Process

DSHS contracted with the Northwest Regional Council (NWRC), the Area Agency on Aging serving four counties in northwest Washington, to convene and facilitate the workgroup discussions. The workgroup was made up of legislative bill sponsors, consumer advocacy organizations, long-term care provider organizations, labor representatives, legislative staff and DSHS long-term care experts. Many work group members were current or former caregivers for family members and brought both personal and professional perspectives to the discussion. The membership of the workgroup is listed in Appendix B.

The workgroup met seven times during the 2018 interim and gathered for three additional meetings called by DSHS to prepare questions for the new Milliman actuarial analysis and to review Milliman findings. The calendar of workgroup meetings is listed in Appendix C.

NWRC engaged in numerous additional one-on-one meetings with key stakeholders and DSHS representatives to facilitate the ongoing conversation. Together the group posed and negotiated resolutions for more than thirty-five issues and questions, which are attached as Appendix D.

Analysis and Recommendations

Recommendation 1: The range of covered services, at minimum, should match what is in Washington's public system

The language of HB 2533 protected a consumer's ability to use the long-term care trust act benefit in the setting of their choice (their own home, adult family home, assisted living facility or nursing home) as well as their choice of provider type. In early workgroup discussions, we realized that consumers would benefit from a much wider choice of services to address their specific needs. The members agreed to a mutual goal of assuring greater flexibility for consumers.

DSHS staff helped educate the group about the wide variety of supports currently available through the state long-term care system, including many critical services for unpaid family caregivers, including respite, adult day care, personal emergency response systems, assistance coordinating transitions between long-term care settings, home modifications such as wheelchair ramps, and dementia supports and education. A chart describing the wide variety of currently available long-term services and supports is attached as Appendix E. The group agreed to include coverage for the full range of existing services, defined through an illustrative list in proposed bill language.

The group also agreed that the $100 per day limit to the benefit could be a barrier for families who chose to make home modifications or use more expensive services such as nursing home care. The group concluded that consumers would be in the best position to judge what services best met their needs, and that the lifetime cap on the benefit amount would encourage consumers to steward the resource and potentially extend it beyond the one-year benefit contemplated in HB 2533.

The group negotiated recommended changes to bill language to reflect this consensus.

Recommendation 2: Explicitly include services that support family caregivers

While demographics show that the number of available family caregivers will decrease over time, families will continue to provide the majority of hands-on caregiving and services coordination for loved ones. While some families will choose to supplement family caregiver labor with purchased caregiving services, others may not need or want to bring additional people into the home for daily care needs.

The work group recognized that these caregiving family members may need other supports to provide quality care, such as education about dementia or other conditions

affecting their loved ones. For example, they may want to consult with a nurse, occupational therapist, behavioral specialist, or other professional who can provide education and strategy for effective caregiving in their loved one's specific circumstances. Respite is a critical support for family caregivers, allowing them to get out of the house for groceries, medical appointments, worship or family events.

The group acknowledged that even though family members may love and understand the person they are caring for, they may also need training for specific aspects of their caregiving role. Appropriate training may help caregivers lift their family member without hurting themselves, limit the spread of infection, manage multiple medications, provide appropriate personal hygiene care, and manage dementia-related behaviors.

The work group discussed numerous questions related to family caregiver supports, education and training, and agreed to bill language that would allow a Trust Act beneficiary to use the benefit to pay for services to support family caregivers including training, professional consultation, respite and many other services.

Recommendation 3: Allow family members to be providers and define the qualifications of family-member providers

When a loved one experiences increasing disability, many families realize that finding skilled caregivers and providers of long-term care services can be as daunting as paying for those services. Many seniors find that family members are their most trusted and reliable option for long-term care. Family members can help in a wide variety of ways, from providing hands-on care to doing home modification projects (like installing shower grab bars), providing temporary respite, and offering transportation for medical appointments. Some of these family members may need compensation to make it possible for them to provide services to a loved one, especially if they are taking early retirement or reducing hours at work.

The workgroup agreed that if a beneficiary chooses to use Trust Act funding to pay a family member for a covered service, that family provider should be required to hold the same qualifications that are required by law to receive state payment for those services. For example, a daughter receiving payment through the Trust Act for providing hands-on personal care must meet the training requirements in law to carry out those tasks. A niece who gets paid for providing transportation for medical appointments should have a valid driver's license and pass a background check. A son getting paid through the Trust Act for an in-home nursing visit to make a medical assessment should have a valid health care license to provide those services.

The workgroup also conducted extensive discussions about mechanisms for paying family members who provide personal care services. They agreed there are two current options for family caregivers choose to be paid: 1) by affiliating with a home care agency, or 2) through the mechanism used to pay individual providers. Both mechanisms assure trust funds will only be disbursed to qualified providers.

Some work group members hoped to develop an alternative mechanism for using Trust funds to pay family members for providing covered services. However, the group was unable to develop a specific proposal for this mechanism. The group agreed to recommend language in the bill deferring this discussion to the Long-Term Care Trust Commission. If the Commission succeeds and developing another mechanism, DSHS may approve it and put it into effect in the future.

Recommendation 4: Allow spouses to receive Trust Act compensation for caregiving and specify required training

Federal law allows states to decide whether or not spouses can be long-term care providers under Medicaid. Washington's Medicaid long-term care program prohibits spouse-providers as a cost control measure, since spouses are the most likely relatives to be providing care.

The Trust Act workgroup recognized that many spouses retire early and jeopardize their own savings to provide long-term care. Because the Trust Act includes an individual lifetime limit for cost control, workgroup members quickly reached consensus that allowing spouses to receive compensation for caregiving would reflect the real value of that care to the community as well as assure some measure of economic security for the spouse-caregiver.

The workgroup also agreed that spouses who provide personal care should be required to complete appropriate training to assure the safety and wellbeing of both the beneficiary and the spouse. The group agreed to recommend bill language requiring spouses providing personal care to obtain 15 hours of basic training and six hours of additional training based on the specific health conditions and needs of their loved one.

Recommendation 5: Expand the monitoring role of the Commission to assure fiscal health, adjust benefits, improve operations

As the work group discussed numerous questions and tried to anticipate future issues that might arise as the Trust Act becomes operational, we agreed there is a critical need for a mechanism to anticipate problems and incorporate lessons learned over time. The

group agreed to make recommendations to expand the role of the Trust Act Commission to monitor and recommend improvements over time as Washington state embarks on a program that is the first of its kind nationally.

We proposed bill language to enhance the role of the Trust Commission in recommending changes in specific areas:

- Adjusting criteria for qualifying to receive benefits
- Recommending changes to qualifications for registered providers
- Proposing changes to rules or policies to improve program performance
- Validating annual inflation adjustments to the benefit
- Requesting and making recommendations to preserve program solvency based on regular actuarial reports.

Recommendation 6: Balance effectiveness and cost

In mid-September, 2018, DSHS shared the preliminary draft conclusions from the Milliman actuarial analysis of key Trust Act policy ideas. The work group met to discuss findings with Milliman, and we convened two additional meetings to seek consensus about what policy changes to recommend in the next legislative draft. The draft summary of the Milliman analysis created by DSHS for work group discussions is attached as Appendix E.[14]

The work group achieved consensus on the recommendations to increase the variety of services beneficiaries could access through Trust benefits, even though the difference from the 2017 legislation minimally increases the payroll fee needed to achieve actuarial balance. We also agreed that removing the $100 per day benefit limit was worthwhile, even though it too creates a modest increase in the cost analysis.

Finally, the work group agreed that people generally seek long-term care supports when they or their families are approaching a crisis state, and that delaying the flow of Trust funds for services would likely make a difficult situation worse for the population we are trying to assist. While the private long-term insurance market typically requires people to wait 90 days to obtain funding, the work group agreed that the 30-day period for evaluation for state Medicaid services was more appropriately responsive to the applicants' needs.

Furthermore, aligning the disability criteria for beneficiaries qualifying for Trust benefits and qualifying for Medicaid would help preserve the offset in Medicaid funds that provides benefits to the state long-term care budget. While these choices do increase

[14] DSHS submitted the final Milliman actuarial analysis to the legislature on October 1, 2018.

the payroll fee by less than a tenth of a percent compared to the 2017 bill, the work group agreed the policy benefits would justify the cost.

The work group rejected a number of cost-prohibitive enhancements considered by Milliman. The group rejected the option to pay out some portion of benefits in a cash lump sum for people who paid in at some point but left the state of Washington for more than five years. We also decided that capping the wage base on which the tax is paid, similar to the wage cap on Medicare premiums, would raise payroll fees too much on the rest of the contributing population.

While many in the work group support increasing the lifetime benefit amount in principle, the increases in the payroll fee seemed too large to recommend as a starting point for the legislation.

Milliman conducted a speculative analysis of costs to fund an optional retiree buy-in to the Trust program. However, the program seemed likely suffer the same adverse risk challenges faced by the private market. The work group agreed the prudent policy would be to preserve the Trust funding for those who contributed in full during their working years, while maintaining the simplicity of the program embodied in the legislative draft. Many members would support separate legislation to create a retiree buy-in program, but we agreed it should remain a separate proposal with a separate pool of funding.

Conclusion

The Long-Term Care Trust Act workgroup discussions were intense and robust, informed by all members' genuine concern for the well-being of seniors, people experiencing disabilities, and their caregivers, families and communities. Consensus-building took time, but work-group members developed trust and reached agreement on the recommendations contained in this report and embodied in the bill language legislators are now putting together. The Northwest Regional Council, on behalf of Area Agencies on Aging statewide, appreciates the legislative sponsors' patient engagement throughout the workgroup process, tireless staff support, and DSHS staff expertise and patience in educating workgroup members about Washington's excellent Medicaid long-term care system.

Washington legislators face the opportunity to enact the United States' first publicly-funded long-term care benefit outside Medicaid. Families would be able to use the modest benefit to choose the help that fits their needs best, regardless of income. The program would provide budget relief for decades to come, reducing the future burden on Washington taxpayers. Work group members appreciate the opportunity to recommend improvements to this historic proposal.

Appendix A: proviso from ESSB 6032, Section 206(35)

(35) $50,000 of the general fund—state appropriation for fiscal year 2019 and $50,000 of the general fund—federal appropriation are provided solely for the department of social and health services aging and long-term support administration to contract with the area agencies on aging to convene a work group to include long-term care industry members, family members who provide long-term services and supports, and other groups with interest in long-term services and supports to develop a proposal on how family members could be included as providers of long-term services and supports under the previously studied public long-term care benefit. The work group shall review options and propose:

(a) Minimum qualifications that would allow a family caregiver to serve as a long-term services and supports provider, which may:

(i) Be distinct from the qualifications on the effective date of this act for individual providers;

(ii) Require training based primarily on the individual needs and preferences of the beneficiary;

(iii) Take into account the existing relationship between the family caregiver and the beneficiary, the duration of the caregiving experience, and the type of care being provided.

(b) Administrative program options for providing compensation, benefits, and protections for family caregivers, considering cost-effectiveness and administrative simplification. The program options shall consider how to preserve the quality of the long-term care workforce and must include worker protections and benefits.

(c) The work group shall develop recommendations and provide the recommendations to the joint legislative and executive committee on aging and disability by November 15, 2018.

Appendix B: Workgroup Membership

Work Group Organizer

Dan Murphy, Executive Director of the Northwest Regional Council

Stakeholder Representatives

Doug Shadel, State Director, AARP Washington

Cathy MacCaul, Advocacy Director, AARP Washington

Joanna Grist, Lobbyist, AARP Washington

Kate White Tudor, Legislative liaison, Washington Association of Area Agencies on Aging

Jon Rudicil, Executive Director, Washington Association of Area Agencies on Aging

John Ficker, Executive Director, Adult Family Home Council

Alyssa Schnitzius, Director of Senior Living and Community Services, Leading Age Washington

Lani Todd, Legislative and Policy Director, SEIU 775

Madeleine Foutch, Strategic Campaigns Coordinator, SEIU 775

Patricia Hunter, Washington State Long-term Care Ombuds

Melanie Smith, Lobbyist, Washington State Long-term Care Ombuds

Peter Newbould, Public Policy Manager, Alzheimer's Association

Brenda Orffer, Executive Vice-President, Washington Health Care Association

Lauri St. Ours, Director of Governmental and Legislative Affairs, Washington Health Care Association

Government

Laurie Jinkins, Representative, 27th Legislative District

Guy Palumbo, Senator, 1st Legislative District

Bill Moss, Assistant Secretary for Aging and Long-Term Support (DSHS)

Bea Rector, Director, Home and Community Services Division (DSHS)

Ann Dasch, Legislative Assistant to Representative Jinkins

Mary Clogston, Democratic Caucus Staff

Samir Junejo, Democratic Caucus Staff

Chris Blake, Office of Program Research Staff

Appendix C: Workgroup timeline

April 10-May 24	preparation meetings with legislative sponsors, one on one meetings with stakeholders
May 9:	Stakeholder discussion of fiscal analysis to request of Milliman (ALTSA)
May 25:	Follow-up stakeholder discussion of Milliman analysis
May 25:	Stakeholder summit in-person meeting (Tacoma, WA)
June 12:	First webinar to discuss bill text and stakeholder questions
July 2:	Second webinar to discuss bill text and stakeholder questions
July 18:	Third webinar to discuss bill text and stakeholder questions
August 15:	Fourth webinar to discuss bill text and stakeholder questions
Sept. 10:	Stakeholder preview of Milliman analysis (ALTSA)
Sept. 11:	In-person stakeholder meeting to incorporate Milliman analysis into bill text
Sept. 27:	In-person stakeholder meeting to finalize bill recommendations
Oct. 16:	Presentation of workgroup recommendations to Joint Legislative and Executive Committee on Aging & Disability
Nov 15:	Legislative report submitted

Appendix D: Issue chart

Issues addressed	Date	Suggested resolution
1. How does Trust Act substantially increase family caregiver support? What else might need to be done beyond stating that benefit may purchase those services?	7/20/2018	Budget proposal outside of Trust Act to increase capacity for family caregiver support.
2. Still to be determined who pays for family caregiver training?	7/2/2018	Payment/provider provision of training is sometimes a benefit provided to employees by a provider (costs included in the rate the provider charges) sometimes obtained from private provider at worker's expense. No prohibition on using Trust Act benefit to pay for training for family caregiver—however there is concern that not result in a cost-shift (Trust benefit becoming "first payer" of training cost) or double-hit (providers including training costs in their rate <u>and</u> charging separately) to the individual benefit. Added ", including training for family members providing care who are not otherwise employed as a long-term care worker under RCW74.39A.074" to Sec. 1(9)(b).
3. What is the definition of qualified family member? We should add it to definitions.	7/18/2018	Added "qualified family member means "qualified to meet requirements set out in state law that would be required of any other vendor to receive payments from the state." Sec. 2(12).
4. We need to make sure the legislature does not move funding out of the trust to fund to another program serving seniors. Suggest adding the following to Sec 10: "(2) The revenue generated pursuant to this act shall be utilized to expand long term care in the state. These funds shall not be used either in whole or in part to supplant existing state or county funds for programs which meet the definition of long term care supports or services."	7/26	Added requested language as Section 10(2).
5. The bill needs to specify a method of payment for family members who wish to provide personal care. There have been discussions that family members who wish to be paid to provide personal care could be paid in several ways --- the existing IP	7/26	Added text for discussion to section 1(9)(b)

method, through a licensed homecare agency, or through a third party approach DSHS has yet to develop. There needs to be more specificity in the bill language based on those conversations.		
6. Request to expand family caregivers eligible for payment for personal services	Session	Added spouse as eligible provider in new Section 13. amending RCW 18.88B.041
7. Request to reduce training required for spouses providing personal services	6/25/2018	Added as new section 12.
8. Spouse training should align with existing core training modules within ALTSA (different than DDD).	7/2/2018	Added as new section 12.
9. How will the public find out about the benefit?	July	Added clarification that DSHS shall "Prepare and distribute written or electronic materials to qualified individuals and eligible beneficiaries <u>and the public" to Sec. 3(2)(f).</u>
10. How will complaints be addressed?	7/13/2018	Added that DSHS shall "(g) Provide customer service and address complaints and problems;" as Sec. 3(2)(g)
11. Should the OIC be on the commission	7/2/2018	OIC contacted, declined.
12. How to clarify that the commission should continue improving the program?	7/15/2018	Added recommending "(c) changes to rules or policies to improve the operation of the program;" to commission's ongoing responsibilities in Sec. 4(4)(c)
13. Milliman estimate for long term savings appears to be wrong	Spring	Noted in bill to update Sec. 1(8) with number supported by Milliman analysis
14. Bill appears to limit benefit choices to settings for care and what is available under Medicaid—want to clarify full range of publicly-funded services may be accessed through benefit	Spring	Added "choice in <u>services and</u> long-term care settings" to and that "choice of provider types and services is the same or greater than currently available through Washington's publicly funded LTSS" in Sec 1(9)(a); substituted and added "vendor and instructor" and "qualified family member" to list of entities eligible to receive payments in Sec2(8).
15. We want illustrative list suggesting variety of services that may be available.	Spring	Added "long-term services and supports including but not limited to adult day services, care transition coordination, memory care, adaptive equipment and technology, environmental modification, personal emergency response system, home safety evaluation, respite for family caregivers, home delivered meals, transportation, dementia supports, education and consultation, and evidence based interventions designed to improve health and well-being, including eligible relative care,

		professional services, and services that assist paid and unpaid family members caring for eligible individuals" to Sec. 1(9)(a) list of options for spending trust benefits. Revised this list over two meetings.
16. Want to assure services are available to unpaid family caregivers	7/2/2018	Added "and services that assist paid and unpaid family members caring for eligible individuals;" to Sec. 1(9)(a) list as clarification.
17. Need to define eligible beneficiary	6/25/2018	Added definition as Sec. 2(4)
18. Need to define qualified individual	6/25/2018	Added definition to Sec. 2
19. Concern about Commission power to define the range of benefits—WA public long term care has richest array of benefits in USA, potential for fraud/misuse of government funds	6/25-7/2	Clarified DSHS has power to register vendors and providers in Sec. 3(2()(b)-(c), Commission will not register vendors and providers to avoid duplication of administrative processes. Commission may make recommendations to DSHS for improving rules and policies in Sec. 4(4)(c)
20. Should HCA have a role in implementing the Trust Act?	June	Yes—HCA responsible for payments and oversight for existing vendor network.
21. Should nursing home association representative on Commission include option of either WHSA or Leading Age?	June	Agreed. Language revised to include option of a representative from either entity. Sec. 4(2)(i).
22. Confusing language around the role of the Commission in setting provider qualifications and oversight versus existing agencies with responsibility for those functions. The Commission is not an entity with rulemaking authority	Session	Clarified commission will "propose recommendations to the appropriate executive agency or the legislature." Sec. 4(4).
23. Concern about excluding beneficiaries also receiving Medicare rehabilitation benefit	June	DSHS agreed this could be left to coordination of benefits (outside of statute). Deleted restrictive language from bill.
24. Concern that people requesting to be evaluated for ADLs to become Trust Act beneficiaries not face delays	June	Added language "The department of social and health services shall engage sufficient qualified assessor capacity, including via contract, that such determination can be made within forty five days from receipt of a request by a beneficiary to use a benefit." Sec. 6(2)(b).
25. May eligible beneficiaries with high needs combine benefit units per day?	June	Added language stating benefit units may be combined.
26. Should we direct DSHS to propose a waiver to CMS to capture federal savings?	June	Added direction in bill to DSHS to seek data from CMS, apply for a demonstration waiver, and report to the legislature on progress. Sec. 12.
27. Section 1 (9)(a) – Must be certified through Medicaid?	7/17/2018	The bill does not require that providers must be certified through Medicaid. Clarifying language was added: "Long-Term Services and Supports Provider means an entity that meets the

		qualifications applicable in law to the service they provide …" Sec. 2(8).
28. Any mention of family caregivers is stripped from the bill.	7/17/2018	"… services that assist paid and unpaid family members caring for eligible individuals" was added to the "including but not limited to" list in Section 1(9)(a). And "qualified family member" was added to the list of provider types in definition of Long-term services and supports provider in Section 2(8).
29. With eligibility at 3+ ADLs, it will most likely be the person's family who triggers benefits. That means there needs to be broad public awareness in the state to discuss LTC planning with relatives/close friends so that family members are aware that someone paid into the LTSS social insurance trust fund, and may have some insurance when they need help. How is that public awareness done? Who pays for it?	7/17/2018	Section 3(2)(f) requires DSHS to: "(f) Prepare and distribute written or electronic materials to qualified individuals and eligible beneficiaries as deemed necessary by the commission to inform them of program design and updates;" Presumably, they would do that at their administrative expense.
30. Cap administrative costs. Since the trust fund will not be expending funds until 2026, we might limit administrative costs. Or, we might establish a state administrative cap in the trust fund on an annual basis starting on 2026.	7/17/2018	DSHS clarified that Milliman's projections assumed a 7% "administrative load" for the program, presumably based on what is typical for the type of work. Those costs would not come out of the individual benefit.
31. We might want to ensure that the total payments provided to an individual under the trust fund is excluded for the purpose of determining eligibility for state programs.	7/17/2018	Clarified that Section 12 of the bill addresses that: "NEW SECTION. **Sec. 1.** Any benefits used by an individual under this chapter are not income for any determinations of eligibility for any other state program or benefit."
32. Any and all caregivers can be eligible to draw down trust dollars as long as they are: • 18 years and older • Pass a criminal background check • Take 5 hours of Orientation and Safety training • DSHS completes a care assessment of the beneficiary to determine ADLs • Currently 3 ADLs are required to access trust dollars	7/2/2018	All reflected in current law or agreed changes to bill language. Spouse training is 15 hours + 6 customized to needs of beneficiary/caregiver.

• To receive payment of additional trust dollars beyond 120 days they would have to have additional training: • Spouses 12 hours (or 16 hours?) • Adult children 30 hours • Limited Service provider (less than 20 hours/month) • All other caregivers would require 70 additional hours of training • Training can be done through the Training Partnership or through private pay		
33. Bill language will expand upon the services available to support family caregivers	7/2/2018	Added "and services that assist paid and unpaid family members caring for eligible individuals;" to Sec. 1(9)(a) list as clarification.
34. Bill language will include meals and transportation options	7/2/2018	Both items added to Sec. 1(9)(a) list of options for spending trust benefits.
35. Who will do coordination of benefits among Trust Act, Medicaid, private LTC insurance, Medicare, L&I or other benefits? Do we need to call out in the bill?	7/22/2018	Included in the bill as 2(j).

Appendix E: Public Community Based LTSS

Service	Description	Provider Qualifications
Personal Care and Skilled Nursing Services		
Personal Care Assistance (In-Home, Adult Family Home or Assisted Living)	Assistance, cueing or supervision with activities of daily living tasks such as medication reminders, bathing, dressing, toileting, ambulating, transferring from sitting to standing or bed to chair, and Instrumental activities of living, such as housework and shopping, and health related tasks. Services can be provided in a person's own home by qualified person hired by person needing care or a licensed home care agency. Services can be provided in a licensed residential setting. In addition to daily living tasks, 24-hour availability of care, supervision, room and board. Services may also include intermittent nursing.	Training, Home Care Aide Certification RCW 74.39A Home Care Agency Chapter 246-335 WAC Adult Family Home Chapter 388-76 WAC Assisted Living Facility Chapter 388-78A WAC
Skilled Nursing Facility	Provides 24-hour supervised nursing care, personal care, therapy, nutrition management, organized activities, social services, room, board and laundry	Chapter 388-97 WAC
Nurse Delegation	An RN delegates a specific task that is normally done by a nurse to a qualified non-nurse.	RN must be licensed under Chapter 18.79.040 RCW. Personal care worker must also complete training.
Skilled Nursing	Services provided by a registered nurse or licensed practical nurse for treatment of chronic, stable, long-term conditions.	Must be licensed under Chapter 18.79.040 RCW
Adult Day Services	Supervised daytime program providing services that may include personal care, nutritious meals and supervision/protection. Adult Day Health includes the above in addition to skilled nursing, routine health monitoring, health education and/or rehabilitation, such as physical therapy, speech-language pathology, audiology, or counseling services	Therapists must have valid state credentials and one year of experience of applicable experience. A certified or registered nursing assistant must meet the requirements of RCW 18.88A.020.
Specialty Contracts in Licensed Settings	Provide additional staffing and supports related to individuals who have significant need for behavior supports due to dementia, traumatic brain injury, and behavioral health conditions. These include: Expanded Community Services, Specialized Behavior Supports, and Specialized Dementia Care.	Additional requirements based upon contract type.
Enhanced Residential Service -ESF	Residential facility that offers behavioral supports, personal care assistance, skilled nursing, behavior support services, dietary services, security, and	Must be licensed under Chapter WAC 388-107 WAC

Service	Description	Provider Qualifications
	supervision. For individuals with mental health disorders, and/or chemical dependency disorders; organic or traumatic brain injuries	Training, Home Care Aide certification SEE RCW 74.39A DETAIL
Transitional Supports		
Care Transitions	A program designed to ensure the coordination and continuity of health care as patients transfer between different locations or different levels of care within the same location.	Typically, licensed clinical social workers or registered nurses are the interventionists.
Community Choice Guide	Assistance and support to ensure successful transition to the community and/or maintenance of independent living, such as looking for housing, purchasing household goods, and personal skill development.	Must have a Bachelor's degree or higher in Psychology, Social Work, or other related field, and prior related experience.
Community Transition Services	Payment for services necessary to relocate to a community setting, such as a security deposit, utility fee deposit, moving fees, and basic items for living outside an institution.	Providers must meet any licensing or certification required by State statutes or regulations related to their specific professional service
Equipment, Technology & Environmental Supports		
Assistive & Adaptive Equipment & Technology	Items, equipment, or supplies that support independence or increases health or safety in completing activities of daily living.	Master Business License
Environmental Adaptations & Modifications	Physical modifications to the private residence to enable greater independence or decrease health and safety risks. Examples include grab bars, widening doors, building ramps.	Must meet the standards of Chapter 18.27 RCW Registration of Contractors
Minor Home Repairs	Minor repairs are made to an individual's residence to support their ability to continue living at home safely.	Must follow applicable RCW and WAC
Personal Emergency Response System (PERS)	Button-sized transmitter connected to a monitoring center for those at risk of falling or having a medical emergency. When activated center contacts individuals identified by the individual using the device. Can also get with: • Falls Detection • GPS Tracking • Medication Reminders	FCC and UL standards

Service	Description	Provider Qualifications
Specialized Equipment & Supplies	Devices, controls, or appliances which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.	
In-Home Services and Interventions		
Home Delivered Meals	Nutritional balanced meals delivered to the individual's home	Must meet Washington State Senior Nutrition Standards. Complies with Chapter 246-215 WAC
Home Safety Evaluation & Consultation	An Occupational or Physical Therapist evaluation of the individual's home for accessibility, risk of falls and opportunities to increase independence.	Occupational Therapists licensed under Chapter 18.59 RCW Physical therapists licensed under Chapter 18.74 RCW.
Respite for Family Caregivers	Temporary, substitute caregivers or living arrangements to provide a brief period of relief or rest for caregivers. May include a short-term stay in a facility.	Training, Home Care Aide certification SEE RCW 74.39A DETAIL
Housework & Errands for Family Caregivers & Individuals	Housework for household areas normally cleaned by the caregiver and completing errands for those trips that the caregiver is unable to perform due to caregiving.	Currently must meet homecare agency personal care aide provider qualifications. Must follow applicable RCW and WAC regarding background checks for vulnerable adults.
Visiting and Telephone Reassurance	A service to address social or physical isolation. Community providers make routine contact to check on health status.	RCW and WAC regarding background checks for vulnerable adults.
Volunteer Chore Services	Volunteers provide assistance with transportation, yard work, housework and shopping to assist individuals with services who are not eligible or are not covered under other programs.	Background check, orientation and skills training. Services are provided and coordinated by a human services organization.
Training, Educational and Wellness Supports		
Chronic Disease/Pain Self-Management, Falls Prevention, and Exercise Programs	Evidence based, in-person small-group workshops designed to help people gain self-confidence to manage and control and improve their health, symptoms or chronic disease, reduce or prevent falls, improve balance, flexibility and coordination.	Trainers must be sanctioned or certified by the credentialing entity
Client Support Training	Training to support a therapeutic goal such as adjustment to serious impairment, maintenance or restoration of physical functioning, self-management of chronic disease or health and well-being, skills to address minor depression or behavior management.	Trainers must be sanctioned or certified by the credentialing entity.

Service	Description	Provider Qualifications
Dementia Consultation	Information and instruction regarding activity planning, disease education, looking for a higher level of care, medication management, behavior management, depression screening/education and stress reduction.	Consultants must be sanctioned or certified by the credentialing entity
Skills Acquisition Training	Training to accomplish, maintain, or enhance activities of daily living, instrumental activities of daily living, and health related skills.	Training, Home Care Aide Certification RCW 74.39A
Wellness Education	Individualized monthly newsletter to support individual health, wellness and community goals.	
Interventions to Reduce Depression & Anxiety	An evidence-based method designed to reduce the symptoms of depression	Evidence Based Trainers sanctioned or certified by the credentialing entity.
Treatment and Health Maintenance	Services to promote an individual's health and ability to live and participate in the community with the purpose of preventing further deterioration or improving or maintaining current level of functioning. May include massage, naturopathy, acupuncture, or other services.	Current license appropriate to service
Memory Care & Wellness Services	Evidence-informed dementia specific Adult Day program for individuals with dementia and their family caregivers.	Must meet Adult Day program requirements and specialized training for the MCWS intervention.
Behavior Support	Team of professionals provide medication review, development of behavior support plan, training and consultation with individual and providers to identify behavior triggers, de-escalation techniques. In-person and telephonic supports available.	Medication Review: ARNP, Physician Assistant, Psychologist. Behavior Support Plan: mental health professional
Community Supports & Interventions for Family Caregivers		
Counseling for Family Caregiver	Individual or family counseling provided by licensed professionals to assist caregivers in making decisions, coping, and solving problems relating to their caregiver roles.	Licensed mental health professional.
Training to Improve Caregiver Health and Self-care Skills (Powerful Tools, Star-C, RDAD)	Evidence based self-care education programs for family caregivers. Provides tools and strategies to better handle the unique caregiver challenges faced by family members. Some interventions are tailored to caregivers and individuals with Dementia.	Trainers must be sanctioned or certified by the credentialing entity.
Wellness Programs and Activities	Services for unpaid caregivers with the aim of reducing the stress and burden of caregiving, improving the caregiver's sense of well-being and increasing stamina, balance, flexibility and coordination. May include massage therapy, personalized wellness, fitness and exercise.	For wellness, fitness and exercise, must be certified to provide physical fitness training services or exercise instruction. For massage, must be a licensed massage therapist and have the skills to achieve specific therapeutic goals identified by the client.

Service	Description	Provider Qualifications
Staying Connected Workshops	Evidence-based early stage memory loss support group that engages individuals in the early stages of Alzheimer's and their caregivers	Must follow applicable RCW and WAC regarding background checks for vulnerable adults.
Support Groups for Family Caregivers	Family caregivers provide each other with encouragement, resources, and problem-solving.	Must follow applicable RCW and WAC regarding background checks for vulnerable adults.
Assessment, Care Coordination and Access Services		
Case Management and Options Counseling	Assisting clients to develop a plan of care, educating the client, family members, and other support systems about resources and options available for care, and supporting/maximizing client independence and self-direction.	Case managers must have a master's degree in behavioral or health sciences and one year paid on-the-job social services experience; or equivalent
Legal, Financial, and Health Care Planning	Estate planning, elder law, civil legal assistance	Bar Association requirements
Caregiver Management Training & Home Care Referral Registry	Training to assist participants to understand how to select, manage, and dismiss personal care providers. Use of Home Care Referral Registry to locate qualified providers.	Self-study guide
Health Home Services	A health home provides six specific services beyond the clinical services offered by a typical primary care provider: Comprehensive care management, Care coordination and health promotion, Comprehensive transitional care and follow-up, Patient and family support, Referral to community and social support services,	Various licenses or credentials depending on specialty
TCARE® Screening & Assessment	Measures caregiver burden and stress and recommended services	Current TCARE® Screener/Assessor certification and a Master's degree in behavioral or health sciences and one year of paid on-the-job social service experience; or equivalent
Transportation	Assists individuals in getting to and from social services, medical and health care services, meal programs, senior centers, essential shopping, and some recreational activities.	Licensure, insurance, drivers must pass a criminal history background check.