LTSS Trust Commission Recommendations Report

RCW 50B.04.030 (4)

Authored by:
Long-Term Services and Supports Trust Commission

Date:
January 1, 2022

Executive Summary

Enacted in 2019, the Long-Term Services and Supports (LTSS) Trust Program (RCW 50B.04), now called WA Cares Fund, is a contributory long-term service and supports insurance program with a lifetime maximum benefit of $36,500 (adjusted over time with inflation) for all eligible Washington employees. It is financed by an employee premium of 0.58% of wages, which is the maximum rate that can be assessed according to the law. Individuals who have met work and contribution requirements of 10 years with no more than a 5-year interruption (or 3 out of the last 6 years at the time of application) and who need assistance with three or more activities of daily living may claim WA Cares Fund benefits from approved providers. WA Cares Fund is a multi-agency program administered collaboratively by the Department of Social and Health Services (DSHS), the Employment Security Department (ESD), the Health Care Authority (HCA), and the Office of the State Actuary. It is overseen by the 21-member LTSS Trust Commission (see Appendix A for a list of Commission Members). On January 1, 2022, premium assessments begin for covered workers, and self-employed individuals can begin opting in. Employers will begin remitting premiums to the Employment Security Department on behalf of their employees on April 1, 2022. On January 1, 2025, DSHS will begin paying benefits on behalf of eligible beneficiaries. Assuming the continuation of the current maximum premium rate of 0.58 percent, the program is projected to have sufficient assets to pay 100 percent of program expenditures through 2075. (For more information on program solvency, see Appendix B; for the Commission's WA Cares Fund Risk Management Framework, see Appendix C.) WA Cares Fund is projected to reduce state Medicaid expenditures by $31.5 million in 2025 and by $8.4 billion over the next 75 years (in 2025 dollars; see Appendix D1). Fewer Washingtonians will need to spend down their life savings to qualify for Medicaid long-term care due to WA Cares Fund.

Per Chapter 50B.04.030 RCW, the LTSS Trust Commission is charged with proposing recommendations to the Legislature or the appropriate Executive Agency on specific aspects of the program. The Commission's recommendations and decisions are guided by the joint goals of maintaining benefit adequacy and maintaining solvency and sustainability. For this January 1, 2022, report, the Commission recommends the legislature implement changes to the WA Cares Fund statute to address policy issues in the areas listed below.

1) People near retirement
2) Residents of border states or Canada commuting to work in WA
3) People working in the U.S. under a temporary, non-immigrant visa
4) Veterans with a 70%+ service-connected disability

5) Spouses of active-duty military
6) Constitutional amendment
7) Exemption recertifications
8) People who qualify and leave the state

For the first three issues, the LTSS Trust Commission's Benefit Eligibility Workgroup developed policy options for consideration by the legislature. For issues four through seven, Commission staff have developed potential feasible policy options for consideration. The Commission is sharing these options – together with analysis of their actuarial and administrative implications – to inform legislative deliberations, without recommending any specific approach. Detailed actuarial assumptions can be found in Appendix D. Addressing the eighth issue will require considerable research as well as coordination with other states to develop viable options; hence the Commission recommends DSHS study this issue and develop recommendations for the Commission to consider in the future. Moving hastily in this area could have unintended consequences and compromise timely implementation of program benefits for Washingtonians by 2025.

January 1, 2022 Commission Recommendations

The LTSS Trust Commission recommends the legislature implement changes to the WA Cares Fund statute to address policy issues in the areas listed below. For the first three issues, the LTSS Trust Commission's Benefit Eligibility Workgroup developed policy options for consideration by the legislature. For issues four through seven, Commission staff have developed potential feasible policy options for consideration. The Commission is not recommending specific policy options, but where applicable the report outlines policy options recommended by the Commission's Benefit Eligibility Workgroup as well as other policy options considered but not recommended by the workgroup.

1) People near retirement

Policy issue: People nearing full retirement are unlikely to meet the minimum contribution requirements to qualify for benefits. Those who retire before 2025 will have paid in for nearly three years and will not qualify to receive benefits at all. Those who retire between 2025 and 2031 will have paid in 3-9 years and will only temporarily qualify based on contributing three out of the last six years from the date they apply for benefits. If that timeframe passes without needing care, the timeframe to qualify for benefits expires because they have not met the ten-year contribution requirement to qualify for life.

1. **Policy option recommended by the Commission workgroup:** Allow individuals who retire before they can reach the ten-year contribution requirement in 2032 to elect continuing coverage. This option would allow workers to continue contributing after retirement by paying an annual premium equal to their average annual premium during their previous contribution years (adjusted for wage inflation) – until they hit the ten-year mark, at which point they would become qualified for life and owe no further premiums.
    a. **Administrative impact**: Administrative impact is high, as there is no existing process or functionality to accept payment from individuals who are not employers or self-employed. With lead time for implementation, this option is possible.
    b. **Actuarial impact**: The potential cost to fund this measure is projected to range between +0.03% (or three cents for every $100 earned, if there is no adverse selection) and +0.06% (or six cents for every $100 earned, a boundary case of modeled adverse selection). See Appendix D2.

c. **Pros**
    i. Addresses problem of near retirees being required to pay for something that they can't claim
    ii. Covers individuals who are often unable to get private LTC insurance due to age, health status, or affordability
    iii. Covers a larger population of people who would otherwise rely on Medicaid LTSS, which could result in additional Medicaid savings
    iv. Predictable cost for retirees

d. **Cons**
    i. Exerts upward pressure on the premium rate
    ii. Introduces some adverse selection. Lower risk, higher income individuals are more likely to stop contributing
    iii. Allows near retirees to pay in less than future generations for the same benefit
    iv. Administrative impact is high

2. Other policy options considered by Commission Workgroup:

a. Allow anyone born in 1966 or earlier who has paid in at least one year to be qualified for life with access to a pro-rated benefit. This option would also exert upward pressure on the premium rate and increase administrative complexity. It raises concerns about benefit adequacy and whether caregivers would be available to provide care for such few hours, particularly due to the 35-70 hours of training that must be completed within 120 days of starting to provide care. The timeframe for completing training may exceed the timeframe for providing care, particularly if the benefit would pay for less than 4 months of home care.

b. Allow people to continue contributing after retirement by paying an annual premium equal to their average annual premium during their previous contribution years (adjusted for wage inflation) – until they need benefits (for most, this would be longer than ten years of lifetime contributions). This option may become unaffordable as people use more of their retirement savings later in life. Anyone who decides to stop paying could lose coverage, similar to the private LTC insurance model. It also adds administrative complexity for determining who is qualified for benefits.

c. Allow anyone born in 1966 or earlier to opt out of the program based on birth year (without needing to have private LTC insurance). This option will increase the scope of exemptions and leave people uncovered who are often unable to get private LTC insurance due to age, health status, or affordability. The actuarial impact of this option ranges from -0.03% (or reduces cost by three cents for every $100 earned) to +0.01% (or increases cost by one cent for every $100 earned) depending on the extent of adverse selection. See Appendix D2.

d. Refund premiums for people who pay in less than three years. This option increases administrative complexity, and it may be difficult to determine when someone is owed a refund given some people will return to work in the future.

2) Residents of border states or Canada commuting to work in WA

Policy issue: Under current statute, people who live in Idaho, Oregon or Canada but work for a Washington employer will have to pay premiums but cannot receive benefits unless they move to ("reside in") Washington when they have a long-term care need. This impacts approximately 150,000 people who will begin paying premiums in 2022 and will affect more in the decades to come. Only people whose work is localized in Washington are included in WA Cares Fund, so those who never physically work in Washington will not be included, therefore, this policy issue primarily addresses people who commute to work in Washington.

1. **Policy option recommended by Commission workgroup:** Automatically exclude individuals from owing WA Cares Fund premiums if their permanent home address is not in the state of Washington (without having to purchase private long-term care insurance). This is not a lifetime exemption. If they move to WA in the future, they will be included (owing premiums and earning qualifying years).
    a. **Administrative impact**: Administrative impact is moderate, rules about who pays in would vary from Paid Family Medical Leave (in addition to existing variance due to exemptions).
    b. **Actuarial impact**: The potential cost to fund this measure is equivalent to +0.03% (or three cents for every $100 earned). See Appendix D2.
    c. **Pros**
        i. Addresses problem of border state residents being required to pay for something that they can't claim
        ii. Addresses concerns of employers in border regions regarding ability to retain and recruit workers who live across the border

d. **Cons**
   i. Adds administrative complexity for employers in border regions who have to identify employee address to determine whether premiums are owed
   ii. Adds administrative complexity for ESD by introducing additional differences in administration of premiums for WA Cares Fund and PFML

2. **Other policy options considered by the Commission workgroup**:
   a. Allowing a voluntary opt out on the basis of having a permanent home address in another state. This option adds administrative processes for the employee and ESD. Although a system to allow voluntary opt-out exists, this process could cause a delay in when premiums would no longer be owed. A voluntary process also introduces adverse selection, so the cost to fund this option ranges from +0.03% (or three cents for every $100 earned) to +0.06% (or six cents for every $100 earned). See Appendix D2.
   b. Provide benefits to people who reside in border states. This option adds administrative complexity to build a provider network in Idaho, Oregon, and Canada to coordinate on cross-state/country qualifications and contracting. The potential cost of this option is approximately +0.07% (or seven cents for every $100 earned). See Appendix D2.

<u>3) People working in the U.S. under a temporary, non-immigrant work visa</u>

Policy issue: Temporary workers who have to return to their respective countries when their work visas expire will be required to pay in, but they cannot receive benefits because they cannot remain in Washington long-term. This would include people who are allowed to work in the U.S. only temporarily under a variety of non-immigrant visas, including H2A seasonal agricultural workers and other specialized workers with visas issued by the federal government. According to actuarial analysis, a lower bound estimate of the number of people assumed to be in Washington state with a temporary work-related visa is approximately 53,000 people; with 23,000 holding H2A visas and 30,000 holding H1B visas. Individuals working with a H2A visa are assumed to have average annual wages of $32,926 and individuals with an H1B visa are assumed to have average annual wages of $122,000. See Appendix D2. There are many other immigration statuses people may hold that do not guarantee permanency, however, this non-immigrant group is distinguishable because they can be easily identified by their employer. The employer recruits these workers for temporary, often seasonal, work and when that work ends, the visa no longer allows the individual to reside in the U.S.

1. **Policy option recommended by Commission workgroup:** Allow a voluntary opt-out on the basis of having a non-immigrant work visa (without needing to purchase private long-term care insurance).
    a. **Administrative impact:** Administrative impact is low to moderate, functionality to process exemptions is in place, more staff are needed beyond December 31, 2022, when the current LTC insurance exemption timeframe expires. See Appendix D2.
    b. **Actuarial impact:** The potential cost to fund a similar measure, which would automatically exclude these workers is +0.01% (or one cent for every $100 earned).
    c. **Pros**
        i. Addresses problem of people who have to return to their respective countries when their work visas expire having been required to pay for something that they can't claim
    d. **Cons**
        i. Vulnerable workers are not likely to become aware of the opportunity to opt out without significant outreach
        ii. Introduces some adverse selection
        iii. Increases scope of exemptions

2. **Other policy options considered by the Commission workgroup:**
    a. An automatic exclusion from coverage (premiums and benefits) for anyone who holds a non-immigrant temporary work visa was considered. For this option a process to allow them to opt-in would be needed to avoid discriminatory practices against people with particular immigration statuses. There are no existing systems or processes to allow individuals to opt into the program who are not self-employed business entities.

4) Veterans with 70% to 100% Service-Connected Disability

Policy issue: Veterans rated by the VA as 70% to 100% service-connected disabled have access to nursing home care. Care is provided in a VA Community Living Center, a Community Nursing Home, or State Veteran's Home. Although other benefits may be available, they are not guaranteed. Veterans who do not have a service-connected disability rating may still qualify for long-term care through the Veterans Administration, however, eligibility is managed by Federal VA offices located in regions and eligibility for care can vary based on income and assets, provider availability and regional budgets. Co-pays may also be required.

1. **Policy option:** Under current law, only individuals who have purchased private LTC insurance before November 1, 2021 are eligible to apply for an exemption. The Employment Security Department has determined that individuals who are rated by the VA as 70% to 100% service-connected disabled can qualify for an exemption under the current law. This exemption is only available temporarily, so veterans who are rated 70% to 100% service-connected disabled November 1, 2021 or later are currently not eligible for this exemption. This option could be extended to allow veterans to apply for and be eligible for a permanent exemption whenever they are rated between 70% to100% service-connected disabled by the VA, whether before November 1, 2021 or in the future.
    a. **Administrative impact** is low to moderate, functionality to process exemptions is in place, more staff are needed to administer such exemptions beyond December 31, 2022.
    b. **Actuarial impact**: The potential cost to fund this measure is equivalent to +0.005% (or 1/2 of one cent per $100 earned). See Appendix D3.
    c. **Pros**
        i. Addresses the problem of those veterans who have access to long-term care through the VA being required to pay into WA Cares Fund
    d. **Cons**
        i. Introduces some adverse selection
        ii. Increases scope of exemptions and complexity of who qualifies for an exemption

2. **Other policy option:**
    a. An automatic exclusion from coverage (premiums and benefits) for anyone who is a veteran rated between 70% to 100% service-connected disabled. For this option employers may not know who among their employees are veterans, and an automatic exemption may not be feasible.

5) Spouses of active-duty military

Policy issue: In order to remain with their active-duty military spouse, spouses are essentially obliged to leave the state when their spouse does (typically after three years). This would leave many spouses of people in the military unable to use benefits or qualify for life for the benefit on the ten-year path. According to data on Active-Duty Military by State published by the DMDC online, there were 61,001 active duty military personnel in WA State as of June 30, 2021. As of 2018, national data shows 52% of active-duty members are married. Active-duty military are employed by the Federal government, so they are not included in WA Cares

Fund. They won't pay premiums and they will not be eligible for the benefit. Military spouses may be able to remain in the state while their spouse is in active-duty status outside of Washington. A typical tour of duty is 3 years. Although people who pay in for at least three years can qualify temporarily in WA Cares Fund, they have to be in the state when they need care.

1. **Policy option:** A voluntary exemption for military spouses. Spouses of active-duty military could apply to be permanently exempt on the basis of being married to an active-duty military member living in WA.
    a. **Administrative impact** is low to moderate, functionality to process exemptions is in place, more staff are needed beyond December 31, 2022.
    b. **Actuarial impact**: The potential cost to fund this measure is equivalent to +0.002% (or 1/5 of one cent per $100 earned). See Appendix D3.
    c. **Pros**
        i. Addresses problem of military spouses being required to pay for something they may be unable to use
        ii. Because voluntary, retains option for those military spouses who stay in Washington (while their spouse if on a tour of duty) to participate
    d. **Cons**
        i. Introduces some modest adverse selection within small population of military spouses
        ii. Increases scope of exemptions and complexity of who qualifies for an exemption

2. **Other policy option:**
    a. An automatic exclusion from coverage (premiums and benefits) for military spouses. Because employers may not know who of their employees are military spouses, an automatic exemption may not be feasible. Making benefits available nationwide for military spouses would not fully address this issue because most military spouses will not be able to qualify. Moreover, it would increase cost and would pose significant challenges for implementation.

6) Constitutional amendment

Policy issue: Because WA Cares Fund benefit eligibility is predicated on qualifying by contributing for a minimum amount of time, in most cases for at least ten years, the program has a long-term investment horizon. In the early decades, it will accumulate more premiums than it pays out in benefits, and in later decades it will pay benefits out of accumulated premiums and their investment returns. The greater the investment returns, the lower the premium rate required, all else being equal. The current 0.58% premium set in statute is now eight basis points below the projected 0.66% premium rate needed to cover expected costs of the program over the long term. This does not create an urgent need for action, as even at the 0.58% premium rate, WA Cares Fund revenues are projected to exceed benefits for the first few decades of the program. But without the ability to secure higher investment returns, changes to various aspects of program design, such as benefit structure or eligibility, will be needed in the medium term to support the program's long-term solvency.

1. **Policy option:** Propose a joint resolution for an amendment to the state constitution for consideration by voters to allow the WA Cares Fund to be invested by the Washington State Investment Board in a full range of investments that helps ensure that the fund can pay benefits to eligible Washingtonians over the long-term and keep worker premiums low.
    a. **Actuarial impact**: Investment return plays a significant role in the level of premium revenue needed over the long-term (75-year horizon). Milliman estimated a premium assessment between 0.61% and 0.71% investing in U.S. Treasuries and a payroll assessment between 0.51% and 0.67% under an investment strategy where the program can also invest in stocks and bonds. See Appendix D4.

7) Exemption Recertifications

Policy issue: Several themes regarding WA Cares exemptions have emerged based on interactions with, and questions from, stakeholders over the last year. RCW 50B.04.085 outlines requirements for exemptions to the WA Cares program and doesn't address several concerns raised by stakeholders. These concerns include 1) Applicants are only required to attest to having LTC insurance purchased prior to November 1, 2021 to receive approval for a lifetime exemption from WA Cares participation; 2) Individuals may not be truthful on their application for exemption; and 3) Individuals can cancel or be unable to maintain their LTC insurance policy at any time after receiving approval for their exemption.

1. **Policy option:** The Employment Security Department recommends the following changes to mitigate the above concerns:
    - Require individuals with approved exemptions to re-attest they have maintained their LTC policy when requested by the department, at an interval of no more frequently than annually and no less frequently than every 3 years.
    - Require individuals to provide a copy of their LTC policy at the time of re-certification.

- Further clarify established criteria for what a private LTC insurance policy must include to qualify the individual for exemption.
- Explicitly grant ESD authority to withdraw approval of an exemption if an individual fails to re-attest or provide adequate proof of LTC insurance when requested. The withdrawal of an exemption approval should require an individual to participate in the program as required for any other employee in Washington.
- Explicitly grant ESD authority to disclose exemption status to an individual's employer.

a. **Administrative impact**: Increased administrative complexity and cost
    i. ESD staff would require extensive training or an established source of truth to effectively review insurance policies to ensure they are legitimate LTC policies and meet requirements of Washington law (chapter 48.83 RCW);
    ii. Training staff for this review may be costly and require a lengthy review process; and
    iii. There would be administrative costs for reviewing and revoking exemptions and re-enrolling individuals in the program that would exist for the life of the program.

b. **Pros**
    i. The above changes would provide reasonable levels of assurance that individuals with or seeking exemptions intend to maintain their LTC policy
    ii. Adds consumer protection for individuals who may have exempted assuming their LTC product was adequate to support them but upon review does not meet standards defined in 48.83 RCW
    iii. Enables the department to address individuals who change their mind about their exemption status or could not maintain their coverage
    iv. Increased participation in the program would likely have a positive impact on fund solvency

c. **Cons**
    i. Increased administrative complexity and cost
    ii. If individuals are allowed or required to re-enroll in the program because of a failure to maintain private LTC insurance, they may not be able to contribute long enough to qualify for benefits
    iii. Allowing individuals to re-enroll voluntarily may result in adverse selection

8) People who qualify and leave the state

Policy issue: Some workers leave the state either during their working years or after retirement. Some may have paid in less than 10 years and left before they could permanently qualify, others will have qualified and will be unable to claim benefits when they need LTC. Per the current statute, only people who reside in Washington when they need care can utilize WA Cares Fund benefits.

1. **Policy option:** DSHS conduct additional research on the issue of portability of benefits to develop options for a policy recommendation in the future.
    a. **Administrative impact:** Five options were explored in the Commission's Benefit Eligibility workgroup to provide coverage or exemption. No options explored were brought forward as viable options at this time. Any option that provides coverage requires cross-state coordination on provider qualifications, contracting, and functional eligibility determination. There is no national provider network or functional eligibility standard for home and community based long-term services and supports. Washington has three years to expand the provider network to serve Washingtonians, which, according to actuarial estimates, could include between 15,000 and 38,000 beneficiaries in 2025 alone. Nationalizing Washington's benefit before it's made available to Washingtonians poses significant risk to staff's ability to implement the program successfully in-state. Other states are exploring similar programs, which if implemented, could increase the feasibility of a multi-state benefit in the future. There is also the potential to partner through state Medicaid programs, but it would take time and resources to ensure equitable access and quality is achieved.
    b. **Actuarial impact:** The potential cost to fund a measure that provides fully portable benefits nationwide is +0.36% (or 36 cents per $100 earned). See Appendix D2.

Appendix A: Long-Term Services and Supports Trust Commission Members

Senator Karen Keiser (D)
Representative Paul Harris (R)
Senator Judy Warnick (R)
Representative Frank Chopp (D)
Representative Nicole Macri (D)
Senator Steve Conway (D)
Senator Curtis King (R)
Representative Drew MacEwen (R)
Assistant Secretary Bill Moss Department of Social and Health Services
Commissioner Cami Feek Employment Security Department
Taylor Linke Health Care Authority
Madeleine Foutch Representative of a union representing long-term care workers
Ruth Egger Individual receiving LTSS (or designee or representative of consumers receiving LTSS)
Andrew Nicholas Worker who is paying the premium (or will likely be paying the premium)
Sarai Childs (resigned November 2021) Representative of an organization of employers whose members collect the premium (or will likely be collecting)
John Ficker Adult Family Home providers representative
Dan Murphy Area Agencies on Aging representative
Peter Nazzal Home Care Association representative
Michael Tucker Representative of an organization representing retired persons
Lauri St. Ours Representative of an association representing skilled nursing facilities and assisted living providers

Office of the State Actuary

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OSA REPORT ON WA CARES FUND SOLVENCY

December 2021

Per Chapter 50B.04.030 Revised Code of Washington, the Office of the State Actuary (OSA) is responsible for providing recommendations to the Long-Term Services and Supports (LTSS) Trust Commission and the Legislature on actions necessary to achieve and maintain trust solvency.

This is OSA's second solvency report. For a list of key roles and responsibilities as it relates to trust solvency, as well as a more detailed list of our initial recommendations, please refer to our first report, *2020 Report on LTSS Trust Solvency*.

Related to our initial recommendations, two key accomplishments this past year were the creation of a WA Cares Fund funding policy and risk management framework. We also anticipate clarification of the fund's investment policy early in 2022.

Recommendations

Most of the recommendations below are a continuation of OSA's prior recommendations as work is ongoing towards accomplishing these items.

OSA recommends the following actions to support the projected solvency of the WA Cares Fund Program:

- **Clarify key program parameters to ensure actuarial modeling is in line with expected program administration.** The primary provisions requiring clarification that will have the greatest impact on program solvency are the benefit eligibility trigger and the elimination period.
  - **Benefit Eligibility Trigger –** Milliman, who performs the WA Cares Fund actuarial modeling, assumed the type and number of assisted daily living activities needed to be eligible for a WA Cares Fund benefit will be consistent with current definitions used under the state's Medicaid program.
  - **Elimination Period (EP) –** Milliman was asked to model a 45-day EP based on the assumption that the Department of Social and Health Services and will need 45 days to determine eligibility. The EP Milliman modeled serves as a one-time "deductible" period of 45 consecutive days during which the individual has a qualifying level of disability meeting the benefit eligibility trigger. Milliman assumed benefit payments will commence following satisfaction of the EP.

PO Box 40914 | Olympia, Washington 98504-0914 | state.actuary@leg.wa.gov | leg.wa.gov/osa
Phone: 360.786.6140 | Fax: 360.586.8135 | TDD: 711

- Ensuring the actuarial modeling is in line with expected program administration will better define projected program costs.

❖ **Perform an updated baseline analysis no earlier than late 2022.**

- An updated baseline analysis from Milliman would benefit from the following information:
  - ◇ Clarifying the key program parameters mentioned previously.
  - ◇ Incorporating the investment plan adopted by the Washington State Investment Board.
  - ◇ Reflecting early investment returns, premium collection and substantially complete private plan opt-out experience.
- Incorporating updated projected costs and revenue will likely change the projected premium rate required to cover expected future program benefits and expenses so it is important to re-assess the fund's solvency once updated information exists in these key areas. The WA Cares Fund risk management framework provides additional context for consistent and ongoing program evaluation.
- The timing of the updated baseline analysis will also be a key consideration. In addition to including the most up-to-date information and emerging program experience, we are also mindful of the consistency of any updated information. For example, any updates to reflect emerging private plan opt-out experience, should be applied in concert with updates to reflect emerging covered wage and premium collection for the entire fund. For these reasons, we believe the earliest Milliman should perform an updated baseline analysis is late 2022.

OSA recommendations do not contemplate benefit policy changes considered or recommended to the Legislature by the LTSS Trust Commission. Any proposed changes and their expected impact on trust solvency will be evaluated as part of the legislative process.

OSA prepared the above report and recommendations, however, please refer to Milliman's *2020 LTSS Trust Actuarial Study* for more complete actuarial analysis. For summary analysis and commentary from OSA on the latest actuarial measurements on the WA Cares Fund, we refer you to our website. We encourage you to submit any questions you might have concerning this report to our e-mail address at state.actuary@leg.wa.gov.

Sincerely,

Matthew M. Smith, State Actuary

Luke Masselink, Senior Actuary

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Appendix C: WA Cares Fund Risk Management Framework

See WA Cares Fund Risk Management Framework

Appendix D: Milliman Actuarial Analysis

1. "**WA Cares Fund Savings for the Medicaid Program, November 2021**" for updated analysis on savings achieved by WA Cares Fund

   https://leg.wa.gov/osa/additionalservices/Documents/Report02-WA.Cares.Fund.Medicaid.Savings_20211105.pdf

2. "**Additional Modeling for Benefit Eligibility Workgroup**" which includes people near retirement, residents of border states, people who leave the state, and people with non-immigrant work-related visas

   https://leg.wa.gov/osa/additionalservices/Documents/AdditionalModelingforBenefitEligibilityWorkgroup.pdf

3. "**Voluntary Military Opt-Outs**" which includes veterans with a 70% to 100% service-connected disability and spouses of active-duty military

   https://leg.wa.gov/osa/additionalservices/Documents/MilitaryImpact.pdf

4. **WA LTSS Trust Actuarial Study by Milliman, 2020** for analysis of investment strategy impacts.

   https://leg.wa.gov/osa/additionalservices/Documents/Milliman2020WALTSSTrustActuarial%20Study.pdf